



## PREVENTION Engaging and Retaining Families in Child Abuse Prevention Programs

—by Karen McCurdy,  
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Jennifer Clark

Prevention programs, by definition, seek to intervene before an overt act of parental abuse or neglect occurs. Consequently, these programs cannot use the force of law to mandate a family's participation. Most prevention programs struggle with engaging and maintaining the voluntary involvement of the target families, especially when these programs attempt to serve high-risk populations (Larner, Halpern, & Harkavy, 1992). Successfully resolving the issues of engagement and retention presents a critical challenge to prevention programs (Daro & McCurdy, 1994). High rates of refusals and/or attrition denote serious problems in the service delivery system, such as an inability to reach the target population or a lack of program appeal to certain types of families.

Current research suggests that many child abuse prevention programs struggle with these issues (Clinton, 1992; Lyons-Ruth et al., 1990; Marcenko & Spence, 1994; Olds & Kitzman, 1993; Ramey et al., 1992; Seitz, Rosenbaum & Apfel, 1985; Siegel et al., 1980; Daro, Jones, & McCurdy, 1993). If a sizable proportion of the target families cannot be enrolled and involved in the service, the community may not see the desired outcomes: reduced child abuse rates, improved parenting skills, and healthier children as a result of more appropriate health care utilization patterns.

Clearly, these issues must be elucidated and addressed to improve program effectiveness (Barth, Hacking, & Ash, 1986; Olds &

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## NEWS NIS-3 Data, Just Released, Show Alarming Increases in Maltreatment of American Children; APSAAC Takes Stand for Best Possible Federal Legislation for Maltreated Kids; Members and Colleagues Speak About Professional Needs; 1996 APSAAC Colloquium Biggest Ever

—by Theresa Reid

The lead article in this issue of *The APSAAC Advisor* — on engaging and retaining families in child abuse prevention programs — takes on even greater urgency in light of data from the Third National Incidence Study (NIS-3) of child maltreatment, just released by the National Center on Child Abuse and Neglect (NCCAN), U.S. Department of Health and Human Services (HHS).\*

Although experts debate the appropriateness and validity of the NIS methodology, the consistent application of the study design over the years provides valuable insights into the nature and scope of child maltreatment.

### Some facts about the NIS:

- The NIS is congressionally mandated under the Child Abuse Prevention and Treatment Act (CAPTA) and is the single most

*\*This report is excerpted from the Executive Summary of the NIS-3, which can be obtained from the NCCAN Clearinghouse at 800-FYI-3366. Andrea J. Sedlak, PhD, and Diane D. Broadhurst, MLA, directed the study and authored its report.*

comprehensive source of information about the incidence of child maltreatment in the U.S.

- National Incidence Studies have been published on data collected in 1979 (NIS-1), in 1986 (NIS-2), and in 1993 (NIS-3).
- The NIS collects data on children who were investigated by child protective services (CPS) agencies *and* on children seen by community professionals who were not reported to CPS or who were screened out by CPS without investigation.
- The NIS uses two definitions of child maltreatment: the Harm Standard, under which children are counted as maltreated only if they have already experienced demonstrable harm; and the Endangerment Standard, under which children are counted if they have experienced maltreatment that puts them at risk of demonstrable harm.
- The NIS-3 gathered data from a nationally

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## News

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representative sample of 5,612 community professionals in 842 agencies serving 42 counties.

### Some findings of the NIS-3:

The NIS-3 shows a sharp increase in the scope of the problem of child maltreatment in America, whether the Harm Standard or the Endangerment Standard is used.

- The estimated number of children *seriously injured* by all forms of maltreatment quadrupled between 1986 and 1993, from 141,700 to 565,000 (a 299% increase).

Using the Endangerment Standard, these increases were recorded between 1986 and 1993:

- The estimated number of physically abused children rose from 311,500 to 614,100 (a 97% increase).
- The estimated number of sexually abused children increased from an estimated 133,600 to 300,200 (a 125% increase).
- The estimated number of emotionally abused children increased 183%, from 188,100 to 532,200.
- The estimated number of physically neglected children increased 163%, from 507,700 to 1,335,100.
- The estimated number of emotionally neglected children nearly tripled, from 203,000 to 585,100 (a 188% increase).

CPS agencies are clearly unable to respond adequately to the scope of this problem. CPS investigated about the same number of cases of child maltreatment in 1993 as in 1986. Because the number of cases increased so dramatically, however, the percentage of children whose maltreatment was officially investigated by CPS declined significantly:

- CPS investigated only 28% of children whose maltreatment met the stringent Harm Standard in 1993, compared with 44% in 1986.
- CPS investigated only 26% of the seriously injured and 26% of the moderately injured children.

- Schools recognized the largest number of children maltreated under the Harm Standard, but only 16% of children reported by schools were investigated by CPS.

### Children are victimized differently.

- Girls are sexually abused three times more often than boys.
- Boys are at greater risk of serious injury and of emotional neglect than are girls.
- Since the NIS-2, the incidence of fatally injured girls declined slightly, while the incidence of fatally injured boys rose.

### Race is not a factor.

Like the NIS-1 and NIS-2, the NIS-3 found no significant differences in the incidence of maltreatment by race. Study authors note that service providers may still be surprised by this finding, since children of color are so prevalent in the child welfare population and other public agencies. Since NIS methodology identifies a much broader range of children than those who come to the attention of child welfare agencies, they argue, the NIS findings reflect two factors other than race-based differences in maltreatment rates that account for the overrepresentation of children of color in the child welfare system: the disproportionate number of children of color living in poverty (see below), and race-based differences in professional decision making at many points in the system.

### Poverty is a factor.

Family income is significantly related to incidence rates in nearly every category of maltreatment. Compared to children whose families earned \$30,000 or more, children in families with annual incomes below \$15,000 were

- more than 22 times more likely to experience maltreatment under the Harm Standard and 25 times more likely under the Endangerment Standard.
- more than 44 times more likely to be neglected, by either definitional standard.
- over 22 times more likely to be seriously injured using either definitional standard.
- 60 times more likely to die from maltreatment under the Harm Standard.

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# Engaging and Retaining Families

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Kitzman, 1993; Gomby et al., 1993). This article summarizes the most current knowledge regarding engagement and retention of families in voluntary child abuse prevention programs. Our review of the child maltreatment literature, however, identifies only a handful of studies examining factors related to patterns of engagement or retention. We therefore expand our inquiry to other fields, including psychology, attachment, and counseling, to seek guidance in this area. This article identifies prominent shared characteristics of participants and nonparticipants, formulates recommendations to enhance program outreach and service delivery, and suggests avenues for future research efforts.

## Scope of the problem

Many evaluations of voluntary programs directed toward supporting mothers and families have one finding in common: high rates of nonparticipation by eligible families. Failure to engage families in the service presents the first challenge to both center- and home-based prevention programs (Gabinet, 1979). One urban home visitation program for pregnant women reported that 8% refused services initially and another 17% dropped before the child reached six months of age (Marcenko & Spence, 1994). A program geared toward preventing premature delivery and low birth weight in Manchester, England, reported that only 41% of the experimental group ( $n = 655$ ) received services (Spencer et al., 1989). A number of evaluations report that 15% to 20% refused to enroll in the study regardless of their service eligibility (Liaw & Brooks-Gunn, 1994; Olds et al., 1986; NCPA, 1996; Siegel et al., 1980).

Repeated analyses of Hawaii's Healthy Start program, an intensive home visitation program for at-risk mothers of newborns, have found that between 5% to 15% of eligible families immediately refuse services (Hawaii Department of Health, 1992; NCPA, 1996). One study also noted the problem of "secondary" refusals with this

program. An additional 15% of mothers who accepted Healthy Start services during the hospital assessment never received a home visit despite three months of intensive outreach efforts (NCPA, 1996). Though the parents initially agreed to home visitation, they avoided all home visits during this outreach period.

Retaining families for the program's duration represents another obstacle for many voluntary programs. In the evaluation of the Ford Foundation's Fair Start Initiative, four of the nine prevention programs reported substantial rates of attrition (Halpern, 1992).

For example, the Maternal Infant Health Outreach Worker Project in the Appalachian Mountains retained only 35% of the original families until the child's first birthday (Clinton, 1992) and half of the mothers involved in the Rural Alabama Pregnancy and Infant Health Project left services before the

child's second birthday (Nagy et al., 1992). Many programs report losing more than one-third of the original families within the first year of services (Wolfe et al., 1988; Resnick, 1985; HFA Research Network, in press). Conversely, some programs experience very little attrition after engaging families, though the reasons for this success are unclear (Winters-Smith & Lerner, 1993; Olds et al., 1986; Bryce et al., 1991).

## Review of the literature

Despite the prevalence of program refusal and attrition in child abuse prevention and family support programs, few of these studies examined what factors predicted or correlated with participation. An earlier review of child abuse prevention programs concluded that little information existed regarding the most efficacious strategies for important tasks such as attracting and enrolling family members who may be at risk for child maltreatment.

Child abuse prevention programs often seem like a good idea to everyone except high-risk mothers. Work with

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reluctant and at-risk clients is a long-standing characteristic of public child welfare services. The difficulties of enlisting clients at risk of, but not proven to be, abusing or neglecting their children have now befallen child abuse prevention programs (Barth, Hacking, & Ash, 1986, 104).

In the current literature review, we apply an ecological framework to our discussion (Bronfenbrenner, 1979) but limit our consideration to the most proximate levels related to involvement in prevention programs. First, we identify individual and family characteristics (e.g., micro system) that influence engagement and retention. At the meso system level, we focus on the effects of program-related attributes on decisions regarding participation. We then examine whether the interaction of program-related attributes with individual and family characteristics explains engagement and retention rates. Though other aspects of the meso system (e.g., community safety) and the macro system (e.g., cultural norms regarding child rearing) most likely affect the willingness of families to participate in voluntary child abuse prevention programs, this article addresses factors more easily influenced by the programs themselves. Due to the limited amount of data available as well as the overlap between reasons associated with refusing to enroll in services and reasons explaining decisions to drop out, we do not separate the factors associated with these two phenomena. We stress, however, that certain variables may only predict engagement while others more aptly explain retention.

## Individual and family characteristics

Overall, the bulk of studies indicate that specific individual and family factors associated with an elevated risk for parenting difficulties are more prevalent in families who refuse or drop out of voluntary prevention programs (Larner et al., 1992; Nagy et al., 1992; Daro, 1988). An evaluation of nine prevention programs in Philadelphia reported

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that attrition occurred more often with single mothers, families receiving public assistance, larger families, and African-American participants (NCPA, 1995; Daro, Jones, & McCurdy, 1993). Findings regarding family size and parenthood status have been mixed with other findings noting that first-time parents evidence a greater likelihood of dropping out (NCPA, 1995; Hurvis & McCurdy, in press). Still other findings conclude that teenage parents and first-time parents achieve higher participation rates than their older, more experienced counterparts (Olds & Kitzman, 1993).

Research expanding beyond basic demographic characteristics provides a more definitive understanding of the mechanisms influencing participation. For example, the relationship between attrition and first-time parenthood and/or the presence of a newborn may reflect a parent's responsiveness to the demands of a new child. This view is supported by a review finding that programs working with parents of children vulnerable because of low birth weight or a developmental delay achieve a higher degree of success than programs serving pregnant or low-income women (Olds & Kitzman, 1993). For parents with an inability to handle stress appropriately along with a limited understanding of child development, the demanding presence of a newborn was linked to dropping out of prevention programs (NCPA, 1995).

Several studies have noted other personal attributes of parents that spark initial refusals or decrease involvement in support services. Reasons such as disinterest (Larner et al., 1992; Seitz et al., 1985); a failure to recognize the need for help (Daro, 1988; Larner et al., 1992; Olds & Kitzman, 1993); and a lack of motivation (Daro, 1988; Olds & Kitzman, 1993) prompt some parents to immediately refuse the offer of program services. Low self-esteem (Flick, 1988) and limited social resources characterize other families who exit service prematurely (NCPA, 1995).

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Receptivity to a home visitor or support service may also be linked to the prior interpersonal experiences of the parent. Lerner, Halpern, and Harkavy (1992) postulate that prior negative experiences with social service providers may prompt families to refuse prevention services. Insights from the attachment literature support and expand upon this hypothesis. According to adult attachment theory, perceptions and expectations of others derive from an individual's past relationship experience (Bretherton, 1985). Adults with negative images of others tend to avoid close relationships to protect themselves from expected harm or disappointment; adults with positive images of others may be more willing to enter into relationships (Bartholomew & Horowitz, 1991). This theory suggests that parents will accept or refuse support services based on their expectation of a positive or disappointing experience with the program. Such an expectation may result from prior interactions with other programs or from the parents' relationship history.

Some evidence points to the influence of other family members in parental decisions to invest energy in a prevention program. Actual or perceived characteristics of the child have been implicated. Olds & Kitzman (1993) posit that parents are more likely to stay in programs if they perceive their child as vulnerable or have a specific need that can be met by a home visitor, but may discontinue services once the child resembles all of the other children in the neighborhood. The desires of other adult household members also may govern these decisions. In examining why some families failed to engage after initially agreeing to enroll in the Healthy Start program, researchers found that a number of nonengaging mothers reported that they refused services at the request of a spouse, partner, or parent who did not want the visitor coming into the home (NCPCA, 1996).

Finally, some families refuse to enroll or drop out for more functional reasons, such as

an upcoming move to another house or neighborhood (Olds et al., 1986b; Seitz et al., 1985; NCPCA, 1996) or the mother's return to work (NCPCA, 1996). This evidence suggests that decisions to withdraw or avoid parenting programs sometimes reflect the best interest of the family and will be hard to address without universally available services.

## Program-related variables

In considering the influence of program-related attributes on participation in child abuse prevention services, research has produced more mixed findings. Studies have highlighted factors related to service delivery, structure, and staffing. The method of service delivery was found to affect participant involvement in a comparative study of nine prevention programs, with home-based services producing higher participation rates than center-based services (NCPCA, 1995). In contrast, some home visitation evaluations have reported that refusing families expressed an aversion to the service provider coming into the home (Marcenko & Spence; 1994; Olds & Kitzman, 1993; Weiss, 1993). It seems that home visiting is more acceptable to some families than others, which may be related to cultural norms around the openness of the home to "strangers."

The structure of services also appears to play a role. Rigid adherence to specific parenting curricula may dissuade participants from further involvement, especially if other needs take immediate precedence over parenting concerns (Lerner, Halpern, & Harkavy, 1992; NCPCA, 1992b).

The failure of a service provider to recognize and address these immediate personal needs can cause a parent to withdraw from the program (Lerner, Halpern & Harkavy, 1992; NCPCA, 1992b). The counseling literature identifies other structural issues that may apply to child abuse prevention programs. For example, one study found that a lengthy period between initial

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contact and the first session increased the likelihood of nonengagement in therapeutic services (Flick, 1988). Some evidence also suggests that longer initial assessment interviews and the use of intervention methods geared toward teaching clients help facilitate the establishment and maintenance of the provider-client relationship (Tyron, 1989).

Review of the counseling and psychological literature relating to participation produced contradictory findings on the impact of specific staff characteristics, such as gender and experience level, on client engagement. Betz & Shullman (1979) report that clients at a counseling center were significantly less likely to return if interviewed by male counselors than by female counselors, regardless of client sex. They also found that clients were significantly less likely to return if referred to a male counselor rather than a female counselor after intake. According to Epperson, Bushway, and Warman (1983), however, clients of female counselors had higher rates of attrition than those of male counselors.

Studies assessing the relationship between provider experience level and client participation in the counseling literature fail to reveal a clear and measurable association. A literature review by Beutler and his colleagues (1986) reported a direct relationship between therapeutic experience and client involvement. Other studies, however, did not report counselor experience level as a significant predictor of engagement (Betz & Shullman, 1979) or continuation in services (Epperson, Bushway, & Warman, 1983).

In the child abuse prevention arena, the training and experience levels of providers vary widely: from paraprofessionals to nurses, social workers, or child developmental specialists. Debate exists over the level of expertise needed to effectively engage high-risk families and achieve the most positive outcomes with these families (Olds & Kitzman, 1993; Wasik, 1993). A meta-analysis by

Hattie, Sharpley, and Rogers (1984) concludes that substantial evidence demonstrates that paraprofessionals should be considered effective additions to the helping services when compared with professionals. Paraprofessionals, particularly those sharing the same cultural and community background as the parents, may be more likely to gain entry into homes and family lives, and may have greater understanding and responsiveness to the family's needs (Harkavy & Bond, 1992).

### Interaction of program attributes with individual and familial characteristics

In contrast to the mixed findings on specific program attributes such as staff education level, a number of studies highlight the salience of the relationship between the provider and participant as a primary determinant of program participation (Larner, Halpern, & Harkavy, 1992; NCPA, 1995). Elements of this relationship found to enhance participation include mutual agreement on the presenting problem (Epperson, Bushway, & Warman, 1983; Tyron & Tyron, 1986); clear communication (Tyron & Tyron, 1986); and the perception of the provider as a friend (Powell, 1990). A provider's ability to establish some level of trust during the initial program contacts may be more predictive of ongoing participation than the specific services offered by the program (NCPA, 1992b). If a provider is unable to establish trust during the preliminary stages, families may decide to forego additional prevention services.

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### Program and research implications

This review specifies a number of individual, familial, and program attributes that may help explain the prevalence of nonengagement and attrition in voluntary prevention programs. From a programmatic standpoint, the evidence that some of the highest risk families either refuse to enroll or drop out more frequently indicates that individual recruitment strategies or service

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packages may need to be refined to enroll and engage these resistant parents. From a research perspective, the dearth of information explaining or predicting involvement in voluntary programs suggests the need for a number of carefully designed studies in this area.

Program planners must pay attention to three interrelated issues to increase engagement and retention rates: outreach strategies, content of initial visits, and program structure. The research reported here confirms other work emphasizing the importance of family members and kin in parenting decisions (Slaughter-Defoe, 1993; Jones, 1995). Programs should expand outreach efforts to include all important family members, such as the father, the grandparents, and other relatives active in child rearing. Gaining their acceptance may reduce the problem of "secondary" refusals (NCPA, 1996) as well as increase the provider's sensitivity to the familial and cultural norms in which parenting occurs for that family (Slaughter-Defoe, 1993).

The literature suggests that the initial contacts between the prevention program staff and a potential participant are pivotal for involving parents. During these first encounters, parents form expectations about the program that will help determine whether they will engage in prevention services. Issues related to nonengagement, such as lack of motivation and disinterest, must be successfully confronted at this point. To overcome these barriers, the program provider needs to identify a concrete benefit of the service for the family (Olds & Kitzman, 1993). If this need is not mutually established and reinforced between the provider and parent, families are more likely to disengage from the prevention program. The fact that parents often are referred to prevention programs when they are seeking help for other problems (NCPA, 1992a) suggests that providers may want to focus initially on meeting these personal needs to gain the parent's trust.

Identifying a number of shorter term, easily achieved goals in these first visits may increase the retention of participants with low self-esteem or negative attachment patterns. This method helps foster a sense of accomplishment and establishes some favorable experiences for the participant. Further, the provision of concrete goods and services (e.g., disposable diapers, transportation, toys)

provides an immediate tangible benefit for participants that encourages them to give parenting programs a chance (NCPA, 1992a; Barth, Hasking & Ash, 1986).

Finally, targeting specific strategies or refining service structure may increase service utilization.

For example, prevention planners seeking to target services to socially isolated families or parents with newborns may want to consider offering home visits as the primary service delivery strategy to avoid the stress these types of families may face in attempting to reach center-based services. Establishing the briefest period possible between the initial contact and start of services (Flick, 1988; Cohn & De Graaf, 1982), and allowing some flexibility in the program's curricula for the provider to address nonparenting concerns (Halpern, 1987), may foster parent involvement in voluntary child abuse prevention programs. Most important, prevention planners should be cognizant of the cultural practices of the families they seek to serve and respect these practices when devising the program structure and content (Slaughter-Defoe, 1993).

The sparse research base allows us to offer only limited guidance about methods to increase engagement and retention. In our analysis of the child abuse prevention literature, we found only one study examining program refusal and/or attrition as its main focus. Few studies systematically interviewed parents as to why they dropped out of or stayed in voluntary prevention programs; none asked eligible parents why they refused services. In addition to obtaining the parents'

***Prevention planners should be cognizant of the cultural practices of the families they seek to serve and respect these practices when devising the program structure and content.***

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perspectives on program involvement, other important research questions need to be addressed: Do families refuse or drop out because they can access appropriate support on their own? What impact do screening procedures have on engagement rates? What role do community factors play? Issues of transportation and safety may be primary impediments to program involvement for parents living in violent communities.

From a methodological standpoint, the most informative research will examine the interaction of variables across the ecological levels. For example, do certain provider or program characteristics work well with some types of families but not with others? Identifying these combinations would inform programs of how to successfully match families to providers to retain families in service. As noted by Lerner, Halpern, and Harkavy (1992) in their evaluation of the Ford Foundation's Fair Start Initiative, programs "can only help those whom they reach" (p.4). If we wish to make substantial strides in preventing child abuse, a critical research focus must be addressing the gap in knowledge around engaging and retaining high-risk families in prevention services.

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## LAW

# The Effect of Threats on Children's Disclosure of Sexual Abuse

—by Thomas Lyon

Do abused children refuse to disclose their abuse because they have been threatened by their perpetrators?

In *Jeopardy in the Courtroom: A Scientific Analysis of Children's Testimony*, a book that many believe may have a substantial impact on child witness law and practice, Professors Stephen Ceci and Maggie Bruck argue that there is little empirical basis for this "professional 'lore'" (Ceci & Bruck, 1995, pp. 300-301).

Ceci and Bruck's position is sure to surprise clinicians, whose personal experience often teaches them that abused children are subjected to serious threats of harm should they disclose. Although expert witnesses often make such claims, they may wish to reexamine the basis for their beliefs, given the increasing likelihood that the scientific basis for their opinions will be challenged in court.

Judith Herman questioned 68 women in therapy who were victims of incest. She learned that many "were threatened with the most dreadful consequences if they told: their mothers would have a nervous breakdown, their parents would divorce, their fathers would be put in jail, or they themselves would be punished and sent away from home" (Herman, 1981, p. 88).

Barbara Smith and Sharon Elstein examined 954 criminal cases of child sexual abuse, and found that admonishments not to tell ranged from "pleas that the abuser would get into trouble if the child told . . . to threats that the child would be blamed for the abuse . . . to ominous warnings that the defendant would hurt or kill the child (or someone he or she loved) if they revealed the abuse" (Smith & Elstein, 1993, p. 93). Intuition

would suggest that in the face of such threats, many abused children would be frightened into delaying disclosure, recanting, or persistently denying they were abused.

However, Ceci and Bruck take the position that clinicians, at least those that appear in court, ought to rely more on "systematic, controlled studies" and less on "anecdotes, personal opinions, and ideological views" (Ceci & Bruck, 1995, p. 302). In order to be scientific, expert witnesses must look beyond clinical experience and intuition.

Before concluding that experts should stop claiming that threats deter disclosure, let's take another piece of Ceci and Bruck's advice. The "model" expert witness should "review the full corpus of relevant scientific work, describing the magnitude of errors, the

**Ceci and Bruck's position is sure to surprise clinicians, whose personal experience often teaches them that abused children are subjected to serious threats of harm should they disclose.**

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inconsistencies within and across studies, and the boundary conditions that might limit any generalization from the science to the case at bar" (Ceci & Bruck, 1995, p. 273). Such a review reveals another side to the story. Indeed, an expert may reasonably read the available research as supporting the view that threats affect children's willingness to disclose. Expert witnesses can supplement testimony based on personal experience with references to the research literature.

## Experimental evidence regarding the effect of threats on disclosure

As experimental support for the proposition that threats are ineffective, Ceci and Bruck cite the work of Doug Peters, who examined the reactions of children when they were asked by a stranger not to reveal that the stranger had stolen a book: "Peters' studies showed that although children in a laboratory experiment would not disclose a crime to their parents if the perpetrator was present, they were quite likely to do so as soon as the perpetrator was absent" (Ceci & Bruck, 1995, p. 301). "Quite likely" refers to the fact that 67% of the children eventually revealed the crime to their parents.

A little math reveals that 33% of the children in Peters' research did *not* disclose, even when questioned by their parents, a fact considered remarkable by other commentators (McGough, 1994, p. 91). Equally remarkable is the fact that when questioned by the owner of the book, "82% either delayed reporting the theft or never reported it. The most common reason given by the children for not disclosing was to honor the stranger's secret and to avoid getting him into trouble" (Ceci & Bruck, 1993, p. 425).

A number of other researchers have conducted studies similar to that of Peters. Ceci and Bruck (1995) review some of this research, and conclude that "[t]here is consistent evidence that children as young as three years of age will omit important information about transgressions and accidents if adults ask them to do so" (Ceci & Bruck, 1995, p.

263). In a footnote, the authors acknowledge that these studies "could also be used to address the issue of the degree to which children withhold the truth when they are threatened" (Ceci & Bruck, 1995, p. 264). Since the model expert witness ought to review the full corpus of relevant scientific work, let's consider that research in detail.

***Ceci & Bruck take the position that clinicians, at least those that appear in court, ought to rely more on "systematic, controlled studies" and less on "anecdotes, personal opinions, and ideological views."***

In a study by Clarke-Stewart and colleagues (Clarke-Stewart et al., 1989; Goodman & Clarke-Stewart, 1991), involving five- and six-year-olds, a confederate posing as a janitor played roughly with some dolls in the presence of a child, and then asked the child to keep the fact that he played a secret: "It's really important that you

don't tell anyone that I played with the toys. If my boss finds out that I played with the toys she'll really be mad at me. If you promise not to tell I'll give you this candy." When subsequently asked by a confederate posing as the janitor's boss whether the janitor was cleaning the dolls or playing with them, 61% failed to acknowledge that the janitor was playing (44% claimed he was cleaning and 17% were noncommittal). Children failed to stick to their story, however, if the interviewer single-mindedly pursued the hypothesis that the janitor had really been playing.

In a study by Wilson and Pipe (1979) involving five-year-olds, a magician performed a number of tricks for the child, and then accidentally spilled ink on "magic gloves" that the child was wearing. The magician hid the gloves, "saying if they were discovered she (the magician) would be reprimanded and that therefore they should not tell anyone about the inkspill." An interviewer then questioned the child after ten days and after two months, first asking the child to relate everything that the magician had done, and ultimately asking the child whether he or she knew anything about a pair of stained gloves the interviewer had found. None of the children spontaneously mentioned the gloves after ten days, and 75%

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failed to do so after two months. Twenty-five percent denied knowing anything about the gloves at both interviews when directly asked, and another 33% denied knowing anything at one of the two interviews. Pipe and Wilson (1994) found similar rates of nondisclosure among six-year-olds, and less reluctance to disclose among ten-year-olds.

Other research has reached similar conclusions. Bussey and colleagues examined three- and five-year-olds' willingness to remain silent about a male experimenter who had accidentally broken a prized glass and hidden the pieces (Bussey, Lee, & Rickard, 1990, reported in Bussey & Grimbeek, 1995). If asked not to disclose the transgression, 14% of three-year-olds and 43% of five-year-olds kept the secret. If the experimenter sternly told the child not to tell, 43% of the three-year-olds and 71% of the five-year-olds either denied that the mishap occurred or refused to discuss it. In a separate paper, Bussey reported lower rates of nondisclosure among nine-year-olds (approximately 15% after being asked not to tell) (Bussey, 1993).

Although the rates of nondisclosure vary by age, with five- and six-year-olds most vulnerable to admonitions not to tell, it seems fair to conclude that substantial numbers of children will keep secrets regarding strangers' misbehavior. What these studies fail to discuss, however, is the potential effect of the relationship between the offender and the child on the efficacy of threats.

## Threats from loved ones

Most sexually abused children were victimized by someone in their family; proportionally very few were molested by strangers (Ceci & Bruck, 1995). A child will have greater sympathy for one she loves, and is probably less inclined to get that person in trouble. If the loved one is in the child's home, or close to others the child loves, threats and inducements to secrecy may be more effective, because the offender has continuing contact with the child and others in the family, and because the child cannot

count on being supported by other loved ones should she reveal. Threats are possibly most effective when the abuser is someone upon whom the child relies for his or her physical and emotional survival. These concerns are evident in the reasons given by adults for never revealing their abuse as children (Herman, 1981; Johnson & Shrier, 1985).

As Ceci and Bruck point out, "If children will lie to protect a stranger, they should do so even more readily to protect a loved one" (Ceci & Bruck, 1995: 264). In a study by Bottoms and colleagues involving three- to four-year-olds and five- to six-year-olds, participants were divided into two groups (Bottoms et al., 1990). Both groups of children saw their mother accidentally break the head off a Barbie doll. In the secrecy group, the mother and child had been told not to play with the toys, and the mothers "asked their children to keep the fact they had played with the toys a se-

***What these studies fail to discuss, however, is the potential effect of the relationship between the offender and the child on the efficacy of threats.***

cret, suggesting the mother would get into trouble if the child told, and offering the child a toy as a present if the child kept the secret." In the control group, the mother and child were free to play with the toys, and the mothers did not give their children any instructions about secrecy. Only one of the 49 children in both age groups told an interviewer about the doll when asked what had happened, and "when asked specific questions about the event, five-year-olds did not tell the secret, even when asked leading questions" (Ceci & Bruck, 1995, p. 264).

In a study by Devitt and colleagues involving four- to eleven-year-olds, a confederate stole a book in the presence of the child, and told the child "that the theft was a secret and that the child should not tell anyone that the researcher had taken the book." (Devitt et al., 1994, reported in Honts, 1994). The owner of the book discovered it was missing, and explained that it was needed for an exam the next day. The child was then questioned by the owner and an experimenter, the child and his or her parent were asked to wait for the

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police to arrive, and the child was then interviewed by a person identified as an officer. Nineteen percent of the children failed to name the thief. In a condition in which the child watched as his or her parent stole the book, and the parent told the child to name one of the experimenters as the thief, 81% of the children failed to name the thief (56% falsely accused the experimenter named by the parent, and 25% failed to name anyone).

Ceci and Leichtman (1992) have experimentally demonstrated that the loved one need not be a parent. In a study involving three- and four-year-olds, an experimenter spent 20 hours with the child, in order to become a "loved one." The experimenter and the child were told by a nursery school teacher not to play with a toy. While the teacher was gone, the "loved one" touched and broke the toy, and exclaimed "Gee, I didn't mean to break it. I hope I don't get into trouble!" It should be noted that the loved one did not elicit a promise from the child or threaten the child not to tell. The teacher returned and asked the child who broke the toy. "[M]ost children, when confronted with the choice of disclosing that their loved one broke it, either refused to say anything or provided misleading information (e.g. "A gremlin came in through the window and broke it") (Ceci & Leichtman, 1992, p. 6).

Before applying these experimental findings to cases involving abuse, a model expert witness must heed the "boundary conditions that might limit any generalization from the science to the case at bar" (Ceci & Bruck, 1995, p. 273). The research suggests that children's reluctance to reveal increases as the intensity of the warning increases. For ethical reasons, children have not been threatened with serious harm in any of the research; it is reasonable to suppose that such threats would be even more effective (McGough, 1994).

***If the loved one is in the child's home, or close to others the child loves, threats and inducements to secrecy may be more effective, because the offender has continuing contact with the child and others in the family, and because the child cannot count on being supported by other loved ones should she reveal.***

Moreover, the methods used in the research often create subtle inducements for disclosure: when one asks a child about a broken object, the questions are implicitly accusatory, and the child is directly confronted with clear evidence of a mishap. In contrast, a child who has been abused may deny anything wrongful has occurred, and foreclose discovery of something shameful. (On the other hand, a child might be more inclined to reveal abuse she finds aversive than wrongdoing that causes her no harm.)

### Observational studies on the effect of threats on abused children

Ceci and Bruck argue that studies of actual abuse cases further support their claim that threats do not suppress disclosure. They discuss the results of two samples of abused children—a clinical sample reported by Sauzier, and a sample of criminal cases reported by Gray: "When the offender used aggressive methods to gain the child's silence, children were equally likely to tell about the abuse immediately following the event or to never disclose the abuse at all. Moreover, two thirds of children who were threatened not to tell nevertheless did disclose the details of their victimization. Thus, threatened children appeared to disclose as often as children who were not threatened" (Ceci & Bruck, 1995, p. 301).

However, studies that only examine those children who have been identified as abused cannot fully account for the effects of threats on disclosure. Such studies are inherently problematic because they exclude the very children for whom threats were most effective in suppressing reports of abuse. A child's statement is the most common means by which abuse is detected. If threats do in fact suppress reporting, then the percentage of children believed to have been abused who report having been threatened will underestimate the actual percentage of abused children

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who are threatened. Moreover, the relationship between threats and willingness to report among children known to have been abused may not reflect the actual relation between threats and reporting.

If threats reduce the willingness to report but do not eliminate reporting altogether, then one could examine the relation between threats and the time at which a child ultimately revealed abuse. However, the process by which reports are substantiated complicates such an analysis, since the more reluctant children are less likely to become substantiated cases of abuse. Therefore, even threats that are only partially effective in suppressing reporting will have the tendency to exclude children temporarily silenced by such threats from studies of substantiated cases of abuse.

Substantiated cases of abuse are therefore not representative of all cases of abuse. This explains the paradox that abused children are reluctant to reveal their abuse at the same time that most substantiated cases of abuse involve a child who has revealed (e.g., Campis, Hebden-Curtis, & Demaso, 1993, noting that most cases in their sample were purposeful disclosures while population surveys show purposeful disclosure is rare). Problems of representativeness become more serious as one moves from social services substantiation to juvenile court involvement to criminal court involvement, because the more reluctant or resistant a child is, the less likely the case is to survive ever-higher burdens of proof. This is a point recognized by Ceci and Bruck (1995), who note that children in "clinical" samples of abuse are probably less forthcoming about their abuse than children in "forensic" samples. Even less forthcoming are the abused children who do not show up in either kind of sample, because they fail to disclose altogether.

Two lines of research substantiate the

problems of underreporting. Surveys of adults consistently find that large percentages of adults now willing to talk about abuse never revealed their abuse as children (Bagley & Ramsay, 1986; Finkelhor et al., 1990) and still fewer cases were ever reported to the police or resulted in prosecution (Bagley & Ramsay, 1986; Russell, 1983). Studies of children suffering from sexually transmitted diseases, which substantiate abuse without disclosure, find that from 35% to 50% fail to disclose (Lawson & Chaffin, 1992; Muram, Speck, & Gold, 1991).

Even if we overlook the difficulties of interpreting data on children who ultimately acknowledge that abuse occurred, reasonable minds might not agree with Ceci and Bruck's interpretation of the data. Ceci and Bruck (1995, p. 35) cite Sauzier (1989): when the abuser used "aggressive methods to gain the child's compliance to keep the secret, children were equally likely to tell about the abuse immediately following the event or to never disclose the abuse." However,

Sauzier was referring to cases in which the abuser used aggression to abuse the child, not to elicit secrecy. Further, even if we assume that aggressive abusers always aggressively threaten children not to reveal, the fact that equal numbers of such children disclose or do not disclose fails to tell us whether aggression reduces disclosure. To determine whether aggression reduces disclosure, we would have to compare this disclosure rate to the rate

at which children against whom aggression has not been used disclose.

The authors do not mention the explicit comparison that Sauzier in fact makes between cases in which aggression was used and cases in which the abuse was accomplished through manipulation or threats (which comprised a majority of the cases overall):

***Studies that only examine those children who have been identified as abused cannot fully account for the effects of threats on disclosure. Such studies are inherently problematic because they exclude the very children for whom threats were most effective in suppressing reports of abuse.***

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The offenders' strategies for gaining the child's compliance were also related to disclosure: Aggressive methods were more likely to evoke either immediate reporting (39%) or failure to ever tell (43%). Most children subjected to intercourse with aggression never revealed. When the strategy used relied on manipulation, only 25% of children reported the abuse immediately. Threats also seemed to prevent children from telling immediately (only 23% did) (Sauzier, 1989, p. 459).

Sauzier also investigated how the most fearful children explained their reluctance to disclose: "Children who failed to reveal more serious abuse had the highest fear scores. They described the fear of losing the affection and goodwill of the offender; fear of the consequences of telling (being blamed or punished for the abuse by the nonoffending parent); fear of being harmed; and fear of retaliation against someone in their family" (Sauzier, 1989, p. 460).

Firm conclusions based on Sauzier's data are problematic—the sample may not be representative of abused children generally, and the differences may not be statistically significant. Nevertheless, even a model expert might legitimately question Ceci and Bruck's interpretation that "the likelihood of disclosure was unrelated to claims of threats by the offender."

## Conclusion

The available evidence supports the clinical intuition that threats decrease the likelihood that children will reveal abuse. Experts who testify to that effect can point to experimental and observational research supporting their position.

Ceci and Bruck (1995) are right to note, however, that the possibility that a child was threatened does not justify "badger[ing] a child after she had repeatedly denied being abused" (Ceci & Bruck, 1995: 301). Badgering is a bad idea—regardless of the effect of threats—because it may lead nonabused children to claim that they were abused. Aggres-

**The available evidence supports the clinical intuition that threats decrease the likelihood that children will reveal abuse.**

sive questioning sometimes increases children's willingness to reveal wrongdoing, but it also increases the likelihood that children will falsely accuse another (Clarke-Stewart, Lepore, & Sescio, 1989). Similarly, "denial of abuse ought not inevitably to lead to the conclusion that a child is keeping his abuse secret" (Ceci & Bruck, 1995: 301). Such an assumption is unwarranted—regardless of the effect of threats—because one would then conclude that all denials are false denials.

Ceci and Bruck are also right that clinicians should pay more attention to the research literature. Research can alert clinicians to illusory beliefs (Chapman & Chapman, 1982). On the other hand, anecdotes and personal opinions are sometimes correct. A clinician who ignores research is vulnerable to the sometimes idiosyncratic opinions of others regarding what is illusory and what is real.

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## CHILD PROTECTIVE SERVICES Applying the Strengths Perspective with Maltreating Families

—by Diane DePanfilis and Charles Wilson

Risk assessment has now been fully integrated into child welfare practice throughout the nation (see the special issue of the *APSAC Advisor* on risk assessment: V. 8, n. 4, 1995). Current trends include recognizing the importance of including an assessment of family strengths as well as its weaknesses (Cicchinelli, 1995); incorporating an understanding of cultural (Pecora, English, & Hodges, 1995) and neighborhood (Korbin, Coulton, & Furan, 1995) protective factors; and maximizing existing strengths and translating risks into positive outcomes when assessing and managing risks (Holder & Roe Lund, 1995). This literature clearly reflects a trend away from an exclusive focus on risks and deficits. The strengths perspective is being increasingly applied with diverse populations (e.g., DeJong & Miller, 1995; Saleebey, 1996; Saleebey, 1992; Trivette et al., 1990). But will it really work with multi-problem, maltreating families?

The purpose of this article is to review some of the principles and tools of the strengths-based perspective, and to share with all APSAC members the work done by their colleagues in a seminar taught by the authors at the APSAC Fourth National Colloquium in Chicago in June 1996.<sup>1</sup> In that seminar, participants identified how maltreating families usually seen by child protective services (CPS) agencies differ from families often referenced in the strengths-based practice literature:

- Most families come to CPS on an involuntary basis and are less willing to be open

<sup>1</sup>A packet from the authors' seminar "Finding Strengths in Chaotic Families," including an annotated bibliography and principles of the strengths perspective, can be obtained by contacting APSAC.

and honest about their problems or strengths.

- The problems facing many CPS families are long term, chronic, and require considerable time and investment on the part of helpers.
- Many families experience multiple problems that require complex solutions.
- The community system often attempts to hold someone responsible for the maltreatment, which makes it more difficult to engage clients about strengths or solutions.
- Many CPS families have experienced multiple failures in their lives and do not easily identify strengths.
- Some families, particularly those who chronically neglect their children, are verbally inaccessible as a result of parental depression; thus, positive connections with helpers take a long time to establish.
- Maltreating parents may not be willing to identify problems or strengths because they perceive the CPS system as adversarial rather than sympathetic.
- Mistakes are costly, because children may not be safe if families are unable to engage positively with CPS and the broader community system.

Despite these factors, participants in our seminar still seemed to feel that using principles of the strengths perspective with maltreating families may be the only chance to empower families to change their maltreating behavior. A strengths-based orientation to CPS work provides the opportunity to develop or build on existing competencies

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needed by the family to respond to crises and stress; to meet needs; and to promote, enhance, and strengthen the functioning of the family system. Yet uncovering strengths cannot be accomplished in a simplistic manner, just as using a checklist to assess risk cannot capture the interrelationships among factors that increase the likelihood of maltreatment. This fact was noted by one of the earliest authors on the strengths-based perspective, who wrote, "Strengths are not isolated variables, but form clusters and constellations which are dynamic, fluid interrelated, and interacting" (Otto, 1962, p. 80).

### **Principles of the strengths perspective**

Developing a strengths-based practice with maltreating families involves a paradigmatic shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family: "The strengths perspective demands a different way of looking at individuals, families, and communities. All must be seen in the light of their capacities, talents, competencies, possibilities, visions, values, and hopes, however dashed and distorted these may have become through circumstance, oppression, and trauma. The strengths approach requires an accounting of what people know and what they can do, however inchoate that may sometimes seem. It requires composing a roster of resources existing within and around the individual, family, or community" (Saleebey, 1996, p. 297). In sum, as helpers, we must:

- Emphasize personal and environmental strengths
- Understand from the client's point of view
- Promote mutual agreement between client and helper
- Use empathy
- Avoid blaming

At least three related concepts are crucial to applying the strengths perspective

with maltreating families. First, the relationship between a CPS worker or other community helpers and a family must be reframed from an adversarial one to a helping alliance and partnership with the family. This requirement is especially challenging because a common trait among maltreating parents is a difficulty in forming and sustaining mutually supportive interpersonal relationships (Dore & Alexander, 1996). This suggests that a major emphasis of the beginning phase of treatment needs to be on alliance formation.

A second key concept is that of empowerment: assisting individuals and families to discover and use the resources and tools within and around them (Kaplan and Girard, 1994). For workers who may be accustomed to dictating the course of intervention and telling families what they must do, using an empowerment approach may require a major retraining effort.

Finally, we must integrate a knowledge of resilience: "the skills, abilities, knowledge, and insight that accumulate over time as people struggle to surmount adversity and meet challenges... Resilience is not a trait or static dimension. It is the continuing articulation of capacities and knowledge derived through the interplay of risks and protections in the world" (Saleebey, 1996, p. 298). Fostering the development of resilience in children as

well as in parents may be crucial to overcoming risks of future maltreatment.

### **Family strengths research**

As we search for areas of strengths in maltreating families, we can benefit from lessons from the broader field of family strengths research. This literature (e.g., Curran, 1983; Deal, Trivette, & Dunst, 1988; Olson et al., 1983; and Stinnett & DeFrain, 1985) has identified core themes about the strengths that help families cope with stress

***A strengths-based orientation to CPS work provides the opportunity to develop or build on existing competencies needed by the family to respond to crises and stress; to meet needs; and to promote, enhance, and strengthen the functioning of the family system.***

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# Applying the Strengths Perspective

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and adversity in their lives. Some examples of these findings suggest that family strengths may exist in the following areas:

- Marital communication (Olson et al., 1983)
- Shared orientation to child rearing (Olson et al., 1983)
- Financial management skills (Olson et al., 1983)
- Ability to deal with crises (Stinnett & DeFrain, 1985)
- Appreciation of each other (Curran, 1983; Stinnett & DeFrain, 1985)
- Commitment to each other (Deal et al., 1988; Stinnett & DeFrain, 1985)
- Good communication patterns (Curran, 1983; Deal et al., 1988; Stinnett & DeFrain, 1985)
- High degree of spiritual orientation (Curran, 1983; Stinnett & DeFrain, 1985)
- Sense of purpose for "going on" during good and bad times (Deal et al., 1988)
- Sense of congruence about family goals, needs, projects, and functions (Deal et al., 1988)
- Family rules, values, and beliefs (Curran, 1983; Deal et al., 1988)
- Positive coping strategies (Deal et al., 1988)
- Problem-solving competencies (Curran, 1983; Deal et al., 1988)
- Ability to be positive (Deal et al., 1988)
- Effort to spend time together (Curran, 1983; Deal et al., 1988; Stinnett & DeFrain, 1985)
- Flexibility and adaptability in roles (Deal et al., 1988)
- A balance between the use of internal and external family resources for coping and adapting to life events and planning for the future (Deal et al., 1988)

***Developing a strengths-based practice with maltreating families involves a paradigmatic shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family.***

Readers might be wishing that they knew some families with these qualities. When working with maltreating families, it is easy to forget that all families have strengths. The families with whom helpers work may not have *all* of these qualities, but very probably they have at least one. Families can surprise

helpers with their talents, or with the talents they once had but have forgotten how to use. Our role is to help them find these talents again—and to empower families to develop additional strengths so that they can better cope with the risk factors that may lead to future maltreatment.

## **Strengths in families of color**

As we consider reorienting our family assessments, we also need to be aware that research with families of color (e.g., Hill, 1971; Lewis & Looney, 1983) has identified another core set of strengths: identification with a community. This community can consist of religious, media, political, neighborhood, or recreational affiliations; positive racial identity; biculturalism (i.e., adhering to values, beliefs, attitudes, customs, language, and behaviors of at least two cultures); and maintaining and transmitting cultural or family traditions (e.g., celebrations, rituals, food, clothing). If the ethnic identity of a family's neighborhood is present and positive; the family demonstrates leadership in the community or is affiliated with a religious group; the nuclear family is part of an active extended family that provides material resources, child care, supervision, parenting, and emotional support to both the child and the family; and mutual aid and social supports are accessible to it, the ability of the family to cope with stress and crises is increased.

## **Assessing maltreating families for strengths**

As we begin to reframe our practice from an exclusive focus on risk, it is important that we develop a balance in our assess-

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ments. This does not mean that we now ignore the risks. In fact, if we approached families without listening to their view of their problems, they would probably become very confused. We need to focus our assessments on the complex interplay of risks and strengths related to individual family members, the family as a unit, and the broader neighborhood and environment. Some risk assessment models have integrated an assessment of strengths within a broader assessment (e.g., Anne Arundel County DSS, 1995; Children's Bureau of Southern California, 1993; Holder & Corey, 1995; Pecora & English, 1994). Although structured differently, these assessment instruments focus on developing and measuring the achievement of positive outcomes or strengths over time. Treatment plans are geared to accomplish milestones or steps toward positive outcomes (Holder & Roe Lund, 1995). Before closure in CPS, families need to demonstrate that they have maximized strengths, achieved outcomes, and reduced risk. (Each of these sources should be contacted directly to obtain specific instruments as well as information on how they are applied.)

In addition, at least four standardized self-report measures are geared to help fami-

lies articulate their strengths: 1) Family Hardiness Index (McCubbin & Thompson, 1987); 2) Family Functioning Style Scale (Deal, Trivette, & Dunst, 1988); 3) Family Strengths Inventory (Stinnett & DeFrain, 1985); and 4) Family Strengths Scale (Olson, Larsen, & McCubbin, 1983). Table 1 provides a brief description of the qualities or dimensions assessed by the indices. Further description of these scales is provided here, based on a review by Trivette et al. (1990).

## Family Hardiness Index (McCubbin & Thompson, 1987)

This scale includes 20 items that assess the internal strengths of families and how those strengths are used to both control life events and hardships and to produce positive changes and growth in the family unit. Each item is rated on a four-point rating scale in terms of the degree to which each statement is true for the family. The items are organized into four subscales: coordinated commitment (internal strengths, dependability, and ability to work together); confidence (family's sense of being able to plan ahead and of being appreciated for individual efforts, and the ability to endure hardships); challenge (efforts to be innovative, to be active, and to experience new learning opportunities); and

<b>Scales</b>	<b>Qualities</b>
<b>Family Strengths Inventory</b> (Stinnett & DeFrain, 1985)	13 Items that measure six qualities: frequent appreciation of each other, communication skills, spending time together, spiritual wellness, coping with stress and crises
<b>Family Strengths Scale</b> (Olson, Larsen, & McCubbin, 1983)	12 Items that assess two dimensions of family functioning: family pride (loyalty, optimism, trust in family); family accord (ability to accomplish tasks, deal with problems, get along together)
<b>Family Hardiness Index</b> (McCubbin & Thompson, 1987)	20 Items that assess the internal strengths of families. Four subscales: coordinated commitment among members; confidence to plan for and endure hardships; challenge, effort to experience new things; control important aspects of life
<b>Family Functioning Scale</b> (Deal, Trivette, & Dunst, 1988)	26 Items to assess 12 qualities of strong families: commitment; appreciation; spend time together; sense of purpose; sense of congruence; ability to communicate; family rules, values, beliefs; coping strategies; problem solving; ability to see positive; flexibility and adaptability; balance in use of resources

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control (being able to control important aspects of life).

## Family Functioning Style Scale (Deal, Trivette, & Dunst, 1988)

This scale includes 26 items and was designed to assess 12 qualities of strong families. The instrument was developed as part of a family-centered assessment and intervention model that evolved from efforts to intervene in ways that support and strengthen family functioning. The scale assesses the extent to which an individual family member, or two or more family members, believes her or his family is characterized by different strengths and capabilities. Each item is rated on a five-point rating scale by noting the degree to which the 26 statements are "not-at-all-like-my-family" to "almost-always-like-my-family."

## Family Strengths Inventory (Stinnett & DeFrain, 1985)

This scale includes 13 items that measure six major qualities of strong families and a number of aspects of the interpersonal relationships among family members. The six qualities include: 1) commitment of family members to promoting each other's welfare and happiness; 2) appreciation for each other on a frequent basis, 3) communication skills used by family members; 4) spending time together doing things important to the family; 5) a sense of spiritual wellness that gives the family strength and purpose, and 6) the ability to cope with stress and crisis in a way that provides the family an opportunity to grow. Other scale items assess the degree of closeness, happiness, confidence, and worthiness in the relationships among family members. Each item is rated on a five-point rating scale, based on the degree to which the quality or characteristic is present in the respondent's family. The scale yields a total score that provides a basis for determining the overall presence of family strengths. However, it is the individual responses to the 13 scale items that are most useful for determining family functioning style.

## Family Strengths Scale (Olson, Larsen, & McCubbin, 1983)

This scale includes 12 items that assess two dimensions of family functioning: family pride (e.g., loyalty, optimism, trust in the family) and family accord (e.g., ability to accomplish tasks, deal with problems, get along together). For each item, the respondent indicates the extent to which the quality is present in his or her family. The scale items measure many of the qualities of the two dimensions and provide a basis for establishing which qualities are characteristic of the respondent's family.

These instruments can be used periodically throughout intervention to monitor the degree to

which families have maintained or increased competencies in areas that may reduce risk of future maltreatment.

While assessment of risks and strengths is relevant throughout the case process, conducting a comprehensive assessment of risks and strengths at the beginning and throughout treatment presents the most promise for managing and measuring risk reduction. Sample areas of assessment include:

- Personal risks and strengths related to all family members—developmental achievement including any special needs, esteem, emotional functioning and control, problem solving, coping capacity for dealing with stress and crises, role identity, and use of alcohol/drugs
- Childhood history of caregivers — adjustment to abuse, neglect, and deprivation; attachment; childhood and adolescent conduct; and educational achievement
- Attachment and relationships in family
- Parenting attitudes and skills of caregivers
- Family communication, roles, and ways of spending time together
- Internal and external stress on family — employment, income, neighborhood,

**Families can surprise helpers with their talents, or with the talents they once had but have forgotten how to use.**

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number of caregivers, number of children, and loss of close friends or family members

- Social networks and support
- Spiritual and cultural connections

## Why apply the strengths perspective?

The child maltreatment field has just begun to apply the strengths perspective with maltreating families. Though it appears promising, we as yet have no comprehensive evaluation of the potential impact of this trend. Why then should we apply the strengths perspective with maltreating families? Seminar participants suggested the following reasons:

- An emphasis on strengths as well as on risks increases the opportunity for developing a helping alliance—a crucial element in achieving positive treatment outcomes and risk reduction.
- Positive reinforcement for positive conditions and behaviors is more effective than trying to convince or coerce individuals to alter negative conditions or behaviors.
- Cultivating strengths offers the opportunity for more permanent change.
- Emphasizing strengths helps family members build in successes in their lives, which in turn should help them more effectively manage crises and stress.
- Helping families through short-term positive steps empowers families to take control of their lives.
- Celebrating successes changes the tone of treatment, for both client and helper.
- Communicating a true belief that a family can change destructive patterns helps to promote more long-lasting change.

This commitment of seminar participants to an emphasis on strengths rather than deficits reflects a shift in orientation in the literature and among policymakers toward a strengths-based approach. Not only are the obstacles no greater than those to the deficit-based approach, using the strengths-based approach in CPS work appears to hold the potential for real change in patterns that have for so long proven so difficult to disrupt.

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## MOVING?

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

# MEASUREMENT AND ASSESSMENT

## Missing Data by Design: The Good News about Missing Data

—by Jennie G. Noll

Few aspects of doing research are as frustrating as the loss of data. Data are lost or missed in various ways and for many reasons: questions are accidentally omitted, subjects skip pages or items, hard-drives crash, and questionnaire items are inapplicable. What is the solution to this problem, which is so endemic to the study of human behavior?

Several widely used techniques for dealing with “missingness” are less than optimal. At the same time, technology has the capacity to deal with missingness in statistically sound ways. This discussion outlines current, widely used missing data techniques and their shortcomings and presents research designs, statistical techniques, and the conceptual means to better deal with the reality of missing values.

Perhaps the most maddening piece of missing data is the one questionnaire item that a subject passed over. In such a case, a researcher must face the possibility of having to drop the subject from final analysis because a linear composite score will not be computed if even one question is skipped.

### Common options for addressing missing data

At this point, several commonly used options for dealing with these missing data are widely available:

- *Listwise deletion of cases:* This is perhaps the most obvious method for dealing with incomplete data. The computer program discards all cases with missing values. For most multivariate algorithms, this is usually the default.

- *Mean substitution:* This is the most commonly used and (being the default in many statistical software packages) most widely distributed technique to deal with missing values. The logic behind the procedure stipulates that a missing value can be “replaced” with the mean value of that item. The mean value is calculated first for the subjects who completed the item, and everyone who did not answer the item receives this

mean value. While this technique does result in an increase of statistical power—the total sample size goes up—the variance of the variable is truncated. Thus, this procedure can lead to misleading results because of its tendency to attenuate variance and covariances.

- *Pairwise deletion of cases:* This method, also called the piecemeal method, employs all available pairs of values in the computation of covariances. As long as the integrity of the covariance matrix is maintained, this procedure has been shown to be preferable to listwise deletion or mean substitution (Raymond & Roberts, 1987). But the pairwise procedure does not help a researcher who

is concerned with calculating means, variances, linear composites, or other item-level statistics.

### Regression-based procedures

These three procedures offer little for the frustrated researcher in our scenario. Other procedures, however, may appease this researcher—procedures that use relevant, present information to estimate missingness at the item level. These procedures are regression based and use information present in the data to estimate the missing values for the variable of interest. The item for which there is at least one missing case is the dependent variable, and items that are present in the data are used as independent, or predictor, variables, in the equation. Some of these procedures include multiple regression algorithms (e.g., Beale & Little, 1979) as well as iterative principal components procedures (e.g., Gleason & Staelin, 1975). One popular regression-based program is the AM procedure included in BMDP. Other programs are available, however, which allow greater flexibility and minimal estimation bias.

### EMCOV23.EXE

One such program is the EMCOV 23.EXE program (Graham & Hofer, 1995).

***This discussion outlines current, widely used missing data techniques and their shortcomings and presents research designs, statistical techniques, and the conceptual means to better deal with the reality of missing values.***

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This iterative estimation program employs the EM (expectation-maximization) algorithm (Dempster, Laird, & Rubin, 1977). The algorithm begins with the E-step, involving the collection of sums and sums of squares and cross-products as the data are read into the program. For sums, if the data value is present, the value is added to the overall variable sum. If the data value is missing, the best estimate for the value is added to the overall variable sum. The best estimate is based on a regression equation, with all other variables in the solution as predictors. For sums of squares and cross-products, if either data value is present, the square or cross-product is based on the actual value for the present variable and the best estimate of the other variable. If both values are missing, the square or cross-product is based on the best estimate of the values plus a penalty term.

The M-step of EMCOV23 involves simply calculating the covariance matrix elements based on the sums and sums of squares and cross-products obtained from the E-step. The regression weights from this part of the procedure are used in the next E-step to obtain the best estimates for missing values. These steps are repeated until the change in the estimates of the covariance matrix reaches some minimal convergence criterion. The program is user-friendly, widely available in the public domain, and very flexible. However, minimizing the residual component of the estimation is not the only concern for a researcher who wishes to exert maximum control over estimation bias. A number of other factors must be considered, such as the percentage of missingness, the extent to which the missingness occurs at random, and the relevance of the information used to estimate the missing values.

## Levels of randomness

Studies have shown that estimation by regression appears to be most valuable in circumstances in which 10% to 40% of the data are missing (e.g., Little, 1979) and that the advantages of iterative procedures (versus simple regression) become more apparent as the percentage of missing values ex-

ceeds 15% to 20% (Raymond & Roberts, 1987). Whenever large proportions of data are missing, however, the appropriateness of using any statistical procedure should be called into question. Why are the items missing? Are they missing at random?

**The worst case scenario is when missingness is nonrandom and is nonignorable.**

“Randomness” occurs at several levels. The best case scenario—when a researcher knows that estimation bias is considerably controlled—occurs when the data are missing *completely at random* (Rubin, 1987). This term refers to cases in which the cause for missingness is a random process and (by definition) is uncorrelated with other variables. Unfortunately, this is either rare or difficult to confirm.

At the next level, the missingness is nonrandom but is *ignorable* (Little & Rubin, 1987). Ignorable missingness occurs when the cause for missingness can be identified, is unrelated to (not dependent upon) the main dependent variable of the study, and is “accessible” (Graham & Donaldson, 1993). Accessible missing data mechanisms are those causes of missingness that have been measured for all cases and are available for analyses. For example, a packet of questionnaires that was missing a page of items was administered on a day when the youngest subjects turned out for testing. Age is not related to the main dependent variable of the study and has been measured for all subjects. This is a likely scenario.

The worst case scenario is when missingness is nonrandom and is nonignorable (Little & Rubin, 1987). This occurs when the cause for missingness is related to the main dependent variable and is “inaccessible”—has not been measured for everyone or is otherwise unavailable for analysis (Graham & Donaldson, 1993). This would be the case in the scenario described earlier if age were a key hypothesis (directly related to the main dependent variable of the study) or if age were not measured for all subjects.

## Most relevant variables

Another way to control estimation bias in missing data imputation is to use only the

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most relevant information to estimate missing values. Using the most relevant information to estimate missingness reduces bias because variables that are irrelevant, or uncorrelated, do not enter into the estimation of the variable of interest. The most relevant variables for the estimation of a missing value are the variables that "load" together with the missing variable in a factor-analytic sense. Variables that are part of the same common factor are the most relevant to one another and should be the only variables used to estimate missingness in one another. For example, if one item of a self-concept scale is missing, only the items that make up the self-concept factor should be used to estimate that missing item. This procedure works best when subscales are reliable (internally consistent) and measurement invariance has been demonstrated for all subjects (or groups of subjects) in the sample (Horn & McArdle, 1992). The EMCOV23 program allows a researcher to include only the most relevant variables for the estimation of missing values.

## Second-order missing data imputation

These considerations address missingness only at the item level. What happens, however, when an entire scale is missing (e.g., the depression measure was inadvertently not given), or a piece of data for which there are no apparent predictors is lost (e.g., blood samples were lost due to storage problems)? These problems are more complex, but can be solved using the same methods discussed earlier. The difference is that the missing data imputation is now at the second order: composite scores or factor scores are used to impute other composite or factor scores. Constructs that are highly correlated can be used to predict scores on similar constructs. In these examples, scores on self-esteem and anxiety measures could be used to predict depression scores, and blood hormone levels could be predicted from saliva samples or other physical growth measurements that are present. Second-order missing

data imputation should be done on an analysis-by-analysis basis. To avoid linear dependencies and spurious findings, constructs that are used to impute missing values for the construct of interest must not be used in subsequent analyses where the construct of interest is present.

## Conclusion

In conclusion, some simple, underused programs are readily available to deal with missing data at the item level or at the second-order (or construct) level with limited estimation bias. The data do not necessarily have to be missing completely at random, but the cause of the missingness has to be at least ignorable under nonrandom conditions. As long as the nonrandom conditions are ignorable, iterative regression-based procedures, such as the EMCOV23 program, can deal with considerably large proportions of missing data (15% to 20%) with little bias.

Researchers must make every attempt to use only the most relevant information when selecting the variables that will be used to predict missing values. Missing data do not have to ruin a good research project. In fact, the best research designs of the future will be those that systematically build in missingness. Several researchers have suggested that missing data is a less than monumental problem, and have advocated research designs with planned missingness (Bell, 1954; McArdle & Hamagami, 1992; McArdle, 1994; Graham, Hofer, & MacKinnon, 1996).

*Note: The EMCOV23 program is available via FTP. Use your FTP software to log in to: ftp.cac.psu.edu:*

*login: anonymous*

*password: your e-mail address*

*Change to the directory: /pub/people/. DOS files are in the subdirectory "dos," Multiple Imputation files (for DOS) are in the subdirectory "multimp," Windows NT and Windows 95 files are in "NT." The main BINARY file to download is: emcov.exe (in the DOS subdirectory), which is a self-extracting ZIP file Pcs. If you download EMCOV.EXE from this Penn State ftp server, or have trouble doing so, please send an e-mail message to: jwg4@psuvm.psu.edu, telling the author that you have received it.*

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***Missing data do not have to ruin a good research project. In fact, the best research designs of the future will be those that systematically build in missingness.***

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Jennie G. Noll, PhD, is at the National Institute of Mental Health, Bethesda, Maryland.

## Members Get Members

**For every organization, word of mouth is the best form of advertising. Please help strengthen APSAC's voice and achieve APSAC's mission by telling your colleagues and students about APSAC. Urge them to support the organization—first by joining, then by telling yet more colleagues about its mission and benefits. Call 312-554-0166 and ask for Howard Griffin if you would like to receive information about APSAC to distribute to colleagues.**

## APSAC Benefits of Membership

- The *APSAC Advisor*, the interdisciplinary, hands-on style quarterly newsjournal.
- *Child Maltreatment*, the quarterly, peer-reviewed interdisciplinary journal.
- Free copies of APSAC's guidelines for practice, fact sheets, and position papers.
- Discounts on APSAC's books, monographs, audiotapes, and other publications.
- Discounts on APSAC's interdisciplinary Colloquium, Institutes, and other conferences nationwide.
- Participation in APSAC's state chapters, committees, task forces, Legislative Network, and Legislative ListServ.
- Expert guidance on educating legislators and journalists about child abuse and neglect.
- Support of a national interdisciplinary organization focused on child maltreatment.

## 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.***



# MEASUREMENT AND ASSESSMENT

## National Data Archive on Child Abuse and Neglect Summer Research Institute

—Patrick T. Collins  
and Elizabeth  
Letourneau

### Part 1 —Patrick T. Collins

For the past four years, the National Data Archive on Child Abuse and Neglect (Archive) has sponsored an annual week-long Summer Research Institute (SRI) on the Cornell University campus in Ithaca, New York, which provides an intensive experience in the secondary analysis of child abuse and neglect data. We solicit applications from those interested in advancing the field of child maltreatment by conducting research with existing data sets. Twelve participants are selected who represent a wide variety of disciplines (e.g., psychology, medicine, epidemiology, law, social work). The primary goals of the SRI are to increase use of the Archive's holdings and to provide training to child abuse and neglect researchers. In addition, the SRI provides child abuse and neglect researchers with an invaluable opportunity for networking and collaborating with each other.

Before the SRI, each participant begins a secondary analysis project. Most participants choose to work with data sets that are in the Archive, but they can work with data from other sources. During the SRI, participants work with the Archive staff as well as with computing and statistical consultants to refine their analysis plans and to resolve technical problems. During the week we hold workshops in research methodology, statistics, secondary analysis, and data management. We offer computing labs for hands-on work with the data sets, and the Archive's staff, the Cornell faculty, and the principal investigators of the relevant studies provide instruction. Participants give brief presentations of their current research and receive feedback from the other participants. We expect each participant's work to result in a conference paper or journal article.

Applicants are selected based on their previous research experience and their level of commitment to completing their work. Scholars, professionals involved in research, and advanced graduate students are all encouraged to apply. The costs of housing and tuition are covered by the Archive; participants are responsible for travel expenses and some meals.

A detailed announcement regarding the SRI is mailed annually in late autumn, after which applications for the SRI are available from the Archive upon request. The announcement and application will be available on the Archive's web site (<http://www.ndacan.cornell.edu>). Interested persons will submit a completed application and a recent resume or curriculum vitae.<sup>1</sup>

### Part 2 —Elizabeth Letourneau

I would like to share some of the experiences I had while attending the 1996 SRI. The group consisted of 14 professionals in clinical psychology, social psychology, sociology, public health, and education. The level of experience among us was varied, although most had or were working toward advanced degrees. What we all seemed to have in common was a strong desire to advance the field of child maltreatment through research.

Having lived through the grueling years of graduate school, postdoctoral fellowships, and junior level faculty and research positions, my SRI colleagues and I were familiar with conducting research at breakneck speed, with unreasonable deadlines, occasionally in a competitive environment, and often with limited resources. This way of life may not have been pleasant, but it was what we were accustomed to. The environment at the SRI could not have been more different. Accommodations were pleasant and meals were excellent! More important, however, we had access to the Archive, from which to choose relevant data, and a computer laboratory was reserved for our use that met all of our software and hardware needs.

Another major benefit of attending the SRI was the opportunity to interact with other researchers, many of whom had expertise outside of my own areas of interest. I have remained in contact with several other SRI participants and we continue to collaborate on different projects. One particularly motivated individual has even set up an online discussion group for the 1996 attendees.

The most important aspect of the SRI is the staff. Throughout the week I spent at Cornell, the staff conveyed their eagerness to impart a feeling of empowerment to those of us attending the Institute. All of our questions and needs were addressed conscientiously and with a high level of expertise. In fact, their support continued, for many of us, well beyond the end of the week. Over the course of that week each of us was mentored, in the very best sense of the word. The SRI has earned an unqualified recommendation as an excellent resource for conducting secondary analyses in the child maltreatment field, and I encourage interested individuals to apply.

*Patrick T. Collins, PhD, is Project Director, National Data Archive on Child Abuse and Neglect, Cornell University. Elizabeth J. Letourneau, PhD, is Assistant Professor of Psychology at August State University, Augusta, Georgia, and is also Associate Editor—Measurement and Assessment for the APSAC Advisor.*

<sup>1</sup> The deadline for applications for 1997 is February 15th. All correspondence or questions regarding the SRI should be directed to the National Data Archive on Child Abuse and Neglect. Phone: 607-255-7799; e-mail: [DATAKAN@cornell.edu](mailto:DATAKAN@cornell.edu); or write to National Data Archive on Child Abuse and Neglect, FLDC, G-20 MVR Hall, Cornell University, Ithaca, NY 14853-4401.

## BOOK REVIEWS

*How to Interview Sexual Abuse Victims: Including the Use of Anatomical Dolls*, by Marcia Morgan. Thousand Oaks, CA: Sage Publications, 1995. 126 pp. \$18.95 paper, \$42.95 cloth.

—Reviewed by Ann Elliott

Police, social service workers, and prosecutors who work with alleged victims of child sexual abuse face many challenges. Their responsibilities may range from conducting the initial interview with a child to evaluate an allegation or suspicion of sexual abuse, to preparing a child to testify in court. In *How to Interview Sexual Abuse Victims: Including the Use of Anatomical Dolls*, Marcia Morgan attempts to aid professionals in accomplishing these tasks by providing "an introduction and a broad set of guidelines on how to interview children about sexual abuse" (p. xi). Although the book successfully achieves this goal by covering a wide range of relevant topics, the primary focus of the book is a discussion of the use of anatomical dolls in sexual abuse investigations. The more general issue of how to interview sexually abused children is clearly a secondary focus.

A wide variety of topics is covered in this book. The volume begins with an overview of the use of anatomical dolls. Subsequent chapters follow the interview process, from preparing for an interview through going to trial. Additional chapters address special legal issues, training exercises, dos and don'ts for interviewers, and the future of child interviewing. The book also includes five appendices presenting a glossary of terms, an annotated bibliography, selected audiovisual resources, a list of sexual abuse symptoms, and a discussion of factors related to children's disclosure.

The broad overview of topics may be especially useful for professionals who have relatively little experience in interviewing alleged victims of child sexual abuse. Morgan provides practical advice concerning a

variety of issues such as strategies for encouraging children to talk, the use of nonleading questions, and developmental considerations in conducting interviews. Because the length of the book does not allow for an in-depth analysis of each of the many topics covered, however, the book may be less useful for experienced professionals who are seeking to refine their interviewing skills.

The use of anatomical dolls is addressed in all but one chapter of the book, with three of the ten chapters dedicated primarily or exclusively to this topic. Morgan's discussion of anatomical dolls is guided by both clinical experience and empirical research. The recommendations made in the book are consistent with APSAC's *Practice Guidelines Concerning the Use of Anatomical Dolls in Child Sexual Abuse Assessments*. In light of these factors, this book is likely to be a useful resource for professionals seeking to improve their understanding of the recommended uses and limitations of anatomical dolls in sexual abuse investigations.

For professionals interested in learning more about the use of anatomical dolls, one particularly

helpful aspect of this book is the annotated bibliography, which describes over 25 articles concerning anatomical dolls. However, since one intended purpose of the book is to provide an introduction to general issues in interviewing sexually abused children, it is unfortunate that the annotated bibliography was not expanded to include more general references concerning how to interview victims of sexual abuse. This would have assisted readers in obtaining a broader understanding of the variety of issues and techniques relevant to interviewing sexually abused children, of which the use of anatomical dolls is only one.

In summary, the book is well written and offers many practical suggestions for conducting sexual abuse investigations. It will serve as a useful resource for police officers,

***This book is likely to be a useful resource for professionals seeking to improve their understanding of the recommended uses and limitations of anatomical dolls in sexual abuse investigations.***

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social service workers, and prosecutors who 1) want to improve their knowledge and understanding of issues specifically related to the use of anatomical dolls in sexual abuse investigations, or 2) want to obtain a very broad set of guidelines on how to interview children about sexual abuse.

Ann N. Elliott, PhD, is Assistant Professor of Psychology at Emory & Henry College, Emory, VA.



***Child Survivors and Perpetrators of Sexual Abuse: Treatment Innovations.* Mic Hunter (Ed.). Sage Publications, 1995. 194 pp., \$38.95 cloth, \$17.95 paper.**

***Adult Survivors of Sexual Abuse: Treatment Innovations.* Mic Hunter (Ed.). Sage Publications, 1995. 176 pp., \$38.95 cloth, \$17.95 paper.**

—Reviewed by Elizabeth J. Letourneau

Overall, these edited volumes are composed of chapters that are highly variable in their quality, objectivity, and overall usefulness for practitioners. The stated goal of both books, to present “state of the art” treatment techniques and models, is worthy. However, the inclusion of chapters describing theoretically informed, empirically derived treatment techniques in the same volume with chapters having none of these virtues undermines what might otherwise be helpful resources for practitioners.

To illustrate how variable the quality of the individual chapters in these volumes is, one need look no further than the first three chapters of *Child Survivors and Perpetrators of Sexual Abuse*. In the first chapter, William Friedrich presents the intriguing argument that most symptoms expressed by sexually abused boys can be explained by dysregulation of central nervous system catecholamines. Several very useful treatment techniques are interspersed throughout this provocative chapter. In contrast, chapters two and three include very questionable assertions and generalizations about victims and consequences of abuse. The second

chapter (by Sally Cantor) includes the offensive suggestion that among teens, “a pattern of sexual involvement only with individuals of a different race” may suggest “intense dislike of self” or “adolescent rebellion” and may warrant hospitalization. This reviewer is unfamiliar with any empirical basis for this statement, or for the value of hospitalization in producing long-term improvement in sexual acting out (as opposed to offending). The third chapter, which addresses ritual abuse, is equally problematic. Throughout the chapter, the author (Gayl Stroh) argues that satanic abuse is much more prevalent than currently believed, and that professionals who fail to recognize this are in denial due to the horrendous nature of this kind of abuse. Not only does she perpetuate these troubling and empirically unsupported points of view, she also reduces her own credibility when she confuses various forms of reinforcement and punishment in discussing the effects of ritual abuse on its victims.

Unfortunately, these chapters precede some informative and well-written works that appear later in the book. Hendrick Cantwell presents a thorough overview of sexually aggressive behavior in children, and two chapters (by Sandra Ballester, Frederique Pierre, Diane Griggs, and Armond Boldi) describing the Support Program for Abuse Reactive Kids (SPARK) are equally well written and informative. Despite these useful

chapters, however, the misinformation presented in several remaining chapters makes it impossible to recommend *Child Survivors and Perpetrators of Sexual Abuse: Treatment Innovations*.

*Adult Survivors of Sexual Abuse: Treatment Innovations*, is unfortunately

more of the same. This companion volume is quite similar in its mixture of useful, scientifically based information with what appears to be the speculation of individuals who have received little or no formal training in working with abuse survivors. This is unfortunate because several chapters

***Overall, these edited volumes are composed of chapters that are highly variable in their quality, objectivity, and overall usefulness for practitioners.***

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address important topics that are not usually considered by other authors. For example, in chapter six Caryl Trotter presents interesting clinical data regarding treatment of chemically dependent survivors, and chapter two (by Jeff Brown) provides a creditable overview of sexual dysfunction in adult survivors. However, other chapters present highly suspect points of view. For example, in a chapter discussing dissociation and "compulsive reenactment of trauma," Mark Schwartz, Lori Galperin, and William Masters make the dubious assertion that "most adults who suffered sexual trauma during their childhoods have partial or total amnesia regarding the abuse details, or else they minimize or distort their histories." No data are presented to support this declaration, which has serious implications for conducting therapy with adult survivors and believing their accounts of their histories. It is quite irresponsible to make such claims without substantiation.

Such problems preclude an enthusiastic reaction to either volume. Interested readers are encouraged to look to other sources. There are numerous extant works that adequately address issues in child and adult victims, and child and adult perpetrators of sexual assault, without compelling readers to sift through the numerous errors that permeate these two books.

*Elizabeth J. Letourneau, PhD, recently completed a Postdoctoral Fellowship at the National Crime Victims Research & Treatment Center at the Medical University of South Carolina, and is now Assistant Professor of Psychology at Augusta State University, Augusta, GA. Dr. Letourneau is also Associate Editor — Measurement and Assessment for the APSAC Advisor.*



***Preventing Child Maltreatment Through Social Support: A Critical Analysis*, by Ross A. Thompson.** Sage Publications, 1995. 224 pp., \$39.95 cloth, \$19.95 paper.

—Reviewed by Kerry Bolger

*In Preventing Child Maltreatment*

*Through Social Support: A Critical Analysis*, Ross Thompson provides a scholarly, comprehensive review and analysis of research, theory, and policy related to social support as a means of preventing child maltreatment. One of the great strengths of this book is Thompson's success in describing the possibilities, but also the challenges, of implementing social support interventions for maltreating families. Throughout this thoughtful and ambitious volume, Thompson avoids the temptation to oversimplify the role of social support or to view social support as a panacea for the problems of maltreating parents and their children. At the same time, Thompson resists the cynicism that often accompanies a recognition of the limitations of interventions

***Ross Thompson provides a scholarly, comprehensive review and analysis of research, theory, and policy related to social support as a means of preventing child maltreatment.***

for troubled families. With this balanced approach, Thompson has integrated a large research literature on child maltreatment and social support and has generated a set of recommendations for research, practice, and policy that should be important in defining an agenda for future work in child maltreatment prevention and intervention.

Each chapter of this volume contains an impressive amount of useful information on research and intervention related to child maltreatment and social support. The book begins with a description of the current status of the child protection system in the United States and the challenges to that system. Thompson reviews research and theory on natural networks of social support and the intersection of these networks. He offers a conceptual "unpacking" of the meaning of social support, featuring discussions of the organization and functions of social networks and social support. Thompson provides an incisive analysis of what is known about the effects of social support, including how and when social support changes behavior; effects of recipients' personal characteristics on social support; recipient and provider reactions to receiving and giving aid; and social networks as a source of stress. A chapter on the social context of child maltreatment is

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## Book Reviews

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especially noteworthy for its keen examination of what is and is not known about social isolation among maltreating families. Thompson also reviews and evaluates intervention strategies, with special attention to home visitation and intensive family preservation. In this chapter, community programs that provide support to at-risk children (e.g., Big Brother/Big Sister programs) are discussed briefly but not emphasized. The final chapter of this volume offers an ambitious, yet clear, set of recommendations for research, practice, and policy.

Thompson argues and clearly documents that social support is neither a simple concept nor a straightforward prescription for the problems of maltreating families. Instead, he recommends that the purposes and methods of providing social support to families should be planned carefully to achieve specific goals while minimizing potential disadvantages, such as the creation of a feeling of dependency or stigma among recipients. Beyond noting that different families in dissimilar circumstances (e.g., neglectful parents versus sexually abusive parents) will require distinct approaches to intervention, he provides information and guidance for considering the costs and benefits of social support interventions of various types, from particular sources, and of specific groups of maltreat-

ing families. The book also provides practical and well-justified recommendations to coordinate formal and informal social support; to enlist neighborhood and nonneighborhood social networks; to coordinate social support efforts with other types of intervention; to integrate services for parents and for children; and to redesign child protective services to serve the needs and interests of children. Readers will want to refer to *Preventing Child Maltreatment Through Social Support: A Critical Analysis* frequently when planning research as well as intervention strategies for families at risk for child maltreatment. This volume would also make an excellent textbook for graduate and professional courses in child maltreatment, child and family development, social service planning, and public policy related to children and families. Thompson has provided a comprehensive literature review and an incisive analysis that will be useful to researchers, service providers, and policy makers. In summary, this volume is a very substantial contribution to efforts to understand and improve the conditions that lead to child abuse and neglect. As such, it should be important reading for those who wish to contribute to these efforts.

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## APSAC FOURTH NATIONAL COLLOQUIUM AUDIOTAPES AVAILABLE

If you missed the Fourth National Colloquium, or were unable to attend sessions that interested you, you can still keep current with the latest developments in the field and benefit from the presentations of the Colloquium's excellent faculty. Audiotapes of most sessions are available for purchase through Teach'Em (TE), a division of Bonus Books, Inc., which recorded, produced, and is distributing the tapes. Audiotapes can be ordered from TE simply by calling 1-800-225-3775.

—Edited by  
Rochelle F. Hanson

The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute to Journal Highlights by sending a copy of current articles (preferably published within the past six months), along with a two- or three-sentence review to Rochelle F. Hanson, PhD, CARE/SHCC, P.O. Box 117500, University of Florida, Gainesville, FL 32611-7500 (FAX 352 846-1030).

## Sexual Abuse

**Faller, K.C., & Corwin, D.L.** (1995). Children's interview statements and behaviors: Role in identifying sexually abused children. *Child Abuse & Neglect, 19*, 71-82.

This article discusses the use of child interview (CI) data to decide whether a child has been sexually abused. The role of CI findings is examined from a historical perspective, and the challenge of researching criteria indicative of a true allegation is discussed. Existing studies of CI data are reviewed and critiqued. Examining CI findings in cases in which sexual abuse has been independently measured is a potentially useful type of research. Suggestions for future research on the determination of sexual abuse are offered.

**Friedrich, W.N. & Schafer, L.C.** (1995). Somatic symptoms in sexually abused children. *Journal of Pediatric Psychology, 20*(5), 661-670.

This article examines somatic symptoms in sexually abused versus nonabused children aged 3 to 12. Data were collected via parent reports. Results indicated that abused girls aged 3 to 6 and abused boys aged 7 to 12 were reported to have the greatest number of somatic symptoms. Force and number of perpetrators were abuse-specific variables found to be directly related to the number of somatic symptoms.

**Goodman, G.S., White, C. S., & Friedrich, W.N.** (1995). Psychological science and the use of anatomically detailed dolls in child sexual-abuse assessments. *Psychological Bulletin, 118*, 199-222.

A review of the historical use of anatomically detailed (ATD) dolls in clinical inquiry and in research on sexual behaviors in children, normative use of ATD dolls in nonreferred children, differences in children's play behavior and emotional reactions to ATD dolls, and memory and suggestibility issues relating to ATD doll use, this article is the product of an APA working group formed to review ATD doll research and practice. Recommendations for future research are provided.

**Kaufman, K.L., Hilliker, D.R., Lathrop, P., Daleiden, E.L., & Rudy, L.** (1996). Sexual offenders' modus operandi. *Journal of Interpersonal Violence, 11*, 19-34.

Two assessment approaches are compared—structured interviews and self-report questionnaires—on their abilities to provide details regarding sexual offenders' modus operandi from the perspectives of victims, incarcerated offenders, and offenders in outpatient treatment. Study findings indicated that structured interviews and questionnaires yielded consistent information. For modus operandi items that were not consistently reported, more information was obtained via the questionnaire format. However, the interview format revealed more about incarcerated offenders' use of threats and coercion to gain victim cooperation in sexual activity. Implications of these findings are discussed.

**Mannarino, A. P., & Cohen, J.A.** (1996). Abuse-related attributions and perceptions, general attributions, and locus of control in sexually abused girls. *Journal of Interpersonal Violence, 11*, 162-180.

This study examines abuse-related attributions and perceptions, general attributions, and locus of control and their impact on psychological symptomatology in sexually abused girls aged 7 to 12. Compared with normal controls, sexually abused girls endorsed significantly more abuse-related attributions and perceptions and general attributions. In the sexually abused group, abuse-related attributions and perceptions were the most significantly related to and predictive of self-reported psychological symptomatology.

**Vogeltanz, N.D. & Drabman, R.S.** (1995). A procedure for evaluating young children suspected of being sexually abused. "Child Abuse Special Series." *Behavior Therapy, 26*(4), 579-597.

A procedure is presented for reducing the suggestibility effects when interviewing young children in suspected cases of sexual abuse, in response to research indicating that certain interviewer behaviors may distort or contaminate a child's memory of the original event or induce the child to change his or her statement about the original event. A primary component of the procedure is the use of a two-person interview team: an intake person and an unbiased interviewer (i.e., an interviewer with no prior knowledge of case details or allegations). The authors argue that such a procedure decreases evaluator bias and child suggestibility through increased statement validity.

**Wolfe, V.V. & Birt, J.** (1995). The psychological sequelae of child sexual abuse. *Advances in Clinical Child Psychology, 17*, 233-263.

This article examines individual differences in response to childhood sexual abuse (CSA) and compares commonalities of this population with other groups of children who have experienced stress and trauma.

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# Journal Highlights

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Despite considerable heterogeneity among CSA victims, these children tend to display significantly higher levels of symptomatology than their nonabused, nonclinic-referred peers, with more instances of posttraumatic stress disorder (PTSD) symptomatology and sexuality problems. Variables mediating CSA sequelae include the severity and course of CSA; the child's age at time of CSA, at time of disclosure, and at time of psychological assessment; the child's attributional style; and family variables.

## Physical Abuse and Neglect

**Dodge, K.A., Pettit, G.S., Bates, J.E., & Valente, E.** (1995). Social information-processing patterns partially mediate the effect of early physical abuse on later conduct problems. *Journal of Abnormal Psychology, 104*, 632-643.

In this study, the authors test the hypothesis that early physical abuse is associated with later externalizing behavior outcomes, and that this relation is mediated by the intervening development of biased social information-processing patterns. They assessed 584 randomly selected boys and girls for the lifetime experience of physical abuse. Early abuse increased the risk of teacher-rated externalizing outcomes in Grades 3 and 4 by fourfold, and this effect could not be accounted for by confounded ecological or child factors. Abuse was associated with later processing patterns (e.g., encoding errors, hostile attributional biases, accessing of aggressive responses, and positive evaluations of aggression), which, in turn, predicted later externalizing outcomes.

**Feldman, R.S., Salzinger, S., Rosario, M., & Alvarado, L.** (1995). Parent, teacher, and peer ratings of physically abused and nonmaltreated children's behavior. *Journal of Abnormal Child Psychology, 23*, 317-334.

Disturbances in social development and social behavior are examined in a sample of physically abused children (mean age 10.2 years), and compared with matched controls. Data were gathered from teachers, parents, and classmates of the subjects. Parents and teachers both rated significantly more behavioral disturbance in the abused children; peers' ratings were significantly and positively correlated with adults' ratings, especially those by teachers. Children's exposure to spouse or partner physical abuse reduced the difference in disturbance ratings between children who were themselves physically abused and those who were not.

**Haskett, M.E., Myers, L.W., Pirrello, V.E., & Dombalis, A.O.** (1995). Parenting style as a mediating link between parental emotional health and adjustment of maltreated children. "Child Abuse Special Series." *Behavior Therapy, 26*, 625-642.

This study examines the effects of parental style and parents' emotional health status on children's social-emotional functioning. Approaches to child rearing were expected to mediate the impact of parental emotional health on child adjustment. The sample consisted of 55 parent-child dyads referred to a cognitive-behavioral family treatment program because of child maltreatment. Analyses showed that both aspects of parental functioning predicted child adjustment. However, further analyses yielded support for the mediation mode: the impact of emotional health on child adjustment was significantly reduced when the effects of parenting style were controlled. Results suggest that parental approaches to childrearing play a key role in shaping children's social-emotional functioning.

**Herrenkohl, E.C., Herrenkohl, R.C., Rupert, L.J., & Egolf, B.P.** (1995). Risk factors for behavioral dysfunction: The relative impact of maltreatment, SES, physical health problems, cognitive ability, and quality of parent-child interaction. *Child Abuse & Neglect, 19*, 191-203.

Samples of physically abused and neglected, and nonabused, nonneglected children were assessed at two points in time (preschool age and school age). Variables represented several domains (e.g., parenting, family environment, child characteristics) that significantly affect behavioral functioning. Based on teachers' ratings, subjects were assigned to one of three groups: high, medium, and low functioning. Findings indicated that behavioral functioning was most strongly differentiated by the sociocultural and family climate in which the subject was raised, with physical and emotional maltreatment being significant but less powerful influences.

**Oates, R.K., & Bross, D.C.** (1995). What have we learned about treating child physical abuse? A literature review of the last decade. *Child Abuse & Neglect, 19*, 463-473.

This article reviews the literature on treatment of physically abused children and of physically abusive parents. Specific criteria were used to select studies for inclusion in the review (i.e., more than five subjects in the sample; at least 15% of the children in the sample had been physically abused; and either pre-/posttest, comparison group, or randomization between different treatments in the design were selected). The review revealed that a wide range of treatments have been used, the most popular for children being therapeutic daycare, with emphasis on improving developmental skills.

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OTHER ISSUES IN CHILD MALTREATMENT

**Giovannoni, J.M.** (1995). Reports of child maltreatment from mandated and non-mandated reporters. "Special Issue: Rationing child protection." *Children & Youth Services Review, 17*, 487-501.

The similarities and differences in the reports of child maltreatment to child protective services (CPS), received from both mandated and nonmandated reporters, were examined. Although significant differences were found between the kinds of maltreatment reported by various sources, these differences did not necessarily vary according to the reporters' mandated or nonmandated status. The reporters' status was found to be related to the nature of maltreatment being investigated and the degree to which the maltreatment was reported. The author concluded that there should be a mechanism to develop responsive policy.

**Knutson, J.F.** (1995). Psychological characteristics of maltreated children: Putative risk factors and consequences. *Annual Review of Psychology, 46*, 401-431.

This article reviews literature on the psychological characteristics of maltreated children. Methodological and public policy issues related to child sexual abuse are described. The epidemiology of maltreatment and risk factors in physical abuse and neglect are addressed. The article also describes the behavioral characteristics of abused and neglected children, transgenerational physical abuse, and the risk factors and behavioral correlates of sexual abuse. Considerable evidence exists that the maltreatment of children is widespread and that it can have significant adverse effects on the victims.

**McGee, R.A., Wolfe, D.A., Yuen, S.A., & Wilson, S.K.** (1995). The measurement of maltreatment: A comparison of approaches. *Child Abuse & Neglect, 19*, 233-249.

This article examines the comparability and predictive validity of three approaches to the measurement of maltreatment among 160 adolescents (aged 11 to 17) from a child protection agency population. Global ratings of maltreatment severity were made by three reporting sources: researchers on the basis of protection agency case files; protection agency social workers; and the subjects themselves. Ratings were made of five types of maltreatment: physical, sexual, emotional, neglect, and exposure to family violence. Comparison of ratings across sources indicated considerable disagreement with respect to judgments of maltreatment occurrence and severity.

**Reiniger, A., Robison, E., & McHugh, M.** (1995). Mandated training of professionals: A means for improving reporting of suspected child abuse. *Child Abuse & Neglect, 19*, 63-69.

A sample of 1,368 professionals was surveyed 5 to 20 months after completing a two-hour course on the identification and reporting of child abuse and maltreatment. Of the cases of child abuse and neglect recognized by professionals, 69% were not reported to child protective services. The majority of recognized cases came from the police, hospitals, and mental health agencies. Mental health practitioners were better informed than other professionals, and teachers were among the least knowledgeable. All subjects were more familiar with the indicators of abuse and neglect and less familiar with the legal and technical aspects of reporting.

**Thompson, R.A., & Wilcox, B.L.** (1995). Child maltreatment research: Federal support and policy issues. *American Psychologist, 50*, 789-793.

Some of the problems that have been identified in federal research funding, administration, and support of research initiatives and training concerning child abuse and neglect are described. Remedies for these difficulties are outlined and priorities for new research in this area are identified. The authors also discuss ways to rejuvenate the federal government's role in this area, in league with a concerted commitment by behavioral scientists to conduct policy-relevant research.

**Widom, C. S., Ireland, T., & Glynn, P.J.** (1995). Alcohol abuse in abused and neglected children followed-up: Are they at increased risk? *Journal of Studies on Alcohol, 56*, 207-217.

This study investigated whether childhood victimization would lead to increased risk of alcohol abuse in young adulthood and whether there would be differential responses by gender and type of abuse. A sample comprised of male and female abused and/or neglected children were matched for age, race, sex, and approximate family social class with nonabused and nonneglected children. Subjects were followed prospectively into young adulthood. No relationship between childhood victimization and subsequent alcohol abuse was found in men. However, a significant bivariate relationship for women was found, and the relationship persisted when controlling for parental alcohol and/or drug problems, childhood poverty, race, and age.

**Wissow, L.S.** (1995). Child abuse and neglect. *New England Journal of Medicine, 332*, 1425-1431.

Diagnostic and therapeutic issues posed by child abuse and neglect are reviewed, including detection, credibility of children's reports, ways to obtain credible child disclosure, signs and symptoms of physical abuse, and controversies in the diagnosis of sexual abuse. The author also points out the importance of a team approach to treatment when working with abusive families.



## Who are the perpetrators?

- 62 percent of children abused and 91 percent of children neglected under the Harm Standard are maltreated by their birth parents.
- Only 25% of sexually abused children were abused by their birth parents.
- Overall, children were more likely to be maltreated by females (65%) than by males (54%).
- Children are more often found to be neglected by females (87% vs. 43%), largely because for so many a female is the only caretaker; in contrast, children are more often abused by males (67% vs. 40%).
- 89% of sexual abuse is perpetrated by males, compared to 12 percent by females.

## Who recognizes child maltreatment?

- School staff recognized 5% of children maltreated according to the Harm Standard and 54% according to the Endangerment Standard.
- Hospitals, police departments, social service agencies, and day care centers are also important sources of recognition.

## Are these increases real?

Study authors questioned whether these increases in reported maltreatment are real, or the result of increased sensitivity on the part of the professionals to whom they spoke. Their conclusions were mixed. They reason that the number of seriously injured children cannot plausibly be attributed to higher sensitivity: it is unlikely that, in 1986, only a small fraction of seriously injured children were noticed by professionals. The increase from 140,000 to more than half a million children seriously injured by child maltreatment is probably real. In contrast, study authors reason that the dramatic increases in reports of children who meet the Endangerment Standard likely reflects both real increases in endangerment and heightened sensitivity on the part of professionals to the subtler signs of maltreatment that has not yet resulted in obvious harm.

The study authors note the striking frequency with which illicit drug use is cited in conjunction with maltreatment reports. They speculate that the increase in drug use since

1986 and the increase in the number of children living in poverty both contribute to real increases in child maltreatment.

## APSAC STANDS FOR THE BEST POSSIBLE FEDERAL LEGISLATION FOR MALTREATED CHILDREN

These disturbing new NIS-3 data were one important factor in the unanimous decision by APSAC's Executive Committee to oppose final passage of S.919, the CAPTA reauthorization bill, which proponents pushed for last-minute passage before the fall Congressional recess. Another key factor in the Executive Committee's decision was the passage this summer of the new welfare bill, which many analysts expect will push up to one million more children into poverty and therefore into heightened danger of child maltreatment. The inclusion of amendments (regarding community oversight of CPS and mandatory termination of parental rights), which had not been adequately scrutinized for their potential impact, strengthened the Executive Committee's resolve.

On Tuesday, September 24, APSAC sent an urgent fax to its Legislative Network urging members to call key Senators to ask for a hold on the legislation, which proponents hoped to pass by unanimous consent later that week. Dozens of members called their Senators in the next 48 hours; as a result, a hold was put on the bill on Thursday, September 26. The hold was lifted, however, under countervailing efforts from the bill's proponents, and S.919 was passed into law on Friday, September 27.

APSAC's opposition to the bill was grounded in a number of problems detailed in an earlier edition of *The APSAC Advisor* (V.8, n.4): narrowing of the definition of child maltreatment to include the words "recent," "imminent," and "serious"; elimination of the requirement of a *guardian ad litem* for children involved in court proceedings; elimination of the requirement for a National Center, a National Advisory Board, and an Interagency Council on child abuse and neglect; and an ideologically driven focus on unfounded reports and overintervention, when data clearly indicate, and have for many

*continued on next page*

years, that underreporting and underintervention are bigger problems.

S.919 was, as proponents maintain, much preferable to the child protection block grants that were repeatedly threatened. It probably was, as proponents also maintain, the best legislation we could get with the most conservative Congress in 40 years. APSAC's leaders felt, however, that it fell far short of the federal leadership maltreated children need. Rather than saddle ourselves for the next four years with the "best deal" we could get with an outgoing Congress, we thought it better advocacy to let this version of CAPTA reauthorization die, and fight hard for better legislation with the next Congress.

The bill's proponents clearly believed that they were doing the best they could for children, and worked very hard and successfully to defeat proposals to block grant child protection and in other ways undermine public child protection. Although we respectfully differ about the best strategy for children, we can thank Kimberly Barnes O'Connor in Senator Nancy Kassebaum's office and Stephanie Monroe in Senator Dan Coats's office for vigorous advocacy in a very difficult climate. We hope to work with Senator Coats and his staff and others in the next Congress and Administration to ensure that S.919 is implemented in such a way as to maximize federal protections for children at risk of maltreatment.

## PROFESSIONALS SPEAK TO THEIR FRUSTRATIONS, NEEDS

The last issue of the *APSAC Advisor* contained a Professional Needs Survey designed by APSAC's Membership Committee to gain information to help guide membership recruitment efforts. The survey asked members to approach nonmember colleagues with three major questions: What is most difficult about your work, 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? We thank the many members who took up the call, questioned their colleagues, and returned hundreds of completed surveys — or, at least, hundreds of surveys that were *mostly* completed. The Measurement and Assessment article in this issue of

the *Advisor* — "Good News About Missing Data" (p. 21) — addresses the most difficult aspect of interpreting this survey's results. Bearing in mind that the sample was not representative and that many of the surveys were incompletely filled out, responses from nearly 400 professionals questioned by colleagues over the summer yield some interesting, if highly unscientific, information.

## Respondents

Surveys were returned from 36 states. The main discipline of those completing the surveys was mental health for 35%, CPS for 30%, law enforcement for 12%, nursing for 7%, medicine and law for 5% each, and education or "other" for 6%. Sixty-nine percent of those completing the surveys worked primarily with children, 15% with families, 10% with adult survivors, and 4% with perpetrators. Main area of expertise was sexual abuse for 55%, neglect for 19%, physical abuse for 14%, psychological maltreatment for 7%, and "other" for 5%.

Respondents' commitment to the field of child maltreatment was striking: 69% had been in the field for five years or longer (45% for more than seven years), 52% spent at least three-quarters of their time responding to child maltreatment, and 59% planned to stay in the field for at least seven more years.

## What is most difficult about your work?

Across all disciplines, "heavy workload" was rated the most important factor. The NIS-3 finding that CPS is investigating the same number of cases even while the number recognized has risen dramatically is certainly consistent with the sense of many professionals that their workload is almost overwhelming. Just behind "heavy workload," respondents rated the most difficult aspect of their work "public laws and policies that impede my work." Tied for third place were "low pay" and "lack of communication with interdisciplinary colleagues." Interestingly, the option, "isolation from family and friends," was rated least troubling by these respondents: apparently many have successfully developed social networks which provide important emotional support.

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## How can a professional society help?

Two items tied for first place in response to this question: "outstanding training I can trust and afford," and "efforts to improve laws and public policies to help maltreated children." A close second was "research I can understand and use," with two more items tied for third place: "quick access to experts for consultation" and "efforts to improve public understanding of the nature of this work."

## How much is such support worth to you?

Fourteen percent of respondents replied that the kind of support they had indicated would be worth *anything* to them. Back on the ground, among those who chose a specific number, the median was 25¢ a day, or \$91.25 per year. The mean (average) was raised to \$113.75 annually by a high percentage of respondents who chose 50¢ or \$1.00 a day.

## Is APSAC responsive?

APSAC's goods and services certainly seem to be on target for meeting the needs expressed by these respondents. APSAC's legislative advocacy, such as that discussed above regarding CAPTA, addresses respondents' desire for an organization that works to improve the laws and public policies that affect their work. Eventually, such advocacy should begin to alleviate the low pay and heavy workloads that trouble so many respondents. Too, APSAC's consistent efforts to increase knowledge and build a sense of professional identity among people working in child maltreatment can eventually ramify in greater recognition and better compensation for professionals in this field.

APSAC's interdisciplinary, research-based education — through its many publications, and national and state-level Colloquiums and institutes — is responsive to several needs: for outstanding, trustworthy, and affordable training, for improved communication with interdisciplinary colleagues, and for access to research in usable form. APSAC's state chapter network and national and state-level task forces and committees are additional, important venues for improving interdisciplinary communication.

APSAC's members can — and do — call the national office at any time for quick referrals to experts on all aspects of child maltreatment. So do members of the media. APSAC's ongoing media relations efforts, designed to improve public understanding of this work, are making APSAC better known to reporters and editors.

APSAC does all of this — and more — for just \$75.00 per year (for most members): well under both the mean and median amounts respondents said this work was worth to them. APSAC's Board and staff are committed to making APSAC membership affordable to as many professionals as possible, and have no intention of raising dues. **To continue APSAC's crucial work, however, we need for you to take the next step: please point out to your nonmember colleagues that APSAC is an affordable, reliable resource tailored to their needs. APSAC's ability to continue its work depends upon their — and your — financial support.**

## 1996 COLLOQUIUM THE BIGGEST YET

Nearly 800 interdisciplinary professionals registered for APSAC's Fourth National Colloquium, held in Chicago on June 26-29, 1996. Professionals came from all 50 states and from Australia, New Zealand, Belgium, England, and Israel to attend APSAC's Colloquium. In addition to the 36 intensive, three- and six-hour institutes on all aspects of child maltreatment, participants benefitted from dozens of field-generated research presentations, training seminars, symposia, and poster presentations. Participants also interacted in Open Forums, which every evening provided informal, peer-led opportunities to examine key issues in child maltreatment practice.

John Briere, PhD, delivered one of the two plenary addresses, "Besting the backlash: Strategies for a professional response." Briere was joined on the platform by two seasoned reporters from the *Chicago Tribune*, who talked about covering child maltreatment from the reporter's point of view, and gamely responded to many questions from the audience. The Colloquium's other plenary address was delivered by Anne Cohn Donnelly, DPH, who spoke with eloquence and insight

*continued on next page*

## News

Continued from page 35

about history and trends in the field of child maltreatment. Overall evaluations of the Colloquium were, as usual, highly positive.

APSAC's Colloquium is designed by and for APSAC's members: interdisciplinary professionals in the field of child maltreatment, people who know the field intimately and know what they and their colleagues need in professional training. The 1997 Colloquium is being co-chaired by Catherine Ayoub, RN, EdD (Harvard Uni-

versity Graduate School of Education), and Nancy Lamb, JD (First Judicial District Attorney's Office, Elizabeth City, North Carolina), with the assistance of co-chairs of several disciplinary subcommittees. **We all hope that you will join the crowd in Miami Beach, June 18-21, 1997, for what we hope to make the most stimulating, high-quality, and relevant professional training you can find.**

*Theresa Reid, MA, is Executive Director of APSAC*

## APSAC CALL FOR NOMINATIONS 1997 AWARDS

*Nominations are sought for the 1997 APSAC Awards in the following categories:*

### Outstanding Service

Recognizing a member who has made outstanding contributions to APSAC through leadership and service to the Society.

FORMER RECIPIENTS: Jon R. Conte, PhD (1992); David Corwin, MD (1993); John E.B. Myers, JD (1994); David Chadwick, MD (1995); Joyce Thomas, RN, MPH (1996)

### Outstanding Professional

Recognizing a member of APSAC who has made outstanding contributions to the field of child maltreatment and to the advancement of APSAC's goals.

FORMER RECIPIENTS: Ann Wolbert Burgess, DNSc (1992); Lucy Berliner, MSW (1993); Kee MacFarlane, MSW (1994); David Finkelhor, PhD (1995); Ken Lanning, MS (1996)

### Research Career Achievement

Recognizing an APSAC member who has made repeated, significant, and outstanding contributions to research on child maltreatment over his or her career.

FORMER RECIPIENTS: Gail Goodman, PhD (1992); Norman Polansky, PhD (1993); Murray Strauss, PhD (1994); William Friedrich, PhD (1995); Byron Egeland, PhD (1996)

### Outstanding Research Article

Recognizing the authors of a research article or book published in the previous calendar year judged to be the most significant contribution to the field of child abuse in that time period.

### Outstanding Doctoral Dissertation

Recognizing the doctoral dissertation completed within the past calendar year that made the most outstanding contribution to research on child abuse.

### Outstanding Media Coverage

Recognizing a reporter or team of reporters in print or electronic media whose coverage of child abuse incidents or issues shows exceptional knowledge, insight, and sensitivity.

### NOMINATION PROCEDURE:

**Outstanding Service and Outstanding Professional:** Send a completed copy of the enclosed form and a brief letter of nomination to APSAC to the attention of Susan Kelley, RN, PhD, Chair, Awards Committee.

**Research Career Achievement:** Send a completed copy of the enclosed form and a brief letter of nomination to APSAC to the attention of William N. Friedrich, PhD, and Judith Cohen, MD, Co-Chairs, APSAC Research Committee.

**Outstanding Research Study and Outstanding Doctoral Dissertation:** Send a completed copy of the enclosed form, a brief letter of nomination, and a copy of the nominated article or an abstract of the nominated dissertation to APSAC to the attention of William N. Friedrich, PhD, and Judith Cohen, MD, Co-Chairs, APSAC Research Committee.

**Outstanding Media Coverage:** Send a completed copy of the enclosed form, a brief letter of nomination, and a copy of the nominated article(s) or programs to APSAC to the attention of Paul Stern, JD, Chair, Media Relations Committee.

*Nominations must be received by March 1, 1997.*

## CONFERENCES

### APSAC Discounts

**November 7-8, 1996.** *Conference of the Attorney General Task Force on Child Maltreatment and Neglect.* Waterville Valley, New Hampshire. Cosponsored by the Northern New England Professional Society on the Abuse of Children. Contact Pat Cone at 617-484-0138 for 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.—APSAC Institutes are held in conjunction with this conference.— 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 205-533-0531.

**June 18-21, 1997.** *APSAC Fifth National Colloquium.* Miami, FL. Sponsored by APSAC. Call 312-554-0166.

**October 6-9, 1997.** *Twelfth 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.

### ERRATUM

The editors regret that in the article, "Fantastic Elements in Child Disclosure of Abuse," by Constance Dalenberg, PhD, which appeared in the Summer 1996 issue of the *APSAC Advisor*, the Trauma Research Institute (TRI) was presented as affiliated with Children's Hospital rather than with the California School of Professional Psychology (CSPP). Data for this research was gathered at Children's Hospital by TRI researchers from CSPP San Diego. In the same article, the last sentence in the second paragraph on page 10 should read, "Instead, readers are reminded by the evidence here that aspects of a child's testimony that undermine credibility might do so for reasons more related to our prejudices and assumptions regarding fantastic material than to the results of evidentiary research." The editors apologize for the errors.

#### The San Diego Conference on Responding to Child Maltreatment

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For information call 619-495-4940.

### Other Conferences

**November 9-13, 1996.** *International Society for Traumatic Stress Studies' Annual Meeting.* San Francisco, CA. Sponsored by the International Society for Traumatic Stress Studies, Northbrook, IL. Contact Mark Anderson at 847-480-9028.

**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.

**November 13-15, 1996.** *Protecting Children and Supporting Families.* Eighth Annual National Conference of Respite and Crisis Programs. Arlington, VA. Sponsored by ARCH National Resource Center for Respite and Crisis Care Services. Call Phyllis Bolden at 1-800-473-1727.

**January 22-23, 1997.** *Stop the Hurt! Child Sexual Abuse Conference.* Tupelo, MS. Contact Leah Headings at 601-842-7688.

**March 12-14, 1997.** *Children 97.* Washington, D.C. Sponsored by the Child Welfare League of America. Call 202-942-0289.

**March 13-15, 1997.** *Standing Strong and Together for Children: Leave No Child Behind.* Washington, DC. Sponsored by the Children's Defense Fund. Call Leslie Warrick at 202-662-3593.

**April 3-6, 1997.** *Society for Research in Child Development (SRCD) Bi-Annual Meeting.* Washington, D.C. Sponsored by the SRCD. Call Sue Kelley, CHGD-SRCD University of Michigan, 313-998-6578.

**November 13-16, 1997.** *15th Annual Research & Treatment Conference.* Chicago, IL. Sponsored by The Association for the Treatment of Sexual Abusers. Call 503-643-1023.

## THANK YOU!

These APSAC members have made generous contributions in the last several months to support vital work of the organization. Their donations have strengthened APSAC's efforts to educate legislators, policymakers, reporters, and editors; to produce additional guidelines for practice; and to encourage promising student research in the field of child maltreatment. We greatly appreciate their generosity and commitment.

Barbara Bonner, PhD  
Renee Brant, MD  
Paula Jaudes, MD  
Claudia Kadis  
Cheryl Karp, PhD

C. Susie King, LICSW  
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Dawn Sullivan

## PUT APSAC ON YOUR HOLIDAY GIVING LIST!

Give a gift to APSAC this holiday season! Like the dedicated members listed above, you can support the work that means so much to you by making a contribution that is fully tax deductible. Your contribution — in your own name or someone else's — will help put wings on all of our dreams.

Please accept this tax-deductible contribution to support:

\$ \_\_\_\_\_ APSAC's efforts to improve public laws and policy affecting maltreated children.

\$ \_\_\_\_\_ APSAC's media relations efforts.

\$ \_\_\_\_\_ the production of additional APSAC Guidelines for Practice

\$ \_\_\_\_\_ to support APSAC's general operating fund

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## AND . . . MAKE A GIFT OF APSAC!


Meaningful gifts are hard to find. For professionals working in this field, a gift of APSAC can be one of the most meaningful of all. Give a colleague or a student — or yourself! — a year's membership, a copy of *The APSAC Handbook on Child Maltreatment*, an *APSAC Study Guide* (complete with continuing education credits!), a volume of the *APSAC Advisor*, a pin, a t-shirt, a mug, Colloquium audiotapes, a complete set of APSAC Guidelines for Practice, a donation to support the organization . . . the possibilities are endless! A publications flyer is enclosed with this issue of the *APSAC Advisor* to help you make your selections, and staff are ready to fill your orders promptly.

**We hope you have a lovely holiday season.**

## FAMILY VIOLENCE RESEARCH FELLOWSHIPS

The University of New Hampshire Family Research Laboratory (FRL) has fellowships for research on family violence available starting in the summer and fall of 1997. These NIMH-funded positions are open to new and experienced researchers with doctorates in the fields of psychology, sociology, social work, law, nursing, public health, and medicine. The fellowships are intended for work in the area of child abuse, marital violence, elder abuse, sexual abuse, child victimization, rape, homicide, and other family violence-related topics, with special attention to mental health impact. [Scholars may use the one-year fellowships (with possible one-year extension) to collaborate with FRL faculty on a current project, to work on one of the many data sets archived at the FRL, or to work on their own projects.] Fellows must be able to reside within commuting distance to UNH (one and a half hours from Boston). Annual stipends run from \$19,608 to \$32,300, depending on the number of years since receipt of doctorate. Applications from scholars with interests in family violence in minority families are particularly encouraged. Applications (statement of intended use of fellowship, curriculum vita, three letters of recommendation and publications or work sample) will be accepted immediately and up until March 1, 1997. There is no application form. For more information, contact David Finkelhor, PhD, Co-Director, Family Research Laboratory, University of New Hampshire, Durham, NH 03824; phone: 603-862-1888; e-mail: David.Finkelhor@unh.edu.

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# FIFTH NATIONAL COLLOQUIUM

of the American Professional Society on the Abuse of Children

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June 18-21, 1997

## Don't Miss It!

Designed by and for APSAC's interdisciplinary members, APSAC's Colloquium offers intensive, stimulating training and networking. APSAC's 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. We hope to see you at the beautiful beachfront Fontainebleau Hilton this June.

### Mark your calendars for the APSAC Colloquium through the year 2000:

Sixth National Colloquium	Hyatt Regency on the Riverwalk	Chicago	July 9-12, 1998
Seventh National Colloquium	Hyatt Regency on the Riverwalk	San Antonio	June 2-6, 1999
Eighth National Colloquium	Chicago Hilton and Towers	Chicago	July 10-15, 2000

### Application for Membership

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Degree \_\_\_\_\_ Job title \_\_\_\_\_

Please indicate (X) your preferred mailing address in business correspondence:  
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Office phone \_\_\_\_\_ Home phone \_\_\_\_\_ Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

#### Cultural Group Identification

- African-American     Asian-American     Native American     European American
- Latino/Hispanic American     Other: \_\_\_\_\_

#### Mailing Lists

May we include your name on mailing lists for selected material from other child-maltreatment related organizations, using the preferred mailing address you indicated above?  Yes  No

#### Regular Membership

- \$50,000 annual income and above    One-year  \$100    Two-year  \$185    Foreign—Add:  \$15 per year
- \$25,000 - \$50,000 annual income     \$75     \$140     \$15 per year
- Under \$25,000 annual income\*     \$50    N/A    N/A

\*Does not include the journal, *Child Maltreatment*

#### Student Membership

(Verification of full-time status required)     \$35    N/A    N/A

#### Group Membership & Agency Subscriptions

Discounts are available for five or more individuals from a single institution. Special subscriptions to APSAC publications are available to child protective service and law enforcement agencies. Call 312-554-0166 for details.

All payments must be made in U.S. funds. Charge payments may be faxed to 312-554-0919. Please add together all applicable membership dues, as well as any additional tax-deductible contributions:

\$ \_\_\_\_\_ is included for membership dues (add boxes checked above)

\$ \_\_\_\_\_ for promising student research in child maltreatment

\$ \_\_\_\_\_ for efforts to promote accurate public awareness

\$ \_\_\_\_\_ for scholarships to APSAC Colloquium

\$ \_\_\_\_\_ for the production of Guidelines for Practice

\$ \_\_\_\_\_ for APSAC's general Endowment Fund

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