



ADVISOR

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

POLICY "The Backlash" in Sociological Perspective

—by
David Finkelhor

News stories and a focus on current events do not necessarily give you a very accurate perception of what is going on in a society, who is calling the shots, who is on the side of history.

This article is the transcription of the keynote speech delivered at the opening session of APSAC's Third National Colloquium in Tucson, Arizona, on June 7, 1995.

This has been a hard year for child advocates. As I talk to people, I would say the mood ranges from discouraged paralysis to sky-is-falling panic. You know the particulars. Every other story in the newspapers seems to be about "false memory syndrome." High-ranking academics seem to be sounding off all over about the unreliability of children's memory. Therapists are being successfully sued for believing that children or adults were sexually abused. Convictions in highly publicized child molestation cases are being overturned. Legislation is being introduced to regulate what therapists do. Law enforcement officials seem to be returning to "Joe Friday"-style interviewing when crimes involve children. The mandated reporting system is under attack. The U.S. House of Representatives wants to eliminate the Child Abuse Prevention and Treatment Act, and with it the National Center on Child Abuse and Neglect and immunity from liability for professionals who report child abuse. The overall lesson is clear: we are no longer in a golden

era of relatively easy sledding on child welfare issues.

But I do not find myself as alarmed as most of my colleagues. It may be that I am an "ivory tower" type, and just out of touch with the reality of the trenches. But I think some of my optimism comes from my training as a sociologist. I see the phase we are in now as a predictable development in the course of work on social problems. From a sociological perspective, current events in this field are less discouraging. This is a skirmish, not a Waterloo. Since there seems to be very little to cheer people up these days, I want to try to share this perspective with you to see if I can't rekindle a little bit of hope.

The sociological perspective

The sociological perspective trains you to take the news of the day with a grain of salt and to look for deeper social structures and social forces. News stories and a focus on current events do not necessarily give you a very accurate perception of what is going on in a society, who is calling the shots, who is on the side of history. Horror stories about alleged malpractice or venality among child abuse professionals, although they seem to be the headline *du jour*, are not the whole story.

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NEWS APSAC and "The Backlash"

—by Theresa Reid

This issue of *The APSAC Advisor* features two articles derived from plenary addresses given at APSAC's Third National Colloquium in Tucson, Arizona. Both of these addresses pertain to what many have taken to calling "the backlash": the current wave of attacks on such issues as children's credibility, adults' "recovered memories," and the skill and even motives of the professionals who work in this field.

David Finkelhor, PhD, takes the long view (i.e., "the sociological perspective") on this phenomenon, and draws conclusions more hopeful than those of many professionals who are in the thick of battle, whose own work or that of colleagues is being decried and even dismantled.

"The backlash" is also addressed, less directly, in the article beginning on p.3, "The 'abuse excuse': Limits of the child abuse defense." The warning in this article (from the plenary session by Jacquelyn Campbell, RN, PhD, Jon R. Conte, PhD, and John E.B. Myers, JD), is that the blanket use of the "abuse

excuse" to waive responsibility for criminal acts can help fuel a backlash against professional practice that most Americans don't approve.

Clearly, "the backlash" is much on the mind of APSAC's leaders. APSAC's members have repeatedly asked us to "do something" about the mounting attacks they see in the media. As the only interdisciplinary professional society in the nation founded to address the problems caused by child abuse, we are the obvious source for comment, clarification, and rebuttal when professional practice in this field is the subject of media coverage.

As members know, we have often taken strong public stands against inaccurate, high-profile media events. Our sharply critical response to the Frederick Crews articles, "Revenge of the Repressed," was prominently published in the *New York Review of Books* in January (and is reprinted in V.8, n.1 of *The APSAC Advisor*). Our press release about "Indictment," the HBO movie which

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An obvious illustration of the limited importance of such bad press is provided by lawyers and lobbyists. Members of these professions get an unbelievable quantity of very bad publicity. As you are well aware, our culture has a rich genre of lawyer jokes, and lobbyists are the favorite brunt of editorial cartoonists. To my knowledge, there are not as yet any CPS-worker jokes. But is the legal profession on the ropes? Are lobbyists about to go down the tubes? No: they continue to wield an inordinate amount of power in society. This power results from the social structures that support these professions.

Supportive social structures

Obviously, we do not hold the clout that lawyers do, but we have more structural leverage than we sometimes think. What is the power of the child abuse related professions, what are the social structures that bolster us?

Public awareness

As I see it, the current concern about child abuse is the result of an extraordinarily successful social movement, carried forward by some powerful—and permanent—social transformations of the last 50 years. When I say that the social movement has been extraordinarily successful, I mean when it is judged objectively, compared to other social problem mobilizations, not necessarily from the point of view of the advocates themselves. Because we don't get even a fraction of what we really want, we think of ourselves as puny. Yet compared to those who have tried to transform society around many other issues, from educational reform to electoral reform, we have been very successful. Our movement has reached a huge audience and galvanized a great deal of professional, public policy, and governmental activity.

Child abuse has captured an enormous wave of public attention. All the media have focused on it extensively. Surveys have consistently shown that people are knowledgeable and concerned about child abuse, and supportive of efforts to prevent and respond to it. Social institutions like the courts and the schools have been visibly transformed. Moreover, the child abuse problem is occupying center stage for longer than many social issues do—thirty years now in the case of physical abuse. Dozens of other social problems—from lead poisoning to family abduction—have not been nearly so successfully mobilized.

Professional development

This success is explained by some very important underlying social transformations. One of these is the emergence in the last generation of a new set of occupational categories whose function it is to

minister to families and children, directly and indirectly. These occupations now comprise a large part of a service sector of our economy that did not exist a generation ago. The Bureau of Labor Statistics estimates that 35 million people have contact with children as part of their occupational activities including professionals in education, health care, law enforcement and public welfare. Of those, at least 8 million have children as their primary occupational responsibility. America has 2.7 million teachers, 1.6 million day care workers, 438,000 social workers, 382,000 mental health professionals, 89,000 guidance counselors, and 38,000 physicians with a major practice involving children. Even in law enforcement, 329,000 people have a special focus on child abuse.

The issue of child abuse galvanizes these groups, because it clearly symbolizes and justifies their mission and is consistent with their self-perceived role in society: to protect children by exercising professional expertise. As professionals, they have had the time, the energy, and the skills to build and solidify this movement.

These professions are one of the faster-growing sectors of the economy. One of the real assets of child abuse advocacy is the huge number of professionals in related fields like medicine, law, and education who have been trained and educated in child abuse concepts over the years and who have developed a certain confidence in them as a result of cumulative personal experience. Overall, these professionals have a strong allegiance to core concepts in this field, an allegiance that will resist erosion. I do not see signs that these key constituencies have lost their fundamental trust in the child abuse concepts about which they have been so painstakingly educated over the past generation.

Furthermore, the coalition of professionals knowledgeable about and dedicated to this issue continues to grow and expand. In the last year, the American Medical Association undertook a major initiative to educate physicians, the public, and policymakers about the prevalence and effects of family violence. The AMA initiative follows upon systematic work on this topic at the Centers for Disease Control. APSAC's membership continues to increase. There is a dramatic growth in the coalitions supporting the Healthy Families America child abuse prevention initiative: virtually all states have begun some planning, and there are now 120 pilot sites for home health visitors in 23 states.

Women's movement

The other important and powerful social transformation behind the child abuse movement has been the change in the role of women in society. Historically, progress in child welfare has been linked politically to the success of feminism; the fact that women are disproportionate victims of

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POLICY

The "Abuse Excuse": Limits of the Child Abuse Defense

This article is taken from the plenary session of APSAC's Third National Colloquium, in Tucson, Arizona, on Friday, June 9, 1995. The speakers include Jacquelyn Campbell, RN, PhD, the Anna D. Wolf Professor of Nursing at Johns Hopkins University, and one of the nation's leading experts in homicide cases in which battered women kill their batterers. Jon R. Conte, PhD, is Professor of Social Work at the University of Washington. In addition to voluminous writing, lecturing, and teaching, Dr. Conte has testified for the defense and for the prosecution in battered person cases. John E. B. Myers, JD, one of the nation's leading experts in child abuse law, is Professor of Law at the McGeorge Law School at the University of the Pacific, in Sacramento.

Jacquelyn Campbell

Battered women who kill

Cases in which battered women have killed were the first cases in which a prior history of abuse was used as a criminal defense. I am speaking from my experience as an expert witness in such cases. The legal ramifications of this defense have been evolving over time. Right now, different jurisdictions and different judges are using expert testimony about prior abuse in different ways. All would like to be more consistent. To ensure fairness for the defendant for whom past abuse is a relevant issue, some are trying to develop a notion of a "battered person" syndrome that can be used in a variety of cases.

I first got into this area by doing a research study of homicide by women in Dayton, Ohio. Here's an early case I confronted:

A woman had been battered for many years in a marriage. The couple had four children and the police had been called to that home for domestic violence 54 times: 40 times before she divorced her husband, and another 14 times afterwards. Her husband kept visiting the home, saying he wanted to see the kids, and beating her up every time he visited. She had a long record of hospitalizations related to the abuse. She tried to get protection from the police, but this was back in the 1970's and the police never arrested him. Finally, this woman went out and bought a gun, which she kept in her bedroom. One night her ex-husband came to the house, knocked on the door, and was let in by one of the kids—an adolescent who verified his mother's version of these events. She was coming down the stairs, but when she saw her ex-husband turned around and went back upstairs to avoid yet another confrontation. Swearing and yelling, he came after her. She went into the bedroom, slammed and locked the door; he broke down the door and came after her. She got the gun out of the

dresser drawer, and shot once into the floor. When he continued to charge at her, she shot and killed him. She was convicted of second degree murder and was sentenced to 30 years.

I thought this was surely a travesty of justice. But my legal colleagues explained that in this case self-defense did not apply because this woman was not necessarily in imminent danger: he had not yet laid a finger on her in that particular confrontation, and he was not armed. Therefore, when she took the gun out of the dresser drawer, she escalated that conflict. In this particular case, the law reasons, there was also the possibility of her escaping: perhaps she could have gotten around him, and run downstairs.

The reasonable man

One of the problems around current self-defense laws is that they are based on the premise of a "reasonable man," indeed a reasonable *grown* man. They were first developed in medieval times, when men (assumed to be of comparable size, strength, and ability to fight) might kill each other over minor altercations that would start with fists and end with knives or bludgeons. Thus the law is that the person who is defending herself can't brandish a weapon more lethal than that of the aggressor and should not be able to escape: her back is to be literally "against the wall."

After several fruitless appeals, former Governor Celeste, of Ohio, pardoned this woman when he left office. Out of jail now, she did 18 years of time for that homicide. Hers was a case in which testimony about "battered person syndrome" could help a jury understand that this woman had a reasonable fear for her life: she had been beaten severely before, unable either to escape or to protect herself with her bare hands.

The battered woman defense

As we developed the battered woman syndrome as a defense, it started to rest more and more on the idea that the woman had some mental problems. Increasingly, expert witnesses tried to convince juries that this was a poor, pathetic victim, someone with diminished capacity, who could *misperceive* the situation and *feel* like her life was in danger, even though she had not actually been hit or confronted with a weapon. This argument is an outgrowth of the "reasonable man" standard. It would be fairer and more accurate to develop a different standard, one that reflected the fact that women are less physically capable of protecting themselves without a weapon. The woman's perception that she must have a weapon, that her assailant can indeed beat her to death because he is bigger and stronger, is *reasonable*.

As we develop the battered woman syndrome as a defense, I have been called as a witness in several cases. I try not to do this very often because

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I thought this was surely a travesty of justice. But my legal colleagues explained that in this case self-defense did not apply because this woman was not necessarily in imminent danger.

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The "Abuse Excuse"

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I'm not wonderfully good at it, and I'm not a psychologist. But in some cases the health issues are prevalent and need to be brought into play, as when the abuse occurs during pregnancy. I was involved in several cases in Detroit in which public defenders were trying to defend battered women from murder charges. These were generally inner city women, mostly African American, all of them poor. The case of a woman named Marva is also illustrative:

Marva had been beaten up many times by her boyfriend, who had been living with her until the beatings got so bad that she kicked him out. Unfortunately, he kept a key, and one night he let himself into the apartment and raped her. Like many raped women, she did not report this to the police. Knowing that they had had sex many times, that she had kicked him out before and then invited him back in, she was afraid the police would think she had invited him back one more time. She did, however, get an order of protection and change the locks. But he came over one night saying he wanted to talk to her, that he really loved her and wanted to get back together again. As it turned out, what he wanted most was money. When she refused to give him the money, he hit her a few times—as the prosecutor said later, "He only hit her a couple of times." And then he took her car keys and walked out the door. Now in the self-defense annals, he's de-escalating: he's leaving, he's getting out of the situation. However, his new apartment keys were also on that car key ring, so he was not only taking her car, he was also taking access to her house. She also knew that he had a gun in his glove compartment. As he left, he told her that he was going to come back and blow her away. According to several witnesses, she ran out of the house in front of him, got the gun out of his car, and turned around and screamed, "Give me the car keys." He called her names, refused to give her the keys, and she killed him.

In some of the prior altercations between this couple, Marva was arrested as well as her boyfriend. Hospital emergency room records revealed that Marva had once thrown an ashtray at him, causing a wound that required stitches. She also had passed a few bad checks in her career, and outweighed her boyfriend. She does not fit the "helpless victim" profile. As the prosecutor said, she could have tackled her boyfriend as he went out the door. But Marva's experience was not going around tackling people: tackling him didn't occur to her. She just desperately wanted to get that gun.

Two issues regarding testimony about the "battered woman's" psychological state: first, we use

the word "helplessness" to indicate a state of mind in which apathy and difficulties in problem solving might lead the woman to misperceive the situation. We also use the notion of "PTSD" to explain hypervigilance and flashbacks to prior abuse situations. Marva qualified as having a major depression when I administered the Beck Depression Inventory. But the way she talked about it, she was depressed because she had killed somebody. She felt terrible that she had killed him. She was desperate about what this was doing to her life, and she felt that a great deal of the depression had to do with that. When she talked about intrusions of memory, she talked about nightmares about having killed him. Her trauma seemed to result as much from having killed someone as from having been battered for years.

Legal complications

Marva's case raises two major issues.

The case was in Detroit Municipal Court, and the jurors, who were missing days and days of work, very much wanted to get on with it. During my testimony there were eleven sidebars. At each sidebar the jury had to be excused, and each time they walked out and walked back in I could tell they were really upset with me; I was winning no points for sympathy by having problems come up in my testimony about the battered woman syndrome where the prosecutor and defense attorney could not agree, and the judge had to make a decision on what was and was not admissible. Different courts admit different kinds of testimony. In some courts judges let me talk about the individual case; in others, the judges only let me talk about the battered woman syndrome in general or PTSD in general. Part of the limitation of using the battered person syndrome as a defense is that these issues around admissibility and case law are just being developed, and the jury can have a tough time making sense of these matters as the trial goes on. The inconsistency in use from court to court and from state to state is troublesome.

The other major issue is that generally the juries are instructed to make a black and white decision: either they can find that it's a justifiable homicide by reason of self-defense or, as the prosecutor said in his summing up, you can throw out all of this "feminist bleeding heart abuse-excuse mumbo-jumbo" and find her guilty. Although testimony regarding the battered person syndrome is sometimes used to lessen the sentence or the charge, generally it is presented to the jury as requiring an all or nothing decision. These are two problems that need to be addressed by the judicial system. I hope that Dr. Conte or Professor Myers has some ideas about how we can get there.

Jon R. Conte

Importance of the issue

I am pleased to have an opportunity to start a
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This is an issue that triggers great emotion and strong cultural values and biases and premises, all of which lead to irrationality. I worry that people may make decisions about other child abuse issues on the basis of feelings engendered by the "abuse excuse."

The "Abuse Excuse"

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discussion with you, my colleagues, about the "abuse excuse." In many ways this is a critical matter for us to think about, talk about, and probably argue about, and then take some leadership in responding to, because it holds a lot of danger for our field. I am a child of the '60's, so I am prone to thinking in terms of conspiracies and great dangers. But the furor surrounding the abuse excuse is probably as dangerous as that around the false memory issue, which I think also has profound implications for our field. Depending on how "the abuse excuse" is resolved in the public's mind, it could have a negative impact on many aspects of child abuse practice.

This is an issue that triggers great emotion and strong cultural values and biases and premises, all of which lead to irrationality. I worry that people may make decisions about other child abuse issues on the basis of feelings engendered by the "abuse excuse." Second, these cases, which are inherently complex, generate a lot of negative P.R. They involve acts and behaviors which most of us find very difficult to understand. The media tend to treat complex issues in a simplistic way; dissemination of information is often partial and skewed. This presentation certainly affects the way people react to child abuse issues in general. Third, the "abuse excuse" debate is prone to hidden agendas. We have to be sure that as a field, and I hope as a society, we are confident of the true issues involved in this debate. I would like to offer a few thoughts about how to focus the debate correctly.

Timing of the debate

One of the interesting questions to address is, "Why now?" Why has this issue come to the fore now? Certainly high visibility cases like the Susan Smith and Menendez brothers trials have captured public attention, and Court TV has played a role. Also, unfortunately, some defense attorneys and hired experts have created notoriety for the issue by applying some "abuse excuse" ideas in cases which most of us would consider inappropriate, such as the "Twinkie defense" in California. Although we may have some disagreement about appropriate applications of the abuse defense in particular cases, we probably agree that a key element is violence, especially violence in childhood, its impact on development, and how that might be associated with violent crime.

The split between offender and victim policy

Another reason this issue has surfaced has to do with how you and I as professionals in this field, and to some extent society, have managed the emotionality that is associated with child abuse. We have a tendency to split victim from offender, and in doing so, in many ways we split the field. The victim

and offender literatures are quite separate; to some extent we have even split our professional discussions, although certainly APSAC has tried to have material that is relevant to both victims and offenders at our conferences and in the *Advisor*, etc. But we've had a tendency as a field to split our feelings and think about victims and offenders separately. So on the one hand we focus on victims, an area where we at least talk about being empathetic and concerned and providing protection. On the other hand we have the offenders, for whom control, consequences, accountability, and even punishment are primary concerns.

In that splitting we have failed to deal adequately, either emotionally or conceptually, with the overlap between some victims and some offenders. Sometimes, offenders are also victims, in the past and/or in the present. We have not thought about this problem in quite the right way; we tend to argue for very different social policies for how we should respond to victims and how we should respond to offenders. In many cases that argument probably is well placed; but when a victim hurts another person, the split in social policy becomes problematic. This problem is cast into greater relief in an era when public rhetoric is increasingly mean-spirited and anti-rehabilitation. There is an escalating feeling for individual responsibility, a determination to hold people accountable even though we withhold vitally needed social benefits, especially for the underprivileged. I think this phenomenon is part of a search for a fantasy time of the past when things were simpler and people behaved responsibly and violence wasn't a problem. Cases in which the "abuse excuse" applies challenge views about families and society and what goes on in families in ways that make us feel very uncomfortable.

Major elements of the abuse excuse

I want to briefly outline what I think are the main elements of the "abuse excuse." The "abuse excuse" book, by Alan Dershowitz, simply argues that the "abuse excuse" is a lawless invitation to vigilantism, that it is an abrogation of social responsibility, and that it uses essentially a historical rationale, i.e., a history of extreme violence, especially in childhood or in a marital relationship, to mitigate or excuse responsibility for violent behavior. The book terms "abuse excuse" to be essentially, and I quote, "junk science," and argues that the premise is seriously flawed: since the vast majority of people with abuse histories don't commit violent crimes, a history of abuse neither explains nor justifies violence. The final thrust of the book—and I think this is the element that bothers people about the "abuse excuse"—is that the defendant had options other than extreme violence. No matter how undesirable those options might have been, people who commit these crimes, even though they have

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There is an escalating feeling for individual responsibility, a determination to hold people accountable even though we withhold vitally needed social benefits, especially for the underprivileged.

The "Abuse Excuse"

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The fact that more victims don't go out and commit bad acts is good news; it hardly eliminates the importance of understanding abuse and its relationship to anti-social or hurtful acts.

extreme abuse histories, do have options, or so the argument goes. For example, they can seek police protection.

"Junk science"

The "junk science" notion applies to part, but not all, of what has been offered in "abuse excuse" defenses. There is not, at least in my reading of the research, a whole lot of support for the coercive impact of eating Twinkies, at least on psychological functioning over a short period of time. I would submit to you, however, that the evidence for the battered person syndrome is a fundamentally different issue; that we have an ample body of research and clinical experience dating from Freud to the present that suggests that violence, especially chronic and extreme violence, primarily in childhood and particularly in intimate relationships, has a profound impact on development. While there may not be equal research support for every aspect of the battered person syndrome, there is certainly empirical evidence suggesting that hypervigilance is a major problem. It is clear that depression and learned help-

lessness have a profound impact on a person's ability to recognize alternatives. For example, when we are traumatized, we tend to see our tormentor as more powerful than ourselves. This tends to limit our behavioral alternatives. I think those effects and others are pretty clear in the literature.

Now, anyone who studies the effects of abuse would agree that we need a great deal more research in many areas. One of the most intriguing questions with forensic implications regards the difference between extreme fear and anger. I would submit to you that at high levels of arousal, the difference between fear and anger may be more an attribution after the fact than while the person is experiencing that high level of arousal. Yet the difference between fear and anger is critical in a legal context. More research can help us better understand such matters. However, a fair and accurate look at existing empirical research in this field negates the idea of it being a "junk science."

Universal vs. individual response

Dershowitz's other argument—that some victims are not violent, therefore the violence of others is never justified—is worthless. It does nothing to help us understand an individual who has committed a violent act who has a history of abuse. No response to victimization is universal. Researchers who study abuse effects are constantly impressed with the fact that individuals respond differently to childhood victimization. It is an intriguing empirical and clinical question, the combination of factors that seems to produce extreme violence. The fact that more victims don't go out and commit bad acts is good news; it hardly eliminates the importance of

understanding abuse and its relationship to antisocial or hurtful acts.

Explanation vs. justification

Finally, I think Dershowitz argues that explanation is not justification. This is very important for us; indeed, as I see it, it is the crux of the matter. As a field, we have to unlink the moral question from the scientific and mental health question. It is a serious public policy matter how much weight society should give to historical or mental health variables in determining criminal culpability. What do we as a society do with the knowledge that there may be a causal link between some historical factors like child abuse and some contemporary behavior such as extreme violence in marital relationships? This is a moral and ethical question that has very little to do with the science. The science might inform it, and might help us demonstrate the existence of battered person syndrome, but what to do about it is a very different kind of question.

Is killing another person ever justified? Under what conditions? Does the presence of any mental health condition mitigate behavior that is harmful to others? I am not sure that we should think differently about that question when it is applied to extreme, deplorable, frightening acts such as homicide, and when it is applied to a parent who exposes a child to chronic drug abuse, or a parent who, because of an abuse history, is dissociative or addicted and therefore unavailable to that child at critical stages of the child's personality development.

We have to separate the the moral and ethical questions from the empirical or scientific and the mental health questions. These ethical questions are going to be exceedingly difficult to deal with because they directly confront the current values and trends I mentioned earlier: anti-rehabilitation, pro-individual responsibility, the desire to ignore social conditions which affect an individual's ability to conform to the ideal.

This is an issue that inherently involves ideals and prejudices and psychological processes which are often disguised, and so I would plead with everyone to "undisguise" the debate. We are debating moral and ethical questions, and need to confront them as moral and ethical questions. I hope very much that in our discussions, and certainly in future APSAC conferences, we will begin to see papers discussing moral/ethical/social-policy questions for what they are, and disentangling them from the other papers, also very important, that describe the effects of chronic and severe abuse, especially within the family.

John E.B. Myers

I am going to take a risky course in my remarks by being rather theoretical and doctrinal in terms of what the law is. This is risky because it has a

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tendency to be quite tedious and boring. But I think it's essential when we talk about the use, in court, of a history of abuse to have an understanding of what the technical legal rules have been and how they have changed, so that we can see where we think we need to go from here. So, with the risk that I may bore you, I will proceed.

I will do so in the context of the two cases that I think brought you to the meeting this morning: the situation in which a woman kills her batterer or a child does the same. The child kills a person who has battered him, sexually abused him, or both. Throughout my remarks I will echo three terms that both Dr. Campbell and Dr. Conte used: "justification," "excuse," and "litigation." These are highly technical legal terms that need to be parsed out and understood not only by those in the legal community but by professionals who work with abused and neglected children and adults as well, so that they can understand how an abuse history fits into the legal framework.

Legal relevance

The ultimate question in terms of the law becomes, "When is evidence of an abuse history relevant?" As we use it in the law, the term "relevant" means that a piece of information has any tendency, no matter how slight, to make something that is important in the lawsuit more or less likely. A piece of evidence, whether it's a gun, or a knife, or a history of abuse, is relevant if it has any tendency, no matter how slight, to make some element which is important in the litigation more or less likely.

Evidence can be relevant at two phases of a criminal case. It can be relevant at the guilt phase, what we think of as the trial: Is this person guilty or not? Second, it can be relevant at the sentencing phase: If the person is guilty, what should we do by way of sentencing or punishment?

Let's focus our attention primarily on the guilt phase, since it seems to me the question at sentencing—and we'll come back to it momentarily—is quite obvious. At the guilt phase of the trial, evidence of an abuse history is relevant to some defense. That's *when* it's relevant. When a woman kills her batterer or a child does the same, and the killer is accused of homicide, a history of abuse is virtually always relevant to some kind of defense.

Possible defenses

Case in chief defenses

What kind of defenses do we have to crime? We have several. The first can be dispensed with rather quickly. These are called "case-in-chief" defenses. The contention is, simply, that it didn't

happen; or if it did happen, I didn't do it; or if it did happen and I did it I didn't have the necessary criminal intent. Those are the three case-in-chief defenses: there wasn't a crime; or if there was, I was out of town when it happened, so I didn't do it; or even if I did do it I didn't have what lawyers would call the *mens rea*, the guilty mind. Because every crime we're concerned with today has three components: the guilty act, the guilty mind, and the whodunit. You've got to have all three. If one of those three is not present, of course that is a defense. But think about it for a minute: evidence of an abuse history doesn't come up with any of those.

First of all, in the case of a dead person, we virtually always know that *somebody* did it, that there was a crime. (Most of time we can rule out suicide.) "It didn't happen," is not a defense in homicide cases. Moreover, the identity claim, "I didn't do it," is not a defense very often either, because if the defense is, "I didn't do it," you wouldn't be worried about an abuse history. You'd just be saying, "I was in Albuquerque so I couldn't have done it." So that's not a defense in "abuse excuse" cases. Now, you might say, "Well gee, for the crime of homicide you have to have a guilty mind, the *mens rea*. Couldn't a history of abuse be relevant to that?" Well, in homicide cases, the guilty mind is, in essence, an intent to kill. If you think about it for just a moment, you can clearly see that the history of abuse is virtually never going to be a defense in that regard, because the person who kills her batterer *intends* to kill her batterer. It is an intent to kill at the time, or at least to do serious bodily injury. So you see, evidence of an abuse history will not be helpful to the defendant there, either.

So evidence of an abuse history will not be relevant to case-in-chief defenses, which argue, "It didn't happen, "I didn't do it," or, "I didn't have the criminal intent."

Justification defenses

An abuse history is relevant in two situations, one of which is called "justification" and the other of which is called "excuse." I need to briefly explain these terms. "Self-defense" is a "justification" defense. In the standard definition of self-defense, a person is justified in using deadly force in self-defense when she *reasonably* believes such deadly force is necessary to combat an *imminent*, unlawful, deadly attack. Self-defense has these two key components: it must be *reasonable* and it may be invoked only in the case of an *imminent* attack. There must be no reasonable alternative to the use of deadly force in self-defense.

Now, with self-defense we're dealing with what the law calls an "objective standard." What would "the reasonable person" do? Would the reasonable person act with self-defense? What is a reasonable person? Dr. Campbell is absolutely right,

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What do we as a society do with the knowledge that there may be a causal link between some historical factors like child abuse and contemporary behavior such as extreme violence in marital relationships? This is a moral and ethical question that has very little to do with science.

The "Abuse Excuse"

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Allowing self defense in non-confrontation cases, it seems to me, would encourage vigilantism, which I don't think as a society we want to encourage. It would, it seems to me, allow preemptive strikes which the law has traditionally not permitted.

it used to be a reasonable man. What would a reasonable man, of reasonable male strength, do under these circumstances? Fortunately, the law has progressed, at least somewhat, and now we use the concept of the reasonable person. Moreover, when we're considering whether a person acted in an objectively reasonable way, the law permits us to take into consideration the person's size, how much they weigh, how strong they are, and so forth. The law does permit the relative disparity between male and female strength and size to be considered in the case of self-defense.

Self-defense is considered to be a *justification*.

"Justification" is a highly technical term in the law, but one worth understanding. First of all, justification is used when we have an act, like killing, which is usually unlawful but which, given the circumstances of this particular case, is not only *not* unlawful, it is morally and legally right. You are justified in your act because of the circumstances. Killing someone in self-defense in the eyes of the law is not wrong, it is right. It is the lesser of two evils. It is better that an innocent person about to be attacked with deadly force kill the aggressor than be attacked. Self-defense is a justification defense in which society says that if, under the objective circumstances existing at the time, the defendant acted to combat an imminent, unlawful, deadly attack, she did the right thing. She is completely acquitted of the crime. Justification defenses set the defendant free.

The law is a teacher. And it is a teacher that sets moral and social standards. It may not always set them at the correct mark, but we would agree, I think, that the law is a teacher that sets the moral and social standards that we abide by in our society. Self-defense is one of those moral standards which allows you to take somebody else's life. It allows you to violate that principle which we hold dear that life is precious, even the life of people who haven't led particularly good lives themselves.

Evidence of abuse history can be relevant in terms of self-defense, and we'll come back to that in a minute. I'd like to switch gears from *justification*, self-defense being the principle justification defense that we're concerned about, to *excuse*, which is another legal term. It is very important for us to understand the difference between justification and excuse.

Excuse defenses

Remember that justification means that an act that is usually unlawful is committed under circumstances which make it the correct, right, morally defensible thing to do. Excuse is different. When we have an excuse for a behavior, we don't say that it's right to engage in the behavior. It's not right, it's

wrong. But the actor who performed that wrongful act is not fully morally accountable for his or her behavior, so the behavior is excused. We don't say what he or she did is right; we say that the actor is not fully morally accountable.

With excuse defenses, we don't employ an objective standard, we employ a subjective standard. What is it about this particular individual, his or her subjective makeup and history, which led the person to engage in this behavior? What might excuse this morally reprehensible behavior? The principal excuse defense is the insanity defense, which we've all of course heard about and I won't go into. But the insanity defense is an excuse for a crime. You kill somebody, you raise the insanity defense, and if you prevail society doesn't say that killing that person was the right thing to do: "I'm glad you killed that person while you were psychotic, society thinks that was good." No, we still think it was bad, but because you were so crazy that you couldn't conform your conduct to the requirements of the law, we excuse you.

With excuses, we do not simply let the person go free. If you're found not guilty by reason of insanity, you're going to go to a mental hospital, where you'll be involuntarily or civilly committed.

The other principle excuse in the law is "imperfect self-defense." It gets confusing: "Wait a minute," you say, "I thought you just said that self-defense was a justification! Now you've got it listed under excuse! What's going on here?" Well, "perfect" self-defense, in which the defendant "gets all the way off," is a justification. But "imperfect" self-defense goes something like this: a person kills when she truthfully and honestly believed that she was killing in self-defense, but she was wrong. Her belief was *not* reasonable. Remember, *objectively* reasonable. But you can clearly see many circumstances where a person thinks honestly that she has to kill in self-defense, but no objective person would think that that was the correct interpretation of the defendant's predicament. In those circumstances, called "imperfect self-defense," we don't justify the act. (This defense, by the way, does not exist in every state.) We say "Gee, it's too bad you killed that person when there was no objectively reasonable reason to do it; but your state of mind at the time was such that we excuse your behavior. We're not going to let you off, by the way; instead, we're going to convict you of a lesser crime." In homicide cases, it's usually manslaughter but not murder. Again, with excuses you don't walk out the back of the courtroom door.

"Diminished capacity" is a form of excuse. Diminished capacity is a complicated subject that I'm not going to dwell on, first of all because it exists in very few states anymore. It's the idea that you do have the capacity upstairs to form criminal intent,

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but you were so mentally unbalanced at the time that you could barely form it. So the decision is, again, to convict, but of a less serious crime.

Finally, there are the "heat of passion" and "provocation" defenses. These are based on an ancient legal doctrine that we can't go into in any depth, but the idea is that the circumstances simply provoked a reasonable person. It employs an objective standard. A reasonable person would have been so outraged by the circumstances that she would have killed somebody: because we know that humans are frail, we're willing not to justify but to excuse behavior committed in the heat of passion; we reduce the crime from murder to manslaughter.

Those are the justification defenses and the excuses that exist in our law.

Uses of criminal defenses

Confrontation cases

With that legal primer in mind, let's come back to the subject of the woman who kills her batterer and the child who does the same. I'll take you through how I think the law does and ought to look at these difficult cases. First of all, I think, a line needs to be drawn. It's the line between what I call "confrontation cases" and "non-confrontation cases" in the guilt phase. By "confrontation cases" I mean the case where the woman or the child is in a confrontation right now with the batterer: Dr. Campbell's first case, in which the woman had called the police fifty-four times and was confronted with a man who has broken down her door.

The second case she raises is much more difficult—the case with clear abuse, the guns in the glove compartment, the guy goes out with the car keys maybe to get the gun, maybe not. She goes and gets the gun first. We'll come back to that one. That may be a confrontation case or not, I don't know.

At any rate, in a confrontation case, generally speaking, it seems to me that self defense should be available to a battered woman or a battered child. Evidence of an abuse history is clearly relevant in the legal sense of the word in many confrontation cases to give the jury insight into the defendant's belief that she was about to be subjected to an imminent, unlawful, and deadly attack. The abuse history, the hyper-vigilance, the picking up on subtle clues from a lifetime of abuse, all these things can be relevant in the legal sense of the word. Why? Because they make a fact which is important—i.e., that this woman or child acted reasonably under the circumstance—more probable. Her abuse history makes it more likely, more understandable, that she acted reasonably. And I'm here to tell you that the law permits that. Not always, as Dr. Campbell said; you know judges can be variable. But by and large the law is moving clearly in the direction of permitting evidence of a history of abuse in the

confrontation cases. And I think quite correctly so.

Non-confrontation cases

Now let's look at the non-confrontation scenario. I'll take a typical case—a woman who has suffered a lifetime of abuse, her husband is asleep on the couch, and she shoots him and kills him, while he is asleep. Now, we might well spend the day arguing about whether that's a confrontation case or not. Suppose he said, "As soon as I wake up, you're history." That is clearly often the precipitating factor. But let's agree that we're talking about a case in which there is clearly not a confrontation that we as objective outsiders could see. I maintain that evidence of abuse history should be inadmissible in such cases, because it is irrelevant. I take this position for a number of reasons.

First of all, evidence of an abuse history in a non-confrontation case has the danger of transforming this objective standard of self defense into a purely subjective standard. With that transformation go other dangers. One danger is to erode the protection for human life which is a basic policy that the law tries to protect. No matter how bad the person, we still think that human life is an important value. Allowing self defense in non-confrontation cases, it seems to me, would encourage vigilantism, which I don't think as a society we want to encourage. It would, it seems to me, allow preemptive strikes which the law has traditionally not permitted. And perhaps most important, allowing self defense in the non-confrontation cases would encourage retaliatory killings. These, I think, are all realistic possibilities. Only, I think, by insisting on an objective standard of imminence can society be sure that self-defense claims are based on necessity rather than on retribution. And if you think about it, way back in the cave person days, we invented the law to try and get a handle on revenge and retribution. That's what the law of the crimes is all about. We are in danger of slipping back into retaliatory killings if we let the standard of self-defense get broadened too much.

So, I would say that in a non-confrontation scenario, the *justification* defense should not be available. But *excuses* clearly should be. Remember, although justification is an objective standard, excuse is a subjective standard. With excuse we do look at the unique attributes of this particular person, and it seems to me we might well say that an abuse history would be relevant in a non-confrontation case not to justify, but to excuse. In the imperfect self-defense scenario I can well envision a case in which no objective juror would believe that a woman's killing her husband while he sleeps is an objectively reasonable thing to do. However, because of the woman's history, this act that is wrong from an objective point of view might be right from her own point of view. I would not

Society has not reached a consensus that it is justifiable to shoot a sleeping batterer in the head.

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exculpate her from all liability, but would convict her, not of murder, but of some lesser crime.

Limits of justification

Let me come back to Dr. Campbell's two cases and stop there. It seems to me that in the case of the fifty-four police calls, we have a confrontation case. The woman in that case in a court today would be able to put on Dr. Campbell as an expert under the law as I think it pretty clearly exists, and that woman could raise a very strong self-defense claim on the basis of justification. In Marva's case, the shooting on the front stoop, that's one of the tough ones. And I don't pretend to be smart enough to know the

answer to it. But let me close with the thought that I think Dr. Conte was making and that David Finkelhor made in his keynote address when this conference began: there is a real danger, it seems to me, of a very serious backlash if those of us concerned about victims take too far the notion of getting people out of trouble for acts they have committed because they have an abuse history. A backlash is very likely to occur, Dr. Finkelhor said, when our practice exceeds societal consensus. And it seems to me that society has not reached a consensus that it is justifiable to shoot a sleeping batterer in the head.

CHILD PROTECTIVE SERVICE

The Mental Health Needs of Children Entering the Child Welfare System: A Guide for Case Workers

—by Joshua Kendall, Grady Dale, and Steve Plakitsis

Introduction

A Child Protective Services worker removes a ten-year old girl, "Tonya," from her home following allegations of sexual abuse by her mother's boyfriend. Tonya's four siblings still live with her mother. In court, Tonya also alleged that her father molested her at age five or six. Whatever the actual extent of the sexual abuse by the two alleged perpetrators, Tonya has clearly had to endure a series of traumatic events. She is a fifth grader who has been receiving special education services since the third grade.

Tonya, who received a mental health screening at the Health Clinic in Baltimore in April, 1995, is typical of the abused and/or neglected children who enter the child welfare system and are eventually placed in-out-of-home care. At first glance, the case worker might be led to assume that all Tonya needs is protection from the alleged perpetrators and sufficient time to process the shock of being removed from her mother's home. This assumption, though rooted in common sense, fails to take into account the long-term impact of Tonya's traumatic childhood on her psychosocial functioning.

The empirical research accumulated over the last two decades suggests that children like Tonya tend to have complex mental health needs that go beyond the material needs of a clean and safe home environment. For example, her mental health screening revealed considerable impairment in her visual-motor and cognitive skills. Furthermore, because of her history of maltreatment, she remains at high risk for developing both serious emotional problems such as depression and serious academic problems that could block her path to a self-sustaining adulthood.

This article offers a guide for case workers to the specific mental health needs of abused and neglected children entering the child welfare system. Though they are expected to help children suffering from particularly acute and complicated clinical problems, few workers have academic backgrounds in psychology or social work.¹ Further-

more, case workers typically receive little on-the-job training in the developmental needs of traumatized children. Baltimore workers, for example, simply undergo a five-day training course. In addition, as Dugger (1992) notes in her report on the what she characterizes as New York City's "ill-trained case workers," workers are typically burdened with heavy caseloads and do not receive adequate administrative support and guidance. Faced with the challenge of repeated crisis management, it is no wonder that workers tend to lose sight of the long-term effects of traumas and losses for children.

In this article, we will present a brief synopsis of the empirical literature on the mental health status of abused and neglected children entering the child welfare system. This literature review features a recent study on children entering out-of-home care in Baltimore that describes the typical mental health problems among these at-risk children. We then raise some critical policy and service delivery issues, and highlight the implications of this discussion for case workers.

The literature on children entering the child welfare system

As a result of the society-wide blindness to child abuse and neglect, few investigators focused on children entering the child welfare system until the late 1970s. Fanshel & Shin (1978) conducted the pioneering research that first drew attention to the long-term psychosocial difficulties faced by children in foster care.

Research has since systematically demonstrated the high prevalence of cognitive and academic problems (e.g., Fox & Arcuri, 1980; Runyan & Gould, 1985a), behavioral or delinquency problems (e.g., Runyan & Gould, 1985b) as well as

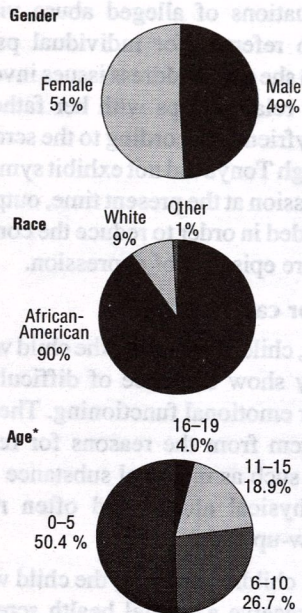
¹As Dugger (1992) reports, at present, only New Mexico and North Dakota require workers to have social work degrees, whereas in most of the country, a bachelor's degree in any field is sufficient. Dugger suggests that states do not set stricter guidelines because of the difficulty in recruiting candidates for this highly stressful line of work for which the remuneration is often inadequate. Not surprisingly, the turnover among case workers is high.

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The Mental Health Needs of Children

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**Figure 1
Foster Care
Demographics**



Random sample of 300 out of 4073 receiving mental health screenings between 7/1/92 and 6/30/94

* N=2210, representing all children screened between 7/1/92 and 6/30/93

psychosocial problems (e.g., Frank, 1980) in this high-risk population. In the first comprehensive study of psychological disorders in foster children, McIntyre & Kessler (1986) found that over half of the foster care children in their sample manifested evidence of psychological disorders. They concluded that the relative risks associated with foster status were almost 2 to 32 times greater than for home-reared children.

Finally, Hochstadt, Jaudes, Zimo & Schachter (1987) were the first to focus specifically on the mental health and medical status of children as they enter the child welfare system.

In a current study, Dale, Hayes, Cargo, Kendall, Hessenauer & Humber (1994) report on the typical cognitive and mental health problems among children entering out-of-home care. Dale et al. base their results on a random sample of 300 of the 4073 children who received mental health screenings at a centralized clinic in Baltimore over a two-year period. Their findings suggest that these at-risk children tend to have disproportionately high rates of poor cognitive and mental health functioning. Furthermore, Dale et al. (1994) suggest a direct link between the typical reasons why children enter care (e.g., abuse and neglect) and their psychological distress. The findings of Dale et al. on their Baltimore sample include the following:

- Approximately 50% of the children entering out-of-home care are age five or below. (See Figure 1 for a demographic summary of children entering foster care in Baltimore between 7/1/92 and 6/30/94.)

- The most common reasons for entering foster care included maternal substance abuse (54%), neglect (53%), abandonment (27%) and physical abuse (22%). (See Figure 2.)

- On the Denver Developmental Screening Test - Version II (DDST II), 51% of children aged two months to

five years were identified as "suspect for delay" compared with 10% in normative samples.

- On the Peabody Picture Vocabulary Test - Revised (PPVT-R-L), 53% of eight- to twelve-year-olds and 64% of 13- to 19-year-olds showed evidence of severe receptive language difficulties.²

- On the Developmental Test of Visual Motor Integration (VMI), 37% of children aged 13 to 19 showed evidence of severe deficits in visual-motor skills, compared with 10% in normative samples.

- On the Reynolds Depression Scales (RCDS and RADS), 11% of the eight- to twelve-year-old group and 30% of the 13- to 19-year-old group reported significant depressive symptomatology. (See Figure 3 on page 12.)

The above findings replicate in many respects the findings of Urquiza, Wirtz, Peterson & Singer (1994) on a similar sample of children entering the child welfare system. Though Urquiza et al. used different assessment instruments, their percentages of children deemed "at risk" in cognitive and emotional domains fell in similar ranges. In their sample, 45% (19 of 42) of infants and toddlers scored below the cutoff criteria on the Bayley Scales. The results on the Kaufman Assessment Battery (KABC) showed that 28% of the sample (N=113) were performing beneath the at-risk cutoff in academic domains. When combining the results from cognitive, academic and behavioral domains, Urquiza et al. (1994) report that 56% (94/167) were at significant risk for problems in one or more domains.

Critical service delivery and policy issues

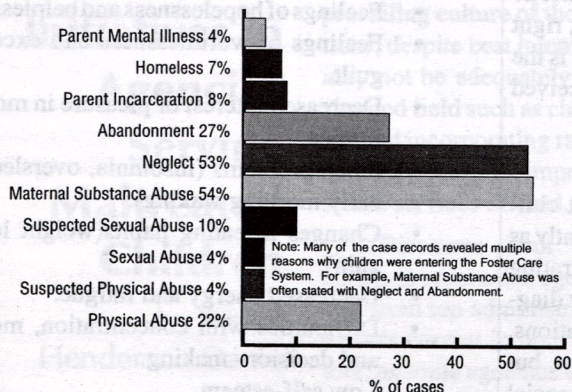
Despite the considerable usefulness of gathering basic health information on abused and neglected children, only a small minority of children entering the child welfare system actually receive screenings. In their report on health care services for foster children in California, Halfon & Klee (1987) note that in only one of the 14 California counties they studied did children receive a mental health evaluation. Reporting on their Screening and Evaluation Project (SEP) for abused children in Sacramento, Urquiza et al. (1994) note that screenings may be essential in determining the degree to which these children's problems are situational or are rooted in developmental traumas requiring continued intervention. They issue the following policy recommendation:

We believe... that the state has the duty, when it takes custody of these children, to identify their health and mental health problems and make reasonable efforts to alleviate them. We also believe that this would be a cost-effective secondary prevention and/or early intervention approach (Urquiza et al., 1994, p. 166).

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**Figure 2
Reasons for Entering Care
Random Sample from 4073 children
receiving mental health screenings between 7/1/92 and 6/30/94**

N=300 Case Records



Note: Many of the case records revealed multiple reasons why children were entering the Foster Care System. For example, Maternal Substance Abuse was often stated with Neglect and Abandonment.

²The Health Clinic replaced the Peabody Picture Vocabulary Test with the Beery Picture Vocabulary Test as of July 1, 1995 because of its more up-to-date norms that may reduce any potential racial bias.

The Mental Health Needs of Children

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Unfortunately, few states routinely screen children entering the child welfare system. The Health Clinic in Baltimore (see Dale, Cargo, Ennis, Hayes, Hessenauer & Kendall, 1993; Dale, Hessenauer, Kendall, Lance & Holmes, 1993; Dale, Kendall & Humber, 1995) appears to be the only city-wide screening program in the nation. In most urban areas, screenings tend to be performed at sites scattered throughout the city, if at all. In rural areas, screenings are rarely performed on a routine basis.

Whereas child welfare advocates need to exert political pressure to increase the funding for these vital programs, researchers and clinicians need to address technical policy issues. For example, researchers need to develop a consensus on exactly what domains to assess and how to assess them.

Further research is needed on instruments that best assess essential characteristics of this clinical population. Eventually, psychologists and other mental health professionals could perhaps follow a standard protocol in their mental health screenings of abused and neglected children much as pediatricians engage in at present when assessing their medical condition.

Researchers must also begin to address the extent to which data obtained on children in crisis are "contaminated." One critical problem in performing developmental testing on children under age five is the lack of a parent or suitable informant at the time of screening. The child's parents are often unavailable (e.g.,

due to a substance abuse problem or abandonment) to provide the necessary background information, and clinicians must rely on secondary or tertiary sources, such as testimony from neighbors or case records. Researchers must also study how the timing of mental health screenings affects the results. One wonders about the reliability of diagnostic testing undertaken at a moment of crisis (i.e., right after removal from the home). A related issue is the need to monitor children after they have received the initial screening.

Tonya's case: A sample screening

Mental health screenings aim to direct children to the next level of intervention as efficiently as possible. Figure 6 presents a flow chart illustrating the mental health screening process, whereby diagnostic findings flow into clinical recommendations. The screening clinicians do not treat children, but rather issue referrals for appropriate psychosocial follow-up. Such screenings are not synonymous with full-scale psychological evaluations, which are much more comprehensive and expensive. Screenings tend to be more clinically efficient and

cost-effective; in some cases, more extensive diagnostic testing may be warranted.

In the case of Tonya's mental health screening, her performance on diagnostic instruments revealed both low average visual-motor integration skills and low average receptive language skills. No further psychoeducational testing was deemed necessary at the present time, but her worker was advised to check whether she was receiving the appropriate special education services in school. Her alleged history of sexual abuse led to a referral to a local physician nationally renowned for his diagnostic evaluations of alleged abuse victims. Tonya was also referred for individual psychotherapy in which she could address issues involving her problematic relationships with her father and her mother's boyfriend. According to the screening clinician, although Tonya did not exhibit symptoms of clinical depression at the present time, outpatient therapy was needed in order to reduce the considerable risk of future episodes of depression.

Implications for case workers

As a group, children entering the child welfare system typically show evidence of difficulties in cognitive and/or emotional functioning. These difficulties may stem from the reasons for removal from the home, such as maternal substance abuse, neglect, and physical abuse, and often require long-term follow-up care.



Ideally, all children entering the child welfare system should receive a mental health screening. Given that most states do not routinely provide such services, workers may need to take it upon themselves to refer acutely distressed children for psychological services. For example, workers should be alert to symptoms of clinical depression faced by a significant minority of these children (see Figure 4 for the rates of depression found by Dale et al., 1994). In children, clinical depression typically includes a cluster of some or many of the following symptoms:

- Persistent sad or irritable mood.
- Feelings of hopelessness and helplessness.
- Feelings of worthlessness and excessive guilt.
- Decreased interest or pleasure in most activities.
- Sleep problems (insomnia, oversleeping, early morning waking).
- Changes in eating habits (weight loss or gain).
- Decreased energy and fatigue.
- Difficulties with concentration, memory and decision-making.
- Low self-esteem.
- Recurrent thoughts of suicide with or without a plan.

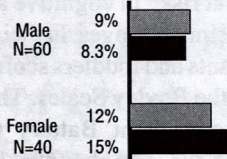
Figure 3
Results on the Reynolds Depression Scales (RCDS & RADS)

N=200 Case Records

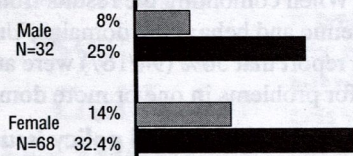
Percent of Children Evidencing Depressive Symptomatology

Normative sample 
Foster Care sample 

8-12 year olds



13-19 year olds



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The Mental Health Needs of Children

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Depending on the seriousness of the symptoms, these children may be referred for a mental health screening or to an outpatient psychotherapist. In emergencies, in-patient psychiatric services may be necessary.

Conclusion

Empirical research studies over the past two decades have unequivocally demonstrated high rates of mental health problems among children entering the child welfare system. These findings warrant mental health screenings for all such children as a matter of national and state policy.

The lack of such an enlightened policy places even more responsibility on already burdened case workers. Case workers need to be aware of the signs of acute psychological distress, such as depression, so that appropriate referrals can be made.

In general, case workers should understand that the vast majority of these at-risk children may need long-term psychosocial support as they struggle to break out of an intergenerational cycle of poverty and abuse. They should familiarize themselves with local programs administering to the complex mental health needs of this at-risk population and should attempt to provide expeditious referrals for the appropriate interventions.

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CULTURAL ISSUES Implementing Racial Diversity Initiatives in Agencies Serving Maltreated Children

—by Jessica Henderson Daniel

Professionals in the field of child maltreatment confront multiple challenges as they attempt to provide the best possible services to children and families. When professionals and clients differ along class, racial and cultural lines, the challenges if acknowledged, can be quite demanding if not overwhelming. In particular, agencies that serve clients who are racially different from the providers run the risk of offering services which may be counter to the prevailing culture of the community. In such situations, despite best intentions, children and families may not be adequately served. In an emotionally charged field such as child maltreatment, recognizing and incorporating race as an important variable can only serve to improve the quality of professional services offered.

Discourse about "diversity initiatives"—i.e., efforts to ensure that agencies are culturally competent from top administrators to entry-level providers—is current in both the public and private sectors, as some agencies begin to recognize and confront the realities of the "colorization of America." Despite consensus that services must be culturally competent, moving from discourse to implementation has been a substantial challenge. Publications, lectures and workshops which support the rationale

for such initiatives have not been sufficient to mobilize agencies to move forward. Resistance to racial diversity initiatives appears to be a major obstacle to implementation. The purpose of this article is to provide guidelines for ways to conceptualize and move through the resistance in order to implement a racial diversity initiative in agencies serving maltreated children and their families.

Getting started: Logistics

A racial diversity initiative needs the support of the chief administrator of the agency. Without that support and validation, the initiative is likely to fail, since most people will avoid tackling this difficult topic if given a choice.

The chief administrator can support the process by establishing a non-threatening and non-judgmental tone. In agencies with longstanding histories of serving people of color, resistance to a diversity initiative might stem from the fear that services offered previously have been less than optimal. The reality is that people have offered services based on the instruction and training they have received in college, in professional schools, and at work, as well as their personal histories. Their

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In agencies with longstanding histories of serving people of color, resistance to a diversity initiative might stem from the fear that services offered previously have been less than optimal.

Past mis-steps and mis-judgments are just that—past. This can mark the initiation of a new phase in the delivery of quality services by informed professionals.

instruction and training may or may not have included racial/ethnic content. The diversity initiative is an opportunity to begin to offer culturally sensitive services from this day forward, and to have people become more aware of the power of race in the lives of both social service providers and clients. Learning about race and racism is a process. What is of importance is the commitment to learn and grow through the process. Past mis-steps and mis-judgments are just that—past. This can mark the initiation of a new phase in the delivery of quality services by informed professionals. If the chief administrator is able to convey this perspective, more people might be open to the process at the agency.

The chief administrator has options about how to implement a diversity initiative. One suggestion is to begin by forming a diversity committee. The chief administrator might solicit interested volunteers from each of the administrative units or from the agency at large. If at all possible, their participation should be considered a part of their job description so that it is not seen as an additional responsibility. While volunteers might be expected to be minimally resistant, the reality is that a substantial number may resist some aspects of the diversity initiative. The hope is that they will be less resistant than those who decline the invitation to participate.

The volunteers will likely be heterogeneous in terms of goals and receptivity to the process. Some might feel that they know about racial diversity and are interested in learning how to engage others in the process; others might feel that they need to learn more about diversity for both professional and personal reasons; some will be "curious" but not necessarily committed to the process; others might be anxious to prove that they are not racist, and even to point out those whom they believe to be racist; some will volunteer because they see it as the "correct" thing to do. Coming to terms with these differences in motivation will be part of the process for the volunteers.

These volunteers will go through the steps suggested in this article, then introduce the issues and process to the entire staff. Some agencies hire professionals to facilitate the initial process with the committee, then train the participants to work with colleagues. Others, due to financial constraints or other factors, do not hire a professional. Agency cultures vary, and such decisions need to be made on an individual agency basis.

However it is constituted, the committee needs to follow groundrules which anchor the members to the process. Discussions about race can generate

strong affect and unexpected feelings which require structure so that the process can continue with the minimum number of reversals and terminations (e.g., individuals resigning from the committee, the initiative being abandoned by the agency, or the committee dissolving due to insufficient members). Systematically addressing the resistance in the manner proposed may provide the needed structure and direction for the committee.

The diversity committee needs to maintain its focus and not become the place to discuss other agency problems and concerns. In order to keep the initiative from being blamed for all the ills of the agency, the problems and concerns of the agency need to be labeled accurately to discriminate between diversity issues and general organizational development issues.

Finally, the committee needs to be a place which is safe and where individuals are open to a range of opinions. The proceedings of the group should remain within the group. Individuals may share their own views, but not those of other members of the committee. Consensus building is not necessarily the goal, but rather an openness to considering a range of perspectives. Individuals should speak from their own experience and take turns talking, without interruptions. Offering clarifications of statements and rationales for positions generally contributes to understanding and open discussions. Questions and not accusations help create a positive tone.

In its first meeting, the committee should discuss the groundrules and establish some structure which will ensure full participation. A suggestion is for all members of the committee to share the tasks of preparation and presentation. This article provides the readers with resources, including books, articles, and videotapes which can be the basis for discussions. Members of the committee on an individual basis or in small groups may be assigned resources for presentations to the entire group.

Dealing with resistance

Resistance is a common response when race is the topic. In her classic article on talking about race in the classroom, Tatum (1992) identifies three sources of resistance: the feeling that race is a taboo topic; the belief that the U.S. is a meritocracy; and the belief that race and racism are not important in one's own daily life.

This paper will elaborate on the above sources of resistance. Instead of the classroom, the context will be a social service agency with staff members who range from recent college graduates to senior staff who are nearing retirement. The quotations are from participants in diversity workshops conducted by the author over the past 15 years.

Part I: Giving voice to race as an issue

Tatum (1992) noted that race has long been a
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taboo topic, especially in mixed company. Many adults actively avoid talking about race, having had heated discussions on the topic which generated hurt feelings and no resolutions. Since it has been a taboo topic, individuals have not learned how to discuss race; it is unfamiliar terrain. Paradoxically, many also consider race a "tired topic."

From junior staff:

- My roommates were all different racially and we got along with each other. Race is something we did not talk about. There was no need because we are all just people—no different from each other. People talk about it—that creates problems. (White female)
- Every time there was a racial incident a school, we had special assemblies. I have heard it all. Talking about race is a waste of time. Nothing changes anyway. (White male)
- The reason why I don't talk about race is that it makes people angry. Plus I don't know how to talk about it anyway. (White female)
- I am tired of educating White people. They need to learn about race on their own. (Black female)
- I resent having to censor my comments in order to make White people comfortable. White racism has been a source of tremendous pain for me. Now I have to carry them to racial understanding. It makes me angry. (Black male)
- I feel invisible in discussions about race because Asians are supposedly the model minority. But we suffer because of discrimination too. (Asian male)
- Being Hispanic is complicated—because there are so many differences. I just want to speak for my group. (Chicano male)

From more senior staff:

- I am not racist. My record with Blacks is clear. I have provided services to Blacks my entire career. I don't see what can be gained by my participation. Anyway what will happen is that people will feel guilty and that will be the end of it. (White female)
- When I think about race and racism, I just think about Blacks. I had not thought about Asians and Hispanics. (White female)
- My family has a long history of working in the Civil Rights Movement and the Union Movement. I don't need to spend time talking about race relations. (White female)
- I have so much pain stored from working as a professional. I don't know if I dare risk even beginning to talk about race with colleagues. They will not understand. (Black female)
- I grew up in an all-white suburban community. There were no Blacks or other minorities. I have no feelings about race. (White female)

Most people would rather avoid the topic of race if at all possible, and some people have felt silenced, especially Asians and Hispanics/Latinos who feel that Blacks have been the focus of race relations.

Resources

1. Tatum, B.D. (1992). Talking about race, learning about racism: the application of racial identity development theory in the classroom. *Harvard Educational Review*, 62,1,1-6.

This article includes definitions for commonly used terms, e.g., "racism," "discrimination," and "prejudice," as well as discussions about resistance.

2. Frankenberg, R.(1993). *White women, race matters*. Minneapolis: University of Minnesota Press.

Frankenberg's research experience is evidence that talking about race can be difficult for Whites even when interviewed by a White person. Frankenberg, herself White, interviewed some thirty White women about their experience of whiteness and the implications of race in their lives. Discussing this work could begin the process of "thinking through race," examining the impact of race on the respondents' lives regardless of their communities of origin. The conflict of seeing vs. not seeing color, i.e., whether color blindness is the "polite language of race," as well as the many ways to discuss race, are the two core topics. Participants can argue about whether or not Frankenberg's sample is representative. However, the value of the book is that it frees people to talk about the impact of race in their lives. The group should avoid focussing on her sampling techniques and instead process the rich narratives of the respondents.

Suggested strategy

Assign Tatum article for everyone to read. Discuss the terms which will be used in the discussion. Avoid group paralysis if members disagree on the definitions of terms. Just agree to disagree. Chapters in the Frankenberg book to be read by at least two members of the group who would then lead the group discussion.

Part II: Reconciling meritocracy, privilege, and discrimination

Tatum's (1992) second point of resistance to talking about race is related to the cherished belief that America is a meritocracy, i.e., that we are all created equal and those who work hard will achieve. McIntosh (1989; see below under "Resources") has tackled that issue directly. The implications of her work are that Whites have power and privilege which are (1) not earned and (2) so seamlessly woven into society's fabric that Whites do not notice it. In contrast, people of color are aware of this power and privilege clearly since they do not share it. The purpose of discussing this discrepancy between people of color and Whites is not to assign blame but to acknowledge a reality that has been painful for people of color.

Discussing meritocracy in the context of affirmative action can be difficult. The media have highlighted Whites who have felt unfairly treated as a consequence of affirmative action initiatives. The data, however, reveal that White women have been the principle beneficiaries of affirmative action and therefore indirectly White men, since White women tend to marry White men. Blacks, Hispanics and

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Native Americans have experienced some advancements which are attributable to affirmative action, but not as many as those gained by White women. A discussion on such a difficult topic might not produce consensus. However, concerns may be aired in the group and the committee members can learn to live with the differences.

A major issue is to what degree individuals are willing to acknowledge the levels of inequality that actually exist in American society.

- Black people in particular are always whining about racism. They have all the advantages with affirmative action. White men are now disadvantaged. (White male)
- I don't want to believe that racial discrimination happens today. It is too difficult to watch people being mistreated. (White female)
- Black people discriminate against White people too. (White male)
- I don't support discrimination by anyone. But the fact is that when Whites discriminate against Blacks the impact is far more powerful especially economically than when Blacks discriminate against whites. (Black female)

(The above three comments were made after watching the video *True Colors*.)

- I don't ask people about the details of their lives because I don't want to hear that level of pain. I know that I should, but listening to their life stories makes me feel powerless and guilty. So I don't ask questions about discrimination and unfair treatment. (White female)

Resources

1. Videotape: *True Colors* (Prime Time ABC News, November 1992).

This video follows two men, one Black and the other White as they shop, seek employment and attempt to rent an apartment in St. Louis. They are alike in background; the major difference between them is race. The viewer sees the impact of racial discrimination as it occurs. Talking about the tape can begin a discussion about the realities of daily inequities experienced by some people of color.

2. McIntosh, P. (1989 July/August). White privilege: Unpacking the invisible knapsack. *Peace and freedom*, 10-12.
3. Tatum, P. D. (1992) Op. cit. pp.6-8.
4. Tyler, F.B., Brome, D.R., & Williams, J.E. (1991). *Ethnic validity, ecology and psychotherapy*. New York: Plenum. Chapter 4: The Ecology of Race; and, Chapter 9: Case Examples of Racial Dyads.

Suggested strategy

For at least one group discussion, all participants should read the Tatum and McIntosh articles and view the videotape. A very important individual exercise based on Tyler's (1991) chapters is to develop one's own racial psychohistory. Through these, participants can begin to understand their personal histories and how such narratives might

affect perceptions of race. Discuss the dyads discussed in Tyler's Chapters 4 and 9.

Part III: Racism as an issue for "others"

Tatum (1992) points out that most individuals are aware of the KKK and neo-Nazi "skinheads" and see them as the "real" racists. But seeing the problem as only "out there" is a way to avoid their own feelings about race. This is the third area of resistance. The power of racial stereotypes in the daily lives of ordinary people cannot be disregarded. Whites as well as people of color who have participated in this author's diversity workshops have been shocked, when asked for adjectives to describe racial minorities, to find that a consensus often emerges which includes many negative adjectives. Holding such stereotypes is incongruent with their perceptions of themselves as well-educated and free of prejudice. They begin to question whether these stereotypes are the basis of their behavior as they interact with people from various racial/ethnic groups, and wonder about the source of the stereotypes. Students of color often feel angry and frustrated at the confirmation that the stereotypes are still in place. Some students of color are confused by their stereotypes of other people of color.

- I don't believe that when you asked us to generate adjectives associated with Hispanics that we came up with so many negative stereotypes. (White female)
- Even the stereotypes of the Asians are worrisome. What if an Asian is not good in math or science? The assumption is those are their fields. Stereotypes—even the positive ones— are a problem. (White male)
- I grew up watching the old movies on the weekend. I did not realize that the portrayal of Asian women was so racist. I just sat there taking it all in. (White female)
- I am a minority person. I know that some minorities have stereotypes about other minorities. How could that be? Of all people they should know better. (Black female)

The Frankenberg (1993) interviews indicate that race has been a topic—both covert and overt—in the lives of many White women in this country. People often "speak in stereotype"— i.e., speak as though the stereotypes were true. Major sources of stereotypes are the print and electronic media as well as humor and comedy. Exposure to these sources of stereotypes can help individuals recognize their own perceptions and begin to acknowledge how these stereotypes may affect them personally and professionally.

Resources

1. Videodocumentary: *Ethnic Notions* (Producer/Director: Marlan Riggs) 1987.

This classic documentary traces 150 years of negative images of Blacks in popular culture up to the television age.

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Professionals who work in the field of maltreatment who are informed about the meaning of being White in this culture as well as the implications of being a person of color are better equipped to serve clients from many racial backgrounds.

2. Videodocumentary: *Color Adjustment* (Producers: Marlan Riggs and Vivian Kleiman; Director: Marlan Riggs) 1991.

This documentary examines the impact of television on the images of Blacks in America placing television shows in the social contexts of the various eras.

(Both of these documentaries are available from California Newsreel, 149 Ninth St., Suite 402, San Francisco, CA 94103.)

3. Videodocumentary: *Mixed Blood* (Producer/Director Valerie Soe, 1992 KQED, San Francisco).

This documentary examines Asians in racially-mixed marriages as well as stereotypic images of Asians in the media.

4. Book: Hagedorn, J. (Ed.) 1993. *Charlie Chan is dead*. NY: Penguin Books.

This is an anthology of Asian American fiction which speaks to the many cultures represented in the Asian community.

Suggested strategy

Take three separate sessions to view and discuss the documentaries and their implications in terms of stereotyping.

Assign the preface and introduction of the Hagedorn book, which provide important information about the evolution of the Asian voice in the media and literature.

After resistance: A look at racial identity development

The Tatum (1992) article presents racial development for both Blacks and Whites in detail. The reader is referred to that excellent resource to explore the various stages of development for the two groups, especially where persons may become stuck, stages which may generate conflict between the two groups, and stages which encourage learning more about one's racial group. Familiarity with theory about racial identity can ground individuals as they seek to position themselves in this continuous process.

Resource

Tatum, B. D. (1992). Op. cit. pp.9-18.

Suggested strategy

Participants identify where they are in their own racial identity development and the implications for their understanding and resisting discussions about race and racism.

Overwhelmed vs. strategic planning

Persons in social service agencies work with individuals who are frequently overwhelmed by the

challenges of their lives. Strategic planning—prioritizing the problems and tasks—is a way to help clients begin to manage the situation. The same holds for diversity initiatives. The work needed to be done around race and racism is considerable, and there are no easy solutions. However, it is the responsibility of individuals to make a difference where they are.

The goal of this paper is to help agencies begin to tackle the issue of racial diversity by first working on the issues related to resistance and then looking at racial identity development. Talking about resistance is a first step in managing resistance. Once the resistance is on the table for discussion, both social service providers and clients can better acknowledge ways in which race matters.

If a small group begins talking about race, their experience can become the core for the agency when the initiative is introduced to the entire staff. After the diversity committee has taken itself through these steps, which must include processing their experience affectively and cognitively, they can turn their attention to considering how to introduce the experience to the entire staff.

Child maltreatment and racial diversity

Many people associate the field of child abuse and neglect with the removal of children from their families. This is a traumatic experience for the children, their families and the social service workers. Learning about one's perceptions of individuals who are racially different under these circumstances would be problematic at best. The racial diversity initiative is a place to learn about oneself in a less stressful environment, so that when major decisions need to be made about the placement of children, the worker can feel a level of confidence about her decision-making process.

Children and families being seen around maltreatment issues are entitled to services which take into consideration their needs from many perspectives, including race. Professionals who work in the field of maltreatment who are informed about the meaning of being White in this culture as well as the implications of being a person of color are better equipped to serve clients from many racial backgrounds. More important, these professionals are better prepared to take the next step—to learn about the particular races and cultures represented by their clients. The quality of services and the morale of the staff both can improve when people are truly serving with an awareness of the cultural contexts for themselves as well as their clients.

Author's note: I would like to thank Patricia Hayden Beckford for her comments on a draft of this article.

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Public exposure to and knowledge about the problem of child abuse has been good and is getting better. Parents are highly approving of the abuse prevention instruction children get in schools.

Backlashes are a lot less scary when you realize that they are normal, predictable, and on the whole not that successful.

sexual abuse cemented this linkage in the modern period.

The women's movement has faced considerable backlash itself in recent years, although it remains fairly potent. But from the sociological point of view, the economic and political engines behind the women's movement—the increasing participation of women in the labor force political process—have not abated. True, in the late 1980s the feminist agenda turned from child abuse to other more central women's issues like abortion rights, in response to increased threats to that agenda. But what is most crucial is the inexorable trend of women gaining access to positions of authority, both in the professions and in government. This access has not slowed: consider Janet Reno, Donna Shalala, Hillary Clinton. As they rise in authority, women

will carry with them, as they have in the past, a strong tilt toward issues of child welfare. This is a major and long-term advantage for child advocacy.

Symbolic strength

In addition to having a strong interest coalition, child abuse has been a successful social issue because of the terrific symbolic strength it carries. We live in an era in which, because of our relative prosperity, our ability to control fertility, and our medical advances over childhood mortality, we are psychologically invested in our children and their welfare in a way that is qualitatively new. The child abuse movement has been able to tap into the very evocative and sentimental imagery of protecting, rescuing, and comforting vulnerable children. No one who has seen the public service announcements for groups such as the National Committee to Prevent Child Abuse can doubt the power of this imagery.

But sexual abuse has been even more symbolically powerful than child abuse in general. The issue of sexual abuse has managed to unite symbolically three of the central preoccupations of the period and the generation. The first is sexuality: the new passion, after generations of silence and repression, to discuss and understand sexuality. The second, related, preoccupation is the relationship between the genders and the changing character of family. And the third preoccupation is that of crime and justice. Current popular cinema provides ample evidence of the historical centrality of these three themes: its subject matter is primarily about sex, crime, or changing gender and family relations. Sexual abuse is the perfect conjunction of these themes. It has fascinated people, because through learning about it and understanding it, they have gotten another vehicle to explore some of these preoccupying themes.

Denial or fascination?

It is fashionable to say in this field that society would like to deny the existence of sexual abuse, that it would be more comfortable to sweep it under the rug and discover that it was all a hoax and we could all go back to the images and belief system of Life with Father. Frankly, I don't think society does want to deny the existence of sexual abuse, and I think we should stop saying it. Attitudes about sexual abuse are to some extent ambivalent. There is some disbelief, particularly when the problem strikes close to home, just as there is with other personal problems like infidelity or alcoholism. But large numbers of people are actually very fascinated by sexual abuse as a general social problem. It is a compelling issue in the culture, filling novels, TV programs, and the newspapers. People not only believe it occurs, many people, if we believe the surveys, exaggerate its occurrence. We have gained enormous attention for child sexual abuse, and I think it sounds completely paranoid and out of touch with reality when experts in this field say that as a culture we are eager to deny that it really exists.

Public support for child protection

Public support for protecting children from abuse is still very strong. In a recent NCPA national survey, 82% agreed with the statement, "Some families are simply too dangerous to be trusted with the care of their young children." Eighty-eight percent agreed that, "A child should always be removed from the home in cases of child sexual abuse in which the person accused remains in the home." Support for aggressive child protection actions has not declined. Over two-thirds of those surveyed agreed in 1995, just as they had in 1988, that children are harmed or die for lack of sufficiently aggressive investigations. This reflects support for CPS interventions that takes into account the fact that innocent people are sometimes accused.

Public exposure to and knowledge about the problem of child abuse has been good and is getting better. Parents are highly approving of the abuse prevention instruction children get in schools. Public opinion surveys also show that corporal punishment is on the decline—people are taking our messages to heart. Studies about the prevalence of child abuse in the general public suggest that there is a huge cadre of individuals who have personally experienced child abuse in some form. Many of these individuals have felt liberated and validated by the media attention child abuse has received. In surveys, they are among those most concerned about and supportive of our efforts to alleviate these problems, and it seems likely that they will continue such support, if not publicly then at least within their informal social networks.

In summary, the social bases and support for the child abuse movement itself appear strong at the

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Backlashes can in some cases achieve a lot of power and be a major obstacle for a social movement, but only under certain conditions. One such condition is when an initial social movement goes way beyond a prevailing social consensus.

Who actually is the child abuse backlash? The main group is aggrieved parents and other aggrieved caretakers of children who have been accused of or investigated for child abuse and believe, sometimes with good reason, that they have been unfairly treated or stigmatized in the process.

present and for the near-term future. This is one base for the optimism I feel.

Prospects for the "backlash"

A second source of optimism is what sociology tells us about backlashes. Backlashes are a lot less scary when you realize that they are normal, predictable, and on the whole not that successful. Sociological analysis teaches us that, to paraphrase a common bumper sticker: Opposition happens. Every social problem mobilization, even the most successful, faces opposition. In fact, success ensures opposition. You are aware that many of the most fundamental institutions of our society, things we take for granted—like social security, environmental regulations, government action on behalf of consumer protection—all faced, and still face sometimes, massive political opposition. This opposition has been far from fatal to these institutions.

Countermovements vs. backlashes

Opposition to social change comes in two forms: organized opposing interests, on the one hand, and what have been termed "countermovements," on the other. The cigarette companies and the tobacco lobby are an example of an organized opposing interests in relation to the anti-smoking movement, for example. From the beginning of the attempt to reduce tobacco-related morbidity, they were there, fighting. They represent an organized, powerful interest opposed to that social movement. Similarly, the paper industry is an opposing interest to the environmental movement for clean water.

In contrast, a countermovement or backlash is an opposition that develops in response or in reaction to the success of another social movement. It doesn't already exist, it develops later. Phyllis Schlafly and the Eagle Forum represent backlashes, organized in response to the women's movement and the lobbying for the Equal Rights Amendment. What we are calling the child abuse backlash is also such a countermovement.

Counter-movements are different in important ways from organized opposition groups. If you have to face one or the other, you definitely want to pick a backlash. One crucial difference is that organized opposition groups are generally much stronger than backlashes. They have historical and economic roots—the tobacco industry is a clear example. They

often have massive resources, political powerbases, and a great deal of experience in public relations and political activism.

Limits of backlashes

Overall, in spite of the controversy they provoke, backlashes tend not to be enduring or successful, for a number of reasons. For one thing, since they are late in getting organized, the initial movement usually has a big advantage over them. The social movement around physical child abuse dates from the early 1960s and is 30 years old; the movement around sexual abuse is close to 15 years old. The backlash—which only acquired an organizational framework in the late 1980s—is thus mobilizing late in the game by comparative standards.

Second, backlashes are usually focussed on means rather than ends. They don't say that fighting child abuse or racial segregation is bad, they just say that you're going about it the wrong way. This is true about the current backlash: proponents don't object to ending child abuse, only to overzealousness on the part of child abuse authorities, or therapists' techniques for recovering memories. Compare this to the tobacco industry, which actually denies that smoking is bad and promotes it. Since backlashes are reactionary and focused on means rather than goals, they have a hard time inspiring people broadly. People get inspired through idealism and visions of progress; arguments about means are not inspiring. Since the focus of a backlash is so narrow, its proponents have a hard time building coalitions.

Backlashes can in some cases achieve a lot of power and be a major obstacle for a social movement, but only under certain conditions. One such condition is when an initial social movement goes way beyond a prevailing social consensus. This can happen when the movement seeks and achieves changes through influencing an elite without building a base of support in the public at large. This was partly the condition that produced successful countermovements against both school busing and abortion rights. The advocates for abortion rights and school integration initially achieved dramatic social changes, but mainly from the top. They succeeded through the courts (in *Brown v. Board of Education* and *Roe v. Wade*), rather than through the grass-roots, coalition-building, political process. The changes came quickly, but without firm public support, leaving both movements vulnerable to a backlash.

However, this does not seem to apply (at least yet) to the case of child abuse. The child abuse movement has been very good at educating the public, and building support for its viewpoint. From the available evidence, there seems to be widespread public, professional, and political support for current levels of child abuse prevention, intervention and even prosecution activities. Opinion polls suggest that the public wants more aggressive child abuse activity, not less. If we were to suddenly succeed in outlawing physical punishment, we would be vulnerable to a strong backlash; but we are not in such a situation right now.

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It takes independent organizations and independent ideologies to build movements.

A final problem with backlashes is that their social bases tend to be narrow and mostly volunteer in nature. They aren't maintained by powerful economic or social institutions like tobacco companies or organized religion. This *ad hoc* quality makes sustaining a mobilization difficult. Who actually is the child abuse backlash? The main group is aggrieved parents and other aggrieved caretakers of children who have been accused of or investigated for child abuse and believe, sometimes with good reason, that they have been unfairly treated or stigmatized in the process. They are motivated by anger. This is a volunteer social base.

They have an important group of professional allies, one of whom is attorneys. As child abuse reports have grown, so have prosecutions, and as allegations have touched even the middle class, more and more attorneys have in recent years found themselves representing people who were confronting child abuse allegations. As a result, a more specialized and defined field of legal practice has evolved.

But backlash attorneys are not a strong social base by themselves. Hired attorneys influence litigation, but they do not make social movements on their own. Moreover, defending against child abuse charges is not a legal subspecialty that will ever offer huge financial or status rewards. The number of lawyers involved, their influence, and their power are likely to remain small.

The backlash also has some academic allies, but they tend to be just what you find everywhere in academia—iconoclasts, free thinkers, people who want to ask hard, unpopular questions. They do not really build movements in the absence of other strong social bases. In any case, most of these iconoclasts would feel grave discomfort in any serious ideological alliance with the popular backlash advocates.

Role of media

Finally, what about the media? Some of the biggest successes of the backlash to date have been in the form of extensive, ongoing and apparently sympathetic media coverage. Dozens of articles, editorials, and television programs critical of the child abuse movement arose out of the McMartin preschool school case, and other day care cases as well.

The foiled prosecutions in Jordan, Minnesota, spawned some similar stories and editorials. Some newspapers, such as the San Diego Union, have mobilized relentlessly unfavorable coverage of local child abuse authorities. This is the thing that maybe seems scariest of all. For so long we had a romance with the media. There was an endless stream of articles about child abuse and sexual

abuse. It made child abuse professionals feel as though their cause was created and sustained by the media, and now it feels like it is being taken away. We fear that the media will now do for the opposition what they did for us.

First of all, in spite of perceptions, the media rarely create social movements or countermovements on their own. It takes independent organizations and independent ideologies to build movements. The media start by covering and responding to these organizations and activities; since the public first notices movements through the media, we often think of them as media-inspired. But movements need some strong organization outside the media.

A movement without a strong base can only be sustained by media attention for a short time. Sooner or later the media tire of a subject, are unable to find a new angle, and turn their attention elsewhere. And if there is only a weak social base, the movement dries up. By contrast, an institution with a strong social base weathers even the most devastating media attack. Exxon took it on the chin from the Valdez oil spill, but they have sustaining power and they are doing fine.

The child abuse issue has this kind of sustaining social base. The backlash does not. Child abuse has gotten continuing media attention for over 30 years because it has had an ongoing institutional presence, generating new developments and new angles, new programs, new research. The backlash has very little besides the media attention right now. But that attention will pass, and when it does, there will still be large, state-funded child protection agencies, and child abuse treatment programs, and hundreds of thousands of mental health professionals working in this field, hundreds of researchers, and several large professional organizations all continuing to lobby for and educate people about child abuse. And the backlash will just be a few volunteer organizations, some lawyers, and some academic allies.

Role of federal government

What about the danger from the politicians? The child abuse movement is taking some big hits these days in Washington, with signs that the Republicans are about to sweep away CAPTA, NCCAN, and other key programs. Of course, this could be a major blow, but it is important to keep in mind what is not happening, as well as what is. First, the conservatives have not been primarily attacking child abuse advocacy and child abuse funding in an ideological way. They have given the backlash a bit of a platform, but it has not been their major theme. Mostly, they have just been saying we want to shrink the federal government.

But the silver lining for us is that we are well positioned to adjust to such cuts. Federal funding

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As a social movement the child abuse coalition has a lot of strength, depth, and historical inevitability. In contrast, in spite of its current presence in the news, the backlash is a rather marginal phenomenon.

"The Backlash"

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has not been essential to child abuse activities (with the exception of research), as it has been in other social policy domains, like clean water or occupational safety. Most funding in the child abuse area in fact comes from the states. Moreover, we are strong at the state level. Many states have several active child abuse lobbies (not just APSAC but state NCPA chapters and Kids Count coalitions), well versed in making their case in state government. Most states are committed to child abuse investigation. The NCPA's recent 50 state survey says that in spite of the general preoccupation with budget cutting, almost every state has had an increase in child abuse funding at some point in the last two years. So if we lose strong federal leadership and funding it will be a serious problem, and I think we should fight as hard as we can to preserve it, but I do not think it will fundamentally undermine the structural elements that support child abuse advocacy.

Effects of backlash

To summarize, as a social movement the child abuse coalition has a lot of strength, depth, and historical inevitability. In contrast, in spite of its current presence in the news, the backlash is a rather marginal phenomenon in comparison.

This is not to say that the backlash has not had its impact. Many individuals in the child abuse field have suffered greatly as a result of the backlash. In some areas, social change has been badly sidetracked. I am not saying that we shouldn't be concerned. But it is counterproductive to be panicked. In trying to

understand the state of alarm I see, I have recognized the impact of an unusual feature of our field: we have never really had a serious opposition. Of course, we have had to deal with the "inertial" resistance like bureaucratic foot-dragging and professional turf guarding. But this was trivial compared to the concerted opposition forces that most social problem movements face. Consider the opposition forces that confront advocates for other social problems: for example, the movement for family planning, contraception and birth control confronting the massive opposition of the Catholic Church; or the movement to combat global warming facing the huge international industrial complex led by producers of fossil fuels. That is real opposition. By contrast, the child abuse movement has been unusually fortunate. We have had a free ride. Not realizing this, many of us can be somewhat skittish, alarmist, and unseasoned when it comes to facing opposition. Movements survive and even thrive in the face of opposition, but because we have seen so little of it, it is easy for us to think that this is the end.

But it may also be true that we child advocates have a low tolerance for conflict. Many of us who go into child welfare work do so to be healers, not

warriors. We also identify with victims. Many people with such an orientation tend to be alarmed by conflict or the possibility of becoming victims themselves. This may result in an exaggerated perception of the power of the backlash compared to our own.

Opposition can be a tonic for a social movement. It can keep it from becoming complacent and arrogant.

Constructive responses

So what needs to be done? Well, we need more warriors. Ignoring the backlash is not the answer. Even though I think history and social forces are on our side, we need to mobilize effectively to deal with it. Clearly, we need to respond as quickly and articulately as we can to claims that are misleading, publicity that is prejudicial, and initiatives that really compromise the interests of abused children.

In framing these rebuttals it is important to recognize who our audience should be. It is not agents of the backlash who need convincing. The appropriate audience is the people who might potentially be enfolded into a countermovement coalition—for example, the politicians, the media, the academics and particularly the beleaguered and dispirited parents. That sometimes calls for a different kind of rebuttal.

In this rebuttal, our research is very important. Research is a valuable currency in the market of social problem advocacy. It is also a currency that is very difficult for a countermovement to match. We are light years ahead when it comes to access to credible research evidence. Already we have had some success checkmating some of the more damaging claims of the backlash with research, and APSAC's role in encouraging and disseminating that research has been crucial.

But ultimately, what may most determine the fate of the backlash is not simply rebuttal, but how the child welfare movement responds to what is valid and plausible in the backlash critique. If child advocates improve the quality of investigations, provide more rights for parents reported for abuse, establish guidelines for dealing with the recovery of memories and make other changes, it may deprive the backlash of much of its agenda. Such self-scrutiny and reform should be relatively easy for a movement in as secure a position as the child abuse movement is today. Again, APSAC has been instrumental in encouraging and providing professional training solidly grounded in rigorous research and current knowledge.

Finally, we need to not just respond to the backlash, but to lay out new initiatives ourselves. These initiatives need to be conceptualized and framed in ways that draw public attention, that are responsive to the values and concerns of the public and professional community, and that build bridges to new allies and social bases.

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We child advocates have a low tolerance for conflict. Many of us who go into child welfare work do so to be healers, not warriors. We need more warriors.

"The Backlash"

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Two themes in particular may be very useful strategically: the theme of supporting families and the theme of fighting crime. We have initiatives that encompass both of these themes. The work being done around home health visiting clearly catches the family support theme. The work being done in prevention education catches the crime fighting idea.

I don't have time to go into these proposals in any detail here. But my bottom line message is, "Don't get discouraged." Those of you who work with depressed people know how a negative mindset can selectively ignore everything that is good and

positive and paralyze a person in his or her depression. This paralysis can happen to social change activists too. We need to be able to take defeats and setbacks and unfair attacks, and still see the bigger picture. Find whatever is useful to remind yourselves of how much we have accomplished, how big we are, how many resources we have at our disposal, how many talented and caring people we include, how good and honest we have been so much of the time. There is a battle here, but what we stand for and what we aspire to are going to prevail.

David Finkelhor, PhD, is Co-Director of the Family Research Laboratory at the University of New Hampshire, and a member of APSAC's Advisory Board.

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presented a flagrantly distorted view of the McMartin trial, got the attention of entertainment editors across the country (see V.8, n.2 of the *Advisor*). In this issue of *The APSAC Advisor* is reprinted a letter to the editors of the *Wall Street Journal* strongly condemning their irresponsible editorial stance on the "Fells Acre" day care case in Massachusetts (see p. 25).

With these and other steps, APSAC's leaders hope simultaneously to challenge distortions widely repeated in the media, establish APSAC as the source of reliable information about issues in child abuse and neglect, and, ultimately, serve APSAC's primary aim: to ensure that everyone affected by child maltreatment receives the best possible professional response.

APSAC's leaders have sometimes made decisions, however, that might frustrate members who want us to be more active in the battle against the backlash. The purpose of this editorial is to articulate the thinking that has informed APSAC's activities in this regard and to invite members' participation as that thinking evolves.

Many factors shape APSAC's actions in responding to the backlash. Among the most pressing of these is the availability of resources. APSAC's success sometimes obscures the fact that APSAC is a young organization with a small staff and a limited budget. Like it or not, APSAC's ambitions still far exceed its capacity. In deciding where to invest APSAC's limited resources, we have opted most frequently to strengthen professional education and training by encouraging research and disseminating its results in usable form: we have produced *The APSAC Advisor*; developed APSAC's new journal, *Child Maltreatment* (see p. 32 for a list of contents in the first issue); generated *The APSAC Study Guides* and *The APSAC Handbook on Child Maltreatment* (due out from Sage Publications early next year); produced guidelines for practice (four new sets have been published just this year); developed the national Colloquium, day-long advanced training institutes, and other forums for professional educa-

tion; and actively supported members in their efforts to develop APSAC state chapters to deliver training and other services to professionals locally. Recently, as members know, we have devoted much time and energy to influencing federal legislation affecting abused and neglected children and their families—educating members of Congress, establishing a new standing committee of the Board to direct legislative initiatives, and establishing a Legislative Network of members to organize grass-roots activism (see p. 23 for a reminder on how to sign up).

Providing ongoing professional education and training is an important end in itself, one that can justly claim the bulk of APSAC's resources. Improving professional practice has the secondary benefit, however, of depriving the backlash of some of its ammunition. Another factor informing APSAC's response to the backlash is that professional practice has *not* always been exemplary. As many commentators have pointed out (including David Finkelhor and Jon Conte in this issue of *The APSAC Advisor*, John E.B. Myers in his recent book, *The backlash: Child protection under fire* [Sage, 1994], Ken Lanning in his chapter in the forthcoming *APSAC Handbook on Child Maltreatment* [Sage, 1996], and others), a good deal of the backlash is a self-inflicted wound. In some cases practice is faulty because, inexcusably, professionals are poorly informed about the knowledge available at the time. In other cases, new research has caused us to question professional practice that was solidly based on then-current knowledge. Whatever their cause, mistakes in professional practice in this field can have devastating results.

Professional practice inspired by such beliefs as that children's accounts of sexual abuse are invariably accurate; that not remembering any abuse is evidence of traumatic repression of abusive experience; that certain fairly common behaviors (e.g., bedwetting and nightmares in children, eating disorders and sexual dysfunction in adults) are solid evidence of abuse, has helped fuel the backlash we are facing today. The possibility that professionals in this field, acting with the best of intentions on faulty assumptions or information proven inaccurate by subsequent research, might have hurt inno-

The backlash is a distraction from the indisputable fact that the abuse and neglect of American children are widespread, horrifying, and incalculably costly to individuals and the society.

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cent individuals and families is very painful for us to contemplate. The appropriate response to legitimate criticism is not angry rebuttal; it is, clearly, to eliminate the source of its legitimacy. That means fixing the practice.

A third factor shaping the decisionmaking of APSAC's leaders is a consideration of our long-range goals. One of APSAC's most important assets is credibility. If APSAC is to retain the authority it is building with the media and general public, it must be seen as a consistent source of balanced and reliable information. As a professional society, we are particularly vulnerable to the charge of self-interest when we defend professional practice or argue for more resources to support it. We are subject to such charges no matter how fair we are: although our response to Crews in the *New York Review of Books* was balanced, solidly argued, and data-based, Crews attempted to dismiss it as self-interest by referring to it glibly as "an adroit brief for her guild's rank and file." We justify such dismissal, and sacrifice both integrity and credibility, if we respond to attack with heat rather than light, and with arguments that are not scrupulously faithful to all of the evidence.

As APSAC's organizational capability grows, we intend to be increasingly active in efforts to improve the accuracy and depth of media coverage of the critical issues affecting the protection of children. We feel that we can meet APSAC's several objectives by adhering to a few key principles:

- Do everything we can to ensure that professional practice is excellent by fostering research and disseminating its results in usable form.
- Always base our stance on the data, no matter how painful.
- Stand firm in the face of hysteria, whether it comes from "friends" or "foes."

The common message in many backlash attacks seems to be that the bigger problem Americans face is not the abuse of children, but the people who draw attention to it. As we have acknowledged, sometimes the people who draw attention to child abuse *have* been part of the problem. But it is absurd and irresponsible to focus so much attention on comparatively small missteps that the vast problem of child maltreatment in America is obscured. The backlash is a distraction from the indisputable fact that the abuse and neglect of American children are widespread, horrifying, and incalculably costly to individuals and the society. APSAC will continue to work on many fronts to combat the destructive and misleading elements of the backlash, and to refocus public attention on the real agenda: the huge and often dispiriting task of preventing the maltreatment of children and ameliorating the effects of maltreatment when prevention fails. We solicit member input into the principles guiding these efforts. We hope you will contact us with your ideas.

Theresa Reid is the Executive Director of APSAC.

LEGISLATIVE ALERT

On September 19, when it passed Senator Dole's welfare reform bill, the U.S. Senate also voted to reauthorize the Child Abuse Prevention and Treatment Act (CAPTA). Voted unanimously out of the Senate Labor and Human Resources Committee as S.919 last summer, CAPTA was included as an amendment in the Dole-backed bill.

The next step is for a House-Senate "conference committee" to reconcile the House and Senate versions of the bill. Keeping the protections for abused children guaranteed by CAPTA will be very difficult at this stage, since the House of Representatives eliminated CAPTA altogether with the passage of H.R. 4 (the "Personal Responsibility Act"). People who care about preserving CAPTA and

other critical child protection programs need to tell members of the House Ways and Means Committee and members of the House Economic and Educational Opportunities Committee how strongly they feel about the importance of federal leadership in protecting children.

Further information on these matters is offered in "Washington Update," by Tom Birch, Legislative Counsel for the National Child Abuse Coalition (see p. 24). For model letters and names of key committee members, call or fax APSAC. To receive regular updates on federal legislative initiatives affecting maltreated children and their families, join APSAC's Legislative Network. APSAC - Phone: 312-554-0166, Fax: 312-554-0919

POSITION OPENING Child Protection Program

The University of Washington (UW) Department of Pediatrics, in conjunction with the Harborview Sexual Assault Center (SAC) and Children's Hospital Medical Center (CHMC) is recruiting a pediatrician for its Child Protection Program. Responsibilities will be: Administrative leadership as Medical Director of SAC and program development in the UW-CHMC Child Protection Program; direct clinical evaluations of children for physical and sexual abuse; teaching and clinical research; and consultation and collaboration with community child protection services. The individual must be eligible for faculty appointment as Assistant or Associate Professor in the Department of Pediatrics.

To apply, please send letter and curriculum vita by January 31, 1996 to: Frederick P. Rivara, MD, MPH, Head, Division of General Pediatrics, Box 359960, 325 Ninth Ave, Seattle, WA 98104-2499. Phone (206) 521-1530. Fax (206) 521-1562. The University of Washington and Harborview Medical Center are Affirmative Action/Equal Opportunity Employers.

WASHINGTON UPDATE

— by Tom Birch

CAPTA, welfare reform pending final decision

Legislation to reauthorize the Child Abuse Prevention and Treatment Act (CAPTA) passed the Senate on September 19 as part of the welfare reform legislation. The CAPTA Amendments of 1995, sponsored by Sen. Dan Coats (R-IN), were included in the welfare bill brought to the floor by the Senate Republican leadership.

The fate of CAPTA and the final decision on welfare reform now reside with a House-Senate conference committee expected to begin meeting by mid-October to resolve the differences between the bills passed by each chamber.

As APSAC's membership was alerted last March, the House welfare reform legislation, H.R. 4, repeals CAPTA and establishes a child protection block grant, which combines funds currently allocated for foster care, adoption assistance, CAPTA, family preservation and support, and other child protection programs.

Advocates are contacting potential members of the House-Senate conference committee (1) to convince House members to reauthorize CAPTA and to give up the idea of a child protection block grant, and (2) to support Senate members in standing firm on the Senate provisions which continue CAPTA and reject the idea of a child protection block grant.

HHS money bill pending Senate vote

With the start of the new fiscal year on October 1, appropriations for federal child abuse programs for 1996 still await Senate floor action. The Senate Appropriations Committee has approved its version of the FY96 funding bill for the Department of Health and Human Services (HHS), with an 8% cut in current funds for child abuse and neglect basic state grants and discretionary grants.

The House-passed spending bill maintains current funding on the two programs administered by the National Center on Child Abuse and Neglect (NCCAN), even though the House earlier this year voted to repeal CAPTA, which authorizes the spending.

Neither the House bill nor the measure drafted by the Senate appropriations panel provides any funding for the CAPTA community-based family resource program, which had grown from \$5 million to \$31.363 million in the current year as a result of consolidation with child abuse emergency protection grants and family resource grants. When the Senate appropriations bill goes to the floor for a vote in mid-October, a proposal is expected which would return funding to the community-based program aimed at prevention services.

For a number of programs, the Senate bill sets spending levels slightly lower than those which passed the House. Notably, the Senate proposes a 10% cut in the Title XX Social Services Block

Grant, explaining that the funding reduction is necessary to avoid deeper cuts in other social services such as Head Start and child care. States use their Title XX funding for a variety of services, including child abuse and neglect prevention. The Senate committee's action represents the first time in several years that Congress has proposed cutting back on the block grant for social services.

As with the House, the Senate proposal offers the fully authorized funding increase for family preservation and family support services. In raising the amount from \$150 million to \$225 million for next year, the Senate Appropriation Committee's report calls attention to the importance of these resources for serving and protecting abused and neglected children.

Although funds for FY96 remain unappropriated, Congress has worked out a stop-gap funding measure which will keep funds flowing to all federal programs until November 13, even those which the House or Senate has voted to terminate in the new fiscal year.

Advocacy gag rule proposal stalemated

Congressional efforts to restrict the advocacy activities of nonprofit organizations have stalled in a House-Senate conference committee. Opposition by Sens. James Jeffords (R-VT) and Mark Hatfield (R-OR) to the amendment proposed by Rep. Ernest Istook (R-OK) to the Treasury-Postal Appropriations Bill, and the persistence of the amendment's House supporters led to the stalemate.

The proposed nonprofit gag rule would deny federal funds to charitable organizations engaging in federal, state, or local advocacy activities amounting to more than 5% of their budgets. If enacted into law, the rule would force many nonprofit organizations to choose between providing community services and speaking out on public policy issues.

The gag rule is aimed at curbing the advocacy of nonprofit groups working in programs and services most affected by budget reductions and shifts in social policy. The amendment's sponsors say that advocacy controls are needed to rein in the federal budget, or charities will keep lobbying for money to fund their programs!

Tom Birch, JD, is Legislative Counsel for the National Child Abuse Coalition, Associate Editor for The APSAC Advisor, and a member of APSAC's Advisory Board. APSAC is a member of the National Child Abuse Coalition.

TELL US WHAT YOU THINK

Members' ideas and comments are always welcome at the national office. Please call anytime and tell us what you're thinking, at 312-554-0166.

MEDIA RELATIONS

The following letter was sent to the Editors of the *Wall Street Journal* on September 5, 1995. When this issue of *The APSAC Advisor* went to press the letter had not yet been printed.

The Editors
The Wall Street Journal
200 Liberty St.
New York NY 10281

To the Editors:

In granting the motion for a new trial for Cheryl and Violet Amirault, Massachusetts Superior Court Judge Robert Barton decided to apply, retroactively, recent interpretations of the constitutional right of defendants to face their accusers.

Although Judge Barton's written decision might be defensible, the *Wall Street Journal's* editorializing about the Amirault and other day care cases is not. It is rife with omissions and distortions that represent more than sloppy reporting. These distortions represent an abrogation of the editors' responsibility to inform their readers. A few examples from your August 29 editorial:

- "The case began with a single unsubstantiated phone accusation": All cases begin with unsubstantiated allegations. The disclosures in this case were of a particularly compelling nature, however. For example, one grandmother's suspicions were aroused when she discovered her five-year-old grandson simulating anal intercourse with his same-aged male cousin. Both children were naked, and when asked what they were doing, the boy in the Amiraults' care said, "We're playing school!" A five-year-old girl gave the same answer to her mother, who discovered her manipulating Barbie and Ken dolls to simulate sexual intercourse.

Another little girl's spontaneous disclosure came because she believed the perpetrators' threats against her mother's life. She begged her mother not to leave the house, saying "You can't go--they'll kill you!"

- "The first charges led to an endlessly multiplying number of ever more bizarre accusations": Children in this case produced very few "bizarre" accusations. On the contrary, their testimony was remarkably clear, detailed, consistent, and credible. One boy testified to experiences that were unlikely, though hardly bizarre--e.g., that he was tied naked to a tree, or that a bird's wings were broken to frighten him. Every parent knows that children sometimes mix fantasy with fact, and that the fantasy does not negate the fact.
- "The prosecutors brought their charges without having a particle of physical (or any other) evidence of the violent bodily assaults": In fact, the prosecutors presented substantial corroborative

evidence, including medical evidence of anal and vaginal abnormalities, testimony from parents regarding graphic sexual behavior and language from their preschoolers, and testimony from other teachers confirming that the defendants had both access and opportunity to commit the alleged crimes (e.g., by keeping some children behind for nonspecific "misbehavior" when the other teachers and children took field trips).

These facts are a matter of the trial record. So are the myriad other facts that, despite the best efforts of highly skilled and experienced defense counsel, produced convictions that were upheld at every level of appeal, including by the Massachusetts Supreme Court, and in Gerald Amirault's case at several levels of the Federal appeals process.

The American judicial system and social service professionals face few tasks more delicate and complicated than protecting children from sex crimes. Investigating and prosecuting these crimes are extremely difficult for a number of reasons: the children are often very young, the only witnesses are typically the victims and perpetrators, and most sexual molestation does not leave physical evidence. Furthermore, children's accounts of these crimes might be confusing, mixed with fantasy, and affected by the perpetrator's threats, the anxious questioning of parents, and inexpert intervention by professionals.

Despite these daunting challenges, professional practice in the Amirault case was exemplary. Certainly, professionals who intervene in sexual abuse cases sometimes make mistakes; because these errors can have dire consequences, APSAC and other professional societies provide education and oversight in an effort to minimize their occurrence. In the past ten years, a great deal of research and training have contributed to steady improvements in intervention in these cases generally.

The *Wall Street Journal's* wildly biased position on these grave issues is indefensible. One of the editors' most troubling assertions is this one: "By now, the public and juries are beginning to see how the child-interrogation techniques of zealous investigators can lead a four- or five-year-old to say anything the investigators want." To the extent that the editors convince juries that child witnesses are easily led and that zealous investigations are the rule, they will be responsible for helping to declare open season for sex crimes against American children.

Sincerely,

Theresa Reid
Executive Director

for the Board of Directors of the American Professional Society on the Abuse of Children

cc: Editors, *The Boston Globe*
Editors, *The Boston Herald*

The Wall Street Journal's editorializing about the Amirault and other day care cases is rife with omissions and distortions that represent more than sloppy reporting. These distortions represent an abrogation of the editors' responsibility to inform their readers.

MEDIA REVIEWS

The Osiris complex: Case studies in multiple personality disorder. Colin A. Ross. University of Toronto Press, 1994. 296 pp. \$17.95 paper, \$50.00 cloth.

—reviewed by Renae D. Duncan, PhD

In his introduction to *The Osiris complex*, Colin Ross states that psychiatry is experiencing a paradigm shift concerning the etiology of psychopathology. Based on Multiple Personality Disorder (MPD) research, he contends that the predominating psychoanalytic and medical models are inadequate because they ignore the psychobiology and psychopathology of trauma. I agree with his suggestion that these models cannot explain the etiology of many disorders, and that for too long psychiatry has ignored the powerful impact of trauma. But the problems in Ross's reasoning are revealed by this statement: "MPD patients have taught me that virtually all symptoms in psychiatry are potentially trauma-driven and dissociative in nature." To generalize from patients with one disorder to patients with virtually any disorder is a drastic and illogical leap.

Such leaps of logic permeate *The Osiris complex*, which is organized by chapters, each of which describes a case study. Several of Ross's dramatic pronouncements amazed this reviewer. For example, in a chapter about a woman with problems related to sexual promiscuity, Ross states, "I suspect that the spread of the AIDS virus in both homosexuals and heterosexuals may be driven by dissociation and amnesia to a significant extent" (p.23). Even more baffling than such empirically questionable asides, however, are several statements such as: "Charismatic Christian preachers exude a forced artificial energy which is cerebral in nature, originates from nervous plexes in the head and upper chest, and is dissociated from the deep spontaneous levels of their being" (p. 72). These leaps occur frequently enough in each of the cases presented to give the book a very tangential style.

Also of concern is the amount of time Ross spends discussing the paranormal. I am not disturbed by Ross's belief in the paranormal per se, or by his patients' belief that they have had paranormal experiences. Ross might be right (as William James argued) that psychiatry misses an important part of psychological reality by ignoring the paranormal. I am more concerned that his lengthy discussion of the paranormal will confirm many mainstream researchers and clinicians in their belief that therapists heavily involved in MPD and dissociation are on the fringe of respectability. Indeed, Ross points out that many professionals believe that most cases of MPD are created by the clinician. Thus, professionals involved with MPD and dissociation must choose their battles wisely. Ross subverts any progress that

has been made in moving MPD and dissociation into the arena of acknowledgement and respect as genuine psychiatric disorders by making statements such as these: "Genes for dissociation and ESP, and their activation by trauma, are probably more likely to exist than are genes for specific mental disorder such as schizophrenia or depression" (p.70); and, "Although guardian spirits were largely destroyed during the industrialization of Western society, people with MPD, among others, keep this spiritual tradition alive" (p. 140). The stated goal of Ross's book is to educate psychiatric traditionalists about the effects of trauma; arguments about the role of ESP, alien abductions, and possession by evil spirits are likely to alienate more of his intended audience than they will attract.

Even more disturbing than his ill-considered discussion of the paranormal is the apparently cavalier manner in which Ross concludes that his patients have been sexually abused. Ross accurately points out that research has consistently shown that many treatment-seeking persons were abused in childhood, and that all mental health practitioners must be aware of this and must carefully screen all patients for a history of such abuse. At several points in the book, however, Ross provides ammunition for critics who argue that therapists may create memories of abuse by telling their clients that they were abused based on circumstantial "symptom" evidence. For example, on page 47 he states, "Mary had taken an overdose and was asking for help with mood swings, depression, and hatred of males: that information alone should raise the question of childhood sexual abuse." Clinicians must always keep their minds open to the possibility that their clients were abused in childhood, but must be careful not to see every symptom as proof of such a history. Ross's premise that trauma and resulting dissociation are the root of psychopathology, however, leads inexorably to his determination that abuse has occurred.

Finally, throughout the book Ross gives the impression that MPD can be diagnosed from a brief, one-time observation of a patient, or even from second- and third-hand accounts of a person's life. For example, in a "case study" of poet Anne Sexton, Ross relies on information from her biography not only to confirm her diagnosis as MPD, but to strongly imply that her father suffered from the disorder. Ross argues that other practitioners fail to consider MPD as a diagnosis, yet he appears to make the converse mistake: diagnosing MPD or dissociative disorder when alternative diagnoses may be possible, and even more likely, given the evidence presented.

While reading *The Osiris complex* I was constantly reminded of the saying, "If the only tool you own is a hammer, every problem you encounter will

**Leaps of logic permeate
The Osiris complex.
Several of Ross'
dramatic
pronouncements
amazed this reviewer.**

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be a nail." Ross's toolbox appears to be empty but for the diagnosis of MPD.

Renae D. Duncan, PhD, is Assistant Professor of Psychology at Murray State University, Murray, KY.



Video workshop on sexual abuse. Elaine DuCharme, PhD Media Connections, Inc., 1995. Running Time: approx 210 minutes.

—reviewed by Julie A. Lipovsky, PhD

This video addresses treatment of adult survivors of sexual abuse and includes portions of actual therapy sessions to augment didactic instruction. Packaged with the videotape is a collection of handouts to which the viewer is referred throughout the video. Although the program is described as providing viewers with instruction in advanced issues in treatment of sexual abuse, the printed material states in contrast that the program provides a "broad overview" of many aspects of treatment for child sexual abuse. I asked several students enrolled in a Master of Education Counseling program to view the video with me. Both the students and I were confused by some of the information presented and found the program to be lacking on a number of counts.

The tape clearly presents six Learning Objectives and 11 Principles for Treatment of survivors that are consistent with current practice. Had the video stayed within those parameters, the training might have been more worthwhile. However, the breadth of material covered precluded the necessary in-depth coverage of many issues. The program covers 1) the nature of child sexual abuse, 2) characteristics of incestuous families, 3) developmental changes in signs and symptoms of sexual abuse, 4) characteristics of abusers, 5) the long-term effects of sexual abuse, 6) indications/contraindications for group treatment, 7) eleven basic principles for treatment of survivors of sexual abuse, 8) transference/counter-transference issues, 9) common impasses in treatment, 10) custody issues and child sexual abuse, 11) issues related to "false memories," and 12) therapists' needs to care for themselves. Although all are certainly important issues, this is much too much information to cover in 3-1/2 hours.

Further detracting from the value of the training were numerous weaknesses in content. Among these, the most serious was the lack of a clear theoretical basis for either the material presented or the approach used in treating adult survivors. Although Dr. Ducharme at one point notes that she advocates a psychodynamic stance, it is unclear how she conceptualizes cases and formulates a treatment plan specific to each client. The lack of a unifying theoretical framework is significant, especially when Dr. Ducharme offers so much information that touches on so many clinical issues (e.g.,

forgiveness, victim as victimizer).

In addition, several premises of the video seem to be out of date and/or lacking empirical support. For example, the tape blurs the distinction between sexual abuse in general and chronic father-child incest, leaving the impression that father-child incest is the norm, and that sexual abuse generally is chronic and devastating to the victim. Viewers of the tape will likely fail to recognize that child sexual abuse is heterogeneous, and certain risk factors may be associated with greater psychosocial difficulties. This weakness is reflected in the reference list, which is rich in clinical reports but severely short on empirical studies. This dearth of empirical studies helps explain why some of the concepts presented are dated, which is most noticeable in the description of offenders. The video presents the obsolete immature/regressed/sociopathic typology of offenders. The students watching this video had the impression that incest offenders typically have many, many victims. The video also tends to overemphasize certain potential negative effects of sexual abuse, such as dissociation and multiple personality disorder (MPD), while neglecting other effects, such as post-traumatic stress disorder. While passing mention is made of "post-traumatic stress syndrome," no description of this common sequela of sexual assault is presented.

With respect to the clinical sessions presented, the four patients appearing on the tape all have severe levels of pathology. Two are described as having MPD and all have received extensive (several years) of intensive treatment (bi-weekly in at least two of the cases). Viewers are left with the impression that this is the norm for treatment of survivors of sexual abuse. While I am not downplaying the impact of abuse, it is essential that practitioners be informed that there are a range of effects of sexual abuse, and that a complete assessment should be conducted to determine effects and to plan treatment. Also, although it is difficult to assess these vignettes out of the context of ongoing therapy, both my students and I were struck by the apparent lack of empathic responding, lack of connection between therapist and client, and inattention to the process and function of patient communication that were evident at several points in the tape.

In summary, although the video does present some information of value, the overall package is disappointing. I would not recommend it either for experienced or novice clinicians. Too much material is presented without explication of an underlying theoretical framework, reference to the growing body of empirical evidence about characteristics and effects of sexual abuse, and attention to a careful process of assessment, goal setting, and evaluation of treatment progress. Overgeneralizations are likely

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Media Reviews

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This book provides a good overview for the beginning evaluator. The emphasis on child-focused, ethical evaluations is embedded in the book, which is well-written and contains helpful case illustrations and sample reports.

to leave viewers with faulty impressions of the scope, nature, and effects of child sexual abuse.

Julie A. Lipovsky, PhD, is an Associate Professor of Psychology, The Citadel, Charleston SC. She gratefully acknowledges the input of Lisa Capell and Ryan Judice, and especially Susan Campbell in preparing this review.



Conducting child custody evaluations: A comprehensive guide, by Philip Michael Stahl. Sage Publications, 1994. 261 pp.

—reviewed by Jeffrey N. Wherry

Conducting child custody evaluations: A comprehensive guide provides a solid framework for understanding the needs of the families and systems involved in custody disputes. With the exception of the chapter on “Complex Issues,” the Guide indeed serves the purpose of being a comprehensive and well-written manual.

The book is divided into nine chapters and six appendices. It begins with a useful Introduction (Chapter 1) that presents a context for understanding common themes in custody evaluations, and articulates an important premise of the book: that the evaluator should remain

child-focused in all that is done with the child, family, and court.

The next three chapters create a foundation for understanding the evaluator’s possible roles, the central questions required in most custody evaluations, and the developmental needs of children. The chapters on “Fundamental Questions” and “Children and Their Needs” provide excellent recommendations related to specific circumstances in custody cases and related to developmental issues.

Chapters 4 through 7 deal with the specifics of evaluating adults, working with children, and sharing results with the courts and families. Information related to conducting the actual evaluation is supplemented nicely in Appendices 2 (“Sample Questions

to Ask Parents”) and 3 (“Sample Questions to Ask Children”).

Chapters 8 and 9 address “Complex Issues” and “Professional Issues,” respectively. Chapter 9 is particularly helpful and reiterates the author’s focus throughout the book on taking an ethical approach to this difficult work. Chapter 8 offers an overview of the most difficult issues facing the custody evaluator. Unfortunately, this section was not thorough or completely balanced (e.g., in discussing sexual abuse allegations in disputed custody cases) and requires considerable supplementation to be considered complete—especially in situations where allegations of abuse have been made.

This book provides a good overview for the beginning evaluator. The emphasis on child-focused, ethical evaluations is embedded in the book, which is well-written and contains helpful case illustrations and sample reports. The author emphasizes the potential therapeutic outcomes derived from a well-planned, thoughtful evaluation. Additionally, the sections on relocation evaluations and longitudinal evaluations were thought-provoking and beneficial contributions.

As a Guide, the book suitably addresses the issue of evaluator bias, but presupposes that the reader is well-versed on the literature related to the “Complex Issues” found in Chapter 8 (e.g., abuse/family violence, sexual preference of parents, “parental alienation syndrome”). While a thorough review of relevant literature was not within the scope of the Guide, either a more balanced summary of issues (e.g., abuse allegations in disputed custody) or an annotated bibliography on these issues would have been beneficial.

As an overview, to be supplemented by the reader’s review of the empirical literature on complex issues, the Guide is a useful resource for both the practitioner and advanced student.

Jeffrey N. Wherry, PhD is an Associate Professor of Psychiatry at the University of Arkansas for Medical Sciences, who specializes in PTSD and dissociation in his outpatient work at the Child Study Center at Arkansas Children’s Hospital in Little Rock, Arkansas.

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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. Selected articles from journals representing APSAC's multidisciplinary membership are represented in an annotated bibliography format. 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.

Physical Abuse and Neglect

Beeghly, M. and Cicchetti, D. (1994). Child maltreatment, attachment, and the self system: Emergence of an internal state lexicon in toddlers at high social risk. *Development and Psychopathology*, 6(1), 5-30.

This six-year study examines the impact of low-socioeconomic status (SES) and child maltreatment on the emergence of an internal states (IS) vocabulary in a sample of 30-month-old toddlers. It was anticipated that the maltreated toddlers from the low-SES homes would show compromised patterns of early IS language production, even after controlling for the effects of poverty. Detailed results are presented in four sections and include group comparisons on indices of children's general expressive and receptive language maturity; differences in the diversity, semantic content and self-other determination of children's IS word production, and the relationship between IS language production and their general linguistic maturity. Study findings were consistent with other research which suggests that child maltreatment clearly has a toxic effect on toddlers' early self-development and sociomaturational abilities beyond any probable effects attributable to poverty. The IS lexicons of abused toddlers were significantly delayed and restricted relative to the demographically and cognitively matched control group. This study, remarkable for its methodological rigor and comprehensiveness, received APSAC's 1995 Outstanding Research Study Award.

Black, M.M., Dubowitz, H., Hutcheson, J., Berenson-Howard, J. and Starr, R.H. (1995). A randomized clinical trial of home intervention for children with failure to thrive. *Pediatrics*, 95(6), 807-814.

The efficacy of a home-based intervention on the growth and development of a sample of 130 predominantly urban, African American children diagnosed as nonorganic failure to thrive (NOFTT) was evaluated. (Mean age of children was 12.7 months.) Children were randomized into two groups: clinic plus home intervention (HI group) (N = 64) or clinic only (N = 66). Of the 130 families, 116 (89%) completed the one-year evaluation. Among the various findings, although home intervention had no effect on altering cognitive development among toddlers, a beneficial effect on infant cognitive and receptive language development and on the quality of the home environment was found. In the discussion section, the authors note that these findings support only a cautious optimism regarding home intervention during the first year of life.

Coohey, C. (1995). Neglectful mothers, their mothers, and partners: The significance of mutual aid. *Child Abuse and Neglect*, 19(8), 885-895.

Two major questions are examined in this article: Do mothers who neglect their children engage fewer resources than non-neglectful mothers; and, is there a link between the quality of mothers' relationships and the receipt of fewer resources? Neglectful mothers were found to receive fewer total resources from both their partners and their mothers, but the type of deficit varied depending on the network member and the type of support. Mothers of neglectful mothers were either less willing or less able to give emotional support to their neglectful daughters, and the daughters were less interested in receiving emotional support. In addition, neglectful mothers' partners provided less companionship and help with child care compared to partners in the companion groups.

Crittenden, P.M., Claussen, A.H., and Sugarman, D.B. (1994). Physical and psychological maltreatment in middle childhood and adolescence. *Development and Psychopathology*, 6(1), 145-164.

This study, based on data from 100 children ages six to seventeen, who were referred to the Miami Child Protection Team for investigation, explored the relations among the experience of physical and psychological maltreatment. Various aspects of socioemotional development were also examined. The results indicated that, as in pre-school aged children, physical and psychological maltreatment co-occurred in most situations involving older children. In school-aged children, the severity of emotional abuse was related to severity of physical neglect; among adolescents, however, it was related to severity of physical injury. A useful review of the literature on maltreatment and its relation to age, gender and ethnicity is provided.

Hicks, R.A. and Gaughan, D.C. (1995). Understanding fatal child abuse. *Child Abuse and Neglect*, 19(7), 855-863.

Fourteen consecutive cases of fatal child abuse and neglect seen at the Children's Hospital in Dayton from 1988 to 1992 are reviewed. Only 14% of cases examined had a history of known suspicious injury. Of the cases previously known to CPS agencies, the reason for the referral was not the fatally abused child, but a sibling. Twelve of the fourteen cases involved death by physical abuse, with evidence of soft tissue head injury present in all those cases. Acute subdural hemorrhage was the most common brain injury, present in nine cases. Blunt impact-shaking head injury was the cause of death in all but one of the ten physical abuse cases.

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Kasim, M.S., et al. (1995). Childhood deaths from physical abuse. *Child Abuse and Neglect*, 19(7), 847-854.

This article provides an interesting comparison to the Hicks and Gaughan article in the same issue of *Child Abuse and Neglect*. In this study of 30 cases of childhood deaths from physical abuse seen at General Hospital in Kuala Lumpur, Malaysia, subdural hemorrhage was also the leading cause of death. The various epidemiologic similarities between these two studies, in two distinctly different cultures, raise serious questions for child abuse fatality research and policy development.

Milner, J.S., Halsey, L.B. and Fultz, J. (1995). Empathic responsiveness and affective reactivity to infant stimuli in high- and low-risk for physical child abuse mothers. *Child Abuse and Neglect*, 19(6), 767-780.

Empathic and emotional reactions to infant stimuli in matched groups of mothers at high and low risk for physical child abuse were examined. High-risk mothers showed a significantly more negative reaction to infant crying, including increased levels of distress and hostility. Low-risk mothers, on the other hand, showed significant increases in empathy to infant crying. The results of this study fully support aggression models which suggest a lack of empathy and the presence of negative affect in caretakers precede abusive behavior.

Scerbo, A.S. and Kolko, D.J. (1995). Child physical abuse and aggression: Preliminary findings on the role of internalizing problems. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(8), 1060-1066.

To examine the role of emotional distress in relation to the manifestation of aggression in physically abused children, fifty-two clinic-referred disruptive children (ages 7 through 15) were assessed for a history of physical abuse, internalizing behavior problems (as rated by parents), and aggressive behavior (as rated by parents, teachers and clinic staff). This study was undertaken within the context of a transactional model, which suggests that aggressive behavior problems arise when there is a mismatch between intrinsic child characteristics and family environmental conditions. Consistent with the transactional model, results indicated that physically abused children with co-occurring high levels of internalizing problems exhibited the highest levels of aggressive behavior. Physical abuse itself, however, was not necessarily predictive of aggressive behavior, as the scores of physically abused children with low internalizing behavior problems actually exhibited the lowest levels of aggression.

Sexual Abuse

Boudewyn, A.C. and Liem, J.H. (1995). Childhood sexual abuse as a precursor to depression and self-destructive behavior in adulthood. *Journal of Traumatic Stress*, 8(3), 445-459.

Childhood sexual abuse as a predictor of depression and self-destructive behavior in adulthood was examined relative to other traumatic stressors in childhood and adulthood in a nonclinical sample of college men (N = 173) and women (N = 265). Sixteen percent of males and 24% of females reported having been sexually abused as children. Although the generalizability of the findings are limited because of exclusive reliance on retrospective self-reports and the sample composition, for both male and female respondents, having a reported history of child sexual abuse accounted for a significant proportion of the total variance in depression and chronic self-destructiveness. In addition, the more frequent and severe the childhood abuse and the longer its duration, the more depression and self-destructiveness were reported in adulthood.

Marshall, W.L., Barbaree, H.E. and Fernandez, Y.M. (1995). Some aspects of social competence in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 7(2), 113-127.

Child molesters and rapists seen as outpatients were compared with a socioeconomically similar group of non-offenders, and with a group of university students, on various measures of social functioning and in matters regarding their judgments about actors displaying under-, over-, and appropriately assertive behavior. Child molesters and the community non-offenders were the most lacking in social self-confidence, the most socially anxious, and the most unassertive. Child molesters also rated the unassertive actors as the most appropriate and attractive; displayed the most social difficulties; and held beliefs about social behavior in sharp contrast to that generally regarded as appropriate. Based on these findings, it is suggested that evaluating and changing the models of appropriate behavior that sex offenders hold, especially child molesters, should be an important part of any therapeutic intervention.

Marshall, W.L. and Hall, G.C.N. (1995). The value of the MMPI in deciding forensic issues in accused sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 7(3), 205-219.

This article reviews the research studies which have attempted to distinguish various types of sex offenders based on their responses to the MMPI. Sound empirical evidence is presented which clearly demonstrates that MMPI responses, regardless of how they are scored or represented, do not distinguish any type of sex offender from other groups, including non-offenders. In an article with potentially far-reaching forensic implications, the authors conclude that because there is no way to tell from an accused sex offender's MMPI responses whether he actually committed the charged offense, MMPI scores should not be considered in evidence bearing on guilt or innocence. Attorneys who handle sex offense cases, and the judges who preside over them at any level, should read this article. (NOTE: This issue of *Sexual Abuse* is devoted to various psychological assessment instruments and their efforts to categorize sex offenders).

Journal Highlights

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Russell, D.H. (1995). The making of a whore. *Violence Against Women*, 1(1), 77-98.

This article, which is a shortened version of a chapter in a forthcoming book by Russell on incestuous abuse in white South Africa, is largely the personal account of a 23-year-old incest survivor. Even the most seasoned therapist with adult survivors of child sexual abuse will find this moving case study educational. Russell concludes the article with a section detailing the general relationship between childhood sexual victimization and adult prostitution.

Urquiza, A.J. and Goodlin-Jones, B.L. (1994). Child sexual abuse and adult revictimization with women of color. *Violence and Victims*, 9(3), 223-232.

To examine the long-term consequences of child sexual abuse, this study analyzed the rates of sexual victimization from a sample of 243 women of color (African-American, Asian-American, Latina and White). Nearly two-thirds of the women who reported rape as adults had histories of child sexual abuse, and approximately one-third of the women reportedly not raped as adults were sexually abused as children. Rates of child sexual abuse were roughly similar for African-American and white women (44.8% and 38% respectively) and lower for Latinas (25.6%) and Asian-American women (21%). African-American women disclosed the highest rate (37.9%) for adult rape, followed by white women (25.5%). Latinas and Asian-American women reported lower rates (17.9% and 10.5% respectively). A very thought-provoking discussion of why women with a history of child sexual abuse are more likely to be raped, and how specific ethnic groups are at greater risk of rape, is presented.

Zerbe Enns, C., McNeilly, C.L. and Gilbert, M.S. (1995). The debate about delayed memories of child sexual abuse: A feminist perspective. *The Counseling Psychologist*, 23(2), 181-279.

In a special issue of *The Counseling Psychologist* devoted exclusively to delayed memory, this article provides an excellent review of the debate and the social, psychological and political issues associated with it. With over 16 pages of references, information about the current debate regarding the veracity of delayed memories of childhood sexual abuse is examined, along with a discussion of the debate's history and the development of psychotherapy for reported trauma survivors. This article also contains an exhaustive review of the theoretical and empirical literature regarding abuse memories. In addition, several thoughtful recommendations regarding future practice and research are presented. The "Reactions" which immediately follow this article, especially those by Briere, Courtois and Loftus, et al., are enlightening.

Other Issues In Child Maltreatment

Boyer, B.A. (1995). Jurisdictional conflicts between juvenile and child welfare agencies: The uneasy relationship between institutional co-parents. *Maryland Law Review*, 54(2), 377-431.

This article closely examines the tension which often exists between juvenile courts and public child welfare agencies. Although several potential contributing factors are discussed, the article's focus is primarily on one specific question: Where does ultimate responsibility lie for the placement of children who are subject to the juvenile court's jurisdiction and are committed to the custody of the state's child welfare agency? The author concludes that ultimate responsibility should rest with the juvenile court for determining when deference to administrative decision-making is appropriate.

Davidson, H. (1995). Child abuse and domestic violence: Legal connections and controversies. *Family Law Quarterly*, 29(2), 357-373.

The connection between child abuse and other forms of family violence is examined in this article, which provides very strong support for a holistic, household violence assessment approach by CPS investigators. Detailed policy changes are discussed regarding perpetrators who abuse both their adult partners and their children, the issue of non-abusing parents' failure to protect children from abuse, and when family violence victims also abuse their children. Ten public policy reforms aimed at assuring a more sensitive approach to intervention with children in violent homes are presented.

Finkelhor, D. (1995). The victimization of children: A developmental perspective. *American Journal of Orthopsychiatry*, 65(2), 177-193.

The author suggests a developmental perspective to better understand the nature and impact of victimization on children, and presents the initial framework for a new field called developmental victimology, the study of victimization across the changing phases of childhood and adolescence. The developmental victimology of children is subdivided into two distinct domains: the developmental aspects of risk, and the developmental aspects of impact. Each of these branches examines significant developmental periods and conditions which influence a child's vulnerability to victimization. The author presents an interesting theoretical framework for understanding children as victims of crime and maltreatment, one which invites further research.

Quinsey, V.L. (1995). The prediction and explanation of criminal violence. *International Journal of Law and Psychiatry*, 18(2), 117-127.

The author examines the empirical research on the prediction of violent behavior, specifically on a sample of mentally disordered and non-mentally disordered male offenders. Twelve variables were used in the Psychopathy Checklist or PCL-R, a 20-item checklist scored from file information that measures characteristics such as lack of empathy and impulsivity, the DSM-III diagnosis, alcohol abuse, and failure of prior conditional releases from incarceration. The article concludes with a thought-provoking discussion of

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Journal Highlights

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whether violence results from a mental disorder or from environmental adaptations.

Small, M.A. (1994). Constitutional challenges to child witness protection legislation: An update. *Violence and Victims*, 9(4), 369-377.

The current status of child protection legislation in various states, particularly Illinois, is reviewed. Non-lawyers who question how a state statute or appellate court decision could require literal in-court face-to-face confrontation in light of the U.S. Supreme Court's holding in *Maryland v. Craig* (1990) will find this article informative. For non-lawyers and lawyers, this article presents a concise examination of child witness protection statutes and their treatment at the state court level.

Thompson, A.H. and Newman, S.C. (1995). Mortality in a child welfare population: Implications for policy. *Child Welfare*, 74(4), 843-857.

This study examined death rates in a one-year cohort of children with child welfare "status" in Alberta, Canada to determine whether children in out-of-home placement due to abuse or neglect were at higher than average risk for violent death. Although study results supported this conclusion, no evidence could be found that placement in the child welfare system exacerbated this risk. A thoughtful discussion of why death rates were elevated only for children approaching age 18, when child welfare support was withdrawn, is presented.

Violence Prevention Task Force (EAST). (1995). Violence in America: A public health crisis - The role of firearms. *Journal of Trauma*, 38(1), 63-167.

This is a position statement issued by the Violence Prevention Task Force of the Eastern Association for the Surgery of Trauma (EAST). Statistics on injuries caused by firearms are presented, among them the following: every two years, more Americans are killed by firearms than were killed in the entire Vietnam War; approximately 15 Americans under age 20 die every day from firearms; and the United States has the highest firearms death rate among all of the world's industrialized nations, and 41 times the rate of Canada, Japan, England, West Germany and Australia combined. Several recommendations are made by EAST to reduce these firearms-related deaths, including restricting the private ownership and use of handguns.

The "JH" Editor wishes to thank John Briere, PhD, USC School of Medicine, and Diane DePanfilis, MSW, University of Maryland at Baltimore School of Social Work, for their generous contributions to this issue.

Coming in the first issue of *Child Maltreatment*!

The first issue of APSAC's journal, *Child Maltreatment*, will be mailed to members in February, 1996. Among the articles scheduled for publication are the following:

- **Parents' perceptions of the risk of child sexual abuse and their protective behaviors: Findings from a qualitative study**
Mary Elizabeth Collins, PhD
- **Social isolation of neglectful families: A review of social support assessment and intervention models**
Diane DePanfilis, MSW
- **Subgroup differences in the modus operandi of adolescent sexual offenders**
Keith Kaufman, PhD; Daniel R. Hilliker; Eric L. Daleiden
- **The long-term sequelae of childhood sexual abuse in women: A meta-analytic review**
Debra A. Neumann, PhD; Beth M. Houskamp; Vicki E. Pollock; John Briere, PhD
- **Cognitive behavioral groups for non-offending mothers and their young sexually abused children: A preliminary treatment outcome study**
Lori B. Stauffer, PhD; Esther Deblinger, PhD
- **Weighing evidence in sexual abuse evaluations: An introduction to Bayes' Theorem**
James Wood, PhD

Child Maltreatment has been designed specifically to meet the needs of APSAC's members by providing interdisciplinary, policy- and practice-oriented articles of immediate usefulness. Upcoming issues will include special sections on

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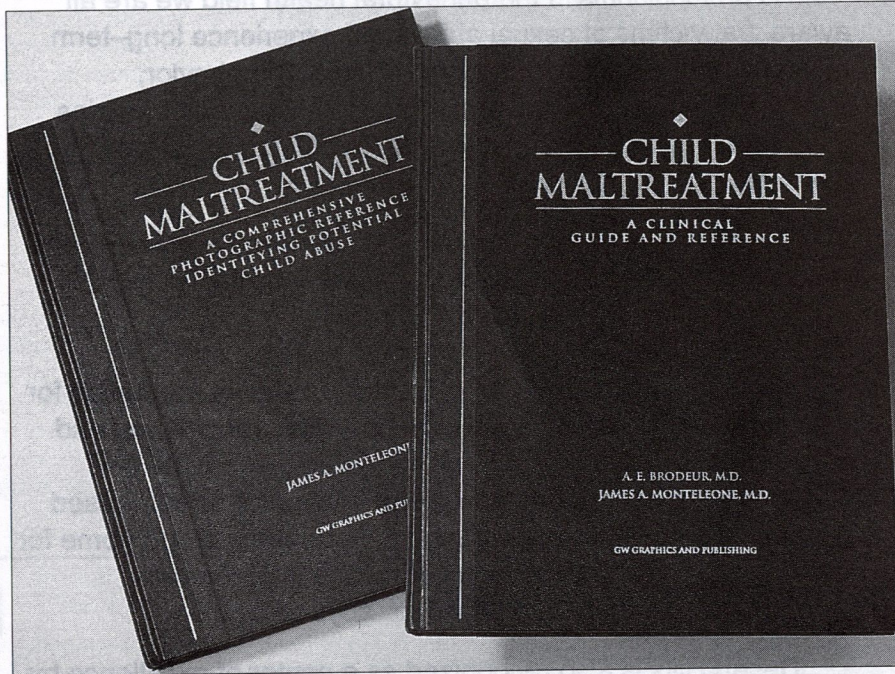
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Desert Hills Center for Youth and Families was honored to be a sponsor of this year's APSAC Colloquium. For more information, please feel free to call me at (800)367-6313 or (520)622-5437.

Sincerely,

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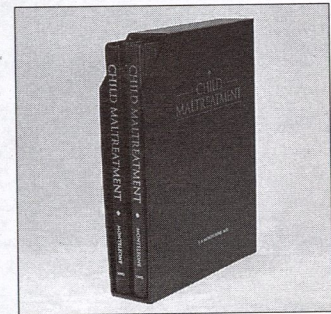
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The atlas, a valuable reference and teaching tool, presents quality color photos of the various aspects of child abuse, principally physical and X-ray. Emotional aspects are represented by abused children's drawings. A brief descriptive history of the case accompanies most of the photos, with an explanation of the salient features demonstrated. In addition to the professions listed above, this text would benefit psychologists and forensic specialists.

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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 Victim-*

ization. Sponsored by the National Children's Medical Center. Contact Yvette Buck, 202-884-4950..

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 for 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

November 15-17, 1995. *7th Annual National Conference on Respite and Crisis Care Programs.* Sponsored by ARCH National Resource Center for Respite and Crisis Care Services. Washington, DC. Call Tom Cabarga, 1-800-473-1727

November 16-19, 1995. "Families: Honoring Our Past, Creating Our Future." 57th Annual Conference of the National Council on Family Relations (NCFR). Portland, OR. Call 612-781-9331.

November 17-19, 1995. "Redefining Advocacy - New Challenges, New Directions." Sponsored by Federation of Families for Children's Mental Health (FFCMH). Washington, DC. Call 703-684-7710 (Alexandria, VA).

November 30-December 3, 1995. *Zero to Three 1995 National Training Institute.* Sponsored by National Center for Clinical Infant Programs. Atlanta, GA. Contact Nancy King: Phone 703-356-8300.

December 5-6, 1995. *3rd University Educators' Institute on Family Preservation.* Sponsored by the University of Iowa in conjunction with the National Association of Family-Based Services. Chicago, IL. Contact University of Iowa, Center for Conferences & Institutes, 249 Iowa Memorial Union, Iowa City, IA 52242-1317.

December 6-9, 1995. "Empowering Families: Celebrating Our Roots, Spreading Our Wings." 9th Annual National Association for Family-Based Services (NAFBS) Conference. Chicago, IL. Contact University of Iowa, Center for Conferences & Institutes, 249 Iowa Memorial Union, Iowa City, IA 52242-1317.

January 10-12, 1996. *TEAM Conference (Time for Effective Action on the Maltreatment of Minors).* Sponsored by the State of Minnesota Department of Human Services. Minneapolis/St. Paul, MN. Contact State of Minnesota DHS, Human services building, 444 Lafayette Road N, St. Paul, MN 55155.

January 15-17, 1996. *Tribal Court Planning/Peacemaking/Domestic Violence/Child Abuse Training.* Sponsored by National Indian Justice Center (NIJC). Anchorage, AK. Phone 707-762-8113, FAX 707-762-7681.

January 24-25, 1996. *7th Annual Stop the Hurt! Child Sexual Abuse Conference.* Tupelo, MS. Call Linda Chidester, MD, 601-841-0403.

February 8-10, 1996. *Children's Defense Fund National Conference.* Charlotte, NC. Call 202-662-3864.

March 26-30, 1996. *12th National Symposium on Child Sexual Abuse.* Sponsored by National Children's Advocacy Center and National Resource Center on Child Sexual Abuse. Huntsville, AL. Call 205-533-0531.

March 28-30, 1996. *CWLA National Conference, Children '96.* Sponsored by Child Welfare League of America. Washington, DC. Call 202-638-2952.

MOVING?

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

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