

APSAC ADVISOR

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN



IN THIS ISSUE:

PERSPECTIVES

Comments on the Rind et al. Meta-Analysis Controversy

— Steven J. Ondersma, PhD, Mark Chaffin, PhD, and Lucy Berliner, MSW

An article by Rind, Tromovitch, and Bauserman about the long term impact of child sexual abuse on college students was published in July 1998 in the APA's *Psychological Bulletin*. By the spring of 1999, the article had caused a public furor on the airwaves, in the newspapers, and on the internet. Congress passed a resolution condemning some suggestions in the article, and the CEO of the APA wrote a letter stating that the article included opinions that were inconsistent with APA positions. Why was the public reaction so intense? Ondersma, Chaffin, and Berliner look at the controversy surrounding this article and provide some valuable insights that focus on issues of scientific freedom, the relation between science and values, and the scientists' responsibility for awareness of the potential public use of their data.

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FEATURE ARTICLES

Representing the Protective Parent in Sexual Abuse Custody Cases

— Ann M. Haralambie, JD

Intrafamilial child sexual abuse can be devastating both because of what it is and because of what happens to the allegations in the legal system. Issues such as the state of the marriage, the timing of the allegations, who questioned the child and how the questions were presented, and the preponderance of evidence can all have an impact on the outcome of a court case. In some instances, pursuing the allegations has resulted in loss of custody by the protective parent. Ann Haralambi provides some practical strategies and advice for lawyers representing the protective parent. Issues explored include: what needs to be done to assess the factual basis of the claim, the importance of a qualified lawyer for the child, how to avoid potential allegations of parental coaching, the importance of educating the judge, and much more.

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CASE CONFERENCE

Casey

— Patricia Donahue

Casey is a 15-year old girl with asthma, who ran away from home three months ago. She was arrested for burglarizing a car and being a minor in possession of alcohol. Casey has three siblings, ages 10, 8, and 4, who stay periodically with their grandparents. Her mother is an abusive alcoholic, who has been in treatment but continues to drink. She is in a work-training program and receives public assistance. The father visits the family, lives with them occasionally, and sometimes provides money. Two psychologists, a human services administrator, and a law enforcement officer provide their perspectives on the challenging issues raised in this case.

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Comments on the Rind et al. Meta- Analysis Controversy

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Issues concerning science and public policy have been raised by the publication of an article about the long-term impact of sexual abuse on college students. Public furor ensued when the perceived implications of the article became the talk of the airwaves, newspaper columns, and the Internet. The issues raised are especially relevant to APSAC as a professional society, because social trends in how child maltreatment is viewed have an impact on our ability to serve maltreated children.

The article authored by Bruce Rind, Philip Tromovitch, and Robert Bauserman, entitled "A meta-analytic examination of assumed properties of child sexual abuse using college samples," was published in July 1998. It appeared in *Psychological Bulletin*, a leading American Psychological Association (APA) journal, but initially received little attention outside the scientific community. However, when the article was hailed on the website of the North American Man-Boy Love Association (NAMBLA) as evidence that sex with children, particularly boys, was not harmful, it was brought to the attention of Laura Schlessinger, a radio talk show host, in the spring of 1999. "Dr. Laura" characterized the article as endorsing adult sex with children and attacked the APA for publishing it, and eventually some members of Congress were informed and joined the outcry.

The APA responded to this situation in a variety of ways. First, the scientific validity of the article was defended in a statement to the APA Council of Representatives, dated May 25, 1999. The memorandum explained the findings and asserted that the article did not support changes in current social policy or law. To counter any misperceptions engendered by the article, the APA Board of Directors also issued a resolution asserting the association's position that child sexual abuse is often harmful.

Later, (on June 9, 1999), Dr. Raymond Fowler, CEO/Executive Vice-President of the APA, sent a letter to Representative Tom DeLay, majority whip and chief congressional critic. The letter acknowledged that the APA had given insufficient attention to the implications for public policy contained in the article and stated that the article included opinions of the authors that were inconsistent with APA positions. Specifically, the letter stated that some of the language in the article was inflammatory and reasserted that it is the position of the APA that children cannot consent to sexual activity with adults and that sexual activity between adults and children should never be "considered or labeled harmless or acceptable."

On July 12, the House of Representatives passed a resolution 355-0 condemning suggestions in the article that sexual relationships between "willing" children and adults are not harmful and might be positive, and noting that one of the authors had previously published in what the resolution described as a pro-pedophilia journal (i.e., *Paidika*, issue 5).

The controversy surrounding this article is a microcosm of many larger debates. At issue is scientific freedom, the relation between science and values (those of the scientist as well as those of academia and the larger public), scientists' responsibility for awareness of potential public use of their data, and the historical progression of scientific and social movements.

Socio-Historical Context

The philosopher Hegel postulated what has become known as "the Hegelian Dialectic," the notion that history is the constant progression of thesis (a particular philosophy or belief) to antithesis (a new belief in reaction to the thesis) to synthesis (a compromise between the opposing views). For the sake of discussion, let us consider, as the first step of this dialectic, the fervor with which child sexual abuse (CSA) was first addressed. In some quarters, it was zealously implied that sexual abuse was ubiquitous, never falsely alleged, and was inevitably seriously harmful. Advocates and the popular media largely embraced these postulates in the 1970's and 1980's.

The antithesis (popularly known as the backlash) was not long in coming, both among the public and among academics. Although initially emphasizing the "hidden problem" of sexual abuse and our collective denial of its reality and impact, media and public attention shifted to a focus on false allegations, over-zealousness, and witch-hunting (Beckett, 1996). Some researchers and academic psychologists became invested in efforts to "debunk" the excesses, both real and imagined, of the early sexual abuse field. These efforts have had a clear impact within psychology. For example, Letourneau and Lewis (1998) report that few of the newer introductory psychology textbooks devote any significant space to child sexual abuse, and, when they do, the bulk of the coverage tends to be on false memories, suggestive interviewing, or similar topics. We would suggest that it was within this "antithesis" zeitgeist that the Rind et al. manuscript was written and accepted for publication.

Evidence of this is found in Rind et al.'s introduction, in which they take as their premise the need to critically examine what they characterize as widespread and dominant beliefs that invariably "... (a) CSA causes harm, (b) this harm is pervasive in the population of persons with a history of CSA, (c) this harm is likely to be intense..." (Rind et al., 1998, p. 22). But, how true is it that such beliefs remain widespread? Rind and colleagues may have missed much of the development in the child maltreatment field. Most child abuse researchers have long believed that CSA is

associated with a wide range of reactions and outcomes (from devastation to no detectable harm), may or may not be traumatic, and may or may not lead to mental health problems during adulthood.

Evidence of this more moderate view within the child maltreatment field is readily available. The first article published in APSAC's journal *Child Maltreatment* was a meta-analysis reporting similar findings, albeit with a different interpretative perspective (Neumann, Houskamp, Pollock, & Briere, 1996). Similarly, APSAC presented its outstanding research award in 1994 to a review article, also published in *Psychological Bulletin*, which emphasized that a significant number of sexually abused children have no measurable long-term negative outcomes (Kendall-Tackett, Williams, & Finkelhor, 1993). Such publications have presented findings similar to those of Rind et al. In fact, they differ far more in their interpretation of the findings than in the findings themselves. Rather than focus on the lack of inherent harm in CSA because some children are not affected, previous publications have expressed concern for the children who clearly are negatively affected and an interest in the resiliency of children who are not.

Analysis of Rind et al.

If the evolution of knowledge about CSA is to be based in science, it must rely on empirical data and the conclusions they support. Our concerns about the article, like those of many, lie less with the data than with their presentation, so we will consider each separately. We will close with a discussion of the need to balance scientific freedom with the responsibilities of scientists to consider the public reaction to their interpretations.

Overall, the manner in which the Rind et al. meta-analysis was conducted appears to be sound. Going to the original sources and re-analyzing selected data, we were able to closely replicate some of their main findings. However, we do have specific methodological criticisms, primarily with the partialization of family environment based on quasi-experimental studies. Although the use of retrospective quasi-experimental designs is common in the absence of better (i.e., prospective) data, retrospective designs are particularly problematic for assessing the relative contributions of risk factors such as CSA and family environment. Family environment is especially problematic in this regard, in part because it may be at once a risk factor, a correlate, or an outcome of CSA (these and other concerns are described in detail by Briere and Elliot, 1993). Rind et al. take care to address Briere and Elliot's concerns (p. 43), but note that these concerns "...do not appear to be problematic in the current review" (p. 43). We believe that this is an overstatement of the extent to which supporting data can mitigate the inherent weaknesses of partialization procedures based on quasi-experimental designs.

Next, the effect sizes derived in the Rind et al. study must be considered in context. The effect sizes reported may seem small, and are accurately described as small under Cohen's suggested definitions (1988). The authors report Pearson "r" for all effect sizes, a statistic that may "look" smaller than other equally appropriate statistics. For example, prior to covarying family environment, Rind et al. report many r_v values below .10, and values between .11 and .13 for relationships between CSA and primary mental health outcomes such as anxiety, depression, paranoia, psychotic symptoms, and general adjustment. They note that these relationships are small, and that "...CSA effects or correlates in the college population are not intense for any of the 18 meta-analyzed symptoms" (p. 32).

However, small r values can reflect very important effects for many people and impact large numbers of people if a phenomenon is relatively common, as CSA appears to be. To assist in understanding what this means, we searched for a better-known phenomenon with comparable effect sizes. We conducted a meta-analysis, using the same procedures with which we were able to replicate Rind et al.'s findings, re-analyzing data from 14 classic studies on smoking and lung cancer (data provided in Carlin, 1992). We found an r value of 0.12 for the effect of smoking on the development of lung cancer, comparable to the effect size for CSA on adult mental health problems. This effect size was not "small" because cigarettes are benign, but because so many smokers never got lung cancer. Likewise, some CSA victims never develop adult mental health disorders, and many people develop disorders without CSA. But these "small" effects can and do have serious individual as well as public health implications.

In spite of these suggestions, we wish to emphasize that our concerns regarding Rind et al. are not predicated solely or even primarily on their methodology and findings. We believe that the primary flaw in the Rind et al. manuscript is not the science that it used, but its use of science. Through its emphasis on certain key points and the omission of others, this article could be interpreted as using science to inappropriately question key moral and legal assumptions about CSA.

For example, it is common and acceptable to study any one of many possible *aspects* of harm. Regarding CSA, this might include psychological correlates such as depression, anxiety, PTSD, etc. It could also include school/learning (grades, days missed, behavior problems), medical (sexually transmitted diseases, injuries, pregnancies), characterological (Borderline Personality Disorder) or re-victimization (subsequent abuse, rape as an adult, etc.) outcomes. Both long-and short-term outcomes are perfectly appropriate for study. Rind et al. chose to study long-term (i.e., young adulthood) psychological effects, a common, appropriate, and reasonable focus of study. However, mental health symptoms alone, especially when measured years later, are only one *aspect* of harm and by no means a

continued on next page

necessary or sufficient *definition* of harm. If proving the existence of harm at all requires the demonstration of effects (with or without intervention) lasting into young adulthood, it would seem that other clearly negative childhood experiences—for example, being beaten by an adult or having leukemia—might not qualify as “harmful” either. Similarly, harm does *not* require that the victim perceive the experience negatively. For example, the possibility that a child might learn from an abuser that such experiences are normal and positive is one of the most worrisome possible outcomes of CSA.

Although some tempering comments are made, Rind et al. fail to highlight these and other caveats in the discussion of their data. For example, they do not point out that negative effects of CSA might occur and subside before young adulthood, or that only some of many possible harmful outcomes were studied. They do not suggest that the data may look different if they had access to information regarding the age at which the CSA occurred, or that positive reactions to CSA may be related to age. Neither do they emphasize the extent to which CSA associated with force or longer duration accounted for significantly more variance in subsequent symptoms, or that even small effect sizes can translate into significant added risk.

Instead of appropriately qualifying the findings, the article makes allusions implying that CSA can be morally benign and that researchers should not characterize CSA as a negative phenomenon unless it is unwanted and produces long-term harm. The clearest example of this is on page 45 where the authors draw parallels between our current attitudes toward CSA (including use of the term “abuse”) and 19th century attitudes toward masturbation. The authors note that there is “...a strong need for caution in scientific inquiries of sexual behaviors that remain taboo, with child sexual abuse being a prime example.” The authors go on to note that adult-adolescent sex “...has been commonplace cross-culturally and historically, often in socially sanctioned forms, and may fall in the ‘normal’ range of human sexual behaviors” (p. 46). It is difficult to avoid interpreting this and other language in the article as meaning that first masturbation and soon CSA may be revealed as simply another “sexual behavior” that must shake itself free of outdated moral baggage. Making such a comparison without highlighting the obvious differences between masturbation and CSA is misleading, especially when other caveats are also omitted.

Rind et al. go on to note that “Classifying a behavior as abuse simply because it is generally viewed as immoral...is problematic, because such a classification may obscure the true nature of the behavior and its actual causes and effects” (p. 45). They conclude that “...it is appropriate to reexamine the scientific validity of the construct of CSA as it has been generally conceptualized” (p. 45), and suggest renaming the construct with a value-neutral term, such as “adult-child sex.” However, this overlooks the possibility that classifying an exploitative act in neutral terms also obscures much of that behavior’s “true nature.” Because of the values this term omits (e.g., that the behavior is exploitative, that children cannot truly consent to sex, or that adults should not seek sex with children), it lends itself to another set of values that are far more troublesome and disturbing. Ultimately, no term about the behavior in question may ever be truly value-neutral.

Labeling behaviors as “child abuse,” even in research, should not require scientific evidence that those abused recall it negatively and are still traumatized 10 to 20 years later. The implications of this quickly become absurd. For example, should rape be relabeled as “unilaterally consenting adult-adult sex” just because many victims do not have mental health problems years later (covarying for other events in their lives)? We would argue that certain acts are simply wrong, independent of their effects. A parent who administers crack cocaine to a five-year old may very well not cause long-term or even short-term harm. The child might even report the experience as positive, and might grow up to view crack cocaine use as a normal and natural part of life. In our opinion, that parent’s act would still be child endangerment, would still be morally reprehensible, and could not be appropriately labeled “adult-child drug sharing.” CSA is not and was never meant to be a scientific construct. It is difficult to define scientifically, a fact that a change in terminology would not alter. We routinely accept into science all variety of nonscientific terms for social problems. Scientists studying a range of social behaviors—from rape to robbery to gangs—have not previously found a need to alter these value-laden terms.

This leads, perhaps, to the crux of the matter in understanding where Rind and colleagues go astray, and, ironically, it is a point that the authors themselves mention briefly in their discussion: that moral and legal truths are fundamentally immune to scientific data. Science is a method for studying relationships between observables and is not intended to offer answers to questions regarding morality. Even indisputable findings of no short- or long-term negative effects of CSA would not change the moral basis on which sex with children is condemned in our society. In urging the abandonment of terminology implying moral judgment, in comparing taboos against CSA now to those against masturbation previously, in their failure to fully qualify their findings, and in their reminder that other societies have endorsed adult-adolescent sex, Rind et al. *appear* to make a crucial extra-scientific leap of faith—that data suggesting a certain relationship between CSA and functioning in young adulthood allows one to question moral judgments regarding CSA. We suspect that the authors themselves would contest that they made this assertion. In fact, they acknowledge that “...lack of harmfulness does not imply lack of wrongfulness” and go on to say the findings “...do not imply that moral or legal definitions of or views on behaviors currently classified as CSA should be

abandoned or even altered" (p. 47). However, these caveats appear insufficient in balancing the overall presentation—a suggestion that is supported by the strong public reaction to the article.

Scientific Responsibility and Scientific Freedom

The controversy over the Rind et al. article highlights the wisdom of the APA's recent assertion that social policy implications should be considered in editorial reviews. This is especially true when conclusions or inferences stray from previous empirical findings and pertain to topics of great public importance. Considering public reactions and social policy implications in no way implies that controversial data cannot or should not be published simply because it might be unpopular. In our view, it is important to stand firm about preserving the principle of scientific freedom. Science is about describing phenomena and testing hypotheses. One result of scientific endeavors is that deeply held assumptions can be shown to be incomplete or even false. Scientific progress has often come about when what was once thought to be true was proved not to be and new ways of understanding the natural world or human behavior evolved.

Thus, we share the concern of many that scientific journals might be discouraged from publishing unpopular but scientifically sound findings. A more insidious problem would be if researchers were deterred from examining controversial issues for fear that they would not be funded or published. For example, we believe it is scientifically legitimate to question whether there are differential effects of CSA experiences by gender, age, or when adolescents perceive themselves to have consented versus being coerced. It is unlikely that researchers would pursue this line of inquiry, without trepidation, in the current political climate.

Conclusions

Why has this article engendered such furor? First, perhaps, is the way that the presentation of its findings lends itself to implications that conflict with consensual public morality. The public often acutely reads between the lines of social science research, and focuses not on the data but on the underlying biases or value positions that the authors appear to espouse. A second possible reason is the mistaken assumption that publication in an APA journal implies endorsement by the APA, rather than just the opinion of the authors. The Rind et al. article has been mistakenly seen by the public more as an official policy statement than a submission to an open (if refereed) forum. The very name of the journal in question, *Psychological Bulletin*, appears to have contributed to this confusion.

Science can never be completely divorced from personal bias and the socio-historical context in which it is conducted. However, scientists as well as journal editors have a responsibility to strive for objectivity. When, by omitting appropriate qualifying information or making extra-scientific implications, we advocate for our own moral, religious, sexual, or political views, we are held accountable. The Ethical Principles of Psychologists and Code of Conduct (APA, 1992) is clear on this point: "Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others..." (Ethical Standard 1.16a), and "...they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence" (Ethical Standard 1.15). Like everyone else, scientists should be free to offer their opinions, speculations, and interpretations, and there are many appropriate avenues for doing so. However, because databased research articles may be perceived as authoritative, it is best to reserve extra-scientific commentary for other forums.

Child maltreatment researchers and practitioners should take lessons from this controversy before it slips again from the public eye. We too have been guilty of editorializing on explosive topics and going beyond the data in scientific articles. When we do so, we offer up science to be co-opted by advocacy groups whose main use for research is not to inform but rather to support predetermined advocacy positions. Both credibility and progress are jeopardized when scientific efforts are revealed as advocacy rather than a process for refining knowledge. It is our hope that conflicting views regarding CSA can give way to a moderated and empirically based synthesis that allows for true progress in this area. As an organization, APSAC is dedicated to improving professional responses to child maltreatment by promoting scientifically informed practice. This means using shared values as our guide and using science to inform us, not as the vehicle for our agenda.

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NEWS FROM THE FIELD

New Study to Identify Commercial Forms of Sexual Exploitation of Children

A pioneering effort has been undertaken by the University of Pennsylvania, the U.S. Department of Justice, and the Ministries of Justice of Canada and Mexico to better understand the international dimensions of the commercial forms of sexual exploitation of children (CSEC) within and between the three countries of the North American Free Trade Agreement (Canada, U.S., and Mexico). The project's efforts are to (1) identify the nature, extent, and underlying causes of the CSEC in the above designated region; (2) identify the extent to which networks of adult criminals may be engaged in the CSEC of the region's children, and (3) use the findings obtained from this study to work with law enforcement, human service, and other officials at the local, state, national, and regional levels to strengthen the ability of the region's governments and service providers to protect children against CSEC.

The project involves a unique partnership between (1) representative local organizations concerned with the CSEC in all three countries; (2) three universities—one in each country; (3) two international nongovernment organizations working against CSEC; (4) the leading national child welfare organizations in the US; (5) major professional associations, and (6) financial participation from various local and national organizations. For further information, contact Richard J. Estes, PhD, 215/898-5531, or restes@ssw.upenn.edu.

CWLA's New National Data Analysis System is Now Online

The Child Welfare League of America recently announced that its new national data analysis system (NDAS) is now online. According to CWLA, the new system is the "nation's most comprehensive child welfare database." The free service integrates data from a variety of sources, including the federal government, CWLA, and other national organizations. With a few clicks, users can call up or customize tables organized around selected data elements just for their state, all 50 states, or from selected states. NDAS's Web address is <http://ndas.cwla.org>. It can also be reached through CWLA's main website www.cwla.org.

Need Help Evaluating the Effects of Welfare Reform on Children?

Children and Welfare Reform: A Guide to Evaluating the Effects of State Welfare Policies on Children is a guidebook based on a year-long project by the Department of Health and Human Services, a dozen states, Child Trends, and other researchers affiliated with the NICHD Family and Child Well-Being Network to design an evaluation of child well-being in the context of welfare reform. The book shares the results of a unique project to assist states in measuring child outcomes in the context of welfare reform programs. Its three main sections address the "why," "what," and "how" of examining child outcomes in a welfare reform study. The Guidebook order form is on Child Trends' website at <http://www.childtrends.org/newswort.htm>.

NIH Seeks Child Abuse and Neglect Research Applications

Five NIH Institutes are collaborating in a program to support Career Development Awards for investigators with doctorate degrees, who have made a commitment to focus their research endeavors on child abuse and neglect. The program, developed by the NIH Child Abuse and Neglect Work Group, is designed to encourage applicants who (1) are beginning their research careers and have an interest in child abuse and neglect research, (2) are involved in child abuse and neglect research and wish to increase the sophistication of their research, or (3) conduct research in related disciplines (such as adult and child psychiatry, developmental neurology, neurobiology, developmental psychology, social work, and nursing) and wish to include research on child abuse and neglect.

The five participating institutes are: National Institute of Mental Health, National Institute of Neurological Disorders and Stroke, National Institute of Child Health and Human Development, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism. The sponsoring institutes expect to support at least 10 awards in Fiscal Years 2000 through 2004. Applications will be accepted on or before October 1, February 1, and June 1 of each year. The program announcement can be viewed at <http://WWW.NIH.GOV/grants/guide/pa-files/PA-99-133.html>.

NAPCWA Releases New Guidelines for Child Protective Services

The National Association of Public Child Welfare Administrators (an affiliate of the American Public Human Services Association) announces the publication of the revised *Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families*. The Guidelines were developed by NAPCWA in collaboration with all state public welfare agencies, related national organizations, and experts in the field of child welfare.

The updated version defines core services, recommends an array of preventive and intervention services, and clarifies administrative functions. It also addresses cultural competency, outcome measurement and managed care, and community-based partnerships for child protection services. NAPCWA will hold a series of regional seminars to assist administrators to integrate concepts of community based child protection and child protective service reform

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into the work of their agencies and communities. Copies can be ordered by calling 202/682-0100 or by downloading an order form from APHSA's website, <http://www.aphsa.org>.

Evaluation of Six Models of Home Visitation Efforts

The new issue of *The Future of Children*, published by the Packard Foundation, discusses evaluation findings from several home visitation efforts, including Parents as Teachers, the Nurse Home Visitation Program, the Comprehensive Child Development Program, the Home Instruction Program for Preschool Youngsters (HIPPY), Hawaii's Healthy Start program, and Healthy Families America. Although several positive outcomes are documented, with both immediate and long-term gains, the results are inconsistent. These mixed findings have raised questions within the academic community about the effectiveness of home visiting as a strategy for prevention, as well as debate about the specific home visiting features that contribute to positive outcomes.

(The following comments were contributed by Kathryn Harding, Acting Director of Research, Prevent Child Abuse America.) How can we interpret the combination of positive and neutral findings? Given the complex methodological issues surrounding the evaluation and practice of home visitation, caution is certainly advised. However, it also seems clear that expectations of the early 90's surrounding the promise of home visitation were unduly optimistic. What the current results may be telling us is that we need to view home visitation as a partial solution that, by itself, is insufficient to overcome the many obstacles to constructive child rearing observed in high-risk communities. The next step is thinking about ways to address those adverse community conditions that may prevent family-focused interventions from having a substantial and sustained impact on families. In the meantime, it is important to remember that the premise underlying home visitation—an effective means of reaching out to traditionally underserved families at risk—is still valid. The electronic version of the journal and further information can be found at www.futureofchildren.org.

Annual Report of National Statistics on Child Abuse and Neglect

The 8th annual edition of *Child Maltreatment 1997: Reports from the States to the National Child Abuse and Neglect Data System* has been published. The report provides national and state level findings on the numbers and sources of child abuse and neglect reports, investigation dispositions, CPS investigations and services, types of maltreatment, characteristics of children victimized, and relationship of perpetrators to victims. To order copies of *Child Maltreatment*, call the National Clearinghouse on Child Abuse and Neglect Information at (800) FYI-3366. The document will also soon be posted on the Administration for Children and Families' Internet site at <http://www.acf.dhhs.gov/programs/cb>.

CHILD MALTREATMENT ANNOUNCES A NEW STUDENT SECTION FOR ITS EDITORIAL BOARD

Mark Chaffin, PhD, Editor, and Bette L. Bottoms, PhD, Student Section Chair, are pleased to announce the first student section of the *Child Maltreatment* Editorial Board. A total of eight outstanding graduate students, interns, and fellow students were selected from among an excellent field of applicants. They will serve two-year terms as student reviewers, gaining experience in the scientific peer review and publications process. Their names and affiliations are as follows:

Joaquin Borrego, Jr., University of California-Davis Medical Center

Ernestine C. Briggs, Medical University of South Carolina

Debra B. Hecht, University of Oklahoma

Kari L. Nysse, University of Illinois at Chicago

Bradley D. McAuliff, Florida International University

Walter W. Peters, University of Wyoming

Laura Collazos Spiller, University of Houston

Joseph A. Vorrasi, Cornell University

HAPPY HOLIDAYS !

The staff of APSAC would like to wish all of our readers a very happy holiday season and a healthy, peaceful New Year. May your good works continue to flourish throughout the years to come.

POLICY WATCH

Thomas L. Birch,
J.D., Legislative
Counsel, National
Child Abuse
Coalition

HHS MONEY BILL UNDER WRAPS AND UNRESOLVED

Congress returned from the August recess with the biggest spending bill of all – the appropriations for the Departments of Labor, HHS, and Education – still unfinished, unresolved, and unconsidered. Congressional progress on domestic spending is caught between budget caps imposed in 1996 and a budget surplus projected for the year 2000. Rep. John Porter (R-IL), who chairs the Labor-HHS-Education Appropriations Subcommittee, continues to call for a change in the budget agreement to lift the spending limits set when Congress faced deep budget deficits. Without a break in the budget agreement, Porter said that his subcommittee would not approve the bill he would be forced to write, which would include severe cuts to domestic spending.

With new predictions of a fast-growing budget surplus, calculated by the White House's Office of Management and Budget, and even larger surplus estimates about to be reported by the Congressional Budget Office, the stage is set for major negotiations between the President and Capitol Hill over how best to apportion the federal budget surplus.

While President Clinton talks about using the excess revenues to eliminate the national debt, shore up Social Security and Medicare, and increase funds for domestic programs in education, child care, and health, congressional Republican leaders are setting their own priorities, which include new spending on the military and social programs, as well as a tax cut and attention to retirement and elderly health care programs.

Meanwhile, back on the legislative calendar, the Porter subcommittee is behind schedule, the only one of 13 appropriations subcommittees in the House yet to vote on its spending legislation. Meetings to markup the FY2000 Labor-HHS-Education Appropriations Bill were scheduled and canceled throughout June and July. A proposed draft of a bill for the subcommittee's consideration would have included almost \$11 billion in cuts for the Temporary Assistance to Needy Families (TANF) program, Medicaid, and CHIP (the children's health insurance program). No word was available on how child welfare and child abuse prevention and treatment services would have fared. Money for the subcommittee's programs in FY2000, covering all children's services, including the Child Abuse Prevention and Treatment Act (CAPTA) programs, was reduced by 12 percent from the total for FY99.

With pressure in Congress to spend on programs ranging from defense to domestic services to legislators' favorite home-state projects, both Republicans and Democrats say that the caps need to be lifted in order to pass the spending bills. Meanwhile, congressional leaders have resorted to fiscal tricks to avoid the politics of invading the surplus or resetting the budget caps, labeling certain big ticket items as "emergency spending" (which counts outside the formal budget's bottom line), and looking for unspent funds in programs like Medicaid, TANF, and the interstate highway trust.

On the other side of the budget position, a group of fiscal conservatives, led by Rep. Tom Coburn (R-OK), has succeeded in trimming \$1.7 billion from seven of the appropriations bills already taken to the House floor. Projected budget surplus or not, Coburn and his allies intend to continue offering their across-the-board cuts amendment to each appropriations bill.

In the event that Congress and the White House negotiate a new budget agreement lifting the spending caps, children's programs should be at the top of the list to share in any additional money available for spending next year. Advocates were busy during the August recess getting the message to Congress that this money can be put to good use.

JUVENILE CRIME BILL/ PREVENTION ISSUES AWAIT HOUSE-SENATE CONFERENCE COMMITTEE

The juvenile crime bill H.R. 1501, passed by the House in June, fell short on acknowledging the full range of juvenile crime prevention strategies, including support for programs to prevent child maltreatment. By contrast, the Senate juvenile crime bill S.254, approved in late May, includes an important prevention section, the "Parenting as Prevention" amendment, authored by Senators Edward M. Kennedy (D-MA) and Ted Stevens (R-AK).

When the House bill was in preparation for floor debate, the House Rules Committee refused to allow an amendment introduced by Rep. Jack Quinn (R-NY), which would have added the Parenting as Prevention provisions to the House bill, to go to the floor for a vote. The Quinn amendment was ruled out of order by the committee and never came before the House.

The Senate's Parenting as Prevention amendment, recognizing the relationship between child abuse and neglect and later delinquency and crime among children, authorizes juvenile justice spending for prevention programs, such as, parent support services, home visits, and parenting education programs.

POLICY WATCH

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The Senate measure also would provide funds for parenting support for parents of adolescents, as well as grants to address violence-related stress of parents and children. It would establish parenting support and educational resource centers as well as a National Parenting Support and Education Commission, including representatives of parenting support programs, parenting education programs, and experts on child development, children's mental health, and child abuse prevention, diagnosis, and treatment.

The action by the House to exclude meaningful prevention legislation from the juvenile crime bill is compounded by the inclusion of punitive provisions that are dangerous and detrimental to juvenile offenders. The House-approved bill turns back the clock on the law for juvenile justice. It would allow more children to be tried as adults, and it would put more children at risk for assault and abuse in adult jails.

Advocates for the protection of children and the prevention of child abuse and neglect are engaged in urging the adoption of the Senate Parenting as Prevention measure in the final version of the juvenile crime bill to be resolved by a House-Senate conference committee in September.

SENATE ACTION UNCERTAIN ON RELIGIOUS LIBERTIES BILL

The Religious Liberty Protection Act (RLPA), which passed the House on July 15, 1999, awaits consideration on the Senate floor, but no action is scheduled on the Senate calendar. Companion legislation has yet to be developed by the Senate Judiciary Committee, although the Senate could go directly to a vote on the House bill.

On September 9, the Senate Judiciary Committee held a hearing on H.R. 1691, at which at least two members of the committee, Senators Patrick Leahy (D-VT) and Russ Feingold (D-WI), expressed reservations about the bill's consequences and objections to expeditious action on the legislation. In particular, Leahy and Feingold called attention to concerns about the safety of children put in jeopardy by the proposed legislation.

Prior to the hearing, a letter signed by 12 organizational members of the National Child Abuse Coalition – including APSAC – was sent to each member of the Judiciary Committee, explaining problems the bill would create and calling for an amendment to exempt programs for the protection of children. At the hearing, Leahy cited the coalition's letter and described cases in Vermont in which religious beliefs had been raised to the detriment of children.

The measure passed by the House has drawn the concern and opposition of a broad coalition, including civil rights groups and child advocates. An amendment offered on the House floor by Rep. Jerrold Nadler (D-NY) to address civil rights concerns was defeated, and the bill passed, 306 to 118, with most Republicans voting in favor and Democrats about evenly split for and against.

The bill, as written, could lead to harmful consequences for the protection of children from abuse and neglect, hampering governmental efforts to protect children in the name of guaranteeing religious freedom. RLPA would prohibit the government from burdening "a person's religious exercise" in a program receiving federal funding, unless the government can demonstrate the action is "in furtherance of a compelling governmental interest" and "is the least restrictive means" of furthering the government's interest.

Parents who abuse or neglect children could claim that any governmental action that protects children conflicts with their sincerely held religious beliefs. However, the U.S. Supreme Court has ruled consistently that the 1st Amendment does not allow one's religious practice to endanger the life of another.

HOUSE RESOLUTION CONDEMNS SEXUAL ABUSE ARTICLE

A resolution "rejecting the conclusions of a recent article published by the American Psychological Association that suggests that sexual relationships between adults and children might be positive for children" passed the House on July 12, 1999, with no dissenting votes. An unusually high number of Members of the House (66) did not vote on the measure.

The resolution H.Con.Res.107, sponsored by Reps. Matt Salmon (R-AZ), Tom DeLay (R-TX), Joseph Pitts (R-PA), and Curt Weldon (R-PA), arises out of considerable misrepresentation against the APA in recent media accounts regarding child sexual abuse, stemming from misinterpretations of an article published in APA's journal. The bill "condemns and denounces all suggestions in the study recently published by the American Psychological Association that indicates sexual relationships between adults and 'willing' children are less harmful than believed and might even be positive for 'willing' children...and encourages competent investigations to continue to research the effects of child sexual abuse."

In May, the APA issued an official position on child sexual abuse, in which the APA "repudiates and disassociates itself from any organization or publication that advocates sexual interaction between children and adults,...[and] reaffirms its long established position that sexual relations between children and adults are abusive, exploitative, reprehensible and properly punishable by law."

Representing the Protective Parent in Sexual Abuse Custody Cases

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The Problem

A parent, usually a mother, believes her child is being molested by the other parent. Maybe a father believes his child is being molested by the stepfather or mother's paramour. Surely this is a relevant, perhaps determinative, issue in a court's custody and visitation order. We want parents to be protective of their children. When they are not, Child Protective Services (CPS) intervenes even if the parent was not the active abuser. Why is it, then, that the would-be protective parent becomes the target of suspicion and even wrath, risking the loss of custody, merely for pursuing the allegations? More important, how can a parent protect the child without the court awarding custody to the abuser as punishment for having raised the allegations?

The title of John Myers's excellent book *A Mother's Nightmare-Incest* paints a dramatic but accurate picture (Myers, 1997a). The problem is not a nightmare only because intrafamilial child sexual abuse is a terrible thing in itself, but also because of what happens to the allegations in the legal system. Unless the sexual abuse was discovered by a credible, objective third party, and the protective parent did not immediately believe the allegation but was then convinced of its truth and persuaded to take legal action against the abuser, the protective parent often will be met with skepticism. Despite broad consensus among professionals with very different perspectives that sexual abuse can begin or be revealed for the first time during marital separation, divorce, or modification actions, which seek to increase the child's time with the abuser, and that fabricated allegations are a small minority (Pence & Wilson 1994, Faller 1990, Sirles & Lofberg 1990, Green & Schetky 1988, Gardner 1987, Corwin et al. 1987, MacFarlane 1986), the timing of such allegations is seen as highly suspect.

Domestic relations judges may be more skeptical about sexual abuse allegations than are juvenile or criminal court judges, who daily see individuals who have committed violence or other abusive acts. Domestic relations judges are used to hearing litigants exaggerate trivial events that were accepted during the marriage but that take on the characterization of grievous abuse during the divorce trial. In addition to exaggerations, some domestic relations litigants lie in order to gain an advantage or punish the other parent. It is within this context that many domestic relations judges view allegations of sexual abuse (Haralambie 1999). Further, a number of

people have spoken and written publicly about the "epidemic" of false allegations in custody cases and the "tactic" of alleging sexual abuse to gain an advantage in a custody or visitation case. (Gardner 1996, Nichols 1994, Wakefield & Underwager 1988). However, studies do not support the "common knowledge" that sexual abuse allegations are widespread in divorce cases (McIntosh & Prinz 1993, Thoennes & Tjaden 1990) or that there is a large proportion of fabricated allegations (Myers 1997b, Jones & McGraw 1986).

Judges and expert witnesses are not immune from the effects of this erroneous public perception. Even front-line investigators from CPS (McGraw & Smith 1992)

and law enforcement often regard allegations that arise within the context of domestic relations disputes to be highly suspect. However, what the media choose to report or exploit is not scientific evidence for the frequency of events, and it is important for everyone involved in actual cases to avoid the influence of extraneous issues in determining whether a particular child in a particular family was molested or needs protection (Myers 1994, Dziech & Schudson 1989, Hechler 1988). Part of the job of a lawyer for a protective parent is to

ensure that the investigators, evaluators, and judge all look at the specific factors involving the parties at hand. The task is made more difficult by the realities of dealing with a client who feels like the most cursed Cassandra of Greek mythology—destined to tell the truth but never to be believed.

Assessing the Strength of the Position

First, the lawyer needs to assess the factual basis of the claim. The most dire results in these cases occur when an action is brought prematurely or argued beyond the available evidence. That error may haunt the case forever, notwithstanding later discovery of more compelling evidence. Once the evaluator and/or the judge determines that the "protective parent" is either vindictively fabricating the allegations or hysterically over-interpreting what was heard or seen, it may be impossible for him or her to objectively assess any other evidence in the case. Whereas it is entirely understandable for a parent to become distraught or enraged at the thought of her child being molested, the lawyer must not get drawn into these highly charged emotions. The client must always be focused back on the long-term best interests of the child, as well as the more immediate need for protection. Unfortunately, that will sometimes

The most dire results in these cases occur when an action is brought prematurely or argued beyond the available evidence. That error may haunt the case forever, notwithstanding later discovery of more compelling evidence.

Representing the Protective Parent

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mean leaving a child in an unsafe place temporarily to avoid putting the child in a worse position (full time custody to the abuser).

It is extremely important in domestic cases involving allegations of abuse to make a good faith attempt to determine the truth. The lawyer should refer parents who believe their children are being molested to the most qualified experts available. Highly polarized expert witnesses who always find abuse should be avoided at all costs. Properly qualified experts can assist the parent and the court in devising safe visitation arrangements when the facts are not clear. They can also reassure parents who have interpreted certain behaviors as abuse-related when, in fact, the child is just having difficulty accepting the changes in his or her life.

The client's willingness to accept expert advice is essential and will benefit the client at every step of the process. This is one reason that selection of a well-qualified and experienced expert is particularly important. It is the lawyer's job to ensure that the client is confident that the expert will do a good evaluation and will do his or her best to act in the best interests of the child. The client's willingness to have an open mind and to discover the real truth is the best defense against charges of fabrication. The best reality for the child would be that he or she was not, in fact, molested. An evaluator or judge would find it strange that a parent would not be relieved to learn that his or her child had not been molested. A parent so convinced that the child was molested that she is unwilling to accept any contrary opinion, no matter how skilled the evaluator, will lose credibility.

An important step in the lawyer's investigation is to reconstruct as accurately as possible the process of how the allegations came to light, including to whom the child spoke, and who observed or heard things that might corroborate the allegations. The lawyer should get all of the records from any medical, mental health, or social science expert who has been involved in the case. The lawyer should then learn as much as possible about each of those persons' professional backgrounds to determine their actual experience and training in child sexual abuse. If the people already involved have appropriate expertise, there is no need to refer the client for duplicative evaluations, which might seem like expert-shopping. The lawyer should look for the weaknesses, as well as the strengths, of the available evidence.

If the allegations do not appear to be true, then the lawyer must determine whether they were deliberately fabricated or merely good faith misinterpretations. Expert assistance is essential. If the allegations arose from misinterpretations, the expert should explain to the parent why the indicators reveal another problem that needs to be dealt with. The accusing parent will need to be reassured that the child is safe. If the allegations constitute inappropriate conduct but not molestation, such as

sleeping or bathing with an older child (understanding that experts differ on the cut-off ages) or failing to give a developing child adequate privacy, the expert should suggest a strategy for educating or sensitizing the other parent.

A Lawyer for the Child

It is often helpful to have a lawyer appointed to represent the child as early as possible in the proceedings. This strategy will also demonstrate that the client really is attempting to serve the child's best interests. The parent's lawyer should be careful to ask for appointment of a qualified lawyer to represent the child, one *who has experience in intrafamilial child sexual abuse cases* as well as in domestic relations cases. A poorly trained child's lawyer can be devastating to the case. The most likely pool of well-trained lawyers to represent children in these cases is found among the lawyers who are appointed by the juvenile court in child abuse cases filed by the state or county. The child's lawyer has no loyalty except to the child and is, therefore, at least theoretically free from the taint of having a personal agenda to be served in making or denying the allegations. If the child's lawyer is properly qualified and experienced, the parent's lawyer should consider deferring the lead in the case to that lawyer. This will make it easier for the court to look at the child's best interests without being biased by the presumed self-interested motivation of the parents.

Inconclusive or Insufficient Evidence

When well-qualified experts have been brought in by the parent to determine whether there has been abuse and, although abuse has not been ruled out, there is not a preponderance of evidence to prove abuse, a strategic decision must be made. The expert should take the lead in determining how likely it is that further evaluation will reveal the existence of abuse and how much the child is in need of protection. There is a useful model of therapeutic intervention in such cases, which the parents or a court may be willing to adopt. (Hewitt 1991). This model involves individual sessions with the child, individual sessions with each parent, and sessions with each parent and the child together. During the latter sessions, the parent and child agree on lists of appropriate and inappropriate touching, and the child is given permission to reveal to the therapist any abuse that has occurred. Monitoring is continued for at least one year.

The reality is that there are cases where children have been molested but, despite the use of good experts, the abuse cannot be proved. Because the party alleging abuse bears the burden of proof, it may not be possible to protect the child. It is essential that the lawyer for the parent who is attempting to protect the child weigh the risks of going forward with allegations that may be true but cannot be proved. Some judges may be willing to take precautionary steps to protect the child in the face of inconclusive proof, but others may penalize a parent perceived to be vindictive or hysterical.

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Such a parent may not only be unsuccessful in attempting to limit visitation, but may even lose custody of the child.

Allegations of Parental Coaching

A frequent charge against the nonabusing parent is that the parent has influenced the child by coercive or leading interrogation or has coached the child in what to say. Sometimes this does happen. Other times, the parent's comments to the child are misconstrued, even by otherwise careful evaluators.

It is unreasonable to expect a parent not to talk to a child about sexual abuse. If a child is hit on the playground and tells his mother, the mother often asks for elaboration about what happened, whether the child is hurt, whether the other person has hit the child before, and so forth. Certainly if a stranger abused or molested a child, the parent would ask many questions and might comfort the child by saying that it was not the child's fault or that the abuser would be caught by the police and put in jail. However, such typical and expected conversations with children are often viewed in a sinister light when the abuser is the other parent and domestic relations litigation is pending between the parents. The lawyer needs to emphasize through testimony and argument the "real-world" context of parents talking to their children about something that has hurt the child.

When a parent takes an abused child to be interviewed by the police, CPS, or an evaluator, the parent generally explains something to the child about where he or she is being taken and why. The parent might say to the child "Be sure to tell Dr. Smith everything you told me about what happened. That's the only way she can help you." There is nothing wrong with such a statement. However, after the child has related what happened, Dr. Smith might ask, "Did anyone tell you to say those things to me?" The child will say that the mother told him or her to say them. The mother did, but not in the way that Dr. Smith might interpret it. Therefore, it is crucial to have the investigator or evaluator determine whether the child is relating something that did not happen because the parent told him to say it, or whether the child was simply told to tell the investigator what had happened.

In the author's experience, most of the time when a child says the parent has told him or her to say something, the evaluator or investigator never clarifies what the child means (even when the expert has enough child development knowledge to know how concretely the child is answering the question). If the investigator or evaluator did not clarify the issue with the child, the possibility of misunderstanding should be raised while

examining the expert witness. Unfortunately, the valid inquiry into coaching is sometimes not as thorough as it should be, and investigations are dropped as soon as the child says that a parent "told me to say that."

A parent may ask very leading questions while trying to ascertain what has been done to the child. This can contaminate the investigation, but it does not invalidate the fact that the child may have been molested. Gail Goodman and her colleagues have demonstrated that children's disclosures to their mothers can be more accurate than their disclosures to people they do not know. In addition, they may be better able to resist the questions by their mothers that seem to prompt them for inaccurate information (Goodman et al. 1995). This research may help judges to realize that abused children may reveal things to their parents that they will not repeat to interviewers.

However, even assuming that sometimes parents may obtain more and better information from the child than the evaluator, a major role for the lawyer is to assist the evaluator in convincing the client to discontinue asking the child questions, except as specifically authorized by the evaluator. This is good trial strategy for the client, because the client must realize that the child's allegations are less likely to be believed the more the parent talks to the child. The parent should leave the inter-

viewing to properly trained experts.

Educating the Judge

The lawyer must make a special effort to educate the judge about intrafamilial child sexual abuse. An essential component of that education is the presentation of effective expert testimony. This may require calling a witness who is not directly involved in the case in addition to any professionals who may have evaluated or treated the parents or children. Besides being a qualified professional, the expert must have a good theoretical background and practical experience in this particular facet of child abuse. Many cases are lost because the family physician or counselor doing family therapy did not have sufficient expertise in intrafamilial child sexual abuse. These cases are difficult enough for experienced specialists. Otherwise competent professionals who lack this specialized training and experience may miss or misinterpret important data.

The expert's particular specialized knowledge must be established. It is not enough to accept a stipulation to the expert's qualifications. Ask questions specifically directed to training and experience with intrafamilial child sexual abuse, not just about child abuse in general. Have the expert explain what he or she does to keep up with the rapid expansion of knowledge in the area. It is also important to establish that the expert has determined

Besides being a qualified professional, the expert must have a good theoretical background and practical experience in this particular facet of child abuse.

ASSOCIATION NEWS

From the President

Veronica Abney, LCSW



Those of you who attended the San Diego Children's Hospital and Health Center Conference on Responding to Child Maltreatment early this year will remember the question posed to participants under the banner of *A National Call to Action: Working Toward the Elimination of Child Maltreatment*. "Can we agree that a new, coordinated, collaborative, multidisciplinary national effort is needed if the nation is to work toward the elimination of child abuse and neglect?" The group's answer was "yes". Six national experts commented on what such an effort might look like, and a group of 20-plus national organizations agreed there was a need to develop a more detailed action plan.

Since this meeting, this effort has continued with APSAC's preliminary participation and support. Activities are under way to define what the field of child maltreatment can and should try to accomplish in the next 20 years (the SUBSTANCE) and to delineate how the field can best organize itself to get to the substance (the PROCESS). **Thom Gauthier**, APSAC Executive Director, and I have participated by commenting in different forums on the substance and the process. A crucial question being considered is "Should there be a new organization to carry out this effort, or is a new coalition of existing organizations a better option?" So far, Children's Hospital and Health Center has funded these initial activities; funding for future efforts is being sought in the private sector. Further discussion on the *National Call to Action* will take place at the January 2000 Conference on Responding to Child Maltreatment.

In June, **Diane DePanfilis, PhD**, Immediate Past-President, represented APSAC at the NIH Interagency Working Group on Child Abuse and Neglect. This group, composed of a range of representatives of agencies receiving NIH funding for child maltreatment research, meets regularly to assess NIH sponsorship of child abuse and neglect research and to chart new initiatives to fill identified gaps in support for research. APSAC and other national organizations are invited a few times each year to hear about federally funded child abuse- and neglect-related research. Diane was asked why APSAC has never held a Colloquium in Washington, D.C. She was happy to report that APSAC plans to convene its 9th Annual Colloquium in Washington, D.C..

In July, I represented APSAC in a one-and-a-half day national symposium that explored a broad range of issues relating to *People with Mental Disorders in the Justice System: Strategies for Building on What We Know*. The symposium was sponsored jointly by the Office of Justice Programs and the Center for Mental Health Services and took place in Washington, D.C. The goal was to identify and develop an action agenda that would serve to guide activities of these agencies in the new millennium. Five development seminars were convened to make recommendations to both sponsoring agencies. I participated in a seminar focused on co-occurring disorders and was pleased to speak to the needs of those in the criminal justice system with disorders related to child maltreatment. On the last morning of the symposium, the Honorable Janet Reno, U.S. Attorney General, openly received recommendations from the participants and made very impressive comments on each.

It seems as if it has been a very short time since we met in San Antonio for the 7th Annual Colloquium, but it has been over three months and plans for APSAC's next three colloquia are in full swing. In 2001, APSAC will participate in the ISPCAN's International Congress in Denver, Colorado. The congress, which will take place during ISPCAN's 25th anniversary year, will be followed by two days of Advanced Institutes offered by APSAC. APSAC welcomes this opportunity to again partner with ISPCAN.

Preparations have begun for the Board of Directors year 2000 election, which takes place in the early spring. The next issue of the *Advisor* will include a call for nominations. Now is the time for you, the membership, to begin thinking about APSAC members you might like to nominate to the Board. The nominating committee will convene in the next few weeks and is looking for candidates who can work hard, are active in the organization on either the state or national level, and reflect the discipline and ethnic diversity that APSAC values.

I regret to announce that **Wayne Holder, MSW**, had to resign from the APSAC Board of Directors. Wayne, who is Executive Director of ACTION for Child Protection, felt that he did not have the time to give APSAC the attention it required. However, he will continue to be involved in the organization as a member of the Colloquium Planning Committee. The Board is moving ahead to fill the remainder of Wayne's three-year term. Another Board member, **Brian Holmgren, JD**, has accepted a new position as Assistant Attorney General in Davidson County, Nashville, TN. Congratulations Brian!

PROFESSIONAL EDUCATION UPDATE

Colloquium

The 8th Annual Colloquium will be held July 12-15, 2000 at the Chicago Hilton and Towers. Colloquium registration fees before April 21, 2000 are \$385 for Members and \$450 for nonmembers. Add \$50 to registration fees after April 21, 2000. The Cultural Institute on Wednesday will be \$75 for Members and \$100 for nonmembers. Again, add \$50 to the registration fee after April 21. Volunteer scholarships and group discounts of 5%—25% are available. Advertising, sponsorship, and exhibit applications are also available upon request. Accommodations are being provided by Chicago Hilton and Towers at a rate of \$129 single/double. Call 312/922-4400 or 1-800-HILTONS for reservations. The Colloquium registration brochure will be available mid-January. For more information, contact the Professional Education Department—phone: 312/554-0166, email: APSACEduc@aol.com, or visit our website: www.apsac.org.

Audiotapes

Audiotapes are available from APSAC's 7th National Colloquium in San Antonio, Texas. The Colloquium offers intensive seminars on the most relevant subjects related to child maltreatment. Now you can purchase audiotapes of the sessions you missed, or have a personal copy of the workshop sessions you attended. Audiotapes are also available for the years 1995-1998. Call to request an order form or visit our website for details.

Advanced Training Institutes

APSAC is partnering with State Chapters and other national and regional organizations to host its Advanced Training Institutes. APSAC's Advanced Training Institutes supplement the following conferences with intensive skill-based training by leading professionals:

Northeast Child Maltreatment Conference, November 14, 1999, in Providence, Rhode Island, co-sponsored by the Massachusetts Society on the Prevention of Cruelty to Children and Tufts University, School of Medicine.

San Diego Conference on Responding to Child Maltreatment, January 24, 2000, in San Diego, California, co-sponsored by the San Diego Children's Hospital, Center on Child Protection.

Symposium on Child Sexual Abuse, March 7, 2000, in Huntsville, Alabama, co-sponsored by the National Children's Advocacy Center.

North Carolina Statewide Conference on Child Abuse and Neglect, March 26, 2000, in Raleigh, North Carolina, co-sponsored by the North Carolina Professional Society on the Abuse of Children and Prevent Child Abuse—North Carolina.

See conference listing in this issue for more details.

To be added to the Institute mailing list or to co-sponsor an Institute, contact the Professional Education Department, phone: 312/554-0166, email: APSACEduc@aol.com, or visit our website: www.apsac.org, for more information.

Historic Meeting of NCA and APSAC

The national Children's Alliance and APSAC boards of directors met for the first time in joint session during APSAC's 7th Annual Colloquium, held this June in San Antonio. The purpose of the meeting was to discuss a mutual agenda for the field of child maltreatment and to determine how the two organizations would continue to collaborate in the future. Among those present were: NCA—Roe Bubar, JD, President, and Nancy Chandler, Executive Director; APSAC—Veronica Abney, LCSW, President, and Thom Gauthier, ACSW, Executive Director.

Clinics

The Child Forensic Interview Training Clinic offered for the US Navy this past August in Baltimore, Maryland, was a great success! We commend the faculty, Naval staff, volunteers, and Kid International Talent Agency for their contributions to the success of this event. A special thanks to the Clinic Founders: **Kee MacFarlane, MSW, Kathleen Coulborn-Faller, ACSW, PhD, and Melissa McDermott, LCSW**, for their dedication and commitment throughout each and every clinic. Thanks also to **Sandra Rosswork, PhD**, past APSAC Board Member and 1998-1999 Clinic Committee Chair, for making it all happen.

Patricia Toth, JD, will serve as Chair of the Clinic subcommittee for FY 1999-2000.

This year's committee will focus on the continued development of the clinic program.

We have plans to host up to three stand-alone clinics next year. If you would like to attend one of APSAC's future Child Forensic Interview Training Clinics, please add your name to the Clinic waiting list by sending a written request with your name, company, address, phone, fax, and email address to the Professional Education Department,

fax: 312/554-0919 or email: APSACEduc@aol.com.



TECHNOLOGY UPDATE

APSAC is in the process of upgrading its Association Management Database "MemberTrak/MeetingTrak" by Phoenix Solutions. The upgrade will allow APSAC staff to better serve our Members and improve customer and chapter services in a variety of ways. The upgrade includes: expanded communication tools, including broadcast fax and email; integrated systems for tracking Membership, registrations, and publications orders; increased search capacity for locating Members and reducing duplicate records; improved reporting for generating labels and lists; and many other features.

We anticipate a database transition period of October 1, 1999 through March 30, 2000. As a result, you can expect changes in our billing cycle, renewal packets and/or other communications during this time. We may contact you to verify your address and/or Membership information. Please note: the first mailing from the new database will be the Winter (January/February) issue of the *Advisor*. Please contact us if you do not receive your copy by March 1, 2000.

We will keep you posted as the upgrade progresses! Feel free to contact the Member and State Chapter Services Department at 312/554-0166 or APSACMems@aol.com, with any questions. Thank you for your patience as we work to improve our services.

APSAC WELCOMES TWO NEW STAFF MEMBERS



Audrey Kaufman, Managing Editor, *APSAC Advisor*

Audrey was hired in August as the managing editor of the *Advisor*. Her publishing career began in Jerusalem, Israel, where she became the managing editor of the *Israel Journal of Medical Sciences* (published in English). Other experience includes acquisitions editor with the American Hospital Association Press and managing editor of the *Journal of Consumer Research* at the University of Illinois, Chicago campus. Audrey received a bachelor's degree in English literature at Roosevelt University. She is an opera buff and a jazz fan.



Lisa Schieffert, Administrative Assistant, Professional Education

Lisa was hired in August to assist Tifanni Sterdivant in APSAC's Professional Education Department. Prior to joining APSAC, Lisa worked in the government affairs department of a large law firm in Milwaukee and has been involved with numerous nonprofit organizations as a volunteer. Lisa received a bachelor's degree in Political Science from Marquette University. She loves living in Chicago because of its great theaters and restaurants.

APSAC ANNUAL AWARDS NOMINATIONS

The APSAC annual awards nominations for the year 2000 will be here before you know it. So, start thinking about your nominations for colleagues who fit these categories: outstanding professional, outstanding service, outstanding media coverage, outstanding research article, outstanding doctoral dissertation, and research career achievement. A call for nominations will appear in the Winter issue of the *Advisor*.

NEXT YEAR'S BOARD NOMINATIONS

New board members will be elected in early spring. We urge you to begin the process of thinking about potential nominees. The Nominating Committee is looking for candidates who can work hard, are active in APSAC on a national or state level, and who reflect the discipline and ethnic diversity that APSAC values. The next issue of the *Advisor* will include a Call for Nominations. For more information, contact Lisa Fontes, PhD, at lfontes@javanet.com

From the Executive Director

Thom Gauthier, CAE, ACSW



Representing the numerous interests of APSAC and its members is a vital association function. Many APSAC leaders and staff spend countless hours in seemingly endless meetings, phone conversations, and email exchanges to leverage child maltreatment issues, to represent APSAC positions, and to enhance APSAC's public visibility among hundreds of organizations of child maltreatment advocates, professional societies, government agencies, and coalitions. Maintaining strategic inter-organizational relationships is key to achieving the goals of APSAC. Working behind the scenes, often with little recognition, our key leaders gently, yet persuasively and persistently, help to convey APSAC positions on important issues, maintain communications among organizations, and facilitate the transfer of vital information as they build important working relationships around the country on behalf of APSAC and its members. A few examples include:

Board member **Howard Dubowitz, MD**, is APSACs' primary representative to the National Child Abuse Coalition, an organization composed of over 30 national organizations dedicated to protecting children from abuse and neglect. Howard and Maryland child advocate **Ellen Mugman** participate through the Coalition in numerous Washington D.C. based meetings on such issues as the Religious Liberty Protection Act, the Child Abuse Prevention and Enforcement Act, and budget authorization hearings. Coalition Director **Tom Birch, JD**, long-time child advocate and APSAC member, is a loyal contributor to the *APSAC Advisor* with his column "Policy Watch." In a recent Coalition briefing for members of Congress and legislative staff, **Deborah Daro, PhD**, past APSAC President, articulately conveyed the prevention message and its importance in diverting child abuse.

APSAC President **Veronica Abney, LCSW**, is frequently called upon to speak on behalf of APSAC. During the Summer, she represented APSAC at meetings in Washington DC, by invitation of the U.S. Department of Justice and the U.S. Department of Health and Human Services, which convened a forum of representatives from national organizations to address issues relating to offenders with mental health disorders in the criminal justice system.

Immediate Past President **Diane DePanfilis, PhD**, continues to represent APSAC at the National Institutes of Health in a variety of venues, coordinating activities and plans for child maltreatment research, prevention, and treatment amongst federal agencies and private organizations.

The Department of Justice and the Department of Health and Human Service recently sponsored "Safe From The Start: A National Summit on Children Exposed to Violence," which was designed to gather together experts in law enforcement, child development, policy, tribal justice, medicine, mental health, domestic violence, education, and the media.

This multidisciplinary conference reflects APSAC's membership and included APSAC members **Tom Birch, David Chadwick, Nancy Chandler, Thom Gauthier, Joyce Thomas, and Debra Whitcomb**, among others.

Chapter Presidents and members at the state and local community levels also represent APSAC, creating interlocking networks of professional contacts on behalf of the child maltreatment community. Thanks to all the APSAC members who unselfishly devote their valuable time to these inter-organizational relationships on behalf of APSAC and the children and families we serve.

Questions or comments, contact Thom Gauthier at APSACExec@aol.com

Changes to Web Page and Legislative List Serv

The APSAC Web Page is changing! Over the next few months you will see new and updated information, a new design, and links to other organizations within your field.

The Legislative List Serv is also being redesigned and service is temporarily suspended. More information on the exciting changes planned for the List Serv will appear in the next *Advisor*.

Thank you for your patience! We will keep you apprised of our changes in future *Advisors*.

1998-1999 Annual Report

The APSAC 1998-1999 Annual Report is available. Please contact APSAC via email at APSACMems@aol.com or call 312/554-0166 and ask for Membership Services.

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Representing the Protective Parent

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both that some children have and that others have not been molested. That fact will go a long way toward showing the witness's objectivity and fairness.

In addition to presenting one's own expert, the lawyer must demonstrate, if true, that the opposing expert really is not trained in the specific area in question. This is a good type of cross-examination, because it does not impugn the integrity or general competence of the expert, but merely shows that intrafamilial child sexual abuse is a highly specialized area and that this expert is not well-trained in that narrow subspecialty. The process of that cross-examination is the reverse of the direct examination of the specialized expert. It should establish lack of specific training in the field, lack of attendance at specialized conferences and seminars, lack of reading in specialized journals, absence of membership in specialized organizations, and absence of speaking or writing in the specialized area.

Dealing with the Client's Emotions

Most parents of abused children in custody cases are angry with the abuser. What good parent would not be? It is not difficult to understand anger, hatred, and even vindictiveness toward a parent who has hurt one's child. Although the lawyer must convince the judge that this response to abuse is perfectly natural and even desirable, the lawyer must also try to get the client to be circumspect in his or her expression of the anger. It is safe to express anger to the lawyer or a therapist who is treating the client and who understands the basis for the anger. It is not wise to express anger with abandon to evaluators and the court. This does not mean that the client should deny the anger. It is a matter of how much emotional energy the client expresses.

A more difficult situation is presented by the client whose anger predates the allegations. If the parent was already angry, it is easier to assume that the allegations are a product of the anger. But this is not necessarily the case. Under such circumstances, it is especially important to have a well-qualified mental health professional evaluate the client and analyze the content and timing of the anger, as well as the parent's motivation to fabricate abuse. Friends and relatives may have information that will help distinguish the anger from the allegations. For example, the client may have told somebody that he or she wondered whether or not to make a report because the child would be hurt by the investigation or because the other parent might retaliate. Such an expression of ambivalence about reporting would undermine the position that the parent fabricated the allegations out of vindictiveness.

The client's anger may be related to a continued pattern of abuse that is consistent with an extension of abuse to the child. It may be a part of the dysfunction in the family, which set up the conditions that allowed the abuse to occur. In any event, the client's anger is an issue that must be thoroughly investigated and discussed at trial to prevent the judge from assuming that the client's apparent anger has led him or her to fabricate or at least greatly exaggerate the allegations.

Dealing with Dropped CPS and Criminal Cases

In many contested cases, CPS and/or the police have already investigated the allegations and elected not to proceed. The consequence of those decisions in a domestic relations case is often to substantially weaken the case of the parent attempting to prove the abuse.

Therefore, one of the major tasks is to neutralize the power of that negative evidence. The purposes and criteria for proceeding with CPS and criminal cases are different from those applied to custody cases between parents. Although judges realize this, they may confuse the agency's decision not to proceed with a factual determination on the truth of the allegations.

Prosecutors may decide not to prosecute cases even if they are convinced the abuse occurred, because they do not feel they will be able to present sufficient evidence to convince a jury beyond a reasonable doubt. In addition, some prosecutors believe that child abuse should not be dealt with in the criminal justice system and, as a matter of policy, do not prosecute those cases unless the abuse is severe. One study found that prosecutors were less likely to prosecute if the abuse was not recent or the offender was accused of abusing only one child (Brewer, Rowe & Brewer 1997). Cases are also less likely to be prosecuted when the abuser is a parent (Chapman & Smith 1987).

What is insufficient abuse to file a dependency and neglect petition may, however, constitute grounds on which to decide custody between parents or even to restrict one parent's visitation to supervised only. Further, CPS often forgoes filing a petition if one parent appears willing and able to protect the child. If the parents are separated or divorcing, or if the nonabusing parent is willing to seek court protection for the child, the case may be closed even though the agency believes that the abuse occurred. The judge needs to be aware of these considerations.

There is often misunderstanding about what the following terms mean: "substantiated," "valid," "founded," and "unsubstantiated," "invalid," and "unfounded." Researchers have had a hard time accurately

What is insufficient abuse to file a dependency and neglect petition may, however, constitute grounds on which to decide custody between parents or even to restrict one parent's visitation to supervised only.

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determining rates of true abuse because of the imprecision of the terms and idiosyncratic ways in which the terms are applied. In the domestic relations forum, the terms "unsubstantiated," "invalid," and "unfounded" are frequently construed to mean "false," "untrue," or "fabricated." Many CPS agencies do not even have a category that would cover "I don't know." It is essential to have the CPS worker or other expert explain what the phrase in question does and does not mean and to clarify whether the negative finding implies bad faith. Even if the CPS worker testifies that the agency determined that the abuse never took place, the worker may be unaware of additional information that has come to light subsequent to that investigation. Had all of that information been available to the worker, the findings might have been very different.

Conclusion

The primary focus of the case should always remain on the child: what happened to the child, what effect it had on the child, what special needs the child may now have, and what the ramifications for custody and visitation are. It is a mistake to focus the case on how bad the other parent is or how good your client is. Further, even if the parent is responding badly to the allegations (interrogating the child, coaching the child to elaborate on what really happened, and so forth), the child must still be protected. The critical inquiry is which custody/visitation scheme best protects the child's interests. That may involve deciding between two parents who both have problems. Too many extraneous factors enter the case when anything other than the child is at the heart of the case, with every vein of inquiry leading directly to that heart.

Lawyers often argue that the judge should not lightly brand a parent an abuser. But, by the same token, the court should not lightly place a child, ill-equipped to protect himself or herself, in a position of jeopardy. This is particularly true because of the deep and far-reaching effects of sexual abuse on a child. The expert must testify clearly about both the short- and long-term effects of abuse. Many judges do not realize how pervasive the consequences of abuse can be to a child. They do not understand the powerlessness a child feels when he or she is not believed or not protected. The expert must make the judge aware of just how crucial the decision is to the child's well-being, and how necessary it is to make protection of the child a high priority.

The judge's failure to believe a true allegation may result in failure to protect the child or, even worse, in a change of custody from the protective parent to the abusive parent. The rationale for this response is that a falsely accused parent may have no ability to reestablish or maintain a healthy relationship with the child if the child remains with a custodial parent who continues to maintain that the child was abused, especially if that parent continues to take the child to a series of evaluators in an effort to prove the nonexistent abuse.

The best strategy is to manage the legal case well and, if the judge makes a devastatingly wrong decision, to continue to work within the system, even if immediate protection is not possible. The lawyer must keep the client focused on the long-term interests of the child, even if that means accepting a short-term set back. It is not that continued molestation for the short term is acceptable. It is that the alternative may be much worse for the child and the parent who desires to be protective.

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CASE CONFERENCE

The Case—Casey submitted by Patricia Donahue, San Rafael, CA

Fifteen-year-old Casey has been arrested for burglarizing a car and being a minor in possession of alcohol. Casey is being held in Juvenile Hall while probation officers try to reach an adult family member. The phone at Casey's mother's house is disconnected. Juvenile Hall medical staff are treating Casey for asthma. Casey has been staying with friends or sleeping outdoors since running away from home three months ago.

Casey's father visits the family, lives with them occasionally, and sometimes provides some money. Casey's mother is an alcoholic. She has been in two treatment programs and has been sober periodically for a total of about two of the past four years. Before she went into treatment the first time, neighbors called Children's Services to report that she was abusing her children and leaving them alone for days at a time. Casey,

who was then 11, was trying to take care of siblings aged 6 years, 4 years, and 10 months. The children lived with their paternal grandparents while their mother was in treatment; the younger children continue to stay with their grandparents for periods of days or weeks. The family receives public assistance, and Casey's mother is completing a training program and looking for work.

Three months ago, Casey's mother failed a training course test and became depressed at the prospect of not finding a job and losing her public aid. She slapped and berated Casey and spent the next 24 hours in bed. Casey recognized the signs of an impending drinking binge and abuse. After taking the younger siblings (now ages 10, 8 and 4) to their grandparents, Casey stayed at a series of friends' houses for a night or two at a time and then hooked up with a group of older youngsters sleeping outside and in empty buildings. This is where she was living when police arrested her on the burglary and alcohol charges.

Case Response

John V. Caffaro, Ph.D.

Private practice. Professor, California School
of Professional Psychology, Los Angeles,

Allison Conn Caffaro, M.S.

Private practice. Center for Child Protection,
Children's Hospital, San Diego

It would be easy to feel overwhelmed by the magnitude of social and economic problems facing Casey and her family. An ecosystemic approach—viewing the client (Casey) as part of a family and the family as part of a neighborhood and community—would guide our intervention and assessment plan. One of our first tasks would be to assess the severity and chronicity of abuse. The outcome of another child protective services (CPS) evaluation, coupled with mom's ability to acknowledge her problems, would influence our perception of whether the children could remain safely in the home or whether therapy would be most effective, if they are in another safe setting during treatment.

Casey's arrest and temporary stay at Juvenile Hall presents an important window of opportunity for initiating a treatment alliance. We might first make contact with her there. Three months is a long time to be living on the street. We would clearly want to facilitate Casey's immediate return to high school, if possible, and to explore the meaning and significance of her recent burglary activity.

A number of issues must be addressed in conjunction with CPS, before appropriate intervention can be

planned. Contact with CPS may provide coordination of appropriate adjunctive services, such as: financial/transportation assistance necessary for attending therapy, an alcoholism treatment program (perhaps one encouraging mother and daughter joint participation), monitoring conditions at home, respite care, a self-help group, parenting classes, and developmentally appropriate activities for Casey. Collateral contact with juvenile probation could provide information regarding any prior criminal offense, runaway shelters, and the terms and conditions of Casey's probationary status. Contact with Casey's school would be critical in evaluating her recent academic performance. In addition, Casey's mother would likely benefit from a medication evaluation regarding depressive symptoms. However, we would also pay special attention to the family's capacity to utilize adjunctive services, and we would be careful not to overwhelm the existing family organization.

In treatment, we would evaluate family risk/protective factors associated with the continued abuse and neglect of the children. We would utilize individual meetings with Casey to obtain a clearer picture of her psychological and social functioning. For example, are there symptoms of a mental disorder (i.e., depression, anxiety, PTSD, substance abuse, attachment dysfunction)? We would want to know about the quality of Casey's current relationship with her parents, and what it was like in the past. A systemic analysis of Casey's behavior would be important. For example, is her running away oriented toward drawing father into the family, or enabling mother's functionality as a single parent? Is Casey's behavior a reaction to divided feelings due to an over-responsible sibling role at home and her developmentally appropriate needs for more independence and autonomy? How

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much of an influence are current peer interactions? We would want to carefully explore an underlying therapeutic assumption that improvement in mom's caregiving functioning in the family would positively influence Casey's behavior. Simultaneously, Casey's self-endangering behavior should be evaluated and addressed in light of current peer interactions with the therapeutic goal of helping her develop more positive role models.

A related key issue is mom's alcoholism and her capability of and commitment to establishing a safe and more functional relationship with her children. We would want to identify mom's strengths and limits as a parent as well as the individual and family dynamics underlying her use of alcohol. An important aspect of this evaluation would be examining the family's social support system and identifying ways to maximize mom's potential for maintaining recovery. The evaluation and support of other potential caregivers (father, grandparents, and so forth) may also be a key issue. Intervention might well be guided by aiding mom in developing support and companionship among the adults in her family and community network.

Central to our view of treating this case is Aponte's (1994) concept of *underorganization*. We would engage the family in a combination of individual, family, and group therapy with the systemic goal of restoring basic structures of their personal and community lives. Conducting initial interviews with mother and father would begin to establish an appropriate sense of family hierarchy and provide an opportunity to evaluate each parent's capacity to care for his or her children. Individual meetings with mom could be held to assess the rigidity of her expectations for Casey and provide developmentally appropriate parenting information, if necessary. Identifying a functional co-parent team in the family, (e.g., mom and grandparents, dad and grandparents, or mom and Casey) would be another goal of treatment.

Case Response

Maxine Shoulders,
Program Director, Crisis Services,
Covenant House, New York

My immediate intervention would be to ensure the safety and well-being of the four children involved in the case. This would include contacting the grandparents to check on Casey's three younger siblings, trying to locate Casey's mother, and dealing with the probation officers to resolve Casey's situation.

This is a case of physical/emotional abuse and neglect. I would find out which unit of Administration for Children's Services (ACS) is handling the case. On contacting the caseworker, I would try to determine how long ago the case had been opened and what steps had already been taken to help the family. I would then explore available resources that could assist the family.

Other potential sources of resilience in the family would also be explored, including: Casey's efforts to protect and care for her younger siblings, the paternal grandparents as a source of support, mom's motivation to further her education and job training, and father's role as a caregiver. Constructing a genogram in therapy could provide information regarding the intergenerational pattern of alcohol use in Casey's family and support for a possible genetic link. Focusing on this wider context would also facilitate the exchange of stories among family members, strengthen a sense of connection, and reach into their extended family to search for sources of resilience and, possibly, a glimpse of better opportunities for the future. Family intervention would include exploring the traditions, rituals, and beliefs held by this family as well as the meanings and goals of life common to their culture. In addition, the cultural maps brought by the therapist are important. Areas where a family's maps and our own are concordant become opportunities for us to make contact. Areas of difference provide islands of interest in learning about the experiences and worldview of others.

Parents in multiproblem families, like Casey's, often tend to be isolated, lack familial and peer support, and are not involved in community activities. If this were the case, we would involve the family in a community multi-family group, if possible. The group could be held in neighborhood homes and provide mutual support, assist individual families in dealing with community agencies, and help group members to act collectively as advocates for issues common to all. Therapy must be seen as a collaborative enterprise. Ultimately, Casey and her family need to feel some control over their lives and experience therapy as a place where they discover their inner potential to determine self-direction.

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Clearly, ACS should be taking a lead role in the welfare of every child in the household. There should be regular home visits to ensure the children's safety and compliance with child welfare laws. Parental custody must be determined. If there is evidence that the mother has gone on another drinking binge, she should be referred to a local detox center, with an ultimate referral to Alcoholics Anonymous. The family caseworker should closely monitor her progress and, if she maintains custody of her children, attendance at AA meetings should be mandated. Casey and her siblings should also attend appropriate meetings/counseling to understand the disease from which their mother is suffering.

Referrals to a local health clinic should be made for all four children, and Casey's asthma should be monitored. The caseworker should confirm that all medical appointments are kept.

The custody issue should be reviewed to determine whether their mother, father, or grandparents would be

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appropriate guardians. Every effort should be made to keep the family intact to avoid foster care placement and splitting up the siblings. The caseworker should examine the work schedule of the father and the daily schedule of the grandparents, to determine appropriate supervision of the children at all times. Casey should be free to focus on school and be able to rest at night knowing that she has the support of her family when times get hard. A visit should be made to the school(s) the children attend to get updates on progress and academic status. This will provide the caseworker with a context in which to set individual academic goals. Casey's probation agreement should include regular school attendance and remaining at home.

The key issues in this case are stabilizing the family and addressing the substance abuse and physical/emo-

tional abuse issues. This family requires close monitoring. The long-range plan should be to decide what is best for the children. If Casey's mother maintains custody of her children, she will have to commit to an AA program, complete her work training program, and show that she can support her family, financially and emotionally. Consideration should also be given to whether the father and/or paternal grandparents can play a bigger role in raising the children. We really don't have enough information about them to know whether this would be appropriate. However her family structure is defined, Casey will need support and help in adapting to her new environment. She will need to learn how not to run away from her problems. Counseling on substance abuse and coping mechanisms will help, and developing a support system of professionals, family, and peers will be important.

Case Response

Detective Robert Hugh Farley, M.S.
Child Exploitation Unit
Cook County Sheriff's Police Department

In some situations the police will arrest a juvenile for a delinquent act and later discover that the child committed the crime because of a societal need. This appears to be the situation in this case. When 15-year-old Casey was arrested by the patrol officers for burglary and possession of alcohol, she would have been, by law, turned over to the Youth Division or, in some police departments, the Juvenile Officer, for processing and booking. The men and women who are given this assignment by their police department should have received special training to deal with a variety of juvenile issues and situations. This training includes the assessment of circumstances surrounding the crimes committed by juveniles.

Because of Casey's age, this particular case would have been referred by the arresting officers to the Youth Division. Following the referral, the Youth Detective would first run a LEADS computer check to determine if Casey is listed in the nationwide system as a runaway. Next, the Youth Detective would conduct a background check of Casey's juvenile police records, child protection records, and her social services records. The Youth

Detective would then interview Casey to learn about her experiences and her family situation.

Based on the above information and the child's background, the Youth Detective handling this case would probably have revised Casey's "delinquent" or criminal status to the "minor requiring authoritative intervention" status. This change in Casey's criminal status is easily made by the detective using the law enforcement option of "station adjusting" Casey for the criminal offenses. In addition, the Department of Children and Family Services would be notified to follow up on the family.

At this point, instead of housing Casey in a Juvenile Hall or Juvenile Detention Center, she would be placed by the Youth Detective in a shelter, similar to those operated by Maryville Academy in Chicago. At the emergency shelter, Casey would receive immediate treatment for her asthma condition; a medical examination would be conducted; and, most important, crisis treatment would be provided for the other problems presented in this case.

Far too often, the public perceives the police as arresting people and throwing them in jail. The role of the Youth Detective or Juvenile Officer is much different. In this case, the best interests of the child would be to place her in a shelter, rather than locking her up.

CALL FOR CASES

Do you have a particularly interesting or challenging case that you would like to see featured in the *Advisor's* Case Conference? We invite *Advisor* readers to submit a case summary for publication and feedback from our multidisciplinary panel of featured experts. Case summaries should be limited to one and one-half double-spaced pages and should include enough information so that our panel can provide a meaningful response. Names and other identifying details should be changed to protect confidentiality. Please note that submission of a case does not guarantee publication.

The provider of the most interesting and challenging case submitted to APSAC in the year 2000 will receive a special APSAC gift to be announced in a later issue of the *Advisor*. Send your case summary to:

APSAC Advisor Case Conference Series
407 S. Dearborn, Suite 1300, Chicago, IL 60605
fax 312/554-0919, email APSACPubls@aol.com

JOURNAL HIGHLIGHTS

Edited by
Rochelle F.
Hanson, Ph.D.,
National Crime
Victims Research
and Trauma Center,
Medical University
of South Carolina

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, Ph.D., National Crime Victims Research & Treatment Center, Medical University of South Carolina, Charleston, SC 29425 (FAX 843-792-2945) e-mail: hansonrf@musc.edu.

SEXUAL ABUSE

MATERNAL SOCIAL SUPPORT SYSTEMS ASSOCIATED WITH MALTREATMENT OF PRE-SCHOOL CHILDREN

This study examined the relationship between parental social support and the occurrence of child maltreatment. Subjects were low-income maltreating mothers (mean age 26.1 yrs) of preschool-aged children and a comparable group of mothers with no history of maltreatment. Compared to demographically matched mothers, maltreating mothers listed fewer friends in their social support networks, reported less contact with friends, and gave lower ratings of quality of support received from friends. Maternal depressive symptoms, quality of current relationships, and social support from friends were each independently associated with maltreatment status in logistic regression analysis.

Bishop, S.J., & Leadbeater, B.J. (1999). Maternal social support patterns and child maltreatment: Comparison of maltreating and nonmaltreating mothers. *American Journal of Orthopsychiatry*, 69(2): 172-181.

THREE STUDIES DEMONSTRATE THAT EMPATHY ENHANCEMENT FOR SEXUAL ABUSERS IS A KEY COMPONENT OF TREATMENT PROGRAMS

Enhancement of empathy for victims of sexual abuse may foster a more meaningful therapeutic involvement in sex offenders and may deter relapses. Three studies, with a total of 50 males convicted of sexual abuse (both child abuse and rape), are described in this study. Collectively, these experiments demonstrate that (1) a contextual empathy deficit existed when sexual abusers were experiencing affective precursors to abuse, (2) specialized treatment enhanced abusers' empathy for victims, and (3) treatment effectively eliminated the contextual empathy deficit that was otherwise evident during precursive moods. Empathy enhancement for sexual abuse survivors must be regarded as a key component of sexual abuser treatment programs.

Pithers, W.D. (1999). Empathy: Definition, enhancement, and relevance to the treatment of sexual abusers. *Journal of Interpersonal Violence*, 14(3): 257-284.

CHILD SEXUAL ABUSE IS FOUND TO BE A STRONG PREDICTOR OF ADULT DEPRESSION IN EACH ETHNIC GROUP STUDIED

To investigate the relation of child sexual abuse to depression and whether this relation differed by ethnicity (African Americans, Mexican Americans, Native Americans, and non-Hispanic Whites), 2,003 women (between the ages of 18 and 22 yrs) were surveyed about family histories, sexual abuse, and depression. Reported rates of child sexual abuse were similar across ethnic groups; approximately one-third of each group reported some form of sexual abuse, and about one-fifth of each ethnic group reported experiencing rape. After controlling for background characteristics identified as risk factors for both child sexual abuse and depression, severity of child sexual abuse was significantly related to depressive symptoms only for non-Hispanic Whites and Mexican Americans. Child sexual abuse variables accounted for more variance in depression than background variables only for Mexican American women. Child physical abuse was the strongest predictor of adult depression and was the only significant predictor for each ethnic group.

Roosa, M.W., Reinholtz, C., Angelini, P. J. (1999). The relation of child sexual abuse and depression in young women: Comparisons across four ethnic groups. *Journal of Abnormal Child Psychology*, 27(1); 65-76.

AGE OF INCIDENT AND DELAY OF REPORTING FOUND CRITICAL IN EXPERIMENTS INVESTIGATING JURORS' REACTIONS TO CASES OF REPRESSED MEMORY OF CHILD SEXUAL ASSAULT

Two experiments investigated how mock jurors react to testimony involving claims of a repressed memory in a case involving child sexual assault. Participants read a fictional civil trial summary presented in 1 of 3 conditions: (a) immediate condition, (b) repressed condition, or (c) not-repressed condition. When there was any type of delayed reporting, either the age of the alleged victim at the time of the assault was constant and her age at reporting varied (Exp 1) or the age of the alleged victim at the time of the assault varied and her age at reporting remained constant (Exp 2). The results show that (1) a delay in reporting an incident adversely affected believability of the alleged victim, (2) longer delays in reporting generally led to lower alleged victim believability and fewer decisions in support of the plaintiff than shorter delays, (3) the age of the alleged victim at the time of the incident was a critical variable in determining belief of the alleged victim, and (4) men generally rated believability of the alleged victim lower and ruled in favor of the plaintiff less often than women. The results are discussed in terms of the psychosocial factors affecting the perception of delayed reporting in a child sexual assault trial.

Golding, J.M., Sanchez, R.P., & Sego, S.A. (1999). Brief research report: Age factors affecting the believability of repressed memories of child sexual assault. *Law & Human Behavior*, 23(2): 257-268.

PHYSICAL ABUSE

MRI IS FOUND TO BE THE TEST OF CHOICE FOR CHILDREN PRESENTING WITH UNEXPLAINED NEUROLOGIC SIGNS

This study examined the usefulness of cerebral magnetic resonance imaging (MRI) to detect possible child abuse in children with unexplained neurologic findings. The sample included 208 children referred for suspected physical child abuse to a child protection clinic. Among them, 39 children presented initially with neurological findings. For 27 of them, the CT scan results prompted the diagnosis of child abuse. However, in 12 children (aged 1-8 mo), the diagnosis and/or the mechanisms of the neurologic distress remained obscure. Investigation was completed with MRI studies in those 12 cases. MRI findings were diagnostic for physical abuse in eight cases. A diagnosis of child abuse was made in two more cases by a combination of MRI and skeletal survey findings. In one case, MRI was suggestive but the diagnosis of child abuse could not be confirmed. One case was misinterpreted as normal. It is concluded that MRI is the test of choice to rule out child abuse, when faced with a child presenting with unexplained neurologic signs lasting for a few days.

Chabrol, B., Decarie, J., & Fortin, G. (1999). The role of cranial MRI in identifying patients suffering from child abuse and presenting with unexplained neurological findings. *Child Abuse & Neglect, 23(3): 217-228.*

SIGNIFICANT RELATIONSHIPS FOUND BETWEEN MATERNAL ABUSE POTENTIAL AND DEVELOPMENT PROBLEMS IN PRESCHOOL CHILDREN

This study examined the potential impact of adolescent mothers' abuse on the development of preschool children. The specific aims were to demonstrate relationships between maternal abuse potential and developmental problems in preschool children, to examine these relationships across time, and to determine whether maternal abuse potential predicted developmental delays after controlling for problematic parenting orientations. Using a longitudinal design, the authors examined 146 first-time mothers (aged 14-19 yrs) and their children. Regression analyses revealed significant relationships between maternal abuse potential and a variety of developmental problems. Path analyses revealed unidirectional relationships between abuse potential predicting IQ and adaptive behaviors. Maternal abuse potential at 1 and 3 years predicted intelligence and adaptive behavior at ages 3 and 5.

Dukewich, T.L., Borkowski, J.G., & Whitman, T.L. (1999). A longitudinal analysis of maternal abuse potential and developmental delays in children of adolescent mothers. *Child Abuse & Neglect, 23(5): 405-420.*

STUDY OF CASES REFERRED TO CPS LOOKS AT PATTERNS OF SERVICE INVOLVEMENT AND RATINGS OF SERVICE GOALS AND OBSTACLES

This study examined the treatment histories, and the service needs, concerns, and involvement of cases referred to Child Protective Services (CPS) following an allegation of child physical or sexual abuse, in an effort to document their service experiences. Standardized clinical assessments were conducted with 86 child victims and their caregivers at intake and at a second assessment about four to eight months later. Group differences due to informant type and abuse allegation were examined at each assessment and across time. Thirty percent of the caregivers and children had a past history of psychiatric hospitalization. Reports from both informants at intake identified a range of perceived service needs, treatment goals, and obstacles to service participation. At the post-service assessment, children and their caregivers reported high rates of family (54%, 51%) and parent counseling (50%, 51%), and lower rates for child treatment (13%, 18%). Some significant differences between the two abuse subgroups were found in their patterns of service involvement and in their ratings of service goals and obstacles. Four variables predicted overall family service use at intake: child is Caucasian, low child anxiety, high parental distress, and parental abuse history as a child.

Kolko, D. J., Seleyo, J., & Brown, E. J. (1999). The treatment histories and service involvement of physically and sexually abusive families: Description, correspondence, and clinical correlates. *Child Abuse & Neglect, 23(5): 459-476.*

OTHER ISSUES IN CHILD MALTREATMENT

REVIEW OF THE LITERATURE CITES CURRENT FINDINGS ON RESILIENCE TO MALTREATMENT IN CHILDHOOD AND ADOLESCENCE

This article reviews the current research literature on resilience to maltreatment in childhood and adolescence. First, the methodological issues applicable to this area of research are addressed. Second, the empirical literature on the protective factors believed to contribute to resilience to maltreatment are reviewed. Finally, specific issues raised in each study are addressed. The current findings are summarized and an integrated descriptive picture, based on the extant literature of the processes and factors contributing to the development of resilience to childhood maltreatment, is outlined.

Heller, S. S., Larrieu, J.A., D'Imperio, R., & Boris, N. W. (1999). Research on resilience to child maltreatment: Empirical considerations. *Child Abuse & Neglect, 23(4): 321-338.*

CREATION OF AN OMBUDSMAN'S OFFICE LEADS TO CHANGES IN CHILD WELFARE SYSTEM

This article examined the changes in a child welfare system created by establishing an ombudsman's office to investigate complaints regarding children in the foster care, adoption, and child protection systems. Serving as a complaint office, the Michigan Office of Children's Ombudsman investigated 443 cases involving 820 children, during its first 18 months of operation. Information was collected regarding the nature of abuse and system concerns identified in child protective services, foster care, and adoption agencies from across the State. Information was also collected regarding changes in agency practices or procedures and legislation resulting from case investigation. The Children's Ombudsman in Michigan identified 209 cases in which "administrative acts" of child protective services, foster care, or adoption agencies led to real or potential harm to children. Through investigation of these complaints, a number of areas of concern in the child welfare system were identified, resulting in changes in case management, investigation, and service provision.

Bearup, R. S., & Palusci, V. J. (1999). Improving child welfare through a children's ombudsman. *Child Abuse & Neglect*, 23(5): 449-457.

CONFERENCES

October 31-November 2, 1999. *National Association of Public Child Welfare Administrators Fall Meeting.* Savannah, Georgia. Sponsored by the American Public Human Services Association. Visit Website at www.aphsa.org.

November 6-19, 1999. *13th Annual Conference, Counseling and Treating People of Color, An International Perspective.* Honolulu, Hawaii. Call 516-444-2139.

November 14-17, 1999. *15th Annual Meeting, International Society for Traumatic Stress Studies.* Miami, Florida. Sponsored by the International Society for Traumatic Stress Studies of Illinois. Call 847-480-9028.

November 14, 1999. *Advanced Training Institutes* held in conjunction with the Northeast Child Maltreatment Conference. Call APSAC at 312-554-0166.

November 15-17, 1999. *Northeast Child Maltreatment Conference.* Providence, Rhode Island. Sponsored by MSPCC, APSAC, MRCAC, and Tufts University School of Medicine. Call 617-636-6579.

December 1-4, 1999. *3rd Annual Pediatric Forensic Issues.* Lake Buena Vista, Florida. Sponsored by the Institute for Pediatric Medical Education & Society for Pediatric Pathology. Call 301-263-9360.

December 6-7, 1999. *Kid Power Health & Safety Forum.* Washington, D.C. Presented by The Kid Power Xchange. Call 800-882-8684 or 973-256-0211.

January 27-28, 2000. *Stop the Hurt! Child Sexual Abuse Conference.* Tupelo, Mississippi. Sponsored by Stop the Hurt Foundation and the Create Foundation, Inc. Call 662-841-3872.

March 7-10, 2000. *16th National Symposium on Child Sexual Abuse.* Huntsville, Alabama. Sponsored by the National Children's Advocacy Center. Call 256-534-1328.

March 7-10, 2000. *Great Lakes Native American Conference.* Sponsored by the Great Lakes US Attorney's Offices (MI, MN, WI), US Dept. of Interior-Bureau of Indian Affairs Law Enforcement Services, and US Dept. of Justice, Office for Victims of Crime. Call 616-456-2427 X3032.

September 23-27, 2000. *5th International Conference on Family Violence.* San Diego, California. Sponsored by the Family Violence and Sexual Assault Institute. Call 619-623-2777 X406 or email jmarciano@mail.cspp.edu.

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PRELIMINARY PROGRAM TOPICS

1. **Child Forensic Interviewing, All it Takes Is All You've Got!** *Kathleen Faller, PhD, ACSW and Kee MacFarlane, MSW*

Using lecture, discussion, and videotaped examples, faculty will address: 1) advanced question design techniques; 2) the assessment of children's credibility; 3) understanding fantasy-like statements in children's accounts of abuse; 4) uses and misuses of anatomical dolls; 5) the use and interpretation of anatomical and free drawings; 6) videotaping as documentation; 7) current law and practice regarding documentation; and 8) possible challenges to interview integrity and validity.

2. **Providing Objective and Effective Testimony in Court: Issues for Witnesses and Attorneys,** *Ben Saunders, PhD and Paul Stern, JD*

This interdisciplinary Institute is intended for professionals such as social workers, psychologists and physicians, who deliver expert witness testimony in child abuse litigation, and attorneys who present it. The Institute will describe issues surrounding the various witness roles in the legal process and points regarding the delivery and presentation of testimony. Special consideration will be given to insuring objectivity in developing professional opinions and methods for delivering testimony in an effective manner.

3. **Fatal Child Abuse: Identification, Investigation and Case Review,** *Lt. Mike Hertica, Brian Holmgren, JD, and Dirk Huyer, MD*

Investigations are best accomplished through the use of an interdisciplinary team with significant involvement of law enforcement and medical professionals. Using actual case examples, the team of presenters will discuss case management strategies. Common problematic situations will be illustrated, and the role and benefit of child death review teams will be discussed.

4. **Child Exploitation and Computer Crimes against Children,** *Dan Armagh, JD and Det. Robert Farley, MS*

This Institute will present an overview of the dangers children face in this new frontier, including child pornography and sexual predators who use the Internet to lure new victims. The Institute will review investigative techniques and strategies for prosecution of Internet crimes.

5. **Medical Evaluation of Child Sexual Abuse,** *Carolyn Levitt, MD and John McCann, MD*

Faculty will introduce and integrate recently published information to shed light on the cases presented. Topics covered include CDC guidelines on the treatment of sexually transmitted diseases, a review of recent medical literature and the implications for clinical practice. Diagnostic problems and entities that may mimic child sexual abuse will also be addressed.

6. **Medical Evaluation of Physical Abuse,** *Randell Alexander, PhD, MD and Howard Dubowitz, MD*

In-depth review of the diagnosis and evaluation of physical abuse for advanced medical professionals and experienced allied professionals. Speakers will use both lecture and case presentation to illustrate elements that distinguish accidental from intentional injuries. Uses of radiography and recently published medical literature will also be integrated into this Institute.

7. **The Application of PCIT Interaction Therapy with Different Populations,** *Anthony Urquiza, PhD*

PCIT was initially developed to assist parents whose children have severe behavioral problems. This Institute will discuss the treatment effectiveness of PCIT with different populations such as, at-risk families, different cultural groups and foster families. Single case and group data will be presented to support the applicability of PCIT.

8. **Critical Issues in the Management of Abuse-Specific Psychotherapy,** *Veronica Abney, LCSW, Jon Conte, PhD, Lisa Fontes, PhD, Anthony Mannarino, PhD.*

This intensive Institute will address critical issues in the management of psychotherapy with abused children, adult survivors, and their families. Faculty will review the nature of critical problems which arise in therapy, discuss how to identify these potentially disrupting or conflicting processes before they threaten the therapy, and discuss their management within the therapy and in the life of the therapist. Specific issues will include boundary and role conflicts, countertransference and transference processes, cross cultural therapy, and the effects of trauma on children, adolescents, and adult survivors.

(See Reverse to register)

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APSAC ADVISOR CALL FOR ARTICLES

The *APSAC Advisor* is inviting submission of manuscripts for possible publication in a forthcoming issue. The purpose of the *Advisor* is to serve as a forum for succinct, practice-oriented articles and features that keep interdisciplinary professionals informed of the latest developments in the field of child maltreatment. *Advisor* readers are the more than 4,500 social workers, physicians, attorneys, psychologists, law enforcement officers, researchers, judges, educators, administrators, psychiatrists, counselors, and other professionals who are members or supporters of APSAC.

Appropriate material: *Advisor* editors are interested in articles that focus on particular aspects of practice, detail a common problem or current issue faced by practitioners, or review available research from a practice perspective. Practical, accessible articles are sought on such topics as the effects on children of testifying in court; current legal, medical, child protective service, law enforcement, and other issues in the field; delivering expert testimony; differential diagnosis of abuse-like symptoms; medical treatment of abuse; effects of treatment for children, adult survivors, and offenders; collection of forensic evidence; cultural differences in the incidence of and response to child maltreatment; intervention strategies in the schools; and professional issues such as ethical dilemmas, burnout, and interdisciplinary partnerships. This list is by no means exhaustive.

Inappropriate material: Articles should be well documented and of interest to a national audience. The *Advisor* is not an appropriate outlet for poetry or fiction, anecdotal material, original research-based or theoretical articles, or case studies.

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