

# APSAAC ADVISOR

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AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN



## IN THIS ISSUE:

### PERSPECTIVES:

#### **Charging Battered Mothers With Failure to Protect is Often Wrong**

by Jeffrey L. Edleson, PhD

Battered women who stay with or return to an abusive partner may face charges of failing to protect their children once child protective services becomes involved in their cases. CPS workers may see the mother as placing her relationship with the abuser over the safety of her children. Dr. Jeffrey Edleson, professor of Social Work at the University of Minnesota, offers a different perspective, contending that CPS's assumptions about the mother's level of caring for her children are often wrong, and that the decision to charge a mother with failure to protect is often misguided.

2

### FEATURE ARTICLES:

#### **Evaluating the Cultural Sensitivity of Child Abuse Research: Sampling Issues**

by Lisa Fontes, PhD

Even with the heightened awareness of the importance of culturally sensitive research, studies without adequate analysis of the effects of culture on the sample are still being reported. Lisa Fontes, PhD examines monocultural, cross-cultural and intra-cultural research studies and shows how the cultural composition and labeling of the sample is key to interpreting the study's results.

8

#### **Expert testimony on children's suggestibility: Should it be admitted?**

by Brian Holmgren, JD

The credibility of a child's testimony and the integrity of the interview process is often at the heart of a child abuse criminal trial. In their 1995 book, Stephen Ceci and Maggie Bruck argue that expert testimony is needed to inform judges and jurors of the factors that may influence a child to make a false allegation. In this article, Brian Holmgren, a senior attorney with the National Center for Prosecution of Child Abuse, argues that research on the suggestibility of children is sufficiently divided and incomplete to make expert testimony either unhelpful or irrelevant to most child abuse trials.

10

#### **400 Years of the Shaken Infant: From Henry II to John Caffey**

by Stephen Lazoritz, MD

Shaken Infant Syndrome may seem to be a modern medical and sociological phenomenon, but history books show the condition has been around for centuries. Initially thought to be caused by an infectious condition, the subdural hematomas commonly seen in cases of Shaken Infant were linked to traumatic origins in the time of Henry II of France. Dr. Stephen Lazoritz traces the history of Shaken Baby Syndrome, from the first recorded case of subdural hematoma to the current research on this injury.

15

### REGULAR FEATURES:

|                             |    |
|-----------------------------|----|
| Letters to the Editor ..... | 3  |
| Association News .....      | 4  |
| News from the Field .....   | 7  |
| Policy Watch .....          | 17 |
| Books in Brief .....        | 19 |
| Journal Highlights .....    | 20 |
| Conferences .....           | 23 |

Charging  
Battered  
Mothers  
with  
"Failure to  
Protect" is  
Often  
Wrong  
by Jeffrey L.  
Edleson, PhD

Charging battered women with "failure to protect" their children is common in many child protective services (CPS) agencies. A woman's disclosure of her own abuse may lead to her being charged with "failing to protect" her children because, as the primary caregiver, she "allows" them to be exposed to a dangerous environment. Even after a woman has taken repeated steps to protect herself and her children, one incident of re-contact with the abusive partner can lead to charges of failure to protect.

Decisions to charge battered women with failure to protect often constitute poor practice on the part of CPS. Such decisions may reflect a lack of understanding of adult domestic violence, may be based on an inaccurate assessment by the child protection worker, and may increase the danger to both the battered mother and her children.

#### Differing Views in the Field

Domestic violence advocates and CPS workers present different perspectives on the issue of a mother's failure to protect her children. Battered women's advocates cite cases of mothers who have been good caregivers to their children, but whose children are removed by CPS simply because the mother discloses her battering. Advocates often offer blistering critiques of CPS in their communities, saying the child protection systems blame women for the violence that men perpetrate against children, and hold men and women to different, gender-biased standards of care for children.

CPS workers have their own examples to share. A common example cited is of the women who repeatedly return with their children to live with the violent partner, even after CPS workers issue multiple warnings and offer the mother alternatives. These women are seen as further endangering their children; their advocates are seen as ignoring children's needs. Other CPS workers point to women who are themselves abusive to their children, saying that domestic violence advocates are often unwilling to acknowledge women's use of violence.

These real-life cases feed conflicting opinions about battered women's care of their children. One of the critical themes in these arguments is the relationship between a mother's love for her children and her decision to return to an abusive partner.

#### Battered mothers' caring for their children

Much of the current literature focuses on the negative effects on children who witness violence but ignores the concern that most abused women have for their children, a concern they share with advocates and child welfare workers alike.

Only a few studies have focused on the concerns battered women have for their children's safety. Yet these studies show that many battered women take active steps to protect their children despite the unpredictability of the violence and the effects such violence has on their children. In her study of 20 battered women, Hilton (1992) found that a majority of those she interviewed left their abusers for the children's sake. Several women left after their partners carried out life-threatening attacks, while others left after their children were threatened or abused. Interestingly, it was also concern for their children that led almost one-third of the women in Hilton's (1992) study to remain with their abusive partners. Women stayed, despite the violence, in order to ensure necessary financial support for their children or because their partner threatened to harm the children or to wage lengthy custody battles if the women left. Like Hilton, Syers-McNairy (1990) found that over half of the battered women she interviewed cited concern for their children as the major factor that led to their leaving the relationships.

#### The path to leaving a dangerous partner

Battered women clearly face great economic, social and safety hurdles when attempting to leave a violent partner. A sympathetic understanding of their reasoning and the many forces that shape their decisions is critically important to ensuring safety for both them and their children.

Brown (1997) recently examined the process of change that battered women go through when leaving their batterer. Brown's analysis found that battered women, like other people facing serious problems, travel down a path of change that is increasingly action-oriented and that at times meets with temporary setbacks, or "relapses". Simple solutions that suggest a woman "just leave" her abusive partner belie the reality of battered women's experiences. Permanently leaving an abusive partner requires great physical, material and psychological preparation over a period of time.

Brown argues that a woman's returning to a batterer is an expected consequence of a difficult journey. Workers who focus on her relapse fail to validate the safety-seeking action she took in leaving. Studies clearly show that women who leave and return often leave again. Each time a woman leaves a batterer, something is learned and her resolve for future action is often strengthened. A woman who returns to her abusive partner may have only paused in her movement toward more permanent change or may have found ways to achieve greater safety in her current relationship.

continued on next page

## "Failure to Protect"

continued from  
page 2

To judge a woman's return to an abusive partner as a failure or the most dangerous outcome possible is too simplistic and often inaccurate. Living with the abusive partner may, in fact, be the safest option for a mother and her children at that moment. Living with the abuser may provide the battered woman with the best opportunity to monitor his danger and to arrange for effective exit at a later date. It may also provide her and her children with food and economic support increasingly unavailable through other channels.

### Poor practice by child protection

A worker who is insensitive to the dynamics of domestic violence may charge a battered mother with failing to protect her children and order her to obtain a restraining order excluding the abusive male from the home. It is not uncommon for such a requirement to be a condition of the mother's reunification with her children.

This requirement is based on the belief that the home will be a safer environment for the children and the mother if the abusive man is removed. This assumption ignores the fact that a majority of battered women killed by their partners are separated, with the two months immediately after separation being the most dangerous (Wilson & Daly, 1994). It seems sadly logical that as the woman moves to take greater control of her life, her abusive partner may feel that he is losing control and subsequently increase the severity of his actions and the risk he is willing to take to re-exert control over her.

Child protection systems seldom appear to take actions against these dangerous men. With cases routinely listed under mothers' names, these violent men often become invisible in the child protection system and the juvenile court. Especially when the abusive male is not a legal caregiver, CPS workers see other systems as responsible for holding the abuser accountable. Focused narrowly on the "best interests of the child", workers place the burden of dealing with the violent offender on the mother, who is herself a victim of the man's brutality.

Something is terribly wrong with the strategy of charging battered women with "failure to protect" while ignoring the violent male. A child's best interests may well lie in helping provide safety to the mother while holding the abusive male accountable for his behavior. At the least, child protection agencies should first make every effort to help battered mothers implement safety strategies before even considering charges of neglect.

### Conclusion

Charging battered women with failure to protect their children often reflects a misunderstanding of the mother's concern for her children and her rational fears of the violent partner. Other than a few model projects, such as the Massachusetts Department of Social Services, where domestic violence specialists work on child protection teams, there does not appear to be much movement within child protection systems to become more sensitive to the dynamics of domestic violence, to hold abusers accountable for their violent behavior, and to help battered mothers gain greater safety for their children and themselves. Simplistic solutions are often forced on mothers without providing access to the financial, housing, employment and safety resources that will provide a safe pathway for her and her children to leave the violent partner. Even in the context of severe fiscal constraints and social pressures, there is great room for child protection systems to improve their intervention strategies with battered women and their children and with these women's abusive partners.

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## LETTERS

Editors of the *APSAC Advisor* welcome your letters! Appropriate topics for letters include

- amplification on a point made in an editorial or article,
- disagreements with an author's stated position on a topic,
- disagreements with an author's interpretation of the relevant literature,
- suggestions for new features, or comments on existing ones,
- perspectives on issues in the field that you think are misinterpreted or neglected.

You can write to Debra Whitcomb, the Editor-in-Chief, via e-mail, at [debraw@edc.org](mailto:debraw@edc.org), or by regular mail, at Education Development Center, 55 Chapel St., Newton, MA 02160. You can also contact the Editor-in-Chief through APSAC's new web site, at <http://www.apsac.org>. Letters are typically edited for length, but every effort is made to preserve content. Letters must be typewritten and constructive for consideration for publication.

## APSAC Executive Director Stepping Down by Deborah Daro, PhD

In preparation for my APSAC Presidential Address in San Diego last year, I surveyed a number of APSAC's past presidents and leaders regarding the organization's accomplishments, past struggles and future challenges. These discussions were informative and lively, producing diverse, and sometimes conflicting, historical interpretations. There was, however, one common and recurring theme — APSAC owed much of its success to the leadership of our Executive Director, Theresa Reid.

Theresa will step down as Executive Director this month leaving an organization far larger, far stronger and far better structured than the one she joined ten years ago. As APSAC's first staff member and only Executive Director, Theresa has seen us grow from 300 members to over 5,000, from no state chapters to 40 state chapters, from a budget in the hundreds to a budget of almost one million. Our initial publications program consisted of a sporadically produced newsletter called the *Advisor*. Our current publications program includes a regularly published and polished *Advisor*, the professional journal *Child Maltreatment*, numerous guidelines for practice and the widely referenced *Handbook on Child Maltreatment*. Our annual Colloquium and other professional training opportunities are rightly viewed as among the best offerings in the field today.

Many people have contributed to APSAC's success. However, Theresa has been among APSAC's most consistent and productive contributors. As David Chadwick told me during my interview with him last year "You cannot run a major professional society with only volunteer help. Someone needs to be paying attention to the organization on a full-time basis."

On behalf of the APSAC Board of Directors and membership, I want to thank Theresa for "paying attention" to our organization. Her immense competence in balancing multiple tasks and her ability to be a quick study on a wide range of topics has been a marvel to behold. Her wit and consistent good humor has brightened many of our days. And, most important, her compassion and human kindness has left all of us who have worked with her feeling valued and proud of our APSAC affiliation. At a time when many wonder if we have lost our capacity to be civil, Theresa proves that achievement and grace can co-exist. She is the consummate professional.

As Theresa moves on to other challenges (including parenting), we wish her every happiness and success. She has given APSAC and the field of child maltreatment her very best. And we are very grateful.

### APSAC Issues Code of Ethics

APSAC has issued the first edition of its Code of Ethics. The Code of Ethics was produced by a task force chaired by Jon R. Conte, PhD, and after a lengthy process of comment and revision was approved by APSAC's Board of Directors. The Code of Ethics is a fitting product for APSAC's tenth anniversary year: it is a remarkably successful effort to produce a meaningful ethical code for a highly diverse professional organization whose members come from all different disciplines and bring many different perspectives to their work in child abuse and neglect. Providing rigorous, data-based, and practical guidance for its highly diverse membership remains APSAC's central challenge. The Code of Ethics is a fine achievement in that vein. Because it is of vital importance to all APSAC members, the Code of Ethics is included in this issue of the *APSAC Advisor*. Like all APSAC Guidelines for Practice, the Code of Ethics will be revised periodically. We invite your comments, which can be sent to APSAC in care of Jon R. Conte, PhD.

### APSAC'S First Child Forensic Interviewing Clinic Sells Out Quickly

For five full days in August, 1997, 45 professionals will participate in the first intensive child forensic interviewing practicum designed and taught by APSAC leaders. Attracted by the critical subject matter, the high-powered faculty, the strict limits on attendance, and the opportunity to practice interviewing with real children, professionals quickly filled all available slots. Faculty — all of whom are donating their time to benefit APSAC — include Kee MacFarlane, MSW; Kathleen Faller, PhD; Karen Saywitz, PhD; Lucy Berliner, MSW; Paul Stern, JD; Melissa Steinmetz, LCSW; Charles Wilson, MSSW; Donna Pence, Special Agent; Mark Everson, PhD; Harry Elias, JD, and more. A waiting list is being developed for the second interviewing clinic, which has not yet been scheduled. If you wish to join the waiting list, fax or e-mail Tifanni Sterdivant at APSAC: 312-554-0919, or [apsaceduc@aol.com](mailto:apsaceduc@aol.com).

### APSAC Launches New Web Site

Visit APSAC's new web site at <http://www.apsac.org>. What can you do there?

- Join the organization.
- Register for the next APSAC training event.
- E-mail a Letter to the Editor of the *APSAC Advisor* and APSAC's journal, *Child Maltreatment*.
- Order publications.
- Learn about APSAC's Legislation List Serv.
- Find out what's coming up next in the *APSAC Advisor* and *Child Maltreatment*.
- E-mail the officers.
- Participate in APSAC's State Chapter Leaders' List Serv.
- Read APSAC fact sheets, position papers, and letters to editors.
- Make a donation to support the organization's work.
- and much more!

APSAC's web site is our latest tool for communicating with members. We hope you will use it to the fullest!

# Farewell, and Thank you!

by Theresa Reid

When I first met APSAC, it was a half dozen boxes cluttering the floor of my office at the School of Social Service Administration at the University of Chicago. Today, APSAC has thousands of members all over the world, 40 state chapters, a highly-regarded newsjournal, an impressive new peer-reviewed journal, a lengthening list of *Guidelines for Practice*, a comprehensive *Handbook* of professional practice in the field of child maltreatment, a growing series of *Study Guides* on specific areas of practice, a major national conference and other annual training events, a Legislative List Serv, two *amicus* briefs submitted to the U.S. Supreme Court, and fact sheets, position statements, audiotapes, and other resources designed to improve practice among the many professional groups that prevent and respond to child maltreatment.

In a field that is still only nominally professionalized, APSAC has a reputation as the reliable source of accessible information that is rigorously data-based, true to the facts as we know them rather than to a cherished advocacy position.

The story of how APSAC grew from a dream to a nationally recognized force in the field of child maltreatment is a story of friendship and hard work, the willingness of scores of professionals from many different disciplines to devote precious personal hours to fulfilling an exciting shared vision.

It has been the greatest privilege of my life to work with the people who have built APSAC. When I first met a group of APSAC's founders in a nondescript meeting room at the O'Hare Marriott one hot July day many years ago, I was almost shocked. I had never before met a group of people with such intelligence and shared commitment — and humor, and warmth. When I left that meeting, my own commitment to being a professor of English had just begun to give way to a strong inclination to join these remarkable people in building the organization they had envisioned.

In my nine years with APSAC, this first impression of its founders and leaders has strengthened and deepened. Familiarity has bred deep admiration and trust. I have been greatly enriched by the people I have met through APSAC — Board members, state chapter leaders, members at large. I profoundly admire the stamina and commitment with which they daily face the most painful of human spectacles, and the spirit that helps them retain their love, hope, and kindness.

As I leave the helm of APSAC to devote myself more fully to the task of raising children (and finally finishing that PhD in English), I look toward APSAC's future with some natural anxiety, but mostly with hope and faith. I trust that the core values of its founders will remain intact and visible through its ongoing work. I can pare my many hopes for APSAC's future to three major wishes.

1. APSAC must grow. Our goal of achieving 10,000 members by the year 2000 is neither a pipe dream nor a delusion of grandiosity. It is essential to achieving APSAC's mission of ensuring that everyone affected by child maltreatment receives the best possible professional response. Membership growth reflects a growing sense of professionalism among those who work in this field, and enables APSAC to strengthen that professionalism further through its products and services. Over 5,000 members is excellent, but it is nowhere near enough to achieve APSAC's mission.
2. My second hope for APSAC is that it stimulates stricter and more frequent peer review and self-criticism among professionals who prevent and respond to child maltreatment. A number of Board members, chapter leaders, and others have spoken with me about their distress at some of the practice that passes for "professional" in this field. Stories of young children suspected of having perpetrated abuse being taken out of school in handcuffs, of women with emotional distress being led into highly suspect memories of childhood abuse, of children being returned to the custody of pathologically brutal parents: although they may not be the norm, these stories outrage professionals as well as the laypeople who watch them on television. Professionals in this field have a moral responsibility to self-police effectively. APSAC's Code of Ethics is a good tool, a step in the right direction. Poor practice by some professionals in the field reflects badly on everyone in the field and ultimately makes child protection much more difficult. We must dedicate ourselves to rooting it out.
3. Finally, I hope that APSAC becomes a major provider of highly rigorous professional education. I hope APSAC's professional education offerings expand tenfold, even more. Having identified the need for dramatically improved professional practice and begun setting standards, APSAC should become known as the leading source of the demanding, principled education that is required to thoroughly professionalize this field. APSAC's role may or may not involve credentialing or accreditation, but it should be systematic, multifaceted, and pervasive.

Rage and grief drive many of those working in this field. The pain of witnessing child maltreatment is so profound that resisting a crusading or self-righteous stance is sometimes extremely difficult. But passionate caring is not enough. We need to be passionately professional, completely committed to serving all clients superbly through practice that is informed by the latest knowledge and research.

The hundreds of remarkable people whom I have met in the last decade point to others as yet unknown. I know that these wonderful people will keep APSAC on the right track, and at the end of the next ten years those who have made the commitment to APSAC will be as astonished at its growth and success as we are at the end of our first decade. I look forward to applauding and helping as I may along the way.

APSAC's Board of Directors is pleased to announce  
recipients of APSAC's 1997 Awards

**LIFETIME ACHIEVEMENT AWARD**

*Roland Summit, MD  
Harbor-UCLA Medical Center*

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

**OUTSTANDING MEDIA COVERAGE**

*Karin Meadows, Staff Writer  
Maggie Hall Walsh, Staff Writer*

*Birmingham News - Birmingham, Alabama*  
For their 1996 series "The Littlest Victims."  
For responsible, balanced, thoughtful, and in-  
depth coverage of child maltreatment.

**OUTSTANDING PROFESSIONAL**

*Robert M. Reece, MD  
Massachusetts Society for the  
Prevention of Cruelty to Children*

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

**OUTSTANDING RESEARCH STUDY**

*Cathy Spatz Widom, PhD  
Robin L. Shephard*

*State University of New York - Albany*  
For the article,  
"Accuracy of adult recollections of childhood  
victimization: Part I. Childhood physical abuse."  
*Psychological Assessment 8:412-421*

**OUTSTANDING SERVICE**

*Barbara L. Bonner, PhD  
University of Oklahoma*

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

**OUTSTANDING  
DOCTORAL DISSERTATION**

*Kerry Bolger, PhD  
University of Virginia, Department of Psychology*

For the 1996 doctoral dissertation that made  
the most outstanding contribution to research  
on child maltreatment.

**RESEARCH CAREER ACHIEVEMENT**

*Dante Cicchetti, PhD  
Mt. Hope Family Center, Rochester, NY*  
For repeated, significant, and outstanding  
contributions to research on child maltreatment.

**OUTSTANDING  
DOCTORAL DISSERTATION**

*Elissa Brown, PhD  
Temple University, Department of Psychology*

For the 1996 doctoral dissertation that made  
the most outstanding contribution to research  
on child maltreatment.

**PRESIDENT'S HONOR ROLL**

The President's Honor Roll was created as a way to thank those APSAC members who have made contributions of time and effort far beyond the call of duty. Only fifteen out of APSAC's more than five thousand members are named to the Honor Roll each year. An organization is only as strong as its members: the extraordinary efforts of these individuals are central to APSAC's success, and are deeply appreciated.

Shirley Robinson, PhD (AL)  
Leigh Johnson, RN (MS)  
Charlene Laricella (LA)  
Raelene Freitag, MSW, PhD (WI)  
Melissa Steinmetz, ACSW (IN)

Peggy Dennison, MA (WV)  
Margaret McHugh, MD (NY)  
Jamie Ferrell, RN (TX)  
Kelly Castle, JD (OH)  
Nalani Archibeque, PhD (HI)

David Harrison, JD (MI)  
Brenda Petersen (MD)  
Susan Cohen Esquelin, PhD (NJ)  
Janet Laufenberg, MFT (NJ)  
Gary Cook, LCSW (TN)

## Massachusetts Supreme Court Upholds Convictions in Fells Acre Case

In the latest round of appeals in the Fells Acre sexual abuse case, the Supreme Court of Massachusetts has upheld the convictions of Gerald Amirault, Violet Amirault, and Cheryl Amirault LeFave. The Court held that the defendants' state constitutional rights to confront witnesses "face to face" was violated by a seating arrangement in which the child witnesses faced away from the defendants. However, the Court also held that the defendants had waived their rights by failing to object to the procedure on constitutional grounds at the trial or appellate level, and the Court found that there was no substantial risk that the outcome of the trial would have been different had the children testified face to face with the defendants. The Court acknowledged fears that the convictions were the product of nationwide hysteria and highly suggestive interviewing practices, citing the recent work on suggestibility by Ceci and Bruck. Nevertheless, the justices reaffirmed their confidence in the verdicts, noting that they were persuaded by the "number of children testifying, the evidence of physical injury, and the parents' testimony regarding the bizarre, disturbed, and inappropriately sexualized behavior of their children" (Commonwealth v. Amirault, 1997, slip op. at 18).

## APSAC Leaders to Teach at Casey Journalism Center

The Casey Journalism Center on Children and Families at the University of Maryland was founded to ensure that reporters who cover child welfare issues are knowledgeable about the child welfare system and other factors affecting children's lives. This June, Center Director Cathy Trost will bring together 32 journalists chosen through a national competition, and experts on child maltreatment, for a week-long conference entitled "Rethinking the Blame Game: New Approaches to Covering Child Abuse and Protection." Among the 1997 invitees are APSAC's President, Deborah Daro; APSAC's Executive Director, Theresa Reid; Debra Whitcomb, Editor-in-Chief of the APSAC Advisor, and prominent experts and APSAC members, including Howard Davidson, JD; Richard Gelles, PhD; Jill Korbin, PhD; and Desmond Runyan, MD. We applaud Cathy Trost and the Casey Journalism Center Board for providing balanced, in-depth information to reporters covering child welfare issues.

## New FBI Office on Crimes Against Children

A new office within the FBI's Violent Crimes and Major Offenders Section focuses attention exclusively on victimization of children. Operational since March 1997, the Office of Crimes Against Children consists of three supervisory special agents, one program analyst, and one program assistant. Among the crimes falling within the jurisdiction of the OCAC are kidnapping, child abduction, child sexual exploitation, child abuse on government or Indian lands, and violations of the Child Support Recovery Act. Through the new OCAC, the FBI can better mobilize its resources in profiling, computer analysis, and other specialized functions toward the complex matters that arise in these cases. The Office is developing guidelines and investigation protocols that will be shared with law enforcement agencies around the country.

## Debate on Recovered vs. False Memories

"Recollections of Trauma: Scientific Research and Clinical Practice" was the title of a 10-day Advanced Study Institute last June in Port de Bourgenay, France. Sponsored by the Scientific Affairs Division of NATO, this international meeting brought together more than 100 distinguished researchers and clinicians, including APSAC members Lucy Berliner, Constance Dalenberg, Dennis Donovan, Diana Elliott, and Linda Williams, in addition to John Briere and Christine Courtois, who served as faculty. The meeting provide a forum for scientific and clinical contributions to the ongoing controversy surrounding delayed and false memories, particularly as they relate to child sexual abuse. An exemplar of the value of multidisciplinary perspectives, the debate benefited from contributions representing neuroscientific, cognitive, clinical, legal, social, cultural, and anthropological disciplines. Researchers described the many ways that memory can be retained, lost, reconstructed, reinstated, distorted, or confounded. Clinicians introduced models of treatment and proposed guidelines for working responsibly with trauma and memory issues in the course of treatment. Collectively, the lectures and papers delivered at this conference proceedings, along with chapters suggesting directions for future research and implications for clinical practice, will soon be published in book format by Plenum.

## New Campaign against the Sexual Exploitation of Children in Advertising

The Committee on Child Abuse & Neglect (CCAN) of the North Carolina Chapter of the American Academy of Pediatrics (NC Pediatric Society) has launched a campaign that asks leading national retailers, along with all citizens, to halt advertising that characterizes children in sexually vulnerable situations. CCAN has been actively involved in increasing awareness across the state of the potential harm of ads portraying children in a sexualized manner, and has developed a "Position Statement on the Sexual Exploitation of Children in Advertising."

The position statement emphasizes the dangerous similarities between child pornography and the sexual portrayal of children by advertisers. Among other things, the CCAN Position Statement asks physicians, parents, and others interested in this issue to write or call advertisers who sexually exploit children in their ads, to educate colleagues about the problem, and to support advertisers using healthy, nonsexual, and age-appropriate themes. CCAN hopes that the topic will now be widely received on both state and national levels, leading to the establishment of advertising standards in the United States similar to those of Canada.

CCAN intends to develop a brochure to be distributed to physician's offices across the state in an effort to increase awareness among parents and communities of the potential detrimental effects of such advertising on children and society as a whole.

Evaluating  
the  
Cultural  
Sensitivity  
of Child  
Abuse  
Research:  
Sampling  
Issues

by  
Lisa Fontes, PhD

Research into all forms of child maltreatment varies widely in the quality of its attention to the effects of culture. This article provides guidelines to help readers evaluate the cultural sensitivity of research on child abuse. In the interests of space, this discussion is limited to key questions of culture and sampling.

**Identifying the Sample**

Readers should first check the article in question to see which cultural groups are being discussed. Even today, studies are published that fail to report the culture of the sample (e.g. Ligezinska et al, 1996). Studies that do not identify the culture of the participants are of limited use because readers cannot know to whom the results are applicable. A research report that fails to identify the cultures of the participants should be as unthinkable as one that fails to identify the gender or age of the participants. Child abuse research cannot be divorced from the culture of the families involved, including their child-raising beliefs and practices, their relationship to wider systems such as schools and social services, and their comfort in participating in research.

Early research on child abuse often used all-White samples to "control for ethnicity" (Herman, 1981), engaging in what Hardy (1993) has labeled the "conventional theoretical myth of sameness." This involved acting upon the mistaken belief that all families are the same, irrespective of race, class or culture, and using White families as the model. The results of a study consisting of members of only one cultural group must be assumed to be applicable to that cultural group alone, unless there is compelling evidence as to why it is possible to extrapolate the results to members of different groups.

As long as it does not lead to over-generalization to other groups, culture-specific (monocultural) research can be useful. It is more apt to detect within-group differences than cross-cultural research. In-depth culture-specific research can result in information-rich descriptions of the phenomenon being studied, and it may be especially well-suited to detecting vulnerabilities, strengths, and the sequence of events related to abuse for members of a specific cultural group. For example, a study on Puerto Ricans and sexual abuse (Fontes, 1993) discussed barriers to disclosure for Puerto Rican children, leading to guidelines for culture-specific prevention and intervention programs. Again, however, caution must be taken before the results of monocultural research are applied to members of a different cultural group.

Readers should pay careful attention to the terms used to label groups in research reports. When ethnically different groups within a nation are compared in cross-national studies, the groups are usually sorted according to the demographic labels of "race" or "Nationality," respectively. It is assumed that "race" and "nationality" are constructs that make sense when studying family violence. However, this is problematic. "To include people of similar skin color in one category is to suggest that genetic similarities rather than culturally bonded belief systems, customs, and behavior are the predictors that best explain violence" (Urquiza & Wyatt, 1994). Similarly, it is ludicrous to presume that being from a certain corner of the globe itself would predispose someone to behave in a particular way towards members of their family.

In cross-national and cross-racial comparisons, the actually underlying construct is usually "culture". Here I am referring to culture in its broadest sense, as an encompassing "expression of self that is both objective and subjective that subsumes racial and ethnic rituals, symbols, language, and general ways of behaving" (Dilworth-Anderson, Burton & Johnson, 1993, p.628). It is important to acknowledge that culture evolves continually and is partially shaped by contemporary and historical contextual factors including oppression and discrimination. Group cultural differences are most meaningful when presented with ample contextual information to help explain those differences. For example, a compelling study on corporal punishment in the Caribbean not only discussed the people's beliefs and behaviors, but also the history of slavery that may have partially shaped these (Payne, 1989).

Broad general cultural terms like "Hispanics" and "Asians" often obscure the differences among the widely varied groups that fall under these general names. These categorization problems have been called "ethnic lumping" (Fontes, 1995). The category Hispanics, for example, may include diverse peoples of Central and South American and the American southwest, descendants of indigenous, European, and African peoples, with differing degrees of acculturation, social classes and dominant languages. In one study, the category Hispanics may consist mostly of low income Puerto Ricans who are dominant in Spanish and spend equal amounts of time on the Island and on the Mainland. In another, the same label may be used to refer to people whose ancestors have always lived in the parts of the United States that were once under Mexican control (e.g. Texas) and who speak no Spanish

***A research report that fails to identify the cultures of the participants should be as unthinkable as one that fails to identify the gender or age of the participants.***

continued on next page



# Evaluating the Cultural Sensitivity of Child Abuse

continued from page 8

whatsoever. And in a third study, the category Hispanics may include people of diverse geographic origins, but exclude those who do not read in English because the study instrument was administered in English only. Researchers should make every effort to label the groups appropriately (e.g. call them Cuban-Americans rather than Hispanics) and provide sufficient contextual information for readers to be able to judge for themselves the transferability of the findings to other peoples.

## Looking for Inter-Group Differences

When researchers pose questions in terms of group differences, they risk exaggerating the differences among groups while minimizing their similarities. Inter-group comparisons can also lead to ignoring the variation within any single group, engaging in what Hardy (1993) has called the contemporary theoretical myth of sameness. (p.647). Using the typical line of thinking, a report comparing Anglo, Hopi and Navajo mothers states:

In this analysis, each group was treated as an aggregate sample, rather than as a collection of individuals, in order to establish overall behavioral frequencies. A basic assumption here was that within-group difference would be minimal. (Callaghan, 1981, p. 115-131).

In fact, intracultural groups differences may be large, and may be of greater interest conceptually than intercultural group differences. For instance, a study of abusing and non-abusing parents within a specific cultural group could detect strengths that would then translate easily into culturally sensitive prevention and intervention programs.

The mistaken notion that racial or cultural groups are monolithic can pose problems in studies of child abuse among Whites as well. For example, Busby, Glenn, Steggell and Adamson (1993), describe the sample in their study on victims of physical and sexual abuse as 95% White, composed of people who sought therapy at a center at Brigham Young University. The authors fail to mention the religious background of the participants. Given that the study takes place at a Mormon university in Utah, it would be important to know if most of the participants were Mormon, and how this might influence the results. Without this important piece of contextual information, the readers are led to assume the results would apply to all Whites. Because they are the racially dominant group, Whites are often seen as culture-free or without ethnicity. When studied in greater depth, specific groups of White people are found to be highly influenced by cultural and systemic factors (e.g. for discussions of sexual abuse among Anglo-Americans and Jews, respectively, see Schmidt 1995, and Featherman, 1995.)

**Research in child maltreatment is moving in the direction of being more culturally sensitive, but still has far to go.**

Important recent research on cultural differences in child abuse does not simply discuss rates of prevalence or severity of a given behavior in a group. Rather, it adopts a social constructionist paradigm that sees behaviors related to child abuse as resulting from culture and the social processes that affect individuals and members of groups differently — not as natural, essential characteristics of any individual or group. For example, a recent study of sexually abused Black and Latino boys sought to uncover whether previously documented differences in psychological outcomes for the boys from these groups was related to ethnic differences in the circumstances of the abuse, or to different ways of responding to the stress of the abuse (Moisan, Sanders-Philips & Moisan, 1997). This represents a crucial step in teasing out the reason for group differences. In other words, cultural difference is not somehow inherent in the bloodstream of various groups, but rather emerges from specific practices, values, and histories that can themselves be studied.

## Conclusion

As I have outlined here, careful attention to the composition and labeling of the sample is key to culturally sensitive child abuse research. Other issues that merit consideration include: definitions of the problem, composition of the research team, potential harm and benefit of the research, fit of the instrument, and the accountability of the researchers to the people who are being studied (for discussions of related issues see Abney, 1996; Fontes, 1997; and Urquiza & Wyatt, 1994). Research in child maltreatment is moving in the direction of being more culturally sensitive, but still has far to go. I hope this article will encourage readers, researchers, and journal reviewers and editors to demand higher standards of cultural sensitivity in child abuse research.

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# Cultural Sensitivity of Child Abuse

continued from page 7

## Expert testimony on children's suggestibility: Should it be admitted?

by Brian K. Holmgren, JD

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## LAW

There is a growing trend in child sexual abuse litigation toward admitting defense expert testimony on children's memory and the effect of suggestive interviewing techniques. Such testimony is frequently based on the research and writing of Stephen Ceci and Maggie Bruck. In their book, *Jeopardy in the courtroom: A scientific analysis of children's testimony*, Ceci and Bruck argue that expert testimony is needed to inform judges and jurors of the factors that may influence a child to make a false allegation (Ceci & Bruck, 1995).

Ceci and Bruck's arguments are based on their belief that there is "highly consistent" (p.299) research on children's suggestibility. Although they refer to legal decisions and evidentiary rules governing the admission of expert testimony and scientific evidence, they make no attempt to apply these principles. They simply assume such evidence is admissible in forensic settings.

Whether such expert testimony should be admitted must be analyzed under the evidentiary standards for expert testimony and scientific evidence. In *Daubert v. Merrell Dow Pharmaceuticals* (1993), the United States Supreme Court analyzed the admissibility of scientific testimony or evidence under the Federal Rules of Evidence. First, the Court held that scientific testimony or evidence must be reliable and relevant. The Court offered several criteria for determining the reliability of scientific testimony or evidence: (1) whether the theory or technique can be and has been tested; (2) whether the theory or technique has been subjected to peer review and published; (3) the technique's known or potential rate of error; (4) the existence and maintenance of standards controlling a technique's operation, and (5) whether the theory or technique is generally accepted in the relevant scientific community. Scientific knowledge requires more than subjective belief or unsupported speculation (p. 590).

*Daubert's* relevancy standard requires that the expert's testimony must be sufficiently tied to the facts of the case to assist the jury. A scientific technique or theory may be perfectly valid, yet inadmissible, if

inapplicable to the facts in issue. Finally, the Court noted that expert evidence can be both powerful and misleading because of the difficulty in evaluating it (p. 595). Therefore, even if an expert is testifying to scientific knowledge, and that knowledge will assist the jury, the judge should nevertheless consider excluding the testimony if its prejudicial impact—the extent to which it overwhelms a lay jury—substantially outweighs its evidentiary value.

Research on children's memory and suggestibility has been subjected to peer review and has been published. This criterion under *Daubert* appears to be met. Does this research satisfy the remaining *Daubert* criteria? Has the theory or technique been tested?

Although a substantial body of research exists regarding children's suggestibility, significant gaps remain in the scientific knowledge. The studies most

**Although a substantial body of research exists regarding children's suggestibility, significant gaps remain in the scientific knowledge.**

frequently cited are on preschool children (Ceci & Bruck, 1995), yet the majority of children testifying in court are years older (Whitcomb et al., 1994). Because the research typically finds significant age differences, research on 3- to 5-year-olds has no direct application to older children. Nevertheless, experts in a number

of cases have inappropriately applied research involving younger children to older victims (Commonwealth v. Allen, 1996; People v. Michael M., 1994; United States v. Geiss, 1990). Ceci and Bruck emphasize that preschool children are particularly vulnerable to suggestion, but downplay the significance of age differences and the paucity of research involving older children when discussing whether older children are suggestible (Ceci & Bruck, 1995, pp. 236-237). They make no attempt to clarify the point that experts testifying on suggestibility effects cannot apply research involving preschoolers to older children.

Most abuse involves a trusted family member or caregiver known to the child, so that the child's emotional bond with the abuser and others involved is strong. Such a bond makes it difficult for the child to

continued on next page

## Expert testimony

continued from page 10

disclose abuse and to maintain the disclosure over time (Lawson & Chaffin, 1992; Summit, 1983; Sorensen & Snow, 1991). Little research has been conducted on the emotional components of disclosure and their relationship to suggestibility. The extent to which the child's affection for the abuser may inhibit disclosure and mitigate the influence of suggestive questioning to produce inaccurate information has been noted by others in commenting on the limitations of this research (Lyon, 1995; 1996). This shortcoming is compounded by the fact that for obvious ethical reasons research has not been conducted on abuse populations, and nonabused children have not been tested for their willingness to accuse a loved one of abuse.

Experts on interviewing have emphasized the importance of making children aware of the unique task demands of forensic interviews in order to reduce suggestibility. This can be accomplished by alerting children to the serious nature of the interview and the need to learn what really happened, the importance of understanding the questions, the potential need for repeated questioning, and the appropriateness of "I don't know" or "I can't remember" responses (Myers et al., 1996; Reed, 1996; Saywitz et al., 1992; Warren et al., 1991). Researchers focused on eliciting incorrect responses through suggestive questioning have by and large ignored such techniques in their experiments. These researchers cannot legitimately claim to know the effect of suggestive questioning when no attempt is made to explore the alternative hypothesis that some techniques reduce suggestibility.

Most investigative interviews follow a child's initial disclosure to a friend or caregiver. The importance of the initial disclosure in assessing suggestibility has been ignored. Ceci and Bruck (1993a) argue that professionals who assess abuse allegations should consider the impact of prior interviews on a child's current responses, emphasizing the danger that a child may have incorporated prior suggestions. The alternative hypothesis that disclosures prior to an interview may insulate against suggestion is not discussed.

A cardinal principle in scientific research is results must be replicated before generalizations can be made from data. Research studies commonly referenced by defense experts in court have, for the most part, not been replicated. Given the wide variety of factors that may influence children's suggestibility, the lack of testing of many of these factors, and the inconsistencies in research findings within and between studies, courts should require further testing before admitting such research. Ceci and Bruck's proposal that experts should simply identify those con-

ditions that might limit any generalization from the science to the case at bar is not legally adequate (Ceci & Bruck, 1995, p. 273).

### What is the rate of error?

Scientists know very little about the degree to which any particular child from a particular age group is likely to produce an incorrect response when exposed to suggestion. The inability to account for individual differences in children's responses means that a child's accuracy cannot be estimated by the percentages quoted in research findings. Suggestibility in research is gauged by the child's response to target questions, not in terms of the overall reliability of the information provided by the child. Jurors, however, must evaluate the totality of circumstances in deciding the truth. Statistically significant findings in research may have no relevance to credibility assessments in court. Ceci and Bruck acknowledge the need for experts to explain statistical significance but fail to discuss how this factor limits any generalizations from the highly consistent literature to determinations of the overall reliability of the child's account (Ceci & Bruck, 1995, pp. 272-273). Ceci and Bruck also warn that "[r]esults sometimes vary dramatically among studies, and children's behavior sometimes vary dramatically within studies. Thus, even in studies with significant suggestibility effects, there are always some children who are highly resistant to suggestion. . . . On the other hand . . . Some children incorporate suggestions quickly, even after one short interview" (p. 273). In practical terms, this means that researchers are still a "long way . . . from predicting which children will succumb to suggestions and which will not" (Ceci & Bruck, 1995, p. 300). In legal terms, this unknown "rate of error" means that application of research findings to a specific child is unreliable.

Another factor that limits applicability of the research is the fact that "no study perfectly mimics the constellation of variables observed in any particular case." (Ceci & Bruck, 1995, p.299.) Most research examines one or a few variables while controlling for other factors. However, in the real life setting of an actual case, each factor likely interacts with other factors.

Suggestibility is an extremely complex, multiply determined phenomenon. Situational factors, such as the interview context, the nature of the questions used, and the strength of one's memory of the event in question interact with personality variables to influence the suggestibility of both children and adults. Therefore the same individual may be highly susceptible to being misled in one situation yet highly

**Experts on interviewing have emphasized the importance of making children aware of the unique task demands of forensic interviews in order to reduce suggestibility.**

continued on next page

# Expert testimony

continued from page 11

resistant to being misled in a different situation (Reed, 1996, p. 107; see also Myers et al., 1996). Simply because a study parallels one or more of the real-world circumstances of sexual abuse does not mean that the study is useful in a forensic setting.

Instead, it is necessary to evaluate the social, cognitive, and emotional contexts of the research event and compare that evaluation with a similar analysis of the forensic context (Yuille & Wells, 1991, p. 122). Ceci and Bruck (1995) suggest that real cases contain more suggestive influences than research, making it likely that research underestimates suggestibility. This conclusion is true only if one ignores factors that may mitigate the effects of suggestive interviews such as a child's fear of or loyalty to the alleged perpetrator.

In scientific terms, these problems concern the role of individual differences in suggestibility and the limited ecological validity of research. Ecological validity refers to the extent to which a research study replicates the real world. In the language of *Daubert*, these problems translate into an unknown rate of error in generalizing from the research to particular interviews and particular children. Any expert opinion regarding an individual's suggestibility would amount to little more than unsupported speculation and therefore not qualify as scientific knowledge. Moreover, the fact that individual differences among children are significant yet poorly understood means that a party offering expert testimony on suggestibility research will be hard pressed to establish that such testimony is sufficiently tied to the facts of the case to assist the jury. An honest expert would have to concede that he or she simply doesn't know to what extent the research can be applied in the particular case.

## Are there standards for the technique?

Although Ceci and Bruck (1995) refer to what they call a highly consistent literature, (p. 299) they also concede that results vary both among and within studies (p. 273). Inconsistencies among studies are probably attributable to the methodologies employed and the agenda of the researcher. Ceci and Bruck (1995) acknowledge that their book is slanted toward the negative dimensions of children's testimonies, other social scientists focus on children's ability to resist suggestive influences. The methodologies employed by the different groups reflect their divergent interests.

There is nothing scientifically inappropriate about differences in philosophies and methodology. However, these differences must be clearly identified, and their influence on research design openly acknowledged, before the research is marketed to the

courts as highly consistent. Psychologists who offer forensic reports and testify have an ethical obligation to identify limitations to their opinion (American Psychological Association, 1991). This should include the disclosure of research with a biased focus when that research forms the foundation for the expert's opinion.

A number of factors vary widely among suggestibility studies. In addition to the factors influencing suggestibility mentioned above, the form of suggestive questioning varies from mildly suggestive questioning to forced choice questions to purposefully misleading questions that inhibit the child's ability to contradict the suggested information (Lyon, 1995). Language plays an important part in influencing children's responses to questions (Carter et al., 1996; Walker, 1994). However, research does not control for these potential effects, and published reports rarely comment on how such effects might limit the significance of research findings that children are suggestible. The number of times suggestive questions are asked in successive interviews, and the delay between the event and the interviews also varies. Some studies involve only a single interview whereas others involve a series of suggestive interviews over a protracted period. The research may involve participatory or observed events of varying significance for the child, and may or may not contain an emotional component. Research has suggested that these factors influence children's disclosures, memory, and suggestibility (Ceci, Ross, & Toglia, 1989; Doris, 1991; Faller, 1996; Myers et al., 1996). With such wide variability in methodology, and little or no replication of previous findings, the expert witness is free to pick and choose the research that fits his or her preconceived notion regarding scientific truth, without clear standards by which that truth is validated.

Is the theory or technique accepted in the relevant scientific community?

## Is the theory or technique accepted in the relevant scientific community?

Discrepancies in research between and within studies suggests that there is not a scientific

consensus sufficient to permit expert testimony in court. Ceci and Bruck's research is well-respected by many scientists and professionals dealing with child abuse cases. The conclusions they draw from the research for use in expert testimony, however, have generated a fair amount of peer critique in the professional literature. This critique focuses not only their research methodology, but also on their lack of objectivity in generalizing from their data (Chaffin, 1994; Faller, 1996; Lyon, 1995; Lyon, 1996; Manshel, 1996; Myers, 1995; Myers et al., 1996). Other scientists emphasize the continuing debate over the

**Any expert opinion regarding an individual's suggestibility would amount to little more than unsupported speculation and therefore not qualify as scientific knowledge.**

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# APSAC

American Professional Society on the Abuse of Children

## Professional Education Update

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#### *About the Forensic Interview Training Clinic*

Interviewing alleged victims of child abuse is a task that has received intense scrutiny in recent years and increasingly requires specialized training and expertise. Most workshops and seminars on this subject consist of didactic lectures which are time-limited and offer no opportunity to put new knowledge into practice. This comprehensive interview clinic offers a unique opportunity to participate in an intensive forty-hour training experience which provides personal interaction with leading clinicians, researchers, and trainers in the field of child forensic interviewing. Its interview practicum component provides experience interviewing actual children in a supportive environment where constructive feedback is utilized to build and improve specific professional skills.

#### *Who should attend:*

- ◆ Anyone whose job includes (or may include) interviewing suspected victims of child sexual abuse.
- ◆ Professionals from the field of mental health, law enforcement, social services, medicine, and law.
- ◆ Professionals who do not have extensive experience in forensic interviewing.

#### *Participants will:*

- ◆ Learn state-of-the-art forensic interview theory, research, and techniques.
- ◆ Practice interviewing skills in the safety of a supportive environment.
- ◆ Receive feedback from experienced and knowledgeable professionals.
- ◆ Become better prepared to explain and defend interview techniques in court.

**Training topics:**

- ◆ Forensic interview techniques and models.
- ◆ Legal issues affecting interviewers.
- ◆ Traumagenics in interviewing.
- ◆ Child development and linguistics.
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# PRACTICE GUIDELINES

## CODE OF ETHICS

### I. PREAMBLE

The American Professional Society on the Abuse of Children (APSAC) is an interdisciplinary professional organization whose mission is to ensure that everyone affected by child maltreatment receives the best possible professional response. APSAC's members fill a wide range of professional roles dedicated to preventing or responding to child maltreatment.

APSAC carries out its mission by providing professional education which promotes effective, culturally sensitive, and interdisciplinary approaches to the identification, intervention, treatment, and prevention of child abuse and neglect; by promoting research and guidelines to inform professional practice; by educating the public about child abuse and neglect; and by ensuring that America's public policy concerning child maltreatment is well-informed and constructive.

The APSAC Code of Ethics outlines principles and standards of conduct which APSAC members expect of themselves and of each other. A member of APSAC seeks to embody these principles and standards in all professional conduct and to act at all times in compliance with the highest standard of ethical practice. This Code of Ethics seeks to articulate standards of professional conduct which flow from APSAC's mission, our understanding of the nature of child maltreatment, and the interdisciplinary response which APSAC prescribes for dealing with child maltreatment.

APSAC's Code of Ethics is not intended to establish a legally binding standard of conduct. Violation of the Code of Ethics does not itself determine whether an APSAC member is legally liable in a court action. Such outcomes are based on legal rather than ethical rules. Further, the Code of Ethics applies only to APSAC members' work-related activities.

APSAC's Code of Ethics is intended to be consistent with those of members' other professional organizations. Some professional roles or duties may appropriately be in conflict with some provisions of this Code of Ethics. For example, professional practice in rural communities may involve the professional and clients in multiple relationships. In another situation, some attorneys might have an ethical duty to individual clients which places them in apparent conflict with the obligation to pursue the best interests of the child. When certain professional roles or duties create a conflict or apparent conflict with this Code of Ethics and the ethical codes of other professional organization, it is expected that the professional will resolve such conflict in such a way as to maintain the highest level of professional practice.

Children are the underlying focus and concern of all of APSAC's activities. Among the APSAC member's highest priorities are to nurture and support the development of children.

Child maltreatment takes many forms, has many contributing etiological factors and conditions, and affects children, families, and society in many and diverse ways. A complex phenomenon such as child maltreatment cannot be reduced to simplistic ideas. Nonetheless, we recognize that child maltreatment inherently involves the misuse of the power differential between children and those who abuse or neglect them. Acknowledgment of the inherent vulnerability of children and their associated powerlessness drives our professional conduct.

We dedicate our professional lives to ending all forms of child maltreatment. Five principles shape our overall approach to this task.

### II. MAJOR PRINCIPLES

#### A. BEST INTERESTS OF THE CHILD

We conduct ourselves at all times in a manner consistent with the best interests of the child, and hold this principle above all others. We recognize that determining what constitutes the best interests of a child can be a complex undertaking, requiring analysis of varying values, interests, cultural differences, and childhood needs and capabilities. When certain objectives or purposes compete, the APSAC member makes the best interests of the child the priority in evaluating alternatives.

### **B. DIGNITY OF THE INDIVIDUAL**

In all of our actions, we affirm the inherent dignity and worth of every human being. Even when our professional role places us in a potentially adversarial position with an individual, we treat that individual with respect, seek to affirm the personhood of the individual, and separate the "human being" from any hurtful or wrongful acts which he or she may have committed.

### **C. INDIVIDUAL ACCOUNTABILITY**

The social contract which makes civilized life possible demands that every individual be accountable for his or her actions. We expect and act so as to hold individuals accountable for their actions. While we seek to empower the person to exercise self-control, we recognize that external controls are sometimes necessary as a temporary or permanent condition when individual self-control falters or fails. We recognize that special needs, developmental capabilities, or life circumstances may affect an individual's capacity to do what is proper in certain situations. We believe that society has a responsibility to provide the services and create the conditions under which individuals have the maximum opportunity to act in accountable, responsible, and healthy ways.

### **D. REHABILITATION**

We believe that rehabilitation for all conditions associated with child maltreatment is desirable for maltreated children, adults who affect their lives, and society. While control of the more powerful who use superior strength, resources, or position to cause child maltreatment may be necessary, we deem rehabilitation to be of equal importance with control.

Rehabilitation of those conditions which are associated with child maltreatment as causes, concomitant events, or outcomes is an essential objective of all professional actions in this field.

APSAC notes that adults who harm children may require external control of their behavior through incarceration or socially-sanctioned punishment, and that rehabilitation may take place at the same time.

### **E. LEAST RESTRICTIVE ALTERNATIVE**

In all of our actions, we seek the least restrictive or least intrusive intervention in the lives of human beings which will accomplish the goal of protecting children. At all times, we seek to empower individuals to make their own decisions, live their lives in concert with their values and traditions, and seek their own goals. We strive to actualize client self-determination in all professional actions. When professional intervention is required, we seek as minimal intervention for as brief a period of time as necessary. We also recognize that some human beings will require long-term control, support, or other more intrusive interventions to end maltreatment and to complete rehabilitation.

Protection of children and society through incarceration, monitoring, or other intrusive interventions is equally important and must be balanced with the commitment to the least restrictive alternative.

### **F. NON-DISCRIMINATION**

APSAC members are aware of cultural and individual differences, including those due to socioeconomic status, age, gender, sexual orientation, race, ethnicity, national origin, language, religion, and disability. APSAC members strive to ensure that their work is free of biases based on those factors, and do not knowingly participate in or condone unfair discriminatory practices.

## **III. STANDARDS OF CONDUCT**

In pursuit of these principles, we establish the following standards of conduct.

### **A. PROFESSIONAL COMPETENCE**

At all times in all professional activities, the APSAC member will maintain the highest professional competence. This requires the following.

1. All professional actions should be based on current knowledge in the professional's field of practice.
2. Actions conform to the APSAC Code of Ethics, special standards or practice guidelines within the child protection field, and the state of knowledge and practice within the community.
3. APSAC members routinely receive supervision, consultation, or counsel with more experienced colleagues or peers, and their professional work is subjected to periodic review, evaluation, or consultation.
4. APSAC members employ intervention methods which are known to be effective, and approach untested or novel interventions with the care, caution, and attention to evaluation that any potentially powerful intervention demands. In determining what intervention is most effective, members rely first on the research generated in this field; second on commonly accepted practice; and finally on their own experience and expertise, and consultation with peers.



5. APSAC members do not in any forum represent themselves to hold expertise, knowledge, or qualifications which they do not in fact possess, including when providing expert testimony, writing, or providing education to professionals or lay persons alike.
6. APSAC members practice in compliance with applicable state and federal laws, regulations, and ethical standards of their specific academic or professional disciplines.
7. APSAC members recognize that work in child maltreatment inherently carries the risk of occupational stress, and that personal issues or biases may be triggered, and that the appropriate interventions of regular, ongoing consultation, self-care, and periodic review are essential components of professional conduct.
8. APSAC members will participate at least annually in high quality continuing professional education. The APSAC Board of Directors will from time to time advise members on appropriate levels of continuing professional education.

## **B. CONFIDENTIALITY AND PRIVACY**

The right to privacy is central to a free society. It encompasses the freedom to determine the degree to which information about one's behavior, beliefs, history, and experience is shared with others; the conditions under which it is shared; and what specific information is shared. The right of clients to confidentiality, which is the assurance that nothing about an individual is revealed except under agreed-upon conditions, is fundamental to professional relationships with clients. Laws in all states define the rights of confidentiality and privacy. The rights of clients to privacy and confidentiality, except where limited by state and federal laws, are recognized and honored by APSAC members at all times.

1. The right to privacy ensures that information about the client's functioning, experiences, and history are revealed only with the expressed consent of the client or his or her legal guardian pursuant to court order, or as restricted or mandated by state and federal laws (e.g., in the case of mandated reporting of suspected child maltreatment).
2. Where state or federal law or professional occupation does not limit the exchange of client information, information is shared only on a need-to-know basis and only to the extent necessary for the completion of professional tasks.
3. APSAC members communicate information about clients at all times in ways which convey respect for the client's personhood and dignity.

## **C. MULTIPLE RELATIONSHIPS**

Clear definitions of professional roles, responsibilities, duties, and tasks and the limits of professional conduct provide clients with maximal information upon which to base their own decisions and actions. The nature of child maltreatment, in which boundaries are blurred or broken, relationships are disturbed, and social positions such as parent, caregiver, and helper are perverted, makes the maintenance of clear professional relationships with clients all the more critical for client protection and in creating the optimal conditions for growth and development.

Limitations on multiple relationships may vary with different professions (e.g., law); APSAC members should comply with the ethical guidelines applicable to their own profession.

1. Except as provided by ethical codes of individual professions, engaging or attempting to engage in dual, nonprofessional relationships with clients is forbidden. Such relationships include business, financial, social, or sexual relationships. Once a professional relationship has been established, engaging in dual, nonprofessional relationships with clients is never proper.

Some professional roles, practice settings (e.g., rural communities), or cultural contexts may place professionals and their clients in ongoing contact. It is the obligation of the APSAC member in these unique and selective situations to ensure that the relationship remains nonexploitive, equal, and mindful of the inherent power differential and other special characteristics of professional-client relationships.

2. When a professional is called upon to engage in more than one professional role, such as therapist and advocate, investigator and therapist, assessor and healer, investigator and concerned citizen, the professional must be clear about the different responsibilities and tasks required of each role; take appropriate steps to guard against role conflict; and make sure that the client understands the nature and different responsibilities of each role. Assuming more than one professional role in a given case at a given time does not necessarily represent an unethical multiple-role relationship.

## **D. RELATIONSHIPS WITH CLIENTS**

In all relationships with clients, the APSAC member seeks to actualize the following principles of interaction, which create conditions for change, accountability, and maintenance of the social contract: honesty, integrity, respect for differences, a non-judgmental attitude, a belief in the inherent dignity and worth of every individual, and an expectation that individuals will behave responsibly, balanced with an understanding that from time to time external social controls are necessary to protect children and society.

APSAC members recognize their special responsibility to children, whose inherent vulnerability and powerlessness, combined with the betrayal, trauma, and developmental threat of abuse, make relationships between the child and professionals all the more critical. The APSAC member seeks to meet this special obligation, keeping in mind that professional judgment may sometimes be in error, and that the best interests of the child often demands balancing competing values; community, family, and child capabilities; and different traditions of culture, race, and family.

1. To the degree possible, clients should be given all relevant information upon which to base decisions about their own lives. The deliberate withholding of information must be based on specific conditions or circumstances which outweigh the client's right to all relevant information. These conditions include (but are not limited to): information protected under state or federal law, information about an ongoing investigation, and information which, although about a client, might if revealed place another person's safety in jeopardy.
2. When a professional, except the client's attorney, speaks or acts in the place of an adult client, such action should only be taken if the client is unable or unwilling to do so, or if not doing so would run counter to the client's best interests. The importance of the action for the client's welfare must be clear and specific; the client or guardian must have given informed consent for the action; and the professional should seek ways to empower the client to take such action in the future.
3. Except where prohibited by state law or the nature of the professional action (e.g., during an investigation), it is expected that a client will give informed consent prior to a professional action taken on his or her behalf. Informed consent requires that information be provided to the client regarding the nature of the proposed action, the potential positive and negative effects of the action, and the anticipated duration of the action, all in a language and manner understandable to the client.

## **E. RELATIONSHIPS WITH OTHER PROFESSIONALS**

By necessity, the modern societal response to child maltreatment involves a number of professionals from a range of disciplines. Each discipline has a different and important role, and may employ different methods and courses of action in accomplishing that role. Specific objectives, the timing of professional intervention, the methods employed, or the roles of the professionals may, in some cases or situations, place professionals at odds with each other.

1. The APSAC member approaches professional activity with an appreciation for the value, sanction, purpose, and rationale for the objectives, timing, methods, and roles of different disciplinary groups responding to various aspects of child maltreatment. The APSAC member treats other professionals with respect, dignity, and collegiality at all times.
2. When conflicts arise in specific cases, the APSAC member seeks first to identify the specific source of the conflict; to determine if the conflict is based on different roles, objectives, methods, or timing of intervention, or on other factors; to consult with the other professional(s) about possible solutions; and to develop a plan of action which is consistent with the APSAC Code of Ethics and the requirements of the specific case.
3. APSAC members have a responsibility to communicate concerns about another professional's opinions, actions, or professional conduct directly to that professional. This responsibility may be mitigated by applicable state law, by the nature or timing of contact between the professionals (e.g., when appearing as opposing witnesses in a court case), or when the APSAC Code of Ethics prevents such communication.
4. Members of APSAC recognize that professional activity in child maltreatment can be extremely stressful and can occasionally trigger personal issues or reactions. Members recognize further that their personal lives can, from time to time, adversely affect their ability to perform professional activity effectively. Members recognize a special responsibility to offer support, counsel, or appropriate referral for assistance to colleagues and other professionals who might be so affected.

## **ACKNOWLEDGMENTS**

APSAC's Code of Ethics is the product of a task force chaired by Jon R. Conte, PhD. In the process of development, the Code of Ethics was submitted to review by the membership (at open meetings at national conferences and through the *APSAC Advisor*), reviewed by independent experts in ethics and law, and approved by APSAC's Board of Directors. Appreciation goes to the many APSAC members who contributed their time and expertise to produce this Code of Ethics.

The Code of Ethics will be revised periodically. Any comments or suggestions about it should be directed to Jon R. Conte in care of APSAC, 407 S. Dearborn St., Suite 1300, Chicago, Illinois 60605.



**Abstract Submission Form – Side Two**

SUB ID # \_\_\_\_\_  
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**Title of presentation:** \_\_\_\_\_

Confine your abstract to the space below, in no smaller than 11-point font. Abstracts must identify at least two educational objectives guiding your presentation to be considered. NB: If cultural issues are relevant, indicate in abstract how they will be addressed.

EDUCATIONAL OBJECTIVES (Please specify at least 2):

**DO NOT WRITE BELOW THIS LINE**

Reviewer's initials \_\_\_\_\_ Presentation type (*circle one*): Research Practice

Primary Discipline (*indicate one*): Mental Health Medicine Law Law enforcement Protective services Interdisciplinary

| Recommended presentation format ( <i>circle one</i> ): | Training Seminar | Symposium<br>Excellent | Paper | Poster | Reject<br>Poor |
|--|------------------|------------------------|-------|--------|----------------|
| Rating:  |                  |                        |       |        |                |
| Importance of subject matter                           |                  | 1 2                    | 3     | 4      | 5              |
| Organization of presentation                           |                  | 1 2                    | 3     | 4      | 5              |
| Rigor  |                  | 1 2                    | 3     | 4      | 5              |
| Are cultural issues adequately addressed?              | Yes              |                        | No    |        | Not applicable |

## Expert testimony

continued from page 12

propriety of generalizing from research findings to actual cases (Yuille & Wells, 1991).

Scientific consensus is lacking on acceptable practice for interviewing children, and on the conclusions to be drawn from research that highlights suggestibility (Saywitz, 1995). Expert testimony critiquing the use of leading questions ignores the view among many professionals, supported by research, that leading questions are sometimes necessary to elicit true reports from children who have difficulty telling what they know (Faller, 1996; Lyon, 1995; Myers, 1994; Myers et al., 1996; Reed, 1996; Saywitz et al., 1991). Ceci and Bruck acknowledge that scientists disagree whether suggestibility effects render the child's original memory inaccessible (Ceci & Bruck, 1993b). If the child's original memory remains intact, the arguments supporting a need for expert testimony are substantially diminished. Cross-examination of the child should correct errors made during the suggestive interview without the need for expert testimony (Lyon, 1995).

### **Is the testimony sufficiently tied to the facts of the case?**

The problems with the research on suggestibility discussed above lead one to conclude that in many if not most abuse cases, expert testimony on such research will not sufficiently fit the facts of the case to assist the jury. In order to assess fit, the courts should consider the age of the child, the relationship of the child to the alleged offender, the instructions given the child by the interviewer, and whether the child made a disclosure before being questioned. Even in a case where a preschool child accuses a virtual stranger for the first time after coercive questioning, expert testimony on suggestibility research will be of marginal value to jurors, both because of the differences between the events studied by researchers and real cases of sexual abuse, and because of the large individual differences in children's suggestibility.

When it is only marginally relevant, expert testimony is subject to exclusion on the grounds of unfair prejudice. Expert testimony is especially likely to be prejudicial, because of jurors' difficulty in critically evaluating what experts assert and in jurors' corresponding tendency to defer to expert opinion. Research on the effects of expert psychological testimony regarding adult eyewitnesses reveals that such testimony increases juror skepticism regarding an eyewitness's accuracy (Leippe, 1991). Research suggests that other types of expert testimony in child abuse cases is similarly persuasive (Kovera & Borgida, 1996). Expert testimony arguing that children are prone to suggestive influences can be expected to produce similar effects. To the extent that

application to an individual case can be questioned, such testimony creates a high probability of unfair prejudice (Federal Rules of Evidence 403).

It should also be apparent from the brief discussion here of the scientific issues that any foray into these research findings is likely to lead to juror confusion, and will be of little assistance to jurors in understanding the relevant trial issues. Any competent and ethical presentation of expert testimony on this topic should include a thorough discussion of the methodology, conflicting results, and limitations of the research (American Psychological Association, 1991; Ceci & Bruck, 1995). Jurors who lack backgrounds in psychology, child development, scientific research, and statistical analysis can hardly be expected to sift through the myriad of complexities inherent in any battle of experts.

An alternative might be to confine expert testimony to a generic presentation of some of the factors that may influence children,

without permitting exposition of the research. However, to the extent such testimony rests for its foundation on a conflicting body of research, it would be unethical for an expert to fail to reveal the conflicts. In so doing, they would necessarily have to discuss the research in greater detail. Generic information is unlikely to advance jurors' understanding of the subject much beyond their collective wisdom prior to receiving the expert testimony. If the interview is so suggestive it warrants expert testimony, its suggestive quality should be readily apparent to jurors without an expert. Conversely, if the interview is not highly suggestive, the need for expert testimony might be greater. However, the less suggestive the interview process, the less applicable the research findings in supporting an expert's opinion.

### **Conclusion**

Ceci and Bruck (1995) make a number of disclaimers regarding responsible and ethical expert testimony, and these points are well taken. All experts should heed their advice that "scientific experts should advocate for the truth, not for or against a defendant" (p. 283). However, this advice presupposes that the expert should be in court in the first place. A careful legal analysis of Ceci and Bruck's query whether scientists have "accumulated a sufficient body of information to be helpful to the court" (Ceci & Bruck, 1995, p. 299) reveals that the answer is no. The research has not met the level of certainty or relevance that the law demands.

For those experts who suggest otherwise, some additional advice from Ceci and Bruck should be followed: "Wise counselors and judges should put these

***Discrepancies in research between and within studies suggests that there is not a scientific consensus sufficient to permit expert testimony in court.***

continued on next page

## Expert testimony

continued from  
page 13

experts' feet to the coals, forcing them to provide scientifically adequate evidence for their interpretations. . . [T]o do otherwise would seem akin to accepting the testimony of a forensic astrologer" (p. 282).

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## Child Maltreatment Call for Papers

The Journal of the American Professional Society on the Abuse of Children

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400 Years  
of the  
Shaken  
Infant:  
From  
Henry II to  
John Caffey  
by Stephen  
Lazoritz, MD

MEDICINE

Recently, Shaken Infant Syndrome has become a "hot topic" among child abuse professionals. It seems that we are recognizing this type of child abuse more frequently, and the first ever "Shaken Baby" conference held last October drew nearly 800 participants. History has taught us, however, that "timely" topics are frequently "timeless" as well. The Shaken Infant Syndrome is an excellent example of how a current medical syndrome possesses deep historic roots which can be traced from the mid-1500's to the pages of today's medical journals.

In 1559, times were good for Henry II of France. He had just signed a peace treaty with Spain at Chateau Cambresis, and many events were planned for the celebration, including a jousting match which pitted the King against the Comte de Montgomery. During that jousting match, unfortunately, the king received a blow from a lance. Here we read the description of the injury suffered by the King: "The muscular skin of the forehead, over the bone, was torn across to the inner angle of the left eye, and there were many little fragments or splinters of the broken shaft lodged in the eye, but no fracture of the bone. Yet because of such commotion or shaking of the brain, he died on the eleventh day." (Packard, 1926, p. 58).

This description was written by King Henry's personal surgeon, Ambroise Pare, who described his autopsy findings: "After his death, they found on the side opposite to the blow, towards the middle of the commissure of the occipital bone, a quantity of blood effused between the dura and the pia mata." (Packard, 1926, p.58, 61). This is the first recorded description of the subdural hematoma, which was clearly caused by impact trauma in this case.

While Pare's description clearly laid the foundation for the subdural hematoma to be considered a traumatic injury, the work of a famous pathologist 300 years later cast doubt on the traumatic etiology. In 1856, a German pathologist named Rudolf Carl Virchow described the subdural hematoma and maintained that its cause was infection. He referred to this disorder as "pachymeningitis interna," a term which remained in use for almost 100 years.

Four years later, a French physician named Ambroise Tardieu published a report detailing the abuse and maltreatment of children. In it he described 32 children, 24 of whom were abused by their parents, and 18 of whom died. His report included descriptions of injuries associated with physical abuse that we see today. Of particular interest was his

description of "thickening of blood on the surface on the brain" that he related to trauma in these children. Thus, we had the first description of a subdural hematoma caused by traumatic head injury to a child as a result of abusive treatment.

As time passed, contributions to the medical literature, which in retrospect are quite significant, went largely unnoticed. In 1891 the great German pathologist Dohle published a study of autopsies in children and found subdural hematoma to be a common finding. In 395 autopsies of children less than one year of age, 14% were found to have subdural hemorrhage. In children greater than one year of age, the incidence was 8%. In 1914, also in Germany, Kovitz expanded Dohle's work and performed perhaps the largest autopsy study of children to date. He examined nearly

6,000 children under two years of age and found subdural hemorrhage in 14% of infants one to three months old, 10% of infants three to twelve months old and 9% of children one to two years old. Clearly, subdural hemorrhage was not a rare occurrence in young infants and children. These studies, however, did not address causality.

One early suggestion that violent motion may injure infants can be found in the 1907 text by William Preyer, *Mental Development of the Child*. He described

several potentially harmful practices, including the too vigorous rocking of the cradle. He wrote, "the inexcusable violent rocking in the cradle which puts the baby into a dazed condition in order that he may not trouble those that have care of him is extremely injurious" (Preyer, 1907, p.41). He did not describe what the injury might be.

A landmark in the investigation of subdural hematoma came in 1930, with David Sherwood's publication of a classic review of nine children with cases of subdural hematoma. Of those nine cases, many had retinal hemorrhages and five of the nine had what he called "dubious home conditions." He concluded that the fact that these infants came from "dubious" environments made the histories provided by the parents to be less valuable, and raised the question of possible head trauma. Sherwood proposed that the children who presented with subdural hematoma had been injured, even though no admission of any traumatic event was made in any of these cases.

In 1939, Ingraham and Heyl presented 11 cases of children with subdural hematoma, with one particularly interesting case of an eight-month old boy

***The Shaken Infant Syndrome is an excellent example of how a current medical syndrome possesses deep historic roots which can be traced from the mid-1500's to the pages of today's medical journals.***

# 400 Years of the Shaken Infant

continued from  
page 15

who presented with seizures. The child had multiple bruises on his extremities, bruises on his face, bilateral retinal hemorrhages, and fractures of both of his forearms — a classic case of child abuse. The authors made two major points in this study: (1) the harder one looks for subdural hematoma, the more cases will be identified and (2) the etiology of subdural hematoma was traumatic in most, if not all, of the cases.

Holt's well-known textbook of pediatrics, published in the 1930's and 1940's, stated that the etiology of this "hemorrhagic pachymeningitis" was unknown, and that "in patients under two years, the story of a proceeding head injury is either wanting or is a rule quite inconspicuous" (Holt, 1940, p.1054). The author made certain observations regarding this disorder, however, which were astute: (1) "The frequency with which the condition is encountered in foundlings, illegitimate children and those in institutions has often been commented on," (2) "Breast-fed infants are notoriously immune from this disorder." (Holt, '940, p.1054). These statements speak to the fact that the infant's home environment is related to this syndrome.

The greatest advances in the identification of the Shaken Infant came with the emergence of radiology as a medical specialty. Indeed, many monumental studies were done in the 1940's and 1950's. Foremost was the work done by the pediatric radiologist John Caffey in 1946 published in the article entitled "Multiple fractures in the long bones of infants suffering from chronic subdural hematoma" (Caffey, 1946). In this report, Caffey described cases of six children with subdural hematoma in which there were 23 fractures and no history of trauma. Fourteen of the fractures were metaphyseal and nine were diaphyseal. This article clearly stated the case that children with subdural hematomas had been traumatized, and a search for other evidence of trauma, specifically long bone fractures, should be made.

In 1968, the neurosurgeon Omayya showed that subdural hemorrhage could be caused by rotational displacement alone, without impact. By producing whiplash injury in rhesus monkeys, he set the stage for John Caffey's 1972 landmark article "On the theory and practice of shaking infants." In this report, Caffey describes examples of 27 children with subdural hemorrhage who had received "whiplash shaking." There was no history of trauma in any of these children. Dr. Caffey wrote, "The whiplash shaking of infants and younger children are precarious, pervasive, prevalent, and pernicious practices which can be observed whenever parents, parent substitutes, infants, and small children congregate" (Caffey, 1972, p.165).

**The greatest advances in the identification of the Shaken Infant came with the emergence of radiology as a medical specialty.**

Interestingly enough, of his 27 cases, 15 were found to be attributed to a nurse named Virginia Jaspers, who was employed to care for these infants and whose story was told in a 1956 *Newsweek* magazine article. "The brutal and tragic career of nurse Virginia Jaspers is tied to her massive physical traits. She is an ungainly six feet, weighs 220 pounds, and has a 52 inch waist. Police conclude that she probably had no idea of the strength in her cruelly big arms and hands." How did she injure these children? "That evening Abby Kaspinov, 11 days old, didn't want to take her formula. Exasperated, the nurse picked her up and gave her a good shaking. (It was all uncontrollable... I don't know why I did it.)" (*Newsweek*, 1956, p.90).

Today, John Caffey's "Whiplash Shaken Infant Syndrome" is called "The Shaken Infant Syndrome" or the "Shaken Baby Syndrome," and many investigators have added greatly to our knowledge of this disorder; a disorder with a heritage of over 400 years.

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## Coming in the August issue of *Child Maltreatment*:

- Special Section: Legal Issues in *Child Maltreatment*. Guest Editor Ann Haralambie presents a series of articles from prominent legal authors and scholars on the legal issues involved in caring for maltreated children.
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Birch, JD

### Federal Legislation Emphasizes Safety for Children

Safety and permanence for children are the themes of legislation under consideration this year in the U.S. Senate and House of Representatives. Two bills — H.R.867, the Adoption Promotion Act of 1997, introduced on February 27, and S.511, the Safe Adoptions and Family Environments (SAFE) Act, introduced on March 20 — address the same objectives: protecting children and promoting adoptions. Both enjoy bipartisan sponsorship.

Both bills make clear that a child's health and safety are the paramount concerns in determining whether to keep a maltreated child at home or to return the child from foster care to its family. The two measures aim to clarify situations in which "reasonable efforts" required by federal foster care and adoption law may not be reasonable to keep an abused or neglected child safely at home or to reunify abused children with their families. The legislation would also provide incentives for finding permanent homes for abused, neglected or abandoned children by requiring speedier hearings to move children from foster care to adoption.

Significantly, both the House and Senate bills, though in different ways, would provide states with additional dollars to use for preventive services to children and families. For the first time, in the Senate bill, foster care entitlement dollars would be open to pay for services as well as finance foster care placements.

**Clarifying Reasonable Efforts:** Both bills amend current law to identify situations in which reasonable efforts would not be required, including cases in which a parent has been found to have committed murder, manslaughter, or felonious assault of its child. Similar provisions were enacted last year in the Child Abuse Prevention and Treatment Act (CAPTA). The new legislation also proposes including situations where a parent has abandoned, tortured, chronically abused, or sexually abused the child, or termination of parental rights with siblings as circumstances in which efforts to reunify a child and parent would not be required.

**Child Death Reviews:** S.511 requires states to establish child death review teams to examine child abuse and neglect-related deaths, child suicides, unexplained deaths of children, and deaths of children in state care. A federal child death review team would also be established with responsibilities to include making recommendations on federal policies and procedures to prevent child fatalities.

**Background Checks:** S.511 requires criminal records and child abuse registry checks for prospective foster parents, adoptive parents, and group-care providers.

**Earlier Hearings:** Both H.R.867 and S.511 shorten the time period for permanency planning hearings for children in foster care from 18 months to 12 months after placement. H.R.867 creates a special circumstance by requiring states to file for termination of parental rights when a child under age 10 has been in foster care for 18 out of 24 months.

**Promoting Adoption of Children With Special Needs:** S.511 "delinks" adoption assistance eligibility from the current statutory requirements to cover all children with special needs.

**Bonuses for Increased Adoptions:** H.R.867 provides a per child bonus to states that increase the number of foster care children adopted, allowing a \$4,000 bonus for each adopted foster care child and an additional \$2,000 for each adoption of a child with special needs. The bonus money would be used for any eligible IV-B child welfare service.

**Foster Care Funds for Services:** S.511 provides, for the first time, the opportunity for federal foster care payments to states to be used to reimburse costs of reunification services for the first year of a child's removal from home, including the costs of counseling, substance abuse treatment, mental health services, domestic violence assistance services, and transportation to receive such services.

**Substance Abuse:** Recognizing the enormous impact of substance abuse on child protection cases, S.511 would give priority to substance abuse treatment for families referred by child welfare agencies, and funding would be available for children in residential treatment programs with their parents when reunification of the child with its family is the goal.

**Innovation Grants:** S.511 authorizes \$50 million annually for 5-year demonstration grants to states which are designed to reduce the backlog of children awaiting adoption.

**Child Welfare Waivers:** Both H.R.867 and S.511 allow HHS to increase from 10 to 15 the number of states for which IV-E requirements may be waived to allow for demonstrations.

H.R.867 easily passed in the House, and Senate action is expected to follow on S. 511. Both the House and Senate sponsors of the legislation hope to reach enactment of the bills before the end of this year. The House bill was introduced by Reps. Dave Camp (R-MI), Barbara Kennelly (D-CT), and Clay Shaw (R-FL), who also chairs the Ways and Means Human Resources Subcommittee with jurisdiction in the House over the Title IV-E federal foster care and adoption assistance program which the legislation amends.

In the Senate, S.511 carries the co-sponsorship of Sens. John Chafee (R-RI), Jay Rockefeller (D-WV), James Jeffords (R-VT), Mike DeWine (R-OH),

continued on next page

## Policy Watch

continued from page 17

Christopher Dodd (D-CT), Carol Moseley-Braun (D-IL), John Kerry (D-MA), Robert Kerrey (D-NE), and Edward M. Kennedy (D-MA).

### Molinari Bill Highlights Child Abuse Problem

Rep. Susan Molinari (R-NY) has introduced a bill, H.R. 1419, the Child Abuse and Neglect Enforcement Act, with the intention of raising the visibility of child abuse and neglect. By her own admission, Molinari's bill has modest aims, but she intends to use the measure to raise the consciousness of her colleagues in Congress to the seriousness of the problem of child maltreatment and to begin a constructive dialogue leading to other initiatives.

The Molinari proposal attempts to address a variety of issues in the field of child abuse and neglect. The bill includes the following provisions:

**Criminal Record Information:** To continue receiving criminal justice block grant funds, states must establish a system for providing child protective agencies with the same criminal conviction record information available to law enforcement officers, including information on orders of protection based on a claim of domestic or child abuse.

**Substance Abuse Testing:** Requires states to test each newborn infant for "physical dependence on any drug; fetal alcohol syndrome; fetal alcohol effects; the presence of alcohol; and the presence of drugs that are associated with substance abuse." Positive test results must be reported to protective services. State failure to comply will result in a reduction in substance abuse block grant funds increasing from 10% to 40% over four years of noncompliance.

**Criminal Justice Block Grants:** Amends the Byrne law enforcement assistance grant program, funded at \$560 million, to allow localities to use funding for "enforcing" child abuse and neglect laws for programs designed to prevent abuse.

**Children's Justice Act Set-Aside:** Doubles the funding available from the Crime Victims Fund to CAPTA Children's Justice Act grants from \$10 million to \$20 million.

**Paperwork Study:** Instructs GAO to study the federal data reporting requirements in CAPTA and Title IV-E, and report findings to HHS for analysis with recommendations to Congress on reducing the number of reporting requirements.

**Children's Advocacy Centers:** Expresses the sense of Congress that appropriations for children's advocacy centers should be increased.

Joining Molinari as cosponsors on the bill are Reps. Newt Gingrich (R-GA), Bill Paxon (R-NY), Brian Bilbray (R-CA), James Walsh (R-NY), Martin Frost (D-TX), Jon Fox (R-PA), Jim Greenwood (R-PA), Thomas Ewing (R-IL), Sue Kelly (R-NY), Tom DeLay (R-TX), Thomas Petri (R-WI), Deborah Pryce (R-OH), Dennis Hastert (R-IL), Richard Burr (R-NC), Kevin Brady (R-TX), Christopher Shays (R-CT), Gerald Solomon (R-NY), Peter King (R-NY), Michael Crapo (R-ID), Rodney Frelinghuysen (R-NJ), Dan Burton (R-IN), Tom Coburn (R-OK).

*Editor's note: APSAC's Board of Directors supports S.511 (SAFE) and is reviewing H.R. 1419. See below for information on participating in APSAC's Legislation ListServ.*

## New APSAC Legislation List Serv Online

One of the features of APSAC's new web site is the Legislative Action Center, which is accessible to members of APSAC's new Legislation List Serv.

When APSAC takes a position for or against any legislation, a position statement will be posted on APSAC's web site, with a sample letter and a list of key representatives to contact. This will enable all of APSAC's members to take effective action on selected pieces of federal legislation.

Members who seek maximum involvement in legislative advocacy, however, should join APSAC's Legislation List Serv. For just \$15.00 in addition to regular membership dues, APSAC members can participate in interactive electronic conversations with peers all over the country who are working with local, state, and federal legislators to enhance protection for maltreated children.

In addition to immediate peer-to-peer consultation on legislative strategy and initiatives, members of APSAC's Legislation List Serv gain access to a wealth of online resources:

- Get basic guidance about writing effective letters, contacting legislators, organizing others for action, and giving congressional testimony.
- Call up photos of every federal legislator, and get their committee and subcommittee assignments, addresses, and phone numbers.
- Identify your own representatives by zip code matching.
- Send e-mail directly to your representatives.
- Enter the Library of Congress and Government Printing Office to get daily bill status reports and copies of the latest versions of pending legislation.
- Review daily House and Senate schedules and weekly Committee schedules.

You can join the List Serv (and thereby gain access to the Legislative Action Center) through the Legislative Advocacy area on APSAC's web site (<http://www.apsac.org>). Or, you can e-mail or fax your request with payment information to Howard Griffin, in APSAC Membership Services: [apsacmems@aol.com](mailto:apsacmems@aol.com), or 312-554-0919.

(NB: APSAC's Legislative List Serv has replaced its Legislative Network, which operated by broadcast fax from September, 1995 to May, 1997.)

## BOOKS IN BRIEF

Reviews in this issue contributed by Theresa Reid and Diane DePanfilis

### ***Protecting children and supporting families***

by Gary Cameron and Jim Vanderwoerd with the assistance of Leslea Peirson. New York: Aldine De Gruyter, 1997. 290 pp.

APSAC members, particularly CPS and other public and private child welfare staff, will find this book a refreshing change from less realistic approaches to child welfare service delivery. The volume has several purposes: (a) to present an up-to-date review and interpretation of the research evidence about the effectiveness of promising program models for working with disadvantaged children and families; (b) to develop a framework for assessing program impact that will be useful for developing a range of program approaches; and (c) to begin a systematic discussion of the issues that need to be faced in incorporating the more promising ways of helping as everyday ways of working in child welfare. The main focus of the text is on understanding the potential and limitations of diverse support programs.

### ***Risk and resilience in childhood***

by Mark W. Fraser, Editor. Washington, DC: National Association of Social Workers, 1997. 295 pp. \$37.21

Many APSAC members concur that child maltreatment is a consequence of the complex interplay between risk and protective factors in the lives of children and families. This book begins to define the idea of resilience and propose how to incorporate it in practice. Resilience arises from the strengths that are usually incumbent in the environments of high-risk children. Written more broadly to consider risk and protective factors for a range of social problems, including child maltreatment, authors offer insights toward a resilience-based model of practice with children and families.

### ***Culture-centered counseling interventions***

by Paul B. Pedersen. Thousand Oaks, CA: Sage, 1997. 328 pp. \$19.96.

APSAC members in counseling roles are frequently working with clients who come from cultural backgrounds different from their own. For that and other reasons, child maltreatment practitioners frequently face difficulties successfully engaging clients in treatment. This text provides a paradigm for putting counseling into a cultural context to increase effectiveness. Particularly useful are chapters on culture-centered skills as demonstrations of how culture-centered principles can be employed in conjunction with varied theoretical models of practice.

### ***Raised in captivity: Why does America fail its children?***

by Lucia Hodgson. St. Paul, MN: Graywolf Press, 1997. 298 pp. \$23.95 cloth.

The somewhat sensational title of this interesting first book is misleading. In clear, straightforward prose, Hodgson systematically analyzes media coverage of high-profile cases of child maltreatment. Beginning with the observation that Americans' loudly proclaimed love for children is consistently disavowed by their social policies and actions, Hodgson's goal is to probe the media rhetoric for the values and assumptions that in fact govern Americans' responses to children. Beginning with a chapter on the constriction of children's legal rights in America (with a revealing discussion of Hilary Rodham Clinton's radical writing on the topic), Hodgson examines media coverage of the Elisa Izquierdo, Gregory Kingsley, McMartin preschool, Baby Jessica, and other revealing cases in which children's and adults' rights clash. The book is at once responsible and provocative, well worth a look.

### ***Incest: A mother's nightmare***

by John E.B. Myers. Thousand Oaks, CA: Sage Publications, 1997. 235 pp.

John Myers's latest book is written for mothers who suspect that their daughters have been sexually abused by their fathers or stepfathers. Professionals might find it a useful resource for clients who anticipate a court battle involving such allegations. Myers divides his book into five sections, covering basic information about child sexual abuse, maternal allies, the relevant criminal and civil systems and procedures, methods for proving sexual abuse in court, and preparing oneself for the court experience. In simple prose, Myers provides a thorough, balanced guide for mothers in a frightening situation.

### ***The impact of mandated reporting on the therapeutic process: Picking up the pieces***

by Murray Levine, Howard J. Doueck, and Associates. Thousand Oaks, CA: Sage Publications, 1995. 169 pp.

As mandated reporters, therapists often find themselves torn between fulfilling their legal duty to report suspected child maltreatment and maintaining a therapeutic relationship that might eliminate the abusive behavior. Levine, Doueck, and colleagues conducted in-depth interviews with therapists and child protective services workers to explore therapist decision making, CPS response, and the impact of reporting on the therapeutic relationship. Excellent, thoughtful coverage of a perennially thorny therapeutic issue.

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, C.A.R.E./SHCC, P.O. Box 117500, University of Florida, Gainesville, FL 32611-7500 (FAX 352 846-1030).

## Sexual Abuse

### PTSD in Victimized Children

This study used a longitudinal, prospective design to examine the relationships between posttraumatic stress disorder (PTSD), youth victimization (e.g., sexual abuse), preexisting psychopathology and disturbed family relationships. In a national random sample telephone survey, children 10 to 16 years old were interviewed and then reinterviewed approximately 15 months later about psychological problems, family relationships and victimization experiences that had occurred in the interim. Victimization in the interim was associated with PTSD-related symptoms and depression measured at Time 2, even after controlling for these symptoms and the quality of the parent-child relationship at Time 1.

**Boney-McCoy, S., Finkelhor, D. (1996).** Is youth victimization related to trauma symptoms and depression after controlling for prior symptoms and family relationships? A longitudinal, prospective study. *Journal of Consulting & Clinical Psychology*, 64(6) 1406-1416.

### Adult Psychiatric Problems Strongly Linked to Childhood Sexual Abuse

In the present study, 93 adult women presenting to an urban psychiatric emergency room were interviewed regarding their lifetime victimization history, and their charts were examined for relevant demographic and psychiatric variables. Self-reported childhood sexual and physical abuse were common in this sample (53% and 42%, respectively). Childhood and adult victimization experiences were intercorrelated and were associated with certain sociodemographic variables. Logistic regression analyses indicated that both child abuse and adult assaults were uniquely associated with psychiatric difficulties, even after controlling for relevant background variables. Childhood sexual abuse was the most powerful predictor of later psychiatric symptoms and disorders.

**Briere J., Woo R., McRae B., Foltz J., & Sitzman R. (1997).** Lifetime victimization history, demographics, and clinical status in female psychiatric emergency room patients. *Journal of Nervous & Mental Diseases*, 185, p. 95-101.

### Helping the Child by Treating the Parents

The role of demographic, developmental, and familial mediating factors on treatment outcome of sexually abused preschool children was evaluated. Sixty-seven sexually abused preschool children and their parents were evaluated shortly after disclosure of sexual abuse and then were provided with one of two treatment interventions. At the completion of treatment, the parents and their children were reevaluated. Both parental depression and parental emotional distress correlated significantly with several of the child outcome measures. The findings indicate a strong correlation between parental emotional distress related to the abuse and treatment outcome in sexually abused preschool children, independent of the type of treatment provided. The findings indicate the importance of addressing parental distress related to the abuse in providing effective treatment to sexually abused preschool children.

**Cohen, J.A. & Mannarino A.P. (1996).** Factors that mediate treatment outcome of sexually abused preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, pp. 1402-10.

### The Neglected Victims: Sexual Abuse in Males

This article reviews the literature on men who had been sexually abused in childhood. Issues of prevalence, nature of the abuse, and the long-term effects of childhood sexual abuse are examined. Specific long-term effects addressed include coping, emotional stability, depression and suicide, self-esteem, problems with intimate relationships, sexuality, substance abuse, and anger. Where provided, comparisons between men and women who had been sexually abused as children are included. Several gaps in the literature are identified that warrant measures to be taken in order to enhance understanding of male sexual abuse. It is concluded that a significant number of men have been sexually abused in childhood, and that very little empirically-sound research has been undertaken to better the present situation of such individuals.

**Dhaliwal, G. K., Gauzas, L. Antonowicz, D. H. Ross, R. R. (1996).** Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long-term effects. *Clinical Psychology Review*, 16(7) 619-639.

### 17 Year Study Documents the Damaging Wounds of Child Abuse

This article reported findings from a 17-yr longitudinal study that examined the relationship between childhood and adolescent physical and sexual abuse before the age of 18 yrs, and psychosocial functioning in mid-adolescence (age 15 yrs) and early adulthood (age 21 yrs). At age 21, nearly 11% reported physical or sexual abuse before age 18. Approximately 80% of the abused young adults met DSM-III-R criteria for at least one psychiatric disorder at age 21. Compared with their nonabused counterparts, abused subjects demonstrated significant impairments in functioning both at ages 15 and at 21, including more depressive symptomatology, anxiety, psychiatric disorders, emotional-behavioral problems, suicidal ideation, and suicide attempts. While abused subjects were functioning significantly more poorly overall at ages 15 and 21 than their nonabused peers, gender differences and distinct patterns of impaired functioning emerged. These deficits underscore the need for early intervention and prevention strategies to forestall or minimize the serious consequences of child abuse.

**Silverman, A.B., Reinherz, H. Z. Giaconia, R.M. (1996).** The long-term sequelae of child and adolescent abuse: A longitudinal community study. *Child Abuse & Neglect* 20(8) 709-723.

### New Instrument Measures the Severity of Childhood Sexual Abuse

A sample of 117 help-seeking adult survivors of childhood sexual abuse (CSA) were assessed to investigate the relationship between the level of self-reported CSA and posttraumatic stress disorder (PTSD). CSA was measured utilizing the Sexual Abuse Exposure Questionnaire, a new research instrument. Eighty-six percent of survivors met full DSM-III-R criteria for a

continued on next page

PTSD diagnosis at some point during their lives. Multivariate analysis indicated that CSA severity and duration accounted for significant portions of the variance in PTSD symptoms, providing support for their role as traumagenic variables.

**Rodriguez, N., Ryan, S.W., Rowan, A.B. & Foy, D.W. (1996).** Posttraumatic stress disorder in a clinical sample of adult survivors of childhood sexual abuse. *Child Abuse & Neglect*, 20, 943-952.

## Physical Abuse and Neglect

### Kids Helping Kids: Using Peer Support in Treating Abused Children

The purpose of the present study was to evaluate differences in the social play of maltreated and nonmaltreated preschool children and the effectiveness of a resilient peer treatment (RPT) for socially withdrawn victims of physical abuse and neglect. RPT is a peer-mediated classroom intervention that involves pairing withdrawn children with resilient peers in the natural classroom under the supervision of a parent assistant. Forty-six Head Start children, of whom 22 were maltreated, were randomly assigned to RPT and control conditions. Before treatment, maltreated children were significantly more isolated and less interactive in peer play than nonmaltreated children. RPT resulted in a significant increase in positive interactive peer play and a decrease in solitary play for maltreated and nonmaltreated, socially withdrawn children. Moreover, treatment gains in social interactions were validated two months following treatment. Findings are discussed in terms of a developmental-ecological model.

**Fantuzzo, J., Sutton-Smith, B., Atkins, M., & Meyers, R. (1996).** Community-based resilient peer treatment of withdrawn maltreated preschool children. *Journal of Consulting & Clinical Psychology*, 64(6), 1377-1386.

### Psychopathology Associated with Childhood Abuse

This study examined the association between physical abuse and selected psychosocial measures in a community-based probability sample of children and adolescents. A sample of 665 9- through 17-year-olds and their caretakers in New York State and Puerto Rico were interviewed in the Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) Study. A history of physical abuse was reported by 172 (25.9%) of the sample. Physical abuse was significantly associated with global impairment, poor social competence, major depression, conduct disorder, oppositional defiant disorder, agoraphobia, overanxious disorder, and generalized anxiety disorder but not with suicidality, school grades, or receptive language ability. Significant associations were found between physical abuse and psychopathology. These findings support comprehensive screening for psychopathology among physically abused children and for physical abuse among those with psychopathology. Interventions aimed at improving social competence may be indicated.

**Flisher A.J., Kramer R.A., Hoven C.W., Greenwald S., Alegria M., Bird H.R., Canino, G., Connell R., & Moore R.E. (1997).** Psychosocial characteristics of physically abused children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36, pp. 123-31.

### Accuracy of Memory: A 20 Year Followup Study

This study assessed accuracy of adult recollections of childhood physical abuse. Children who were physically abused, sexually abused, or neglected about 20 years ago were followed up along with a matched control group. Two hour in-person interviews were conducted in young adulthood with 1,196 of the original 1,575 participants. Results indicate good discriminant validity and predictive efficiency of the self-report measures, despite substantial underreporting by physically abused respondents. Tests of construct validity reveal shared method variance, with self-report measures predicting self-reported violence and official reports of physical abuse predicting arrests for violence. Findings are discussed in the context of other research on the accuracy of adult recollections of childhood experiences.

**Widom, C.S., & Shepard, R.L. (1996).** Accuracy of adult recollections of childhood victimization: Part 1. *Childhood physical abuse. Psychological Assessment*, 8(4) 412-421.

## Other Issues in Child Maltreatment

### The Link Between Cigarette Smoking and Traumatic Assault and Depression

Cigarette smoking may be conceptualized as a strategy to cope with negative affect. Therefore, rates of cigarette use (CU) might be expected to be greater in individuals experiencing events that produce negative affect. To test this hypothesis, a national sample of 3,006 women (mean age 46.1 yrs) was assessed for lifetime and current CU, previous history of physical and sexual assault, lifetime and current incidence of depression, and lifetime and current incidence of posttraumatic stress disorder (PTSD). Results indicate that the odds of active smoking in women with a lifetime history of assault were 1.82 times those of women with no previous history of assault. Similarly, risk of active CU in women with a previous history of depression or PTSD was 2.22 and 1.34 times those of women with no depressive or PTSD history, respectively. Recent assault, current PTSD, or current depression status were not associated with increased CU.

**Acierno, R., Kilpatrick, Dean G., Resnick, H.S. & Saunders, B.E. (1996).** Violent assault, posttraumatic stress disorder, and depression: Risk factors for cigarette use among adult women. *Behavior Modification*, 20(4), 363-384.

### Legal Protections for Professionals in Cases of Recovered Memory

This article discusses basic precautions psychologists should use to reduce their legal risks in cases involving recovered memories of childhood abuse. These include maintaining appropriate boundaries with their patients, following acceptable procedures in diagnosing and treating patients, obtaining informed consent (especially when using experimental procedures), and showing concern for patients' long-term relationships with their families. Consultation on difficult cases and careful documentation are also indicated.

**Knapp, S. & VandeCreek, L. (1996).** Risk management for psychologists: Treating patients who recover lost memories of childhood abuse. *Professional Psychology: Research & Practice*, 27, 452-459.

### Motivated Forgetting: Perpetrators' False Memories

This article discusses issues concerning the possibility that perpetrators' may have "false memories" in cases of child sexual abuse. Denial, dynamics of secrecy in incestuous families, behavioral reenactments of childhood victimization, alcohol-induced blackouts, and outright lying are all potential explanations for perpetrator memory loss and motivated forgetting.

**Rubin, L. J. Childhood sexual abuse: False accusations of "false memory"?** (1996). *Professional Psychology: Research & Practice*. 27(5) 447-451.

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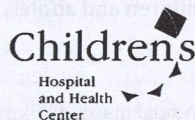
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## CONFERENCES

### APSAC Discounts

- 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.
- January 26-30, 1998. *Twelfth Annual San Diego Conference on Responding to Child Maltreatment.*** San Diego. Sponsored by the Center for Child Protection, Children's Hospital, San Diego, CA. Call 619-495-4940.
- March 17-20, 1998. *Fourteenth National Symposium on Child Sexual Abuse.*** Sponsored by the National Children's Advocacy Center, Huntsville, AL. Call 205-534-1328.
- July 9-12, 1998. *APSAC Sixth National Colloquium.*** Chicago, IL. Sponsored by APSAC. Call 312-554-0166.

### Other Conferences

- July 12-18, 1997. *National Victim Assistance Academy.*** Washington DC, Fresno, CA, Denton, TX, and Topeka, KS. Sponsored by the U.S. Department of Justice Office for Victims of Crime in conjunction with Victims Assistance Legal Organization, California State University - Fresno, National Crime Victims Research and Treatment Center. Call 703-684-8310.
- July 13-16, 1997. *Sixtieth Annual Conference of Family Law and Juvenile Justice: A Call to the Community.*** Big Sky, MT. Sponsored by the National Council of Juvenile and Family Court Judges. Call 702-784-6012.
- July 28 - August 1 and August 4-8, 1997. *Summer Seminars by the Sea - Intensive Courses in Responding to Child Maltreatment.*** San Diego. Sponsored by the Center for Child Protection, Children's Hospital - San Diego. Call 615-495-4940.
- August 5-6, 1997. *Tenth Annual Preserving the Innocence of Children Conference.*** Ogden, UT. Sponsored by the Child Abuse Prevention Center. Call 801-393-3366.
- August 11-15, 1997. *Basic Training for Child Abuse Prosecutors and Investigators.*** Tucson, AZ. Sponsored by the American Prosecutors Research Institute's National Center for Prosecution of Child Abuse. Call 703-739-0321.
- September 18-19, 1997. *Child Protection: Our Responsibility.*** Cedar Rapids, IA. Sponsored by the St. Luke's Child Protection Center. Call 319-369-8136.
- September 22-23, 1997. *First Annual New England Conference on Child Sexual Abuse Prevention, Investigation, Prosecution & Treatment.*** Burlington, VT. Co-sponsored by OUR House of Central Vermont, Barre District Office of the Vermont Division of Social Services, and the University of Vermont Psychology Dept. Contact OUR House, 38 Summer St., Barre, VT 05641.
- October 15-18, 1997. *16th Annual Research & Treatment Conference.*** Crystal City, VA. Sponsored by The Association for the Treatment of Sexual Abusers. Call 503-643-1023.
- November 3-4, 1997. *Family Group Decision Making: Assessing the Promise and Implementing the Practice.*** Philadelphia. Sponsored by the American Humane Association. Call 303-792-9900.
- January 26-30, 1998. *Twelfth Annual San Diego Conference on Responding to Child Maltreatment.*** San Diego. Sponsored by the Center for Child Protection, Children's Hospital, San Diego, CA. Call 619-495-4940.

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**Journal Highlights**

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**THANK YOU!**

These APSAC members have generously made financial contributions in the last several weeks 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.

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Raymond Starr, PhD/Koch Supplies

**The Katie Toth Memorial Education Fund**

The Katie Toth Memorial Education Fund was established in April, 1997, in memory of Mary Katherine Toth Komie, daughter of Patricia Toth, JD, one of APSAC's earliest Board members and APSAC's fifth President. Katie died on April 21, 1997, at 20 months of age.

Patti Toth is one of the volunteers whose great generosity with her time, energy, and expertise has made APSAC so successful. Patti has devoted most of her effort on APSAC's behalf to improving APSAC's professional education and training program. Patti served as chair of APSAC's First National Colloquium, has served as faculty for several different Institutes and Colloquium seminars, and continues to serve on APSAC committees designing new professional education programs.

Given Patti's commitment to professional education, a fund that honors her daughter by contributing to new professional education activities at APSAC seems most fitting. The Katie Toth Memorial Education Fund will help ensure that Katie's memory not only endures, but has the beneficial ripple effect of helping more maltreated children get better professional care.

Gifts to the Katie Toth Memorial Education Fund will be used to provide "seed money" for new professional education initiatives at APSAC — such as one-day regional institutes, the forensic interviewing clinic, and other ideas endorsed by APSAC's Professional Education Committee and Executive Committee. Neither direct donations nor interest on the fund will be used for general operating expenses; thorough records will be maintained on all donations and expenditures.

Contributions should be made payable to "APSAC / The Katie Toth Memorial Education Fund." Donations are tax-deductible, and will be acknowledged with a note from the organization as well as in the *APSAC Advisor*. Patti and her family will be advised of donations on a regular basis.

Many thanks to these colleagues who have already made contributions to the fund.

**Richard Krugman, MD**  
**Barbara Bonner, PhD**

**Terry Hendrix, MA**  
**William M. Friedrich, PhD**

**Harry Elias, JD**  
**Anita Boles**



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