



EVALUATION AND TREATMENT
Defining and Differentiating Child Neglect

—by James Gaudin, Jr.

Child neglect is a formidable, multi-faceted type of maltreatment that seriously affects more than half a million U.S. children each year. It is the most damaging form of maltreatment on the development of its victims.

Child neglect continues to be the most frequently reported and substantiated form of child maltreatment, accounting for 47% to 65% of all child abuse reports (American Humane Association, 1988; USDHHS, 1988; 1994). The 1994 annual fifty state survey of the National Committee to Prevent Child Abuse indicated that child neglect constituted 49% of substantiated reports of child maltreatment, followed by 21% for physical abuse, and 11% for sexual abuse (Daro & McCurdy, 1995).

Child neglect often has severe negative consequences for its victims. Forty percent of child fatalities due to maltreatment are the result of neglect (American Humane Association, 1988; Daro & McCurdy, 1995; Margolin, 1990). Longitudinal studies have confirmed relationships between neglectful parenting and severe deficits in the cognitive and social functioning of child victims of neglect (Eckenrode, Laird, & Doris, 1990; Herrenkohl, Herrenkohl, Egolf, & Wu, 1991; Erickson, Egelund, & Pianta, 1989; Wodarski, Howing, Kurtz, & Gaudin, 1990).

Yet child neglect continues to receive limited attention from researchers, professional journals, and from beleaguered child protective services (CPS) agencies, which are overwhelmed with investigating reports

of sexual abuse and severe physical abuse. The strong association between neglect and poverty, and the multiple problems and dearth of resources in neglectful families present a formidable challenge to professional helpers. Polansky and colleagues warn that the attitude of futility characteristic of many chronically neglectful mothers can be contagious, infecting professional helpers who work with neglectful families (Polansky, Chalmers, Buttenweiser, & Williams, 1981).

The purpose of this article is to provide a concise overview of the major obstacles in defining and conceptualizing neglect, and to consider their implications for professional practice.

Defining neglect

A formidable obstacle to both professional helpers and researchers is the elusiveness of a clear definition of neglect. Professionals and lay people of different ethnic groups tend to agree that neglect involves the failure of parents or other care providers to provide minimally adequate care and attention to the basic needs of a child (Giovannoni & Becerra, 1979; Polansky, Ammons, & Weathersby, 1983). But researchers, practitioners, and policymakers have substantial difficulties conceptually and operationally defining neglect: legal defi-

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NEWS
Third National Colloquium a Major Success; CAPTA Intact Through Senate Committee; APSAC Establishing Legislative Network; Media Relations Efforts Building

—by Theresa Reid

TUCSON COLLOQUIUM A MAJOR SUCCESS

More than 700 professionals attended APSAC's Third National Colloquium in Tucson, June 7-10. With volunteers and faculty, more than 800 people were in attendance, by far the highest number yet for an APSAC Colloquium. Professionals attended from all 50 states and from Canada, New Zealand, Australia, Mexico, the Netherlands, Spain, and other countries. Sixty employees of the Arizona Department of Children's Services attended at a special group rate intended to encourage the participation of local CPS professionals. Participants represented all of the major disciplines involved in child maltreatment, including mental health, medicine, nursing, child protective services, law, and law enforcement.

Formal evaluations are still being processed, but informal feedback suggests that the Colloquium was a success on every front. The APSAC Colloquium's unique combination of in-depth skills-based training and field-generated poster pre-

sentations and training seminars seems to meet the needs of members and other professionals. Hundreds of abstracts were submitted in response to APSAC's Call for Abstracts; as a result, field-generated poster presentations were on display every day of the Colloquium, and 36 field-generated training seminars were featured on Friday, June 9. The very high quality of those seminars and posters was impressive evidence of the wealth of expertise being brought to bear on the problem of child maltreatment in America. Next year's Call for Abstracts is enclosed with this issue of *The APSAC Advisor*. We hope that even more professionals will take advantage of this opportunity to share their work with colleagues in the field.

Highlights of the program included Wednesday night's moving awards ceremony (see inside for a list of awards recipients) and Dr. David Finkelhor's opening keynote address on "The backlash' in historical perspective." Dr. Finkelhor argued per-

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

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LETTERS TO THE EDITOR

Dear Editor:

It was with definite interest that I read through the Photographic Documentation Guidelines for Child Abuse enclosed with the Spring '95 issue of the *Advisor*. As a forensic dentist whose MS research was on orofacial injuries in child abuse, I have a keen interest in the subject and in correct documentation of bite marks in particular. If I may, I'd like to share a few thoughts with you on APSAC's guidelines. This information has already been sent to Task Force Chair Lawrence Ricci, MD, although it was too late for inclusion in the recently published guidelines. The American Board of Forensic Odontology (ABFO) has just approved a new set of guidelines for bite mark evidence collection, and I'd like to share some of that information with you.

1. **Lighting:** While a ring light is good for shadowless illumination, it is ABFO's position that a point light is best, and a ring light can be used *in addition*. It is best to have a bit of shadow cast on a bite mark to better define its margins. The point light can either be moved off of the camera, or rotated about the lens depending on the camera/lens flash setup.

2. **Film:** While no specific recommendation for film speed or preference to print or slide film is made, the general consensus is use of ASA 100 print film for bitemark work, since it will need to be enlarged minimally to 1:1, and sometimes up to 3:1 or 4:1 for analysis. The lower film speed gives a better grain and more detail as it is enlarged, plus if print film is used, no internegative needs to be made, thus eliminating any loss of resolution.

3. **Composition:** When taking the child's full body photo, if it is possible to get the face and the suspect lesion in the same photo, all the better for positive proof to the judge/jury.

4. **Regarding delineation of the texture of abrasions or bites:** Rather than moving the camera, move the flash to offset as mentioned above. Odontologists want the bite at 90 degrees to the film plane, to minimize distortion. If the bite is over a curved portion of a child's body, multiple exposures of each portion of the bite at right angles are preferred. On decedents, it is not a big problem to minimize the distortion, but on a moving child it can be difficult. To suggest intentionally introducing even 15 degrees of error in the photo can be problematic for analysis and courtroom testimony. If no linear scale is available, I'd suggest putting a coin into the frame of the photo, as it is a standard size. Any photographic distortion is also readily determined from the elongation in x or y axis of the coin when the photo is printed. An "L" shaped photo scale with cross hairs at the apex and at the end of the two legs was specifically developed by a forensic odontologist and photogrammetrist for use in bite mark photography. It is coming into widespread use in the law enforcement and forensic science communities for injury and other evidentiary photography because of its unique design, which facilitates correction of distortion in the darkroom. It can be written on with a "sharpie" pen, and also cold sterilized. It is commercially available through Lightning Powder Company in Oregon. ABFO or the inventors get no royalties from sale of this scale.

Sincerely,

John P. Kenney, D.D.S., M.S. D-ABFO
President ABFO 1995-1996
Chair, ABFO Human Abuse Committee

HELP APSAC BUILD ITS MEMBERSHIP!

The more members APSAC has, the more loudly we can speak on Capitol Hill, in state houses, and in the media. Surveys consistently reveal that word of mouth is the single best form of advertising. Please urge your colleagues to join APSAC. You can stress the following benefits of membership:

- *The APSAC Advisor*.
- *The Journal of Interpersonal Violence* (and, soon, APSAC's own journal, *Child Maltreatment*).
- a strong voice on Capitol Hill.
- efforts to educate the media about issues in child abuse and neglect.
- an interdisciplinary professional network of thousands of colleagues, which can be tapped with a phone call to the national office.
- a network of state chapters through which interdisciplinary colleagues work together to address local issues.
- audiotapes, publications, conference discounts, and other resources for professionals.

Do you speak or offer training to child abuse professionals? Call the national office to receive a slide or overhead displaying APSAC's address, phone number, and benefits of membership for use when you make presentations. APSAC will also provide publications for you to distribute at meetings and conferences.

Please help us build the membership we need to be most effective!

1995 APSAC AWARDS

1995 OUTSTANDING PROFESSIONAL AWARD

is conferred on

DAVID FINKELHOR, PHD
UNIVERSITY OF NEW HAMPSHIRE

*For outstanding contributions
to the field of child
maltreatment
and to the advancement of
APSAC's goals.*

1995 OUTSTANDING SERVICE AWARD

is conferred on

DAVID CHADWICK, MD
SAN DIEGO CHILDREN'S HOSPITAL

*For outstanding contributions
to APSAC
through leadership and service
to the Society.*

1995 RESEARCH CAREER ACHIEVEMENT AWARD

is conferred on

WILLIAM N. FRIEDRICH, PHD
MAYO CLINIC
DEPARTMENT OF PSYCHIATRY

*For repeated, significant, and
outstanding contributions to
research on child
maltreatment.*

1995 OUTSTANDING MEDIA COVERAGE AWARD

is conferred on

THE TOLEDO BLADE
JOHN ROBINSON, EDITOR-IN-CHIEF
RON ROYHAB, MANAGING EDITOR
SAM ROE, STAFF WRITER

*For the 1994 series, "Abused
by the system," which provided
sustained, thoughtful coverage
of the complex issues in child
maltreatment.*

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APSAC Awards

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1995 OUTSTANDING RESEARCH STUDY AWARD

is conferred on

**DANTE CICCHETTI, PhD
AND
MARJORIE BEEGHLY, PhD**

For the article, "Maltreatment, attachments, and the self-system: Emergence of an internal state lexicon in toddlers at high social risk," Development and Psychopathology, 6, 5-30.

This article was judged to be one of the most significant contributions to the field of child maltreatment in 1994.

1995 OUTSTANDING DOCTORAL DISSERTATION AWARD

is conferred on

LORI STAUFFER, PhD

For the dissertation entitled, "Structured educational groups for nonoffending mothers and young sexually abused children: A preliminary treatment outcome study."

This doctoral dissertation was judged to have made one of the most outstanding contributions to research on child maltreatment in 1994.

1995 PRESIDENT'S HONOR ROLL

FOR THEIR EXCEPTIONAL COMMITMENT TO THE FIELD OF CHILD MALTREATMENT AND TO THE REALIZATION OF APSAC'S GOALS

The President's Honor Roll is an opportunity to recognize fifteen members each year who have contributed extraordinary effort to the achievement of APSAC's goals. These members have established state chapters, donated invaluable services, recruited hundreds of members, and in many other ways gone far beyond the call of duty in the pursuit of APSAC's mission.

GAIL BETHEA-JACKSON, LCSW
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RESEARCH

Current Trends in Child Abuse Reporting and Fatalities: NCPCA's 1994 Annual Fifty State Survey

—by Deborah Daro

While sexual abuse cases represented 16% of all reports in 1986, this percentage has gradually declined over the years, to 11% of all reports in the 1995 survey.

Overview

To determine the volume of child abuse reports and the availability of child welfare resources, the National Committee to Prevent Child Abuse (NCPCA) initiated an annual national telephone survey of child protective service (CPS) agencies in 1982. The initial surveys focused exclusively on increases in the number of reports and the effects of budget cutbacks. Beginning in 1986, NCPCA developed a more standardized instrument which focused on the number and characteristics of child abuse reports, the number of child abuse fatalities, and changes in the funding and scope of child welfare services. The purpose of this article is to summarize the key findings from our most recent survey, conducted between January and March of this year.

Reporting rates

In 1994, an estimated 3,140,000 children were reported to Child Protective Services (CPS) agencies as alleged victims of child maltreatment. This figure is based on information collected from 42 states. Child abuse reports have increased steadily since 1989, with an average annual increase of 5%. Between 1993 and 1994, the increase was 4.5%, slightly higher than the 3.2% rise which occurred between 1992 and 1993. Overall, the total number of reports nationwide has increased 63% since 1985.

Case characteristics

The chart below indicates the percentage of all reported cases and of substantiated cases by primary abuse type.

| REPORTS BY MALTREATMENT TYPE (1994) | | |
|-------------------------------------|-------------------------|------------------------------|
| | Reported (28 states) | Substantiated (36 states) |
| Neglect | 45% | 49% |
| Physical Abuse | 26% | 21% |
| Sexual Abuse | 11% | 11% |
| Emotional Abuse | 3% | 3% |

This is the first time in the history of this survey that reporting and substantiation percentages are essentially identical. In prior years, sexual abuse was substantiated at a higher rate than it was reported, and neglect at a lower rate. This year's similarity in the distribution of reported and substantiated cases suggests that type of abuse alone might not be as critical a factor as in the past in determining whether a case will be substantiated. Neglect cases are now as likely to be substantiated as cases involving other forms of maltreatment.

Another interesting shift is the decline in the proportion of reported cases involving child sexual abuse. While such cases represented 16% of all

reports in 1986, this percentage has gradually declined over the years, to 11% of all reports in the 1995 survey. To a certain extent, the rapid increase in the number of reported cases of child sexual abuse observed in the mid to late 1980's reflected the increased awareness and attention to a form of maltreatment which had been virtually ignored prior to this time. Child welfare agencies across the country were inundated with cases, many of which had involved several years of ongoing abuse. After almost ten years of attention to this problem, perhaps the reservoir of cases involving years of abuse have been reduced. Further, improvements in professional practice and the rapid expansion of child assault prevention services have produced an environment in which cases are identified closer to the onset of the abuse. This shift might also reflect a change in the type of cases professionals and the public are willing to report to CPS and the classification systems used by child welfare systems in describing the reports they do receive.

Service rates and foster care usage

A critical question concerns what happens to the child or family after a case has been substantiated. In the current survey, only 19 states could estimate the percentage of substantiated cases which received CPS services. Figures ranged from 29% to 100% with an average of 72% receiving some type of service. This figure is consistent with the 70% reported in 1993. While this level of service is notable given the increased number of reports, approximately 290,000 confirmed cases of child abuse received no services to remediate the negative consequences of maltreatment. Of those who did receive services, the most common intervention reportedly offered by the responding agencies were individual or family counseling.

One intervention common across all child protective service agencies is the removal of the child from the home either during the investigation or after allegations of maltreatment have been substantiated. When asked the total number of children removed from the home where abuse occurred, 22 states provided figures for 1994. Over 68,000 children from these states were placed in alternative care for some period of time in 1994. Approximately 14% of substantiated child victims were removed from their homes in 1994 (according to data from 16 states) as compared to 17% removed in 1993 (based on data from 22 states). Only 5% of all children reported for maltreatment were removed from their homes. Because of the small number of states providing data on these questions, caution is warranted in generalizing this finding. However, these data do contradict the prevailing notion on the part of the public and some policy makers that child welfare workers commonly remove children from their parents. The vast majority of confirmed child abuse cases involve services being provided to

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Current trends in child abuse reporting and fatalities

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Approximately 14% of substantiated child victims were removed from their homes in 1994 as compared to 17% removed in 1993. Only 5% of all children reported for maltreatment were removed from their homes.

The vast majority of confirmed child abuse cases involve services being provided to abusive or neglectful parents who continue to have custody of their children.

abusive or neglectful parents who continue to have custody of their children.

Child abuse fatalities

One of the greatest tragedies is the death of a child from abuse or neglect. Although such deaths are relatively infrequent, the rate of child maltreatment fatalities confirmed by CPS agencies has risen steadily over the past eight years. The rate of fatalities rose from 1.3 per 100,000 to 1.92 between 1985 and 1994, a 48% increase. Between 1991 and 1994, overall death rates remained unchanged. In 1994, an estimated 1,271 children died from abuse or neglect. This estimate is based on data from 34 states comprising 76.4% of the U.S. population under eighteen years of age. Estimates for earlier years are based on at least 80% of the child population. Seventeen states did not provide the number of child maltreatment fatalities for 1994, and eight states still had some number of deaths under investigation at the time of the survey.

According to information from at least 19 states, 45% of the children who died between 1992 and 1994 had prior or current contact with CPS agencies. This substantial percentage may reflect the fact that many states only investigate deaths of children with current or prior CPS contact, thereby ensuring that a high percentage of the reported deaths will involve such children. On the other hand, the inability of child welfare agencies to provide sufficient services to all victims or to conduct comprehensive investigations of all reports most likely contribute to this pattern.

Child welfare funding

In 1993, all states were provided new funding for child welfare intervention and prevention services when Congress approved the Federal Family Preservation and Support Services Program (see Zlotnik,

this issue, p. 14). In 1994, states were required to initiate a comprehensive planning process to determine how best to allocate these revenues, growing from a 1994 appropriations level of \$60 million to over \$900 million by 1998. When asked how the state planned to allocate these new resources, the liaisons indicated that, on average, 54% of the funds would be allocated to family support services (with responses ranging from 25% to 100%), while 44% of the funds would be allocated to family preservation (responses ranged from 10% to 75%). Finally, an average of 2% would be allocated to other purposes such as technical assistance and planning.

The continuation of these funds was endangered in March when the U.S. House of Representatives passed the Personal Responsibility Act (HR4). The Child Protection Block Grant, which is Title II of the Personal Responsibility Act, would replace 23 existing child and family service programs. Ninety-six percent of the states surveyed expressed serious concerns about this legislation and feared that it would have a negative impact on social service delivery. Seventy-one percent of liaisons thought the legislation would result in less money for basic services. Liaisons raised a variety of other issues as well, including a concern that the legislation would decrease focus on child abuse prevention and that the relaxed state accountability to the Federal Department of Health and Human Services would remove important protective standards for children (see News, this issue, p. 20, for additional updates about this pending legislation).

A complete discussion of these and other findings can be found in D. Wiese and D. Daro. *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1994 Annual Fifty State Survey* available from NCPA, 332 S. Michigan Av., Suite 1600, Chicago IL 60604.

Deborah Daro, DSW, is Director of the National Center on Child Abuse Prevention Research, at the National Committee to Prevent Child Abuse, headquartered in Chicago. Dr. Daro is president-elect of APSAC and Associate Editor for Prevention for The APSAC Advisor.

CALL FOR NOMINATIONS

Nominations are being sought for the 1995 election to APSAC's Board of Directors. APSAC's Nominating Committee seeks outstanding professionals to serve on APSAC's Board of Directors for three-year terms. Nominees should be leaders in the field who have been APSAC members for at least one year and who are willing and able to devote significant time to APSAC. Nominations are sought that maintain or achieve a balance on the Board along the lines of race or ethnicity; discipline (social work, psychology, law, medicine, nursing, law enforcement, etc.); area of expertise (physical abuse, sexual abuse, psychological maltreatment, prevention, neglect); gender; and geographic region. Nominations include a 200-400 word letter of recommendation, the candidate's vita, and a completed Candidate Nomination Form. **Nominations must be received by September 30, 1995.**

To receive a Candidate Nomination Form and further instructions, call 312-554-0166.

RESEARCH

Measurement in child abuse research: A survey of researchers

—by Rochelle F. Hanson, Daniel W. Smith, Benjamin E. Saunders, Cynthia Cupit Swenson, and Lori Conrad

How well are child maltreatment researchers able to define and measure the phenomena that concern us?

Everyone agrees that good research is necessary to answer questions about such important issues as the causes and effects of child maltreatment and the efficacy of our attempts to intervene. But how well are child maltreatment researchers able to define and measure the phenomena that concern us? Among the most significant recent criticisms of child maltreatment research is that key constructs are poorly and/or inconsistently measured. To respond to this problem, the National Center on Child Abuse and Neglect (NCCAN) asked our research group to critically evaluate the current status of measurement technology in the broad area of child maltreatment. This article summarizes information we gathered as part of our effort to identify gaps in measurement knowledge about child maltreatment.

In order to maximize our ability to draw upon up-to-date knowledge in the diverse areas of child maltreatment research, we decided to survey active child abuse researchers and learn more about their opinions and experiences concerning several measurement issues. We developed a survey instrument that could be used with child maltreatment researchers from a variety of disciplines and research areas, and designed to inquire about important measurement and assessment issues in their own research. The pool of surveyed researchers was derived from

a variety of sources: a) nominations from members of our project's Advisory Board; b) a list of the Principal Investigators of federally funded child maltreatment research projects; c) self-nomination following a solicitation posted to the Child Maltreatment Research Listserver on the Internet; and d) first authors of recent child abuse research journal articles that included an identifiable measurement instrument. Attempts were made to select

researchers from each of five broad child maltreatment research areas: sexual abuse, physical abuse, psychological abuse, neglect, and prevention. We recognized at the outset that the boundaries differentiating one area from another were somewhat blurred. However, we viewed this as a potential strength of the respondent pool, not a weakness, because it would be likely to increase the knowledge-base of the sample and provide more ideas about child abuse research measurement problems.

The survey instrument consisted of a variety of questions assessing respondents' main research interests, types of instruments employed in past and current research, use of standardized versus non-standardized measures, perceptions of strengths and weaknesses of existing instruments, and the creation of new instruments to address specific constructs. Respondents were also asked to identify constructs they believed were currently measured poorly, constructs they believed were adequately measured, and research areas that were understudied in child maltreatment research.

Sample characteristics

Our search methods yielded 170 potential subjects. Numerous attempts were made to contact each potential subject to schedule a phone appointment. A total of 101 researchers (59.4% of the sample pool) completed the 30-minute telephone survey. Potential subjects who did not complete the survey either: a) could not be scheduled for an interview within the timeframe necessary to complete the study; b) stated that they had not conducted any child maltreatment research during the past five years; or c) refused to participate due to lack of time and/or compensation for participation. Of those who completed the survey, there were slightly more female (55) than male (46) respondents. The vast majority of respondents were White, and the average age was 44.9 (standard deviation = 8.1). In terms of their educational and occupational characteristics, most participants had doctoral degrees (85%), worked in university or medical school settings (80%), and identified research as their primary job duty (62%). With regard to the disciplines represented by respondents, Clinical Psychology was the most common, followed by Social Work, other areas of Psychology, and Sociology (see Table 1).

Table 1
BREAKDOWN OF RESPONDENTS BY PROFESSIONAL DISCIPLINE (N=101)

| Professional Discipline | Frequency |
|--------------------------|-----------|
| Clinical Psychology | 38.6% |
| Social Work | 18.8% |
| Developmental Psychology | 9.9% |
| Other Area of Psychology | 9.9% |
| Sociology | 8.9% |
| Pediatrics | 5.9% |
| Other* | 4.0% |
| Psychiatry | 2.0% |
| Counseling Psychology | 1.0% |
| Nursing | 1.0% |

*Other = management consulting human services, special education, and criminology.

Researchers were classified by content area of child maltreatment research using two methods. First, participants were asked in which areas of child maltreatment they had conducted research during the past five years. Most respondents indicated that they had completed research in more than one area. As seen in Table 2, over three quarters of the participants reported having been engaged in some research activity with respect to Sexual Abuse, and more than half the sample also had conducted research on Physical Abuse and Neglect. Second, researchers were grouped according to their identified (i.e., by the authors) primary area of research. These groupings revealed that the Sexual Abuse group was the largest single group, followed by Physical Abuse, Prevention, Neglect, and Psychological Abuse, respectively.

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Measurement in child abuse research

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Nearly one-third of researchers we surveyed indicated that they had created new measures in more than 50% of their research studies.

Use of standardized measures

As noted above, the dearth of standardized measures is an oft-cited criticism of child maltreatment research. Research on child maltreatment is a relatively young area, and little time has been devoted to instrument development. As a consequence, few measures specific to child abuse research have been adequately tested for reliability, validity, and other critical psychometric properties. In addition, researchers investigating the different forms of maltreatment (e.g., sexual vs. physical abuse) have functioned independently, with each group of investigators developing its own measures and research methods. Further, the types of issues addressed across disciplines often vary, resulting in discipline-specific constructs that require unique measures. For example, physical abuse researchers have focused primarily on parental behavior and developmental outcomes, whereas sexual abuse researchers primarily address the mental health impact of sexual abuse. Because of these differing emphases, there is often a lack of collaboration in instrument development across different areas of the child maltreatment field.

To obtain information concerning these issues, survey respondents were asked how frequently they used standardized measures in their research (see Table 3). Approximately half the sample indicated that they used standardized measures to assess the constructs of interest in at least 50% of their research projects. The converse of this is, of course, that virtually all researchers used unstandardized instruments at least occasionally, and it was not uncommon for nearly 50% of the sample to measure important constructs with unstandardized instruments. When asked about their reasons for choosing unstandardized measures, the large majority of respondents indicated that standardized measures did not exist for the construct they were studying. Not surprisingly, many researchers opted to develop their own instruments. Nearly one-third (31.4%) of researchers we surveyed indicated that they had created new measures in more than 50% of their research studies. Most of these researchers indicated that these newly developed measures had never been used by others investigating similar types of phenomena. One unintended consequence of this practice is an overabundance of measures for which the psychometric properties are either unknown or inadequate. Thus, it appears that many of the criticisms leveled at measurement in child maltreatment research are valid. Increased collaboration among researchers and increased attention to instrument development and validation are necessary to increase the credibility of child maltreatment research.

Construct measurement

In order to obtain more information concern-

ing the use and existence of standardized measures, we asked researchers their opinions concerning the assessment of constructs of interest, such as depression, sexualized behavior, PTSD, aggression, and the like. Respondents were asked to identify both constructs that have adequate measures, and those for which there is no adequate measure available. Each respondent was asked to identify three well-measured and three poorly-measured constructs. The lists generated by respondents included many examples of similar types of constructs. Therefore, for reasons of clarity, we have organized the responses into broad categories. These categories do not include each individual response, but are instead a compilation of the majority of responses.

**Table 2
PERCENTAGE OF EXPERTS COMPLETING RESEARCH IN EACH BROAD AREA OF CAN (IN PAST 5 YEARS)**

| Area of CAN | Proportion of Respondents |
|-----------------|---------------------------|
| Sexual Abuse | 75.5% |
| Physical Abuse | 70.6% |
| Neglect | 62.7% |
| Emotional Abuse | 49.0% |
| Other | 28.4% |

Interestingly, the construct most commonly mentioned by child maltreatment researchers for which good measures currently exist was Adult Symptoms of Psychopathology. Included under this heading were measures of adult anxiety, depression, and generalized distress. Other constructs that were also frequently nominated by respondents were Cognitive/Intellectual Functioning (such as IQ tests), General Child Behavior Problems, PTSD/Trauma Symptoms (such as symptom checklists), and Child Internalizing Symptoms, such as depression, anxiety, and fear. A small but noteworthy percentage of respondents stated that they believed

**Table 3
FREQUENCY OF USE OF STANDARDIZED MEASURES**

| Frequency of Use | Proportion of Sample |
|------------------|----------------------|
| 0% | 5.9% |
| <10% | 10.8% |
| 10-50% | 28.4% |
| >50% | 51.0% |

that Child Sexual Behavior Problems were well-measured by parent report measures. Finally, several researchers mentioned constructs that fell under the general heading of Family-Parental Functioning. Included in this group are such constructs as parental abuse potential, family environment, and

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Measurement in child abuse research

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There is often a lack of consensus in definitions for sexual and physical abuse, the most studied areas, and researchers would agree that there is virtually no consensus for defining neglect and psychological abuse.

parenting effectiveness. Although these well-measured areas include important aspects of psychosocial functioning, only two, PTSD/Trauma Symptoms and Child Sexual Behavior Problems, might be considered uniquely of interest to child maltreatment researchers.

In contrast, many of the constructs nominated as having no adequate measures are central to the field of child maltreatment. For example, the two most frequently mentioned constructs that respondents indicated lacked adequate measurement were Defining Abuse/Trauma and Abuse Characteristics. The central issue that fell under the heading of Defining Abuse/Trauma was differentiation between children who were or were not victims of maltreatment. Respondents indicated that they need some type of instrument that could aid in determining whether or not certain events experienced by a given child (or in the case of neglect, not experienced) ought to place that child in the abused/neglected group in their research studies. Many researchers mentioned the lack of adequate screening tools to assess prior victimization, which we also included under this heading. The Abuse Characteristics heading includes constructs used to differentiate among children who are identified as maltreated. Several respondents said they needed better measures for such constructs as abuse severity, abuse duration, and disclosure variables (including assessment of interview quality and statement validity).

Researchers also nominated a variety of Effects on the Child as lacking adequate measurement, including attributional/cognitive effects, self-esteem, and shame. In addition, several respondents said they need better measures for Family/Relationship Issues, such as parent-child interaction quality and non-infant attachment; Parental/Social Support, especially that of non-offending parents; and Offender Attributes, particularly risk for reabuse. Only one respondent mentioned needing better measures for Ethnic/Cultural Issues in assessment.

As seen from these findings, according to those individuals who are actively doing research to improve our understanding of child maltreatment and its sequelae, a significant number of constructs that are central to child maltreatment still lack adequate measurement instruments. Further, probably the most important construct, the definition of abuse and trauma, was identified as one of the constructs for which adequate measurement is lacking. This failure to define abuse and trauma is particularly problematic in the child abuse field because of the multiple types of events being examined. There is often a lack of consensus in definitions for sexual and physical abuse, the most studied areas, and researchers would agree that there is virtually no consensus for defining neglect and

psychological abuse. Achieving consensus in definitions for these constructs would go a long way toward increasing collaboration among researchers and improving the overall quality of child maltreatment research.

Subjects were also asked to identify major issues or areas in child maltreatment that they felt were currently understudied due to poor measurement strategies. Again, because the answers given were so diverse, we have collapsed answers into broad categories. Researchers identified the following areas as being understudied: Gender Issues, including sex differences in response to maltreatment; Ethnic/Cultural Issues in both defining and responding to maltreatment, and Treatment Outcome for victims and offenders. Several researchers also identified Dissociation, Neglect, and Emotional Abuse as constructs that were poorly studied because adequate measures were unavailable. Also two areas outside the unique domain of child maltreatment were nominated frequently: Normal Sexual Development, and Resiliency. Not surprisingly, there was considerable overlap between areas identified as being understudied and constructs lacking adequate measurement strategies.

Future directions

These findings reflect an overabundance of idiosyncratic measures and overall dissatisfaction with existing measures, underscoring the need for further measurement development. Nearly three-quarters (73.5%) of the researchers we surveyed stated that they would support a federally funded research initiative aimed at the development of measurement tools, even if such an initiative would preclude another research topic from being considered for funding. However, focusing on instrument development before improving construct conceptualization would be putting the cart before the horse. Instrument development would readily follow the clear conceptualization and precise definition of constructs of interest.

Lest all of the above sound too negative, we want to stress that we are optimistic about the direction in which the field is headed. As a relatively young research area, it is to be expected that we would be in the early stages of measurement development. Each new field must struggle to define the relevant constructs and then design instruments that will measure them. The survey pointed out that many researchers are actively engaging in these pursuits. The final step in the process is the collaboration and sharing of measures across the different disciplines in the child maltreatment field. Among the many goals of this project were to produce a monograph reviewing measurement practices that are typically employed in child maltreatment research, to develop a searchable computerized database of measurement instruments commonly used, and to identify gaps in knowledge about measure-

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ment as they pertain to child maltreatment. The review monograph and computer database are currently under development and should be available in several months. We hope that these products will significantly advance the effort to define constructs and develop measures so critical to the child abuse field at this time.

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PROFESSIONAL EXCHANGE:

The Role of Child Interview Specialists

—by Paul Stern, and Bill Walsh

In the following exchange, two experienced professionals take opposing views on the role of child interview specialists in sexual abuse investigations.

USING THE CHILD INTERVIEW SPECIALIST TO ACHIEVE THE MOST PROFESSIONAL INTERVIEW

—by Paul Stern

Effectively interviewing a child suspected of being a victim of sexual abuse is a difficult task that requires special skills and sensitivity. This author believes that in criminal investigations the primary investigative interview should be conducted by a specially trained Child Interview Specialist (CIS).

Purpose of the interview

The purpose of the investigative interview is to gather as much reliable and accurate information as possible from a child about an allegation of sexual abuse (Toth, Whalen, and Dinsmore, 1987). It is the first opportunity law enforcement has to obtain the specifics of the abuse allegations firsthand. The interviewer must simultaneously make introductions, build rapport and trust, be supportive, ascertain the language skills of the child, and empower the child to say "I don't know," "That's wrong," or "I don't want to talk." The interviewer must solicit detailed information about the abuse, obtain specific facts to satisfy statutory requirements, and fully document all that is said. To accomplish all this, an interviewer must be familiar with such issues as the dynamics of child abuse (Conte and Schuerman, 1987), children's developmental skills (Saywitz, 1990) and linguistic capabilities (Richardson, 1990), and the importance of avoiding unnecessarily leading or suggestive questions (Goodman and Clarke-Stewart, 1991). The interviewer should be prepared for dealing with unresponsive children (MacFarlane and Krebs, 1986), recantation (Summit, 1983), avoidant children (Davies and Montegna, 1990), and the potential need for interview aids such as anatomical dolls (Everson and Boat, 1990). The interviewer must stay current with the research regarding children's disclosures of abuse and interview processes.

Who should perform the interview?

Traditionally, police officers have been responsible for conducting child interviews. Police officers who possess the knowledge and skills outlined above can do an outstanding job in obtaining reliable disclosures (Spaulding, 1987). However, line officers often lack the specialized training, skills, or focus to conduct the most proficient interview possible. As the investigation of child sexual abuse becomes more specialized, so should the professionalism of those responsible for each of the investigative steps. Some have argued that rather than shift the burden of interviewing away from law enforcement, we should "be upgrading these investigatory systems so that investigators can do their job in the most skilled and professional manner possible" (Saunders, 1993). While that might be true, the reality of police agency budgetary constraints and competing criminal justice priorities makes such upgrading and ongoing training for multiple police officers unlikely.

Some have suggested that children suspected of being victims of child sexual abuse should be interviewed by mental health professionals (e.g., Lippmann, 1993). However, many mental health professionals lack expertise in the needs of the law enforcement community, a requirement for anyone conducting investigative interviews.

The Child Interview Specialist (CIS) combines the best of both disciplines: an interviewer trained in the best techniques for talking with child victims and a professional familiar with the needs of law enforcement.

One example of the CIS system

In 1987, Snohomish County, Washington, began to use CISs to conduct primary investigative interviews with children suspected of being victims of sexual abuse. These specialists are employees of the local hospital-based sexual assault center, which provides training, supervision, and funding, and handles all administrative responsibilities. In 1993, the two full-time and three part-time CISs performed over 700 interviews with children. The most experienced of our CIS's has conducted more than 2,500 interviews.

Allegations of sexual abuse are first routinely investigated by a patrol officer. He or she will take a minimal amount of information from the child, to

The Child Interview Specialist (CIS) combines the best of both disciplines: an interviewer trained in the best techniques for talking with child victims and a professional familiar with the needs of law enforcement.

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The Role of Child Interview Specialists

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CISs free the police officer to do what he or she is best trained to do: investigate the allegations.

ascertain the nature of the allegation, whether specific witnesses should be contacted or a medical exam scheduled, and whether an immediate arrest is warranted. Thereafter, unless the child is eager to disclose, the child's guardian is asked to contact a sex crimes detective to arrange a formal interview with the child.

CISs do not perform "assessments" or "evaluations" of the child, draw no conclusion as to whether the allegations are truthful, and will not be used as experts on the issue of whether abuse occurred.

Because prosecutors and detectives work with only a few interviewers, interviewers can fine-tune their skills through the immediate feedback of other professionals. With experience, they come to learn more precisely what information prosecutors and detectives must have in assessing the legal sufficiency of a case (e.g., dates, places, the child's ability to distinguish between separate instances). This precision decreases the need for multiple interviews, making the process that much easier for the child. Interviews are not electronically recorded, an informed decision made after a thorough review of advantages and disadvantages of videotaping (see Stern and Stephenson, 1992). In-

stead, interviewers make a verbatim transcript, noting every question, every answer, and every significant gesture. This transcript, forwarded immediately to the detective and to the prosecutor, allows those reviewing the interview to be confident of its integrity, as there will be no muffled voices lost, no misunderstanding of words spoken softly, no child walking out of camera vision, and no equipment malfunction.

CISs make excellent witnesses in court. When a child's statement is to be introduced into evidence under a child hearsay statute (at least 28 states have such statutes: Whitcomb, 1992; see, e.g., RCW 9A.44.120), the CIS is called upon to testify. Having garnered so much experience in this arena, these professionals have become seasoned and respected witnesses. Their expertise, both as interviewers and as witnesses, supports the credibility of the disclosures and enhances the integrity of the entire process. Additionally, over time, the competence and integrity of the CISs have become known to local lawyers and judges. As a result, the interviewers are increasingly less subject to aggressive cross-examination. This can be especially helpful in a time when the prevailing defense strategy is to attack the interviewer (Myers, 1991)

Advantages for law enforcement

CISs free the police officer to do what he or she is best trained to do: investigate the allegations. The police officer can use his or her time to seek corroborative evidence, contact witnesses, and develop the best strategy to use in interrogating the

suspect. When interviewing the suspected offender, the officer is also able to do so in a slightly more detached manner, having not personally encountered the emotions of the child. This has been cited as a significant factor in obtaining an increased number of confessions from offenders by Snohomish County Sheriff's detectives since the CIS program was introduced (Howard, 1992). Child abuse detectives have also reported a much lower "burnout" rate since they have been freed of the burdensome task of interviewing children. As a result, the detective's tenure in the child abuse unit has become longer, resulting in a more experienced investigative force (Howard, 1992).

Conclusion

I do not contend that the use of CISs is the only way of investigating child abuse allegations, or that police officers are by definition inappropriate interviewers of children. I do contend, however, that using trained professional Child Interview Specialists has substantial advantages. For these professionals, staying current with the latest research and practice innovations relevant to child interviewing is not haphazard or catch-as-catch-can, but a systematic part of their workday. Given that the goal of the investigation should be to obtain the most thorough, reliable, and non-traumatic interview with the child as possible, having a rigorously-trained, experienced specialist conduct the interview is essential. CISs are in the best position to provide the greatest integrity and competence to that critical step in the process, the interview.

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LAW ENFORCEMENT SHOULD CONTROL THE INVESTIGATIVE INTERVIEWS

—by Bill Walsh

I agree with most of Paul Stern's statements about the purpose, importance, and difficulty of investigative interviews in child sexual abuse cases. But when he advocates the use of interview specialists in place of police officers and suggests that they will "bring greater skills and knowledge to this task," I must disagree.

Replication

I am not suggesting that Snohomish County, Washington, abandon its use of Child Interview Specialists. Because they have been using this practice since 1987, it has apparently proven effective in that community. Stern's mistake is assuming that this program will enjoy the same success in other jurisdictions.

One reason it will not work in the majority of other communities is purely economic. In this era when public agencies, including police departments, CPS agencies, and district attorneys' offices are faced with shrinking budgets, few jurisdictions can afford to add an interview specialist to their staff. Snohomish County has apparently not had to address this fiscal obstacle since the sexual assault center is assuming all the costs of the CIS program, but most jurisdictions are not so fortunate.

Although it might be possible to overcome the financial obstacle related to using an interview specialist by having several agencies or jurisdictions share the cost, this arrangement would lead to problems of location and logistics. If the interview site was not conveniently located, lengthy travel times for victims, parents, police, and CPS workers would be a problem.

Law enforcement role

Stern states several times that police officers are capable of conducting competent interviews of children. Then why introduce a CIS into the criminal investigation process? One reason presented is that using professional interviewers "frees the police officer to do what he or she is best trained to do:

investigate allegations." However, the criminal investigation starts with hearing the victim's account. In the vast majority of child sexual abuse cases, data obtained from the investigative interview is the foundation of the investigation. The following is a partial list of issues that the investigator must evaluate based on information obtained in the interview:

1. extent and frequency of the abuse, and proper charges to be filed.
2. possibility of additional victims and/or offenders.
3. possibility of the existence of physical, medical, or testimonial evidence.
4. utility of search warrants, surveillance, or other investigative techniques such as one-party consent telephone calls, or photo lineups.
5. issues of venue and statute of limitations.
6. proper timing of the arrest and the filing of charges.
7. interrogation strategy to be used on the suspect.

To properly make these decisions, it is best for the investigator to conduct the interview or, at least, observe it first hand. One of the biggest mistakes currently being made by law enforcement officers in child abuse cases is failing to assume the lead role in the criminal investigation. I think law enforcement officers should do more investigative interviews, not fewer.

Trained investigators should be brought in as soon as possible, just as law enforcement responds to other types of crime. An initial report is taken by a patrol officer, as Stern indicates, and then assigned to an investigator for a more thorough follow-up investigation. If personnel permits, it is best to have a "call back" system whereby detectives are available for the follow-up interview regardless of the hour of the day or the day of the week. In our agency, patrol officers will often contact the on-call detective when they first learn of the allegation. In some cases, detectives conduct the investigative interview immediately, thereby eliminating the need for a patrol officer to conduct even a preliminary interview.

When investigators are personally involved in

One of the biggest mistakes currently being made by law enforcement officers in child abuse cases is failing to assume the lead role in the criminal investigation. I think law enforcement officers should do more investigative interviews, not fewer.

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It is critical for the investigator to convey to the suspect that the investigator has interviewed the child and is confident of the suspect's guilt. If the suspect asks the interrogator, "Have you talked to my daughter?" the interrogator must be able to answer that he or she has done so, and knows what has happened.

the investigative interview, they can become involved in the case soon after the initial disclosure. In addition to increasing the possibility of recovering physical and medical evidence, an early entry into the case provides the detective with an opportunity to investigate suspects before they are aware that they are under scrutiny, thus greatly improving the chance for a successful interrogation.

Stern states that by not interviewing the child, the investigator is able to interview the suspect "in a slightly more detached manner, having not personally encountered the emotions of the child." But

this is not necessarily an advantage. It is critical for the investigator to convey to the suspect that the investigator has interviewed the child and is confident of the suspect's guilt. If the suspect asks the interrogator, "Have you talked to my daughter?" the interrogator must be able to answer that he or she has done so, and knows what has happened. An investigator who has to interrogate a suspected offender in any child sexual abuse case without having conducted or observed the child's interview is at a distinct disadvantage.

False allegations

Stern contends the CIS will "draw no conclusion as to whether the allegations are truthful." This is contrary to what a law enforcement investigator must do in these cases. Police officers should approach these cases with a fair amount of skepticism. It is not the investigator's

role to blindly accept any victim's account. When evidence or other facts suggest that the child is not being truthful, it is the investigator's responsibility to resolve those discrepancies. After interviewing witnesses or interrogating offenders, investigators usually form an opinion about that person's credibility. They should do the same when interviewing crime victims. By conducting the interview, investigators have a better sense of the child's credibility.

Burnout

Stern claims lower "burnout" rate among police as a benefit of freeing detectives from "the unpleasant task of interviewing children." I have informally polled detectives under my command and have not found this to be the case. Most detectives who investigate child abuse cases have a desire to help children. Hearing about abuse the child suffered is not the reason most often stated as causing burnout; rather, the reasons cited most frequently were frustration with the courts and other professionals.

Flexibility

Reliance on one or two interview specialists would result in a serious lack of flexibility in many areas, for instance in selecting the most appropriate match of interviewer and child. If a child was

sexually assaulted by a white male with a mustache, it might not be appropriate to use the interview specialist if he matches that description. Sole reliance on interview specialists causes problems as well if they are unavailable due to court appearances, illness, or vacations. The best time for interviews is always sooner, rather than later, and it's a problem if the only people qualified to interview are unavailable. In addition, multi-victim cases can present a problem for jurisdictions that rely solely on a few interview specialists. In order to avoid allegations of contamination, it is suggested that different interviewers be used in multi-victim cases and that they do not discuss the results of their respective interviews with one another (Pence and Wilson, 1994). When a large number of children need to be interviewed, there might not be enough interview specialists to conduct the interviews in a timely manner.

Conclusion

I am not so much opposed to Stern's suggested use of child interview specialists as I am in favor of law enforcement assuming more of a lead role in criminal investigation of child abuse. I believe that assuming this lead role means personally conducting the interview or observing it while it is being done. Within the parameters of forensically defensible investigative interviewing, there is plenty of room for diversity. Some jurisdictions use videotape, others do not; some have advocacy centers and use team interviews involving both police and child protective services. There is no single correct system for interviewing children.

The Dallas Children's Advocacy Center, where I do much of my work, does have an interview specialist. While in some situations, this may be the most appropriate person to conduct interviews, in others, either a detective or a CPS worker is more appropriate. The decision on who conducts the interview is made on a case-by-case basis, with consideration given to the child's age, gender, race, developmental level, and the nature of the abuse and the description of the offender. But in all cases, the interview is either conducted or observed by an investigator.

In closing, I will comment on one area in which I am in complete agreement with Paul Stern. Regardless of what procedure a jurisdiction elects to use for conducting investigative interviews, it is imperative that the individuals who interview children are current with the accepted practices in the field. Attendance at training conferences, membership in professional organizations, reading research, following court decisions, and watching other experts are just some of the ways to stay informed.

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CHILD PROTECTIVE SERVICES Implementing the Family Preservation and Support Services Program: An Opportunity for Child Welfare System Improvement

—by Joan Levy Zlotnik

In the Spring of 1995, throughout the United States, groups of professionals, parents, and advocates met with state child welfare officials leaders to develop a plan for the use of funds states will receive from the Family Preservation and Support Services (FPSS) Program (created as part of the Omnibus Reconciliation Act of 1993). The Department of Health and Human Services had encouraged states to use this opportunity to establish “a continuum of coordinated and integrated, culturally relevant, family-focused services for children and families regardless of the funding stream” (Federal Register 1994: 50648). Since the actual funding for this new capped entitlement program is small (only \$930 million over five years for all 50 states), the bill’s supporters hoped that the planning process required for receiving the funds would be one of the bill’s greatest benefits, serving as a catalyst to devise comprehensive and integrated services for children and families. A broad coalition of child welfare, mental health and juvenile justice groups worked many long hours with Congress to develop this legislation. As it nears its second anniversary, valuable lessons can be gleaned from assessing its actual and potential impact.

Background

The FPSS legislation brought together two types of programs that have some similar features, but have developed in different ways and under different auspices. Although both family support and family preservation programs are meant to help states offer a broader array of services to vulnerable children and families, they have developed from different roots. Family support programs are frequently developed by grass roots, community-based organizations when a need is identified. The family support movement is based in parent education efforts, self-help groups, and settlement houses. Family support programs often have universal access and are voluntary. Some fear that providing federal dollars for family support programs will bureaucratize them, reducing their flexibility and neighborhood control.

On the other hand, family preservation programs often developed within the public child welfare sector, to help keep children from out-of-home care and to assist in returning children in foster care to their families. While family support programs have often been funded through religious organizations, parent organizations, or by piecing together a variety of federal, state, local, public and private sources, family preservation programs have usually been funded through a variety of federal and state resources. Family support and family preservation programs can be viewed as parallel and separate, or as sequential along a continuum of intensity of intervention; often their ser-

vices are provided simultaneously to families (Allen, Zalenski, Day & Gruenewald 1994).

The different focuses of these two types of programs correspond roughly to the distinction between “residual” and “developmental” approaches to child welfare services. The definition most dominant over the past half century was a residual one, which focused child welfare services on family breakdown. In the residual view, child welfare services are “social services to children and youth whose parents are unable or need help to carry out their child-rearing responsibilities” (CWLA 1982). In contrast, the developmental view defines child welfare as services directed to meeting the needs of all children, recognizing that no family is entirely self-sufficient to meet all of their children’s needs (Kadushin and Martin 1988). A more recent definition (CWLA 1993) incorporates both the developmental and residual perspectives. It defines child welfare as “those areas of social service designed to protect children from abuse and neglect, improve opportunities for optimal child development, help establish and fortify family structures, and improve the level of family functioning.” This contemporary perspective views the child within the context of the family and authorizes the provision of services focused both on the child and the family.

It is hoped that the planning and implementation process for FPSS funds will help move the child welfare system from being residual to developmental. The development of community-based family support and family preservation services envisioned in the FPSS legislation incorporates the developmental and residual perspectives by combining services that all can access with services that are directed toward children and families that have specifically been identified as needing help. States are encouraged to use a substantial portion of their first year FPSS funds for planning. Because each type of program develops its own constituencies, making the integration of services difficult, the involvement of a broad range of stakeholders in the first year’s planning process at the state and community level is critical.

Federal guidance and support

The Children’s Bureau, within the Administration on Children and Families (ACF) is working strategically to implement the FPSS program. The Bureau is working closely with the National Center on Child Abuse and Neglect, the Center for Mental Health Services, the Maternal and Child Health Bureau, and other federal agencies, to model the collaboration and coordination they hope to see at the state and local level. They sought extensive advice from the field and held a series of focus groups to provide guidance on the development of the Program Instruction and the Notice of Proposed Rulemaking. Severally federally-funded resource centers (on Permanency Planning, Organizational

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A broad coalition of child welfare, mental health and juvenile justice groups worked many long hours with Congress to develop this legislation. As it nears its second anniversary, valuable lessons can be gleaned from assessing its actual and potential impact.

Implementing the Family Preservation and Support Services Program

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National advocates and front-line workers alike have high expectations for the family preservation and support program to improve child welfare services.

While the financial resources available are not huge, the comprehensive planning process provides an important opportunity to create system reform rather than just providing additional categorical programs.

Improvement, Court Improvement and Legal Issues, Youth Development, and Family-Centered Practice) were established to provide technical assistance to the states, communities, and Indian Tribes in the planning process. In addition, the National Training and Technical Assistance Coordination Center was created to coordinate technical assistance, to provide regional conferences in 1995 and 1996, and to provide training and technical assistance to regional ACF offices. The Clearinghouse on Child Abuse and Neglect Information also received additional funding to strengthen its child welfare related activities.

Results

Since the legislation is barely two years old, evaluation is in its earliest stages. However, three evaluations have been mandated: James Bell Associates is studying the implementation of family preservation and family support services program in states and communities; Abt Associates is evaluating family support programs; and Westat is undertaking an extensive evaluation of family preservation programs.

Federal guidance appears to have been successful in encouraging states to think broadly about how the needs assessment and planning processes can help create improved services for children and families. Several states have incorporated this new initiative into broader system reform or service integration efforts.

For those states which have directed funds toward service delivery, approximately one half of the first year FPSS funds were directed to family preservation and one half toward family support. It appears that states that already have strong family support programs are putting the majority of their resources toward family preservation programs. States with well-established family preservation programs are placing more emphasis on the development of family support programs. Of the 22 states funding family support services, 14 have directed this money to community-based organizations (James Bell Associates 1995). States are working to meet the challenge of creating a comprehensive array of services that are focused on the safety of the child within the family.

To make their plans, states needed to gather current data about the status of children and families in their state and in communities. By undertaking community needs assessments and reviewing existing data (i.e., child abuse reports, Kids Count data, census data), community and state level providers developed a better picture of the needs of children and families. By using community mapping tech-

niques, some states targeted their planning and services toward communities that are critically in need (James Bell Associates 1995). Gathering and reviewing this information is helpful to the states in planning programs in addition to FPSS.

The FPSS legislation requires states to develop measurable objectives for improving the safety and well-being of children and families. This requirement (as well as class action suits, the implementation of the Adoption and Foster Care Analysis and Reporting System, and the creation of the State Automated Child Welfare Information Systems) has created a great deal of interest in developing child welfare outcome measures. A recent report by the American Humane Association (AHA) indicates that only 12 states reported the use of outcome initiatives in 1993. By 1995, 23 states and five county child welfare agencies were involved in outcome measure initiatives (American Humane Association 1995).

Summary

National advocates and front-line workers alike have high expectations for the family preservation and support program to improve child welfare services. While the financial resources available are not huge, the comprehensive planning process provides an important opportunity to create system reform rather than just providing additional categorical programs. States can take the time to look holistically at prevention, child abuse intervention, foster care, adoption, independent living, family preservation, children's mental health, maternal and child health, and family support programs. Will the vision and goals of FPSS be translated into services which ensure safety and provide better outcomes for children and families? That is a question which remains to be answered. For the response to be positive, everyone responsible for implementing the legislation will have to work together in earnest.

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Implementing the Family Preservation and Support Services Program

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Defining and Differentiating Child Neglect

continued from page 1

Child neglect continues to receive limited attention from researchers, professional journals, and from beleaguered child protective services (CPS) agencies, which are overwhelmed with investigating reports of sexual abuse and severe physical abuse.

Center for the Study of Social Policy/Children's Defense Fund. (1994). *Making strategic use of the family preservation support services program*. Washington, DC: Author.

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nitions and CPS policies regarding neglect vary greatly across states, and there is little consistency in conceptual or operational definitions across studies of neglect, many of which fail to differentiate between neglect and other forms of maltreatment. These inconsistencies significantly hamper attempts to gain greater understanding of the problem and to intervene effectively.

No single definition of neglect meets all needs. Zuravin (1991) has argued that the definition of neglect should be specific to the purpose for which it is to be used: research, legal action, authoritative intervention, or prevention. Zuravin proposes a research definition of neglect that focuses on the parents, clearly identifying specific behaviors or omissions of the parent or caretaker which endanger the child's future physical, cognitive, or emotional health. Others (Dubowitz, Black, Starr, & Zuravin, 1993) argue from a preventive and practice perspective for a broader definition of neglect that focuses on the condition of the child, regardless of the cause.

However, operational definitions of neglect must also take into account legitimate cultural differences in child care practices. The predominant Eurocentric models for normal child development and family functioning merit critical examination and adjustments for children of color (Korbin, 1994). Polansky et al. (1981) found high levels of agreement about indicators of neglect among working class and upper middle class women, and one study revealed substantial agreement on basic indicators of neglect between African-American and White groups (Polansky, Ammons, & Weathersby, 1985). However, another study (Giovannoni & Becerra, 1979) indicated some significant differences in ratings of the severity of specific indicators of neglect among Hispanic, African-American, and White groups. For instance, Hispanic respondents rated vignettes depicting

PASS ALONG EXTRAS!

Ever wonder why you receive several copies of Colloquium announcements? APSAC uses several different mailing lists donated by other organizations to compile its 60,000+ mailing list for conference advertising. Members who are on more than one of these donated lists receive multiple copies of the mailings. Pruning the lists would be much more costly in staff time than simply mailing to all the names. We hope members will help us disseminate information more widely by passing along extra copies to friends and colleagues who haven't received any.

sexual abuse, physical abuse, and drug or alcohol abuse as more serious than did African-Americans or Whites. African-Americans rated descriptions that reflect neglect (i.e., failure to provide adequate nutrition, medical care, supervision, cleanliness, education, clothing, and housing) more seriously than did White or Hispanic respondents. Overall, Whites rated the vignettes describing abuse and neglect less seriously than did either of the other two ethnic groups. Although there is general agreement across ethnic groups about basic needs of children, operational definitions of neglect must acknowledge legitimate differences among ethnic groups on norms for child care, while maintaining standards that assure that children's basic needs are met.

Differentiating types of neglect

Neglect is often over-simplified and stereotyped; it is not a unitary phenomenon, nor does it typically occur alone. Neglect is often accompanied by physical abuse and sexual abuse. Data from a recent longitudinal study revealed significant correlations between adolescents' reports of physical neglect and sexual abuse and between severe emotional neglect and physical and verbal abuse (Ney, Fung, & Wickett, 1994). There is growing evidence as well that a significant portion of neglectful mothers suffer from symptoms of depression (Nelson, et al., 1993; Gaudin et al., 1993; Zuravin and Grief, 1989). Substance abuse is involved in an increasingly higher percentage of neglect cases, with estimates varying from 30% to 90%. Even non-organic failure to thrive (NOFT), a unique, often life-threatening type of neglect, is a heterogeneous condition that is differentiated by a variety of causal conditions ranging from poverty of family resources, parents' lack of knowledge of child care and nutrition, to severe family crises or conflicts that interfere with parents' ability to nurture their young children (Drotar, 1992). Precision of definition in research is critical for longitudinal studies which seek to identify outcomes of various types of maltreatment on children. Differentiating subtypes of

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Defining and Differentiating Child Neglect

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The strong association between neglect and poverty, and the multiple problems and dearth of resources in neglectful families present a formidable challenge to professional helpers.

neglect also enables practitioners and policymakers to devise specific, effective interventions which can be evaluated meaningfully.

Below is a brief review of some of the research efforts to differentiate and define neglect. The inconsistency in definitions and typologies of neglect across studies has made the interpretation and generalization of the disparate results extremely difficult. The tendency of neglect researchers to work independently with little encouragement from their funding sources to seek some consistency in operational definitions of neglect has resulted in non-comparable samples and results that are often conflicting. Although such eclecticism provides some richness and diversity of perspective, the failure to build on previous research efforts hinders the systematic development of knowledge about neglect and the development of effective interventions to prevent it.

Polansky et al. (1981) identified five types of neglect related to the personality patterns and mental health condition of neglectful mothers: (1) mothers with apathetic-futile personality, (2) mothers with impulsive personality, (3) mothers in reactive depression, (4) mentally retarded mothers, and (5) psychotic mothers.

The Second National Incidence Study (NIS-2; USDHHS, 1988) identified seventeen types of neglect: six types of physical neglect, seven types of emotional neglect, three types of educational neglect and a separate category for supervisory neglect.

For research purposes, Zuravin (1991) identified 14 subtypes of physical neglect. Noting the considerable overlap between definitions of emotional maltreatment and neglect, she suggests that operational research definitions of neglect specify: (a) subtypes of parental/caretaker behavior, (b) effects of the behavior on the child, (c) chronicity and (d) age of the child (Zuravin, 1991).

Drotar (1992) identified different methods for assessment and interventions for six categories of child neglect: (1) limited attention/stimulation, (2) limited food/nutrition, (3) inadequate cleanliness, (4) hazards in the home, (5) inconsistent health care, and (6) family disorganization affecting child's care.

Crittenden (1993) has suggested differentiating among neglectful parents according to their problems related to the processing of information: perceiving, interpreting, failing to select a response because of lack of knowledge, or failing to implement a response. She suggests that parents' ability to respond appropriately to the basic needs of their children may be facilitated by interventions to improve these cognitive skills.

Nelson, Saunders, and Landsman (1993) have identified significant differences between chronic and non-chronic neglect. Chronic neglect families were characterized by poverty, unemployment, more children, multiple child and adult problems, including adult depression or other mental illness. The non-chronic, "new neglect" families, on the other hand, had more often experienced a recent crisis in the family related to illness, injury or family dissolution. The latter group reported more confused thinking and fears, and tended to live in crime and drug-ridden areas, and at some distance from family and friends. The implications for intervention are obviously quite different for the two groups.

A recent study of family functioning in neglectful and non-neglectful families revealed significant differences between families who emotionally neglect vs. those who physically neglect. Families who were both emotionally and physically neglectful were rated more disorganized and less verbally expressive than those who were only physically neglectful (Gaudin, Polansky, Kilpatrick, & Shilton, 1993). The same study identified three different patterns of functioning among neglectful families: (1) chaotic/disorganized/enmeshed, (2) autocratic/disengaged, and (3) the more well-functioning, who were democratically led/cohesive/differentiated.

Implications for assessment, intervention, prevention

Researchers and practitioners must give substantially greater attention to the systematic development of knowledge about subtypes of neglect and differences in their causes, developmental effects, and implications for intervention. Erickson, Egeland and Pianta's (1989) longitudinal study indicated that children of mothers who were emotionally neglectful suffer the most severe developmental problems as toddlers, whereas children who were physically neglected suffered more severe developmental problems when they entered school. Another recent study concluded that the combination of physical neglect, physical abuse, and verbal abuse has the most negative impact on children's expectations for the future (Ney, Fung, & Wickett, 1994). Other studies, cited above, have clearly identified the significant negative developmental effects of neglect on school-aged children's social, cognitive, and academic functioning. However, the studies fail to specify types of neglect or to examine the effects of neglect when combined with physical abuse.

The limited research on interventions to remedy neglect indicates only minimal success. Daro's review of 19 NCCAN-funded demonstration projects indicated success with only half of the neglect families involved (Daro, 1988). Reports from a recent multi-site intensive intervention project with chronically neglectful families also

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Defining and Differentiating Child Neglect

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Polansky and colleagues warned that the attitude of futility characteristic of many chronically neglectful mothers can be contagious, infecting professional helpers who work with neglectful families.

indicate limited success with about half of the families (DiLeonardi, 1993; Landsman, Nelson, Allen & Tyler, 1992). Intensive family preservation efforts have considerably less success in preventing out-of-home placements with neglectful than with abusive families (Bath & Haapala, 1993). Intensive family preservation efforts are likely to be more successful with non-chronic neglect cases, as identified by Nelson et al. (1993), whereas the multi-problem, chronically neglectful families identified so frequently in the neglect literature (Polansky, et al. 1981; Nelson et al, 1993; Polansky, Gaudin, Ammons, 1985) require the longer term, multi-service models that have been suggested by the research on interventions with neglect (Gaudin, 1993; Daro, 1988). Unfortunately, almost all of the studies of interventions with neglectful families have been conducted with small, convenience samples, without control groups, or using single subject designs (Daro, 1988; DiLeonardi, 1993; Lutzker, 1990). Seldom has there been any differentiation by type or severity of neglect.

Principles for intervention

Below are principles for intervention that can be gleaned from clinical experience.

First, obviously, because so many problems exist in neglectful families, assessments of neglect should include assessment for other problems, including parental depression and substance abuse. Any intervention should include appropriate clinical treatment.

For neglect that is clearly related to alcoholism or other substance abuse, treatment for substance abuse must be given priority. Where assessments indicate clinical depression of the caregiver, clinical treatment for depression must be a part of the treatment effort. Most often neglectful parents who are depressed have not received treatment for depression (Zuravin, 1988).

Assessment of nutritional neglect may indicate a need for use of cognitive-behavioral methods to teach basic nutrition and meal planning to a mentally disadvantaged parent, enabling a parent to obtain nutritional supplements through the WIC program, or teaching infant stimulation to young parents.

Medical neglect may be related to a mother's lack of knowledge about medical conditions and treatment of their children, inaccessibility of medical care, an apathetic sense of futility about her life situation, or an inability to structure her life to carry out a prescribed medical regime. Required interventions may consequently call for instruction, transportation, cognitive-behavioral training, and may require temporary placement of the at-risk child.

Mothers who are emotionally neglectful are likely to have been neglected as children themselves

and consequently to have been insecurely attached to their own mothers (Crittenden & Ainsworth, 1989; Egeland & Erickson, 1990; Belsky, 1995; Polansky, et al., 1981). These mothers will require intensive supportive, cognitive-behavioral interventions to modify negative internal representations of themselves and their children that stem from their own neglectful parenting (Egeland & Erickson, 1990).

Unsafe conditions in the home related to poverty may require advocacy with public housing or emergency financial assistance to restore heat, teaching money management, or using a home safety checklist to teach parents how to eliminate dangerous situations in the home (Lutzker, 1990).

In spite of the research that clearly indicates severe developmental consequences for child victims of neglect, there has been little research on interventions with the child-victims of neglect (Daro, 1988; Wolfe & Wekerle, 1993). Further research is needed to specify the effects of various types of neglect experienced at different age levels. Given the limited success of efforts to remedy neglectful parenting, higher priority must be given to interventions with child victims to ameliorate the serious emotional, cognitive, and social deficits of child victims of neglect to prevent a repetitive, inter-generational cycle of neglect.

Finally, the strong association between neglect and poverty, documented in numerous studies and reports (American Human Association, 1988; USDHHS, 1988; Wolock & Horowitz, 1979; Sedlak, 1992) clearly indicates that treatment and prevention of child neglect require remedies that will lift the twenty percent of children in the U.S. who live in poverty out of that high risk condition. Employment preparation or adequate income support, therapeutic child care, housing, health, mental health, drug treatment, public transportation services, parenting education, and after-school enrichment programs are required to support and habilitate parents and their children who are placed at great risk by the inadequacy of public services and personal resources.

Child neglect is a formidable, multi-faceted type of maltreatment that seriously affects more than half a million U.S. children each year. It is the most damaging form of maltreatment on the development of its victims. It demands greater attention and greater resources from public policy makers, researchers, and professional helpers who are concerned about child maltreatment and the future of our country.

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| | | | |
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| Harry Elias, JD | | | |

The following professionals generously volunteered their time to ensure that APSAC's Third National Colloquium ran smoothly. We thank them for their patience, humor, and hard work!

| | | | |
|---------------------|--------------------|-------------------|------------------|
| Angela Amundsen | Jane Karwoski | Marie Sapino | Saul Hinden |
| Ann Haralambie | Jessica St. George | Martha Fenn | Seth Goldstein |
| Ann Tarazon-Arevalo | Jill Cohen Kolb | Mary Schloss | Silke Nygra |
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| Jacqueline Hoyt | Maha Kabban-Moses | | |

suasively that "the backlash" does not pose a long-term threat to professional activity or societal recognition of the problem of child abuse and neglect. Dr. Finkelhor's address will be reprinted in the next issue of *The APSAC Advisor*.

New this year were a series of special "welcomes" to new APSAC members attending the Colloquium, and networking lunches to encourage new members, professionals from the same discipline, and professionals from the same regions to meet and discuss common interests and goals. Many people took advantage of the lunches, which we hope to make a permanent and increasingly successful feature of the Colloquium.

Finally, the magnificent desert setting and the beautiful resort that housed this year's Colloquium inspired a sense of peace and well-being in nearly everyone who attended. Many thanks for hard work and excellent planning are due to the 1995 Colloquium Chair, Ben Saunders, PhD; to Program Committee members and consultants; to the distinguished faculty, all of whom donated their invaluable services to the organization; and to APSAC's dedicated staff. All in all, the Third National Colloquium was a wonderful experience, offering the best of both worlds of rigorous training and much-needed relaxation.

CAPTA INTACT THROUGH SENATE COMMITTEE

Current status

The U.S. Senate Committee on Labor and Human Resources voted unanimously on Wednesday, June 21, to reauthorize the Child Abuse Prevention and Treatment Act (CAPTA). The redrafted measure is known as S.919. The Senate Committee's unanimous vote on the bill was a big step forward in the effort to reauthorize CAPTA. Next, the U.S. House of Representatives and the U.S. Senate will have to agree on a version of CAPTA for joint reauthorization.

APSAC's role

APSAC has worked closely with members of the Senate Committee on Labor and Human Resources and with the National Child Abuse Coalition to ensure that CAPTA is reauthorized. The U.S. House of Representatives voted to eliminate CAPTA altogether last March, rolling it in with 23 other child-related and welfare programs to form H.R. 4, or the "Personal Responsibility Act." H.R. 4 occasioned APSAC's post card last March alerting members to the need to write to Senators and Representatives encouraging reauthorization of CAPTA.

APSAC has worked particularly hard to ensure that the federal government maintains its protections for mandated reporters and its commitment to high-quality research in child maltreatment. Both goals are achieved in the Labor Committee's version of the legislation. The bill requires states to

provide immunity from liability for mandated reporters who act in good faith. Also, for the first time the bill directs the Secretary of Health and Human Services (HHS) to establish a "formal, rigorous, meritorious" peer review process for research grants, to ensure that "scientifically valid review criteria and scoring guidelines" are used by review committees, to award grants primarily on the basis of such competitive review, and to ensure that at least a portion of the research funds are spent on field-generated research. Both of these changes reflect significant success.

Remaining challenges

Other aspects of the bill are less to the liking of some of APSAC's leaders. The revised definition of child abuse now includes the words "recent," "serious," and "imminent," to read: "the term 'child abuse' means, at a minimum, any *recent* act or failure to act on the part of a parent or caretaker, which results in death or *serious* physical, sexual, or emotional harm, or presents an *imminent* risk of such harm" (italics added). While this definition represents a dramatic improvement over some definitions that were offered from other quarters, some of APSAC's leaders are concerned that restricting the definition of child abuse in this way will limit our ability to protect children.

Also, for the first time the bill does not *require* the Secretary of HHS to establish a National Center on Child Abuse and Neglect. It requires that she carry out the functions of the bill, and states that she *may* establish an Office on Child Abuse and Neglect if she sees that as the best way of accomplishing the bill's aims. Most members of the National Child Abuse Coalition saw this change from "shall" to "may" as a concession to political reality.

These criticisms should not obscure the major achievement the bill represents. Moving from the threat of no CAPTA at all to a very good bill backed by two Senate committees is success by any measure. Members of the U.S. Senate Committee on Labor and Human Resources (see list below), key staffers for that Committee and for its Subcommittee on Children, Youth, and Families, and members of the Senate Finance Committee deserve our thanks for recognizing the importance of CAPTA and insisting upon its reauthorization. A list of people to be thanked is on page 24.

Next steps

The next steps for interested APSAC members will be to ensure (1) that the House and full Senate stand by CAPTA as an important piece of legislation, and (2) that the House-Senate "conference committee" produces a bill as favorable as the Senate Committee version. APSAC has signed a letter to all U.S. Senators, along with Child Welfare League of America, Children's Defense Fund, American Humane Association, American Psycho-

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News

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logical Association, and other leading groups, urging them not to block grant child protection funds. That letter is reproduced on p. 22.

What can you do?

1. Write to members of the U.S. Senate Committee on Labor and Human Resources thanking them for voting to reauthorize CAPTA as S.919. (See list, p. 24.)

2. Write to members of the U.S. Senate Finance Committee thanking them for keeping CAPTA out of the welfare block grant. (See list, p. 24.)

3. Educate your Representative. Many Representatives do not know that H.R. 4 eliminates CAPTA. Tell them that it does, and explain why eliminating CAPTA would dramatically impair our efforts to respond to the problem of child abuse and neglect. APSAC's letter to Senators, reprinted in the last issue of *The APSAC Advisor*, can serve as a model (call 312-554-0166 if you want another copy). Tell your representatives that you support the Labor-Committee-approved bill S.919.

4. Contact members of the House Subcommittee on Early Childhood Youth and Families (see list p. 26). This is the subcommittee of the Committee on Economic and Educational Opportunities, which is responsible for recommending CAPTA reauthorization in the House. Tell them that you support S.919, which reauthorizes CAPTA. Tell them why reauthorizing CAPTA is so important (again, APSAC's letter to Senators can serve as a model).

Letters need to be mailed by September 8.

On p. 23 you will find general guidelines for contacting your representatives, courtesy of the Child Welfare League of America. Original letters with follow-up phone calls are more effective than form letters or phone calls alone. If you plan to take action, you might call APSAC first for a current status report.

APSAC TO ESTABLISH LEGISLATIVE NETWORK

In addition to taking the steps outlined above, you can join APSAC's new Legislative Network by filling out the form enclosed with this issue and returning it to APSAC's office. Through the Legislative Network, APSAC will be able to send timely bulletins and action alerts to interested members who are willing to take action themselves and to spread the word to concerned colleagues. APSAC's decision to establish a Legislative Network is a direct response to members' request that we be more active in efforts to educate federal legislators about issues in child abuse and neglect.

MEDIA RELATIONS EFFORTS BUILDING

APSAC gained the attention of several major media outlets with its press release on the HBO movie about the McMartin preschool trial, "Indictment." I was quoted in *TIME* magazine and appeared on *Entertainment Tonight* the week before the movie first aired; several reporters called the national office, and many of the reviews were balanced and reflected the concerns expressed in APSAC's press release. APSAC's members have clearly indicated their investment in our efforts to promote accurate public awareness about child abuse: members stressed their support for media relations in last fall's membership survey, and have donated more than twice as much money to our effort to educate the media than to all other donation options combined. Now that APSAC is building an adequate staff to handle the basic organizational functions, we are going to be able to mobilize a more proactive media relations strategy. I am excited about the prospect of building a coherent, effective relationship with members of the media, and working with members to extend it to local markets across the U.S.

Theresa Reid is Executive Director of APSAC, and resides in Chicago, Illinois.

ADDRESSES AND FORMS OF ADDRESS

To The President:

The President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500
Dear Mr. President:

White House Comment Line: 202-456-7639

To the Vice President:

The Vice President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500
Dear Mr. Vice President:

To Senators:

The Honorable (insert full name):
United State Senate
Washington, DC 20510
Dear Senator (insert last name):

To Representatives:

The Honorable (insert full name):
US House of Representatives
Washington, DC 20515
Dear Representative (insert last name):

To Cabinet Members:

The Honorable (insert full name)
Secretary of (insert Department)
Washington, DC (insert zip code)
Dear Madam/Mr. Secretary (insert last name):

DEAR SENATOR...

This letter urging Senators not to block grant child protection programs was signed by 120 major organizations and sent to all Senators the last week in June. APSAC members can help by sending similar letters to their Senators and Representatives by September 8.

Dear Senator:

As the full Senate begins debating welfare reform, we urge you to reject any amendment that would block grant the foster care, adoption assistance and other child protection programs. A block grant would undermine the enforceable protections and guarantee of support that abused and neglected children need.

The Senate Finance Committee did not include a child protection block grant in its welfare bill. The Committee's decision to retain current law for foster care, adoption and other vital services reinforces the view that reform of programs for abused and neglected children does not belong in a welfare bill. Substantial reforms in these services enacted in the last Congress should first be given a chance to work.

In the face of a growing demand for foster and other child protection services, a block grant would endanger children. Last year, for example, there were more than 3.1 million children reported abused and neglected. Currently, some 22 states operate with court involvement or oversight because of

APSAC sent a version of the letter below to members of the U.S. Senate Committee on Labor and Human Resources. APSAC members can help ensure the survival of CAPTA by sending a personalized version of the letter to the same Committee (see list, p.24). The letter can also be altered slightly to urge (rather than thank) members of the U.S. House of Representatives Committee on Economic and Educational Opportunities (see list, p. 24) to reauthorize CAPTA by supporting S.919. Letters need to be mailed by September 8.

Dear Senator,

I am writing to thank you for your strong support for reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) as S.919. As you know, few epidemics have been as costly to this nation as has the ongoing epidemic of child abuse. Many research studies show that children who are abused and neglected often grow up wreaking havoc on the society that has allowed their maltreatment, accounting for a very high percentage of teen run-aways, juvenile criminals, prostitutes, prison inmates, substance abusers, and psychiatric patients. An epidemic of these proportions, affecting all aspects of American life, requires the coordinated federal response you have ensured by voting to reauthorize CAPTA.

allegations that children in their care were not adequately protected. Extraordinary caution is warranted to ensure that children who already have suffered abuse and neglect are not harmed further. Now is not the time to reduce federal responsibility for these vulnerable children.

Please oppose any amendment that seeks to block grant the foster care, adoption assistance or other child protection programs.

(Below is a partial list of signatories of this letter)

American Association for Marriage & Family Therapy
American Human Association
American Professional Society on the Abuse of Children
American Psychiatric Association
American Psychological Association
Catholic Charities
Child Welfare League of America
Children's Defense Fund
Family Resource Coalition
Family Service America
National Association of Child Advocates
National Association of Counsel for Children
National Association of Homes and Services for Children
National Association of School Psychologists
National Association of Social Workers
National Network of Children's Advocacy Centers
National Black Child Development Institute
National Urban League
People of Color Leadership Institute
Zero to Three

As a professional who works in the field of child maltreatment, I am grateful for your support of S.919. The bill's provisions for mandated reporting of suspected abuse and immunity from liability for reporters who act in good faith are essential for the protection of children. The community-based prevention programs, interdisciplinary intervention, and improvements in the child protective service system provided for in the bill are critical components of an intelligent response to child abuse and neglect. Finally, S.919's articulation of a federal role in funding research, training, technical assistance, and data collection to address national issues in child protection offers an efficient means of enabling all states to improve their response to child maltreatment.

The staggering social cost of child abuse and neglect is one of this society's greatest problems. I thank you and your Senate colleagues for ensuring that the critical federal role in child abuse policy and programs will be maintained.

Sincerely,

APSAC member's name

APSAC is a member of the National Child Abuse Coalition.

TIPS FOR CONTACTING LEGISLATORS

The following tips are reprinted with permission from the *Washington Workbook for Child Advocates*, published by the Child Welfare League of America (CWLA). This *Workbook*, an indispensable tool for those who would make a difference on Capitol Hill, lists the names and addresses, with pictures, of all U.S. Representatives and Senators, lists House and Senate Committees and Subcommittees and key staffers, lists all governors and cabinet members, and includes a map of Capitol Hill and tips for making contacts. The cost is \$12.95. To receive a copy, call 908-225-1900, and ask for stock #6253.

BE A VOICE FOR CHILDREN

How can you be an effective voice for children on Capitol Hill?

You don't have to be a high-powered, well-paid, politically connected Washington lobbyist in order to have an effect on Congress and the legislation it passes.

You elect Members of Congress, and therefore you are the most important influence in your Senators' or Representative's political life.

Your elected representatives in Congress take very seriously written letters or personal visits from you regarding a particular issue—it's their job. Senators, Representatives, or their staff members will return your phone calls, answer your letters, and schedule appointments to meet with you.

You can strengthen your effectiveness as a grassroots lobbyist by using some of the techniques discussed here.

WRITE LETTERS

In many cases, a letter can change a legislator's mind. It is particularly helpful when a member is wavering on an issue. If, despite your literary efforts, your legislator's vote is still unfavorable to your position, don't be discouraged. This probably means that people representing the other viewpoint were lobbying even harder than you.

Personalized (even handwritten) letters on your own stationery are the most effective. While form letters, postcards, and petitions are read and counted, they don't carry the weight and persuasive power that a letter from a constituent does.

It is vital that the letter be as simple and clear as possible. The following pointers can help assure that your letter gets noticed:

Confine yourself to one subject area or bill. Do not complicate your message and decrease the force of your argument. State the bill number if you know it. Write separate letters for different bills.

Be brief. Write on two pages at most. Legislators are busy, and a letter longer than two pages is time consuming. Be careful, however, not to sacrifice clarity and completeness for brevity.

State your purpose in the first paragraph. Elaborate in the text of the letter.

Use facts and personal experiences. State how the decision will affect the children you serve. If you have data, use it, especially if it documents how the decision affects the legislator's constituents.

Be specific. State the action you want your legislator to take. If you want information, ask for it. If you want a yes or no vote on a bill, say so. If you want co-sponsorship of a bill or support a specific strategy, identify it.

Attitude is important. Legislators, like you and I, respond better to praise than to criticism. Remind them how you have supported them in the past (if you did) and how you are counting on them.

Write neatly. Place your name and address on both the envelope and the letter.

MEETING MEMBERS OF CONGRESS

Getting your legislators to know you and what you represent is the most effective way to influence a vote. Anyone can make an appointment to see their legislator. Here are a few pointers to make your meeting effective.

Make an appointment in advance. If at all possible, give your legislator some notice of your desire to meet with them. State the time required for your meeting, who will attend, and the subject you wish to discuss.

Select a spokesperson. If two or more people are together, agree in advance who will make the presentation and what approach will be used.

Stay calm. Present your position in an orderly and calm manner.

Demonstrate the impact of the legislation or program. Show the effect it will have on your organization or agency, and if appropriate, on the nation as a whole. If possible, relate any potential adverse or positive impact on the legislator's home district or state. Suggest a visit to appropriate programs back home to illustrate your point.

Encourage questions. Answer factually and not argumentatively. If you don't know the answer, tell the legislator you'll be happy to find out and pass it on. Make sure you follow up!

Be specific about what action you want. State your needs simply.

Listen carefully. Allow your legislator to share his or her insights or counterarguments with you. Though you may not agree with the views expressed, this gives you a chance to refute with knowledge or prepare a follow-up. Take notes of any reports or sources the legislator mentions.

Know your facts. Leave a fact sheet or a briefing book. Clearly indicate your name, address, phone, and organization on all documents.

Leave promptly. At the end of the time allotted, get up, thank your legislator for the time and courtesy offered, then exit.

Follow up. Send a letter thanking your legislator for the meeting when you get home.

Even if you don't want a formal appointment, whenever you're in Washington, whether on business or pleasure, let your Senators and Representative know you're in town and stop by the Capitol. Visit a session or a committee hearing you are interested in. If your legislator is on the committee, that's even better. Your legislator's staff will be happy to give you information or passes. Leave notes at your legislator's office saying that you were in town, what session you attended, and a reminder of what you want supported.

U. S. House of Representatives, Committee on Economic and Educational Opportunities, Subcommittee on Early Childhood, Youth and Families

Write to all members of this House Subcommittee by September 8 telling them that you support S.919.

CHOB = Cannon House Office Building, Washington, DC, 20515

LHOB = Longworth House Office Building

RHOB = Rayburn House Office Building

Republicans

Randy Cunningham, Chair (CA)

227 CHOB
202/225-5452

Michael Castle (DE)

1207 LHOB
202/225-4165

William F. Goodling, (PA)

2263 RHOB
202/225-5836

Jim Greenwood (PA)

430 CHOB
202/225-4276

Steve Gunderson (WI)

2185 RHOB
202/225-5506

Sam Johnson (TX)

1030 LHOB
202/225-4201

David McIntosh (IN)

1208 LHOB
202/225-3021

Frank Riggs (CA)

1714 LHOB
202/225-5311

Mark Edward Souder (IN)

508 CHOB
202/225-4436

David Weldon (FL)

216 CHOB
202/225-1617

Democrats

Xavier Becerra (CA)

1119 LHOB
202/225-6235

Eliot Engel (NY)

1433 LHOB
202/225-2464

Dale E. Kildee (MI)

2187 RHOB
202/225-3611

George Miller (CA)

2205 RHOB
202/225-2095

Patsy Mink (HI)

2135 RHOB
202/225-4906

Donald M. Payne (NJ)

2244 RHOB
202/225-3436

Thomas C. Sawyer (OH)

1414 LHOB
202/225-5231

Robert C. Scott (VA)

501 CHOB
202/225-8351

Majority Chief of Staff:

Jay Eagen

2181 RHOB
202/225-4527

Minority Chief of Staff:

Gail Weiss

2101 RHOB
202/225-3725

U.S. Senate Committee on Labor and Human Resources

This Senate Committee unanimously recommended the re-authorization of CAPTA as S.919. Write to all members and staffers by September 8 thanking them for their support and urging them to stand by S.919.

SD = Dirksen Senate Office Building, Washington, DC, 20510

SH = Hart Senate Office Building

SR = Russell Senate Office Building

Republicans

Nancy Landon Kassebaum, Chair (KS)

SR 302
202/224-4774

Spencer Abraham (MI)

SD B40-4
202/224-4822

John Ashcroft (MO)

SR 170
202/224-6154

Dan Coats (IN)

SR 404
202/224-5623

Michael DeWine (OH)

SR 140
202/224-2315

Bill Frist (TN)

SD 567
202/224-3344

Slade Gorton (WA)

SH 730
202/224-3441

James Jeffords (VT)

SH 513
202/224-5141

Democrats

Christopher Dodd (CT)

SR 444
202/224-2823

Tom Harkin (IA)

SH 531
202/224-3254

Edward Kennedy (MA)

SR 315
202/224-4543

Barbara Mikulski (MD)

SH 709
202/224-4654

Claiborne Pell (RI)

SR 335
202/224-4642

Paul Wellstone (WI)

SH 717
202/224-5641

Committee staff:

Kimberly Barnes O'Connor and Rebecca Jones

SH 835
202/224-6770

Subcommittee on Children, Youth and Families staff:

Stephanie Monroe and Townsend Ann Lange

SH 625
202/224-1133

U.S. Senate Finance Committee

Write to members of this Senate Committee by September 8 thanking them for acknowledging the importance of CAPTA by keeping it out of the Senate's welfare bill.

Republicans

Bob Packwood, Chair (OR)

SR 259
202/224-5244

John H. Chaffee (RI)

SD 506
202/224-2921

Alfonse M. D'Amato (NY)

SH 520
202-224-6542

Robert Dole (KS)

SH 141
202/224-6521

Charles E. Grassley (IA)

SH 135
202/224-3744

Orrin G. Hatch (UT)

SR 135
202/224-5251

Frank H. Murkowski (AK)

SH 706
202/224-6665

Don Nickles (OK)

SH 133
202/224-5754

Larry Pressler (SD)

SR 243
202/224-5842

William V. Roth, Jr. (DE)

SH 104
202/224-2441

Alan K. Simpson (WY)

SD 113
202/224-3424

Democrats

Max Baucus (MT)

SH 511
202/224-2651

Bill Bradley (NJ)

SH 731
202/224-3224

John B. Breaux (LA)

SH 516
202/224-4623

Kent Conrad (ND)

SH 724
202/224-2043

Bob Graham (FL)

SH 524
202/224-3041

Carol Mosely-Braun (IL)

SH 320
202/224-2854

Daniel Patrick Moynihan (NY)

SR 464
202/224-4451

David Pryor (AZ)

SR 267
202/224-2353

Jay Rockefeller (WV)

SH 109
202/224-6472

Majority Staff Director:

Lindy Paull

SD 219
202/224-4515

Minority Staff Director:

Lawrence O'Donnell

SD 203
202/224-5313

JOURNAL HIGHLIGHTS

Edited by
Thomas F. Curran

The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute to Journal Highlights by sending a copy of current articles (preferably published within the past six months), along with a two or three sentence review, to Thomas F. Curran, MSW, JD, Child Advocacy Unit, Defender Association of Philadelphia, 121 N. Broad Street, Philadelphia, PA 19107-1913 (FAX 215 557-4910).

PHYSICAL ABUSE AND NEGLECT

French, G. and Johnson, C. (1994). Bites in the night: Determining the etiology of bite marks on an infant. *Pediatric Emergency Care*, 10(2), 281-283.

This short article describes apparent bite marks found on a 19-day-old infant admitted to a hospital, and how they were finally diagnosed as human bites. A useful procedure for assessing and diagnosing bite marks in young children is outlined.

Starling, F., Holden, J.R. and Jenny, C. (1995). Abusive head trauma: The relationship of perpetrators to their victims. *Pediatrics*, 95(2), 259-262.

The perpetrators of abusive head trauma and their relationship to 151 child victims was examined. Results indicated that male children were more likely to be victims of such abuse, with biological fathers being the most common perpetrators. It is suggested that female baby-sitters as a possible risk group of perpetrators should receive more attention.

Milner, J.S. (1994). Assessing physical child abuse risk: The Child Abuse Potential Inventory. *Clinical Psychology Review*, 14(6), 547-583.

A detailed critical review of studies reporting on the reliability, construct validity, and predictive validity of the Child Abuse Potential Inventory (CAP) physical abuse scale is provided. The physical abuse risk factors outlined in the family violence literature are summarized, along with an examination of the relationship between each of those risk factors and CAP scores. Validity estimates from predictable validity studies are reported, along with the utility of using the CAP abuse scale in treatment evaluations.

Trocme, N., McPhee, D. and Tam, K.K. (1995). Child abuse and neglect in Ontario: Incidence and characteristics. *Child Welfare*, 74(3), 563-586.

Based on a representative sample of 2,447 children, this article presents descriptive findings from the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS), the first Canadian study to examine the incidence and characteristics of reported child maltreatment. OIS found an incidence rate of reported maltreatment of 21 per 1,000 children, and a 27% substantiation rate. By comparison, the U.S. incidence rate (45 per 1,000) is more than double that of Ontario. Some interesting possible reasons for this difference, are presented.

SEXUAL ABUSE

Williams, L. and Finkelhor, D. (1995). Paternal care giving and incest: Test of a biosocial model. *American Journal of Orthopsychiatry*, 65(1), 101-113.

This study examines the biosocial thesis as a mechanism for inhibiting father-daughter incest. Applying a biosocial model to incest, it was hypothesized that close personal involvement by fathers in the early care of their daughters would decrease or inhibit the likelihood of any later sexual interest. The paternal involvement of two groups of incestuous fathers was compared with a closely matched control group. Detailed findings are presented. Consistent with the biosocial thesis, this study confirmed that, generally, fathers who were actively involved with the early care of their daughters presented lower risk for incest, although the caregiving behaviors did not seem to inhibit sexual arousal as proposed. Caregiving was not proven to be a fail-safe protection or inhibitor, as one-fifth of the very highest caregiving fathers still committed incest in later years.

Berliner, L. and Conte, J. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse and Neglect*, 19(3), 371-384.

In this retrospective study, 82 children (all at least eight years old at the time of the study) and their families were interviewed about their experiences surrounding their respective abuse experiences, disclosures and subsequent intervention. Although study results indicated that children's reactions to disclosure and intervention varied considerably, all but one child felt in retrospect that disclosing their victimization was a good thing, and all the children recommended that other children disclose abuse. Based on the children's responses, some important recommendations are made for improving intervention by all professionals who work with sexually abused children.

Lamb, M.E. (1994). The investigation of child sexual abuse: An Interdisciplinary Consensus Statement. *Journal of Child Sexual Abuse*, 3(4), 93-106.

A Consensus Statement on the investigation of child sexual abuse, which represents the agreement of twenty professionals from five countries, is presented. This thoughtful document addresses many different practices and issues involved in the investigation of child sexual abuse. Clearly, not all readers will agree with every part of the Statement. The six short commentaries which follow the Consensus Statement provide a useful examination of it's strengths and weaknesses.

OTHER ISSUES IN CHILD MALTREATMENT

Socolar, R.S. and Stein, R.K. (1995). Spanking infants and toddlers: Maternal belief and practice. *Pediatrics*, 95(1), 105-111.

Mothers of infants and toddlers (all under four years old) from two different locations were interviewed about

continued on next page

Journal Highlights

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their beliefs and practices regarding spanking. A belief in spanking was found to correlate very significantly with negative parenting and the practice and severity of spanking. Female children were spanked more than males, and mothers who were spanked were most likely to spank their children.

Massat, C.R. (1995). Is older better? Adolescent parenthood and maltreatment. *Child Welfare*, 74(2), 325-336.

To test the hypothesis that adolescent parents are not overrepresented in the population of indicated maltreating parents or the population of parents of children placed in foster care, this study analyzed demographic data on all parents who were subjects of indicated abuse reports in Illinois in 1988 (N = 23,764) and all Illinois parents with children in foster care on one day in 1990 (N = 8,535). The results supported the relatively rare inclusion of adolescent parents in both groups. An excellent literature review on adolescent parenthood and child abuse is provided, along with an examination of social rather than biological factors which produce negative effects on the children of adolescents.

Williams, L.M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology*, 62(6), 1167-1176.

This is a prospective study of a community sample of 129 women with well-documented histories of childhood sexual abuse. The study asks the following questions: how common is forgetting childhood sexual abuse; and, is forgetting associated only with young age at the time of abuse and suggestive of infantile amnesia, or are other factors, independent of age, associated with forgetting? A balanced review of the literature on adult memories of childhood sexual abuse is presented. Over one-third of this study's subjects (38%) did not report the sexual abuse they experienced in childhood. The study provides strong evidence that forgetting is associated not only with age, but with relationship to the perpetrator, and that having no recall of childhood sexual abuse is a common occurrence for adult women who have actually been victimized in childhood.

Maluccio, A., Pine, B. and Warsh, R. (1994). Protecting children by preserving their families. *Child and Youth Services Review*, 16(5/6), 295-307.

This essay argues that, at the philosophical and policy levels, family preservation and child protection are complementary rather than competing values. Ideas for the continued important discussion of child protection versus family preservation are presented.

Finkelhor, D. and Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. *Child Abuse and Neglect*, 19(2), 129-139.

This article describes the National Youth Victimization Prevention Study, which interviewed by telephone a representative sample of 2,000 U.S. children and their care takers about the children's experiences with abuse and victimization prevention programs. Two-thirds of the children (all between ages ten and sixteen) reported participation in at least one prevention program at some time. Overall, the responses of children and their parents to these programs was quite positive. As a result of the programs, 92% of the children reported being more aware of victimization, and 94% reported that they were better prepared to avoid potential danger. Policy recommendations are presented.

Finkelhor, D., Asdigian, N. and Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. *Child Abuse and Neglect*, 19(2) 141-153.

Using data gathered from the National Youth Victimization Prevention Study, this study examines whether prevention instruction in school and at home had any impact on the children's behavior in situations of real encounters with attempted victimization. Study findings support the hypothesis that prevention education can help improve children's responses to victimization, and that school-based programs help increase knowledge, inspire a sense of efficacy, and promote abuse disclosures. Even more significant, parental instruction was found to be most helpful in actually thwarting victimization attempts. One disturbing finding was that children with more comprehensive school programs also experienced more injury in coping with sexual assault, possibly due to their more aggressive resistance.

Kinard, E.M. (1995). Perceived social support and competence in abused children: A longitudinal perspective. *Journal of Family Violence*, 10(1), 73-98.

Applying the stress/social support/psychological well-being model and the social network theory as the framework for analysis, this very interesting study examines the impact of child abuse on children's self-perceptions of social support and competence. It also examines the influence of maternal social support and competence on child self-perceptions at two points in time. The sample consisted of 165 abused children and their mothers, and a very closely matched comparison group of 169 non-abused children and their mothers. Interestingly, study findings do not support the conclusion that maltreatment constitutes a significant source of stress for children, at least based upon their self-evaluations of social support and competence. Perceived support from mothers and peers, however, was found to significantly affect children's global sense of self-worth, as well as depression.

Hewitt, S.K. and Arrowood, A.A. (1994). Systematic touch exploration as a screening procedure for child abuse: A pilot study. *Journal of Child Sexual Abuse*, 3(2), 31-43.

This article describes a pilot study of a Systematic Touch exploration format, involving simple drawings with child participation, for screening child abuse. Although the Touch Continuum is presented only as a tool with potential usefulness for a variety of professionals screening for child sexual abuse, and is not a psychometrically-based test, it nonetheless clearly warrants additional examination. In this study, no false positives were found, and the results were consistent with previous research indicating that children often underreport sexual abuse and that initial investigative screening provides only partial disclosure.

The "Journal Highlights" Editor wishes to thank Linda Williams, PhD, Family Research Laboratory, University of New Hampshire, for her kind assistance with this issue.

CONFERENCES

APSAC Discounts

September 14-16, 1995. *NACC 18th National Children's Law Conference. Sponsored by National Association of Counsel for Children.* Boston, MA. Call 303-322-2260 or fax 303-329-3523.

October 11-14, 1995. *The Association for the Treatment of Sexual Abusers' 14th Annual Research and Treatment Conference.* New Orleans, LA. Call Connie Isaacs at 503-233-2312.

November 2, 1995. *"Responding to Child Abuse: Collaboration in the 1990's."* Sturbridge, Massachusetts. Co-sponsored by the Massachusetts Society for the Prevention of Cruelty to Children and the Massachusetts Chapter of the American Professional Society on the Abuse of Children. For more information, contact the MSPCC, 43 Mt. Vernon, Boston, Massachusetts, 02108.

November 6-9, 1995. *Midwest Conference on Child Sexual Abuse and Incest.* Co-sponsored by Family Sexual Abuse

Treatment and the University of Wisconsin. Madison, Wisconsin. Contact Jill Cohen at 608-244-4022 or Jim Campbell at 608-262-2352 for more information.

November 9-12, 1995. *National Symposium on Child Victimization.* Sponsored by the National Children's Medical Center. Contact Yvette Buch.

November 20-22, 1995. *"Networking in the Nineties."* Stouffer National Hotel. A multidisciplinary conference sponsored by the Tennessee chapter of APSAC. Contact Judith Brown at 901-525-2377 for more information.

January 22-26, 1996. *Tenth Annual San Diego Conference on Responding to Child Maltreatment.* Sponsored by the Center or Child Protection, Children's Hospital-San Diego, and APSAC. San Diego, CA. Call Robbi Webb at 619-495-4940.

June 26-30, 1996. *APSAC's Fourth National Colloquium.* Chicago Hilton and Towers, Chicago, IL. Contact Carol Nigh, 312-554-0166.

Other Conferences

July 31-August 4, 1995. *Investigation and Prosecution of Child Abuse: Summer National Training.* Sponsored by National Center for Prosecution of Child Abuse and America Prosecutors Research Institute. Salt Lake City, UT. Contact Michelle Avery at 703-739-0321.

August 13-18, 1995. *A World of Hope, An Island of Dreams.* 20th Anniversary of the North American (and International) Victim Assistance Conference. Maui, HI. Call Christopher Greenslade at 202-232-6682.

August 20-23, 1995. *Building Caring Communities for Children.* Sponsored by Child Welfare League of America (CWLA). Southern Region Training Conference. Charleston, SC. Call Mark Riley at 202-942-0252.

August 20-25, 1995. *37th International Congress on Alcohol and Drug Dependence.* San Diego, CA. Contact: Univ. of California, San Diego, Alcohol, Tobacco & Other Drug Studies, UCSD Extension, Dept. 016, 9500 Gilman Drive, La Jolla CA 92093-0176.

August 22-25, 1995. *1995 Crimes Against Children Seminar.* Sponsored by the Dallas Police Department and the Dallas Children's Advocacy Center. Dallas, TX. Call Jessie Shelburne, at 214-818-2600 or fax 214-818-4819.

September 14-15, 1995. *St. Luke's Fourth Annual Child Protection Conference: Our Responsibility.* Sponsored by St. Luke's Child Protection Center. Cedar Rapids, IA. Call 319-369-7908.

September 14-15, 1995. *Working with African American Communities in Substance Abuse Prevention.* Sponsored by the Institute on Black Chemical Abuse. Minneapolis, MN. Call 612-871-7878.

September 18-22, 1995. *Comprehensive Child Sexual Abuse Intervention: Advanced Training in the Multidisciplinary Approach.* 3rd of 3 courses: Accountability and Resolution.

Sponsored by National Children's Advocacy Center and National Resource Center on Child Sexual Abuse. Huntsville, AL. Call 800-239-9938.

September 27-29, 1995. *From the Past to the Future: Building Partnerships to Strengthen Families.* 1995 CWLA Mid-Atlantic Region Training Conference. Sponsored by Child Welfare League of America. Philadelphia, PA. Call 202-638-2952.

September 28-October 1, 1995. *6th National Conference on Abuse, Trauma & Dissociation.* Sponsored by Texas Society for Study of Trauma & Dissociation and the American Coalition for Abuse Awareness. Hosted by Austin Study Group for Trauma and Dissociation. Organized by Family Violence & Sexual Assault Institute. Austin, TX. Call Mary Sals-Lewis at 903-595-6600 or fax 903-595-6799.

September 30-October 2, 1995. *Understanding Aggressive Behavior in Children.* Sponsored by the New York Academy of Sciences (NYAS). New York, NY. Call 212-838-0230 Ext. 324, or fax 212-838-5640.

October 1-3, 1995. *Choice and Action: Influencing the Future of child Welfare.* Sponsored by the Child welfare Institute (CWI). Atlanta, GA. Call Linda Darter at 404-876-1934.

October 5-7, 1995. *Sixth World Interdisciplinary Conference on Male Sexual Victimization: Exploring Pathways to Diversity in Healing, Prevention and Research.* Sponsored by National Organization on Male Sexual Victimization and Ohio Coalition on Male Survivor Issues. Columbus, OH. Fax correspondence to: The Learning Alliance/NOMSV at 212-274-8712

October 6-7, 1995. *2nd Annual Children's Hospital Association of Texas (CHAT) Pediatric Nursing Seminar.* Offering free exhibit space to certain community resources. Dallas, TX. Call Penny Williams at 214-640-6275.

APSAC

JUNE 26-29, 1996 • CHICAGO HILTON TOWERS CHICAGO, IL

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Method Of Payment

Payment must be made in US funds, by check, charge, money order, or New York draft.

Visa or MasterCard payments may be FAXed to 312-554-0919.

\$ _____ is enclosed for membership dues.

\$ _____ Please also accept this voluntary tax-free gift for APSAC's Endowment Fund.

\$ _____ Total amount enclosed.

Check # _____ Visa MasterCard

Card # - - - Expires: ___/___/___ Phone: _____

Signature: _____

Please note: In renewing a membership, APSAC members certify their continuing compliance with the standards of conduct appropriate for APSAC members, including, but not limited to, the professional and ethical standards of, and all laws and regulations relating to, their respective professions.

American Professional Society on the Abuse of Children
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ABSTRACT SUBMISSION DEADLINE SEPTEMBER 29, 1995

