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LAW Assessing Children's Competence to Take the Oath: Research and Recommendations

—Thomas D. Lyon

The spotlight on children's performances as witnesses once on the stand has obscured the issue of whether they are able to qualify to take the stand. Most courts require that a witness must first take the oath in order to testify. In its simplest form, an oath is a promise to tell the truth. Taking the oath presupposes that one understands what it means to tell the truth, and that one appreciates one's obligation to tell the truth when promising to do so. If a young child does not understand the difference between the truth and lies or fails to appreciate the obligation to tell the truth, he or she may be found incompetent and not allowed to testify. In some jurisdictions, a finding of testimonial incompetence may even render inadmissible the child's out-of-court statements, which might otherwise be admitted under an exception to the rule against hearsay (e.g., *Oldsen v.*

Colorado, 1987).

The importance of young children's understanding of the oath has often been underestimated. Legal commentators frequently note that many states have relaxed their competence requirements, allowing anyone to testify. These requirements, however, typically concern the ability to accurately perceive, remember, and report events, not the ability to understand the oath. For example, the *Federal Rules of Evidence*, which have served as a model for many states' codes of evidence, state that any person may testify, but maintain the requirement that any person who testifies must take the oath (*Federal Rules of Evidence*, Rules 601, 603). Judges routinely allow questioning of child witnesses to ensure that they understand what the oath entails.

continued on page 3

NEWS APSAC Launches New Membership Drive: 10,000 Members by the Year 2000

—by Theresa Reid

APSAC has launched a drive to achieve its founders' dream: to build an organization of 10,000 members by the end of the century. In the first eight years of APSAC's existence, we have attracted 5,200 members. Led by Membership Committee Chair and President Elect Deborah Daro, DSW, APSAC has made a commitment to realize the founders' dreams by doubling that number in the next four years.

Those working in this field need an increasingly powerful professional organization to address concerns about poor professional practice, the dismantling of CAPTA, the backlash, and the impact of managed care. Yet the vast majority of professionals in child maltreatment have never heard of APSAC or, having heard, have not been persuaded to join.

Every member of APSAC plays a role in building the organization. Indeed, if every

member of APSAC renewed his or her own membership and persuaded just one friend to join this year, we would reach our goal of 10,000 members in 1996! More than 50% of APSAC's members are recruited by word of mouth. As a member of the organization who is committed to its work, *you* can be uncommonly persuasive.

Why should professionals in the field of child abuse and neglect join APSAC? The single most important reason to join is that professionals in this field have a moral obligation to be familiar with the latest knowledge available to guide practice. APSAC is the most direct, least expensive, and most reliable source of that knowledge. Through the *APSAC Advisor*, the new journal *Child Maltreatment*, guidelines for practice, fact sheets, position papers, the *APSAC Handbook*, *APSAC Study Guides*, referrals,

continued on next page

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continued from page 1

institutes, and conferences, APSAC consistently delivers to professionals in child maltreatment the current, scientifically sound knowledge on which they must base their work. Professionals who are not apprised of this rapidly expanding knowledge base are remiss in their duty to be well-informed, and may pose a danger to the people they mean to help.

In addition to gaining ready and affordable access to the essential knowledge base, members benefit from the support of colleagues in APSAC's chapter network; from APSAC's efforts to educate federal legislators about child maltreatment and to teach members how to work with their own state and federal legislators; from APSAC's efforts to educate the public through media relations; and from the sense of professional identity and belonging that come from participation in a professional society focused specifically on child abuse and neglect.

Increasing membership is APSAC's most direct means of fulfilling its mission and increasing its policy clout. Given the benefits to members, to the children and families members serve, and to the organization itself, becoming a member of APSAC is one of the most intelligent choices professionals in this field can make. Indeed, professionals working in the field of child maltreatment have every reason to join. (And a new installment plan option has made membership even more accessible for professionals at every income level—see p. 17).

APSAC's leaders have committed themselves to doubling APSAC's membership by the year 2000. We hope you will make the same commitment, taking it as a personal mission to inform colleagues about APSAC's critical work and the benefits of membership in the society. Recruitment kits are available from the national office. Please call 312-554-0166 to receive brochures, slides, ribbons, and other material to help you help APSAC reach its goal of having 10,000 members by the year 2000.

Revised mission statement approved

APSAC's Board of Directors has taken the recommendation of the Long Range Planning Committee and revised APSAC's mission statement to better reflect the goals of the organization.

Old mission statement

APSAC's original mission statement read as follows:

The mission of APSAC is to improve society's response to the abuse and neglect of its children by providing continuing professional education which promotes effective interdisciplinary approaches to the identification, intervention, treatment, and prevention of child abuse and neglect.

Revised mission statement

APSAC's revised mission statement focuses on the people affected by child abuse and neglect and on the *best possible* professional response:

The mission of APSAC is to ensure that everyone affected by child abuse and neglect receives the best possible professional response. To achieve that goal, APSAC is committed to:

- Providing professional education which promotes effective, culturally sensitive, and interdisciplinary approaches to the identification, intervention, treatment, and prevention of child abuse and neglect.
- Promoting research and guidelines to inform professional practice.
- Educating the public about child abuse and neglect.
- Ensuring that America's public policy concerning child maltreatment is well-informed and constructive.

This new mission statement, we believe, far more accurately and comprehensively articulates APSAC's reason for being.

Long-range goals explored

In pursuit of the goals of influencing public policy and providing outstanding professional education, the Long Range Planning Committee formed two new subcommittees. One subcommittee is exploring the possibility of establishing a policy and research center that would more systematically generate the position papers, legal analyses

continued on page 31

Assessing Children's Competence to Take the Oath

continued from page 1

Some psychologists have criticized the practice of asking children about their understanding of the oath on the grounds that there is no relationship between understanding and truth-telling; however, they may be asking more of the competence evaluation than it was intended to deliver. The competence questions are not designed to assess the likelihood that a child is suggestible or prone to lie. Rather, they determine whether the child is *qualified* to promise to tell the truth; that is, that he or she knows the difference between truth and lies and appreciates his or her obligation to tell the truth.

The law does assume that a promise to tell the truth has an effect on the witness. Psychologists have been surprisingly uninterested in determining whether promising to tell the truth increases the likelihood that children will do so. However, some research has found that children will steadfastly keep their promises to conceal the truth, suggesting that they view a promise as a solemn commitment (Peters, 1990). Anecdotally, "but you promised" appears to be well understood by young children as a compelling argument for compliance.

This requirement—that a child must understand the difference between truth and lies as well as the obligation to tell the truth—thus continues to be important for those preparing young children to testify. Since a child's testimony tends to be a pivotal element of most sexual abuse cases, a failure to qualify the child to testify may have devastating consequences. Questions asked of the child should be as cognizant of the child's true understanding as possible, without exaggerating the competence of the child.

Our research

Karen J. Saywitz and I have spent the past year investigating the best means by which to assess young children's understanding of the oath. Our goals are both to prescribe guidelines for questioning children, and to describe the likelihood that children at various ages (of various backgrounds) will

exhibit competence. Previous research has suggested that at about four years of age, children understand the basic difference between the truth and lies (that truth corresponds to reality, while lies do not), and are aware that it is immoral (i.e., "bad") to lie (Bussey, 1992). Such research has neglected the issue of how children's understanding is assessed, however. This oversight limits the practical value of such research for practitioners who want to know how to question children about their understanding. Further, such research has not examined the competence of children actually appearing in court,

which limits the utility of such research for policy-makers who want to know how likely it is that children of different ages are competent to testify. Our research has addressed these limitations by explicitly comparing different means by which competence can be evaluated with

samples of abused and neglected children appearing in child dependency proceedings. The purpose of this article is to acquaint readers with some of our research findings, in the hopes that the practice of questioning young children might be improved.

The difference between the truth and lies

The first requirement in qualifying a child as competent to take the oath is that the child must understand the difference between telling the truth and telling a lie. It is sufficient that the child understands that truth-telling consists of telling "what really happened." Distinctions between lies and other types of statements, such as jokes (requiring consideration of the speaker's intent) or mistakes (requiring consideration of the speaker's knowledge), are unnecessary, because a witness's obligation is to speak the truth, and to avoid lies, jokes, and mistakes.

A number of different means can be used to assess a child's understanding of the difference between the truth and lies: The child can be asked to explain the difference between the truth and lies (the difference task);

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TABLE OF CONTENTS

Law	
Assessing children's competence to take the oath: Research and recommendations	1
Child Protective Service	
Caseworkers, computers, and risk assessment: A promising partnership	7
Measurement	
Introduction to CANDIS: A database of standardized measures	12
Technology	
Getting connected: Child abuse resources on the Internet	15
International Policy	
U.S. signs children's rights convention, but ratification still not imminent	18
News	1
Legislative Relations	19
Book Reviews	22
Directory of Related Agencies	30
Conferences	32

continued on next page

Assessing Children's Competence to Take the Oath

continued from page 3

to explain what it means to tell the truth or to tell a lie (the definition task); or to identify statements as either the truth or lies (the identification task). All of these approaches have been used in actual competence evaluations, and all have been recommended by legal commentators advising attorneys on how to qualify children (Toth & Whalen, 1986; Whitcomb, 1992). However, the relative difficulty of each approach is usually ignored.

Based on the proposition that children probably understand more than they can explain, we predicted that the identification task would be more attuned to their understanding than the definition task or the difference task. We gave versions of each task to 96 four- to seven-year-old children who were appearing in dependency proceedings in Los Angeles County.

The participants were a group of children who have not traditionally been tested by developmental psychologists. Most of the children had been removed from the custody of their parents within the past 72 hours, and were awaiting their first court appearance. The rest of the children had been in court before, and many had been in several different placements while under the jurisdiction of the court. Allegations of sexual abuse had been made in 7% of the cases, physical abuse allegations in approximately one-third, and allegations of a failure to provide (e.g., lack of food, shelter, clothing) in almost 90%. The vast majority of cases included evidence of parental substance abuse. The ethnicities of the participants were chosen to approximate those of the entire population of dependent children under the jurisdiction of the Los Angeles County dependency court: almost half were African-American, approximately a quarter were Caucasian, and a quarter were Latino. To evaluate the children's verbal skills, we administered the PPVT-R, a test of receptive vocabulary highly correlated with tests of verbal intelligence. Almost half of the children scored

below 70 (scaled score), which would put them in the retarded range. The average child in our sample was a year and a half behind the nationwide norm.

Despite our participants' verbal delays and stressful life situations, they performed extremely well on the identification task, in which they identified truthful statements and lies as such. The five-year-olds answered over 80% of the questions correctly, and the six- and seven-year-olds each answered over 90% correctly. We gave children four trials, so that there would be only a 6% chance that a child would answer four of four identification trials correctly. More than half of the five-year-olds answered four of four correctly, and over 80% of the six- and seven-year-olds did so. Clearly, a majority of our sample showed a good understanding of the difference between the truth and lies by five years of age. The performance of the four-year-olds, however, was less impressive, and is discussed below.

Despite our participants' verbal delays and stressful life situations, they performed extremely well on the identification task, in which they identified truthful statements and lies as such.

As we predicted, participants appeared much less competent if judged by their performance on the definition and difference tasks. We were very liberal in scoring children's definition task performance—giving them full credit if they could define either "truth" or "lie." Nevertheless, it was not until seven years of age that a majority of children could do so (and then only slightly more than half). On the difference task, in which children were asked to explain the difference between the truth and lies, not even a majority of seven-year-olds performed well. We found that the youngest children in our study (four-year-olds) had difficulty even in identifying objects as "different" or "the same," which would obviously impair their ability to explain the "difference" between two concepts.

The way in which the competence questions are asked has a substantial effect on a child's apparent understanding. Five- and six-year-olds appeared incompetent when

continued on next page

Assessing Children's Competence to Take the Oath

continued from page 4

asked to define or explain the difference between the truth and lies, but competent when asked to merely identify truthful statements and lies as such. Overall, of those children who were proficient at identification (answering four of four questions correctly), 70% were unable to explain the difference between truth and lies, and 60% were unable to define either "truth" or "lie." If something akin to the identification task is not used, a significant number of children may be found incompetent to testify who are well aware of what it means to tell a lie.

Although the four-year-olds showed a similar pattern of finding the identification task the easiest, their performance even on that task was uneven. Thirty percent answered four of four identification trials correctly, thus showing a good understanding of the difference between truth and lies. As a group, however, the four-year-olds exhibited a curious (and unpredicted) pattern of results: they were extremely good at identifying truthful statements as such, but were no better than chance at identifying lies as lies. Four-year-olds appeared to be avoiding calling statements made by the experimenter "lies." This result seemed analogous to another curious finding: of those children who responded that they knew the definition of one word but not the other (truth or lie), virtually all claimed to know the meaning of "truth" but not the meaning of "lie." We suspected that children might understand what it means to tell a truth and tell a lie, but be reluctant to talk about lies (or even to identify statements as lies), because of their awareness of the negative consequences of lying. Ironically, children's fear of lying might make them appear less competent than they really are.

In a second study (with 96 four- and five-year-old abused and neglected children), we followed up on some of the findings of the

first study, and refined a technique for testing children's ability to identify truthful statements and lies as such. In the new task, in which two fictional child characters make true and false statements about an object, we hoped to reduce the motivational difficulties faced by children when asked about truth-telling and lying. One of the fictional characters lies, and the child merely has to identify which character does so. A participant therefore need not identify the experimenter as a liar, and denying that a lie has been told at all is not an option. Moreover, the task allowed us to visually depict truth-telling and lying through the use of talk bubbles, which reduced the memory demands of the task.

We found that the four-year-olds no longer had greater difficulty in identifying lies than in identifying truthful statements,

and as a group, they performed above chance on the new identification task. However, only a third answered six of six identification trials correctly. Seventy percent of the five-year-olds did so, leading us to conclude that five-year-olds as a group show good understanding of the meaning of truth and lies.

Not surprisingly, children with less chaotic backgrounds and with more advanced verbal skills exhibit even earlier understanding on this task.

We tested a group of three-

and four-year-olds from a university preschool who averaged in the 80th percentile of receptive vocabulary, and found that three-year-olds performed well above chance, and most four-year-olds answered every trial correctly.

The obligation to tell the truth

The courts have typically tested children's understanding of their obligation to tell the truth by assessing their understanding that lying is immoral. A child does not have to demonstrate an understanding of the potential for prosecution for perjury (which

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continued on next page

Assessing Children's Competence to Take the Oath

continued from page 5

in the case of child witnesses is virtually nil) if the child understands that it is wrong to lie and that punishment might follow (Myers, 1992).

As noted earlier, research on samples of nonabused children has found that they have a good understanding of the wrongfulness of lying by four years of age (Bussey, 1992). In the two studies just described, we assessed young abused and neglected children's understanding, using procedures that we believed would be most sensitive to competence. In the first study we told stories to the participants in which fictional children either lied or told the truth to different authority figures (e.g., a judge, a doctor, a social worker, the character's grandmother). We then asked children to evaluate whether the characters who lied were "good" or "bad" and whether the authorities' reaction would be either "happy" or "mad." Note that children were not asked to explain the immorality of lying or the reactions of authority figures, but merely had to identify immorality or the accurate reaction. Hence, this task was analogous to an identification task. In the second study, we told children stories in which pairs of fictional children spoke to authority figures—one telling a lie and one telling the truth—and we asked participants to identify which characters were good or bad, or which characters would "get in trouble."

Across the two studies, children performed above chance by four years of age, and near-ceiling by five years of age. By five years of age, a majority of children were answering every trial correctly, thus exhibiting good understanding that it is wrong to tell a lie, whether wrongfulness is defined as a general evaluative reaction (good or bad), in terms of consequences to the liar (getting in trouble), or in terms of the reaction of the authority figure to whom the child lies (happy or mad). In our university preschool sample (unabused children), an understanding of the wrongfulness of lying was evident even among the three-year-olds, with a majority of

the four-year-olds answering every trial correctly.

We were able to compare children's understanding of the meaning of truth and lies with their understanding of the immorality of lying. We found evidence in both studies that among abused and neglected children, the immorality of lying is understood better (and perhaps earlier) than the meaning of lying. This may help to explain the youngest children's difficulty in discussing lying: they are unsure what it means to lie, but they know that it is wrong to lie, and that lying can get them in trouble.

Conclusion and recommendations

By five years of age, even abused and neglected children with serious delays in verbal ability have a good understanding of the meaning and morality of truth-telling and lying.

This understanding is apparent, however, only if sufficiently sensitive procedures are used; specifically, if children are asked to identify the truth and lies as such, they are most likely to appear competent. Most of the children we tested would not have appeared competent had they been asked only to define, or to explain the difference between, the truth and lies.

Our results thus help to establish norms for what to expect of children at different ages, and to provide guidelines for how individual children should be evaluated. A presumption that five-year-olds are competent to take the oath is clearly indicated by our research. Further, this may be an underestimation of children's abilities, given the characteristics of our sample. Indeed, our results probably underestimate the competence of child witnesses in dependency court, because the children with the most severe verbal delays would lack the communicative competence to serve as witnesses. The majority of children questioned in these studies were involved in cases alleging neglect, which (in my experience) do not require the testimony of young children. The excellent performance by three-year-olds in our university preschool

At the very least, professionals should avoid asking children to define or explain the difference between the truth and lies.

continued on next page

Assessing Children's Competence to Take the Oath

continued from page 6

sample (above-average abilities) makes clear that five is a fair age at which to presume that children are capable of taking the oath.

Even more important than their use to establish age norms, our procedures can be used by professionals in and out of the courtroom as a means of assessing young children's competence to take the oath. At the very least, professionals should avoid asking children to define or explain the difference between the truth and lies. It is also probably unwise to ask a child to give an example of a lie (although we did not directly test this approach), both because the child is forced to generate information and because the question may be perceived as a request that the child tell a lie. If an identification question is asked, the professional should be aware that such phrases as "if I said" or "if you said" might trigger motivations in the child to simply deny that a lie was told. In our study, we asked "if somebody said," and our four-year-olds were nevertheless reluctant to acknowledge lies as such. A forced choice between fictional characters—one who lies and one who tells the truth—appears to be the most sensitive means of assessing understanding.

The oath is likely to remain an important component of trial procedure. As long as the oath exists, competence evaluations will continue, making it necessary for professionals to understand the best means by which children's competence to testify can be evaluated. In addition to the advice offered here, we would be happy to share our testing materials with interested professionals, in the hope that children's competence can be assessed most accurately.

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CHILD PROTECTIVE SERVICE Caseworkers, Computers, and Risk Assessment: A Promising Partnership

—David A. Sheets

Just as child protective services (CPS) professionals at long last are beginning to accept computers as useful tools that can support their work with clients, a new, more challenging vision is emerging. Reinhoehl (1990) suggests that we view computers in human services as "moving beyond being a tool, to becoming intellectual partners in learning and thinking" (p. 167). "Partnership" is a term currently used to characterize the relationship caseworkers have with families they serve or the relationship two or more agencies have with one another. It is not how we commonly think of computers. . . yet. The current revolution in the scope and power of computer applications creates unprecedented opportunities for adapting current as well as new technologies to help CPS caseworkers make the difficult decisions they face every day.

To capitalize on these opportunities requires that we incorporate the concept of partnership into future development of CPS decision-support technologies such as risk

assessment instruments (RAIs). A comprehensive approach to this effort will consider: 1) the decision technology (the risk assessment instrument itself); 2) the decision environment (aspects of the caseworker's job); and 3) the decision maker (the nature of human information processing and decision making).

The decision technology

It might be thought that after 15 years of collective national experience in developing, researching, and implementing risk assessment models, many of the fundamental problems and issues related to these models would be resolved. Yet even now caseworkers still struggle to establish a relationship with the technology of risk assessment instruments as they apply these instruments in their practice and documentation systems. Hornby and Wells (1989) report the reaction of one worker to implementation: "The introduction of risk assessment has produced considerable resentment among many staff, most notably

continued on next page

Caseworkers, Computers, and Risk Assessment

continued from page 7

the experienced ones. The resentment can be analyzed at two levels: first, more paperwork, more requirements; second, an erosion of worker judgment" (p. 53).

Consider the caseworker's reality. In conducting an investigation she is thrust into the volatile and dynamic environment of the lives of abused children and their troubled families, with the attendant and highly charged emotions of anger, pain, grief, and hurt, for her as well as for the family. Returning to the office, the caseworker is asked to reduce the *gestalt* of this rich and intense experience into a few factors on a checklist. The checklist is supposed to tell her whether or not there is risk. Is it any wonder that staff become frustrated with this process? One worker expressed it this way: "They are reducing our work to a form. Our assessment is what our professionalism is all about. We feel uncomfortable putting things in numerical terms. People resent that others are trying to quantify what we do" (Hornby & Wells, 1989, p. 30).

Many factors may contribute to these problems: inadequate implementation, problems with integration of the model into the overall workflow, the cumbersome nature of some models, the fact that caseworkers tend to fill out risk instruments after they have made their decisions, and the fact that the models sometimes are perceived by staff to add workload (Hornby & Wells, 1989; Keller et al., 1988; Doueck et al., 1993; English & Pecora, 1994; Sheets, 1992). One might speculate that another factor is the design of the models themselves. How much do they really *add* to the decision-making process? Practice-based models represent a somewhat straightforward, systematic structuring of current practice, while empirical models may appear to oversimplify the complexity of the dynamics to be considered in the decision.

In either case, caseworkers tend to incorporate the risk factors into their intervention and interviewing process and to fill out the instrument after interviews with clients (Hornby & Wells, 1989; Sheets, 1992). This may contribute to a feeling that the instrument itself is redundant and unnecessary to decision making. While some might view this as evidence of an inadequate incorpora-

tion of the model into practice, it may in fact represent just the opposite. Certainly if we think of the risk model primarily as the *instrument*, we could say that the model has not been successfully incorporated into practice. If, on the other hand, we view the risk model as part of the overall *process* of decision making and, moreover, view the caseworker as the primary actor in the decision, then we might say that the risk model has even somewhat successfully been incorporated into the casework process. Obviously, further work from both points of view is needed to improve the utility of the instrument itself.

Does this signal a failure of this technology? Far from it. The fact that we have any models at all with empirical predictive ability is a major step forward for CPS practice, and represents the beginning stages in the development of a decision-support technology that is *objective* (i.e., external to the private deliberations of the clinical practitioner and therefore observable and measurable). Here lies the promise of future partnership between human judgment and technology. As the sophistication of risk models continues to develop, this technology will increasingly become a tool with which caseworkers *interact* in making decisions. That is to say, the technology will become a contributing partner in decision making, and caseworkers will need to accommodate and relate to it. This will be particularly true as the technology is translated into the more interactive and intelligent medium of computers.

The decision environment

We need to adopt a more flexible notion of what it means to incorporate risk models into practice, and this entails a more detailed examination of the decision-making environment itself. CPS investigators, for example, call for caseworkers to make "on-the-spot" decisions about the risk to children. We might call this *interactive* risk assessment or decision making, because it occurs during the process of the caseworker's interaction with the client.

As each new piece of information emerges, the caseworker makes a judgment—a risk assessment—as the basis for asking the next question or for taking the next case

continued on next page

Caseworkers, Computers, and Risk Assessment

continued from page 3

action. It is perhaps asking too much to expect a caseworker to fill out a risk assessment instrument during or even immediately after a stressful client interview. Moreover, the sensitive and sometimes precarious nature of the CPS worker-client relationship makes the introduction of a structured questionnaire into the interview process a liability to the flow of dialogue and to the establishment of a helping relationship, thus potentially further endangering the child's safety. This particular aspect of the caseworker's reality, interactive risk assessment, calls for us to support risk assessment not by designing a better manual or electronic instrument, but rather by more thoroughly training the caseworker staff to help them incorporate the model into their practice. When she is with a client, the caseworker is the risk assessment system.

Caseworker judgment is not only a critical factor in interactive risk assessment but also in gathering the information needed to fill out the risk instrument later. In a study of three risk models, Doueck et al. (1993) noted that "these models cannot replace a competently trained staff. In fact, the three models reviewed require a staff that is trained and knowledgeable in human growth and development, parenting practices, the causes and effects of mistreatment, and family dynamics" (p. 449).

All risk instruments call for very sophisticated and skilled psychosocial assessments of the children and families in question because they include factors such as the presence of spouse abuse or drug abuse, the quality of the marital relationship, the adequacy of the parental relationship with the child, and the presence of psychological or emotional problems. The act of determining that any of these risk factors is present, or the degree to which it is present, is a sensitive assessment process involving "unstructured" but highly trained human judgment. Complicating this issue is the fact that over the past 30 years or so, our knowledge of the characteristics and dynamics of the various types of

abuse and neglect and of other problems contributing to risk has expanded to such a degree that it is perhaps impossible for any one individual, no matter how highly trained, to competently assess all of the families and children she encounters in her practice.

The growth of the multidisciplinary decision-making model within CPS practice can, at least in part, be attributed to this need for a wide range of expertise. It now takes the participation of experts from several professional fields to make competent decisions in many cases. In addition to multidisciplinary teams, CPS staff often seek support for critical decisions through "staffings," meetings of staff having several different perspectives

to give input on a direction for a particular case. Both of these processes are useful to staff because, among other things, they offer a decision maker access to multiple points of view and to several decision-making styles—in other words, options.

A given risk model, on the other hand, embodies a particular point of view and usually drives the caseworker in a linear and undeviating manner toward a single conclusion. From a caseworker's point of view, this may not be enough. Having several types of models available for a caseworker to consult would increase decision-making information and options, provide a greater sense of empowerment, and enhance the accuracy of the decision.

This is an area in which computer-based applications offer a great deal of promise for assisting CPS staff. Currently, when a caseworker encounters a type of case with which she is unfamiliar, few training or consulting resources are available or accessible in a timely enough manner to be of assistance in her intervention. In an automated environment, however, a caseworker in this situation could immediately access and interact with a computer-based training program or expert system on the specific topic needed. Such a program could incorporate research and

As the sophistication of risk models continues to develop, this technology will increasingly become a tool with which caseworkers interact in making decisions.

continued on next page

Caseworkers, Computers, and Risk Assessment

continued from page 9

knowledge from several experts on the topic and could present this information in a multimedia format, blending text, audio, graphics, animation, photographs, and video. Further, the program could test the caseworker's learning and could offer corrections and suggestions for courses of intervention. Using the "staffing" approach as a paradigm, future development of risk assessment technologies should concentrate upon developing a flexible array of decision models.

In 1990, the Texas Department of Protective and Regulatory Services and the four graduate schools of social work in Texas formed the CPS Training Institute to expand and enrich the training resources available to department staff. A technology group was formed within the Institute to demonstrate the potential value of using computer-based technology for staff development and performance support.

The first product was a computer-based training (CBT) program developed by Dick Schoech, a professor at the Arlington Graduate School of Social Work, University of Texas. The program, called "Keisha," employs graphics, photographs, text, and sound to provide self-paced, interactive instruction for CPS staff on how to investigate and assess failure-to-thrive cases. Keisha was pilot tested as part of the beginning job skills training course at the CPS Training Academy in Dallas, Texas, and the reaction from staff using it was favorable.

A second CBT program on social work interviewing skills was developed by Patrick Leung, a professor at the University of Houston Graduate School of Social Work. It was pilot tested at the Houston CPS Training Institute, again with positive staff reaction. Other products developed or currently in development include a text and video-interactive program for measuring supervisor competency, and CBT programs on worker safety and cultural competency.

The positive experience with these prod-

ucts provided the department with sufficient knowledge of and confidence in the value of computer-based training to choose it as the cornerstone of the training strategy for statewide implementation of its automated Child and Adult Protective Services System (CAPS). Developed in partnership with Andersen Consulting, CAPS will be implemented in the summer of 1996. Now firmly committed to the use of technology to enhance staff development and to make it more efficient, the department has formed a training technology task force to plan for the ongoing development of computer-based products and for their integration into training and work environments.

The decision maker

"The underlying problem with computerization in social work practice is the apparent lack of a system in the thinking and practices of clinicians" (Brodzinski et al., 1994, p. 15). Starr (1993) makes observations in a similar vein about caseworker decision making with reference

to risk assessment. He points out that people, including caseworkers, often use shortcuts, or "heuristics," rules of thumb that are easily used to solve problems. In discussing human information processing as it applies to clinical situations, Carlson (1985) concluded that computers, on the other hand, are designed to effectively process all of the

information they receive. How can these seemingly divergent approaches to information processing be reconciled? The answer may lie in the direction of forging a partnership between them. Carlson expresses this well:

The compromise approach is to organize computerized information in a manner that will support rather than inhibit human information processing strengths. . . . The key is to make maximum use of human information processing supplemented by machine

Having several types of models available for a caseworker to consult would increase decision-making information and options, provide a greater sense of empowerment, and enhance the accuracy of the decision.

continued on next page

Caseworkers, Computers, and Risk Assessment

continued from page 10

processing, not the other way around.
(p. 62)

Certainly, computer-based decision models, by virtue of their structured and analytical approach, can serve to correct or overcome some of the inherent "deficiencies" of human decision making. But this approach, by itself, is lacking. The lives of the families and children with whom we work in CPS stubbornly refuse to fit themselves neatly into the well-crafted categories and protocols of our risk models. Some of the more untidy facts and details spill over the categorical edges, while others simply find no place at all in these models. What is needed is to identify and develop the "human processing strengths" that Carlson suggests.

It is time for us to entertain the idea that there may be an essential dimension of human knowing that is inherently nonsystematic and yet makes a unique contribution to decision making. Gowdy (1984) summarizes this view, "There are many ways to learn and many ways of knowing, the scientific methodology of technical rationality is but one" (p. 364). Caseworkers certainly know this. They call it a "gut" feeling, which arises when conclusions supported by the observable facts in a certain case do not "add up" to the worker's feelings about the case. In a study of risk assessment implementation in three states one worker noted, "Even with risk assessment you need value judgments. The human factor makes it a flawed tool. The factors may be high, but the worker still may not view the child as at risk. Sometimes there are intangibles" (Hornby & Wells, 1989, p. 15).

Over many years of piloting and developing risk assessment systems in Texas we have become wary of overreliance on strictly analytical approaches to risk assessment, and have adopted a healthy respect for staff's need to grasp the *wholeness* of case situations. We have found that risk assessment models tend to partialize and fragment information about families and that this makes it more difficult for supervisors, for example, to understand and get a "feel" for the case situation. Interestingly enough, it was when we reemphasized case narrative as an essential component of risk assessment documen-

tation that staff found it easier to understand cases and to make decisions (Sheets, 1992). Somehow, the act of experiencing a family situation through the device of the case narrative helps a supervisor to know a family in a way that the risk factors alone cannot convey.

Perhaps the philosopher Paul Ricoeur's ideas on the difference between explanation and understanding can shed some light on this phenomenon: "In explanation we explicate or unfold the range of propositions and meanings, whereas in understanding we comprehend or grasp as a whole the chain of partial meanings in one act of synthesis" (Ricoeur, 1976, p. 72). With their range of factors, risk assessment models can *explain*, but to *understand*, a decision maker must be able to grasp the situation as a whole.

Can technology help? As long as risk models remain document-based, fixed, as it were, in a two-dimensional medium, data fragmentation will be a significant problem. Words on paper cannot talk back to us in a dynamic way. But computers can. With their ability to present a depth and breadth of information in a holistic, three-dimensional, multimedia format and their ability to "think" and even to "learn" from new information, computers show promise of providing a decision-support technology that fits the CPS decision-making environment well and acts as a useful partner for those beleaguered decision makers, us.

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continued on next page

Caseworkers, Computers, and Risk Assessment

continued from page 11

MEASUREMENT AND ASSESSMENT TOOLS New Section— Introduction

Introduction to CANDIS: A Database of Standardized Measures

—Elizabeth J.
Letourneau and
Benjamin E. Saunders

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Editor's Note: To help increase communication among professionals regarding the assessment of abused children and their families, the APSAC Advisor will begin a new section devoted to the use of assessment and measurement tools in child abuse practice. Each quarter in this column, a specific assessment procedure or instrument will be featured. The measure will be clearly described, including explanations of the constructs it measures, psychometric properties (e.g., reliability and validity), normative and comparison information available, appropriate populations for its use, administration considerations, cost, and how to obtain it. In addition, the procedure or instrument will be critically reviewed and its strengths and weaknesses discussed. Our goal is to provide readers with information that will both facilitate the task of choosing reliable, valid, assessment devices and help readers employ those measures in a responsible manner. Perhaps this new section will also stimulate research on new methodology.

Elizabeth Letourneau will serve as editor of the Measurement and Assessment section. Suggestions should be directed to her at the address indicated on the masthead. This first article introduces an important new database of standardized measures: CANDIS.

As the field of child abuse and neglect matures and its scientific knowledge base grows, the use of standardized measures as part of a comprehensive approach to assessment is evolving as a standard component of practice. Child abuse professionals view the assessment of abused children as a multidimensional process; the use of standardized measures is an important part of that process. The increasing national scrutiny of the assessment and intervention procedures used by child abuse professionals has also encouraged greater use of standardized approaches. Standardized measures can be used to enhance the full assessment process by helping professionals assess risk and traumatic history as well as determine the current functioning of children, family members, marriages, and family relationships. The use of standardized measures can be of great help in customary tasks such as developing intervention plans, constructing treatment goals, tracking treatment progress, and making decisions about visitation and family reunification. Results from standardized measures can thus be helpful to child abuse professionals in many disciplines, including mental health, child protection, medicine, and law.

Standardized assessment procedures involve the use of norm-referenced measures,

interviews, observations, and interview assessments (Sattler, 1988). The primary strength of standardized measures is their consistency and generalizability over time, client, and examiner. The results of properly administered and interpreted standardized measures can be compared across various populations, and consistent conclusions about their meaning drawn. Standardized measures are less susceptible to outside influences than nonstandard approaches and offer more reliable and valid results.

Obviously, many standardized measures developed for use with general populations are being used in cases of child abuse and neglect. Most of these are instruments originally developed for use in mental health settings that are now being applied to child abuse victims and their families. In addition, several measures have been developed specifically for use in child abuse and neglect cases: the Children's Impact of Events Scale-Revised (CITES; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991), developed to assess problems with sexual abuse victims; the Child Sex Behavior Inventory (CSBI; Friedrich, Grambasch, Damon, Hewitt, Koverola, Lang, Wolfe, & Broughton, 1992), developed to assess sexual behaviors of children and widely

continued on next page

Standardized Measures

continued from page 12

used in sexual abuse cases; and the Trauma Symptom Checklist for Children (TSC-C; Briere & Runtz, 1989), developed to assess mental health sequelae such as anxiety, depression, PTSD, and other problems associated with childhood traumatic events. These and other measures developed specifically for use with victimized populations represent significant advances in the child abuse field.

The use of standardized assessment measures in cases of child abuse and neglect is likely to continue to increase. Indeed, in the near future, not using such measures may be considered negligent practice. Therefore it is important for child abuse professionals in many disciplines—not just those in mental health—to develop an understanding of the assessment technology available, particularly measures specifically developed for use in child abuse and neglect cases. Unfortunately, obtaining information about the instruments available can be daunting because such a large number of instruments and procedures have been developed, and information about them is scattered in the scientific literature. Also, instruments and assessment procedures designed to measure specific constructs associated with child abuse and neglect are relatively new and may not be well known. Directions about how existing measures can be applied to child abuse cases often are difficult to find. Communication between professionals is not always optimal, making it difficult to learn about the many instruments that have been used previously or developed recently. Further, child abuse professionals come from a variety of disciplines and may not be familiar with the methods of other disciplines or understand the need to measure constructs not commonly used by their own disciplines.

In an effort to meet this need for access to information about standardized assessment measures by child abuse professionals, the National Crime Victims Research and Treatment Center at the Medical University of South Carolina, with funding from the National Center on Child Abuse and Neglect, recently completed a project designed to make measurement information more easily available. While the full project was multifaceted, its primary purpose was to develop the Child Abuse and Neglect Database Instrument Sys-

tem, or CANDIS. CANDIS consists of two parts, a personal computer (PC)-based searchable database containing information about a large number of standardized instruments that have been used in child abuse and neglect research, and a text-based comprehensive reference guide detailing critical information about each measure. An up-to-date child abuse and neglect measurement system like CANDIS serves to increase communication among professionals, improve the overall quality of assessment in the field, and enable professionals to build on previous work rather than continually “reinventing the wheel.” In addition, collaboration across different disciplines permits the sharing of expertise and increases the likelihood that important issues (e.g., developmental perspectives, systemic issues) are addressed in assessment. A comprehensive measurement resource guide such as CANDIS, which not only catalogues psychometric properties and other characteristics of the instruments, but also reviews them and their use, will help professionals find and use the best tools available.

The CANDIS program works in such a way that virtually any person interested in accessing its data would be able to do so. One does not have to be a computer whiz to operate CANDIS, though familiarity with basic PC operations does help. Minimum system requirements to run CANDIS include a 386SX processor; a VGA monitor, DOS 5.0 or higher; a 4 MB RAM hard drive; and a 3.5-inch disk drive. The program is easily installed and may be run out of Windows as well as DOS, and with or without a mouse. CANDIS cannot be used on Macintosh computers.

When CANDIS is in use, three main screens perform different tasks. Within each screen the commands are controlled by activating the appropriate “field” using either keys or a mouse. The Title screen has several commands, including System, File, Query, and Backup. Within the File field are numerous options; for example, a Browse Instruments option simply lists all of the instruments, alphabetized by title. The View Instruments feature allows a user to view instruments and will produce the instrument

continued on next page

Standardized Measures

continued from page 13

title; the author; the type (e.g., multidimensional, unidimensional); the unit of study (e.g., individual, family, siblings); the primary method of administration (e.g., interview, self-report); the number of items; and the role of the respondent (e.g., parent, child, other). Within the View Instruments feature is an option for "constructs," "key words," and "check boxes." These features allow a user to find out whether information on the reliability, validity, normative data, and other data is available for this instrument. If such data are available, they may be reviewed in the comprehensive reference guide.

With the Query feature, the most useful feature of CANDIS, a user can construct a search with selected parameters to choose instruments with the desired characteristics. This command allows a user to search the instrument database using a single criterion or a combination of several criteria. A user may search the database by author, construct, key word, type of instrument, method of administration, age, reliability data available, validity data available, norms available, unit of study, role of respondent, cost, and other languages available—or any combination of these criteria. For example, a user can search for instruments that measure the construct "depression" in adolescents, have fewer than 50 items, and can be obtained for no cost. Once a user has conducted a search, it is easy to begin a second search.

CANDIS will print out the results of a search in one of three modes that the user chooses: the Custom Report mode includes all information available on an instrument in an easy-to-read formation; the All Fields mode fits more instruments per page, but is less easy to read; and the Names Only mode (i.e., the default mode) prints out the names of the instruments identified by the user's search. When finished, searches may be saved by using the Save Query function.

Once a search has been conducted and

relevant instruments have been located, these can be looked up in the *Comprehensive Reference Guide* (CRG). The CRG is a manual that comes with CANDIS and includes a clear description of each measure, a review of its psychometric properties and performance, guidelines for its use, and a reference list of studies in which particular measures were employed. The CRG is text based and comes as both a computer file and a paper copy.

CANDIS and the CRG are available to researchers, clinicians, and other child abuse professionals via several methods of distribution. They will be provided to NCCAN and to several child abuse clearinghouse organizations such as the National Resource Center on Child Sexual Abuse, the National Resource Center on Child Abuse, and the National Committee to Prevent Child Abuse. Plans are now being made for CANDIS and the CRG to be placed into the National Data Archive on Child Abuse and Neglect at the Family Life Development Center at Cornell University. Here users will be able to download CANDIS and the CRG directly; thus professionals will be able to easily obtain CANDIS for use in their work.

An up-to-date child abuse and neglect measurement system like CANDIS serves to increase communication among professionals, improve the overall quality of assessment in the field, and enable professionals to build on previous work.

Standardized assessment will continue to play an increasingly important role in professional practice in the child abuse field. As noted previously, in many areas of practice, not to use standardized measures may be viewed by some as negligent. Therefore, child abuse professionals should be knowledgeable about the standardized measures that are available, and learn to be skilled in their use. It is hoped that tools such as CANDIS will help professionals readily obtain the information they need.

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continued on next page

Standardized Measures

continued from page 14

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TECHNOLOGY Getting Connected: Child Abuse Resources on the Internet

—by Randell
Alexander, Krista
Holtzmann, and
Beverly Saboe

Editor's Note: This is the first of a series of items to be published about on-line resources for professionals in the field of child abuse and neglect.

Cruising the information superhighway? Still waiting to see if it turns out to be a fad? This article will tell you how to gain access to some of the information about child maltreatment already available to users of the Internet. You do not have to be proficient with computers to learn about some of the interesting sites on child abuse you can access with fairly simple equipment and a little patience. Your investment in time now can pay big dividends later. Inevitably, communications and education will increasingly involve the Internet and the World Wide Web.

What is the Internet? The World Wide Web?

The Internet is the term for the vast interconnection of computers worldwide that are linked through many different types of data transmission lines, from satellites and fiber optics to simple telephone lines. Through the Internet, you can e-mail colleagues in the next office or across the world, electronically transfer entire book manuscripts, and search the card catalog in the Library of Congress. One of the most versatile and exciting applications in the Internet is the Web. Through the Web, users can use "hypertext" to access information. Hypertext consists of text in which some of the terms are highlighted. When selected, these highlighted terms, or links, will automatically link or transfer information related to that term. A user will not only have access to text through these links, but in many cases also have access to multimedia-formatted information such as pictures, sound, and brief videos. Hypertext allows all of the child abuse resources on the Internet to be connected, as explained next.

How do I access the Internet and the Web?

Virtually any personal computer (PC)

can tap into this communication network with the proper software and hook-ups. However, the type of physical connection between the computer to the outside and the software on your PC makes a significant difference in exactly what can be accessed. (For a full discussion of how to choose modems and software, ask your local bookseller for the best books on the topic.) Briefly, you need a personal computer, a modem or a direct connection to the Internet, and communications software. If you do not have a direct connection to the Internet, which is available at many universities and some businesses, you can use a modem, which uses telephone lines to send and receive signals. The Internet may be accessed more quickly and efficiently depending upon your computer's memory capacity and processing speed as well as the speed of your modem. If your computer transmits sound and video, you will be able to take full advantage of the Internet and the Web. Cable TV and other options might be developed in the near future that will provide better connections than phone lines, allowing even more users to benefit from all of the features of the Web.

Your computer and modem will need software to enable your system to dial out and make the Internet connection. Most computers that come with modems also have pre-installed software for an Internet subscription service such as America Online, CompuServe, or Prodigy. Newer services include Apple's eWorld, the Microsoft Network, and AT&T's Interchange. Subscription services generally provide instructions that are easy to follow. Software for "browsing" the Web, such as Netscape™, is also desirable, allowing a user to view graphic information as well as text. Browser software can also be provided by subscription services.

continued on next page

Getting Connected

continued from page 15

How do I find specific sites on the Internet?

Each site on the Net (or Web) has its own electronic address, known as a Uniform Resource Locator (URL)—an often complex, and somewhat intimidating, collection of letters and symbols (e.g., <http://>). Most systems save you the trouble of typing the address each time by allowing you to save addresses as “bookmarks.”

But what if you don't know a site's URL? Does the Web provide directory assistance? Yes—there are many different ways to search the Internet—most of them easy. One of the most obvious is to search by key word, saving a URL as a bookmark when you've found a particularly interesting site. Through the Web you can virtually travel to other countries. You can also sample data sets about many different subjects, and save files or print the information contained in the sites. For example, by typing “NASA” into a search function, you could quickly find a picture of the earth as seen from the moon, which could be printed on your own printer. Similarly, child abuse information is proliferating on the Internet.

Child abuse and neglect information sites on the Internet

Any description of sites on the Internet begins to be outdated as soon as it is written. In some dynamic sites, information is added frequently enough that the format and content continually evolve.

Several key offerings in child abuse and their addresses are described below. This list is by no means all-inclusive, nor is it an endorsement of the sites listed. It is just a small sampling of the resources the authors have found available on the Internet.

Child abuse on the Virtual Hospital™
URL: <http://vh.radiology.uiowa.edu/Providers/ChildAbuse/CAHomepg.html>

The Virtual Hospital was developed through a National Library of Medicine grant

to the Radiology Department of the University of Iowa. Individual medical departments, multimedia textbooks, and connections to other sites are available for patients, healthcare providers, and others. This extremely busy site on the Web has about 250,000 contacts per week.

Within the Virtual Hospital is a child abuse home page that provides reference and interactive materials designed to increase awareness and understanding of child abuse and neglect (the URL address noted above). This site was developed in part with the cooperation of the Iowa Child Protective Training Academy (CPTA), a multiuniversity collaboration that provides extensive training for child protective service investigators. The bimonthly newsletter of the CPTA is available, as are other sources of information

The bimonthly newsletter of the CPTA is available, as are other sources of information such as *Child Abuse: A Guide for Mandatory Reporters*.

such as *Child Abuse: A Guide for Mandatory Reporters*. This publication, from the Iowa Department of Human Services, provides detailed information for mandatory reporters of child abuse in the state of Iowa about the Iowa Child Abuse Reporting Law,

Iowa Code Section 232.67 through Section 232.68. Information about Iowa's Dependent Adult Abuse Reporting Law, Iowa Code Section 235B is also included.

Coordinated by Randell Alexander MD, PhD, this site may eventually connect to all significant child abuse efforts on the Internet worldwide. Currently the entire text of the most recent report from the U.S. Advisory Board on Child Abuse and Neglect, *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*, is available on the Web only at this home page. Information about the National Center on Child Abuse and Neglect (NCCAN) and material from the National Committee to Prevent Child Abuse (NCPCA) can also be obtained. Soon you will be able to hyperlink to NCPCA's own home page through the Virtual Hospital Child Abuse home page. Other national organizations are preparing to locate information or their basic

continued on next page

Getting Connected

continued from page 16

Web operations at this URL. With linkages in development to other sites (discussed later in this article), keeping this URL as a bookmark should allow easy access to all important child abuse and neglect information on the Internet.

The American Professional Society on the Abuse of Children (APSAC) has its most extensive presence on the Web as part of the Virtual Hospital Child Abuse home page. This location includes an introduction to the organization as well as information about APSAC publications, task forces, state chapters, legislative relations, and other APSAC activities.

This section will be regularly updated. For example, extensive information about child death review teams should be available soon. Brochures about upcoming APSAC Colloquiums can be reviewed, and the registration forms can be printed on your own computer to be filled out and sent in.

Child Maltreatment home page

URL: <http://oz.ach.uams.edu/fmt/cmhome.htm>

or through the Virtual Hospital Child Abuse home page

APSAC's new journal is highlighted at this Web site, located at the University of Arkansas. Mark Chaffin, PhD, is both Editor-in-Chief of the journal and administrator of this site. Features include an explanation of *Child Maltreatment's* mission and format, listings of the *Child Maltreatment* Editorial Board, instructions for authors, and other related information.

CANnet

CANnet is a service of the National Center on Child Abuse and Neglect and is operated by the National Clearinghouse on Child Abuse and Neglect Information. To utilize CANnet one must first obtain a password, free of charge, from the NCCAN system administrator at telephone number (800)FYI-3366 or e-mail nccanch@clark.net. This electronic bulletin board system gives professionals working in the fields of child maltreatment and child welfare easy access to information from the Clearinghouse and NCCAN, on-line forums for professionals, information on upcoming conferences and trainings, and lists of related electronic networks.

In a future issue of the *APSAC Advisor*, more sites will be discussed, and updates will be provided on the sites listed here. Professional bulletin boards on child abuse issues will be specifically highlighted. Because this field is rapidly expanding and important resources can easily be overlooked, we would appreciate any comments or suggestions about your favorite places on the Internet.

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The APSAC Homepage is also available through the Child Abuse Prevention Network, Cornell University, at <http://child.cornell.edu>

New Membership Installment Plan

APSAC introduces a new installment plan to make membership more accessible to professionals at every income level. Prices to follow. For more information contact APSAC at 312-554-0166.

	1 Year (x4)	2 Year (x8)	Foreign-Add
\$50,000 annual income and above	\$26.25	\$24.50	\$4.00
\$25,000-\$50,000 annual income	\$20.00	\$18.75	\$4.00
Under \$25,000 annual income	\$13.75	N/A	

(Does not include the journal, *Child Maltreatment*.)

INTERNATIONAL POLICY U.S. Signs Children's Rights Convention, But Ratification Still Not Imminent

—David Finkelhor

The good news in the international child advocacy community is that the United States has finally become a signatory to the U.N. Convention on the Rights of Children. After a deathbed appeal to President Clinton from the late director of UNICEF, James Grant, the United States signed on to the treaty in February 1995. The Clinton Administration action does bring the United States one step closer. But in an ironic political twist, the full ratification of the treaty, which under the U.S. Constitution requires the approval of the now Republican-dominated Senate, is actually much less of an immediate prospect than it was a year ago.

The United States is alone among Western countries in having so far failed to ratify or accede to the U.N. Treaty on the Rights of Children. This failure has mystified child advocates around the world and embarrassed

American professionals, who widely expected ratification. This was especially the case after the election of President Bill Clinton, because Clinton and his wife were widely seen as very sympathetic to child advocacy issues.

In the first two years of the Clinton Administration, the main barriers to ratification appeared to have been bureaucratic. The treaty actually had support among most Republican and Democratic leaders in the Senate. Secretary of State Warren Christopher said in his confirmation hearings that the Convention would be a priority. But the large U.S. State Department bureaucracy dragged out the review process. The State Department has a certain resistance to human rights conventions in general, because they have a strong impact on the U.S. legal system, and their implications need to be seriously reviewed. In particular, these conventions supersede laws in the 50 individual states, which as a rule have significant autonomy in the U.S. political structure, particularly in child welfare. The State Department is charged with reviewing the impact of such conventions on the states, reporting on legal changes necessary to comply, and drafting any reservations that the government wishes to make.

Unfortunately, the delay caused by the review turned out to be disastrous. The November 1994 election brought a Republican major-

The United States is alone among Western countries in having so far failed to ratify or accede to the U.N. Treaty on the Rights of Children.

ity to the Senate. More important, Jesse Helms, the only Senator who outspokenly opposed the Convention, assumed the chair of the Foreign Relations Committee, which has jurisdiction.

At the same time, right-wing groups opposed to the treaty have taken the opportunity to become more vociferous in their opposition. They have raised a variety of fears that have gained some currency with their constituents and political allies. Death penalty advocates, who are vocal in some parts of the United States, see the treaty's position on capital punishment for youthful offenders as a threat to

practices in some states. The Home Schooling Association, consisting of parents organized to protect the right of parents to educate their own children, has mounted a letter-writing campaign because of fear that the treaty might interfere with parents' rights to provide education

outside of formal schools. Some conservative groups, like the Eagle Forum, have raised alarmist concerns that the treaty, along with the enabling legislation, would interfere with parent rights, keep parents from disciplining children and from using corporal punishment, or unleash a barrage of lawsuits against parents.

In the face of these setbacks, treaty proponents have decided not to push for ratification now but to wait for the political climate to change. This could happen as soon as the election of 1996 or the retirement of Helms, who is in his late seventies, from the Senate. Some believe that the treaty could have the effect of law in the United States even without Senate ratification, because its worldwide acceptance may arguably make it part of the International Customary Law, which is generally accepted by U.S. courts.

Virtually all observers believe that the United States will eventually ratify the Convention. It is also believed that the Convention will have real influence in the United States; the real question is when.

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. He wrote this article based on information provided by Gary Melton. This article is adapted from one originally published by the International Society for Prevention of Child Abuse and Neglect (ISPCAN).

LEGISLATIVE RELATIONS

—by Theresa Reid

The Parental Rights and Responsibilities Act

“Parental Rights” legislation is being simultaneously introduced in several state legislatures and in the U.S. Congress. (A Monday, January 15, *New York Times* story on page A-7, “Conservatives lobby for parental rights,” reviews the effort.) APSAC strongly opposes the Parental Rights and Responsibilities Act (PRRA), which has been introduced in the U.S. Senate by Charles Grassley (R-IA), and in the House by Jim Talent (R-OK), with 140 House cosponsors.

The expressed aim of the legislation is “to protect the fundamental right of a parent to direct the upbringing of a child.” Sponsors defend the bill as necessary to set a uniform federal standard asserting parental rights as a “liberty right” protected by the Fourteenth Amendment. Even though the U.S. Supreme Court has issued rulings consistent with the bill’s intent, lower courts have not abided by those rulings, and sponsors contend that the PRRA is necessary to correct this inconsistency. The bill specifies the parental right to direct health care, education, discipline, and religious teaching. The bill states that child abuse and neglect is not included among a parent’s rights, but defends parents’ right to use “reasonable corporal discipline.” No mention is made of children’s rights.

APSAC’s Board of Directors opposes this bill on the following grounds:

- It is unnecessary. The U.S. Supreme Court has already set the precedent it is seeking to set. The remedy for lower courts’ failure to abide by this precedent is appeal, not legislation.
- It is potentially harmful to abused and neglected children, enabling parents, for instance, to stop investigations into suspected child sexual abuse, and to argue in federal court that actions to protect children violate provisions of the Act.
- Its implementation would have far-reaching and unforeseen implications in the context of existing laws, which address the same issues in much greater specificity and depth.

Please write to your own legislators and members of the Congressional com-

mittees listed below, informing them about the dangers this legislation poses for maltreated children. The letter APSAC sent to members of Congress is reprinted below. (This letter was drafted by Ellen Mugmon, a volunteer advocate in Maryland on legislation affecting children, and a member of APSAC’s Legislation Committee.) Preliminary hearings have been held in both Houses of Congress. The next step is committee mark-up, expected some time this Spring, according to Congressional staff. The sooner we begin educating our legislators on the dangers of this legislation, the better.

To receive copies of the Parental Rights and Responsibilities Act and of the *New York Times* article on the state-level legislation, call APSAC at 312-554-0166.

Legislators to Contact Regarding the Parental Rights and Responsibilities Act (PRRA)

SENATE JUDICIARY COMMITTEE

(* = member of Administrative Oversight and the Courts Subcommittee)

Republicans (10)

Orrin Hatch, UT, Chair
*Strom Thurmond, SC
Alan K. Simpson, WY
*Charles E. Grassley, IA
(Subcommittee Chair)
Arlen Specter, PA
*Hank Brown, CO
Fred Thompson, TN
Jon L. Kyl, AZ
*Mike DeWine, OH
Spencer Abraham, MI

Democrats (8)

Joseph R. Biden, Jr., DE
Edward M. Kennedy, MA
Patrick J. Leahy, VT
*Howell Heflin, AL
Paul Simon, IL
*Herbert H. Kohl, WI
Dianne Feinstein, CA
*Russ Feingold, WI

HOUSE JUDICIARY COMMITTEE

(* = member of Constitution Subcommittee)

Republicans (20)

Henry Hyde, 6th, IL, Chair
*Carlos J. Moorhead,
27th, CA
F. James Sensenbrenner, Jr.,
9th, WI
*Bill McCollum, 8th, FL
George W. Gekas, 17th, PA
Howard Coble, 6th, NC
Lamar S. Smith, 21st, TX
Steven Schiff, 1st, NM
*Elton Gallegly, 23rd, CA
*Charles Canady,
12th, FL
(Chair, Subcommittee)

Bob Inglis, 4th, SC
Bob Goodlatte, 6th, VA
Sdteve Buyer, 5th, IN
Martin Hoke, 10th, OH
*Sonny Bono, 44th, CA
*Fred Heineman,
4th, NC
*Ed Bryant, 7th, TN
Steve Chabot, 1st, OH
Michael Flanagan,
5th, IL
Bob Barr, 7th, GA

continued on next page

Legislative Relations

continued from page 19

Democrats (15)

John Conyers, Jr., 14th, MI
Patricia Schroeder, 1st, CO
Barney Frank, 4th, MA
*Charles E. Schumer, 9th, NY
*Howard L. Berman, 26th, CA
Rick Boucher, 9th, VA
*John Bryant, 5th, TX
Jack Reed, 2nd, RI

*Jeroold Nadler, 8th, NY
Robert C. Scott, 3rd, VA
Melvin Watt, 12th, NC
*Xavier Becerra, 30th, CA
Jose Serrano, 16th, NY
Zoe Lofgren, 16th, CA
Sheila Jackson Lee, 18th, TX

APSAC Letter Regarding the Parental Rights and Responsibilities Act

Appropriate versions of this letter were sent to all members of the House and Senate in early February.

Dear Sen. Grassley:

The American Professional Society on the Abuse of Children (APSAC)¹ appreciates the opportunity to comment on S.984, "The Parental Rights and Responsibilities Act of 1995" (PRRA). APSAC, however, must register its strong opposition to this legislation. Not only is S.984 an unnecessary legislative attempt to protect parental rights, it would lead to many serious unintended consequences for the protection of children from child abuse and neglect.

Parents' rights are already more than adequately protected under current state and federal statutes and case law. Supreme Court decisions, including *Meyer v. Nebraska*, *Pierce v. Society of Sisters*, *Ginsberg v. New York*, *Wisconsin v. Yoder*, and *Prince v. Massachusetts* make clear that parental rights are fundamental and protected under the Constitution. In addition, the right to corporally punish one's children, for example, is a defense in all fifty states to what otherwise would be assault and battery. It is legally permitted under the rubric of domestic authority, "although other and earlier exercises of domestic authority involving relationships such as masterapprentice and husband-wife have been relegated to the dustbin of history" (*Anderson v. State*). Since children are the

¹ APSAC is the nation's only interdisciplinary society for professionals working in the field of child abuse and neglect. APSAC's mission is to ensure that everyone affected by child maltreatment receives the best possible professional response. APSAC actively supports careful, thorough, and unbiased evaluations of all cases of child abuse and neglect to ensure that the innocent on both sides of allegations are protected.

only class of citizen that can be legally physically assaulted everywhere in this country, there is no need to reaffirm the right to use violence against children in federal law.

Moreover, lower courts have not, as claimed by proponents of this bill, uniformly taken a narrow view of parental liberty interests. In fact, a recent case in Maryland belies that assertion. A father was acquitted in November, 1995, by a circuit court judge after he had admitted to seriously beating his son. He had struck him numerous times with a mop handle, blackened his eye, and cut his face. Since the father was a dentist, he used five stitches to close the wound himself. The judge determined that the father's behavior was within the bounds of reasonable corporal punishment. Had the dentist been convicted, he would of course had the right to appeal. Under the PRRA, he would also have the right to re-litigate the facts of his case in a separate action in federal court, and to use the PRRA as a defense in the original case. While this parent's rights would be protected several times over, his son's right to live in a home free from abuse and neglect would still be abrogated, as it is today.

Thus, stating in the bill itself that the PRRA is not about child abuse and neglect will not make it so. Indeed, a Gallup poll released on December 6, 1995, conservatively estimates, based on parents' own reports, that more than three million children are seriously physically abused each year in the name of corporal discipline. Should child protective services (CPS) investigate a report in any one of these cases and for any reason not be able to substantiate that abuse took place, a parent could use the PRRA to challenge the right of CPS to have initiated the investigation based on less than "probable cause," a standard which is higher than the one in current state reporting laws. That same parent could also challenge CPS on the basis that the acts in question were not abuse as "traditionally defined." Because attorneys' fees would be awarded if the parent prevailed, and because the PRRA creates the threat of litigation in every case in which CPS investigates and intervenes, S.984 would have a strong chilling effect on necessary efforts to

continued on next page

Legislative Relations

continued from page 20

protect children. Thus, although S.984 would unquestionably reduce the risk of inappropriate interventions for parents, it would undoubtedly increase the risk that children will remain in dangerous and perhaps fatal situations.

Unfortunately, not all children have responsible parents or live in safe homes. Nor do all children have parents who do what is in their best interests, a phrase that is conspicuously missing from this legislation. Children have rights, too. Children who are abused and neglected have different interests at stake than their parents. Most experts recognize that what parents experience as "intrusion" might be rescue for the child. The balancing of interests to be achieved, therefore, is not just between parents and the state, as Senator Grassley stated during the hearing on PRRA. Rather, the necessary balance of interests is among parents, *children*, and the state. In fact, we would argue that the interests of children are paramount, and that any piece of legislation affecting families must consider their interests primary.

Finally, S.984 would either nullify states' child protection laws or force states to amend them. It would further preclude states from ever changing their laws, if they wished to do so, in response to valid new research findings regarding child maltreatment. It freezes states' definitions of child abuse and neglect through the use of the term "traditional" (explicitly honoring the "Western tradition," which has in the past sanctioned slavery, child labor, the disenfranchisement of women, and spousal abuse). The PRRA preempts state authority in areas that have always been reserved to the states.

Children have rights, too. Children who are abused and neglected have different interests at stake than their parents.

This approach is clearly contrary to the one taken by Senator Grassley on other legislation. Federal intrusion into state matters should not be selectively and inconsistently applied.

We urge you to withdraw S.984 since it is unnecessary and would jeopardize the health, safety, and welfare of America's children.

Sincerely,

American Professional Society on the Abuse of Children

CAPTA News

As you know, President Clinton vetoed the House-Senate welfare compromise, which included a version of CAPTA strenuously opposed by APSAC (see "News," *The APSAC Advisor*, Winter, 1995, p.2). As this issue of *The APSAC Advisor* goes to press, that bill remains dead. There is some discussion that Republicans will send the Senate version of the welfare bill to President Clinton for his signature. The version of CAPTA

attached to the Senate version, S.919, is much preferable to the compromise version, even though S.919 narrows the definition of child abuse and neglect (to include the words "recent," "imminent," and "serious"), and allows the Sec-

retary of Health and Human Services to eliminate the National Center on Child Abuse and Neglect (NCCAN). Should the Senate welfare bill be resurrected, we will likely attempt to persuade legislators to revisit these two issues before it is sent to the President. Call APSAC at 312-5540166 for the latest information.

Stand for Children Day

The Children's Defense Fund (CDF) has declared June 1, 1996, **Stand for Children Day**. Advocates are gathering at the Lincoln Memorial in Washington, D.C. to demonstrate their positive personal and collective action as families, citizens, communities, and as a national community to do more to improve the safety and quality of children's lives.

For more information and resources such as posters, postcards, fliers, fact sheets, action packets, publicity kits, and local fundraising guides, call 1-800-223-1200 or e-mail at standinfo@mailback.com. Write to 1832 Connecticut Avenue, NW, Washington, DC 20009.

BOOK REVIEWS

Satan's silence: The making of a modern American witch hunt. Debbie Nathan and Michael Snedeker. New York: Basic Books, 1995. \$25.00. 288 pp.

Reviewed by Theresa Reid

The American media seem to be bipolar when confronted with sexual abuse. If, as many claim, in the 1980s virtually all allegations of sexual abuse in day care were immediately believed, the 1990s have brought an equal and opposite reaction, in which such allegations are regarded—with outrage and relief—as obviously false. It is now widely accepted as a matter of fact that the 1980s saw a widespread sexual abuse “witch hunt” in which nothing more than the words of young children destroyed dozens of innocent defendants’ lives.

Neither of these extreme positions represents the truth, and both of them endanger children—the “all allegations are true” position by permitting destructive interventions in children’s lives, the “all allegations are false” position by giving free rein to child molesters.

The latest book-length entrant in the “witch hunt” genre is *Satan's silence: Ritual abuse and the making of a modern American witch-hunt* (Basic Books, 1995).¹ The authors are crusading journalist Debbie Nathan, and Michael Snedeker, a criminal defense attorney. Like several other contemporary journalists, Nathan sees herself as a warrior for those she believes to be falsely accused, a one-woman replacement for the adversarial system of criminal justice, which she sees as having failed utterly in day care sexual abuse cases. With defense attorney Snedeker, Nathan has produced a book exhibiting all of the worst of the “witch hunt” arguments, exaggerating the problem, distorting and omitting evidence, and indulging in fantasti-

¹At the outset, it should be noted that the authors directly attack the American Professional Society on the Abuse of Children (APSAC). Inflammatory and inaccurate, the statements the authors make about APSAC are unimportant in themselves; they reflect on the rest of the book, of which they are characteristic.

cally complex rationalizations to explain indefensible theories. In these excesses, the authors paradoxically replicate the errors of the zealous believers in satanic conspiracies whom they so vigorously—and rightly—oppose.

Backed by a prestigious publisher (Basic Books), *Satan's silence* is important primarily for the opportunity it provides to examine the strangely parallel rhetoric of extremists on both sides of the “ritual abuse” controversy. Publication of this book also invites us to consider the forces at work in the media and in the culture that have focused on these extreme voices to the exclusion of those that are rational, tempered, and serious, making the extreme appear to represent the whole discourse.

The rhetoric

Exaggeration. Zealous believers in a widespread satanic conspiracy maintain that thousands of babies are murdered every year in horrific satanic rituals, and that these and other unimaginable crimes are perpetrated by a covert network of satanists who hold positions of authority in

police departments, the judiciary, schools, churches, and all of the other strongholds of civil society. Like these believers, Nathan and Snedeker exaggerate their subject, inflating the number of cases in which ritual abuse allegations occur, overstating the number of professionals who believe in a widespread satanic conspiracy, and demonizing professionals in the field of child abuse and neglect.

Nathan and Snedeker never even attempt a definition of “ritual abuse,” a term that elicits so many conflicting interpretations and strong emotions that many experts recommend that it be abandoned (e.g., Bottoms, Shaver, and Goodman, in press; Lanning, 1992). This failure to define the term bedevils the entire book, so that when the authors use the phrase “ritual abuse allegations” the reader has no clear idea what they really mean. The authors use this impression to milk the strong affect associated

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Satan's silence is important primarily for the opportunity it provides to examine the strangely parallel rhetoric of extremists on both sides of the "ritual abuse" controversy.

Book Reviews

continued from page 22

with their topic. They clearly assume that virtually all allegations of sexual abuse in day care qualify as "ritual abuse,"² expressing the same contemptuous incredulity for reports of ritual murder as for the much more pedestrian reports of day care personnel "accused of threatening to kill parents" as they molest preschoolers (e.g., 108). The authors' use of definitional imprecision to exaggerate the problem and heighten emotionality is characteristic of the book.

In a striking parallel to the claims of zealous believers, Nathan and Snedeker assert that a widespread network of professionals—including "preachers, police, prosecutors, psychotherapists, child-protection workers, and anti-pornography activists"—have been promoting for more than a decade the theory that there exists in America "a massive conspiracy of secret satanist cults that have infiltrated everywhere into society." They never say exactly how many professionals are involved in perpetrating this fraud, but they must believe it is huge: such a "massive moral panic," they assert, can result only from "concerted efforts at institutionalizing it" (5). Nathan and Snedeker state that the chances are "good" that someone seeking psychotherapy will find herself engaged with a professional who believes in the satanic conspiracy (2). In fact, in the most extensive nationwide study to date of mental health professionals' encounters with "ritual abuse," only 11% said they had ever encountered a child patient who alleged ritual abuse (Bottoms, Shaver, and Goodman, in press), let alone believed in a satanic conspiracy. A

²In fact, only 13% of day care cases examined in one national study even involved any ritual elements, which include, for instance, the use of masks, and threats against loved ones (Finkelhor & Williams, 1988). Many allegations of abuse now referred to as "ritualistic" have nothing to do with supernatural beliefs, satanists, or organized cults (Bottoms, Shaver, and Goodman, in press). In the Finkelhor and Williams study (1988), 81% of substantiated cases of sexual abuse in day care were perpetrated by a single individual (e.g., a teacher, an aide, a handyman, a bus driver, sometimes a relative of a teacher); 83% involved five or fewer children. For more information on "ritual abuse," see the APSAC Fact Sheet on Ritual Abuse, 1995.

The authors' use of definitional imprecision to exaggerate the problem and heighten emotionality is characteristic of the book.

very small percentage of professionals (1.4%), this study finds, accounts for a large majority of allegations of ritual abuse.

Just as ritual abuse zealots demonize alleged perpetrators, Nathan and Snedeker demonize professionals who have had anything to do with child sexual abuse in day care, charging that they have terrorized and intimidated children, ruined countless lives, put hundreds of innocent people behind bars, and made "concerted efforts" to "institutionalize" beliefs that in fact most of them have never held.

Disregard for evidence. Zealous believers in a widespread satanic conspiracy are unfazed by the lack of evidence for their fantastic beliefs. The lack of evidence is explained away within the belief system being defended: dead bodies are not found because satanists pulverize them or police are involved in the satanic conspiracy; charges aren't filed or convictions returned because prosecutors and judges are satanists. Nathan and Snedeker don't pause to consider the evidence seriously, either. They ignore, distort, or dispute all evidence that has ever convinced juries that sexual abuse in day care occurs.

Nathan and Snedeker dismiss out of hand all inculpatory statements made by children. The authors maintain that they know what children have really meant to say, and their aim in the book is to share this privileged knowledge (7). They assert that at the beginning of every case of sexual abuse in day care, the children denied being abused: "Indeed, it was only after an investigation started, after intense and relentless insistence by adults, that youngsters produced criminal charges" (3). As proof of their claim that adults make up these stories, the authors point out that "almost all" day care cases "begin with reports from parents or caregivers instead of from the purported victims" (111), as if children who have been sexually abused should bypass their parents and take their case directly to the sheriff.

continued on next page

Book Reviews

continued from page 23

But even if children did go directly to the sheriff, these authors would not be satisfied; for children's statements made after professional intervention are obviously the fabrication of adults. "Those who purport to be helping victims speak are actually the ones doing all the talking," the authors maintain. "The victims, meanwhile, remain virtually mute" (140). The statements made by children after professional involvement have "nothing to do with their own feelings or experiences" (3), because professionals have brainwashed and browbeaten them into an entirely alien set of beliefs.

Not surprisingly, the authors maintain that symptomatic behavior displayed by children—including "anxiety, insecurity, insomnia, nightmares, terror of strangers, depression, rages, recurrent fears about dying, and suicidal impulses" (123)—is the result of their coming to *believe* in their own abuse, not in having experienced such abuse. The authors simply deny that any of these behaviors occurred before the investigation had begun, dismissing parents' testimony to the contrary with the explanation that parents, themselves deluded, misinterpret normal behavior seen in hindsight.³

Just as these authors don't believe what children, parents, or professionals say, they don't believe what alleged offenders say—unless they say they're innocent. The authors begin their chapter on offender confessions with descriptions of medieval torture of "witches" and Jews, describing in graphic detail instruments of torture used during the Inquisition. Then they equate torture-induced confessions of "witches" and those of today's offenders, writing, "Confessions were integral to witch trials, and today they remain the lifeblood of the criminal justice system in the U.S." (162).

Their treatment of medical evidence is similarly unprincipled. This grotesque description of the medical exam sets the tone:

³Perhaps such behavioral symptoms could derive from instilled traumatic beliefs, and human beings clearly do retroactively interpret events to fit current perceptions. However, the authors' claim that these explanations account for children's symptomatic behavior and parents' reports about symptoms in all cases begs the question: it is simply a statement of their belief; it is not an argument.

"In case after case, physicians bared, stretched, and measured anuses and vaginas, took high-magnification photographs, [and] projected the images onto giant courtroom screens" (178). They argue that today's medical evidence is equivalent to the fictional "devil's marks"—the unusual folds of skin, scars, and other meaningless anomalies that condemned innocent women to death as witches in the seventeenth century. They write, "In the early 1980s, another search for Satan's signs began. Now, though, it was not the demonic perpetrators who were scrutinized. Instead, it was the bodies of their innocent, silent child victims" (179).

Tortured logic

Having dismissed all the evidence that sexual abuse in day care occurs, the authors face the difficult challenge of explaining such thorny issues as why these allegations are made, how otherwise rational-seeming parents can come to believe these allegations, and what motivates professionals to perpetrate a sustained fraud. This is a challenge nearly as great as that faced by zealous believers in a satanic conspiracy—who must explain, for instance, the lack of evidence for the crimes they allege and the means by which highly-placed satanists escape detection. Nathan and Snedeker are as ingenious as their counterparts in devising tortured arguments to support their point of view.

The authors are perhaps at their most offensive as they try to explain the motivation of parents who believe that their children were abused. Acknowledging that the suffering of these parents is comparable to that of parents who lose children to cancer (120), the authors maintain that parents believe their children because they so enjoy the satisfying social role they have constructed for themselves "as the shell-shocked parents of ritual-abuse victims" (123). This role brings sympathy and publicity, powerful secondary gains, the authors maintain. Mothers gain the most, however, because they can use this trauma as an excuse for withdrawing affection and sex from their husbands:

[Withdrawing affection] is not the kind of thing they could do in ordinary times, for such behavior usually evokes hu-

continued on next page

Book Reviews

continued from page 24

miliating social disapproval. In the context of a ritual abuse case, however, women could rebuke their husbands' masculinity without seeming cold or vicious. They could rationalize their anger with the thoroughly acceptable excuse that they were too emotionally depleted to attend to their mates and too busy comforting their children Amid this reordering of affection, conjugal sex suffered. Again, though, no one—least of all their husbands—could criticize the mothers' lack of libido, because it was expressed dramatically and painfully. There were, for example, paralyzing episodes in the marriage bed. . . . During sex, [many women reported,] they would "flash" on their children being violated and have to stop. Not surprisingly, many couples eventually separated or divorced. Ritual abuse thus helped women disengage from unsatisfactory marriages without feeling guilty about being bad wives or mothers. After all, the reason they weren't getting along with their husbands was because they cared so much about their children (122).

Beginning with the deeply sexist and retrograde assumption that women fundamentally desire to avoid sex (and clear hostility toward women for this "lack of libido") the authors turn painful sequelae of traumatic experience into motivation to fabricate the experience.

The authors' explanation of the source of reports of sexual abuse in day care is just as tortured—and just as outrageous. Our refusal to accept pedophilia and other "outlawed" sexual impulses helped spawn the ritual abuse "craze," the authors maintain: Allegations of sexual abuse in day care stem from the "growing animus toward portrayal or even discussion of the panoply of minority and outlawed impulses, from homosexuality to fetishism, bestiality, sadomasochism, and the ultimate evil: attraction between adults and children" (249). That sounds as if the authors think pedophilia isn't all bad, and in

fact that appears to be the case: Oddly, Nathan and Snedeker criticize Ralph Underwager and Hilda Wakefield for allegedly embracing "the *political theory* that cross-generational sex can never be a positive experience for the younger party . . . even though scientific data note otherwise" (232, emphasis added). In fact, Underwager and Wakefield have been widely criticized for appearing to state in an interview (1993) that pedophilia can be positive for youngsters, though U.S. culture makes a positive outcome

unlikely. Neither Nathan and Snedeker nor Underwager and Wakefield, of course, are able to produce any legitimate scientific data to support the contention that pedophilia is good for kids.⁴

But how, exactly, does repression of pedophilic urges lead to charges of sexual abuse? Overwrought from the pressure of "forcing fantasies underground," Nathan and Snedeker maintain, "clinicians and even investigators demand sexual material and abuse 'memories' from their patients and interviewees" (249). After demanding that children and adults in therapy spit back the fantasies that society has disowned, "therapists and their allies in child protection and criminal justice" then interpret these sexual fantasies literally. Nathan and Snedeker maintain that professionals have been motivated and rewarded in this behavior by having "won public sympathy and nominal funding for many feminist-inspired efforts, from battered women's shelters to programs to discourage child beating" (249)—one of the many places in which the authors advance the hilarious (but at least comprehensible) argument that child abuse professionals are in it for the money.

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"Others do share the authors' beliefs that pedophilia can be good for children, however. A notable ally is Bill Andriette, the first person listed in the authors' Acknowledgments section. Mr. Andriette is spokesperson for the North American Man Boy Love Association (NAMBLA), and a member of the Editorial Board of Paidika: The Journal of Paedophilia.

Our refusal to accept pedophilia and other "outlawed" sexual impulses helped spawn the ritual abuse "craze," the authors maintain.

Book Reviews

continued from page 25

Pointing to the normalization of homosexuality, the authors hold out limited hope for change in our repressive sexual mores, and thus in the roots of sexual abuse allegations: "Ideas about deviancy and normality are subject to change—although pedophilia will likely always be condemned" (249). That's too bad, these authors imply, because if Americans only loosened up about pedophilia, our motivation for extracting and believing all this fantasy material about it from children would evaporate.

Extreme solutions. Zealous believers in a widespread satanic conspiracy advance draconian proposals for the investigation and prosecution of the demonically clever perpetrators of these imagined crimes. Nathan and Snedeker are at the other extreme, maintaining that we should cease efforts to prosecute the sexual abuse of children: "Ignoring actual abuse is unacceptable," the authors acknowledge.

Yet how can the police and courts be the right response, when sex, whether egalitarian or exploitive, legal or illegal, is almost always a private, physically non-violent event between two people? And if there are no wounds or witnesses, how can we adjudicate the competing claims of accused and accusers in criminal courts without guaranteeing widespread miscarriages of justice . . . ? (251)

Thus late in their work, Nathan and Snedeker seem to begin to understand the great difficulties involved in intervening in child sexual abuse cases. But rather than attempting to solve these intricate problems, the authors conclude that, paradoxically, "To restore the order and authority of the courts, we need to look beyond them" (251). That is, we need to stop responding to child sexual abuse after it happens, and devote all our energies to preventing it.

We also need to stop fetishizing child

There is a glaring need for reforms that effectively protect consumers, particularly of mental health services; if those reforms do not come from within the professions, they will be imposed from without, and might be as ill-informed and ill-motivated as the proposals set forth in Satan's silence.

protection authorities as the solution to sexual abuse, for even if they mend their investigative ways, the most careful workers will frequently encounter a dearth of evidence and child victims who are too immature or compromised by family ties to testify convincingly. The only real answer to these dilemmas is to cease thinking obsessively about what to do after sexual abuse has occurred, and take real steps to prevent it in the first place (251).

Nathan and Snedeker maintain that rather than prosecute sexual abuse, we should rely on broadbased prevention efforts that promote the society-wide equality of men, women, and children. Children who are sexually abused before, during, and after the implementation of this utopian ideal are simply out of luck.

In its utter impossibility, this proposed "solution" exempts the authors from having to deal seriously with the reality of child sexual abuse. This abdication of meaningful responsibility for child victims makes more offensive their claim throughout the book that, by exposing the system's flaws, *they*, not child protection professionals, are the real protectors of children.

Overall. Like zealous believers in a satanic conspiracy, Nathan and Snedeker create a belief system that once you are inside, is hard to escape. In arguments from either perspective, every glimmer of fact or reason undergoes a metamorphosis, through some strange logical twist or the interpolation of suspect data, consistently returning the reader to the funhouse, in an endless loop. Nathan and Snedeker inundate readers with case details in which one can have no confidence given their context within this thoroughly solipsistic book. While one of the authors' main arguments is that the criminal justice system has failed defendants in child sexual

continued on next page

Book Reviews

continued from page 26

abuse cases, their book paradoxically supports the conclusion that, with all its flaws, the criminal justice system is our only hope for sorting out these highly emotional and complex claims and counter-claims.

The social context

More important and lasting than this book itself are the questions it raises about our culture's discourse about child sexual abuse. How can a book as flawed in its arguments and premises and as extreme in its conclusions as *Satan's silence* secure a major publisher and attract enthusiastic endorsements from distinguished academics? What forces are at work in the media and in the culture that cause us to focus on these extreme and sensationalistic voices? How worried should we be about the current pendulum swing toward hysterical skepticism?

The most important fuel for *Satan's silence* and other work purportedly exposing the "ritual abuse hoax" is the indefensible professional practice associated with beliefs in a widespread satanic conspiracy. Evidence has been available for at least a decade that some professionals motivated by such beliefs have engaged in "professional" practice that, at the very least, is not supported in the empirical research literature and, at the worst, is highly destructive. The failure of licensing boards, professional peers, professional society ethical committees, insurance companies, and the courts to protect individuals from extreme instances of bad professional practice has opened the door for critics from outside the field. There is a glaring need for reforms that effectively protect consumers, particularly of mental health services; if those reforms do not come from within the professions, they will be imposed from without, and might be as ill-informed and ill-motivated as the proposals set forth in *Satan's silence*.

More important and lasting than this book itself are the questions it raises about our culture's discourse about child sexual abuse. How can a book as flawed in its arguments and premises and as extreme in its conclusions as Satan's silence secure a major publisher and attract enthusiastic endorsements from distinguished academics?

From the kernels of truth on both sides—the occurrence of sexual abuse in day care that does involve "ritual elements,"⁵ on the one hand, and indefensible professional practice, on the other—has sprung the impassioned rhetoric under examination. The complex cultural and human forces drawing us to these rhetorical extremes underlie our reduction of other social problems to symbols and soundbites as well: among these forces are the love of sensationalism and drama, impatience with factual and moral complexity, inability to devote sustained attention to much besides the demands of work and family, and the profit motive on the part of writers and producers. Certainly the outrage and consternation produced by ex-

cesses of the "ritual abuse believers," professionals who practiced in their wake, and reporters who pushed their story inspired equally inflammatory tracts from the other side. Driving the culture's fascination with, alternately, "ritual abuse" and "the ritual abuse hoax" might also be a deeper fear, involving the same actors, but in different roles: a fear that trusted social agents—social workers, police officers, judges, psychologists, clergy—will elude our control, fear rooted in our vulnerability to individuals in these roles.

The good news is that the news runs in cycles. In the 1980's, the damage caused by "ritual abuse" was news; in the 1990's, the damage caused by the "ritual abuse hoax" is news. Surely once more the "issue-attention cycle" (Downs, 1972), whereby a social issue gains quick adherents and a flurry of media attention only to fade from view as its complexity and intractability become evident, is about to run its course. Reporters have spoken to me recently of their sense that the story has nearly been played out, and have ques-

continued on next page

⁵See the APSAC Fact Sheet on Ritual Abuse, 1995.

Book Reviews

continued from page 27

tioned the extremism of Debbie Nathan and other reporters for whom fact doesn't stand a chance in the face of ideology.

Given that another flood of credulous stories about alleged "ritual abuse" is unlikely in the foreseeable future, we might be approaching a window of opportunity for somewhat more reasoned and well-informed discussion of the complex issues of sexual abuse in day care and "ritual" elements in sexual abuse. Even better, as Bette Bottoms and her colleagues suggest, would be a shift in focus of both media and professional attention away from the rarity of "ritual abuse" to the more common and well-documented phenomenon of religion-related child abuse (Bottoms, Shaver, Goodman, & Qin, in press). This shift is certainly warranted if our ultimate aim is to help the greatest number of child victims.

Cultural discourse about child abuse and neglect will likely always be characterized by a certain amount of sensationalism and extremism. The subject is too fraught with emotion for consideration of it always to be the model of reason. Professionals in the field of child maltreatment can ensure that less of the sensationalism is dedicated to exposing their alleged malpractice if they develop effective methods for rigorous self-policing. Establishing and maintaining high standards for professional practice will not only disarm legitimate critics, it will help us ensure that everyone affected by child maltreatment does in fact receive the best possible professional response.

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Theresa Reid, MA, is Executive Director of the American Professional Society on the Abuse of Children (APSAC), in Chicago, Illinois.



The Sexually Abused Child: A Parent's Guide to Coping and Understanding. Kathleen Flynn Mach. Family Insight Books, 1994, \$9.95, 83 pp.

Children and Trauma: A Parents' Guide to Helping Children Heal. Cynthia Monahan. Lexington Books, 1993, \$13.00 (paper), 222 pp.

Reviewed by Cynthia Cupit Swenson

Few parents are equipped to deal with the emotions and events they and their child may experience following sexual abuse of the child. These books aim to educate parents about the nature and scope of childhood abuse, common child and parent reactions to abuse disclosure and discovery, ways of providing support to abused children, and when and how to solicit professional help. However, despite the shared purpose and overlapping content of these books, each has its own distinct strengths and weaknesses, and professionals should be aware of them before recommending either book to a distressed parent.

Mach's compact, reader-friendly book includes case examples that describe a broad variety of challenges that families face when dealing with the aftermath of sexual abuse. In addition to its seven chapters, the book contains two helpful appendices that define sexual abuse and describe laws pertaining to sexual abuse. For those seeking additional resources, Mach provides separate bibliographies for young children, older children, parents, and parents who were abused as children. Throughout the book, the author emphasizes support and belief of the child. Such a point of view is especially welcome because many potential readers may be ambivalent about accepting a child's disclosure. Other particular strengths include the attention given to developmental differences in the expression of symptoms following abuse, and the explanation of how parents' own trauma history might affect their reactions to their children's abuse. Finally, the prevention section, probably the best part of the book, provides helpful, concrete suggestions on how parents can

continued on next page

Book Reviews

continued from page 28

talk to their children about protection and safety.

The most significant drawback of the book is that very little of the information presented is based on empirical findings. For example, in the chapters concerning discovery of abuse, Mach provides three pages of abuse "warning signs." Unfortunately, this section (like the entire book) is neither referenced nor wholly consistent with the research literature. Therefore, the book may give the mistaken impression that certain behaviors are definitive proof of abuse. Anyone recommending the use of this book by parents needs to attend to the potential confusion and misunderstanding this section might produce.

Other weaknesses of the book are more of omission than commission. For instance, while generically recommending medical exams, the author does not explain the importance of such procedures (e.g., ruling out sexually transmitted diseases, evidence gathering). Also, because some parents have great faith in the results of medical exams, it would have been helpful to state explicitly the limitations of medical procedures in identifying sexual abuse. From the psychological viewpoint, no mention is made of the finding that a significant minority of abused children show few, if any, symptoms. And, curiously, the legal system section focuses solely on criminal proceedings. Because sexually abused children and their families may be more likely to experience family court, this seems an especially disappointing omission.

These problems notwithstanding, this book is very practical and provides some helpful information to parents who are facing the aftermath of child sexual abuse. The missed opportunity to provide more informa-

tion based on research findings is unfortunate. Although not the "be all and end all" of parent guides, this book is a solid attempt to assist parents. It would be appropriate for parents already engaged in the therapeutic process and who are not capable of understanding or interested in a complex treatment of the subject.

The most significant drawback of The Sexually Abused Child: A Parent's Guide to Coping and Understanding, is that very little of the information presented is based on empirical findings.

After reading the section in Monahan's book describing the sequelae of trauma, parents will understand the difference between normal adjustment reactions and those requiring professional intervention.

Monahan's larger book, however, is a more comprehensive guide for parents of children who have experienced various forms of trauma, such as abuse, witnessing violence, accidents, and natural disaster. The content is exceptionally thorough and well-grounded in the research and clinical literature, but the use of case examples keeps the presentation from being too dry or technical. The book is divided into eight chapters, a reference list, and suggested readings for parents and children, categorized by type of trauma. In the initial chapters, frightening but common childhood occurrences are plainly differentiated from traumatic events. This gives the reader a good sense of how fundamentally different the events covered in the book can be. After reading the section describing the sequelae of trauma, parents will understand the difference between normal adjustment reactions and those requiring professional intervention. This is one of the most important functions of this type of book, and Monahan presents it clearly and appropriately. Finally, the chapter on recovery from trauma provides a thorough review, giving parents a sense of what to expect during the healing process.

Overall, this guide is a well-organized, valuable resource, but its length may put some parents off. This book is recommended only for educated readers. Those capable of

continued on next page

Book Reviews

continued from page 29

digesting it will gain an extensive understanding of childhood trauma, its impact, how families cope, and the path to recovery. Its broad coverage and reliance on empirical findings make it appropriate reading for beginning clinicians and other professionals as well. Mach's briefer, more accessible volume, even though it has some serious flaws,

may be more appropriate for parents with less time, education, or motivation.

Cynthia Cupit Swenson, PhD, is Assistant Professor of Psychiatry at the Medical University of South Carolina and specializes in treatment of maltreated children and their families at the National Crime Victims Research and Treatment Center in Charleston, South Carolina.

An Anthology of Sermons on Child Abuse Available for Distribution

The California chapter of APSAC, CAPSAC, has sponsored publication of the booklet *An Anthology of Sermons*. Sermons written by religious leaders from Orange County, California, representing virtually all religions and denominations, are included in the booklet. The sermons are intended to inspire other ministers, priests, and rabbis to preach on the issues of child abuse and neglect—especially in April, which is Child Abuse Prevention Month. Members of CAPSAC and others are being asked to give the booklet to religious leaders in their areas to awaken the religious community to the problems of abused children. The anthology replicates a project produced by the Community Child Abuse Prevention Project out of Temple University in Philadelphia.

For more information contact CAPSAC at 619-773-1649.

As a service to its readers, the APSAC Advisor offers the following list of related agencies and resources. This list is by no means exhaustive and will change from time to time. If you know of an agency or resource of benefit to interdisciplinary professionals in the field of child maltreatment, please send the information to APSAC Publications, 407 S. Dearborn, Ste. 1300, Chicago, IL 60605. (Thanks to the National Committee to Prevent Child Abuse [NCPA] for providing many of these listings.)

Need Materials?

National Committee to Prevent Child Abuse (NCPA). 332 S. Michigan Ave., Suite 1600, Chicago, IL 60604. 312-663-3520.

The NCPA publishes a variety of educational materials that deal with parenting, child abuse, and child abuse prevention—a free catalog can be obtained by calling 1-800-835-2671. It also produces public service announcements for radio, television, and print media with the goal of making the public more aware of child abuse and teaching alternatives to abusive behavior, and provides many other resources and services.

Clearinghouse on Child Abuse and Neglect Information. P.O. Box 1182, Washington, DC 20012. 703-385-7565.

The Clearinghouse provides annotated bibliographies of documents about specific aspects of child abuse or neglect (e.g., the relationship between alcohol abuse and maltreatment), and can provide statistics on various topics as well.

National Center on Child Abuse and Neglect (NCCAN). U.S. Department of Health and Human

Services, P.O. Box 1182, Washington, DC 20013. 1-800-FYI-3366.

Established by the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, the NCCAN publishes manuals (the 21-manual User Manual Series) designed to provide guidance to professionals involved in the child protection system and to enhance community collaboration and the quality of services provided to children and families. In addition, the NCCAN conducts research, collects and analyzes information, and provides assistance to states and communities on child abuse issues.

National Clearinghouse on Families and Youth (NCFY). P.O. Box 13505, Silver Spring, MD 20911-3505. 301-608-8098.

The NCFY can tailor research to meet the needs of an organization, program, or community; link people with others facing similar challenges in their work or who have creative ideas about improving youth practice and policy; provide updates on FYSB's youth initiatives and those of other national organizations; and send informational materials for distribution at conferences and trainings.

National Center for Missing and Exploited Children (NCMEC). 2101 Wilson Boulevard, Ste. 550, Arlington, VA 22201. 703-235-3900.

The NCMEC serves as a national clearinghouse and resource center. Funded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, it provides a number of useful publications (single copies) free of charge on request.

continued on next page

DIRECTORY OF RELATED AGENCIES AND RESOURCES

Directory of related agencies and resources

continued from page 30

Need Statistics?

American Humane Association, American Association for Protecting Children (AAPC). 63 Inverness Drive East, Englewood, CO 80112-5117. 303-792-9900 or 1-800-227-4645.

A national center promoting responsive child protection services in every community through program planning, training, education, and consultation, the AAPC also operates the National Resource Center on Child Abuse and Neglect. National statistics on a number of issues are available from the AAPC.

National Committee to Prevent Child Abuse (NCPA). 332 S. Michigan Ave., Suite 1600, Chicago, IL 60604. 312-663-3520.

In addition to all of the other resources it provides, the NCPA publishes the results of an annual fifty-state survey that disseminates statistics relevant to child abuse issues.

Need Information on Children's Legal Rights and Advocacy?

ABA Center on Children and the Law. 740 15th St. NW, Washington, DC 20005. 202-662-1720.

The center provides consultation, technical assistance, and training for professionals in using the legal system to protect children, and also publishes materials on child abduction.

National Association of Counsel for Children (NACC). 1205 Oneida St., Denver, CO 80220. 303-322-2260.

The NACC is a professional organization for lawyers and other practitioners who represent children in court, and publishes a variety of materials relating to children's legal rights as well as sponsoring child abuse training.

National Center for Prosecution of Child Abuse, American Prosecutors Research Institute (APRI). 99 Canal Center Plaza, Ste. 510, Alexandria, VA. 703-739-0321.

APRI provides training and technical assistance to prosecutors and others handling child abuse cases. Resources include state statutes, case law, expert witnesses, court reform, topical files, and publications.

Need Medical Resources?

American Academy of Pediatrics. Department C, P.O. Box 927, Elk Grove Village, IL 60009. 708-228-5005.

The academy publishes a free brochure on child sexual abuse, including the history of child abuse, the identification of child abuse, the effects on child victims, and information about child care centers.

American Medical Association (AMA). Department of Mental Health, 515 State St., Chicago, IL 60610. 312-464-5066.

The AMA provides referrals related to child abuse and family violence and free copies (single) of two brochures containing guidance on diagnosis, treatment, and medicolegal issues concerning child abuse and neglect.

Need Family Resource Information?

Family Resource Coalition (FRC). 200 S. Michigan Ave., 16th Fl. Chicago, IL 60604. 312-3410900.

FRC is a membership organization of social service agencies concerned with strengthening families through preventive services. FRC maintains a clearinghouse for information on family resource programs throughout the United States, publishes a quarterly newsletter, sponsors conferences, and provides technical assistance.

National Coalition Against Domestic Violence. Address for membership information: P.O. Box 34103, Washington, DC 20043-4103. 202-638-6388. To order publications: P.O. Box 18749, Denver, CO 80218-0749. 303-839-1852.

The coalition is a national organization that works to end violence in the lives of battered women and their children. The coalition provides information, technical assistance, publications, newsletters, and resource materials.

Need Culture-Specific Information?

People of Color Leadership Institute (POCLI). 714 G St., SE, Washington, DC 20003. 202-544-3144.

Among POCLI's goals is to improve cultural competence in child welfare systems that serve children and families of color. POCLI has developed a cultural competence training guide, an agency self-assessment tool regarding cultural competence, a bibliography of publications about the field of child welfare as it relates to people of color, and a network of professionals of color in the field.

Need Substance Abuse and Self-Help Group Information?

Children of Alcoholics Foundation. 555 Madison Ave., 20th Fl., New York, NY 10163. 212-754-0656.

The foundation promotes public and professional awareness of children of alcoholics' problems and develops programs and materials to break the cycle of family alcoholism.

National Clearinghouse for Alcohol and Drug Information (NCADI). 11426 Rockville Pike, Suite 200, Rockville, MD 20852. 301-468-2600 or 1-800-729-6686.

NCADI is a communications service of the Center for Substance Abuse Prevention. NCADI provides information on research, publications, prevention and education resources, and prevention programs, and a catalog is available on request.

The National Self-Help Clearinghouse. Graduate School, City University of New York, 25 W. 43rd St., Room 620, New York, NY 10036. 212-642-2944. For listings of self-help groups, send a stamped, self-addressed business-sized envelope to the above address.

and briefs, and policy recommendations that APSAC is now producing on an *ad hoc* basis. Another subcommittee is exploring the pros and cons of establishing a credentialing system for professionals in child abuse and neglect. A credentialing program for interdisciplinary professionals, although highly complex, might be an important way to raise the standard of professional practice in this field. Both of these projects are long-range planning in the best sense, yet—like much else that APSAC has achieved—might come to fruition sooner than anyone expects.

New task forces established

Two new task forces with short-range goals have been established in response to APSAC member needs. One task force is exploring ways in which APSAC might give members some clout with managed care companies by providing criteria for professional care for people affected by child abuse and neglect. It is hoped that guidelines offered by a national professional society will have more weight than arguments made by individual professionals, who can be seen as having a personal stake in the outcome. However, many obstacles—including lack of consensus about minimum standards of care in some cases—complicate this project. The Managed Care Task Force is chaired by Howard Dubowitz, MD.

A second task force, on videotaping forensic interviews with children, hopes to issue a white paper by mid-June providing essential background and guidance for professionals who are faced with the decision about whether or not to videotape forensic interviews as a matter of policy. The task force, chaired by Barbara Boat, PhD, and Lt. Bill Walsh, is comprised of attorneys for both the defense and prosecution, law enforcement officers, developmental psychologists, social workers, and law faculty.

Members are invited to comment on all of these new activities by writing to the national office.

Media relations

APSAC has begun mailing the *APSAC Advisor*, with story ideas highlighted, and other information (e.g., fact sheets, press releases, position papers) to a highly selective list of journalists who specialize in child welfare reporting. If a journalist in your area—someone who routinely covers child welfare issues—should be on APSAC's list, please fax his or her name, address, phone, and fax numbers to the national office. APSAC's fax number is 312-554-0919.

MOVING?

Please notify the office in plenty of time so you don't miss any issues of the *APSAC Advisor* or *Child Maltreatment*.

W.H.O. Working on Commercial Sexual Exploitation of Children

The World Health Organization (WHO) is assisting preparation for the First World Congress Against the Commercial Sexual Exploitation of Children, to be held in Stockholm at the end of August 1996. The Congress is being hosted by the Swedish government, which is collaborating with UNICEF, the International Campaign to End Child Prostitution in Asian Tourism (ECPAT), and the Nongovernment Organization (NGO) Group on the Convention on the Rights of the Child, along with other related groups.

WHO is seeking reports, research studies, theses or dissertations, or other materials that may add to the understanding of the circumstances, health implications, and consequences of the sexual exploitation of children. Those who provide materials will be fully acknowledged in the background document for the Congress, and will be kept apprised of the outcome and recommendations resulting from the Congress.

Contact Mark A. Belsey at the World Health Organization, Geneva, Switzerland, at direct fax number: 41 (22) 791-4189; or e-mail: belsey@who.ch

CONFERENCES

APSAC Discounts

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

April 9, 1996. First Workshop on Prevention, Clinical Intervention, and Legal Aspects of Child Abuse and Neglect. Buenos Aires, Argentina. Contact Lic. Diana M. Antunez, Programa de Asistencia al Maltrato Infantil, at fax: (54)-1-319-6422.

April 29-30, 1996. Hot Topics in the Investigation and Prosecution of Child Abuse. Lake Geneva, WI. Co-sponsored by WIPSAC and the Children's Hospital of Wisconsin. Call Linda Marinaccio Pucci at 414-652-9830 for more information.

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

October 12-15, 1996. Nineteenth Annual Children's Law Conference. The Hyatt Regency Chicago. Sponsored by the National Association of Counsel for Children, Denver, CO. Call 303-329-3523 for more information.

January 27-31, 1997. Eleventh Annual San Diego Conference on Responding to Child Maltreatment. San Diego, CA. Sponsored by the Center for Child Protection, Children's Hospital-San Diego. Call 619-495-4940.

Conference Announcements

The National Resource Center on Child Sexual Abuse of The National Children's Advocacy Center invites potential participants to host a series of child sexual abuse trainings in their neighborhoods via satellite. Call 1-800-239-9939 for more information. Conferences in this series include:

April 26, 1996: Transforming Trauma: How Offenders Get into the Heads of Victims and How to Get Them Out. Presented by Anna C. Salter, PhD.

May 3, 1996: Brief Therapy with Child Sexual Assault Victims. Presented by Benjamin Saunders, PhD.

May 10, 1996: Making Courts Safe for Children (and the Professionals Who Testify on Their Behalf). Presented by Judge Charles Schudson on May 10, 1996.

APSAC INVITES YOU TO VISIT OUR HOMES ON THE INTERNET!

Visit the APSAC Homepages on the Internet and get information on:

- APSAC's mission and the vital support APSAC provides to professionals in the field of child maltreatment
- How to join APSAC
- How to order APSAC publications and other products
- The *APSAC Advisor*, providing the latest research-based practice information for interdisciplinary professionals; *Child Maltreatment*, a distinguished new journal of policy, research, and practice; and other APSAC publications
- Current APSAC Task Forces and Guidelines
- *State Chapter News*, keeping you on top of state chapter activities and conferences
- How to participate in APSAC's National Colloquium and Advanced Training Institutes
- How to become active in APSAC's Legislative Network, including Action Alerts and model letters
- Media Relations statements and fact sheets.

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The APSAC Homepages can be accessed through several sites, and are sponsored by:

Child Abuse Prevention Network, Cornell University — <http://child.cornell.edu>

Journal of *Child Maltreatment* Homepage, the University of Arkansas, Family Life Development Center — <http://oz.ach.uams.edu/fmt/cmhome.htm>

Virtual Hospital, the University of Iowa, Department of Radiology — <http://vh.radiology.uiowa.edu/Providers/ChildAbuse/CAHomepg.html>

Other Conferences continued from page 33

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

May 22, 1996. Life and Limb: Recognizing Child Abuse. Lansing, MI. One-day conference sponsored by the Michigan Department of Social Services, Children's Protective Services. Contact Lu DeLoach, Department of Social Services, Children's Protective Services, Suite 510, Grand Tower Building, Lansing, MI 48909; phone 517-335-6077; fax 517-241-7047.

June 6-8, 1996. The American Bar Association's Eighth National Conference on Children and the Law: "Achieving Justice in Child-Related Conflicts." Hyatt Regency Crystal City Hotel, Arlington, VA. Cosponsored by the ABA Center on Children and the Law and the ABA Section of Dispute Resolution. Call Conference Coordinator, the ABA Section of Dispute Resolution, 202-662-1740.

June 16-19, 1996. Sixth Symposium on Violence and Aggression. Saskatchewan, Canada. Sponsored by the University of Saskatchewan. Call George James at 306-966-5560; fax 306-9665567.

June 17-19, 1996. The Twelfth Annual Georgia Council on Child Abuse Training Symposium: The Power of Prevention. Atlanta, GA. Sponsored by the Georgia Council on Child Abuse in cooperation with The Children's Trust Fund of Georgia, the Army Community Services Family Advocacy Program, the Eggleston Children's Health Care System, GAPSAC, the Georgia Department of Human Resources, and the Scottish Rite Children's Medical Center. Call Janie Francis-Asante at 404-870-6565.

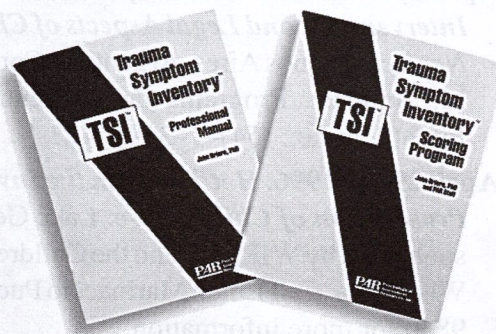
June 20-23, 1996. Head Start's Third National Research Conference—Making a Difference for Children, Families, and Communities: Partnerships Among Researchers, Practitioners, and Policymakers. Washington, DC. Sponsored by Columbia University School of Public Health and the Society for Research in Child Development. Contact Dr. Faith Lamb Parker, Project Director, at 212-304-5251; fax 212-305-7024.

July 16-19, 1996. Seventh Annual Crimes Against Children Seminar. Dallas, Texas. Sponsored by the Dallas Children's Advocacy Center. Call Jessie Shelburne at 214-818-2600 for more information.

July 26-28, 1996. Trauma and Memory: An International Research Conference. Durham, NH. Sponsored by the Family Research Laboratory, University of New Hampshire. Call 603-8623541; e-mail FRL96.conference@unh.edu.

August 18-21, 1996. Children and Families—Creating Stability in an Unstable World. Dublin, Ireland. Sponsored by the International Society for Prevention of Child Abuse and Neglect (ISPCAN). Contact The Secretariat, ISPCAN 11th International Conference, Dublin, Ireland. Call 351-1-661-3788; fax 353-1-661-2073.

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Home Address (Optional) _____ City _____ State _____ Zip _____

Telephone (Office) () _____ (Home) () _____

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

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

Method Of Payment

Payment must be made in US funds, by check, charge, money order, or New York draft.
 Visa or MasterCard payments may be FAXed to 312-554-0919.
 \$ _____ is enclosed for membership dues.
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