

# APSAC ADVISOR



AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

**IN THIS ISSUE:**

**SPECIAL SECTION ON SCHOOLS AND MALTREATMENT**

Edited by Ilene R. Benson, PhD

**The Roles of Schools  
in Addressing  
Child Abuse and Neglect**

*Ilene R. Benson, PhD*

Benson, editor of this special section, introduces the section by demonstrating how educators, other child-serving professionals, parents, and students can build an alliance and thus ensure the best interests of children in a culture of caring in schools.

**4**

**Decision-making Processes  
Used by Teachers in Cases of  
Suspected Child Abuse**

*Dr. Faye McCallum and Dr. Bruce Johnson*

This article highlights the universal and global issues associated with preparing educators to participate in the child protection system. It discusses a qualitative study that investigated the complex and very personal decision-making of teachers about whether to report suspected abuse. This paper also exposes a mismatch between the training approaches used to educate teachers about reporting and the complex demands of decision-making processes confronting teachers.

**7**

**Advocating to Resolve Educa-  
tional Problems of Children  
in Foster Care**

*Andrea Zetlin, Ed.D.  
Lois Weinberg, and Roni Tunick*

The authors explore the support needed for children in the classroom to optimize their academic functioning. Pointing out the struggles and failures of most schools to prevent child abuse and neglect, they go on to show the benefits of educational specialists, advocates for foster care children experiencing special educational problems.

**11**

**Public Abandonment of New-  
borns: Policies and Practices in  
the United States and  
Around the World**

*Sandra K. Cesario, RNC, PhD  
Sharon Kolbye, RN  
Evie Michelle Furgeson, SN*

The motivations for abandoning newborns shortly after birth are varied and dependent upon the social norms of a specific geographic region at a given point in time. A wide variety of approaches are being implemented in the United States and around the world to address this issue. The available but limited literature regarding newborn abandonment classifies the newly introduced or proposed interventions into six categories including "Safe Haven" laws, "Baby Drops," adoption at birth, family planning programs, government mandates on family fertility, and community efforts to address local needs. Interdisciplinary strategizing and general awareness are the best catalysts to build supports for pregnant women and unwanted newborns.

**24**

**Regular Features:**

Message from the President.....	2
News of the Organization.....	15
Conferences in 2002.....	22
2002 Board of Directors.....	23

**Also in This Issue:**

2002 Colloquium Auction Donor Form.....	16
APSAC Advanced Training Institute.....	17
Recent APSAC Publications and Order Form.....	18
2002 Colloquium Announcement and Registration.....	20

## VOLUNTEERS

Dear colleagues,  
It is with great anticipation that I assume the role of APSAC President. Having served as President from 1987 to 1989, I have had many people smile at me and suggest that perhaps I can get the job right this time! I intend to. More importantly, it looks to be a good time to be President of APSAC.

As most members know, the past few years have been difficult for APSAC. Over the 1990s we grew too fast without the infrastructure to support our core functions. Strapped with too large an office in Chicago and other bad debts, in 2000-2001 we had to virtually close the Chicago office, eliminate staff, and have the Board take on management functions. Under the able leadership of Sandra Alexander and an Executive Committee who committed many hours weekly to running the organization, APSAC begins 2002 in a much stronger position.

Thanks to the hard work of Board Member Cindy Swenson and APSAC contract membership manager Toby Smith, a new membership data base was established. This involved the time-consuming task of entering all existing and new members. Last year the Board moved to an annual membership renewal at the beginning of each calendar-year. We're able to track members, report memberships to state chapters, and see that members get mailings. If for some reason you are not getting *Child Maltreatment*, *The Advisor* and other mailings please contact Toby or Cindy at [gethsemani@comcast.net](mailto:gethsemani@comcast.net).

If current projections continue, APSAC will be almost debt free by the end of this year. We'll be looking for increased donations from members and nonmembers over this year. At this time we can safely say that a donation to APSAC is not money poorly spent. APSAC is growing stronger. As reported in this *Advisor*, we have new board members who bring diverse professional and regional experience to APSAC. We have a strong Board and a membership of 3,800.

Our Colloquium in New Orleans, May 29 to June 1, has an exiting range of new presenters and field-initiated programs. This represents APSAC's commitment to expanding expertise and diversity in the field. It's a dynamic and exciting program and many of us feel the only problem is that we want to go to more than one presentation scheduled at the same time. My grandmother would have called this a problem of "too many riches"!

Last year the Board extended the term of President

to two years. My goals for my term as President will be to refocus our energies on core functions of education, publication, and support to professionals who work in child maltreatment. I hope to involve a larger number of members in core functions. I hope to see that APSAC expands its education program to regional institutes and more trainings. The *Advisor* is back to regular publication and we hope to see new publications, more Guidelines, and other training materials.

I am using this - my first communication with the membership as President - to ask for volunteers. The Board is in the process of establishing four short-term task forces. These will meet via e-mail or telephone and at either our January meeting in San Diego or at the Colloquium. If you are interested in working with one of these task forces please contact me at [contej@u.washington.edu](mailto:contej@u.washington.edu).

## Task Forces

### 1. Certification of child interviewers

APSAC has had a long-term interest in improving the quality of professional practice. Certification/credentialing of professionals has been among the issues on and off the agenda over the entire history of APSAC. This task force will review the pros and cons of certification and credentialing of professional practice. It will review the legal ramifications and the cost/benefits of such a program for APSAC. It will review the nature of current quality assurance mechanisms for professional practice and identify the alternative approaches that APSAC might consider in moving forward with a certification/credentialing process. Specific attention will be paid to child interviewing as an example of possible certification or credentialing activity.

### 2. Advance clinical training

APSAC has a significant membership from the therapy profession. APSAC has been known for its advanced training. APSAC members are among the national leaders in mental health services to abused children. This task force will be asked to explore the desirability and feasibility of an advanced clinical training experience. This training shall address all forms of child abuse and must be multi-theoretical. This task force will review the need for such training, identify the learning objectives and content domains for such training, and explore different training formats from one or more days of training (similar to our current Institutes) to more extended training (e.g. several times a year over a

## COLLIQUIUM

## TASK FORCES

year or two duration). The task force will generate recommendations about the desirability, feasibility, and format for such training.

### 3. CPS/law enforcement task force

APSAC has long struggled with ways to recruit and meet the needs of more law enforcement and child protection workers. This task force will examine the reasons that APSAC has failed to reach significant numbers of law enforcement and child protective services workers and will explore the feasibility of recruiting more significant numbers of these child abuse professionals. The task force will undertake a survey of these professionals as part of its deliberations. The task force will determine if a recruitment effort of these professionals is worthwhile and what such an effort might involve.

### 4. Inter-group cooperation.

APSAC is one of a number of organizations nationally and worldwide that deals with some aspect of child maltreatment. This task force will review the extent of national and international efforts; review existing agreements between APSAC and the National Call, ISPCAN, and others; and recommend the role APSAC should take with these other organizations and the priority for action given the current status of the organization and the needs of the field.

Finally, let me invite you to help me do the best possible job as President. I am interested in your ideas, concerns, hopes, and criticisms of APSAC. Please do not hesitate to contact me with any of your concerns or ideas. I can best be reached via e-mail at [contej@u.washington.edu](mailto:contej@u.washington.edu).

I look forward to working with you over the next two years.

Jon R. Conte, PhD  
President



"CHARTING OUR PROGRESS TOWARD PROTECTION OF CHILDREN WORLDWIDE"  
Join us in Denver, Colorado, U.S.A., July 7-10, 2002  
to celebrate the 25<sup>th</sup> Anniversary of ISPCAN.

ISPCAN  
JULY 7-10, 2002  
DENVER, CO USA

---

Save by registering before April 1, 2002.  
ISPCAN Members pay \$495(US). Developing Countries pay \$295(US).  
Call for Papers – deadline November 17, 2001.

We'll be commemorating the 40th Anniversary of the publication of "The Battered Child Syndrome," the landmark article written by Dr. C. Henry Kempe, which brought the problems of abuse and neglect to public attention worldwide.  
It will also be the 30th Anniversary of the Kempe Children's Center, which he founded to help prevent, treat and research the global problem.

Kempe Children's Foundation & Kempe Children's Center  
For conference information, visit: [www.kempecenter.org](http://www.kempecenter.org)  
or contact us by e-mail: [2002@kempecenter.org](mailto:2002@kempecenter.org)

APSAC: Ensuring that everyone affected by child abuse and neglect receives the best possible professional response.

## The Role of Schools in Addressing Child Abuse and Neglect

Ilene R. Berson, PhD

Louis de la Parte Florida Mental Health Institute  
University of South Florida

Educators in school settings across the nation serve as a critical first line of defense in assisting with the identification and prevention of child abuse and neglect. Due to the extensive interaction between school personnel and students during the school day, educators have an important opportunity to observe children, establish a reasonable level of suspicion, and report suspected incidents. Educators in this process may play an integral role; however, they tend to lack confidence in their range of knowledge of abuse and their ability to provide appropriate intervention services to victimized children and their families. Consequently, as communities struggle to address the serious social and public health problem of child abuse and neglect, educators often find themselves inadequately prepared to assist child victims in the classroom.

In this issue of the *APSAC Advisor*, two articles focus on the role of schools in addressing child abuse and neglect. Faye McCallum and Bruce Johnson present an Australian perspective on teachers as reporters of maltreatment in their piece, "Decision-Making Processes Used by Teachers in Cases of Suspected Child Abuse." Their discussion highlights the universal and global issues associated with preparing educators to participate in the child protection system. In advocating to "Resolve Educational Problems of Children in Foster Care," Andrea Zetlin, Lois Weinberger, and Roni Tunick explore the subsequent support needed for children in the classroom to optimize their academic functioning. The authors of both articles note that most schools have struggled with the recognition of child victims of maltreatment, have failed to extend special services to abused and neglected children, and have faltered in constructing productive coalitions with families that may serve as a form of protection for the child and support for the parents.

### Educators as Mandated Reporters

Schools have an important responsibility in the protection of children and serve as the system that bridges the family and community into a social network for the child. As a principal recently stated in the investigation of a child fatality, "The schools are the eyes and the ears of the community."

Educators have a legal mandate to report suspected child maltreatment in all 50 states. This responsibility arises from the close interaction between school personnel and children in a professional context that provides an opportunity to observe and intervene for the protection of children and the support of families.

Although the legal requirement amplifies the role of educators as advocates for children, the complex issues that surround abuse and neglect often result in the unrealized potential to use schools as a resource that responds to the needs of child victims. Educators typically remain unclear about applicable laws and reporting procedures

(Baxter & Beer, 1990; McIntyre, 1987; Berson & Berson, 1999). Among professionals who interact with children, teachers are the least knowledgeable about child abuse information (Reiniger, Robison, & McHugh, 1995). Relatively few education training programs require curriculum on child victimization for certification (Berson & Berson, 2001; McEvoy, 1990), and although educators take coursework in child development, they have little exposure to information on family functioning (Berson, Berson, & Wolper, 2001; Friedman & D'Agostino, 1980). The vast majority of teachers have received no training on child abuse during their college education and little to no supplementation of information during inservice training (Berson, Berson, & Wolper, 2001; Hazzard, 1984; McIntyre, 1987; 1990). A lack of adequate knowledge has been identified as a significant barrier to detecting and intervening on behalf of victimized children.

Even when teachers are aware of their mandatory obligations, they are significantly less likely to report abuse than other education professionals (Crenshaw, Crenshaw, & Lichtenberg, 1995). Teachers may be hesitant to report when they believe that (a) parents are justified in their method of discipline, (b) the right to family privacy supercedes community intervention, (c) they may experience professional or personal retribution or legal ramifications, (d) parent-teacher relationships will be adversely affected, or (e) reporting makes no difference in promoting safety for children.

Compliance with mandated child abuse reporting laws also may be adversely impacted by policies and procedures in the school systems. Many school reporting procedures diffuse responsibility to designated reporters; however, this policy may contribute to teachers ignoring their duty to report. If educators believe that the responsibility for reporting abuse lies with the administrator, they may expect someone else to act on suspicions of victimization. Especially problematic is the issue that these models may violate mandatory reporting laws, which often dictate that "mandated reporters remain liable for their suspicions even if they have reported to the designated receiver" (Crenshaw, Crenshaw, & Lichtenberg, 1995, p. 1110). Findings from the Third National Incidence Study of Child Abuse and Neglect and the School Sentinel Questionnaire Follow-up Study concluded that (a) school policies often permit gatekeeping by school officials that perpetuates nonreporting of suspected abuse and (b) there is a tremendous need for improved training.

### Dimension and Scope of Problem

Although more than one half of the children who have been victims of child maltreatment are school age and an estimated 89% of teachers are in contact with abused and neglected children in their classrooms, less than 15% of the filed reports of suspected abuse come from educators (U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect [NCCAN], 2000). Teachers typically do not feel equipped to address their evolving role in safeguarding the emotional and physical well-being of children. A general lack of knowledge of child abuse combined with an overburdened staff means that many cases of abuse are overlooked. Detection can be complicated by competing priorities of an intense

work schedule in schools with crowded classrooms (Tite, 1994). Teachers may have little time to engage in intensive reflective observation of individuals in the schools and lack skills in discerning what is a serious injury.

Even more pervasive is a lack of understanding of how to respond when the impact of neglect and abuse affects the educational and socio-emotional development of the child. Confusion over appropriate responses to victimized children has resulted in a pervasive failure by significant adults to protect children and ensure their safety. Even those teachers who have received training in reporting laws and their legal responsibility to act on their suspicions of maltreatment typically report that they lack an understanding of abuse dynamics, family functioning, and child protection systems. In fact, their knowledge base may be clouded by myths about abuse that leave them helpless in the face of children who desperately need competent and caring support networks.

### **Training**

Though many school districts have developed policies and procedures for staff to address their roles as mandated reporters, often lacking are specific training and support on the complex issues of abuse and neglect, which are important supplements to policy manuals and handouts. Similarly, the university training programs fail to specify policies for educator training in child abuse identification, reporting, and intervention.

The necessity of involving educators in the response to child maltreatment is supported by evidence that indicates that child abuse or neglect can contribute to educational and behavioral difficulties in the classroom. In some cases, the abuse is associated with subsequent impairments of children's cognitive, emotional, or behavioral functioning, which necessitates special education services. In other cases, the interaction of a child with a disability and parental/family stressors may contribute to a higher risk of abuse in the home. School-based interventions that are structured without regard for complex family problems fail to optimize the coordination of assistance and support. It is critical that educators understand the multidimensional symptoms and effects of child maltreatment.

School personnel are aware of the gaps in their knowledge, and many are interested in further training to assist them in servicing children. In a study conducted by Berson, Berson, and Wolper (2001), only 23% of teachers indicated that they were very well prepared to report child abuse, and just 10% of preservice teachers noted a high level of preparation in child maltreatment. Overall, teachers and school personnel do not report cases of abuse at a rate that reflects the degree of contact they have with children.

Some studies have found that two-thirds of teacher-initiated reports do not go beyond the principal's attention, and the majority of children in need of help "masquerade as normal so convincingly that their abuse will go completely undetected" (National Child Rights Alliance, 1997). Although preservice education can provide a general foundation of knowledge on child abuse, in service training is

necessary to establish an applied understanding within the context of the local community and school. Moreover, inservice training establishes a district and school culture that values children's well-being and commits to combating child abuse and neglect.

The need for a working knowledge of abuse and neglect is critical for educators to fulfill their basic functions in detecting, responding, reporting, and accessing supportive services for the child. Though it has often been assumed that teachers are in the ideal position for detection, their intense work schedules and the nationwide focus on accountability may distract their attention from close and personal interactions with children, which are needed to recognize the nuances of abuse. Added to an insufficient knowledge base, a reluctance to interfere in family issues, and fear of consequences to the child and themselves, the difficulty of reporting becomes clear.

### **Beyond Reporting: The Implementation of Prevention and Intervention Programs**

Many school districts have established procedures for reporting; however, the intent of the legal mandate is not just to legislate a report, but also to reinforce action for the protection of children. With regard to schools, action can extend to monitoring the intellectual, physical, and socio-emotional functioning of children; creating a supportive and caring climate in the classroom; and offering interventions in conjunction with community agencies. Despite their extensive access to children, many educators have not realized their opportunity to intervene on behalf of a maltreated child. Overall, educators reported a limited understanding of ways to work with abused children in the classroom. Formal training is infrequent and limited. Moreover, it tends to focus on indicators of abuse for identification and places little emphasis on intervention skills for dealing with families in crisis.

This identified need presents an opportunity to introduce developmental interventions to educators that empower abused and neglected children with constructive problem-solving skills and build on their strengths, interests, and capacity to cope with stress. Teachers need to create a classroom environment that is safe, nurturing, and responsive to the needs of an abused child. Children's ability to achieve is impacted by fulfillment of these basic needs and can be accomplished by communication and conflict management strategies to provide alternatives to rage, violence, and despair. Thus, the classroom needs to foster a strength-based orientation and approach so that academic success may contribute to resilience.

### **Preventing and Intervening in the Victimization of Children**

To ensure that all schools have an effective and caring approach to intervention, we need community-wide planning that involves families and neighborhood agencies in forming comprehensive plans and coordinating interagency services. Educators need guidance in recognizing the broader response needed to respond to suspected child abuse and neglect. Obligations of educators extend beyond the legal mandate of reporting and include the professional dictate of fostering intellectual and emotional development. This can be

achieved by observing a child's strengths, skills, interests, talents, and methods of coping with distress as well as assuring appropriate interventions that respond to the child's academic challenges and demands (Barrett-Kruse, Martinez, & Carll, 1998). Effective intervention offers empowerment of young victims with constructive problem-solving skills and caring, supportive contexts. Beyond the legal responsibility to report abuse, teachers have opportunities to create classroom environments where all children feel safe, valued, and respected (Lowenthal, 1996).

When child-serving professionals structure a role for educators in a multidisciplinary partnership between school, community, mental health, medical, social service, and law enforcement professionals, teachers report increased levels of certainty in their identification of abuse. They also minimize perceived costs of reporting while maximizing benefits (Berson & Berson, 2001). Resources dedicated to the development and sustenance of collaborative partnerships among families, educators, and community agencies are necessary not only to engage educators in their mandated responsibility as reporters, but also to lead comprehensive school-based interventions that prevent and treat child maltreatment and its consequences.

Schools cannot address issues of abuse and neglect in isolation. Without adequate systems of care that offer support and interventions, educators may resort to further perpetuation of policies of containment and control as social stressors take their toll on fragile children. Interagency collaboration and the pooling of resources are critical. Establishing a collaborative endeavor that includes multidisciplinary groups and education programs may bridge the rift between teacher training and practice standards. In this way, we can meet the needs of children victimized by abuse. With the assistance of community partnerships, educators, who may be among the first professionals to interact with a child during and following victimization, may learn to (a) serve as informed resources by being knowledgeable about child abuse and neglect; (b) respond appropriately to the disclosure of abuse, including accessing crisis intervention for the child; (c) react appropriately to emotional and behavioral indicators of abuse in the classroom setting; (d) report suspected abuse to the proper authorities; and (e) collaborate with community agencies and resource providers in responding to suspected maltreatment. Together educators, other child-serving professionals, parents, and students can build an alliance and thus ensure that the best interests of children are promoted through a culture of caring in the schools.



**Ilene R. Berson** is an assistant professor in the Department of Child and Family Studies at the Louis de la Parte Florida Mental Health Institute at the University of South Florida in Tampa. She also serves as the director of the Consortium for Child Welfare Studies. Her research focuses on creating safe, supportive school environments for child victims and investigating preventative interventions for child safety and prosocial development in cyberspace. She can be contacted at [berson@mirage.fmhi.usf.edu](mailto:berson@mirage.fmhi.usf.edu)

### References

- Barrett-Kruse, C., Martinez, E., & Carll, N. (1998). Beyond reporting suspected abuse: Positively influencing the development of the student within the classroom. *Professional School Counseling, 1* (3), 57-60.
- Baxter, G., & Beer, J. (1990). Educational needs of school personnel regarding abuse and neglect. *Psychological Reports, 67*, 75-80.
- Berson, I. R., Berson, M. J., & Wolper, M. A. (2001). *Educators' intervention practices and training needs on child maltreatment*. Tampa, FL: The University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI), Department of Child and Family Studies.
- Berson, M. J., & Berson, I. R. (1999). Recognizing and responding to child maltreatment: A teacher's challenge to care. In J. M. Seryak (Ed.), *Dear Teacher: If You Only Knew* (2nd ed.). Bath, OH: The Dear Teacher Project.
- Berson, M. J., & Berson, I. R. (2001). Collaborative partnerships: Transforming educators' response to child maltreatment. *The International Journal of Educational Policy, Research, and Practice, 2*(1), 65-75.
- Crenshaw, W. B., Crenshaw, L. M., & Lichtenberg, J. W. (1995). When educators confront child abuse: An analysis of the decision to report. *Child Abuse & Neglect, 19* (9), 1095-1113.
- Friedman, R. M., & D'Agostino, P. A. (1980). The effects of schools upon families: Toward a more supportive relationship. In R. Volpe, M. Breton, & J. Mitton (Eds.), *The Maltreatment of the School-Aged Child*. Lexington, MA: D.C. Heath.
- Hazzard, A. (1984). Training teachers to identify and intervene with abused children. *Journal of Clinical Child Psychology, 13*(3), 288-293.
- Lowenthal, B. (1996). Educational implications of child abuse. *Intervention in School and Clinic, 32*(1), 21-25.
- McEvoy, A. W. (1990). Child abuse law and school policy. *Education and Urban Society, 22*, 247-257.
- McIntyre, T. C. (1987). Teacher awareness of child abuse and neglect. *Child Abuse and Neglect, 11*, 133-135.
- McIntyre, T. (1990). The teacher's role in cases of suspected child abuse. *Education and Urban Society, 22*(3), 300-306.
- National Child Rights Alliance. (1997). <http://linux.hartford.edu/~jerry/ncra.html>
- Reiniger, A., Robison, E., & McHugh, M. (1995). Mandated training of professionals: A means for improving reporting of suspected child abuse. *Child Abuse & Neglect, 19*, 63-69.
- Tite, R. (1994). Detecting symptoms of abuse of child abuse: Classroom complications. *Canadian Journal of Education, 19*, 1-14.
- U.S. Department of Health and Human Services, Children's Bureau. (2000). *Child maltreatment 1998: Reports from the states to the National Child Abuse and Neglect Data System*. Washington, DC: Government Printing Office.

## Decision-making Processes Used by Teachers in Cases of Suspected Child Abuse

Dr. Faye McCallum and Dr. Bruce Johnson  
Centre for Research in Education, Equity and Work  
University of South Australia

### Introduction

Child abuse and neglect are major social problems. A common response has been the passage of legislation in most North American, Australian, and European jurisdictions, which requires a wide range of professionals to report suspected cases of abuse to welfare authorities (Gilbert, 1997). However, despite legally binding sanctions, under-reporting still exists (Elliot, 1996).

For example, Johnson (1995) found that 45% of the teachers he surveyed in South Australia did not notify welfare authorities when they suspected abuse. Their main reasons for not reporting were fear for the immediate well-being of the child following a report and lack of faith in the capacity of authorities to respond appropriately following notification. Yet, little more is known about the private and group decision making of professionals—in particular, teachers—as they consider cases of suspected child abuse or neglect.

In this paper, we discuss a qualitative study that investigated the complex and very personal decision making of teachers about whether to report suspected abuse. The study exposes a mismatch between the training approaches used to educate teachers about reporting and the complex demands of decision-making processes confronting teachers. The implications of this mismatch are discussed.

### Under-reporting: Review of Literature

Lumsden (1992) and Finkelhor and Zellman (1991) suggest there is general agreement that the under-reporting of suspected child abuse and neglect is a problem among all mandated professionals, including teachers. Searching for the reasons for under-reporting by professionals in South Australia has preoccupied researchers from many fields. A review of literature suggests that under-reporting is influenced by the following factors:

- lack of confidence in the ability of welfare organizations to deal appropriately with reports (Johnson, 1995; Crenshaw et al. 1995; Morris, Johnson, & Clasen 1985; Saulsbury & Campbell 1985)
- lack of evidence to support a suspicion of abuse (Kalichman, Craig, & Follingstad, 1988)
- professional ethics to maintain client confidentiality (Kalichman & Craig, 1991; Thompson-Cooper, Fugere, & Cormier, 1993)
- lack of knowledge of the indicators of abuse (Reiniger, Robison, & McHugh, 1995; Hay, 1988; Bavolek, 1983)

- ignorance of legal obligations (Reiniger, Robison, & McHugh, 1995; Hay, 1988)
- inadequate training in reporting procedures (Abrahams, Casey, & Daro, 1992; Reiniger, Robison, & McHugh, 1995)
- reluctance to become involved in legal proceedings (Hay, 1988)
- lack of professional experience (Barksdale, 1988; Nightingale & Walker, 1986)
- the age of a victim, with under-reporting increasing with the age of the victim (Kalichman & Craig, 1991; Zellman, 1992)
- type of abuse, with emotional abuse and sexual abuse being most under-reported (Levin, 1983; McIntyre, 1990)
- fear for the future welfare of the victim (Johnson, 1995; Winefield & Castelle-McGregor, 1986; Newberge, 1983)
- fear for personal safety, particularly in small communities (Pollack & Levy, 1989)

**45% of the teachers surveyed in South Australia did not notify welfare authorities when they suspected abuse.**

In order to investigate these and other factors that may influence reporting behavior, a qualitative, interpretive study was conducted in South Australia to provide insights into teachers' deliberations, thoughts, feelings, and past experiences related to suspected child abuse. The aim of the study was not simply to support or refute pre-stated hypotheses, but to contribute a deeper understanding of teachers' thinking and decision making about reporting abuse (Glaser & Strauss, 1967).

### Methodology

Purposive sampling (Lincoln & Guba, 1985) was used to select teachers for the study. This was a theoretical and practical consideration rather than one based on randomness in order to facilitate the selection of informants with knowledge relevant to the aims of the study (Morse, 1989). For example, the teachers needed to have had relevant experiences with children they suspected were being abused. Fifteen participants were thus selected to be interviewed using a semi-structured protocol. Interviews were audiotaped and later transcribed.

To help cope with the demands of text management and analysis, each transcribed interview was introduced to the innovative text analysis computer program, NUD•IST (Richards & Richards, 1993). The analysis involved reading and categorizing segments of text and instructing NUD•IST to code these segments within a logical and hierarchical conceptual schema. Using this schema, coded sections of each interview were then retrieved and analysed to discern patterns, trends, common themes, inconsistencies, and idiosyncrasies in teachers' perspectives on reporting suspected child abuse and neglect.

cont'd on page 8

### Findings

The study revealed that teachers had many professional and personal concerns when making decisions about whether to report suspected child abuse. These relate to the following:

- concerns over a lack of evidence of abuse
- concerns over a lack of knowledge of the signs of abuse due to inadequacies in training
- a lack of confidence in welfare authorities' willingness and ability to act on reports
- restrictive school level consultation processes
- personal fears of the consequences of reporting
- teachers' strong moral grounds for reporting suspected abuse.

Although these concerns inevitably led to the under-reporting of abuse by some teachers, the study also revealed teachers' strong moral grounds for reporting suspected abuse despite their concerns. Next, we explore these issues, showing their implications for teacher training and development. After challenging the dominant view of the reporting process as a legalistic and mechanistic set of actions, we present a more holistic and grounded view of the decision-making processes used by teachers.

### Concerns Over Lack of Evidence of Abuse

Developing a "suspicion" of abuse is a highly subjective process involving judgements about what counts as sufficient evidence. As one teacher said in her interview,

I guess it depends [on] what you mean by "suspected." If there is enough evidence, like the child's behavior has changed dramatically, or there are changes in the child's emotional response, then I have reported. But there have been times when I haven't been sure and I guess that is the difference between "suspecting" and having that "oh I don't know" niggling feeling. (Experienced female elementary school teacher)

Teachers also revealed that they often needed to collect evidence over time before forming a positive suspicion that led to a report. Similarly, if teachers felt that a situation was a one-off, like in the examples below, then they wouldn't report.

There was a case with a 5-year-old boy who came to school with a carpet burn across his face and I asked, "What happened to you?" and he said, "We were playing and Dad pushed me down" so I left it at that. (Experienced female elementary school teacher)

I knew this kid reasonably well and there were never any signs, then one day there was a bruise. When I looked into it, yes, the child had got a whack from a parent. The child was casual about it, and I hadn't seen any prior signs. It was a one-off as far as I was concerned and I treated it that way, so I didn't report. (Experienced female elementary school teacher)

Thorson (1996), in Gough and Healy (2000), suggests that it is extremely difficult to be precise about the evidence that is needed to form a suspicion that a child is being abused. A vivid example of this problem was shown in a recent legal case in Victoria, Australia, in which a charge against a school principal was dismissed on the grounds that she had not formed a "belief" that a child was being abused. Although a belief infers a higher degree of conviction than a suspicion, nevertheless, the same evidential difficulties exist.

Dilemmas over the adequacy of evidence are not confined to this study. For example, Bavolek (1983) found that over half of the school personnel he surveyed indicated they needed "concrete evidence" before reporting, even though the law clearly stated they were to report once they had formed a suspicion that abuse was occurring.

These insights suggest that further research is needed into the nature and status of evidence used by teachers when they make a report. Such research might provide teachers with case studies that show

... how others work through not having enough information, and how they get that "gut feeling" that leads to a real suspicion that something is going on. (Experienced male elementary school teacher)

### Concerns Over Lack of Knowledge of Signs of Abuse

Closely linked to concerns over a lack of evidence of abuse were teachers' concerns over their own ability to *see* the evidence of abuse. Some teachers lamented earlier situations in which they had failed to notice the signs of abuse:

There have been a few times in my teaching career when I had no idea that something was going on. I didn't pick up any of the symptoms and there were quite clear signs... looking back on it. (Experienced female elementary school teacher)

There was a case in which it turned out that both girls had been sexually abused for quite a long time and there had been signs which had I known about, things in her drawings and being incontinent—there were those signs there and the smell and I had no idea. (Experienced female elementary school teacher)

Watts (1997) suggests that identifying abuse is made easier by a thorough knowledge of its definitions, by clear indicators of abuse, and by an individual's alertness. Nevertheless, teachers cited several reasons for missing these signs including work intensification (e.g., "Generally, it's a time factor thing. To actually get to the phone confidentially and make the report...") and a lack of physiological knowledge to accurately identify abuse.



### *Lack of Confidence in Welfare Authorities*

Perhaps the most worrisome revelation from the study is teachers' lack of trust in the capacity of welfare authorities to respond adequately to reports of abuse, primarily because of previous negative experiences. For example, several teachers reported feeling that "nothing will be done" to investigate the report.

I just know if I were to ring up and say, "Look, my suspicion is that there's some awful things going on in this child's life ...", I just know that if I rang FACS [Family and Community Services] about that one then it wouldn't make the light of day, so I don't. I know that's going against the theory. I just know it won't get acted upon. (Experienced female elementary school counsellor)

It's the level of expertise at the other end [of the phone]. There's been a couple of times when I've been appalled at the [lack of] professionalism. I thought [what] if I'd been a parent or community person all nervous ringing in, questioning and commenting at the other end. I'm not fearful of doing it. There's certainly a lot of teachers who get nervous and uptight...; it's just that the system is so poor at times. That's when I feel angry, I suppose, nearly as much as I feel uncomfortable. (Experienced female elementary school teacher)

Even though other teachers were equally critical of the welfare authority's inability to respond to their reports, many were more understanding of the reasons for delays or lack of follow through. They frequently cited inadequate staffing levels, inexperienced and/or incompetent staff, and flaws in the agency's system of ranking reports in order of perceived severity as reasons for losing confidence in the welfare authority. Whatever the sources of frustration with the system, teachers were clearly discouraged from reporting. As a consequence, welfare authority performance can be implicated in explanations of widespread under-reporting of child abuse.

### **Restrictive School-Level Consultation Processes**

Another decision-making theme related to power imbalances in school structures. Teachers mentioned instances in which specific workplace directives about reporting procedures had been given by senior staff even though state legislation specifically vests responsibility for reporting with individual teachers. In schools with set procedures, the Principal was usually consulted before a final decision was made to report. In other situations, principals told their staff that they would deal directly with the situation themselves and that teachers would have no further dealings with the matter. In one case, the decision was taken out of the hands of the teacher altogether:

The procedure to follow through with notifications in our school is "not to follow through." (Experienced male elementary school teacher)

In other situations, a more consultative approach was adopted when school personnel believed they could deal effectively with the situation at the school level. For example,

A discussion occurred with the principal and it was decided in the best needs of the child and family to approach the parents first, and after that the principal said if we felt they weren't going to do anything about it then we were to report. That was his directive to me. (Inexperienced male elementary school teacher)

I consulted the principal; the reaction was to talk to the child first, not to report it. After I had talked to the child, I went back to the principal; it was decided not to report it but to let the parents know and then to see if they were prepared to get support for both children. (Experienced female elementary school teacher)

Keeping discussions in-house was an option used in preference to reporting by quite a few teachers despite mandatory reporting guidelines to the contrary. Clearly, the power dynamics operating in some schools limited the capacity of teachers to fulfill their legal responsibilities.

### **Personal Fear of Consequences of Reporting**

Teachers expressed feelings of fear, which influenced their decision making not to report. For instance, the fear of being identified and possibly threatened by aggrieved parents affected their decisions. As one teacher said,

I'm not scared of reporting but I know some teachers are because they think it will come back at them somehow.... (Inexperienced female elementary school teacher)

This teacher's views were based on a previous experience in a small country town where there had been repercussions following a report. Some teachers also feared that they would worsen the situation if they made a report, or that they would be accused of interfering in "family matters." As one student counselor said,

I can only talk from the education sector. I suspect lots and lots of abuse reportable instances go unreported in the education sector because teachers have this fear that they are (a) going to make it worse, [or] (b) [experience] retribution, and they are so accessible. A parent is less likely to go and abuse a policeman than a teacher. A teacher is in a very vulnerable situation, being alone in a classroom with 30 children. (Experienced female elementary school counselor)

These insights into teachers' perceived vulnerability confirm Johnson's (1995) finding that contextual issues related to teachers' membership in local communities often made them fearful of the consequences of reporting suspected abuse.

cont'd on page 10

## Teachers' Strong Moral Grounds for Reporting Suspected Abuse

It is also interesting to note that teachers in this study made decisions to report suspected child abuse based on moral, not legal, grounds. As several teachers commented, it was their moral sense of duty that impelled them to report:

It is my role legally, but morally, I am a person—so morally I should go and try and do something about it to prevent this from happening again. (Experienced female elementary school teacher)

Other thoughts went through my mind on this one. We [the school] knew that this family was at risk, but we had nothing previously that we had been able to report on. So, the thoughts that went through my mind were, "Am I doing the right thing for the child?" I decided it just wasn't OK, it wasn't acceptable, so I reported it. (Experienced female elementary school teacher)

These insights into teachers' motivation to report are consistent with Fullan and Hargreaves' (1992, p. 5) depiction of teaching as "a moral craft" and of teachers as "morally purposeful" professionals who act in accordance with deeply held beliefs. They also provide an interesting juxtaposition with the views of teachers who decided not to report suspected abuse. Together, both sets of views help to construct teachers as morally driven actors, but who, for the range of reasons outlined in this paper, seem to encounter dilemmas and difficulties that dilute their moral imperative to report suspected child abuse.

## Implications

It seems to us, then, that focussing on the *legal* options that mandate teachers to report suspected abuse fails to acknowledge the

operation of more powerful personal and contextual factors influencing teacher decision making. As a consequence, we believe that an effective and grounded approach to the problem of under-reporting should emphasize the dilemmas and difficulties teachers face in their schools and communities. We think this can be done through better training and development as well as school support that teachers receive in relation to identifying and reporting child abuse and neglect. Such improvements could focus on the following:

- developing more fully the moral and ethical arguments for reporting child abuse and neglect
- deemphasizing the legal arguments for reporting child abuse and neglect
- acknowledging the complexity and difficulty of identifying and reporting child abuse and neglect
- providing opportunities for teachers to discuss their fears, problems, and dilemmas associated with reporting child abuse and neglect
- developing in-school procedures that encourage collegial decision making
- discouraging individual and isolated decision making
- exposing teachers to real life dilemmas and problems through authentic case studies of others' decision making about reporting
- involving teachers in simulations or guided rehearsals of decision-making processes
- promoting teachers' understanding of the procedures used by welfare agencies in response to reports.

Through these means, we believe that teachers will be better able to respond to issues of child safety in ways that minimize their vulnerability and maximize the community's efforts to prevent child abuse and neglect.

## References

- Abrahams, N., Casey, K., & Daro, D. (1992). Teachers' knowledge, attitudes, and beliefs about child abuse and its prevention. *Child Abuse and Neglect*, 16, 229-238.
- Barksdale, C. (1988). Child abuse reporting: A clinical dilemma? Masters thesis, Smith College School for Social Work. California, USA. 170-182.
- Bavolek, S. J. (1983). Why aren't school personnel reporting child abuse in Wisconsin? *Tease*, 6(1), 33-38.
- Conroy, P. (1997, December 13). Warning to teachers on child abuse. *The Age*, p. 8.
- Crenshaw, W. B., Crenshaw, L. M., & Lichtenberg, J. W. (1995). When educators confront child abuse: An analysis of the decision to report. *Child Abuse and Neglect*, 19(9), 1095-1113.
- Elliot, I. (1996). Child protection and schools: An examination of the reporting behavior of teachers. Paper presented at the 11<sup>th</sup> International Congress on Child Abuse and Neglect, Dublin, Ireland.
- Finkelhor, D., & Zellman, G. L. (1991). Flexible reporting options for skilled child abuse professionals. *Child Abuse and Neglect*, 15, 335-341.
- Fullan, M., & Hargreaves, A. (1992). Teacher development and educational change, 1-9. In M. Fullan and A. Hargreaves (Eds.), *Teacher development and educational change*. London: Falmer Press.
- Gilbert, N. (1997). *Combating child abuse: International perspectives and trends*. New York: Oxford.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. New York: Aldine.
- Gough, K. & Healy, G. (2000) June 17-18, Teachers go on red alert for sex abuse. *Weekend Australian*, p.3.
- Hay, J. (1988). Teachers and child abuse prevention. *SET Research Information for Teachers*, 1(13), 1-4.
- Johnson, B. (1995). *Teaching and learning about personal safety*. Adelaide, Australia: Painters Prints.
- Kalichman, S. C.; Craig, M. E., & Follingstad, D. R. (1988). Mental health professionals & suspected cases of child abuse: An investigation of factors influencing reporting. *Community Mental Health Journal*, 24(1), 43-51.
- Kalichman, S. C., & Craig, M. E. (1991). Professional psychologists' decision to report suspected child abuse: Clinician and situation influences. *Professional Psychology*, 22(1), 84-89.
- Levin, P. G. (1983). Teachers' perceptions, attitudes and reporting of child abuse and neglect. *Child Welfare*, 62(1), 14-20.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lord, P. (1997, December 10). Too much to do for teachers on the front line. *The Age*, p. A17.
- Lumsden, L. S. (1992). Stemming the tide of child sexual abuse: The role school can play. *Oregon School Study Council Bulletin*, 35(5) 1-27.
- McIntyre, T. (1990). The teacher's role in cases of suspected child abuse. *Education and Urban Society*, 22(3), 300-306.
- Morris, J. L., Johnson, C. F., & Clasen, M. (1985). To report or not to report. *American Journal of Diseases of Children*, 139(2), 194-197.
- Morse, J. (1989). Strategies for sampling. In J. Morse (Ed.) *Qualitative nursing research: A contemporary dialogue*. Rockville: Maryland, USA.
- Nightengale, N. N., & Walker, E. F. (1986). Identification and reporting of maltreatment by head start personnel: attitudes and experiences. *Child Abuse and Neglect*, 10, 191-199.
- Pollak, J., & Levy, S. (1989). Counter transference and failure to report child abuse and neglect. *Child Abuse and Neglect*, 13, 515-522.
- Reiniger, A., Robinson, E., & McHugh, M. (1995). Mandated training of professionals: A means for improving reporting of suspected child abuse. *Child Abuse and Neglect*, 19(1), 63-69.
- Richards, L., & Richards, T. (1993). *QSR NUD.IST—Software for Qualitative Data Analysis*. Victoria, Australia: Qualitative Solutions and Research Pty. Ltd.
- Saulsbury, F. T., & Campbell, R. E. (1985). Evaluation of child abuse reporting by physicians. *American Journal of Diseases of Children*, 139, 393-395.
- Thompson-Cooper, I., Fugere, M. D., & Cormier, M. (1993). The child abuse reporting laws: An ethical dilemma for professionals. *Canada Journal of Psychiatry*, 38, 557-562.
- Watts, V. (1997). *Responding to child abuse. A handbook for teachers*. Queensland, Australia: Central Queensland University Press.
- Winefield, H., & Castell-McGregor, S. N. (1986). Experiences and views of general practitioners concerning sexually-abused children. *Medical Journal of Australia*, 145, 311-313.
- Zellman, G. L. (1992). The impact of case characteristics on child abuse reporting. *Neglect*, 16, 57-74.

# EDUCATIONAL PROBLEMS OF CHILDREN IN FOSTER CARE

## Advocating to Resolve Educational Problems of Children in Foster Care

Andrea Zetlin, Ed.D.

California State University, Los Angeles  
Charter College of Education

Lois Weinberg, Mental Health Advocacy Services  
and

Roni Tunick, Los Angeles County Office of Education

Researchers have assessed the educational performance of children in foster care and found a wider range of school problems compared to nonmaltreated children. In two separate studies, children who had been physically abused and neglected were found to perform significantly lower on standardized achievement tests in reading and mathematics, earn lower grades in these subjects, have higher rates of absenteeism and disciplinary referrals, and be more likely to repeat a grade (Eckenrode, Laird, & Doris, 1993; Kurtz, Gaudin, Wodarski, & Howing, 1993).

In a study by Leiter and Johnson (1994), maltreated children showed poorer school outcomes in general (i.e., failing grades, increased absenteeism, worsening school department, retention in grade, and involvement in special education programs) than nonmaltreated children, although cognitive outcomes were most significantly affected. Smucket and Kauffman (1999) found that emotional disturbance compounded the problems of children in foster care. They argued that the combination of foster care and emotional disturbance is what puts these children at highest risk for school-related problems. Trocme and Caunce (1995) concluded that severe educational deficits are by far the most prominent characteristics of maltreated children.

High levels of residential mobility and school transfers experienced by foster youth were also found to contribute to more academic difficulties compared to nonmaltreated peers. Eckenrode et al. (1995) mentioned the following possible consequences of foster care placement: (a) an increase in social isolation and loss of social support associated with separations from family, friends, neighbors, school mates, and teachers; (b) changes in the child's affective state which could be associated with learning difficulties; (c) discontinuities in the curriculum and teacher expectations; and (d) changes in the affective states of parents or siblings that may represent a stressor for the child. Further, highly mobile children often miss large portions of the school year, lose academic credits due to moves made mid-semester, and have incomplete educational records due to missing transcripts, assessments, attendance, data, and so forth.

Youth in foster care are also at significant risk for not completing high school. Of the more than 20,000 children who "aged out" of foster care in the summer of 1998, only 35% graduated from high school and only 11% went on to college or post-secondary vocational school (Sieg, 1998). Examination of the youths in foster care from the High School and Beyond Study revealed that 37% had dropped out of high school compared to 16% of matched nonfoster youth (Blome, 1997). Further, five years after dropping out, 23% of the former foster youth had not received a diploma or certificate compared with only 7% of the nonfoster youth dropouts. These foster youth are leaving the system without the skills to guide them into productive adulthood. As many as 25% of foster youth who age out of the foster care system end up homeless. For foster youth who do go on to college, they may be completely alone in making such decisions.

Recent state and local initiatives have emphasized the need to address the educational problems being experienced by children in foster care in order to improve school performance outcomes (Jacobson, 1998). These initiatives acknowledge the need to actively oversee the education of foster children and intercede when problems are detected. California has established the Foster Youth Services (FYS) program, a promising strategy whereby program staff provide direct educational service to foster youth, such as tutoring, tracking down school records/transcripts, and mentoring (Ayasse, 1995). Early follow-up has shown that foster youth students in high school who received FYS interventions earned 10.1 credits more per semester than other foster students in a school district with no FYS program. There were also decreases in maladaptive behavior, lower drop-out rates, and more successful transitions to employment or higher education among foster youth receiving services. Policymakers have suggested that school social workers could serve as educational advocates for children in foster care (Altshuler, 1997; Noble, 1997). The school social workers would be responsible for checking that a child is placed in the appropriate grade or program, has coursework that is developmentally appropriate, and receives school records after a school transfer.

One of the nation's largest county child welfare agencies has launched an "Educational Initiative" to ensure that agency workers focus more attention on the educational needs and schooling of foster children. A key component of the initiative is the provision of Educational Specialists (ES), liaisons from the school district, who are colocated in the offices of the child welfare agency and who serve as advocates for foster children experiencing educational problems. The ES work alongside agency workers and, as school problems are identified for each foster child, seek appropriate and effective programs and services from the school district. The ES also provide regular training to agency workers to increase (a) awareness of educational problems and needs that foster children often experience, (b) knowledge of rules and regulations of California schools (i.e., Education Code), (c) knowledge of educational resources and services available in the schools and community, (d) maintenance of school transcripts and other school documents, and (e) use of advocacy and practices to secure appropriate school services and class placements.

During the first year of the program, two ES, certified special education teachers with pupil personnel credentials, were assigned to two pilot region offices, each office serving approximately 10,000 children. The ES were required to maintain a contact log documenting all the cases referred by agency workers seeking assistance regarding educational problems. The entries contained the child's name, how the case was referred to the ES, and the nature of the referral. A total of 225 cases were logged between the two offices—160 cases by ES1 and 65 cases by ES2. As the ES acted to understand and resolve the problem, subsequent contacts pertaining to each case plus background demographic and educational information were entered into the log. In sum, for each case entered, information was available about (1) who referred the case to the ES, (2) the presenting educational problem that needed attention, and (3) each step taken to resolve the problem. These entries form the basis for the subsequent analysis reported below. The purpose of this study is twofold: to describe (1) the types of educational problems experienced by children in foster care and (2) the kinds of actions required by those working in advocacy roles to resolve problems and secure appropriate services or programs.

cont'd on page 12

## Results

The 225 case entries in the ES logs were submitted to established content analysis techniques (Johnson & LaMontagne, 1993). Two researchers independently reviewed the entries and coded them twice into tentative categories representing (1) type of educational problems and (2) type of strategy employed by the ES. The researchers then met to resolve any disagreements regarding the coding of an entry. Lastly, they refined the categories until all entries fit into the two emerging typologies.

### Typology of Educational Problems

A typology of educational problems was established that features seven main categories along with their subcategories. The categories are presented below with illustrations of typical entries.

#### **1. Special Education Issues**

- a. Nonpublic Schools (how to help youth who needs transfer from one nonpublic school to another)
- b. Individual Education Plan (IEP) Problems (how to get out-of-date IEP updated)
- c. Special Education Procedures (who can sign IEP if parent is not available)

#### **2. Role Clarification**

- a. Role of Agency Worker (why is school providing psychological services without notifying worker)
- b. Role of Educational Specialist (can ES attend IEP meeting)
- c. Educational Involvement
  - i. Concern for Student Progress (what should worker do for nonreading youth)
  - ii. Increasing Knowledge (how much does worker need to know about educational terms/labels such as IEP, autism)

#### **3. School Procedure Issues**

- a. Enrollment (how do you enroll a student under an assumed confidential name)
- b. School Records (how do I get records for a child who has moved around a lot)
- c. Transfer (what should be done about a youth attending school outside the district)
- d. Opportunity Transfer (how do you appeal a forced transfer from one high school to another)
- e. Program Placement
  - i. Magnet (what to do for student who needs a new magnet school due to change in placement)
  - ii. Transportation (how can we help child in placement who wants transportation to previous school)
  - iii. Multi-Track schools (can we change student's track to coordinate with sibling's track)

#### **4. Troubled Student Needs**

- a. Attendance (what can be done for youth who refuses to attend school and is consistently truant)
- b. Re-enrollment (how can we expedite continuation school placement process)
- c. Discipline (what are options for youth suspended from school because he had a shaving blade)

#### **5. Resources Requests**

- a. Tutoring (what tutoring services are available in a particular neighborhood)
- b. Educational Placement (what types of programs are suitable based on student's grades)
- c. Location (what middle school is in a particular neighborhood)
- d. Mental Health Resources (what school mental health resources are available for child)
- e. District Involvement (will district provide financial assistance for continued schooling of 16-year-old graduate of nonpublic school)

- f. Special Program (is there a pregnant-teen school program)

#### **6. Pre-referral Needs**

- a. Failing or Poor Performing Students (what should agency worker write in letter requesting Student Study Team meeting)

#### **7. Dealing with Court Orders**

- a. Court-Ordered Services (what to do if court-ordered tutoring has not been provided)
- b. Special Education Court Orders (what to write in letter requesting court-ordered IEP)

### Typology of Action Strategies to Resolve Problems

We identified 12 specific strategies (both individual and subsequent) that the Educational Specialists used to resolve schooling problems. For each strategy, we present examples of the types of problems or questions for which ES were most likely to select a particular action. Because the untangling of problems often required more than one strategy, two additional strategies are also described—developing a following-up plan for subsequent action and providing agency workers with updated information on how the case was evolving.

**1. Contacted Specific Resource Person at School or Agency** – telephoned or met with staff person responsible for specific service or program; e.g., spoke with principal or Dean about youth's threatening behavior; spoke with school psychologist to discuss upcoming IEP triennial and student's progress; spoke with district transportation coordinator to arrange bus transportation to magnet school for recently placed child

**2. Visited Home and/or Communicated with Caregiver, Youth** – telephoned or met with caregiver or youth to gain background information or explain school procedures and develop action plan; e.g., met with youth and caregiver to discuss youth's lack of school progress; advised caregiver about procedure to request Student Study Team (SST)/special education evaluation; arranged to meet caregiver at nonpublic school (NPS) to check out appropriateness of placement; spoke with youth about consequences of not attending school and suggested alternative school options

**3. Contacted School Office** – telephoned or faxed school a) to gain information regarding a specific child or school procedures, b) to request services for a child, or c) to inform of special education regulations; e.g., to obtain copy of school records (IEP, transcript, test scores); to determine procedures for enrolling child in school; to determine procedure for inter-district transfer by permit; to inform of special education timelines; to verify IEP had been updated

**4. Gave Agency Worker Requested Information** – responded to query by agency worker for information regarding school procedures, timelines, regulations, resources; e.g., informed worker of need for letter from psychiatrist to extend test time for child with attention deficit disorder (ADD); provided worker with list of alternative education programs/teen mom programs; explained school district policy of faxing school records; explained need for surrogate parent to sign IEP

**5. Attended Meeting** – accompanied agency worker or caregiver to school meetings or served as agency representative at meetings; e.g., attended IEP meeting to request NPS placement for minor; attended SST meeting with school personnel, mother, and agency worker to discuss youth's failing grades in elementary school; attended intake meeting with foster mother and gifted, behavior-disordered student at district's special education office

**6. Reviewed IEP/Grades/School Reports** – requested school records from agency worker or school and reviewed to become better informed of child's problems/needs; e.g., reviewed transcripts to advise mother and youth about appropriate educational options; reviewed student's academic progress to see if referral for special education was needed; reviewed psychological evaluation and IEP of emotionally disturbed student in special day class who was doing poorly

**7. Visited School Site** – went to school to obtain student's records, to evaluate appropriateness of placement for youth, to accompany caregiver to request special services, and to meet with youth and/or school staff at school site; e.g., to accompany caregiver to school to request SST meeting, special education evaluation, or IEP-specified services that youth is not receiving (counseling, tutoring); to review school records and investigate IEP status; to meet with failing student at school to find out why he or she is not performing well; to visit alternative school site to see if troubled youth could enroll

**8. Contacted District or County of Education Office** – telephoned district office to determine district procedures for requesting a) additional services/evaluations (i.e., mental health, tutoring, speech assessment), b) inter-district transfers or c) alternative school placements (e.g., to obtain copy of updated IEP, to identify alternative district placement options for troubled youth; to request tutoring or additional mental health services)

**9. Wrote Letter** – wrote or helped agency worker to compose letter to school or agency requesting needed services for youth; e.g., helped worker write letter to district requesting mental health services for disturbed youth; instructed worker to write letter requesting assessment for special education; replied to school's inquiry as to who had educational rights for youth by requesting appointment of surrogate parent

**10. Described School Procedure to Follow** – spoke with agency worker or caregiver and advised of procedures to follow to request a) evaluations or support services, b) inter-district transfers, a) student information from district data system, d) school generated daily attendance/behavior reports, or d) special education services; e.g., referred worker to district locator hotline to determine if youth is enrolled in school or to identify attending school of youth; informed worker of IEP procedures regarding parent notification of IEP meeting/timeline for IEP process; advised worker to contact assistant principal at local school to request special education for 3-year-old; advised worker on how to request SST to follow-up on court-ordered IEP

**11. Made Referral** – when persistent action failed, referred case to outside advocacy agency to secure access to services/programs being denied or if services were not being delivered within reasonable timeline; e.g., referred case to outside advocacy to request due process mediation for youth with IEP who has been out of school for months; to request district IEP meeting for child released from mental hospital who needs district school placement

**12. Checked-out School Options** – visited or called schools to determine appropriateness for youth; e.g., visited a number of continuation/alternative education schools to identify options for truant student with special education needs; contacted local schools in overcrowded neighborhood to locate opening for child recently placed in community

**13. Developed Follow-up Plan** – after initial fact-finding, delineated next steps to resolve case concern/problem; e.g., developed plan for caregiver to visit/select from possible school options for school-phobic student; prepared due process mediation request for student not receiving services specified on IEP; after reviewing school records, met with worker to discuss alternative school options and prepare referral request for special education evaluation

**14. Updated Agency Worker** – kept worker informed on ongoing basis of various steps taken on behalf of case; e.g., informed of calls to caregiver and school resource staff to arrange meeting to review IEP; described actions thus far to secure mental health services through district and county mental health offices

**Patterns From Random Selection of Log Entries**

Twenty percent of the log entries were randomly selected and then analyzed to determine (a) the number of contacts required by the ES to resolve each problem, (b) the incidence of each problem type, and (c) the frequency of employment of the various action strategies. Fifty percent of the cases were resolved with one or two inquiries/ actions; 33% were resolved with 3 to 10 inquiries/actions, and 17% involved problems so complex that they required over 10 inquiries/actions to resolve and often necessitated referring the case to an outside advocacy agency. Table 1 presents the distribution of problem types.

<b>Table 1. Types of Educational Problems</b>	
<b>PROBLEM TYPES</b>	<b>FREQUENCY OF OCCURRENCE</b>
<b>Special Education</b>	<b>25% (13)</b>
<b>Role Clarification</b>	<b>25% (13)</b>
<b>Procedural Issues</b>	<b>17% (9)</b>
<b>Troubled Student Needs</b>	<b>15% (8)</b>
<b>Resource Requests</b>	<b>8% (4)</b>
<b>Pre-referral Needs</b>	<b>6% (3)</b>
<b>Dealing with Court Orders</b>	<b>4% (2)</b>
<b>Total:</b>	<b>52 cases</b>

\* raw numbers in parentheses

**Discussion**

Jacobson (1998) noted that the odds against children in foster care achieving success in school are great. The data from the logs provide critical insight into the kinds of educational problems agency workers are likely to encounter. Role clarification, special education, and school procedure issues were the most common concerns. Given the relatively recent focus on education for agency workers as well as the newness of the role of Educational Specialist, it is not surprising that workers and ES want clarification of their responsibilities with regard to monitoring educational needs of foster youth. Similarly, workers' unfamiliarity with the school system led to many inquiries concerning school procedures and regulations. Also common were questions regarding special education, how to refer or whether to refer a child for special education, how to request additional services or supports through the IEP, and so forth. Given that as much as 40% of the foster youth population receives or may need special education services, special education is a critical topic for agency workers.

cont'd on page 14

Table 2 presents the distribution of action strategies employed by the Educational Specialists.

**Table 2. Typology of Action Strategies Used by Educational Specialists**

STRATEGY	FREQUENCY OF OCCURRENCE
Contacted School or Agency Resource Person	17 % (61)*
Visited Home/Communicated with Caregiver, Youth	12% (43)
Contacted School	6% (22)
Gave Agency Worker Requested Information	4% (15)
Attended Meeting	4% (14)
Reviewed IEP/Grades/School Reports	4% (14)
Visited School Site	4% (15)
Contacted District or County of Education Office	2% (9)
Wrote Letter	1% (4)
Described School Procedure to Follow	1% (2)
Made Referral	1% (3)
Checked-out School Options	1% (2)
Developed Follow-up Plan	19% (71)
Updated Agency Worker	25% (92)

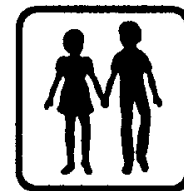
\* raw number in parentheses

Specific educational topics of importance and actions to be taken to minimize or eliminate schooling problems and concerns have been identified from the logs. These data emphasize the need for permanent changes in the way both school systems and child welfare agencies operate. Formal procedures must be established for the two systems to work in coordinated ways, which will result in payoffs on critical school outcomes. The two systems need to appoint liaisons who can work together on cases and advocate for appropriate educational solutions. This point is underscored by identification of the most frequently employed action strategy that we mention (i.e., the reliance of the ES on contacting particular school or agency resource staff to resolve problems efficiently and directly).

Presently, workers in child protective agencies are not informed about their potential role in detecting and dealing with school problems, nor do they have adequate training and support. They need help in identifying potential problems as well as what resources are available for students not performing well. Similarly, agency procedures need to be amended to ensure that workers have the time and resources to delve into school problems. Whether a newly placed child

is having difficulty enrolling in the neighborhood school, an evaluation is needed to assess eligibility for special education, or an alternative school must be found for a teen who is chronically truant and failing all subjects, the workers must be aware of how best to proceed, who in the school or district office to contact, and how best to advocate for an effective program or service for the child or youth.

As demonstrated by the analysis of the logs, children in foster care critically need an educational advocate, either in the child welfare agency or school system, who assumes an active role in overseeing their education and interceding when problems arise to improve their chances to achieve. Only then can we feel assured that the educational needs of this most vulnerable population will be addressed in a timely manner to ensure delivery of appropriate services leading to school attendance and academic achievement.



## References

- Altshuler, S. (1997). A reveille for school social workers: Children in foster care need our help! *Social Work in Education, 19*(2), 121-128.
- Ayasse, R. H. (1995). Addressing the needs of foster children: The Foster Youth Services Program. *Social Work in Education, 17*(4), 207-216.
- Blome, W. W. (1997). What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non-foster care youth. *Journal of Child and Adolescent Social Work, 14*(1), 41-53.
- Eckenrode, J., Laird, M., & Doris, J. (1993). School performance and disciplinary problems among abused and neglected children. *Developmental Psychology, 29*, 53-62.
- Jacobson, L. (1998, September 9). One on one. *Education Week, 18*(1), 42-47.
- Johnson, L. J., & LaMontagne, M. J. (1993). Research methods: Using content analysis to examine the verbal or written communication of stakeholders within early intervention. *Journal of Early Intervention, 17*(1), 73-79.
- Kurtz, P. D., Gaudin, J. M., Jr., Wodarski, J. S., & Howing, P. T. (1993). Maltreatment and the school-aged child: School performance consequences. *Child Abuse & Neglect, 17*, 581-589.
- Leiter, J., & Johnsen, M. C. (1997). Child maltreatment and school performance declines: An event-history analysis. *American Educational Research Journal, 34*(3), 563-589.
- Noble, L. S. (1997). The face of foster care. *Educational Leadership, 54*(7), 26-29.
- Sieg, K. (1998, October 26). Growing up a foster kid. *Newsweek, 132*(17), 20.
- Smucket, K. S., & Kauffman, J. M. (1999). School-related problems of special education foster care students with emotional or behavioral disorders: A comparison to other groups. *Journal of Emotional and Behavioral Disorders, 4*, 36-40.
- Trocme, N., & Caunce, C. (1995). The educational needs of abused and neglected children: A review of the literature. *Early Childhood Development and Care, 106*, 101-135.

### 10<sup>th</sup> Annual APSAC Colloquium

APSAC is excited to announce the 10<sup>th</sup> Annual APSAC Colloquium, to be held in the fascinating city of New Orleans on May 29 – June 1, 2002. The Colloquium will be held at the Sheraton New Orleans, located at 500 Canal Street. The hotel is in a prime location on the edge of the French Quarter and only 3 blocks away from Bourbon Street. People are starting to make their plans, so make your reservations soon! The number of the hotel is 1-800-253-6156. If you have not received a Colloquium brochure, please contact Tricia Williams, JD at (405) 271-8202.

APSAC is pleased to announce a collaboration with the Office of Juvenile Justice and Delinquency Prevention. In addition to the already established agenda in the Colloquium brochure, an additional track of workshops has been added to provide a focus on delinquency and law enforcement issues. The exciting workshop topics being sponsored by OJJDP include: multidisciplinary teams, child prostitution, internet crimes and children, and school threats and risk factors. Visit our website at [www.apsac.org](http://www.apsac.org) for the latest titles and names of presenters.

For the first time, APSAC is also offering a tour of the local child advocacy center and hospital-based child abuse assessment center. The tour is being sponsored by the New Orleans Children's Hospital and will provide a bus trip and presentation on Wednesday, May 29. Also on Wednesday is the pre-conference institute focusing on cultural issues surrounding child abuse and neglect. This day always offers topics not generally covered in depth at any other training opportunities.

This year, we are offering a somewhat different format than in the past. Due to being in New Orleans, we didn't think many people would want to be up for 7:15 AM research breakfasts, so we have incorporated all of our research presentations into the core of the agenda with their own track. In addition, to offer a more advanced focus on issues, some of the workshops offered on Friday will be 6 hours in length. Overall, the Colloquium will still provide the most in-depth, up-to-date information on child abuse and neglect. We hope to see you there! For additional information, please contact Tricia Williams, JD at 405-271-8202.

### APSAC 3<sup>rd</sup> Annual Silent Auction

The 3<sup>rd</sup> Annual Silent Auction will be held in conjunction with the Colloquium. All items up for sale will be on display beginning on Wednesday, May 29. The final bids will be taken during the opening reception on Thursday, May 30. Items will range from great speakers and travel getaways to an autographed football by Archie, Eli and Peyton Manning, so get your checkbooks ready! All proceeds go to fund additional APSAC professional education opportunities. If you would like to donate an item to the auction, the donation form is included in this issue, p. 16.

### New Board Members

APSAC is pleased to announce the latest additions to our Board of Directors. The organization is very fortunate to have such qualified and diverse representatives on the Board. Please congratulate them for their accomplishment the next time you see them. Our newest Board members are:

#### Toni Cardenas, CSW

Ms. Cardenas serves as a Child Advocacy Center Social Worker at the Columbia Presbyterian Medical Center in New York, New York.

Her duties include interviewing and assessing sexually/physically abused and neglected children, as well as conducting corroborative interviews with families and perpetrators. She received her degree from the Fordham University Graduate School of Social Services in 1990. She has presented at past APSAC Colloquiums and serves as the Vice-President for New York County in the New York state chapter.

#### Nathaniel Glover, JD

Mr. Glover serves as the Deputy District Attorney for the Orange County District Attorney's Office in Santa Ana, California. He has served in this capacity since 1993. He has participated as a key player in the Child Abuse Services Team in Orange County for many years and received the CASA Judicial Honoree Award in March of 2001. He has served as a counselor at a juvenile hall and later became Orange County's first African American Deputy Sheriff. He has served on the California State Chapter Board for 3 years and is currently the Second Vice-president.

#### Rochelle Hanson, PhD

Dr. Hanson is currently a Research Assistant Professor for the National Crime Victims Research and Treatment Center located at the Medical University of South Carolina in Charleston, South Carolina. In addition to being an accomplished researcher, she also provides direct patient care to victims of trauma. Dr. Hanson was a founding Board Member of the South Carolina state chapter of APSAC and is currently serving as President. She has been heavily involved on the Editorial Board of Child Maltreatment, reviewed articles for the Advisor, published articles in Child Maltreatment and presented numerous workshops at past colloquiums.

#### Walter Lambert, MD

Dr. Lambert currently serves as an Associate Professor of Clinical Pediatrics at the University of Miami School of Medicine. He serves as the Medical Director of the Child Protection Team for the counties of Monroe and Dade in South Florida, and provides comprehensive medical examinations to children referred to the team. He is also a member of the statewide quality assurance committee for multi-disciplinary teams in the state of Florida, and currently serves as Chair. Dr. Lambert is a member of the Miami-Dade County Child Abuse and Domestic Violence Fatality Review Team and the South Florida Cuban community. Dr. Lambert has presented at past APSAC colloquiums and has been a member of the organization for 10 years.

#### Anthony Mannarino, PhD

Dr. Mannarino is currently the Chair of the Department of Psychiatry at the Allegheny General Hospital in Pittsburgh, Pennsylvania. He is also a Professor of Psychiatry at MCP-Hahnemann University School of Medicine. Prior to being named Chair of the Department, he served (and currently serves) as Director for the Center for Traumatic Stress in Children and Adolescents and the Division of Child and Adolescent Psychiatry. In these positions, he has conducted seminal research with regard to the treatment of sexually abused children for 15 years. Dr. Mannarino's contributions to APSAC include presenting at past colloquiums and institutes, publishing in Child Maltreatment and the Advisor, and participating on APSAC task forces.

# FURTHER NEWS

## APSAC Advanced Institutes in Conjunction with the 14<sup>th</sup> International Congress on Child Abuse and Neglect Thursday, July 11, 2003 Denver, Colorado

APSAC's Advanced Training Institutes offer in-depth training on selected topics. Taught by nationally recognized leaders in the field of child maltreatment, these seminars offer hands-on, skills-based training grounded in the latest empirical research. Participants are invited to take part by asking questions and providing examples from their own experience. Take home in-depth knowledge you can use immediately by signing up for the APSAC Institute of your choice.

## 2<sup>nd</sup> Annual Past Presidents' Award

State Chapter Presidents – don't forget about this opportunity to raise some additional funds for your chapter. This award was created last year by Barbara Bonner, PhD, Past President. The state chapter that has the most paid participants at the colloquium is recognized at the Membership Luncheon on Friday, May 30. Qualifying information is below:

- For the functioning state Chapter with most paid participants at Annual Colloquium
- Based on paid registration at Colloquium in New Orleans
- Funded by donations from past Presidents
- Amount: \$300 to \$500, depending on donations
- Awarded at Membership Luncheon at Annual APSAC Colloquium

## APSAC's 11<sup>th</sup> Annual National Colloquium July 23 – 26, 2003 Hyatt Orlando Hotel, Orlando Florida!

Join your colleagues and bring your family to the fun-filled city of Orlando. Located just 1.5 miles from Walt Disney World, the Hyatt Orlando will provide a unique training opportunity for professionals, while allowing the family to come along or join you after the Colloquium for fun and relaxation. The Hyatt is also a short drive away from Sea World, Universal Studios, Busch Gardens, and the Kennedy Space Center.

## Donor Acknowledgement Form

### THIRD ANNUAL SILENT AUCTION

10th ANNUAL APSAC COLLOQUIUM MAY 29-JUNE 1, 2002

Sheraton Hotel, New Orleans, LA

Donor Name(s): \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of donated item: \_\_\_\_\_

Value of donated item: \_\_\_\_\_

Check here if your donation is made on behalf of your state Chapter. Indicate Chapter name: \_\_\_\_\_

Please make a copy of this form for your records and send a copy along with your donated item to:

Bente' J. Hess, MSS, LSW

Southwest MS CAC

P.O. Box 7283 McComb, MS 39649

Phone: 601-684-4009 Fax: 601-684-4039

E-mail: [bente@telepak.net](mailto:bente@telepak.net)

If you prefer to bring your donated item to the colloquium, please check here: \_\_\_\_\_

Must be delivered by the morning of Wednesday, May 29.

Due date for donations: May 15, 2002



# ADVANCED TRAINING INSTITUTES FORM

## AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN (APSAC) ADVANCED TRAINING INSTITUTES

ADAMS MARK HOTEL – DENVER, COLORADO THURSDAY, JULY 11, 2002 9:00 AM to 4:00 PM

**APSAC Members save \$50 off the registration fee!**

APSAC's **Advanced Training Institutes** offer in-depth training on selected topics. Taught by nationally recognized leaders in the field of child maltreatment, these seminars offer hands-on, skills-based training grounded in the latest empirical research. Participants are invited to take part by asking questions and providing examples from their own experience. Take home in-depth knowledge you can use immediately by signing up for the APSAC Institute of your choice.

**Join APSAC** (or renew) and realize the benefits of membership today! When you register and select the membership option on the Institute registration form, you are immediately eligible for the member discount on the Institute registration fee. Please make check for registration and/or membership payable to APSAC, and return your registration to APSAC.

**About APSAC** – APSAC is a nonprofit interdisciplinary membership organization incorporated in 1987. Thousands of professionals from all over the world – attorneys, child protective services workers, law enforcement personnel, nurses, physicians, researchers, teachers, psychologists, clergy, and administrators, have joined APSAC's effort to ensure that everyone affected by child maltreatment receives the best possible professional response. For additional information regarding the listed institutes, please visit our website at [WWW.APSAC.ORG](http://WWW.APSAC.ORG).

**The National Association of Counsel for Children (NACC)**. The NACC is a cosponsor of *Institute IV, Preparing Children for Court and Court for the Child*. The NACC is a national professional membership association for children's attorneys and other child advocates working in the legal system. NACC members receive a discount on this session. To learn more about the NACC, call toll free 1-888-828-NACC or visit [www.NACCchildlaw.org](http://www.NACCchildlaw.org).

### PROGRAM

- I. Guidelines for the Mental Health Treatment of Abused and Traumatized Children  
Ben Saunders, PhD and Rochelle Hanson, PhD
- II. Forensic Interviewing of Children - Kathleen Faller, PhD
- III. Clinical Management of Counter Transference, Vicarious Trauma & Trauma Treatment  
Jon Conte, PhD and Lucy Berliner, MSW
- IV. Preparing Children for Court and Court for the Child (Cosponsored by NACC)  
Patti Toth, JD (APSAC) and TBA (NACC)
- V. Child Exploitation: On-line Luring, Sexual Trafficking, & Child Prostitution - To Be Announced

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Degree \_\_\_\_\_ Membership ID # \_\_\_\_\_

Agency name \_\_\_\_\_

Address/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Participants receive Continuing Education verifying six (6) contact hours, for submission to appropriate entities.

<b>Institute Registration Fee</b>	<u>Through 2/1/02</u>	<u>After 2/1/02</u>	
Nonmembers	\$150	\$175	1 <sup>st</sup> Choice Institute # _____
APSAC and NACC Members (savings of \$50)	\$100	\$125	2 <sup>nd</sup> Choice Institute # _____
Join or renew your APSAC membership	\$100	\$100	Total \$: _____

Group rates available, call APSAC's Training Department at 405/271-8202 for details.

Enclosed is Check \_\_\_\_\_ or Purchase Order \_\_\_\_\_ or pay by Credit Card: MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form with payment for the APSAC Institutes or membership only to:  
APSAC, PO Box 26901, CHO 3B-3406, Oklahoma City, OK 73190. To Register by FAX: 405/271-2931

- Cancellations received prior to 6/14/02 are refundable, less a \$50 administrative fee. Cancellations not accepted after 6/14/02. Substitutions may be made.
  - Confirmation of registration will be emailed.
  - For more information about Membership or APSAC's other training programs call 405/271-8202,  
E-mail: [tricia-williams@ouhsc.edu](mailto:tricia-williams@ouhsc.edu) or visit the website at [www.apsac.org](http://www.apsac.org).
- For more information about Membership or NACC's other programs call toll free 1-888-828-NACC or visit [www.NACCchildlaw.org](http://www.NACCchildlaw.org).

# RECENT APSAC PUBLICATIONS

## RECENT APSAC PUBLICATIONS

The **APSAC Handbook on Child Maltreatment, 2nd Edition** was published last November with a 2002 copyright date. It is a 582-page resource of unparalleled thoroughness and provides comprehensive, interdisciplinary coverage of the causes, consequences, treatment, and prevention of child abuse and neglect. Written in engaging and straightforward language and offering research-based applications for practice, this up-to-date revision covers physical abuse, sexual abuse, neglect, and psychological maltreatment from the medical, psychological, and legal points of view. Leading authorities in a variety of specialized areas have designed each chapter to inform advanced students and practitioners in social work, mental health, law, medicine, nursing, law enforcement, child protective services, and education of the most current research literature available as well as strategies for intervention and prevention.

Edited by John E. B. Myers, Lucy Berliner, John Briere, C. Terry Hendrix, Carole Jenny, and Theresa A. Reid, the **2nd Edition** includes a thorough update of retained chapters as well as over 630 new references that did not exist when the previous edition was published in 1996. It also includes new chapters focusing on:

- Munchausen by Proxy Syndrome
- Child abuse in the context of substance abuse
- Child abuse in the context of domestic violence
- Child fatalities
- Risk management for professionals working with maltreated children and adult survivors
- Mental health services for children reported to child protective services

It is available in both paperbound and hardcover editions.

The **APSAC Guidelines on Investigative Interviewing in Cases of Alleged Child Abuse** was published in March, 2002. The 16-page booklet was almost five years in development with many rounds of reviews and revisions to make it reflect current knowledge and professional consensus about issues related to investigative interviews. These Guidelines are the product of an APSAC Task Force chaired by Donna Pence, Mark D. Everson, and Charles Wilson. The published version reflects the experiences and expertise of a large number of APSAC members as well as the APSAC Board of Directors. Many individuals contributed their time and expertise to make these Guidelines available, especially Lucy Berliner, Kathleen Coulborn Faller, Michael Lamb, and Paul Stern.

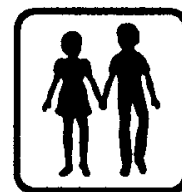
The year 2001 also included the publication of one new and one revised **APSAC Study Guides, Psychological Maltreatment of Children**, authored by Nelson J. Binggeli, Stuart N. Hart, and Marla R. Brassard, is the new Volume 4 in the Study Guides series. Vernon Quincey and Martin Lalumiere's **Assessment of Sexual Offenders Against Children, 2nd Edition** is a fully updated revision of Volume 1 in the series.

**Psychological Maltreatment of Children** is a brief introduction to the emotional abuse of children and youth for mental health professionals, child welfare specialists, and other professionals involved with research, education, practice, and policy development in child maltreatment. The book defines and outlines theories of psychological maltreatment and describes its effects, as well as examines this form of abuse as a social problem. It also covers assessment, prevention, and treatment strategies and shows how to analyze a case of child psychological maltreatment. Both practicing professionals and advanced students will find this concise work to be an excellent introduction to this highly pervasive yet often ignored form of child abuse.

**Assessment of Sexual Offenders Against Children, 2nd Edition** reviews the range of relevant literature published through the end of 2000 and steers the professional to the most current knowledge available on this subject in a compact, accessible form. Learn from this resource what characteristics do and do not distinguish child molesters, what situational factors are related to molestation, what instruments are used in the assessment of child molesters, how assessment information is used to appraise risk and guide treatment, and elements of a useful assessment report. In addition, this volume covers the ethical and legal issues of this type of assessment.

Both of the above APSAC Study Guides offer the opportunity to earn four continuing education (CE) units through the purchase and successful completion of accompanying CE tests available from Sage Publications.

**All of the recent APSAC publications may be ordered from APSAC at a 20% discount for APSAC members and a 10% discount for nonmembers. Please see the APSAC Professional Publications Order Form on page 19 of this issue.**



# APSAC PUBLICATIONS ORDER FORM

Name: \_\_\_\_\_ Member? \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Note: All Prices Subject To Change Without Notice

**APSAC Advisor Back Issues** (Members \$10 per issue) (Nonmembers \$15 per issue)

Issue Volume & Number \_\_\_\_\_

Issue Volume & Number \_\_\_\_\_

**Advisor back issues subtotal:** \_\_\_\_\_

**Practice Guidelines** (Members \$5 each/\$25 set of 6) (Nonmembers \$10 each/\$50 set of 6)

\_\_\_\_\_ Psychosocial Evaluation of Suspected Sexual Abuse in Children, 2<sup>nd</sup> Edition (1997)

\_\_\_\_\_ Descriptive Terminology in Child Sexual Abuse Medical Evaluations (1995)

\_\_\_\_\_ Use of Anatomical Dolls in Child Sexual Abuse Assessments (1995)

\_\_\_\_\_ Psychological Evaluation of Suspected Psychological Maltreatment in Children & Adolescents (1995)

\_\_\_\_\_ Photographic Documentation of Child Abuse (1995)

\_\_\_\_\_ Investigative Interviewing in Cases of Alleged Child Abuse (New, 2002)

**Practice Guidelines subtotal:** \_\_\_\_\_

**The APSAC Handbook on Child Maltreatment, Second Edition (2002)**

\_\_\_\_\_ Hardcover (582pp., 8.5"X11") Members \$72 Nonmembers \$81

\_\_\_\_\_ Paperback (582pp., 8.5"X11") Members \$40 Nonmembers \$45

**Handbook subtotal:** \_\_\_\_\_

**APSAC Study Guides (including CE Credits)** (Members \$104/volume) (Nonmembers \$117/volume)

\_\_\_\_\_ Volume 2 – Evaluating Children Suspected of Having Been Sexually Abused (6 CE credits)

\_\_\_\_\_ Volume 3 – Medical Evaluation of Physically & Sexually Abuse Children (7 CE credits)

**APSAC Study Guides (with option for CE Credits through Sage Publication for additional fee)**

(Members \$40) (Nonmembers \$45)

\_\_\_\_\_ Volume 1 – Assessment of Sexual Offenders Against Children, 2<sup>nd</sup> Edition (2001)

\_\_\_\_\_ Volume 4 - Psychological Maltreatment of Children (2001)

**Study Guides subtotal:** \_\_\_\_\_

**Other APSAC Publications** (Members \$10) (Nonmembers \$20)

\_\_\_\_\_ Glossary of Terms & Interpretations of Findings for Child Sexual Abuse Evidentiary Examinations

\_\_\_\_\_ APSAC Code of Ethics (Free to Members) (Nonmembers \$10)

**Other Publications subtotal:** \_\_\_\_\_

### Shipping & Handling:

Under \$10.00	add \$3.00	\$95.01—\$150.00	add \$11.00	Via Fax — \$1.00/page
\$10.01—\$22.00	add \$5.00	\$150.01—\$200.00	add \$14.00	FedEx & UPS – actual charge
\$22.01—\$50.00	add \$7.00	\$200.01—\$250.00	add \$15.00	will be added
\$50.01—\$95.00	add \$9.00	Over \$250	please call	

(International – outside North American, Puerto Rico, & Virgin Islands – add an additional \$10.00)

**Shipping and Handling Charge:** \_\_\_\_\_

**TOTAL PAYMENT:** \_\_\_\_\_

PO# \_\_\_\_\_ CHECK# enclosed \_\_\_\_\_

Please charge my: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover Card \_\_\_\_\_ American Express \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax this order form with credit card information or PO to 818-597-4879. Phone 818-597-4867.

Mail this order form with check/money order/PO/credit card information to

APSAC Publications, 32214 Oakshore Drive, Westlake Village, CA 91361. Visit our website at [www.apsac.org](http://www.apsac.org)

## 2002 COLLOQUIUM ANNOUNCEMENTS

### About the Colloquium

#### APSAC is committed to:

- Providing professional education which promotes effective, culturally sensitive, interdisciplinary approaches to the identification, intervention, treatment and prevention of child abuse and neglect.
- Promoting research and guidelines to inform professional practice.
- Educating the public about child abuse and neglect.

*The Colloquium is designed by and for APSAC's interdisciplinary members. A Planning Committee determined sessions based on evaluations and recommendations from APSAC members and other professionals in the field. Members contribute by submitting abstracts for presentation.*

#### Goals

The educational goal of APSAC's Colloquium is to foster professional excellence in the field of child maltreatment by providing advanced interdisciplinary professional education. The Colloquium's intensive skill-building seminars combine the best of research and practice, providing immediately useful skills firmly grounded in the latest empirical research.

#### Objectives

Upon completion of this activity, the participant should be able to:

1. Provide state-of-the-art treatment to abused and neglected children.
2. Access and utilize the most up-to-date information concerning working with abused and neglected children.
3. Provide quality testimony in court cases, both as experts and as witnesses.
4. Diagnose physical and sexual abuse, as well as neglect in children.
5. Utilize model examination and treatment techniques for abused/neglected children.

#### Audience

Seminars have been designed primarily for professionals in mental health, medicine and nursing, law, law enforcement, education, prevention, research, advocacy, child protective services, and allied fields. All aspects of child maltreatment will be addressed including, prevention, assessment, intervention and treatment with victims, perpetrators and families affected by physical, sexual, and psychological abuse and neglect. Cultural considerations will also be addressed.

### About the Program

The Colloquium program is divided into two major segments:

#### Invited Intensive Training Seminars

These in-depth, hands-on training seminars are taught by leading experts in the field. Firmly grounded in the latest knowledge and research, these seminars are designed for advanced professionals in all areas of expertise.

#### Field-Generated Training and Research

These seminars are selected by a rigorous process of blind peer review from hundreds of submissions in response to an open call for abstracts. They are presented as workshops, research papers, and poster presentations.

#### Poster Presentations

Poster presentations of research, practice, and program innovations have been selected from hundreds of abstracts and give you the opportunity to examine your colleagues' recent work. Poster presentations will be presented on Thursday, May 30, 2002 from 5:00 - 7:30 pm during the welcome reception.

### Program Categories

The Colloquium is divided into tracks that focus on specific topics. The following is a list of the different categories offered over the course of the training:

CAC =	Child Advocacy Centers
CD =	Cultural Diversity
CPS =	Child Protection/Child Welfare
INT =	Interdisciplinary
INV =	Interviewing
LAW =	Law
LE =	Law Enforcement
MH =	Mental Health
M&N =	Medicine and Nursing
PREV =	Prevention
RES =	Research

### Colloquium Co-Sponsors

- Institute for Continuing Education
- University of Oklahoma - College of Medicine

### Invitation to Allied Organizations

Hold your membership, committee, or board meeting at APSAC's Colloquium! Subject to availability, APSAC will assist in securing meeting space when you register five or more participants for the Colloquium.

Request for space must be made by March 15; meetings will be listed in the final Colloquium program book. Check the appropriate box on the registration form or call APSAC's Professional Education Department for details at (405) 271-8202.

---

---

## Colloquium Features

---

---

### Exhibitor and Sponsors

If you want to reach experts in the field of child maltreatment, join us in New Orleans! The Colloquium offers an unparalleled opportunity to reach senior interdisciplinary professions with decision-making authority for resources and equipment. There are sponsorship, advertising, and exhibiting options for all budgets. Sponsorship opportunities include the Pre-Conference Cultural Institute, Opening Reception, Plenary Session, Training Seminars, Poster Session, Refreshment Break, or e-mail [tricia-williams@ouhsc.edu](mailto:tricia-williams@ouhsc.edu) for an exhibit or sponsorship application form.

### Professional Group Meeting Day—Tuesday, May 28, 2002

This day of task force meetings, committee meetings, co-sponsoring organizations' adjunct meetings, and APSAC's State Chapter Leadership Meeting offers participants an early opportunity to network with colleagues in the field.

**State Chapter leaders** are encouraged to participate in the Leadership Meeting designed and implemented by chapter leaders. This conference gives Chapter leaders an opportunity to meet face-to-face and address common agendas.

Requests for space must be made by March 15; meetings will be listed in the final Colloquium program book. Check the appropriate box on the registration form or call APSAC's Professional Education Department for details at (405) 271-8202.

## 2002 COLLOQUIUM ANNOUNCEMENTS

### APSAC Cultural Institute

This is APSAC's 6th institute on cultural issues in child maltreatment. Seminars offered at the institute are designed to help professionals acquire the skills needed to work with diverse populations and to understand the impact of culture on experiences of child maltreatment. This is a unique and exciting opportunity to hear from various leaders in the field and move toward cultural competence/ (Additional fee required; see appropriate box on registration form)

### Tour the New Orleans Child Advocacy Center

Go for a free tour of the premier Child Advocacy Center at the New Orleans Children's Hospital. There will be a presentation offered at the hospital auditorium for all participants. This is scheduled for Wednesday, May 29 from 12:30 - 4:00 pm.

In addition, the tour buses will take St. Charles Avenue down past the university area and Audubon park, thereby providing an uptown tour in route to the hospital. Space is limited to 45 people. There is no charge for the tour or the bus ride. This is sponsored by the New Orleans Child Advocacy Center and Children's Hospital.

---

---

### Colloquium Schedules and Registration

---

---

**Please go to the website: [www.apsac.org](http://www.apsac.org) for a complete downloadable brochure and registration form. You may also call APSAC at 405-271-8202 for more information or any questions.**

### Continuing Education

The 10<sup>th</sup> Annual Colloquium is co-sponsored by the American Professional Society on the Abuse of Children and the Institute for Continuing Education. Continuing education credit is offered as listed. Partial credit is available and contact hours may vary per professional discipline.

Representatives from the Institute will be on site to accept applications for continuing education credit and to assist conference attendees with continuing education questions. The processing fee is \$25.00 per person. For more information about continuing education credits please go to the website: [www.apsac.org](http://www.apsac.org).

### Membership Information

#### Who are APSAC Members?

Incorporated in 1987, APSAC has attracted members from all 50 states, many U.S. territories and other countries. APSAC members represent the disciplines of mental health, medicine and nursing, law, law enforcement, education, prevention, research, and child protective services.

#### Benefits of Membership

- The APSAC Advisor, a quarterly news journal that provides up-to-the-minute news in practice, research, Legislation, publications, and training events.
- Child Maltreatment, the distinguished quarterly journal that

- A state chapter network for you to form vital partnerships with other professionals in your state.
- The opportunity to participate in a national interdisciplinary network of thousands of professionals.

#### How can I join APSAC?

You can join by registering for APSAC's 10th Annual Colloquium and selecting the appropriate membership option on the Colloquium registration form.

If you are unable to attend the Colloquium, but would like to become an APSAC member, you can also join by completing the "membership only" portion of the Colloquium registration form; by calling Toby Smith, APSAC Membership Manager, at (843) 744-6901; or by visiting APSAC's website at <http://www.apsac.org>

### Volunteer Scholarships Available!

APSAC is offering volunteer scholarships on a first-come, first-serve basis with preference being given to students and entry-level or low-income professionals in the field of child maltreatment.

Volunteer assistance is needed May 26 thru June 1, 2002, on-site at the Sheraton New Orleans. Volunteer tasks include: providing clerical assistance, staffing the registration booth, monitoring sessions, and assisting speakers and organizers with many of the details that come up on-site. Email [tricia-williams@ouhsc.edu](mailto:tricia-williams@ouhsc.edu) or call (405) 271-8202 to request a volunteer scholarship application.

### Registration Information

Register early and save \$50 off the registration fee. Early-bird registration cut-off date is April 15, 2002. All registrations received after April 15, 2002, including on-site registrations, will be assessed a \$50 late fee. Space is limited. On-site registration subject to availability.

To register, send the completed registration form with payment to:

APSAC's 10th Annual Colloquium  
ATTN: Tricia Williams, JD  
PO Box 26901, CHO 3B-3406  
Oklahoma City, OK 73190  
(405) 271-8202 Phone (405) 271-2931 Fax  
Email: [tricia-williams@ouhsc.edu](mailto:tricia-williams@ouhsc.edu)

Registration will be confirmed by email. Purchase orders are accepted. APSAC's tax ID number is 93-0940608. All purchase orders/vouchers will be invoiced after completion of the colloquium.

#### Group Registration Discounts

APSAC is pleased to offer discounts for groups of five or more at savings of 5%-20% based on the number of group attendees. Call APSAC at 405-271-8202 for group discount rates.

**Remember to go to: [www.apsac.org](http://www.apsac.org) to download your complete Colloquium brochure with the registration form! You'll also find all of the information you need to make your travel arrangements.**

## 2002 CONFERENCES

### **April 9-12, 2002**

World Forum on Early Care and Education  
Auckland, New Zealand. Call 800-221-2864  
or visit the web site at [www.ChildCareExchange.com](http://www.ChildCareExchange.com)

### **April 4-7, 2002**

Western Regional Conference of the Society for the  
Scientific Study of Sexuality  
Manhattan Beach, CA.  
Call Marty Klein at 650-856-6533 or  
E-mail [Klein@SexEd.org](mailto:Klein@SexEd.org)

### **April 10-12, 2002**

5<sup>th</sup> National Child Welfare Data Conference (Child  
Welfare League of America)  
Arlington, VA. Call 202-942-0318 or Fax 202-638-  
4004, or E-mail [nrcitcw@cwla.org](mailto:nrcitcw@cwla.org), or visit the web site  
at [www.nrcitcw.org](http://www.nrcitcw.org)

### **April 25-26, 2002**

The Governor's 9<sup>th</sup> Annual Conference on Child  
Abuse and Neglect  
Baltimore, MD. Call 410-767-4160.

### **May 12-15, 2002**

6<sup>th</sup> World Conference on Injury Prevention and  
Control (WHO)  
Montreal, Quebec, Canada.  
E-mail [trauma@coplanor.qc.ca](mailto:trauma@coplanor.qc.ca)

### **May 28-31, 2002**

2002 National Sexual Violence Prevention Conference  
(Illinois Coalition Against Sexual Assault)  
Chicago, IL. Call 217-753-4117, or visit the website at  
[www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)

### **May 29-June 1, 2002**

10<sup>th</sup> Annual APSAC Colloquium  
New Orleans, LA. Call 405-271-8202, or Fax 405-  
271-2931, or E-mail [Tricia-Williams@ouhsc.edu](mailto:Tricia-Williams@ouhsc.edu) or  
visit the website at [www.apsac.org](http://www.apsac.org)

### **June 5-8, 2002**

Association of Family Court & Community Profes-  
sionals 39<sup>th</sup> Annual Conference  
Waikoloa, HI. Call 608-664-3750, or Fax 608-664-  
3751, or E-mail [afcc@afcc.net.org](mailto:afcc@afcc.net.org), or visit the website  
at [www.afccnet.org](http://www.afccnet.org)

### **July 7-9, 2002**

14<sup>th</sup> International Congress on Child Abuse & Neglect  
Denver, CO. Fax 303-782-5005,  
E-mail [2002@kempecenter.org](mailto:2002@kempecenter.org), or visit the website at  
[www.kempecenter.org](http://www.kempecenter.org)

### **August 4-7, 2002**

Victimization of Children & Youth: An International  
Research Conference  
Portsmouth, NH. Call 603-862-0767, or Fax 603-  
862-1122, or E-mail [maverill@cisunix.unh.edu](mailto:maverill@cisunix.unh.edu)

### **September 15-18, 2002**

4<sup>th</sup> National Conference on Shaken Baby Syndrome  
Salt Lake City, UT. Call 801-627-3399, or visit the  
website at [www.dontshake.com](http://www.dontshake.com)

### **September 24-28, 2002**

7<sup>th</sup> International Conference on Family Violence  
San Diego, CA. Call 858-623-2777 x427, or  
Fax 858-646-0761, E-mail [fvsai@alliant.edu](mailto:fvsai@alliant.edu), or visit  
the website at [www.fvsai.org](http://www.fvsai.org)

### **September 26-28, 2002**

2002 National Conference on Health Care and Do-  
mestic Violence  
Atlanta, GA. Visit the website at [www.endabuse.org/  
health](http://www.endabuse.org/health)

### **October 2-5, 2002**

21<sup>st</sup> Annual Research and Treatment Conference of the  
Association for the Treatment of Sexual Abusers  
Montreal, Quebec, Canada. Call 503-643-1023,  
Fax 503-643-5084, E-mail [connie@atsa.com](mailto:connie@atsa.com)

### **November 13-16, 2002**

54<sup>th</sup> Annual Meeting of the American Society of  
Criminology  
Chicago, IL. Call 614-292-9207, or Fax 614-292-  
6767, or E-mail [asc41@infinet.com](mailto:asc41@infinet.com)



## 2002-2003 BOARD OF DIRECTORS

### EXECUTIVE COMMITTEE

**Jon R. Conte, PhD, President**

School of Social Work  
University of Washington  
Seattle, WA

**Sandra Alexander, MEd**

Immediate Past-President  
Executive Director  
Georgia Council on Child Abuse  
Atlanta, GA

**Nancy B. Lamb, JD**

Assistant District Attorney  
District's Attorney's Office  
Elizabeth City, NC

**David Cory, MSW, Secretary**  
Community Initiatives Specialist  
Texas Department of Protective  
and Regulatory Services  
Abilene, TX

**Pamela J. Gosda, Treasurer**

Accenture  
Reston, VA

**Charles T. (Terry) Hendrix, MA**

Publishing Consultant  
Westlake Village, CA

**Brian K. Holmgren, JD**

Assistant District Attorney  
General  
Office of the District Attorney  
General  
20<sup>th</sup> Judicial Circuit of Tennessee  
Nashville, TN

**Cynthia Cupit Swenson, PhD, Vice President**

Assistant Professor/Psychologist  
Family Services Research Center  
Medical University of South Carolina  
Charleston, SC

### BOARD MEMBERS AT LARGE

**Anthony Mannarino, PhD**

Chair, Department of Psychiatry  
Allegheny General Hospital  
Pittsburgh, PA

**Thomas D. Lyon, JD, PhD**

Professor University of Southern California  
Law School  
Los Angeles, CA

**Nat Glover, JD**

Deputy District Attorney  
Child Abuse Services Team  
Orange, CA

**Toni Cardenas, CSW**

New York Presbyterian Hospital CAC  
Social Worker  
New York, NY

**Lisa Aronson Fontes, PhD**

Psychologist  
Director, School Guidance  
Graduate Program  
Springfield College  
Springfield, MA

**Rochelle Hanson, PhD**

Assistant Professor/Psychologist  
National Crime Victims Research and  
Treatment Center  
Medical University of South Carolina  
Charleston, SC

**Walter Lambert, MD**

Medical Director, University of Miami  
Child Protection Team  
Miami, FL



### GOVERNMENT OF THE DISTRICT OF COLUMBIA

#### Child and Family Services Agency

The D.C. Child and Family Services Agency is currently recruiting:



### SOCIAL WORKERS

at the BSW and MSW levels for positions in its Intake, Kinship and Family Services, Permanency and Placement, and Community Services Administration. The Agency offers **COMPETITIVE STARTING SALARIES & A FULL BENEFITS PACKAGE**

If you possess an MSW and a license to practice Social Work, you are eligible for:  
Hiring Bonuses of up to \$2,000.  
Reimbursement for moving expenses up to \$3,000..

For those applicants who have earned their Bachelor's or Master's in Social Work but not yet obtained their license, the Agency offers study courses and reimbursement for testing and licensing fees.

For more information on the Agency and employment opportunities we encourage you to visit our website at [www.dccchildandfamilyservices.com](http://www.dccchildandfamilyservices.com) or return your completed DC 2000 form by facsimile to (202) 727-5750, or mail to:

Child and Family Services Agency  
Human Resources Administration  
400 6<sup>th</sup> Street, S.W.  
Washington, D.C. 20024

The DC Form 2000 is available on the District of Columbia's website at [www.dcop.dcgov.org](http://www.dcop.dcgov.org) or by phoning (202) 724-7373.

## PUBLIC ABANDONMENT OF NEWBORNS: POLICIES AND PRACTICES IN THE UNITED STATES AND AROUND THE WORLD

Sandra K. Cesario, RNC, PhD  
Sharon Kolbye, RN  
Evie Michelle Furgeson, SN

Statistics suggest that the incidence of newborn abandonment is increasing. Is this the case, or has the increase in the amount of media coverage of such events given this perception? In actuality, the practice of abandoning newborns shortly after birth has always existed. Occurring in primitive and contemporary societies, this practice has varied motivations that are dependent upon the social norms of a specific geographic region at a given point in time (Rascovsky & Rogers, 1995). Although it is known that such practices exist, no official statistics have been maintained anywhere on the abandonment or murder of infants at or near the time of birth. In addition, no one has any idea of how many babies have faced this demise by being discarded and never found. The purpose of this article is to explore the historical and current practices of newborn abandonment throughout the world. Also, the formation of health policy, social programs, and the legislative process addressing this issue will be discussed.

### Historical Background and Research

Economic factors are often cited as a contributing factor to this phenomenon and include poverty, population control, class structure, greed, profit, and exploitation of labor (Bloch, 1988). The low value of children and the cost of raising them have historically been the most common reasons given for legitimizing this practice. Political climate and ideologies or philosophies of racial and ethnic superiority also play a role in a woman's decision-making process when faced with an unwanted pregnancy and few options available to her in managing the situation (Rsoner & Markowitz, 1997; Green, 1999). Psychological disorders and mental instability also account for a portion of the incidents in which newborns are left in public places, disposed of in dumpsters and toilets, or occasionally mutilated or murdered (Bonnet, 1993; Long, 1993). Religious beliefs, both in ancient times and today, provide a moral basis for human action and shape the paradigm of what is acceptable behavior in a given society at a given point in time (Rascovsky & Rogers, 1995). Some religions practiced human sacrifice of infants while others forbid abortion and murder. Ritual sacrifice of infants and children was condoned by the ancient Egyptians as they sought to appease the Gods, slew male offspring of Jewish slaves, and entombed a live child with a dead parent to give that parent comfort and companionship as they passed from this world. The ancient Greeks and Romans had similar ritualistic practices and often left unwanted or deformed newborns on dung heaps, exposed to be devoured by wild animals or salvaged for slavery or prostitution (Burstein, 1981). In Japan and China, female newborns have historically been viewed as an economic hardship and disposed of, usually by drowning. This is a practice that quietly continues in China to this day.

Although reasons may vary, the abandonment of newborns and neonaticide continue in modern times. However, the diversity of situations and conditions under which newborn abandonment or homicide occurs makes it a very difficult topic to research and address. Relatively little data are available to assist health care professionals in the construction of a profile of the woman at risk

for committing this act. Therefore, it is difficult to predict when, where, how, or why abandonment will occur. Overpeck and colleagues (1998) summarized the primary risk factors for contemporary newborn abandonment and homicide as maternal in origin relating to age, education, postpartum psychosis, ambivalence towards the pregnancy, and emotional health. Specifically, they found that women most at risk for harming their newborns or young infants were 17 years of age or younger, having their second child, lacking adequate prenatal care, and having fewer than 12 years of education. Other researchers, who have found that women who abandon or murder their newborns are single, young, and living in difficult circumstances, support these findings (McKee & Shea, 1998; Winpisinger, Hopkins, Indian, & Hostetler, 1991; Silverman & Kennedy, 1988; and Daly & Wilson, 1984).

Finnish researchers also found clear differences between women who committed neonaticide and those who killed an older child. The mothers who had murdered or attempted to murder their newborns were young, unmarried, dependent upon their family of origin (not a spouse or same age partner), likely to conceal the pregnancy, and showing fewer psychological problems than women who had harmed older children (Haapasalo & Petaja, 1999). However, psychologists, who have found the phenomenon to cut across all social, racial, and economic levels, contradict this view (Hurst, 2000). In a letter to the editor, West suggests that demographic conclusions are accompanied by blame and do not address the familial and societal issues involving both men and women that may contribute to contemporary practices of newborn abandonment and neonaticide throughout the world (West, 1999).

In a French study, 22 female subjects were interviewed between 1987 and 1989. Using a psychoanalytic methodology, an attempt was made to understand why women did not choose to take advantage of the French law permitting anonymous, cost free delivery and immediate placement of the infant for adoption as an alternative to newborn abandonment. The interviews revealed that the motives behind this choice stemmed from denial of the pregnancy and fantasies of violence toward the fetus resulting from psychological and sexual traumas experienced by the subjects during childhood. Therefore, these women seldom sought prenatal care and did not enter the health care system prior to the birth of the infant that was subsequently abandoned (Bonnet, 1993).

In China, the increase in infant abandonment and infanticide during the 1980s coincided directly with increased regulation and enforcement of birth planning by the Chinese government. A recent study, in which 629 families were surveyed, led to the generalization that it was the biological father in his late 20s to late 30s, who was of average education and income, that most often made the decision to abandon the newborn female offspring. Birth mothers frequently expressed emotional pain and remorse for the act, but had no recourse or other options in the patriarchal society in which they live (Johnson, Huan, & Wang, 1998).

Other countries throughout the world are experiencing this resurgence of women voluntarily choosing to abandon their newborn infants. In Belgium, economic reasons appear to be the driving force (Kelly, 2000). High levels of poverty, family breakdown, and infection from HIV/AIDS have led to a growing problem of abandoned babies in South Africa. Many women die,



# PUBLIC ABANDONMENT OF NEWBORNS

others are afraid that they will not be able to cope with child-rearing because they are ill, and some infants are rejected because they are infected with the HIV virus (United Nations Foundation, 1999).

The modern-day practice of newborn abandonment seems to be gaining popularity in the United States as well. The phenomenon in this geographical area appears to be linked to social and health policy issues and is less dependent on economic conditions. Although statistics regarding this phenomenon are difficult to obtain, 1998 records indicate that 105 newborns were found abandoned in public places (trash bins, restrooms, churches, fields, and by deserted roadsides); 33 of them were dead. In 1999, the recorded figure increased to 724 babies who were abandoned in the United States (ABC News, 2000; Williams, 2000).

In Britain, at least twenty women commit neonaticide every year and countless others abandon their newly born infants (BBC, 1998). These women are usually young and described as the “good girls in a very difficult, chaotic, or dysfunctional family.” They do not tell anyone and they are quite effective in suppressing physical evidence of the pregnancy. It is believed that not telling anyone about the pregnancy allows the woman to deny the reality and detach herself from the stress and the anxiety of the situation. The BBC report cited Dr. Clare Gerada, who works with teen mothers at the Hurley Clinic in London. It is her belief that sex education and breaking the silence of concealed pregnancies are essential components of an effective strategy to stop the rash of newborn abandonments.

## **Global Practices, Policies, and Programs**

A wide variety of approaches are being implemented around the world to address newborn abandonment. The available but limited literature regarding newborn abandonment classifies newly introduced or proposed interventions into six broad categories. These include the enactment of “Safe Haven” laws, establishment of “Baby Drops,” adoption at birth, widespread implementation of family planning programs, government mandates on family fertility, and community efforts to address local needs.

The establishment of “Baby Drops” is gaining popularity in a number of countries. Most widely publicized are the programs in Germany and South Africa. In Germany, Social Services Offices have installed chutes referred to as “baby drops.” The project, dubbed “Operation Foundling,” allows the mother to place her newborn through a door onto a warmed bed. An alarm is then sounded, summoning a nurse to care for the infant. No attempt is made to identify the person dropping off the infant. If the infant is not reclaimed in two months, the baby is placed for adoption (ABC News, 2000). China and Russia also allow anonymous relinquishment of newborns.

In Johannesburg, South Africa, the Baptist Church operates a similar program, entitled “The Door of Hope.” Recently revived to prevent the death of abandoned babies, a revolving crib allows the baby to be brought inside while preserving the privacy of the person or persons who put the child in the crib. Since the inception of this safe haven program, an average of one baby per month has been deposited in a large mail slot cut in the door of the church. The goal of the program is to reduce the high number of infants found dead each year in the garbage or exposed outside (Reber, 2000).

France has implemented an “adoption at birth” approach to newborn abandonment. This country has a well-documented and rich history of caring for abandoned infants that reflects changing sociological views over time and dates back to ancient eras in the Mediterranean Basin. Currently, French law permits anonymous and cost-free delivery for women choosing to voluntarily relinquish their newborns at the time of birth. In 1966, a law was passed that clearly stipulated, for the benefit of the child, that this situation irrevocably breaks the link with the birth family and allows putting the child into the hands of adoptive parents (Bonnet, 1993). And ever since the 1940s, women who give birth in Italian hospitals can walk away from their newborns with no questions asked (ABC News, 2000).

The widespread implementation of family planning programs and the imposition of government mandates on family fertility are most commonly found in developing countries in Africa, India, and China. In an attempt to reduce the number of unwanted pregnancies and subsequently unwanted newborns, culturally sensitive government programs offer contraceptive, abortion, and sterilization procedures at very reduced or no cost to citizens. However, government-mandated birth planning policies, such as those found in China, may actually accentuate the problem of newborn abandonment instead of reduce it (Johnson, 1996). During the 1970s, restrictive birth planning was implemented to address the country’s growing problem of overpopulation. Following the passage of this mandate, newborn abandonment, neonaticide, and the problem of “missing girls” continued to rise during the 1980s (Zeng, 1993; Johansson & Nygren, 1991). That is, whenever a nation exhibits sex ratios that differ significantly from the norm of the number of girls being approximately equal to that of boys at one year of age, there is reason to suspect neonaticide (Meyer & Oberman, 2001).

## **Practices, Policies, and Programs in the United States**

Enactment of “Safe Haven” laws appears to be the method of choice to address this problem in the United States (Chagnon, 2001; Sussman, 2000). Although no federal legislation addresses newborn abandonment, the majority of the states now have some form of a “Safe Haven” law (Bernstein, 2001). Adding to the confusion, each state law is different from others. Depending on the state, “newborn” is defined as a baby ranging from three days of age (Michigan) up to 30 days old (Texas). In addition, some states specify that the baby must be taken to a fire station and some say the baby needs to be taken to a hospital. And finally, some states offer complete anonymity and immunity from prosecution while others only offer an affirmative defense for the birth mother.

In response to thirteen newborn abandonments in a 10-month period of time in the Houston area, Texas was the first state to sign such a bill into law on September 1, 1999 (Unruh, 2000). Within two years, legislators from 48 of the 50 United States had introduced approximately 60 bills modeled after the Texas law. Thirty-five states have laws in place to address the issue of newborn abandonment. A list of these states can be found in Table 1. Thirteen other states have introduced safe haven legislation that has not yet been enacted into law. The legislation in these states, listed in Table 2, has failed or is currently pending. Only the District of Columbia and two other states (Vermont and Wyoming) have not addressed this issue (see Table 3).

cont’d on page 26

In the federal legislature, the House of Representatives unanimously passed a resolution designed to focus attention and raise awareness of the public abandonment of newborns. The resolution urges local, state, and federal governments to collect more detailed abandonment statistics (Dailard, 2000; Lash, 2000).

Another intervention taking place in the United States is the effort by individual communities to address local needs associated with the public abandonment of newborns. Under this broad category, a number of very different needs have been identified and efforts made to address them. These diverse programs have unique missions that range from providing safe drop-off locations (not government designated) or enhancing community awareness and resources, to providing burial arrangements for newborns who were left alone to die (Cesario, 2001).

Project Cuddle, founded by Debbe Magnusen in California, began as a project to equip police vehicles with soft toys in order to mitigate the emotional trauma to children who may be taken into protective custody by local law enforcement personnel. Since its inception, Project Cuddle has developed several other programs and events to aid children, such as The Baby Rescue Program. This branch of Project Cuddle began offering a 24-hour hotline for women contemplating abandoning their infants in 1996. The agency claims to have prevented over 200 newborn abandonments or neonaticides.

Also, on the West Coast of the United States, Debi Faris tackled the problem of newborn abandonment in a different way. She initiated a program that is not one of prevention, but of dealing with the worst outcomes of newborn abandonment. In May of 1996, Faris began tending her "Garden of Angels," a quiet, private cemetery where she has since buried approximately 50 abandoned babies. The babies are given a first name and a funeral ceremony is performed. It has become her mission to provide these brief lives with a finale other than anonymous cremation or mass burial, the fate that the majority of abandoned newborns face. Timothy Jaccard, president of "Hope Foundation Infant Burial, Inc.," offers a similar service in the New York City area, where he has provided graves for more than 30 infants.

In Pennsylvania, Gigi Kelly, a nurse and a mother, established a community program called "Baskets for Babies." When a newborn baby boy was left in a trash bag behind her church, Kelly found an old laundry basket, lined it with a warm blanket and put it on her front porch. Then she called reporters with a plea for young mothers to bring their babies to her. Although nobody has taken her up on her offer, her actions have evolved into a public awareness campaign for desperate women. Today, over 600 local families leave their porch lights on and have their baskets ready to receive any unwanted newborn (Roche, 2000).

"Safe Places for Newborns," a program under the leadership of the Rev. Andrew Cozzens of Minnesota, began when parishioners of the Cathedral of St. Paul persuaded local hospitals to allow women to anonymously drop off their newborns, no questions asked. They also convinced local district attorneys to not prosecute women for abandoning their babies. This program was the basis for the recently passed Minnesota law governing this issue. "Safe Places for Newborns" spread to other states such as Alabama and spurred legislation in those states as well.

## Final Thoughts

Based on current societal norms, newborn abandonment and neonaticide are no longer considered acceptable practices. Health care providers play a vital role in addressing this issue and have the potential to impact the lives of thousands of women and newborns worldwide. Developing strategies to care for mothers who chose to manage their pregnancies and deliveries in secret is a very difficult undertaking. It is not unusual for babies delivered by mothers without assistance to develop various kinds of distress. We do not live in a society where women are prepared to deliver by themselves and provide adequate care for their newborns. For these reasons, the health policies, social programs, and governmental laws discussed in this article were created to save lives. They are designed to encourage women in stressful childbirth situations to seek care from a health facility where there are trained professionals present to stabilize and transport those in need of immediate medical attention (Romboy, 2001). Health care workers as well as individuals working in the areas of criminology, psychology, sociology, and social policy development all play a major role in carrying out the newly implemented programs and policies. The enactment of rudimentary legislation does not provide an end to the issues of newborn abandonment and neonaticide—it is merely a beginning. Thus, continued interdisciplinary strategizing and general awareness are needed to serve as catalysts to build supports for pregnant women and unwanted newborns.

## References

- ABC News (2000). Saving our children. *ABC News Special Report*, 5:00 PM News, March 12.
- BBC. (1998). Deadly secrets: The tragedy of neonaticide. Broadcast by the BBC on May 9. Retrieved May 3, 2001 from the World Wide Web: <http://www.bbc.co.uk/qed/neo.shtml>
- Bernstein, N. (2001). Few women choose to abandon newborns at legal havens. *New York Times*, August 31, p. A-1, A-14.
- Bloch, H. (1988). Abandonment, infanticide, and filicide: An overview of inhumanity to children. *American Journal of Disabled Children*, 142, 1058-1060.
- Bonnet, C. (1993). Adoption at birth: Prevention against abandonment or neonaticide. *Child Abuse and Neglect*, 17, 501-513.
- Burstein, M. (1981). Child abandonment. *Child Psychiatry and Human Development*, 11, 213-219.
- Cesario, S. (2001). Newborn abandonment: What is being done? *Baby Care Forum*, Winter, p. 1-2.
- Chagnon, L. (2001). Newborn abandonment: Finding legislative solutions. *AWHONN Lifelines*, 5(4), 25-26.
- Dailard, C. (2000). The drive to enact 'Infant Abandonment' Laws: A rush to judgement? *The Guttmacher Report on Public Policy*, 3(4).
- Daly, M., & Wilson, M. (1984). A sociobiological analysis of human infanticide. In G. Hausfater & S. Hardy (Eds.), *Infanticide: Comparative and evolutionary perspectives* (pp. 487-502). New York: Aldine Books.
- Green, E. (1999). Infanticide and infant abandonment in the New South: Richmond, Virginia, 1865-1915. *Journal of Family History*, 24, 187-211.
- Haapasalo, J., & Petaja, S. (1999). Mothers who killed or attempted to kill their child: Life circumstances, childhood abuse, and types of killing. *Violence and Victims*, 14, 219-239.
- Hurst, L. (2000). Saving babies from the trash. *The Toronto Star*, March 5.
- Johansson, S., & Nygren, O. (1991). The missing girls of China: A new demographic account. *Population and Development Review*, 17, 35-51.
- Johnson, K. (1996). The politics of the revival of infant abandonment in China, with special reference to Hunan. *Population and Development Review*, 22, 77-98.
- Johnson, K., Huang, B., & Wang, L. (1998). Infant abandonment and adoption in China. *Population and Development Review*, 24, 469-510.
- Kelly, P. (2000). Baby box controversy at mothers' charity. Retrieved April 24, 2001, from the World Wide Web: <http://europe.cnn.com/2000/WORLD/europe/10/26/belgium.mothers/>
- Lash, S. (2000). Discarded infant count urged: Delay, House hope to combat trend towards abandonment. *The Houston Chronicle*, April 12, p. A-4.
- Long, R. (1993). Abortion, abandonment, and positive rights: The limits of compulsory altruism. *Social Philosophy and Policy*, 10, 166-191.
- McHugh, P. (1970). A commonsense conception of deviance. In J. Douglas (Ed.), *Deviance and responsibility: The social construction of moral meanings*. New York: Basic Books.
- McKee, G., & Shea, S. (1998). Maternal filicide: A cross-national comparison. *Journal of Clinical Psychology*, 54, 679-687.
- Meyer, C., & Oberman, M. (2001). *Mothers who kill their children*. New York: New York University Press.
- Overpeck, M., Bremner, R., Trumble, A., Trifiletti, L., & Berendes, H. (1998). Risk factors for infant homicide in the United States. *New England Journal of Medicine*, 339, 1211-1216.
- Rascovsky, A., & Rogers, S. (1995). *Filicide: The murder, humiliation, mutilation, denigration, and abandonment of children by parents*. Northvale, NJ: Jason Aronson.
- Reber, P. (2000). South African babies left in mail slot. *Associated Press*, January 16.
- Roche, T. (2000). Law: A refuge for throwaways: The spate of "Dumpster Babies" stirs a movement to provide a safe space for unwanted newborns. *Time*, February 21, p. 50 ff.
- Romboy, D. (2001). Will law save newborns? *Deseret News*, September 2, pp. B-1 & 2.
- Rosner, D., & Markowitz, G. (1997). Race, foster care, and the politics of abandonment in New York City. *American Journal of Public Health*, 87, 1844-1849.
- Silverman, R., & Kennedy, L. (1988). Women who kill their children. *Violence and Victims*, 3, 113-127.
- Sussman, D. (2000). Abandoned babies: Legislators, health officials unite to curb recent trend. *Newweek.com* [Online]. Retrieved August 10, 2001, from the World Wide Web: [www.newweek.com](http://www.newweek.com).
- United Nations Foundation. (1999). South Africa: AIDS, poverty lead mothers to abandon infants. *UN Wire*, December 1.
- Unruh, J. (2000). The Baby Moses Project, frequently asked questions. Retrieved May 10, 2001, from the World Wide Web: <http://www.babymoses.org/>
- West, S. (1999). Risk factors for infant homicide. *New England Journal of Medicine*, 340, 895.
- Williams, M. (2000). Babies in the trash. *The Washington Post*, February 4, p. A-31.
- Wingsinger, K., Hopkins, R., Indian, R., & Hostetter, J. (1991). Risk factors for childhood homicides in Ohio: A birth certificate-based case-control study. *American Journal of Public Health*, 81, 1052-1054.
- Zeng, Y. (1993). Causes and implications of the recent increase in the reported sex ratio at birth in China. *Population and Development Review*, 19, 283-302.

**Table 1: Legislative Efforts in the United States – States With Safe Haven Laws in Place**

<b>AL /Alabama...Hall, Pruitt, Brooks - HB115</b> <a href="http://www.legislature.state.al.us/SearchableInstruments/Enrolled%20Acts/2000%20Regular%20Session/">http://www.legislature.state.al.us/SearchableInstruments/Enrolled%20Acts/2000%20Regular%20Session/</a>	<b>MS /Mississippi...Taylor - HB169</b> <a href="http://billstatus.ls.state.ms.us/2001/html/history/HB/HB0169.htm#history">http://billstatus.ls.state.ms.us/2001/html/history/HB/HB0169.htm#history</a>
<b>AZ /Arizona...Brimhall, Gray, Solomon - HB2001, SB 1076</b> <a href="http://www.azleg.state.az.us/legtext/45leg/lr/bills/hb2001/txt">www.azleg.state.az.us/legtext/45leg/lr/bills/hb2001/txt</a>	<b>MT /Montana...Halligan - SB132</b> <a href="http://data.opi.state.mt.us/bills/2001/billhtml/SB0132.htm">http://data.opi.state.mt.us/bills/2001/billhtml/SB0132.htm</a>
<b>AR /Arkansas...Bledsoe, Minton - HB1070</b> <a href="http://www.arkleg.state.ar.us/">http://www.arkleg.state.ar.us/</a>	<b>NV /Nevada...Rawson - SB191</b> <a href="http://www.leg.state.nv.us/Bills/Bills.htm">http://www.leg.state.nv.us/Bills/Bills.htm</a>
<b>CA /California...Brulte, Maddox - HB/SB 1368</b> <a href="http://www.leginfo.ca.gov/pub/99-00/bills/sb_1351-1400/sb_1368_bill20001006_status.htm">www.leginfo.ca.gov/pub/99-00/bills/sb_1351-1400/sb_1368_bill20001006_status.htm</a>	<b>NJ /New Jersey...Collins, Vandervalk - A6</b> <a href="http://www.njleg.state.nj.us/">http://www.njleg.state.nj.us/</a>
<b>CO /Colorado...Tanner - SB171</b> <a href="http://www.state.co.us/dleg/html">http://www.state.co.us/dleg/html</a>	<b>NM /New Mexico...Jennings, Aragon, Gubbels - HB251, SB94, 366</b> <a href="http://legis.state.nm.us/billfinder.asp">http://legis.state.nm.us/billfinder.asp</a>
<b>CT /Connecticut...Lopez, Kirkley, Bey - HB 5023</b> <a href="http://www.cga.state.ct.us">www.cga.state.ct.us</a>	<b>NY /New York...Jaccard - S6688, Assembly Bill 8808</b> <a href="http://assembly.state.ny.us/">http://assembly.state.ny.us/</a>
<b>DE /Delaware...Maier - HB555</b> <a href="http://www.legis.state.de.us/billtracking">http://www.legis.state.de.us/billtracking</a>	<b>NC /North Carolina...Haire - HB1616, SB1257</b> <a href="http://www.nega.state.nc.us/">http://www.nega.state.nc.us/</a>
<b>FL /Florida...HB1901, SB2082</b> <a href="http://www.leg.state.fl.us/">http://www.leg.state.fl.us/</a>	<b>ND /North Dakota...Human Services Committee - SB2129</b> <a href="http://www.state.nd.us/lr/homepic.html">http://www.state.nd.us/lr/homepic.html</a>
<b>ID /Idaho...Health &amp; Welfare Committee - SB1037</b> <a href="http://www3.state.id.us/oasis/S1037.html">http://www3.state.id.us/oasis/S1037.html</a>	<b>OH /Ohio...Winker - HB660</b> <a href="http://www.legislature.state.oh.us/search.cfm">http://www.legislature.state.oh.us/search.cfm</a>
<b>IL /Illinois...Trotter, Coulson, Scott, Karpel - SB1668, HB0632, SB0216</b> <a href="http://www.legis.state.il.us/scriptimstran.exe?LIBSINCWHB0632">http://www.legis.state.il.us/scriptimstran.exe?LIBSINCWHB0632</a>	<b>OK /Oklahoma...Winchester, Cain - HB2148, 1122, SB1577</b> <a href="http://www2.lsb.state.ok.us/2001-02HB/HB1122_enr.rf">http://www2.lsb.state.ok.us/2001-02HB/HB1122_enr.rf</a>
<b>IN /Indiana...Wolf - SB330</b> <a href="http://www.state.in.us/ser/lisa_billinfo">http://www.state.in.us/ser/lisa_billinfo</a>	<b>OR /Oregon...Wirth - HB3402</b> <a href="http://www.leg.state.or.us/billsset.htm">http://www.leg.state.or.us/billsset.htm</a>
<b>IA /Iowa...SSB1148</b> <a href="http://www.legis.state.ia.us/cgi-bin/Legislation/Bill.pl">http://www.legis.state.ia.us/cgi-bin/Legislation/Bill.pl</a>	<b>RI /Rhode Island...Graziano, Giannini - S0094, HB5131</b> <a href="http://www.rilin.state.ri.us/BillText01/SenateText01/s0094.htm">http://www.rilin.state.ri.us/BillText01/SenateText01/s0094.htm</a>
<b>KS /Kansas...O'Conner - HB2838</b> <a href="http://www.accesskansas.org/legislative/">http://www.accesskansas.org/legislative/</a>	<b>SC /South Carolina...Smith - GB4743</b> <a href="http://www.lpitir.state.sc.us/bil99-00/4743.htm">http://www.lpitir.state.sc.us/bil99-00/4743.htm</a>
<b>LA /Louisiana...Clover, Perkins, Foster - HB223</b> <a href="http://www.legis.state.la.us/home.htm">http://www.legis.state.la.us/home.htm</a>	<b>SD /South Dakota...Ham, Albers, Bogue, et al - SB92</b> <a href="http://legis.state.sd.us/index.cfm">http://legis.state.sd.us/index.cfm</a>
<b>MI /Michigan...Birkholz, Johnson, et al - HB5543, SB1052, 1053, 1187</b> <a href="http://michiganlegislature.org/txt.house.analysis.legis/1999-2000/H9h5543a.htm">http://michiganlegislature.org/txt.house.analysis.legis/1999-2000/H9h5543a.htm</a>	<b>TN /Tennessee...McAfee, Maddox, Harper - HB3112</b> <a href="http://www.legislature.state.tn.us/bills">http://www.legislature.state.tn.us/bills</a>
<b>MN /Minnesota...deFiebre, Foley - HF3008, SF2615</b> <a href="http://www.leg.state.mn.us/leg/legis.htm">http://www.leg.state.mn.us/leg/legis.htm</a>	<b>TX /Texas...Morrison, Richardson - HB3423</b> <a href="http://www.capitol.state.tx.us/dl/billsrch/search.htm">http://www.capitol.state.tx.us/dl/billsrch/search.htm</a>
	<b>UT /Utah...Arent</b> <a href="http://www.le.state.ut.us/~2000/2000.htm">http://www.le.state.ut.us/~2000/2000.htm</a>
	<b>WV /West Virginia...Hatfield - GB4300</b> <a href="http://129.71.161.247/Bill_Status/bstat_intro.html">http://129.71.161.247/Bill_Status/bstat_intro.html</a>
	<b>WI /Wisconsin...Bill 54</b> <a href="http://www.legis.state.wi.us/">http://www.legis.state.wi.us/</a>

## About the Authors:

Dr. Cesario is on the faculty in the College of Nursing at Texas Woman's University in Houston, Texas. She has received grants to conduct both a quantitative study and a qualitative study on the public abandonment of newborns in the United States. As an advocate for women, she is the chair of the National Practice Committee and a member of the Board of Directors for the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN). She is also a member of the Harris County Baby Abandonment Task Force.

Ms. Kolbye is a senior research nurse in the M. D. Anderson Cancer Center Community Clinical Oncology Program, a NCI-funded program designed to bring the benefits of clinical research to cancer patients in their own communities. As a senior nursing student in the RN to BSN program at Texas Woman's University in Houston, Texas, she has assisted with a research project to compile and compare state legislation regarding newborn abandonment.

## List of Helpful Websites

U. S. News Online, Policies to Stop Moms from Abandoning Babies

<http://www.usnews.com/usnews/issue/000228/abandon.htm>

Project Cuddle, California, USA

<http://www.projectcuddle.org>

"Safe Haven" Program Johannesburg, South Africa

<http://fifamerica.faithweb.com/ARTICLES/1999DECEMBER/Art16.htm>

OASIS: A Haven for Women and Children, New York City, USA

[http://www.oxygen.com/pureoxygen/tvcontent/pureOX\\_tvcontent25.html](http://www.oxygen.com/pureoxygen/tvcontent/pureOX_tvcontent25.html)

Arizona Republic: Help for Desperate Mothers

<http://www.azcentral.com/opinions/kidsedit3.shtml>

Safe Place for Newborns, Alabama, USA

<http://www.helpline-ir.org/h1341.htm>

Baby Moses Project, Texas, USA

<http://www.babymoses.org>

Child Welfare League of America

<http://www.cwla.org/programs/baby/>

BBC Broadcast Neonatacide

<http://www.bbc.co.uk/qed/neo.shtml>

CNN, Brussels Bureau, Antwerp, Belgium, the charity Mothers for Mothers (Moeders voor Moeders)

<http://europe.cnn.com/2000/WORLD/europe/10/26/belgium.mothers/>

CNN, Hamburg, Germany

<http://europe.cnn.com/2000/WORLD/03/09/germany.baby/index.html>

**Table 2: Legislative Efforts in the United States – Safe Haven Laws Introduced, Pending, or Failed**

AK ...Alaska	Croft, Guess	HB29
GA ...Georgia	Smith	HB1292
HI ...Hawaii		HB108, SB139
KY ...Kentucky	Bafford	HB546, SB188
ME ...Maine	Kilkelly	LD1670
MD ...Maryland	Rudolph	HB3423, 312
MA ...Massachusetts		
MO...Missouri	Gibbons	HB2134
NE ...Nebraska	Brashear	LR391
NH ...New Hampshire	Clegg	HB289
PA ...Pennsylvania		HB23212322
VA ...Virginia		
WA ...Washington	Kohl-Weiles	HB1134

**Table 3: Legislative Efforts in the United States States That Have Not Addressed Newborn Abandonment**

DC	District of Columbia
VT	Vermont
WY	Wyoming



**ACTING EDITOR-IN-CHIEF**

C. Terry Hendrix, MA  
32214 Oakshore Dr.  
Westlake Village, CA  
818-597-4867

**ASSOCIATE EDITORS****Child Protective Services**

Maria Scannapieco, PhD  
University of Texas  
Arlington, TX  
817-272-3535

**Cultural Issues**

Michael deArellano, PhD  
Medical University of South Carolina  
National Crime Victims Research and  
Treatment Center  
Charleston, SC  
843-792-2945

**Education**

Ilene R. Berson, PhD  
Louis de la Parte  
Florida Mental Health Institute  
Tampa, FL  
813-947-7698

**Journal Highlights**

Ernestine C. Briggs, PhD  
Duke University Medical Center  
Durham, NC  
919-599-0572

**Law**

Thomas Lyon, JD, PhD  
University of Southern California  
Law Center  
Los Angeles, CA  
213-740-0142

**Medicine**

Lori Frasier, MD  
University Hospital  
Columbia, MO  
573-882-3713

**Mental Health/Perpetrators**

Steven L. Ondersma, PhD  
Wayne State University  
Detroit, MI  
313-872-1790

**Nursing**

Beatrice Yorker, RN, JD  
Georgia State University  
School of Nursing  
Atlanta, GA  
404-651-2575

**Policy Watch**

Thomas Birch, JD  
National Child Abuse Council  
Washington, DC  
202-347-3666

**Prevention**

Karen McCurdy, MA  
Prevent Child Abuse America  
Chicago, IL  
312-663-3520

**Research**

David Finkelhor, PhD  
UNH Family Research Laboratory  
Durham, NC  
603-862-2761

**APSAC IMPORTANT CONTACT NUMBERS**

APSAC: Ensuring that everyone affected by child abuse and neglect receives the best possible professional response.

**APSAC Membership****Toby Smith**

Membership Manager  
2449 Beacon Street  
N. Charleston, SC 29405  
843-744-6901 Fax: 843-744-7188  
email: gethsemani@comcast.com

**APSAC Publications****Terry Hendrix, MA**

Publications Manager  
32214 Oakshore Drive  
Westlake Village, CA 91361-3810  
818-597-4867 FAX: 818-597-4879  
email: CTHendrix@aol.com

**APSAC Continuing Education****Tricia Williams, JD**

Operations Manager  
PO BOX 26901, CHO 3B3406  
Oklahoma City, OK 73190  
405-271-8202 FAX: 405-271-2931  
email: tricia-williams@ouhsc.edu



American Professional Society  
on the Abuse of Children  
PO BOX 26901, CHO 3B3406  
Oklahoma City, OK 73190

NON - PROFIT  
US POSTAGE  
PAID  
Okla. City, OK  
Permit # 220