

APSAC ADVISOR

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN



EVALUATION AND TREATMENT Fantastic Elements in Child Disclosure of Abuse

—Constance J. Dalenberg

The problem

To most forensic evaluators in the field of child abuse treatment and assessment, the issues raised by fantastic elements in disclosure are wrenching ones. Implausible details raise the possibility that an entire abuse disclosure is (or can be attributed to) fantasy. Further, many would question the appropriateness of the message being conveyed by an interviewer who nods and smiles approvingly while rampaging elephants stampede through the midst of a child's account of abuse. Critics of child abuse evaluators uniformly state that fantastic detail should *decrease* or even completely destroy a listener's general belief in the allegation, and that this skepticism should be conveyed to the child.

A number of testable hypotheses are raised by statements such as these that unfortunately tend to be conflated:

- A fantastic (low base rate) detail should be judged less credible than a nonfantastic (higher base rate) detail.
- A fantastic element in a child abuse account should decrease a listener's confidence in the *nonfantastic* aspects of the child's abuse allegation.
- A child who makes an abuse allegation and discloses fantastic details about nonabuse-related topics should be judged less credible overall than a child who has not made such fantastic disclosures.

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NEWS APSAC Building the groundwork for 10,000 members by 2000; Board election results; Member participation at all-time high

—Theresa Reid

10,000 by 2000: Under construction — with your help!

How do you run a successful membership recruitment campaign? If you're APSAC, you start with a key principle: base your actions on solid research. Our first step in launching 10,000 by 2000 is to learn from members and prospective members the answers to a few key questions: What aspects of your work are most difficult for you—both practically and emotionally? What services or products could a professional society offer that would help the most? How much is such support worth to you?

With the answers to these questions, we can start to build a campaign that is not a "hard sell," but is truly responsive to the needs of the interdisciplinary professionals APSAC was founded to unify, inform, and support.

We need your help in conducting this research. "Market research" firms charge thousands of dollars to conduct such research

for other organizations. But we're asking members to do it instead, for two reasons: First, we think members can do a better job. You know who your colleagues are, you know how to talk to them, and you know how to listen. No market research firm could do as well as you can. Second, we are committed to using members' dues to provide member benefits — the *APSAC Advisor*, *Child Maltreatment*, the Legislative Network, state chapter support, media relations. We won't spend your money doing something called "market research."

So we are asking you to join us on the ground floor to make 10,000 by 2000 a reality. Of course, the stronger APSAC is, the stronger the national voice for interdisciplinary professionals responding to child maltreatment — the stronger *your* voice. Please become a partner in APSAC's effort to strengthen our voices for children by using the enclosed survey forms to ask just two colleagues these questions (again): What

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Building the Groundwork, Board Election, Member Participation

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aspects of your work are most difficult for you—both practically and emotionally? What services or products could a professional society offer that would help the most? How much are you willing to pay for this support?

Fax or mail the forms back to APSAC by the end of July, and in the next issue of the *APSAC Advisor* we will tell you what you have discovered, and what we have developed as a result. Thank you in advance for your partnership in this critical organizational effort.

Board election completed with record voter turnout

We are delighted to announce that the following professionals were elected to APSAC's Board of Directors for three-year terms beginning on June 1, 1996:

Catherine Ayoub, RN, EdD (Psychology and nursing: MA)

David Cory, MSSW (Child protective services: TX)

Joel Feinstein, MD (Pediatrics: IL)

Nancy Lamb, JD (Criminal law: NC)

Thomas Lyon, JD, PhD (Law and developmental psychology: CA)

Sandra G. Rosswork, PhD (Military family advocacy: Washington, DC)

Lt. Bill Walsh (Law enforcement : TX)

Beatrice Yorker, RN, MS, JD (Nursing and law: GA).

Eliana Gil, PhD, was also elected but is unable to serve.

More than 20% of APSAC's membership participated in voting in this election — an all-time record for APSAC, and a very impressive level of participation for professional organizations generally. More typical is a participation rate of closer to 10%. Indeed, recognizing this level of participation, most state statutes make 10% of the general membership a quorum for electing the Board. APSAC's leaders are thrilled that more than double the necessary number of members felt connected enough to vote. If the same number of members send in two completed 10,000

by 2000 surveys, we will have a wealth of information!

Those not elected this year were Anthony Mannarino, PhD; Monica Roizner-Hayes, EdD; and Sandra P. Wood, MEd. APSAC would have been well served if all of the candidates could have been elected. We are honored by these busy professionals' willingness to serve as members of APSAC's Board of Directors. Members of APSAC's Board do a great deal of work to ensure the success of this organization: they devote many hours to committee and task force work, write for the *Advisor*, waive speaking fees for APSAC conferences, form and lead state chapters, recruit new members, and serve as ambassadors for APSAC at every opportunity. I am constantly impressed and moved by the level of effort expended on APSAC's behalf by members of the Board (and by many others, especially hard-working chapter leaders and Advisory Board members). We hope that those who were not elected this year will consider standing for election again, and warmly welcome all those who were elected.

Changing of the guard

With every election, of course, some members rotate off the Board, and responsibilities change hands. **Linda Meyer Williams, PhD**, has served as APSAC's President not only for the year for which she was elected, but for the five-month interim period created by the change in the fiscal year, a fitting cap to the many years in which Dr. Williams has truly "gone the extra mile" in service to APSAC. Dr. Williams will remain on the Board of Directors for another year, but the presidency is now held by **Deborah Daro, PhD**. Dr. Daro, who is Director of Research at the National Committee to Prevent Child Abuse, served as Chair of the Personnel, Development, and Membership committees before being elected President. Rotating off the Board this year are highly valued members, many of whom have been doing "heavy lifting" for APSAC for years:

Jan Bays, MD (Pediatrics: OR)

John Briere, PhD (Psychology: CA)

Jon R. Conte, PhD (Social work : WA)

David L. Corwin, MD (Child psychiatry: OH)

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**APSAC
AWARDS**

**APSAC 1996
OUTSTANDING
PROFESSIONAL AWARD**

is conferred on

KEN LANNING, MS

FBI TRAINING ACADEMY
QUANTICO, VIRGINIA

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

**APSAC 1996
OUTSTANDING SERVICE
AWARD**

is conferred on

**JOYCE THOMAS,
RN, MPH**

CENTER FOR CHILD PROTECTION
AND FAMILY SUPPORT
WASHINGTON, DC

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

**APSAC 1996
RESEARCH CAREER
ACHIEVEMENT AWARD**

is conferred on

**BYRON EGELAND,
PHD**

UNIVERSITY OF MINNESOTA
DEPARTMENT OF PSYCHOLOGY
MINNEAPOLIS, MINNESOTA

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

**APSAC 1996
OUTSTANDING MEDIA
COVERAGE AWARD**

is conferred on

**RICHARD WHITMIRE
AND ELLEN HALE**
OF GANNETT NEWS SERVICE

*For their three-part series,
"Sex Offenders: How Child
Molesters Slip through the
System," which provided
sustained, thoughtful coverage of
the complex issues in child
maltreatment.*

Awards

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APSAC 1996

OUTSTANDING RESEARCH STUDY AWARD

is conferred on

SUSAN BONEY-McCOY, PhD AND DAVID FINKELHOR, PhD

For the article, Psychosocial sequelae of violent victimization in a national youth sample. Journal of Consulting and Clinical Psychology, 1995.63(5): 726-736. This article was judged to be one of the most significant contributions to the field of child maltreatment in 1995.

1996 PRESIDENT'S HONOR ROLL

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

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

Mary Ricketson, JD (CO)
Marsha Heiman, PhD (NJ)
Keith Kauffman, PhD (OH)
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Mary Gibbons, MD (WA)
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Jean Deignan Szczepaniak, ACSW (RI)
Ned Hitchcock, MSW (DC)
Donna Watson Lawson, MA (FL)

APSAC Mission

APSAC's mission is to ensure that everyone affected by child abuse and neglect receives the best possible professional response. APSAC is committed to:

- Providing interdisciplinary professional education which promotes effective, culturally sensitive 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.

Every member plays a role in achieving this mission. APSAC's leaders invite members' contributions of time, ideas, energy, and expertise to the wide range of APSAC's activities.

Fantastic Elements

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The third position is clearly the most extreme. However, each of the positions could be supported by logical or empirical argument.

Base rate effects

These positions may appear plausible. Yet on closer examination, although, often presented as mathematical facts, they are not as obviously true as they may seem. One could argue, for instance, that although a low base rate event is by definition less likely to occur, it does not follow that an account of a low base rate event is less likely to be true, if verbalized.

Setting aside the child development issues for the moment, and focusing on the mathematical argument, suppose we evaluate the hypothetical accounts of three adults—Susan, Ann, and Lynn—all of whom are consciously trying to truthfully answer our question: What was your lunch like yesterday? Susan recalls making a salad at home, an event that occurs two or three times a week, alternating with other home-based meals. Ann recalls lunch being interrupted by her husband's phone call, notifying her that they had won the state lottery. Lynn recalls trying to make crepes suzette for her visiting mother, and setting fire to the kitchen.

With these examples in mind, one might argue that the accounts of the low base rate events—the fire and the lottery—are more likely to have been salient to Lynn and Ann, and perhaps therefore more memorable and less likely to be confused or combined with other events. Further, individuals use reality-monitoring screens to analyze and verify their memories of experiences (Johnson & Foley, 1984). Thus low base rate occurrences are more likely to be *recognized* as potential fantasies by the individuals themselves and may not be spoken about at all. Therefore, it is not mathematically true, and may not be empirically true, that if a child states that some low base rate variety of abuse has occurred, "the probability of the abuse being true is reduced."

Role of fantasy elements in proposed frameworks

The belief that fantastic elements correlate with false accounts of abuse thus should be taken as opinion rather than as a mathematical or logical certainty. Yet fantastic elements are given a central place in frameworks that attempt to differentiate between true and false allegations. Gardner's method, which he suggests that we use in court in the absence of scientifically valid alternatives, gives heavy weight to the presence of fantastic features, strongly arguing that a child's allegations should be taken less seriously in all respects if fantastic claims are present. Other frameworks, such as that used by Raskin and Esplin (1991), appear to view fantastic elements negatively by judging a child's account to be less coherent and thus less credible when fantastic elements are present.

However, the hypothesis that the presence of an unrelated fantasy element should lead us to be skeptical of a child's account of abuse, while it seems to be reasonable, remains a hypothesis. The picture is complicated by the results of investigations that show that violent and abusive fantasy is more frequently present in adults with abusive

histories (Briere, Smiljanich, & Henshel, 1994). This suggests that abusive fantasy may be a *positive* indicator of abusive reality (abusive history). The degree to which abusive fantasy is characteristic of abused children is as yet unknown. Other possible mechanisms for the existence of fantasy or implausible elements in

true abuse accounts have been outlined in some detail by Mark Everson (1995). Everson posits that fantastic elements could reflect memory distortion due to psychological trauma, the use of fantasy in the service of mastery over anxiety, the use of exaggeration to gain attention or sympathy, and misperception or miscommunication due to developmental limitations. Empirically testing these competing hypotheses is critical for the protection of children and of accused adults. If fantastic elements in children's

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accounts of abuse are not accurately assessed and adequately understood, erroneous conclusions about the plausibility of these accounts may be drawn.

Methods

Sample

The purpose of the study reported in this article is to examine the relationship between fantastic elements in accounts of abuse and certainty of abuse history. The vast library of videotaped interviews available at the San Diego Center for Child Protection (CCP) at Children's Hospital provided the database for this investigation. More than 6,000 interviews have been videotaped at the CCP, and random samples can be chosen stratified by age, race, sex, type of abuse, and relationship between abused and abuser.

The entire sample is 60% Caucasian, 18% Hispanic, 13% Black, and 9% other. (This is based on an *n* of 5,701 whose records have thus far been accessed.) The age range is 3 to 17. Eighteen percent of the children in the full sample are male, and 82% female. Six hundred interviews, randomly selecting within Black and Caucasian boys and girls, have been at least partially coded thus far.

By cross-referencing this data bank to medical records and to criminal outcomes in San Diego County, a "gold standard" group of children was identified who met the highest criteria for certainty of abuse history. In these cases, perpetrators confessed to the crime, medical evidence was consistent with the alleged details of the crime, and, in more than 80% of the cases, at least one piece of persuasive external evidence was present (e.g., an eyewitness, a sibling telling a similar story). In the matched "questionable" sample, data of successful prosecution or confession were not located, and neither supportive medical evidence nor external physical evidence was offered at the time of the child's disclosure.

A smaller sample of children was available through other research and forensic sources (studies at CCP's Trauma Research Institute [TRI] and forensic evaluations by the author). Again, these children had been

videotaped while they talked with interviewers about abuse, and their accounts had been validated through medical evaluation and perpetrator confession.

The sample was further divided into "severe" and "nonsevere" categories. Severe groups experienced one or more of the following:

- The perpetrator was a family member with frequent access to the child.
- Force or the threat of force was present.
- The molestation was repeated.
- Intercourse or oral-genital contact occurred.

In the nonsevere group, none of these features was present; thus, the nonsevere group consisted of children reporting single nonviolent incidents of molestation by someone who was not likely to be an attachment figure.

Coding

The tapes went through six codings, in addition to a three-stage accuracy check. The complex coding allowed a more sophisticated definition of a "leading" exchange. Leading exchanges included not only verbal statements in which the experimenter stated or implied a fact not yet stated by the child, but also exchanges in which the interviewer nonverbally communicated a possible answer to the question. Both categories were reliably codable with virtually no disagreements among raters. (The lengthy categorization scheme for leading questions is available through the TRI by request.)

Raters tracked gaze pattern of interviewer and child in codings 1 and 2, nonverbal communications between interviewer and child (e.g., pointing, nodding, facial grimaces)

in codings 3 and 4, behavioral manifestations of anxiety in coding 5, and emotional behaviors of interviewer and child in coding 6. Reliabilities of the codings ranged from .81 to .92. For rating forms with individual items, such as behavioral anxiety, no single item reliability fell below .81. (In most cases,

Two classes of fantastic elements were examined—highly implausible or impossible events, and gross exaggeration of a plausible event.

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reliabilities could be computed using Pearson statistics; at times, when low base rates were examined, nonparametric alternatives were used.)

Fantastic elements

Two classes of fantastic elements were examined—highly implausible or impossible events (class 1), and gross exaggeration of a plausible event (class 2). Examples in class 1 were reports that the perpetrator had injected his penis with poison before penetration, that the accused had used a green marking pen to rape the child (who happened to be drawing with a green pen during the narrative), or that monsters or dinosaurs were involved in the abuse. Examples in class 2 included reports that the perpetrator, in a drug-induced tirade, had destroyed every toy in the house, or had left a black and blue mark that covered the subject's entire leg.

It should be mentioned that while the distinction between elements that did or did not fall in the fantastic category could be made with 100% reliability, the distinction between class 1 and class 2 mentioned here was less clear to raters. One rater might have viewed an instance (e.g., Then he injected drugs into his penis) as a probable distortion or exaggeration of a plausible event, while another might have viewed it as highly implausible or impossible. For the purposes of these analyses, the two event classifications were combined.

Results

Frequency of fantastic elements

Single instances of implausible, exaggerated, or impossible features within the abuse disclosure were not rare events for certain age groups. The base rate across all age, sex, and race groups was about 2% for the 644 interviews thus far coded for this feature. Within the severe gold standard group, 4.8% (8 of 188), of the accounts contained fantastic elements. By comparison, 1% of the accounts of the nonsevere gold standard group (2 of 134), 1% of the accounts of the severe questionable group (2 of 188), and none of the nonsevere questionable group's accounts ($n = 134$) contained fantastic allegations.

Since 10 of the 12 fantastic stories were told by children in the 3- to 9-year-old group, an additional sample of this younger age was collected (Table 1). Within the smaller group of children aged 3 to 9 who met the criteria for the gold standard ($n = 142$) or comparison group conditions (a sample of 142 matched on age, sex, and race), the differences between groups were even greater, and reached significance despite the lower n . As Table 1 illustrates, subjects were more likely to disclose fantastic elements within their accounts of abuse if they were in the gold standard group (z for proportions = 2.38, $p < .05$); most important, they also were more likely to produce fantastic elements if abuse was severe (z for proportions = 3.46, $p < .01$).

Role of interviewer reaction

Fantastic elements were not related to leading questions by interviewers. In light of the current climate pushing therapists to distrust allegations with fantastic features, the

interviewer's reactions to such elements were important to evaluate. The probability figures in Table 2 refer only to transcripts that contained at least one fantastic element, and compare the responses of the interviewers to the first introduction of each fantastic element with their responses to the first introduction of each nonfantastic abuse element in the same interview. A statistical caveat on the data as presented here is that differing children presented different numbers of fantastic and nonfantastic elements. Thus the data points are nonindependent, and direct tests of the proportions are compromised.

The data appear to illustrate, however, that interviewers are not typically accepting of these comments. Fantastic statements were less likely to be met in a neutral way (e.g., Tell me more about that) or an accepting way (e.g., That must have been scary), and more likely to be challenged (e.g., That didn't happen, did it?), ignored (e.g., What else happened?), or skeptically addressed (e.g., But how could he touch your pee-pee or your skin when you had your clothes on?). These

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Fantastic Elements

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Table 1

Fantastic Allegation Rates: Three- to Nine-Year-Olds

Severe Gold Standard	Severe Questionable
<i>n</i> = 52	<i>n</i> = 52
Accounts containing fantasy	Accounts containing fantasy
<i>n</i> = 8 (15.38%)	<i>n</i> = 2 (3.85%)
5 boys/3 girls	2 boys
Nonsevere Gold Standard	Nonsevere Questionable
<i>n</i> = 90	<i>n</i> = 90
Accounts containing fantasy	Accounts containing fantasy
<i>n</i> = 2 (2.22%)	<i>n</i> = 0
1 boy/1 girl	

NOTE: Mean age = 6.08, SD = 1.73

hypotheses might be tested in a larger sample by comparing an interviewer's response to a single fantastic and nonfantastic allegation within each interview, or by testing average proportion of differing interviewer responses within each child's protocol.

Discussion

Interviewers of children alleging fantastic details often react strongly to a child's first unlikely disclosure. Whether or not an interviewer conveys his or her opinion to the child, the internal experience of the evaluator is likely to be conflictual. Seasoned interviewers realize that the fantastic elements may be the death knell for legal cases, and struggle with the correct response: Do I pursue this further, and risk undue emphasis on the fantastic, as opposed to the believable, portions of the child's story? Do I ignore it, and risk the accusation of credulity? Do I respond skeptically, and risk the child feeling punished and closing down? The flicker of

pain that crossed the faces of many of the interviewers when the first fantastic allegation emerged probably reflected this confusion in part, as well as a struggle to place the sharp-edged, incredible allegation into a smooth narration of the child's likely abuse experience.

The findings of this study provide some important guidance for resolving the interviewer's dilemma. The most compelling result of this investigation is that fantastic elements occurred most frequently in the accounts of children known to have been abused, and indeed were most common among children *known* to have suffered severe abuse. These findings directly counter the hypothesis that fantastic elements in children's accounts of abuse give reason to discredit the entire account.

Rather than state that this research shows unequivocally that the presence of fantasy elements increases the likelihood that the

Table 2

Interviewer Responses to Fantastic Material: Comments Directly Following the Abuse Allegations

	Fantastic	Comparison
Challenges statement	9%	2%
Ignores statement	24%	16%
General positive statement	3%	8%
Neutral or positive request for detail	35%	70%
Skeptical request for detail	29%	4%

NOTE: Percentages are based on the reliably coded categories representing at least 5% of the total interviewer responses.

NOTE: Challenging statements directly accuse the child of being inaccurate. Ignoring was coded when the interviewer's responses did not refer to the content of the child's allegation. General positive statements were supportive nonabuse-related comments to the child. Requests for detail were judged skeptical if they conveyed lack of understanding or doubt of the child's original statement.

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Fantastic Elements

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overall allegation is true, however, it is more correct to state that this research fails to support the common assumption that the presence of fantasy elements should lead evaluators to suspect the entire allegation. Since the number of false allegations in the "questionable" group is unknown, the percentage of fantastic allegations in the false group is also unknown.

These data do indicate that interviewers should not allow their skepticism about the literal truth of fantastic elements to discredit the child's entire account. These data suggest that automatically discrediting such accounts could allow the most severely abusive adults to continue their abuse, since their victims will be disbelieved. This finding will be clarified as we gather more data on the sources of the fantasy material, and the role of severity in its production.

The finding that the interviewers were not facilitating the fantastic claims is encouraging; however, many possible results of skeptical or open responses to fantastic claims must be considered. As Everson (1995) points out in his own seminal work, extraordinary claims may turn out to be reflections of the extraordinary variety of the perverse worlds that some of these children encounter. As the number of interviews containing fantastic elements increases in the continuing investigation, we could test a child's response in the second half of an interview as it is affected by the interviewer's response to fantastic claims in the first half of the discussion. This comparison would not be reliable given current n 's, but the pattern appears to be that children react with sadness and discomfort when the interviewer expresses skepticism, but do not typically retract the claim.

Related work

Some intriguing possibilities are emerging in these data as well as in other related projects at the CCP. In a project completed in April 1996, Kathleen Strauss showed that

adult victims of battering had experienced a time-limited reality distortion after severe physical trauma, measurable both with the Rorschach and by the Delusional Disorder, Schizotypal, and Thought Disorder scales of the Millon. The fate of material gathered during severe physical trauma and accessed after reality-testing abilities have been regained is an open but intriguing question.

Similarly, we have noted in the tape-centered research reviewed here that children interviewed soon after severe trauma spontaneously mention nightmares more often than do less severely traumatized or questionable groups (although more sophisticated analysis of this finding must await a larger sample, since severely abused children were also more likely to be asked sleep-related questions). Could the nightmare content, experienced perhaps in a time-limited period of weakened reality testing, also produce the phenomena of later fantastic allegations?

An additional comparison from archival data at TRI sheds some light on the issue of the rate of fantasy elements in false accounts of abuse. In the O'Neel and Dalenberg (1992) work, 46 children falsely reported an allegation of physical abuse to a blind interviewer (with the consent and help of their parents). These reports are known to be false, since the parent and child invented the story in a recorded session. The comparison group consists of children reporting an allegedly true incident of physical abuse ($n = 51$), although this time it is the allegedly true allegation group that contains an unknown number of false allegations. Children in this group discussed their true experiences in a recorded session with parents before the interviews. It is significant that the comparison between groups again shows that the "true" group contains more fantastic detail than the "false" group, and that the base rate of fantastic allegations within the false group was comparable to the initial videotape study,

Rather than state that this research shows unequivocally that the presence of fantasy elements increases the likelihood that the overall allegation is true, however, it is more correct to state that this research fails to support the common assumption that the presence of fantasy elements should lead evaluators to suspect the entire allegation.

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Fantastic Elements

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although the mean age was several years older (mean = 9.89, $SD = .93$).

The demographic pattern of the fantastic allegations in this sample is similar to the O'Neel and Dalenberg sample, although confirmation should await larger samples. The children whose allegations were more likely to contain fantastic allegations were disproportionately male, 3 to 9 years old (modal age 5 to 6), and alleged severe abuse that was confirmed by the evidence.

Again, although the statement that children whose allegations contain fantastic allegations were more likely to be judged accurate is statistically correct (on nontestimony-related grounds) it should not yet be argued that fantasy elements should make an interviewer more likely to believe abuse allegations. Instead, readers are reminded by the evidence here that aspects of a child's testimony that undermine credibility perhaps should not undermine credibility might do so for reasons more related to our prejudices and assumptions regarding fantastic material than to the results of evidentiary research.

Summary

It is premature, then, to make strong recommendations about the reasonable reaction of an interviewer to a child's fantastic statements during an evaluation. Some critics maintain that child abuse interviewers typically believe — like Alice in Wonderland — ten impossible things before breakfast. Without crediting that characterization, these data make it possible more fairly and strongly to represent in the academic and legal arenas that a fantastic detail should not automatically create an unbelievable child. The bias that can be produced by hearing such details from a child must be counteracted by scientific information about the source and meaning of fantastic detail. Clinicians are urged to embrace the true meaning of "skepticism" for scientists and clinical investigators. That is, we should reaffirm our commitment to approaching questions of interest with utter honesty, and with the willingness to entertain and critically evaluate multiple hypotheses, rather than reserving

These data make it possible more fairly and strongly to represent in the academic and legal arenas that a fantastic detail should not automatically create an unbelievable child.

critical skills for those hypotheses, researchers, clinicians, or children whom we already disbelieve.

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CULTURAL ISSUES

Religion and Child Abuse

—Bette L. Bottoms,
Phillip R. Shaver,
Gail S. Goodman,
and Jianjian Qin

Religious beliefs can foster, encourage, and justify child abuse, yet religious motivations for child abuse and neglect have been virtually ignored by social science researchers and the public. The exception has been concern over allegations of “satanic ritualistic abuse,” abuse alleged to involve florid features such as large numbers of perpetrators and victims, bizarre cult practices, animal and human sacrifices, and cannibalism. In the early 1990s, we conducted a large-scale survey of American clinicians to investigate the incidence, characteristics, and evidence for allegations of satanic ritualistic abuse. Ironically, although we found little convincing evidence of widespread satanic cult child abuse (see Bottoms, Shaver, & Goodman, 1991, for details), we did find evidence of many cases of child abuse and neglect involving non-satanic religious beliefs and practices (e.g., physical abuse related to attempts to rid a child of supposed evil, religiously motivated medical neglect, and sexual abuse perpetrated by religious authorities). We have called these abuses “religion-related” and provide an overview of our findings here. (For a fuller treatment of our methods and findings, please see Bottoms, Shaver, Goodman, & Qin, 1996.)

Physical abuse

It may be hard for many Americans to believe that religiously justified child abuse occurs with any frequency. After all, religion is supposed to provide directives for moral actions and promote human welfare, not add to degradation and misery. And religious organizations are often actively involved in child abuse prevention and victim treatment. Yet clearly, certain religious beliefs can lead to abusive behavior. As historian Philip Greven (1991) points out, encouragement for violent, physically abusive child-rearing practices can be traced to Biblical passages: “He that spareth his rod hateth his son; but he that loveth him chasteneth him betimes” and

Encouragement for violent, physically abusive child-rearing practices can be traced to Biblical passages.

“Withhold no correction from the child: for if thou beatest him with the rod, he shall not die. Thou shalt beat him with the rod, and shalt deliver his soul from hell” (Proverbs 13:24 and 23:13-14, respectively).

Some people extend a literal interpretation of religious writings so far as to equate a child’s misbehavior with the actual activity of Satan, assuming that evil spirits possess the child. Adults who hold such beliefs may perform ritualistic exorcism to rid such a child of evil. The outcome can be murderous to the child’s psyche, if not the child’s body. Even some mental health professionals may endorse the idea of demonic possession. For example, Friesen (1991) has argued for the use of exorcism in therapy—the ethics of which have been sharply questioned (Bowman, 1992).

Religious causes of harsh child discipline have recently begun to be studied (Greven, 1991; Capps, 1992); however, physical child abuse motivated by belief in demonic possession

has rarely been investigated by social scientists.

Medical neglect

Although it is the most common form of child maltreatment and can have severe consequences (Crouch & Milner, 1993), neglect receives little attention compared with sexual and physical abuse (Dubowitz, Black, Starr, & Zuravin, 1993; Johnson, 1993). Harm resulting from the deliberate withholding of medical care for religious reasons may be particularly serious because it is legally permitted in most jurisdictions (Myers, 1992), thus, unlikely to be stopped. It is perhaps because of this legal protection that religious motivations for child neglect have been largely ignored in the child abuse literature, even in work specifically examining medical neglect (e.g., Bross, 1982; Milner, 1993).

Jehovah’s Witnesses, who do not believe in blood transfusions, and Christian Scientists, who favor prayer treatment over medical procedures, are two examples of groups that shun the techniques of modern medicine. According to Christian Scientist

Note: This article is adapted from Bottoms, Shaver, Goodman, & Qin. (1995). In the name of God: A profile of religion-related abuse. *Journal of Social Issues*, 51, 85-111. Address correspondence regarding this article to Bette L. Bottoms, Department of Psychology (M/C 285), University of Illinois at Chicago, 1007 W. Harrison St., Chicago, IL 60607-7137.

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Nathan Talbot, the "best possible care" for children includes treating them with prayer alone for such serious afflictions as leukemia, club feet, spinal meningitis, bone fracture, and diphtheria. Talbot propounds the view that disease is "in the last analysis produced by a radically limited and distorted view of the true spiritual nature and capacities of men and women" (Talbot, 1983, p. 1642).

Although other countries (e.g., England, Canada) mandate medical care for children, in the United States, religious groups can cite the First Amendment's prohibition of government interference with religion as legal justification for negligent practices. In fact, most states do grant religious exemption to child protection (Bullis, 1991; Swan, 1994). In 1944 the U.S. Supreme Court ruled that "the right to practice religion freely does not include liberty to expose the community or child to communicable disease or the latter to ill health or death" (*Prince v. Massachusetts*, cited in Bullis, 1991, p. 551). In spite of this ruling, however, state legislators have been reluctant to budge from their scientifically unjustifiable position of retaining religious exemptions. Whether because of heavy lobbying by religious groups or a desire to maintain First Amendment rights, state legislators have supported statutes that exempt parents and others from prosecution for harm to children resulting from religiously motivated medical neglect.

In addition, although courts can and often do intervene by ordering medical treatment for children at severe risk, religiously motivated child neglect is unlikely to be reported in the first place, even by professionals outside of the church (Johnson, 1993). Probably because of the legal exemptions in place in most states, legal action in reported cases often stalls, though evidence may be overwhelming. Worse, the exemptions may be used in defenses against more serious

charges, such as manslaughter. In California, for example, a judge decided that a Christian Science couple should be acquitted of manslaughter of their infant son, who had died of treatable bacterial meningitis. According to the judge, some signs of improvement during the child's illness proved that prayer treatment did not necessarily constitute gross negligence (Bullis, 1991).

Legal sanctions are beginning to be applied against neglectful parents in an increasing number of cases, largely as a result of publicity that some child deaths have received and pressure from public and professional groups (e.g., the American Medical Association, Children's Healthcare is a Legal Duty; see Skolnick, 1994; Swan, 1983). Although more efforts are being made to repeal exemptions in state legislatures, it may be a long while before legal exemptions for religiously motivated medical neglect are dismantled. It is therefore important to understand the harm done by religiously motivated neglect, and the investigation and prosecution patterns associated with its disclosure.

Abuse perpetrated by persons with religious authority

Abuse perpetrated by religious officials can be psychologically damaging for children who have been raised to fear God and revere the Church and its leaders. To child (and adult) parishioners, religious leaders are by definition trustworthy, powerful, and free of mortal vice. Child sexual abuse perpetrated by religious figures is often characterized by emotions similar to those experienced by victims of familial incest: guilt, betrayal of trust, and shame (Blanchard, 1991).

Historically, the Catholic Church has resisted taking action against offending priests, often doing nothing more than changing their parishes (Blanchard, 1991; Laaser, 1991). In response to increasing attention

Whether because of heavy lobbying by religious groups or a desire to maintain First Amendment rights, state legislators have supported statutes that exempt parents and others from prosecution for religiously motivated medical neglect.

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from the media, the Catholic Church has begun to investigate itself and admit the need for public accountability. Still, even writers in religiously oriented journals urge that suspicions of child abuse by religious leaders be reported to legal authorities rather than to ineffective Church officials (Isely & Isely, 1990). Of course, sexual abuse is by no means a problem restricted to religious leaders of the Catholic faith. Our data include abuse cases involving ministers, priests, and others with religious authority from many faiths.

Survey method and summary of results

We surveyed a national sample of 19,272 professionals: 5,998 clinical psychologists who belonged to the American Psychological Association; 7,381 psychiatrists who belonged to the American Psychiatric Association; and 5,896 clinical social workers who belonged to the National Association for Social Workers. Our survey was conducted in two phases; response rates were 37% in each phase. In the first phase, a postcard survey ascertained which clinicians had encountered relevant cases. Respondents were asked to differentiate cases reported by children and those reported by adult survivors (i.e., adults 18 or older who claimed to have been abused in childhood). About a third (31%) had encountered at least one ritualistic or religion-related abuse case in their clinical practice.

In the second phase, a more detailed survey was sent to obtain more information about the cases themselves. Respondents provided detailed case information about a total of 417 religion-related abuse cases, of three kinds: (a) abuse involving the withholding of medical care for religious reasons; (b) abuse related to attempts to rid a child of the devil or evil spirits; and (c) abuse perpetrated by religious professionals such as priests, rabbis, or ministers. Of the 417 cases, we chose to study 271 "pure" cases (i.e., those involving only one kind of religion-related abuse):

25 medical neglect cases, 69 cases involving attempts to rid a child of evil; and 177 cases in which the perpetrator had religious authority.

Interestingly, some respondents resisted emphasizing the religious nature of their cases. For example, several clinicians hesitated to classify cases of beatings to rid children of evil as truly religion-related, noting that the perpetrators were psychotic. We had no hesitation in classifying them so: Our respondents clearly indicated that the perpetrator's beliefs were shaped and their abuses were scripted by religious ideology. For example, one respondent wrote: "I don't know if you would consider this truly related to religious issues: This paranoid schizophrenic mother allegedly said to her 5-year-old son [before stabbing him repeatedly], 'We're going to heaven, and you're going first.'"

Some respondents also resisted attaching religious significance to abuse perpetrated by religious professionals, arguing that sexual abuse perpetrated by religious officials was not different from other sexual abuses. Good reasons exist, however, for considering abuse perpetrated by religious professionals different from other kinds of sexual abuse. Publicly recognized religious leaders have authority and power that provide special access to children. Their sexual advances may be particularly confusing, guilt-inducing betrayals because they are thought

Publicly recognized religious leaders have authority and power that provide special access to children. Their sexual advances may be particularly confusing, guilt-inducing betrayals because they are thought to be moral or holy.

to be moral or holy. Parents often venerate religious authorities and the religion they represent, making it difficult for victims to disclose such abuse. Even adults who notice a suspicious relationship between a religious professional and a child are unlikely to question it (Isely & Isely, 1990). These special circumstances increase the likelihood that such abuse will recur without being reported and promote painful confusion in young victims that makes the long-term psychological consequences of such abuse difficult to bear.

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Using analyses of variance, we compared the three types of abuse cases on a number of dimensions. When we had sufficient data, we also statistically compared cases involving child victims with those involving adult survivors. We summarize our findings next.

Characteristics of abuse

Forms of maltreatment. Nearly all (94% of cases) of the abuse perpetrated by religious professionals was sexual in nature. Even if this percentage is inflated by false allegations, as some have suggested, the result is remarkable. Apparently, the role of unquestioned moral leader has given religious

authorities special access to children, similar to that of trusted family members in incest cases. About half (48%) of ridding-evil cases and a quarter (23%) of neglect cases included allegations of sexual abuse (though not sexual abuse perpetrated by a religious authority). Physical abuse, psychological abuse, and neglect were present at different levels across the three types of cases. By definition, neglect characterized more withholding of medical care cases than other types of cases, but it was also noted in some cases of ridding a child of evil. Physical abuse occurred at a higher rate in ridding-evil cases than in other cases, and the physical abuse suffered by victims was often quite severe. For example, one respondent reported a case in which an "eyeball was plucked out of a youth's head during an exorcism ceremony." Psychological abuse was most commonly reported in child ridding-evil cases and adult medical neglect cases.

Characteristics of victims and perpetrators

Number and gender. Our data did not support the contentions that most sexual abuse by religious authorities, particularly priests, is aimed at boys rather than girls and that it is perpetrated by men rather than women. Although more male than female perpetrators were reported, many females perpetrated such

abuse. In addition, male and female victims were about equally common.

Ridding-evil and neglect cases were roughly equally divided between male and female perpetrators. On average, more than two individuals perpetrated the neglect cases, split fairly equally in terms of gender. This probably reflects that fact that perpetrators were parents acting according to a shared religious ideology.

Victim age. Neglect and ridding-evil cases typically involved very young victims (average age of onset was 7 and 6, respectively). However, perpetrators with religious authority approached older victims (around 10 years old),

suggesting that very young children are less likely than older children to be abused in this manner.

Relationship of victim and perpetrator. Almost all religion-related abuse was committed by people the children knew and trusted. Neglect and ridding-evil cases were most often perpetrated by parents, and in 20% of the cases involving religious professionals, that professional was also a parent. Medical neglect cases involved acquaintance-perpetrators more than other kinds of cases, probably reflecting the participation of practitioners "accredited" by churches to provide alternative treatments.

Religion of victims and perpetrators. More than half of the religious authority cases involved Catholic perpetrators and victims, even though Catholics comprise only about 25% of the U.S. population. Most ridding-evil cases involved fundamentalists or Protestants, and fundamentalists were most likely to withhold medical care from their children. Protestantism was about equally likely to be involved in each type of case.

We investigated whether the abuse had any effect on the religious orientation of the victims. Of those victims whose religious orientations were known both before and after the abuse, 21% changed religious

Neglect and ridding-evil cases were most often perpetrated by parents, and in 20% of the cases involving religious professionals, that professional was also a parent.

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orientation. Most of those who changed were Catholic or fundamentalist, and the nature of the change was usually a repudiation of religion altogether.

Psychological sequelae of abuse

We examined the psychological symptoms for which victims sought therapy and the clinical diagnoses assigned to them by our clinician-respondents (see Goodman, Bottoms, Redlich, Shaver, & Diviak, in press, for more detail). Few diagnoses differed as a function of case type. In terms of symptoms, victims of attempts to rid evil (the most violently physically abused group) were most likely to act out with their own aggression.

Most victims sought therapy for depression, especially those abused by religious authorities. These victims also tended to have suicidal ideations and affective disorders. Strikingly, over a third of adult victims and almost a fifth of the child victims who reported being abused by religious professionals had considered suicide.

Multiple personality and other dissociative disorders were seen in more than 20% of adult cases of ridding-evil and medical neglect. Putnam (1989) and others have theorized that the etiology of dissociative disorders is extreme childhood abuse. Our data are compatible with the claim that there is a relation between harsh abuse in early life and later diagnosis of dissociative disorders.

Credibility of allegations and legal outcomes of cases

It is impossible to validate with certainty the cases reported to us, but we did ask a number of questions designed to obtain some indication of validity. The majority of respondents believed their clients' claims of harm, with no difference of belief among the three case types. On what basis? Clinicians were asked to describe the evidence for their cases, both for the harm itself and for the religious aspects of the case.

Allegations of abuse by religious professionals were more likely than other forms

of abuse to be supported only by clients' claims, and they were less likely to be accompanied by medical or other physical evidence. Even so, convincing evidence did exist in many cases (e.g., admissions on the part of the religious authorities involved). Generally, children's claims were backed with more convincing corroborative evidence than adult survivors' allegations, which often were supported only by symptomology and therapist opinion. In fact, *all* reports from children of medical neglect were substantiated, either by medical evidence or perpetrator confession. Corroborative evidence for children's claims was also more likely than for adults' claims in cases of medical neglect or ridding of evil. Often the evidence was quite convincing, such as straightforward admissions by parents or the discovery of a seriously maimed or dead child.

Overall, claims made by adults were more likely than claims made by children to never have been reported (87% versus 27%, respectively). In addition, social services was much more likely to have investigated

child cases (59%) than adult cases (8%). Compared to cases reported by adult survivors, cases reported by children were more likely to have been investigated by police or district attorneys, substantiated by social services or police arrest, and adjudicated. Once adjudicated, child cases were more successful: Only 1% of adult cases ended in conviction, while almost 20% of all child cases did.

Perhaps our most disturbing finding was that medical neglect cases were unlikely to be prosecuted even in the face of compelling evidence and the extreme nature of the abuse. It is remarkable that current laws protect perpetrators who act in ways such as the following, reported to us by a respondent: "Child's tumor was untreated. Needed amputation was not allowed. Father believed child was being punished for sins and could be cured only through prayer."

Perhaps our most disturbing finding was that medical neglect cases were unlikely to be prosecuted even in the face of compelling evidence and the extreme nature of the abuse.

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What are the implications of these findings for the validity of the abuse allegations in our cases? More adult than child claims may be false. Alternatively, the lack of hard evidence may reflect the fact that adults are reporting abuse that occurred many years previously. It would be surprising to find physical evidence after such a long time. It would also be surprising to find that the cases were as actively investigated as are cases today, given less societal awareness of child abuse years ago.

Nevertheless, considerable controversy surrounds claims of abuse made by adults who allege that religious professionals abused them as children. Although some Catholic priests have confessed to such abuse, corroborating victim claims, it is possible that some of these claims are false, especially claims involving formerly repressed memories of the abuse. Although the media lead us to believe such cases are common, in our data, repressed memory cases were rare compared with cases in which victims had always remembered the abuse. (See Lindsay & Read, 1995, for an excellent discussion of issues surrounding claims of repressed memory.)

Conclusion

In a 1988 review article, Gorsuch asked, "Is religion an important psychological variable?" When considering the abuse of children, our data indicate that it is. Religion-related abuse is particularly insidious when it is sanctioned or hidden by a church, causing victims to internalize blame and avoid disclosure, and, in turn, resulting in the perpetrators continuing their abuse as their chances for being discovered and punished are diminished. Of course, not all religion-related abuse is performed with a church's tacit permission, but some churches have been involved in cover-ups. Such practices led sociologist Andrew Greeley (himself a priest) to write in his preface to Jason Berry's (1992) book on sexual abuse by Catholic priests, "Bishops have with what seems like programmed consistency tried to hide, cover up, bribe, stonewall; often they have sent back into parishes men whom they

knew to be a danger to the faithful." Other religions have also participated in cover-ups of abuse.

Although we did not address them in this research, other forms of religion-related child abuse are significant and need future examination if we are to fully understand the point at which religion fosters damaging abuse rather than compassionate child rearing. For example, severe physical discipline for reasons rooted in religious ideology can be quite damaging. Some non-mainstream religious groups and isolationist cults have been found to practice severe beatings in the name of Godly discipline (e.g., Malcarne & Burchard, 1992). These practices, when exposed to the public view through the media, have been self-righteously criticized and rejected by society. Yet how different are these beliefs and practices from those of many "average" Methodist, Baptist, or Catholic parents? As Greven (1991) notes, abusive parenting styles have been driven by mainstream religious beliefs for centuries.

Our study leads us to believe that many more children are being abused in the name of God than in the name of Satan.

One of our respondents, the head of a child and adolescent psychiatry unit at a prominent mental health center, commented: "The cases I report herein are sad: an adult recalling abuse by fundamentalist

parents who may have been psychotic, two children who were abused by fundamentalist parents who believed that they were carrying out Biblical injunctions. These are bad enough situations without having the general population alarmed about some sort of satanic conspiracy." We agree. Our study leads us to believe that many more children are being abused in the name of God than in the name of Satan. Ironically, while the public concerns itself with passing laws to punish satanic child abuse, laws remain established that protect parents whose particular variants of belief in God deny their children life-saving medical care. The freedom to choose religions and to practice them will, and should, always be protected by our Constitution. The freedom to abuse children in the course of those practices ought to be curtailed.

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LAW Should Parents Be Told When a Convicted Child Molester Moves in Next Door?

—John E.B. Myers

Seven-year-old Megan Kanka was playing outside her suburban New Jersey home when she was approached by 33-year-old Jesse Timmendequas, who lived with two other men directly across the street. Timmendequas said, "Hi. Guess what? I have a new puppy at my house. Would you like to pet him?" Megan said yes and followed Timmendequas across the street and into his house. Once inside, Timmendequas took Megan to his room, slipped a belt around her neck, tightened it, and strangled the life out of her. When the little girl was dead, Timmendequas sexually assaulted her.

Megan's parents looked everywhere. In panic, they reported her missing. Less than 24 hours later, Megan's body was discovered where Timmendequas discarded it, next to a portable toilet.

Police investigators quickly focused on Timmendequas, who had two prior convictions for molesting young girls. Not long after he was taken into custody, Timmendequas confessed.

As if their grief was not enough, Megan's parents learned that the authorities knew all

along that Timmendequas and his roommates were convicted child molesters. If the authorities knew these dangerous men were living in a neighborhood filled with children, why were parents not informed so that they could warn their children? A simple warning might have saved Megan's life.

Men like Jesse Timmendequas pose a continuing threat to children, and prison is the only safe place for some sex offenders (Salter, 1995). Yet incarceration lasts only so long, and nearly all convicted child molesters eventually return to the community. State governments faced with the prospect of repeat sex offenders responded with three new legislative approaches.

Registration laws

Nearly all states require convicted sex offenders to register with authorities. Although details of registration laws vary from state to state, the laws generally require offenders to register with local law enforcement authorities, and to notify authorities when they move. Failure to register is a crime.

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The sex offender registry is used by law enforcement to generate lists of possible suspects when sex offenses occur. In addition, prospective employers check the registry.

Effective July 1, 1995, California established a statewide "900" number in the State Department of Justice (DOJ) that citizens can call to ask whether a particular individual is a registered sex offender (Cal. Penal Code §290.4). A caller must identify himself or herself (ruling out anonymous calls), must provide specific information about the suspected person, and must pay a modest fee. When the information generates a "hit," the caller is informed that the suspected person is a registered sex offender.

Although California's "900" number has yet to be challenged in court, sex offenders have challenged other registration laws. To date, however, court challenges have failed.

Involuntary civil commitment of sexual predators

A subgroup of child molesters poses such a high risk of reoffense that they are justifiably called sexual predators. Yet, like other criminals, when these men reach the end of their prison terms, they are entitled to release. Although these offenders are a significant danger to children, most of them are not "mentally ill" as that term is defined in state civil commitment laws. Because they are not mentally ill, they cannot be psychiatrically hospitalized against their will.

In 1990, the state of Washington broadened the concept of involuntary civil commitment to allow sexually violent predators to be involuntarily committed for treatment after their prison terms expire (Wash. Revised Code § 71.09.010 et seq). The Washington code defines a sexually violent predator as "any person who has been convicted of or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the per-

son likely to engage in predatory acts of sexual violence" (§ 71.09.020[1]).

In 1994, Wisconsin joined Washington by enacting the Wisconsin Sexually Violent Person Commitments Act (Wis. Statutes Annotated § 980.01 et seq.) The Wisconsin law defines mental disorder as "a congenital or acquired condition affecting the emotional or volitional capacity that predisposes a person to engage in acts of sexual violence" (§980.01[2]).

The Washington and Wisconsin civil commitment laws were challenged in court. Washington's law was attacked by Andre Brigham Young, a career criminal with a 30-year history of sexual violence, including six rape convictions. Young was about to be released from his latest stint in prison when he was

Although these offenders are a significant danger to children, most of them are not "mentally ill" as that term is defined in state civil commitment laws. Because they are not mentally ill, they cannot be psychiatrically hospitalized against their will.

civily committed as a sexually violent predator. Young raised a plethora of constitutional challenges to the law, all of which were rejected by the Washington Supreme Court (*In re Young*, 1993). Following his defeat in Washington's highest state court, Young took his case to federal court where, in 1995, he convinced a federal judge that the Washington law is unconstitutional (*Young v. Weston*, 1995 [holding that law violated substantive due process and rights against ex post facto laws and double jeopardy]). The ultimate fate of the Washington law awaits a decision from a higher federal court.

The Wisconsin civil commitment law was challenged in court by several committed sex offenders. In December 1995, the Wisconsin Supreme Court rejected the challenges and upheld the Wisconsin law (*State v. Carpenter*, 1995; *State v. Post*, 1995). The disappointed Wisconsin offenders' next step is to turn to the federal courts in hopes of a different result.

Long-term involuntary civil commitment is unquestionably a major infringement of liberty. A small proportion of sex offenders are so dangerous, however, that institutional

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incapacitation is the only effective way to protect the community. More states are likely to consider involuntary civil commitment for dangerous sexual predators.

Public notification of the whereabouts of sex offenders

If Megan Kanka's parents had known that three convicted child molesters lived across the street, Megan might be alive today. But Megan's parents did not know: no one told them. "As far as his neighbors . . . knew, Jesse Timmendequas was a mild-mannered laborer who lived with two roommates . . . and liked to show his new puppy to neighborhood children" (Hoffman, 1994, p. B1).

Should neighbors be informed when a convicted child molester lives across the street or down the block? Should local educators be informed? How about the YMCA, scouts, and girls and boys clubs? Arguments can be made to support both positions. On the one hand, parents, educators, and other concerned citizens are in the best position to protect children, and notification gives them the information they need.

On the other hand, critics argue that public notification creates a false sense of security (Prentky, 1996). They worry "that by isolating and ostracizing the released sex offender, these laws actually create the very problems they were designed to prevent. Still others contend that continued harassment from the public and the police does not allow released criminals a fair chance to start their lives again" (Boland, 1995, pp. 185-186). Bedarf (1995) argues that public notification offends the basic human dignity of sex offenders.

In addition to these practical and personal issues, critics argue that public notification violates the constitutional rights of convicted sex offenders. Finally, critics worry about vigilantism. The possibility that citizens will "take matters into their own hands" is not mere speculation. In 1993, for example, Joseph Gallardo, a convicted child rapist, was set to be released from a Washington State prison. A few days before Gallardo's

release, the local sheriff distributed pamphlets warning of his arrival and, not long thereafter, Gallardo's house mysteriously burned to the ground.

Despite the drawbacks of public notification, at least 22 states provide some form of public notice. Most public notification statutes are of very recent origin. For example, California's public notification statute was signed by the governor on October 10, 1995.

On May 17, 1996, President Clinton signed a new federal law—the federal Megan's law—requiring state and local law enforcement agencies to "release relevant information that is necessary to protect the public concerning a specific person required to register" as someone who has committed a criminal offense against a child [42 U.S.C. § 14071(d) (2)]. At the White House signing ceremony, the President stated:

From now on, every state in the country will be required by law to tell a community when a dangerous sexual predator enters its midst. We respect people's rights, but today America proclaims there is no greater right than a parent's right to raise a child in safety and love. Today, America warns: If

you dare to prey on our children, the law will follow you wherever you go, state to state, town to town.

With passage of the federal Megan's law, the number of states with public notification laws will rise dramatically, and with the new laws will come further legal challenges.

Most public notification laws create levels of notice tied to the dangerousness of the offender. The New Jersey law—known as Megan's law—is typical, providing three levels of notice: 1) if the risk of reoffense is low, notice is limited to law enforcement agencies that are likely to encounter the offender; 2) if the risk of reoffense is moderate, notice is given to community organizations, such as schools; and 3) if the risk of reoffense is high, the public is informed through means designed to reach citizens who are likely to encounter the offender.

If Megan Kanka's parents had known that three convicted child molesters lived across the street, Megan might be alive today.

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Should parents be told

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In October 1995, Schram and Milloy published a report on Washington's public notification law. Schram and Milloy's preliminary assessment found that "community notification had little effect on recidivism as measured by new arrests" (p. ii). At the same time, however, "[o]ffenders who were subjects of community notification were arrested for new crimes much more quickly than comparable offenders who were released without notification" (p. 16), indicating perhaps that offenders subjected to public notification are watched more closely and caught more quickly.

Sex offenders will challenge public notification laws in court. Megan's law, for example, was attacked almost immediately (*Doe v. Poritz*, 1995). In July 1995, the New Jersey Supreme Court upheld Megan's law, writing:

The essence of our decision is that the Constitution does not prevent society from attempting to protect itself from convicted sex offenders [W]e remain convinced that the statute is constitutional. To rule otherwise is to find that society is unable to protect itself from sexual predators by adopting the simple remedy of informing the public of their presence (pp. 372, 422).

In March 1995, a New Jersey federal court struck down Megan's law as unconstitutional (*Artway v. Attorney General*, 1995). In April 1996, a higher federal court vacated the lower court's decision (*Artway v. Attorney General*, 1996). As of this writing, New Jersey's Megan's law is back on the books,

although its future remains uncertain. Ultimately, the U.S. Supreme Court is likely to decide whether states have the authority to notify the public of sex offenders in their midst.

Conclusion

The laws described in this article will not stop child molestation. Yet the laws are rational measures that are intended to deal with dangerous criminals. In the final analysis, these laws are justified by law, logic, and common sense. Because of these laws, children are a little safer, and fewer of them will meet the terrible fate of little Megan Kanka.

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CHILD PROTECTIVE SERVICES

Current Trends in Child Abuse Reporting and Fatalities: NCPCA's 1995 Annual Fifty-State Survey

—Deborah Daro

The number of reported and substantiated cases of child abuse remained high last year, based upon data collected by the National Committee to Prevent Child Abuse (NCPCA) as part of its annual survey of child welfare administrators.¹ Overall, an estimated 996,000 children were confirmed victims of abuse and neglect in 1995, out of a total of 3.1 million reports. These figures are based on information collected from child protective service (CPS) administrators in 37 states and the District of Columbia indicating that each state averaged a 2% increase in reports between 1994 and 1995. This increase is slightly less than the 2.6% rise which occurred between 1993 and 1994. Overall, the total number of reports nationwide has increased 49% since 1986.

Fifteen out of every 1,000 U.S. children were substantiated as victims of child maltreatment in 1995, a figure that represents an average substantiation rate of 32%. By way of comparison, 34% of the reports filed in 1994 were substantiated. As a result of the declining substantiation rate, 4% fewer children were accepted on to CPS caseloads across the country in 1995 than were accepted in 1994. One interpretation of this statistic is that it reflects the stricter standards for confirmation being established in many states—standards that have resulted in fewer reported cases qualifying for formal CPS interventions.

Case characteristics

Cases involving charges of physical neglect continue to represent the most common type of reported and substantiated maltreatment. In 1995, 26 states provided the following breakdown for reported cases: 53% involved neglect, 26% physical abuse, 10% sexual abuse, 3% emotional maltreatment, and 7% other. For substantiated cases, 34 states gave the following breakdowns: neglect

¹Detailed descriptions of the study's methodology and specific findings can be found in *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1995 Annual Fifty-State Survey*, available from the National Committee to Prevent Child Abuse, 332 S. Michigan, Suite 1600, Chicago, IL 60604.

54%, physical abuse 25%, sexual abuse 11%, emotional maltreatment 3%, and other 6%. Similar to last year, these two patterns are essentially identical.

In prior years, substantiated cases tended to include a higher percentage of sexual abuse and a lower percentage of child neglect than was observed in the larger pool of all reports. The current similarity between the distribution of reported and substantiated cases among types of maltreatment suggests that type of abuse, alone, may not be as critical a factor as in the past in determining whether a case will be substantiated. Neglect cases are now as likely to be substantiated as cases involving other forms of maltreatment.

The 1995 data confirmed a continuing decline in the proportion of reported cases involving child sexual abuse. While such cases represented 16% of all reports in 1986, in the most recent survey, sexual abuse cases were only 10% of all reports. To a certain extent, the rapid increase in the number of reported cases of child sexual abuse observed in the mid- to late 1980s reflected the in-

Type of abuse, alone, may not be as critical a factor as in the past in determining whether a case will be substantiated.

creased awareness and attention to a form of maltreatment that had been virtually ignored prior to this time. Child welfare agencies across the country were inundated with cases, many of which had involved several years of ongoing abuse. After almost ten years of attention to this problem, it is possible that the reservoir of cases involving years of abuse has been reduced, causing child welfare to be less burdened with such cases. Further, improvements in professional practice and the rapid expansion of child assault prevention services have produced an environment in which cases are identified closer to the onset of the abuse.

Whatever the reason, the decline in the percentage of reported cases involving child sexual abuse coupled with the changes in the pattern of substantiated cases noted here has resulted in a downward trend in the number of sexual abuse cases currently on CPS caseloads. Looking at the absolute number of child sexual abuse cases substantiated by the 31 states able

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to provide us this information for both reporting periods, the number of such cases dropped almost 9% between 1994 and 1995. Nationwide, we estimate that approximately 109,230 new cases of child sexual abuse were accepted for service last year.

Presenting problems

Families reported for child maltreatment often display a number of problems that can contribute to the likelihood that they will engage in abusive behavior. Identifying these problems is a first step toward prevention. To assess whether specific patterns are shared by families on CPS caseloads across the country, respondents were asked to describe the major problems presented by their caseloads. Thirty-seven state liaisons responded to this question, with 81% (30 states) naming substance abuse as one of the top two problems exhibited by families reported for maltreatment. This is an increase over the 76% of the state liaisons that listed this response in 1994, and the 63% that indicated this pattern in 1993.

The second most frequently cited problem area noted by the respondents involved issues of poverty and economic stress. Eighteen liaisons (49%) indicated that these issues and the accompanying problems of poor housing and limited community resources were common among those families reported and substantiated for maltreatment. Sixteen liaisons (43%) also reported that their clients frequently lack specific parenting skills due either to various mental health problems, poor understanding of a child's normal developmental path, or young maternal age. Finally, seven liaisons (19%) reported that a significant percentage of their adult clients struggle with domestic violence and often present their own history of battering.

Service rates and foster care usage

A critical question concerns what happens to a child or family after a case has been substantiated. In the current survey, only 16 states could provide an estimate as to the

percentage of substantiated cases that had received CPS services. Figures ranged from 35% to 100%, with an average of 76% receiving some type of service. This figure is consistent with the 72% reported in 1994. While this level of service is notable given the increased number of reports, approximately 238,000 confirmed cases of child abuse had received no services to remediate the negative consequences of maltreatment. Of those who had received services, the top two most common interventions reportedly offered by the responding agencies were individual or family counseling, used by 47% (15 states), and family support services (25%) such as parent aid, parenting education, and child care. Four states also mentioned referrals as the most frequently received service by families on their caseloads.

The top two most common interventions reportedly offered by the responding agencies were individual or family counseling, used by 47%, and family support services (25%) such as parent aid, parenting education, and child care.

One service common across all CPS agencies is the removal of a child from the home, either during the

investigation or after allegations of maltreatment have been substantiated. When asked the total number of children removed from the home where abuse occurred, 19 states provided figures for 1995. More than 91,000 children from these states had been placed in alternative care for some period of time in 1995. For the fifteen states that provided both the number of children removed and the total number of substantiated child victims, approximately 22% of child victims had been removed from their homes in 1995 as compared to 24% removed in 1994 (based on data from 18 states). Further, only 5% of all children reported for maltreatment in these states had been removed from their homes.

Child abuse fatalities

One of the greatest tragedies is the death of a child from abuse or neglect. Although such deaths are relatively infrequent, the rate of child maltreatment fatalities confirmed by CPS agencies has risen steadily over the past eight years. The rate of fatalities rose from 1.30 per 100,000 to 1.81 between 1985 and 1995, a 39% increase. In 1995, an estimated

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1,215 children were confirmed as victims of abuse or neglect, based on data from 34 states comprising 67% of the U.S. population under eighteen years of age. Estimates for earlier years are based on at least 87% of the child population. If data were available from all 50 states and the District of Columbia for all nine years, the actual rate of change and total scope of the problem might vary somewhat from these projections.

Between 1992 and 1995, overall death rates remained unchanged. However, these data are not complete and as such should be viewed as estimated data. Seventeen states did not provide the number of child maltreatment fatalities for 1995, and five states still had some number of deaths under investigation at the time of the survey.

According to information from at least 22 states, 46% of the children who died between 1993 and 1995 had had prior or current contact with CPS agencies. This substantial percentage may reflect the fact that many states only investigate deaths of children with current or prior CPS contact, thereby ensuring that a high percentage of the reported deaths will involve such children. On the other hand, the inability of child welfare agencies to provide sufficient services to all victims or to conduct comprehensive investigations of all reports most likely contributes to this pattern.

At least 26 states were able to report the types of maltreatment that had caused the children's deaths. These percentages remained fairly stable over the years. Between 1993 and 1995, 37% died from neglect, 48% died from abuse, and 15% died as a result of both forms of maltreatment. Young children remain at high risk for loss of life. Based on data from all three years, this study found that 85% of these children were under the age of five, while an alarming 45% were under the age of one at the time of their death. In 1995, the rate of fatalities for children under five was 5.1 per 100,000 children.

Young children remain at high risk for loss of life. Based on data from all three years, this study found that 85% of these children were under the age of five, while an alarming 45% were under the age of one at the time of their death.

Child welfare funding

For the third consecutive year, state funding for child protective services improved. Twenty-three of the 42 states (55%) responding reported an increase in resources between 1994 and 1995. Three states (Hawaii, Kansas, and North Carolina) experienced budget cuts. While the remaining 16 states maintained stable funding, this funding level often prohibited needed staff or service enhancements, particularly in the area of child abuse prevention. Though 23 states reported an increase in funding, this did not necessarily translate into more staff. In 1995, 16 states (38%) hired new investigatory staff, 15 states (36%) were able to enlarge their supervisory staff, and 15 states (36%) increased the number of case managers.

In 1993, all states were provided new funding for child welfare intervention and prevention services when Congress approved the Federal Family Preservation and Support Services Program. As part of this legislation states were required to initiate a comprehensive planning process to determine how best to allocate these revenues, growing from a 1994 appropriations level of \$60 million to over \$900 million by 1998. When asked how the states are allocat-

ing these new resources, the liaisons indicated that, on average, 56% of the funds are being allocated to family support services (with responses ranging from 25% to 100%), while 40% of the funds are being allocated to family preservation (responses ranged from 0% to 75%). Finally, an average of 4% is being allocated to other purposes such as administration, training, technical assistance, and planning.

Recent actions in the U.S. Congress have limited the availability of these funds and have proposed that all child welfare funding, including those dollars specifically allocated to child abuse treatment and prevention, be allocated through a single block grant formula. When asked about the potential impact of this

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strategy on their child welfare system, 28 state liaisons (70% of those responding) indicated that the impact will be negative and 8 respondents (20%) were uncertain of the potential impacts. Three state liaisons (California, Colorado, and Michigan) reported that the overall impact would be positive and one state (South Carolina) reported that this change in federal policy would have no impact on their overall child welfare operation.

Despite concern with this strategy, 32 state liaisons identified as least one potential benefit that might result from the shift to block grant funding. The most common benefit cited was an increased flexibility in the planning and delivery of child welfare services. Twenty-seven respondents (84%) listed this benefit. In addition to this factor, six respondents (19%) indicated that the proposed change would foster a greater sense of cooperation and coordination among various public and private agencies in their local communities, and four respondents (12%) indicated that the change might result in less bureaucracy and paperwork.

A comparable number of respondents (33) identified potential negative consequences of the proposed change. Of these respondents, 24 (73%) expressed the concern that the block grant approach would result in fewer federal dollars being provided to each state to support child welfare services. As a result, respondents said certain programs would most certainly need to be cut. In addition, 11 of the respondents (33%) fear that the block grant system will eliminate key practice guidelines and standards, producing inconsistencies in the quality of child welfare service across states. Nine respondents (27%) said that the shift to a single block grant will "politicize" the planning process, forcing specific programs to compete with each other for legislative attention and support.

Conclusion

Child abuse reports remain at a high rate. Last year, child abuse reports rose 2%, exceeding 3.1 million in 1995. Overall, a slight decrease in the number of substantiated cases occurred, with an estimated 996,000 new

cases being accepted on to child welfare caseloads in 1995. For the second consecutive year, the proportions of cases involving various forms of maltreatment were essentially the same among the reported and substantiated cases, suggesting that a greater number of neglect cases and fewer child sexual abuse cases entered the system last year compared with prior years. Of those cases that were substantiated, approximately 76% received some form of service, and 22% of the substantiated cases involved the use of foster care.

Although the data suggest a slight decrease in the total number of child abuse fatalities, the number of these cases continues to be disturbing. An estimated 1,215 children were killed last year as a result of child abuse or neglect. Looking across the past three years,

46% of these fatalities involved children who had had current or prior contact with local child protective service agencies. The vast majority of these cases (85%) involved children under the age of five and almost half were under the age of one (45%). Despite the increased implementation of child death review committees, and administrative attention to the issue of child abuse fatalities, essentially no change in this statistic has been observed over the past ten years.

While 55% of the respondents indicated that their agency had experienced increased state funding between 1994 and 1995, these increases were relatively small and may well be offset by the decline in funding expected from federal sources. Indeed, 70% of the respondents had serious concerns about the recent move in Congress to block grant child welfare and related services. These concerns reflect not only the potential loss of funding but also the loss of federal leadership in this area, particularly with respect to supporting the increased emphasis on family support and other prevention services adopted by many child welfare administrators since passage of the Federal Family Support and Prevention Initiative.

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70% of the respondents had serious concerns about the recent move in Congress to block grant child welfare and related services.

MEASUREMENT AND ASSESSMENT TOOLS

Measuring Post-Traumatic Stress Disorder: The Children's Impact of Traumatic Events Scale- Revised

—Vicky Veitch Wolfe

To enhance our understanding of sexual abuse sequelae, researchers and clinicians require reliable, valid assessment tools that are theoretically meaningful and tap abuse-specific symptoms. Research has identified two symptom clusters specifically linked to sexual abuse: post-traumatic stress disorder (PTSD) and sexuality problems (Wolfe & Birt, 1996), highlighting the need for adequate assessment strategies in these areas.

The Children's Impact of Traumatic Events Scale-Revised (CITES-R; Wolfe & Gentile, 1991) was developed to assess abuse-specific PTSD symptoms, sexuality problems, abuse-related attributions, and abuse-related social support. Designed for children aged 8 to 16, the 78-item scale yields 11 scales in four areas: PTSD (Intrusive Thoughts, Avoidance, Hyperarousal, Sexual Anxiety); Eroticism; Social Reactions (Social Support, Negative Reactions from Others); and Attributions (Self Blame/Guilt, Dangerous World, Personal Vulnerability, Empowerment). Because children are asked to recall their abuse experiences and answer questions accordingly, the CITES-R is only appropriate for children who have reported an abuse experience. Items are written as first-person statements ("I have dreams or nightmares about what happened"), with response options ("very true, somewhat/sometimes true, or not true"). Though structured interview is the preferred administration format, older children with good reading skills can complete the form independently.

Two psychometric evaluations have been conducted on the CITES-R. The first evaluation included a factor analysis and a multitrait-multimethod (MTMM) investigation of the original 54-item scale (Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1992). The MTMM analysis reflected adequate concurrent and discriminant validity when compared with other parent-and-child-reported PTSD, sexuality, attributional, and social support measures. The second analysis was conducted with the 78-item CITES-R and included 350

sexually abused children and adolescents from six research and treatment programs across the United States and Canada. The sample ranged in age from 8 to 16 ($X = 11.72$; $SD = 3.2$) and 71% were female.

Two primary factors were identified: PTSD and Mediating Variables (primarily Social Reaction and Attributional items). Eroticism items also fell on the Mediating Variables factor, due to high correlations with Self Blame/Guilt items. Despite the two-factor solution, the 11-scale structure was also supported, and was retained for conceptual and reliability purposes. Alpha values range from .68 (Personal Vulnerability) to .89 (Negative Reactions from Others); the PTSD composite score has an alpha value of .91.

Research with the CITES-R corresponds well to general PTSD theory. In line with other PTSD research, individual differences in CITES-R PTSD symptomatology relate to three variables: severity of trauma, trauma-related attributions, and social support. Previous research has linked CITES PTSD symptoms with abuse severity (Wolfe, Gentile, & Wolfe, 1989; Wolfe, Sas, & Wekerle, 1994). CITES-R PTSD symptoms are related to CITES-R measures of social support and attributional style. The Intrusive Thoughts, Hyperarousal, and Sexual Anxiety scales all correlate positively with the Negative Reactions by Others, Self Blame/Guilt, and Personal Vulnerability scales. The Avoidance scale correlates positively with the Dangerous World scale. Concurrent validity of the CITES-R is supported by significant correlations between the Child Behavior Checklist PTSD scale (Wolfe et al., 1989) and all four CITES-R PTSD scales, and a significant correlation between the CBCL Sex Problems (Achenbach, 1991) scale and the CITES-R Eroticism scale. The CBCL Sex Problems scale does not correlate significantly with the CITES-R PTSD scales, and the CBCL PTSD scale does not correlate

In line with other PTSD research, individual differences in CITES-R PTSD symptomatology relate to three variables: severity of trauma, trauma-related attributions, and social support.

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Measuring Post-Traumatic Stress Disorder

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significantly with the CITES-R Eroticism scale, suggesting good discriminant validity.

The CITES-R taps all symptom dimensions required for a PTSD diagnosis (Diagnostic and Statistical Manual-IV; American Psychiatric Association, 1994; reexperiencing, avoidance, and hyperarousal). Based upon the DSM-IV PTSD diagnostic criteria of one reexperiencing symptom, three avoidance symptoms, and two hyperarousal symptoms, 75% of the 350 sexually abused children and adolescents referred to earlier met PTSD diagnostic criteria, when "somewhat or sometimes true" served as the standard for symptom endorsement. When "very true" served as the criteria for symptom endorsement, 32% met DSM-IV PTSD symptom criteria for diagnosis.

In conclusion, the CITES-R provides a conceptually relevant tool for assessing PTSD and sexuality symptoms with sexually abused children aged 8 to 16. The CITES-R also assesses abuse-related attributions and social support, which appear to mediate PTSD symptomatology. The scales demonstrate adequate internal consistency and concurrent and discriminant validity. The CITES-R provides a useful clinical and research tool for quantifying PTSD, and can also be used to generate information for DSM-IV-defined DSM-IV diagnosis.

CITES-R forms and related materials are available from the author at the address below. Alternate versions of the CITES-R are available for nonabused children and children who have witnessed family violence; research is currently underway examining differences between sexually abused and nonabused children's responses to identified stressful events.

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BOOK REVIEWS

Memory and Abuse: Remembering and Healing the Effects of Trauma, by Charles Whitfield. Deerfield Beach, FL: Health Communications, Inc., 1995. 375 pp. \$12.95 paperback.

—Reviewed by Diana Elliott

Charles Whitfield has set out to accomplish an admirable task: to explain the impact of trauma (particularly child abuse) on memory to the lay and professional audience. Written from a position that both explains the negative impact of abuse on memory and validates survivors, *Memory and Abuse* addresses many critical questions raised by the False Memory Foundation about the validity of traumatic memories. In addressing these contentious issues, Whitfield correctly addresses the psychological and political factors that are a part of the "false memory" debate. The result is an informative contribution to the mental health community.

The author opens the book by explaining and framing the debate over recovered memories. Drawing from cognitive, developmental, and trauma research, Whitfield highlights the similarities and differences between "normal" and "traumatic" memory. He indicates that the debate may have both positive and negative outcomes in the long run. On the positive side, this debate will increase sensitivity to false allegations of sexual abuse among therapists who work with trauma survivors, and will produce more and better research and clinical data in the area of trauma and memory. On the negative side, the author highlights throughout the book the potential deleterious impact of the debate on clients, therapists, and the lay community when attempts are made to silence survivors of child abuse.

Whitfield has accomplished the difficult feat of presenting the basic ideas of multiple theorists and researchers through the use of relatively simple tables and figures. Among the impressive list of writers and theories presented in the book are Bremner's research

on the effect of stress on the brain, Braun's model of dissociation, Herman's ideas on the recovery process, Nagy's guidelines for treating clients with repressed memories, Norman's view of memory processing, Terr's theory of single versus multiple traumas, and Yapko's ideas on suggestive clinical practices that should be avoided. In addition, the author uses tables to present the results of several research studies, and provides readers with the original source material. Using all of the data, Whitfield sets out his theory on trauma recovery and guidelines for appropriate clinical practices in working with trauma memories. He cautions against the use of clinical practices that capitalize on suggestion and encourages the use of supervision in such cases.

Several tables, however, may encourage polarized thinking by framing the opposing sides of an issue in a simplistic fashion. The tables are presented in an effort to simplify complex information; however, some issues are not easily reducible. Readers are encouraged to recognize that many of the concepts defy clear-cut dichotomies (e.g., factors that promote versus inhibit memory of an experience;

differences between traumatic versus ordinary memory; characteristics of true versus untrue memories of child sexual abuse). In these tables, it is sometimes difficult to determine when the author is relying on his opinion and clinical impressions, and when he is relying on studies that clearly support the principles presented. For this reason, readers should not give complete credence to the graphic representations of the issues. Rather, they should rely on the text, in which Whitfield appropriately differentiates his opinion from data throughout the book.

Overall, *Memory and Abuse* is apt to be a helpful resource. The book contains an extensive reference section of more than 700 books and articles written from both perspectives in the false memory debate, and more than 70 tables, figures, and appendices

Drawing from cognitive, developmental, and trauma research, Whitfield highlights the similarities and differences between "normal" and "traumatic" memory.

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explaining both the author's own ideas and those of many leading researchers and theorists in the field. However, when considering any book that attempts to summarize such a vast and controversial field, readers are encouraged to attend to those passages in which the author discusses his opinion — as opposed to the research data — and are advised to refer to the original sources when evaluating the specifics of any given study or theory. Although the book is intended for both lay and professional audiences, it may be most helpful to professionals in the field of child maltreatment who are better able to critique the scientific data presented and place it in context.

Diana Elliott, PhD, is Assistant Professor of Psychiatry at the University of California at Los Angeles Harbor Medical Center.



***Emotional intelligence*, by Daniel Goleman.**
New York: Bantam Books, 1995. 352 pp.
\$23.95 hardcover.

—Reviewed by Stuart N. Hart

Reviewers of *Emotional Intelligence* have given it grades of A to D, depending in some cases on whether it was found to match a given political perspective. One negative review declared it “politically correct” and “touchy feely agreeable,” while a more positive review highlighted its emphasis on self-sacrifice and self-control. The book’s “best seller” status and attention-getting *Time* cover story seem to have lowered the threshold for vested interest reactions. Should you read this book? You need not wait for the last sentence of this review: the answer is a resounding “YES!” The book’s heuristic value is of the first order; it has theory, research, policy, and practice implications for a multitude of human conditions, and contains much to interest professionals concerned with child maltreatment.

Through this book, Goleman makes his contributions not as creator, but rather as analyst, synthesizer, educator, and visionary.

Goleman makes his contributions not as creator, but rather as analyst, synthesizer, educator, and visionary.

His PhD in psychology, and former responsibilities as a teacher at Harvard, editor of *Psychology Today*, and reporter on the psychological and neurological sciences for the *New York Times*, have prepared him well for this role. In 16 chapters, six appendices and numerous vignettes, supported by over 400 reference and commentary notes, Goleman makes the case that personal and interpersonal emotional factors count at least as much as, and probably more than, cognitive factors in determining who we are, what we do, and the degree to which life is a satisfying or painful experience. Synthesizing several psychological perspectives on intelligence and emotion, Goleman clearly defines terms like Emotional Intelligence (EI) and Emotional Aptitude, and provides understandable summaries of recent breakthroughs in psychophysiological research that document the functioning of two major brain systems, the cognitive and the emotional. A particular strength of the book is the way Goleman marshals the research support for the validity of EI and offers tantalizing speculation about the relevance of this new construct to real life conditions, issues, and problems we care about.

Those concerned with child maltreatment should find, or be able to forge, fascinating connections between their professional interests and the EI construct. For example, it seems possible, in fact probable, that it is the emotional brain that produces distortions of attachment and interpersonal “attunement” in response to psychologically unavailable caretaking and other forms of abuse. Similarly, when a victim of child maltreatment is preverbal, it is the emotional brain that judges the self to be degraded and endangered; such an encoding process may render memories of such experiences inaccessible and make intervention difficult years later.

Goleman also describes more general processes that have clear links to the cycle of maltreatment. For example, according to Goleman strong emotions “can create neural

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static, sabotaging the ability of the prefrontal lobe to maintain working memory" so that we "just can't think straight." When this happens frequently it can undermine a child's intellectual abilities and thereby damage his or her capacity to learn. The intense fear and anger associated with many chronic abuse experiences may contribute to such processes. For these and many other factors relevant to child maltreatment (e.g., PTSD, interpersonal violence, family dynamics, anxiety, depression, social isolation, sociopathy), Goleman clarifies neurological and biochemical factors as they are related to EI. For example, he cites research showing that the most vicious wife batterers have been found to beat

their wives in a cold, calculating state, and to have their heart rates drop while they abuse, indicating that they become less physiologically aroused as they become more aggressive. Were these abusers born with different emotional response patterns, or is it not more likely that the reduction of anxiety and rage they experience by hurting others was learned by the emotional brain in response to dangers they faced when very young?

In addition to helping us understand how EI is related to the development of serious personal and interpersonal problems, Goleman describes research findings and recommendations for corrective interventions and prevention strategies. Guidelines specific to dealing with some topics, such as anxiety, depression, and school violence, are also provided. Goleman's enthusiasm is par-

ticularly strong for the integration of EI development programs into school curricula to enable persons to meet their basic emotional needs responsibly — to bring intelligence to emotions. His final chapter is devoted to this topic.

When a victim of child maltreatment is preverbal, it is the emotional brain that judges the self to be degraded and endangered; such an encoding process may render memories of such experiences inaccessible and make intervention difficult years later.

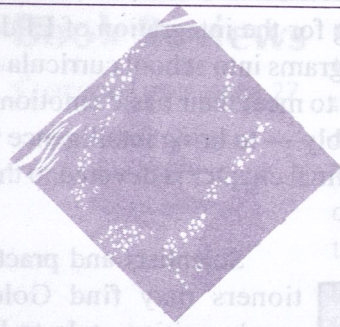
Scientists and practitioners may find Goleman's writing style to be frustrating at times, as it falls somewhere between a scholarly and popular press presentation. The book is easy to read and includes an abundance of reference support worthy of further consideration, but the threads of related material are somewhat scattered. Readers who desire a comprehensive understanding of issues must work to locate and connect

some of these threads. Certainly this is true for material of relevance to child maltreatment. EI is a complex construct in the early stages of its formulation. No single test or set of tests currently exists that can effectively measure its dimensions. But what is known about EI suggests that it is an important aspect of being human and quite influential in determining the quality of life we experience individually and collectively. Overall his book is quite stimulating and its heuristic value substantial. Its readers are likely to feel they are participating in a qualitative leap forward toward better understanding and management of human resources, challenges, potentials, and problems.

Stuart Hart, PhD, is Associate Professor of Educational Psychology at Indiana University-Purdue University at Indianapolis.

WANT TO BE MORE INVOLVED?

- Call your state chapter leader (see State Chapter News) and offer your services to the chapter.
- Call APSAC's Director of Membership Services to receive a member recruitment kit.
- Call APSAC's Publications Manager to receive author instructions for the *APSAC Advisor*.
- Send in requests for *Advisor* articles.
- Join the Legislative Network. (Call 312-554-0166 for a sign-up form.)



FIFTH NATIONAL COLLOQUIUM of the AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN JUNE 18 - 21, 1997 ◆ MIAMI BEACH, FLORIDA

APSAC's National Colloquium is more than an excellent source of advanced professional education: It is where APSAC's interdisciplinary members and leaders join forces to propel APSAC's growth. National committees, task forces, editorial boards, and state chapter leaders meet to refine publications, formulate practice guidelines, develop strategies for addressing public policy and legislative issues, and enhance APSAC's reputation as an authoritative source of information on child maltreatment for professionals and the public.

In Open Forums, members meet informally to discuss vital interest areas, including educating legislators effectively, the impact of developmental milestones on the assessment of children of color, surviving as a "child abuse" cop, current issues in adult survivor treatment and politics, and representation of children for guardian ad litem and court-appointed special advocates.

We hope that you will make the most of your affiliation with APSAC by coming to the Fifth National Colloquium, meeting other members face to face, sharing successes and challenges, brainstorming ideas, and lending your energy to the dynamic process of fulfilling APSAC's mission: ensuring that everyone affected by child abuse and neglect receives the best possible professional response.

The diverse and cosmopolitan city of Miami will be the site for APSAC's Fifth National Colloquium. Spectacularly located on the glittering Biscayne Bay, the city will be in exotic bloom during the Colloquium. Miami offers beach festivals and concerts; water sports and cruises; and great dance, theater, and music with an international flavor. At APSAC's 1997 Colloquium you will experience a vibrant, lively city while you strengthen ties with other APSAC members and benefit from stimulating, intensive advanced education for interdisciplinary professionals in the field of child maltreatment.

CALL FOR ABSTRACTS: Submission must be postmarked by September 1, 1996

APSAC is soliciting abstracts for advanced training and research presentation at its Fifth National Colloquium. APSAC's annual Colloquium is the field's primary forum for child abuse professionals to offer advanced training presentations and report new research findings concerning legal, medical, mental health, investigative, preventive, and protective services work with abused and neglected children, their families, and perpetrators of abuse. Presentations are encouraged on all aspects of child maltreatment, including physical, sexual, and emotional abuse and neglect; child victims, adult survivors, perpetrators, and non-offending family members; predictors and effects of maltreatment; effectiveness of interventions; and innovative techniques for investigation, intervention, and treatment. APSAC welcomes submissions from members and non-members.

Call 312-554-0166 for an abstract submission form.

MARK YOUR CALENDAR!

Plan to grow with APSAC through the year 2000 by attending the colloquiums:

- | | | | |
|-------------------------------|--------------------------------|----------------------|------------------|
| • Fifth National Colloquium | Fountainbleau Hilton | Miami Beach, Florida | June 18-22, 1997 |
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| • Eighth National Colloquium | Chicago Hilton and Towers | Chicago, Illinois | July 10-15, 2000 |

—Thomas F. Curran

The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. Selected articles from journals representing APSAC's multidisciplinary membership are represented in an annotated bibliography format.

PHYSICAL ABUSE AND NEGLECT

Dos Santos, L.M., Stewart, G., Meret, K. and Rosenberg, N.M. (1995). Soft tissue swelling with fractures: Abuse vs. nonintentional. *Pediatric Emergency Care*, 11(4), 215-216.

This brief but informative article describes 37 children under age eleven with long bone fractures seen in a large university children's hospital to determine if the amount of swelling at the fractured extremity indicated whether the fracture was the result of abuse or accident. More swelling was found in the accidental or unintentional injury group (11.2%) compared to 3.8% of the abuse group. It is suggested that this difference was attributable to a delay in getting medical treatment for the abuse group. Based on this, the authors caution that any acute fracture in children with minimal or no soft tissue swelling should be considered indicative of possible child abuse.

Flynn, C.P. (1996). Normative support for corporal punishment: Attitudes, correlates, and implications. *Aggression and Violent Behavior*, 1(1), 47-55.

An examination of Americans' attitudes toward the physical punishment of children is presented. Although support for spanking children was found to vary along lines of race, religion, education, and geographic location, overall, corporal punishment was found to enjoy overwhelming normative support in U.S. society. Research evidence of the harmful psychological effect of corporal punishment is reviewed, along with some reasons why our society continues its support for such "disciplinary" practices.

Kinard, E.M. (1995). Mother and teacher assessments of behavior problems in abused children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(8), 1043-1053.

This study compared maternal and teacher assessments of behavior problems in a sample of abused (N=172) elementary school-aged children and a matched comparison group (N=155) of nonabused children. The potential influence of maternal depressive symptomatology on these assessments was also examined. The findings support those of similar investigations reporting independent effects of abuse and maternal depression on assessment of child behavior problems. Both mothers and teachers rated the abused children, boys and girls, as having greater behavior problems than the nonabused children. The article concludes with a discussion of the need for intervention strategies to address reported behavioral problems of abused children and the role of maternal depressive symptoms.

SEXUAL ABUSE

Boudewyn, A.C. and Liem, J.H. (1995). Childhood sexual abuse as a precursor to depression and self-destructive behavior in adulthood. *Journal of Traumatic Stress*, 18(3), 445-459.

Child sexual abuse as a predictor of depression and self-destructive behaviors in adulthood was examined relative to other traumatic stressors in childhood and adulthood. In a college sample of 173 men and 265 women, 16% of the male and 24% of the female respondents reported having been sexually abused as children. Childhood sexual abuse predicted depression, chronic self-destructiveness, acts of self-harm, suicide ideation and suicide attempts. The more frequent and severe the abuse and the longer its duration, the more depression and self-destructiveness was reported in adulthood.

Cohen, J.A. and Mannarino, A.P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(1), 42-50.

This study evaluated the relative efficacy of two different treatment modalities for recently sexually abused preschool children. A cognitive-behavioral intervention was compared to a nondirective supportive treatment model. The primary goal of both interventions was to study symptom reduction (based on a set minimum level of symptomatology required for inclusion in the study). Significant differences between the two groups were measured at the end of a 12-week treatment period, with the cognitive-behavior therapy group demonstrating more symptomatic improvement on almost all of the outcome measures used. There was no difference, however, in parents' reports of satisfaction between the treatments they received.

Cosentino, C.E., Meyer-Bahlburg, H.F.L., Alpert, J.L., Weinburg, S.L. and Gaines, R. (1995). Sexual behavior problems and psychopathology symptoms in sexually abused girls. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(8), 1033-1042.

The purpose of this study was to replicate previous research on the specificity of sexual abuse effects by employing psychiatric and nonpsychiatric controls in conjunction with a comprehension instrument for the assessment of sexual behavior. The relationship between sexual behavior problems and psychopathology symptoms, such as aggression, was also examined. Results indicated that both the sexually abused girls and the psychiatric controls manifested more sexual behavior problems and psychopathology symptoms than the nonpsychiatric controls. Excessive sexual behavior seemed to be uniquely associated with sexual abuse and occurred within the context of other forms of psychopathology symptoms, especially aggressive, externalizing behavior problems.

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Journal Highlights

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Cross, T.P., Whitcomb, D. and DeVos, E. (1995). Criminal justice outcomes of prosecution of child sexual abuse: A case flow analysis. *Child Abuse and Neglect*, 19(12), 1431-1442.

This study examined the progress and disposition of child sexual abuse cases referred for prosecution in four urban jurisdictions. Although most cases were accepted for prosecution, only 9% of the total sample actually went to trial. The vast majority of cases carried forward for prosecution resulted in guilty pleas. In a study that dispels many common myths about the prosecution of child sexual abuse, the authors provide a thought-provoking discussion of why child sexual abuse trials are, in fact, so rare, and what potential implications this has on pre-trial investigations.

Faller, K.C. (1995). A clinical sample of women who have sexually abused children. *Journal of Child Sexual Abuse*, 4(3), 13-30.

This article describes a study of a clinical sample of (72) women who allegedly sexually abused a total of 332 children. A wide range of situations were discovered in which the women sexually abused children. The reported sexual activity usually involved multiple victims, and in three-fourths of cases, intrusive sexual activity (i.e., oral sex or penetration). The women also had significant problems in functioning, with high rates of substance abuse, mental illness, and other mistreatment of their children. This study also found that women sexually abused children within and outside of their own families. There was an apparent reluctance to prosecute these women, and none were tried and convicted. The author presents an important discussion regarding whether a woman must be more deviant than a man to sexually abuse a child, or merely must be more disturbed to be recognized by professionals as a sexual offender.

Finkelhor, D. and Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(11), 1408-1423.

This article reviews the findings from (29) research studies that used qualitative outcome measures to evaluate the effectiveness of treatments for sexually abused children. Overall, the studies reviewed document improvements in sexually abused children consistent with the popular belief that therapy naturally facilitates recovery. Interestingly, though, only five of the 29 studies examined provided evidence that recovery was not due simply to the passage of time or some other factor not associated with therapy. Certain problems, such as aggressiveness and sexualized behavior, were found to be particularly resistant to intervention. Several special considerations for future sexual abuse therapy outcome research are discussed persuasively and in detail, including: children with no symptoms; possible "sleeper" effects; abuse-focused therapy; and the significance of family context on recovery.

Gallop, R., McKeever, P., Toner, B., Lancee, W. and Lueck, M. (1995). The impact of childhood sexual abuse on the psychological well-being and practice of nurses. *Archives of Psychiatric Nursing*, 9(3), 137-145.

The psychological well-being of nurses who reported being sexually abused as children is compared with that of nurses who reported no childhood abuse. The impact of the abuse on the nurses' professional practice is examined. Study results provide further evidence on the impact of childhood sexual abuse on the general well-being of women. Nurses who reported being sexually abused scored much lower on scales measuring self-esteem and much higher on distress scales than did nurses who reported no abuse. The discussion of the role self-esteem plays in the ability of helping professionals to function effectively in their respective jobs is insightful.

Kaemingk, K.L., Koselka, M., Becker, J.V. and Kaplan, M.S. (1995). Age and adolescent sexual offender arousal. *Sexual Abuse: A Journal of Research and Treatment*, 7(4), 249-257.

The purpose of this study was to examine the relationship between age and sexual arousal as measured by penile plethysmography in a sample of 104 adolescent sexual offenders. As hypothesized, erectile responses were found to be negatively correlated with age. Younger adolescents had erectile responses to a greater number of measurement stimuli. Implications of this study's findings on treating adolescent sexual offenders are discussed.

Marshall, W.L. and Mazzucco, A. (1995). Self-esteem and parental attachments in child molesters. *Sexual Abuse: A Journal of Research and Treatment*, 7(4), 279-285.

Self-esteem and other possible indices of the quality of the subjects' parental attachments in a sample of child molesters (N=24) and nonoffenders (N=23) were evaluated. Of the various measures used, only the Social Self-Esteem Inventory and the Child Sexual Abuse Scale produced significant group differences. The molesters had lower self-esteem and were more likely to report sexual victimization than were the nonoffenders, and maternal rejection scores proved to be the best predictors of self-esteem.

Saunders, B.E., Lipovsky, J.A. and Hanson, R.F. (1995). Couple and familial characteristics of father-child incest families. *Journal of Family Social Work*, 1(2), 5-25.

Results from a study describing couple and family system characteristics of 54 father-child incest families are discussed. Findings indicated that, when compared to normative scores, parents in incest families reported above-average social isolation, higher levels of moral-religious emphasis and lower emphasis on personal independence. No support was found for the commonly reported enmeshed family cohesion; however, half of the couples reported significant distress, including sexual problems, in their relationships.

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OTHER ISSUES IN CHILD MALTREATMENT

Bjerregaard, B. and Blowers, A.N. (1995). Charting a new frontier for self-defense claims: The applicability of the Battered Person Syndrome as a defense for parricide offenders. *University of Louisville Journal of Family Law*, 33(4), 843-873.

This article examines various legal issues involved in parricides (parents who are killed by their children), where abused children strike back and kill their parents in non-confrontational situations. The viability and desirability of asserting the "battered person syndrome" as part of a self-defense claim in such cases is examined in detail. The authors provide an overview regarding the assertion of the "battered person syndrome" defense.

Gil, D.G. (1996). Preventing violence in a structurally violent society: Mission impossible. *American Journal of Orthopsychiatry*, 66(1), 77-84.

While the words "child abuse" are not even used, this article presents an interesting explanation of violence from a sociopolitical and economic perspective. The author presents an argument, grounded in socio-cultural traditions, that violence prevention efforts by government agencies and professional organizations will continue to be futile because they target controlling, punishing, and changing the behavior of violent individuals rather than directly addressing the root causes of violence. The authors argue that these causes lie in oppressive and unequal social conditions and disregarded values. Food for thought regarding the commission and prevention of child maltreatment is embedded in the arguments presented.

Gleason, W.J. (1995). Children of battered women: Developmental delays and behavioral dysfunction. *Violence and Victims*, 10(2), 153-160.

Using a sample of 47 children living with their mothers in a battered women's shelter, this study examined the extent of developmental delays and behavioral dysfunction in these child witnesses to family violence compared with the prevalence of such delays in a normative comparison sample. Children of the battered mothers were found to have significantly greater delays and behavioral dysfunction than children in the comparison group, although no differences were found between sexes or age groups.

Harrison-Speake, K. and Willis, F. (1995). Ratings of the appropriateness of touch among family members. *Journal of Nonverbal Behavior*, 19(2), 85-100.

This study was designed to assess the degree of agreement regarding the appropriateness of different types of parent-child touch. No differences were related to the gender of the respondents and very few were related to the respondents' age, income, or marital status. Although cultural differences within the groups were not assessed, African-Americans rated many of the touches as being less appropriate than did whites.

Henning, K. Leitenberg, H., Coffey, P., Turner, T. and Bennett, R.T. (1996). Long-term psychological and social impact of witnessing physical conflict between parents. *Journal of Interpersonal Violence*, 11(1), 35-51.

A community sample of 617 adult women completed a questionnaire about witnessing parental physical conflict before the age of sixteen. Twenty percent (123) of the respondents reported witnessing some type of physical conflict between their parents. Women who reported witnessing such a conflict as children reported higher levels of current psychological distress and lower levels of social adjustment. The authors indicate the need for sensitivity to other factors associated with marital violence that could account for the effects attributed to witnessing marital physical aggression.

Meadows, R. (1995). What is, and what is not, Munchausen Syndrome by Proxy? *Archives of Disease in Childhood*, 72, 534-538.

Although brief, this article provides an excellent examination of Munchausen Syndrome by Proxy (MSBP), including some of the problems surrounding this diagnosis. The discussion of criteria used to diagnose MSBP, including those most recently included in the DSM IV, is especially useful. This article is a "must read" for all professionals in child protection, but particularly for those in health care.

Milner, J.S. and Murphy, W.D. (1995). Assessment of child physical and sexual abuse offenders. *Family Relations*, 44(10), 478-488.

This article reviews different standardized and offender-specific measures developed for the assessment of psychological, physiological, and interactive characteristics of child physical and sexual abusers. Data obtained from implementing these various measures are presented in specific detail, along with the varying degrees of success each has had in describing abusers or screening for potential child abuse. Because the available research clearly fails to provide a single offender profile for physical or sexual abuse, the authors caution that data from existing measures should not be used in any court proceeding as evidence that an individual either has or has not abused a child.

Zaparniuk, J., Yuille, J.C. and Taylor, S. (1995). Assessing the credibility of true and false statements. *International Journal of Law and Psychiatry*, 18(3), 343-352.

By implementing statement validity analysis (SVA), this study attempts to examine the credibility of adults' statements. Considerable attention focuses on one of the two components of SVA: criteria-based content analysis (CBCA). The other component of SVA is validity checklist. According to the authors, CBCA assesses the presence or absence of several criteria, which, they claim, often characterize true statements. No empirical support is offered for this claim. This article presents evidence of the lack of any scientific basis for SVA, and CBCA in particular.

WASHINGTON UPDATE

June 10, 1996

Welfare reform/CAPTA block grant back on the agenda

—Thomas Birch

The prolonged debate over welfare reform has returned to the congressional legislative agenda with action in the House Ways and Means Committee to draft a welfare reform bill. The legislation considered by the committee in early June, H.R. 3507, is almost identical to the welfare reform bill vetoed by President Clinton last year, with its proposed Child and Family Services Block Grant combining the Child Abuse Prevention and Treatment Act (CAPTA) with other programs for protecting children and preventing abuse and neglect.

The proposed block grant would combine funds for CAPTA basic state grants, discretionary research and demonstration grants, community-based family resources, adoption opportunities, abandoned infants, and respite child care and crisis nurseries programs into a single grant to the states to address any of these programmatic purposes.

Most of the criteria for state grant eligibility required in CAPTA would apply to the block grant, with the notable omission of the guardian *ad litem* requirement. Any focus on support for prevention would be lost in the proposal for a Child and Family Services Block Grant as well as in the other block grant proposed by the House for foster care and adoption assistance, which would fold in funding for family preservation and support. The principle difference from last year's welfare reform package in the child protection programs is the maintenance of entitlement funding for Title IV-E foster care and adoption assistance payments.

The Clinton Administration and moderates in the House and Senate have proposed legislation to reform welfare that do not create block grants from child protection programs or make other changes in related federal statutes. It is difficult to predict whether this approach will be approved by Congress. Given the presidential election at stake this year, the legislative calendar in Congress has become hostage to presidential politics. The question of whether to send President Clinton a welfare bill to sign seems not to have been

answered by his Republican opponents on Capitol Hill. The decision appears to rest with Dole and his political needs in the presidential campaign.

If no action has been taken on welfare reform by the August recess, it is unlikely that a bill will go forward. Congress plans to adjourn in early October after spending September finishing up FY97 appropriation bills. Whether or not CAPTA will be reauthorized this year is also unsure, but appropriated funding for CAPTA's programs seems assured whatever the legislative outcome.

House panel votes continued funding for child abuse

Funding for child abuse and neglect basic state grants and discretionary grants decreased by 8% in the final fiscal 1996 funding bill for the Department of Health and Human Services (HHS), with \$21.026 million going to state grants and \$14.154 million allocated for research and demonstration grants. The community-based family resource program, with state Children's Trust Funds as the prime grantees, saw its funding cut back to \$23 million in FY96. This had grown from \$5 million in FY94 to \$31.363 million in FY95 as a result of consolidation with child abuse emergency protection grants and family resource grants. The House had originally zeroed out the prevention program.

Most child welfare programs saw drops in funding in the appropriation bill from the previous year's budget levels, with a notable spending increase for family preservation and family support grants, from \$150 million in 1995 to \$225 million this year, the same level proposed by President Clinton.

Parental rights approved by senate panel

The Parental Rights and Responsibilities Act, S.984, was approved on April 17 on a 4-3 party-line vote by the Senate Judiciary Subcommittee on Administrative Oversight and the Courts, chaired by the bill's principal sponsor, Sen. Charles Grassley (R-IA). Advocates have focused attention since then on delaying the bill's consideration by the full Senate Judiciary Committee.

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Washington Update

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The bill creates a federal right to sue governmental agencies, like school boards, community health clinics, and child protective services agencies if parents feel they have been denied their rights to direct their children's education and upbringing, including how to discipline a child and the use of "reasonable corporal punishment." While the bill sounds innocuous with its aim to give

parents more control over the upbringing of their children, opponents warn that its enactment would jeopardize the rights of parents and risk the well-being of children.

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

APSAC Staff

APSAC's staff works hard as partners with the Board of Directors to provide the services APSAC members need. We hope this staff list will grow substantially over the next few years! We invite you to consult it in directing your questions and ideas about APSAC activities and services.

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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
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- *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:

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

Dana Gassaway (Criminal investigation: CA)

Carolyn Levitt, MD (Pediatrics:MN)

All of these professionals have provided invaluable service on the Board of Directors. We hope they will continue to take advantage of the many opportunities APSAC offers for service both on and off the Board.

Members respond enthusiastically to call for involvement in committees

In the last issue of the *APSAC Advisor*, a Committee Nomination Form invited all members to volunteer for service on APSAC committees. As a result, over 50 members have volunteered to serve on committees — among them Program, Media Relations, Legislation, Membership, Development, Cultural Diversity, and Publications. Committee assignments will be made by in consultation with committee chairs in July.

The talents and energy of everyone who wants to serve can greatly enhance APSAC's ability to fulfill its important mission: ensuring that everyone affected by child abuse and neglect receives the best possible professional response. We hope that all members who want to contribute will work with existing Board and staff to find the ways in which they can be most effective — by serving on national committees or task forces, involving students in the association, writing for the *Advisor*, making state chapters thrive, or simply by telling interdisciplinary colleagues, at every opportunity, about APSAC's mission, goals, and accomplishments.

Every member plays a role in APSAC's success. We are delighted to see so many step forward to volunteer their services.

APSAC reorganizing to achieve goals

In December 1995, APSAC's Board of Directors established a small Organizational Assessment Committee to take stock of APSAC's *modus operandi* and make recommendations to ensure our continuing success. This self-assessment is one of the most valuable efforts the organization has ever undertaken. The committee's recommendations, embraced by the Board, are certain to improve APSAC's functioning in ways that will be felt by members:

- **Improve data management.** APSAC's membership management software is anti-

quated, rigid, and inefficient. Members, donors, committees, task forces, conference participants, and prospective members are all in multiple databases, making information management extremely difficult and allowing too many details to fall through the cracks. The Board has approved the purchase of a comprehensive new membership management database which will allow staff to gather all of this vital information under one "roof." As a result, communications with individual members will be much more efficient.

- **Attend to resource realities.** APSAC's Board, staff, and members at large have no end of ideas for activities that will benefit APSAC's members and the clients they serve. We have had a tendency, in the past, to say "yes" to almost all of these ideas. The result has been fantastic output overall — accompanied by exhaustion on the part of some volunteers and staff, and some unfulfilled commitments. To ensure that APSAC devotes its resources to the most beneficial activities and those that we can accomplish, the Board is instituting several new policies:

- Spelling out clear expectations for Board members, Executive Committee members, and committee and task force chairs, so that people volunteering to undertake these activities know exactly what is entailed.

- Instituting clear groundrules for undertaking new activities. Written proposals must be accompanied by a statement clarifying the activity's contribution to APSAC's mission, and a business plan demonstrating the impact on staff and budget.

- Ensuring a formal review of progress on existing commitments. This review will help determine whether new activities can be undertaken, and whether old ones should be reorganized or scrapped.

- **Involve more members.** Many of APSAC's volunteer leaders put in hours every week fulfilling a wide variety of commitments to the organization. This level of effort threatens to wear out some of the volunteers we have, and might inadvertently discourage other members from participating. The Committee Nomination Form is one new structure for eliciting the active involvement of more APSAC members, and, as reported above, was highly successful. We hope that member

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News

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input will help us develop many other such structures.

APSAC's staff and volunteer leaders could not be working harder to fulfill APSAC's mission and respond to members' needs. We invite you to join us by contributing your ideas and energy.

Coming next quarter

- Highlights from the 1996 Colloquium. (Registration is booming!)
- A revised edition of APSAC's first set of guidelines, on psychosocial evaluation of suspected sexual abuse in children, from the task force chaired by Lucy Berliner, MSW.

Theresa Reid, MA, is Executive Director of APSAC.

FAREWELL, AND THANK YOU!

Many years ago, when APSAC had a few hundred members and was one of several activities housed in a small basement office at the University of Chicago, I hired Betty Johnson, a recent University of Chicago graduate, to maintain the growing membership database. Since that time, APSAC's membership has grown to over 5,000, and Betty has responded with grace and good humor to every demand a burgeoning organization puts on staff. Betty has lifted boxes, moved furniture, counted ballots, entered data, written brochure copy, managed staff, counseled chapter leaders, and patiently and expertly answered a million (conservatively) questions from members and non-members alike. Betty's remarkable personal commitment to the organization and its members shows in everything she does. At the end of June, Betty will leave APSAC's employment to pursue a long-deferred dream: earning a master's degree in arts administration, at the School of the Art Institute of Chicago. Betty has deferred this dream to continue her service to APSAC. That service has been rare and invaluable. Betty will be missed, by me, by the rest of the staff, and by the many members who have benefitted from her warm personal touch.

—Theresa Reid

Psychobiology of Posttraumatic Stress Disorder

A New York Academy of Sciences Conference, September 7-10, 1996, New York City

CONFERENCE CHAIRS

Rachel Yehuda, Ph.D.

*Mount Sinai School of Medicine,
Bronx Veterans Affairs, New York*

Alexander C. McFarlane, M.D., FRANZP

*University of Adelaide
South Australian Mental Health Service*

CONFERENCE TOPICS

- Phenomenological Foundation for Biological Studies
- Psychobiological Findings in PTSD
- Neurodevelopmental Effects of Trauma
- Neurobiological Basis of Traumatic and Non-Traumatic Memory Impairment in PTSD
- Neurodevelopmental Effects of Trauma: Biological Studies of Children
- Psychobiology of Treatment
- Psychopharmacologic Treatment of Trauma and in PTSD and Other Psychiatric Disorders

INVITED SPEAKERS

Seymour M. Antelman
Larry Cahill
Dennis Charney
Jonathan Davidson
Michael Davis
Edna B. Foa
Matthew J. Friedman
Earl Giller

Bonnie L. Green
Jack Gorman
Terence M. Keane
Joseph LeDoux
Charles Marmo
Bruce S. McEwen
James L. McGaugh
Richard J. McNally

Thomas Alan Mellman
Michelle Murburg
Charles Nemeroff
Scott P. Orr
Stephen R. Paige
Roger K. Pitman
Robert M. Post
Frank Putnam

Robert Pynoos
Scott L. Rauch
Patricia A. Resick
Philip Saigh
Arieh Y. Shalev
Larry J. Siever
Steven Southwick
David Spiegel

Murray B. Stein
Martin H. Teicher
Bessel A. van der Kolk
Jessica Wolfe

FOR MORE INFORMATION PLEASE CONTACT

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CONFERENCES

APSAC Discounts

September 16-21, 1996. *"Weaving a National Commitment: New Challenges and Strategies for Protecting Children."* Eleventh National Conference on Child Abuse and Neglect. Washington, D.C. Sponsored by the National Center on Child Abuse and Neglect (NCCAN), ACYF, and the U.S. Department of Health and Human Services. Contact Cheryl Rust, Rachel Charlip, or Alexandra Cheriyan, Research Assessment Management, Inc., 1300 Spring St., Ste. 210, Silver Spring, MD 20910. Call: 301-589-8242.

September 16-19, 1996. *Eleventh Midwest Conference on Child Sexual Abuse and Incest.* Middleton, WI. Sponsored by the University of Wisconsin-Madison Division of Continuing Studies, Health and Human Issues. Call Denise Nolden at 608-263-2088.

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.

March 19-21, 1997. *13th National Symposium on Child Sexual Abuse.* Huntsville, AL. Sponsored by the National Children's Advocacy Center. Call 205-534-1328.

Other Conferences

August 5-9, 1996. *"Summer Symposia by the Sea." Advanced Courses in Child Protection.* San Diego. Sponsored by the Center for Child Protection. Contact Robbie Webb: fax: 619-974-8018; e-mail: 103050.100@compuserve.com

August 6-8, 1996. *"Putting the Family-Centered Approach into Practice."* Kansas city, MO. Sponsored by the National Resource Center for Family-Centered Practice, University of Iowa School of Social Work. Call Sarah Nash at 319-335-2200 for more information.

August 12-16, 1996. *Basic Training for Child Abuse Prosecutors and Investigators: Summer National Conference.* Westin La Paloma Resort, Tucson, AZ. Sponsored by the American Prosecutors Research Institute's National Center for Prosecution of Child Abuse. Call 703-739-0321.

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 Dr. Imelda Ryan, Our Lady's Hospital, Crumlin, Dublin, 12; phone 353-1-455-8221/455-8220; fax Int. 353-1-4550220; e-mail ispcan@indigo.

August 19-23, 1996. *"Summer Symposia by the Sea." Advanced Courses in Child Protection.* San Diego. Sponsored by the Center for Child Protection. Contact Robbie Webb: fax: 619-974-8018; e-mail: 103050.100@compuserve.com

September 11-12, 1996. *National Forum on Children and Violence.* Los Angeles, CA. Sponsored by Children's Institute International. Call 213-385-5100, ext. 202.

September 25-27, 1996. *"Changing Realities of Working with Children and Families." 16th Annual National Rural Families Conference.* Manhattan, KS. Sponsored by Kansas State University Division of Continuing Education. Contact conference co-directors Steve Bollman at 913-532-6984; or Charlie Griffin at 913-532-6958. You may also contact conference coordinator Janice Nikkel at 913-532-5747; e-mail, jnikkel@dce.ksu.edu


October 5-11, 1996. *CWLA Biennial.* St. Petersburg, FL. Sponsored by the Child Welfare League of America. Call 202-638-2952.

October 22-27, 1996. *Conference of the American Academy of Child and Adolescent Psychiatry.* Philadelphia, PA. Call 202-966-7300 or 1-800-333-7636.

November 9-13, 1996. *ISTSS Annual Conference.* San Francisco, CA. Sponsored by the International Society for Traumatic Stress Studies. Call 708-480-90289 for more information.

November 10-12, 1996. *First National Conference on Shaken Baby Syndrome.* Salt Lake City, UT. Sponsored by the National Network on Shaken Baby Syndrome and the Child Abuse Prevention Council of Utah. Call 718-583-2000 or 801-399-8430.

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

American Professional Society on the Abuse of Children
407 S. Dearborn, Suite 1300 • Chicago, IL 60605 • 312-554-0166