

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect



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RESOURCE BOOK

EIGHTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT

OCTOBER 22 - 25, 1989
SALT LAKE CITY, UTAH

Sponsored by

National Center on Child Abuse and Neglect,
Children's Bureau, Administration for Children, Youth and Families,
Office of Human Services, U.S. Department of Health and Human Services

American Association for Protecting Children,
the children's division of The American Humane Association

C. Henry Kempe National Center for the Prevention and Treatment
of Child Abuse and Neglect

Utah Department of Social Services, Division of Family Services

Utah Coalition of Child Advocates

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NCJRS
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ACQUISITIONS

Eighth National Conference on Child Abuse
P.O. Box 45500
Salt Lake City, Utah 84145

INTRODUCTION

The Sponsoring Organizations of the Eighth National Conference on Child Abuse and Neglect with the input of the Conference National Advisory Committee have gone "Off the Beaten Path" in conducting a nationwide "Call for Participation" from individuals, agencies, and organizations involved in research, policy and program/practice issues dealing with child abuse and neglect prevention, intervention and treatment. The response to the "Call" was overwhelming. Hundreds of excellent abstracts were received in all three tracks and an extensive national review process took place. The workshop presentations and technical forums at the Conference were selected from this process. The result is a comprehensive, well balanced and unique program.

This book is a compilation of the abstracts selected to be presented at the Conference as well as others of exceptional value. In addition to these resources is a list of films selected for the Film Forum and a list of the Exhibitors participating at the Conference. This information will be an invaluable resource for all Conference participants as well as other professionals working in the field of child abuse prevention, intervention and treatment.

The Sponsoring Organizations extend sincerest appreciation to all those submitting abstracts and sharing their expertise both at the Conference and through this resource book. Special recognition is also due to Cheryl Honstein and Marcie Talbot for compiling the manuscript and to HHS for publishing the books.

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the following classifications have been designated

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KEY TO ABSTRACT TOPICS

1. Prevention Programs and Issues
2. Investigation, Intervention, and the Legal System
3. Assessment and Treatment
4. Medical Issues
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8. Sex Abuse Programs and Victim/Victimizer Issues
9. Placement
10. Special Needs and Handicapped Programs and Issues
11. Religious Issues
12. Professional Training and Management
13. Military Programs
14. Media/Marketing
15. Reporting
16. Institutional Abuse
17. Community Involvement
18. Neglect
19. Physical Punishment
20. Emotional Abuse
21. Missing Children
22. Miscellaneous
23. Special Medium

Note that abstracts have been categorized according to main topics. These and other related topics have been identified by the above key. Refer to the corresponding numbers next to the working title of the abstracts.

Where an abstract overlaps topics, the primary topic assignment was determined by the main thrust of the paper. The first number refers to the primary topic. Secondary topics are also identified by subsequent numbers.

PROGRAM/PRACTICE

WORKSHOPS

**These abstracts were selected to be presented
in workshops at the Conference**

1- PARENT AIDE PROGRAMS

NEW GUIDANCE FOR PARENT AIDE PROGRAMS - CONCLUSIONS FROM A NEW DATABASE

Bowman Gray School of Medicine
Wake Forest University
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Ruth O'Neal, M.D., Associate Professor of Pediatrics

National Parent Aide Assoc.
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Winston-Salem, N.C. 27105
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George M. Bryan, Jr., M.Div., Executive Dir. of Exchange/SCAN,
President

Parent Aides are trained, professionally supervised individuals, volunteer or paid, who assist parents under stress and those whose children are at risk of abuse or neglect. The National Parent Aide Association has surveyed 262 of these programs of the estimated 600 in the U.S. Few studies have been conducted on what makes the parent aide model successful.

Exchange/SCAN is a mid-size parent aide program that began in Winston-Salem, N.C. in 1981 (over 300 families have been served), and uses guidelines similar to 50 other Exchange Centers. Exchange/SCAN has been successful in terms of numbers of families served, expanding its volunteer parent aide service, keeping families intact, and in terms of the low recurrence of abuse or neglect in the families served. The clients served are largely representative of the U. S. demographically and in differing levels of risk or abuse to the children.

Since October 1981, Exchange/SCAN has been collecting data on each family served and on the volunteers serving each family. The information includes standard demographic information, socioeconomic information, initial problems, special needs of the families, and success and follow-up of the cases. This information is being entered in a database which makes it possible to answer many questions about the parent aide/family relationship.

To date, 60 family units have been analyzed at three months, six months and yearly following service. There has been no recurrence of abuse in the families terminated. 85 percent of the children have been maintained in their own home, nine percent returned to their own home, four percent freed for adoption, and two percent have plans for long-term care. 70 percent of the families had four or more mid-difficult problems (as ranked by the Family Service Association) in their lives (including child-rearing).

Information from this data has the potential of helping parent aide programs better serve families and the community in the prevention and treatment of child abuse.

1- BUILDING SUCCESS KIDS

BUILDING SUCCESS KIDS

The Self-Esteem Center
1399 South 700 East, Suite 17
Salt Lake City, UT 84105
(801) 466-9252
Susan T. Wood
Shirley M. Backels

Self-esteem is the critical element in a case of child abuse, both for the abused and the abuser. The child has fear, anger, guilt, denial and rage to overcome and possibly has no means to express these emotions. It is important that we teach self-esteem tools to these children so he/she can begin to distance himself/herself and regain the self-esteem that is within. The abuser has many years of negative behavior, thoughts, and feelings to overcome, to say nothing of the behavior that must be turned around.

The Self-Esteem Center teaches a person how to access that self-confidence that is already within. A sexually, physically, or emotionally abused child's self-confidence has been covered over by many experiences, emotions, and thoughts. It is imperative that we give this child the tools to deal with these emotions.

This presentation focuses on specific tools which will help the abused and/or abuser cope with the rage, denial, guilt, anger, fear - the barriers that keep them from accessing their self-esteem. It focuses on how professionals can help the abused/abuser regain the positive sense of self.

1, 3- CRISIS NURSERIES

USING CRISIS NURSERIES TO PREVENT CHILD ABUSE AND/OR NEGLECT

North Side Child Development Center/Turning Point
94 East Third Avenue
Columbus, Ohio 43201
(614) 299-1131
Mary Lynn Vaughan, Executive Director

The U.S. Department of Health and Human Services, Office of Human Development Services, awarded demonstration grants at the end of fiscal year 1988 to eight states for the purpose of establishing full-time crisis nurseries for preventing child abuse and/or neglect. The grant stipulated that the following components should be included in the crisis nursery programs: 24-hour services; referral to counseling/therapy services; access to primary medical services; staff training; and a public awareness program.

This presentation summarizes the experiences of several of the agencies involved in implementation of the grants in several states. Discussion centers around the programmatic offerings of the various programs, data collection methods and results to date, and plans for evaluation of the goals and objectives of the programs. Representatives from several of the grantee agencies will also discuss their particularly unique approach in providing crisis nursery services within the context of their own culturally, racially, and technically diverse communities.

While crisis nurseries have been promoted in the literature as one component which should be included in a comprehensive community action plan for the prevention of child abuse/neglect, very few crisis nurseries exist in this country. Reasons for this include prohibitive and cumbersome licensing regulations, difficult building codes, and lack of adequate funding to sustain such programs. Hopefully, the positive experiences of the demonstration programs will interest planners, funders, and researchers to the degree necessary to promote replication of the most promising of these model programs.

1- ALTERNATIVE CHILD CARE

PROJECT KEEP SAFE: PREVENTING CHILD MALTREATMENT THROUGH ALTERNATIVE CHILD CARE OPPORTUNITIES

Family, Infant and Preschool Program
Western Carolina Center
300 Enola Road
Morganton, NC 28655
(704) 433-2661
Melinda M. Raab, Ph.D.
Michelle S. Davis

Project KEEP SAFE, funded by the Children's Trust Fund and completing its first year of operation, focuses on the prevention of child maltreatment in families of handicapped and at-risk children (birth to eight years). These families have been described as being at-risk for child maltreatment because of stress related to the additional caregiving and time demands of their children, the need to work outside the home, and the lack of available child care. Traditional methods of providing child care assistance have been noncontingent and without reciprocity; that is, help has been provided in ways that may foster parents' dependencies, helplessness, and poor self image. Project KEEP SAFE attempts to reduce the likelihood of child maltreatment through providing assistance in ways that promote families' competencies to identify child care needs, locate informal and formal resources, and access child care options.

Project KEEP SAFE compares the effects of two types of child care assistance: (1) informal child care support that emphasizes an active role on the part of the parent with regard to identifying, arranging, and procuring child care assistance from persons already in the family's social network, and (2) formal child care support that emphasizes the use of formal respite services provided by trained respite care providers. In the informal care approach, the emphasis is placed on creating opportunities for families to become competent in mobilizing their social networks to meet child care needs, on strengthening families' natural support networks, and on intervention in a way that families acquire a sense of control over their lives and an increased sense of personal well-being. By focusing on family strengths, Project KEEP SAFE addresses the unique need of individual families within the culturally, racially, and economically diverse population in our area.

At entry into the project and at 6-month intervals thereafter, information is obtained regarding parent and child characteristics, sources of social support, parent's ratings of child care demands, parent and family well-being perceptions of child behavior difficulty, and situational outcomes concerning particular indicators of maltreatment. This information is used to compare the effects of the two approaches on the families.

Description of the operation of the project, information regarding the conceptual and practical basis for the proactive approach for strengthening families and reducing child maltreatment, and documentation of the influence of the project on the participants are presented.

1- PARENTING EDUCATION

PARENTING EDUCATION AND SUPPORT GROUPS

Prince George's County Department of Social Services
Child Protective Services
Sexual Abuse Services Unit
6111 Ager Road
Hyattsville, Maryland 20784
(301) 422-5014
Henry L. Gunn, III, Director
Nainan Thomas
Janet Garrity

The Parenting Education and Support Group Project's overall goals are the protection of abused and neglected children, preservation of family units, and reduction of incidents of child abuse and neglect.

This program provides parents the needed skills to become better parents and stop the abusive, neglectful cycle. Six staggered groups are held each year. Each group, which enrolls 20 parents, runs for 18 weeks. Lessons focuses on special areas of parenting skills, child development, and appropriate disciplinary techniques. With the assistance of a small grant from the state, this program has been in existence for the last three years. It has established itself as a much-needed service in the county where professionals within the department of Social Services, community, and the court system can refer parents to acquire parenting skills. It received the APWA's Successful Project Initiative Award in 1988, and several articles on the program have appeared in area newspapers.

Some of the special features of the program area: (1) decentralized locations for group sites; (2) free transportation; (3) free baby-sitting services; (4) objective evaluation of parenting skills through pre-and post-tests; (5) certificate of graduation; (6) reunification of children with the family; and (7) post group support network.

The program is cost effective because of its focuses on prevention of abuse and neglect and early reunification of children in foster care care with parents. It also reduces repeated incidents of abuse and neglect where children live with their parents under the protective supervision of this agency and the court.

1- MELD PARENTING EDUCATION

MELD'S SELF-HELP PARENTING EDUCATION PROGRAM - GETTING FAMILIES SOFF TO A GOOD START

MELD (Formerly Minnesota Early Learning Design)
123 North Third Street, Suite 804
Minneapolis, MN 5401
(612) 332-7563
Ann Ellwood, Executive Director and Founder

MELD, formerly Minnesota Early Learning Design, promotes wellness and prevents incidents of child abuse and neglect in a uniquely long-term self-help group format. The program's purpose is to provide the most useful information available to new parents in a culturally sensitive, supportive environment. Experienced parents, empathetic to the conditions of the group members and committed as volunteers, facilitate MELD groups. They receive extensive training and support during their two years of service.

The MELD model has worked for parents since 1973. Variations of the MELD program have been developed and serve first-time parents, teenage moms, parents of disabled children, hearing impaired parents, and Hispanics, including a special program for Mexican-American parents in Los Angeles.

The national office recruits new agencies to implement the MELD program as part of comprehensive services to parents, trains local coordinators and supervises their work. The program has been installed in over 90 locations in 22 states, Australia and Germany. The adolescent program, MELD's Young Moms (MYM), has had an extraordinary response. The State of Illinois has installed programs in 25 locations throughout the state.

Evaluations of the teen program, as well as other MELD programs, have been done over the years. The data shows significant impact in lifestyle and health for the mother, including reduced second pregnancies and increased school attendance.

MELD offers a presentation that describes its parents program and its variations, including our experiences in different locations with different populations (rural, urban, Black, Hispanic). The presentation includes recent research findings. There is a ten-minute video presentation and an opportunity for audience sharing and questions.

Participants will be able to apply the results of our evaluations to analyze their own programs. Our participant recruitment strategies and volunteer management and training methods may also be of particular interest to other professionals working in the areas of family support and enrichment.

1- POSITIVE PARENTING

POSITIVE PARENTING - A CURRICULUM FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

Charter Summit Hospital
175 W. 7200 S.
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(801) 561-8181
Susan L. Kosta, M.S.W., Assessment Center Director

Eisenhower Junior High
Salt Lake City, Utah
Chris Moore, M.S., Chair, Home Economics Department

Positive Parenting is a five-unit curriculum taught in ten days to grades 7-12. The five units are: positive parenting, negative parenting, physical abuse and neglect, proper touching, and sexual abuse. The format incorporates a variety of teaching methods focusing primarily upon experiential learning; roles play, student produced video vignettes, case studies, selected readings, filmstrips, scenario with discussion questions, and out-of-school assignments. The goals of the curriculum are: to prevent maltreatment of children by identifying the dynamics of child abuse and neglect, enhance understanding of the responsibility for everyone to nurture and protect children, and enhance parenting skills by teaching the role and expectation of adequate parenting; to reduce the severity of child abuse and neglect by increasing the probability students will utilize community resources when parenting difficulties arise; and lastly, to effect awareness, attitude, and behavioral changes including self-protection, assertiveness, and self-referral. The curriculum presents a continuum of caregiving behavior which includes cultural and ethnic differences.

The curriculum is unique in focuses and format and represents a partnership between social service agencies and the schools. It is an essential component for the presentation of this curriculum that it be taught by an experienced child protective service worker and the classroom teachers. The CPS worker is most knowledgeable about the subject matter of the curriculum and can bring the first-hand experience into the classroom. More importantly, the CPS worker provides a model to the students of a person from whom they would seek help when parenting issues arise; as children and in the future as parents. The classroom teacher is a trusted individual that legitimizes and enhances the presentation and continues to provide reinforcement of the concepts in interaction with students after the module is completed.

This program has been presented to students since 1984 and is currently implemented in Utah and several other states. Pre- and post-testing indicated significant achievement in reaching the goals and objectives of the curriculum.

1, 3- PREVENTING ADOLESCENTS FROM BECOMING PERPETRATORS

SEXUAL HEALTH AND RESPONSIBILITY PROGRAM: PREVENTING ADOLESCENTS FROM BECOMING PERPETRATORS

Minnesota Department of Human Services
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(612) 297-3634
Becky Montgomery, A.C.S.W., Child Protection Program Consultant

Uptown Mental Health Center
Minneapolis, MN
Mindy Mitnick, Psychologist

Child sexual abuse is a problem that professionals are aware of and take seriously. It is a problem that seems to grow year after year with the continuing increase of reports. It is a problem that we have begun to address and try to reduce through the development of prevention programs aimed at teaching children the skills needed to reduce their risk of being sexually abused. Many of the current prevention programs, however, make potential victims responsible for avoiding being victimized, placing the responsibility on potential victims, rather than on potential perpetrators.

The Sexual Health and Responsibility Program (SHARP) curriculum was developed in response to the awareness that we need to address child sexual abuse at its roots - the perpetrators. Studies by Dr. Gene Abel and Dr. Judith Becker indicate the vast majority of sex offenders began their sexually exploitive and violent behaviors while adolescents. Therapists working with adolescent sex offenders express surprise at the lack of knowledge adolescents have about legal, illegal, and appropriate sexual behavior. As the SHARP curriculum was developed, this lack of knowledge was addressed.

The SHARP curriculum was developed and piloted during the 1985-1986 school year. SHARP teaches adolescents alternatives to sexually exploitive and abusive behaviors. The curriculum was piloted in one suburban junior high school, and inner city high school, and a private junior and senior high school. Different cultural and socio-economic status groups were represented by the students in the pilot classrooms. An evaluation of the curriculum was conducted as part of its pilot. The evaluation found a significant and positive change in students' attitudes toward sex and violence.

This workshop discusses the SHARP curriculum and its components. Information about the evaluation and its findings will be shared. Although this curriculum was developed to be used primarily with adolescents in junior high school, it has been used in treatment settings with adolescent sex offenders, and can be used in residential treatment programs and with youth groups. Information on integrating the program into already existing school and/or treatment curriculums are provided.

1, 3- CRISIS NURSERIES

CRISIS NURSERIES: A VIABLE MODEL FOR CHILD ABUSE PREVENTION

Family Support Center, Inc.
75 W. Center Street
Midvale, Utah 84047
(801) 255-6881
Jayne L. Wolfe, Ph.D..
Janice Marcus, C.S.W.
Martha Shannon, L.C.S.W.

This presentation describes the Crisis Nursery model for the provision of secondary prevention of child abuse in the local community. The purpose of the Family Support Center's Crisis Nursery program is to provide: 24-hour crisis/respice care to children age 0-8 who are at risk of abuse; crisis intervention with children and parents; therapeutic and educational services toward the prevention of abuse or reabuse.

This program, now in its fifth year of operation, is housed in two units, one in Salt Lake City, Utah, the other approximately 10 miles distant in suburban Midvale. In 1988, these units provided a total of 29,854 hours of crisis respice care to 877 children. All children were determined by clinical interview prior to admission to have been at risk of abuse, neglect, or abandonment. In only two cases was abuse substantiated subsequent to Crisis Nursery intervention. An exhaustive program evaluation conducted by Utah's Division of Family Services in 1987 found the Crisis Nursery model to have significantly reduced the frequency of abuse and to be highly cost-effective at \$7.06 per unit of service.

Care in a nurturing, homelike environment maybe provided for up to 8 children per unit per day. Each child is housed for 72 hours or less per admission. Three rotating shifts of houseparents, assisted by a corps of Foster Grandparents, provide 24-hour care and crisis hotline coverage. Staff in the Midvale unit are bilingual to appropriately serve a substantial Hispanic population. Clinical services are provided by a specialized staff of psychologists and social workers.

In addition to fully describing the program and its objectives, this workshop provides detailed information on "start-up" requirements, including identification of funding sources, administration, staff training and program evaluation procedures.

1- TEEN PARENT EDUCATION

STRATEGIES FOR PREVENTION OF CHILD ABUSE WITH TEEN PARENTS THROUGH A HOME BASED APPROACH

Exchange Club Parent/Child Center
Teen Parent Education Program
2906 N. State Street, Suite 105
Jackson, MS 39216
(601) 366-0025
Shirley Pearson, Ms.Ed. Project Director
Wynefred Stubbs, B.S.W., Child Development Specialist
Becky Williams, Executive Director

Reports of neglect and abuse continue to escalate nationwide. Teen parents are at high risk to neglect or abuse their children. This presentation focuses on program design, practices and approaches which facilitate the ultimate goal of reduced child abuse and neglect among the teen parent population in Mississippi utilizing a home-based education and support model aimed at pregnant and parenting teens, age 17 years and under. The project is currently in its fifth year of funding through the Office of Adolescent Pregnancy Programs, Department of Health and Human Services, and is designed to combine professional expertise with volunteer community support.

This presentation offers information on the following aspects of program implementation:

- *Homebased Intervention
- *Provision of Educational and Support Services
- *Case Management Techniques
- *Utilization of Volunteer Community Support
- *Networking in Collaboration with Disciplines in the Various
Community Resources

The homebased approach provides a culturally sensitive support service that offers teen parents opportunities for exploring alternatives, reaching educational/vocational goals and learning to responsibly solve problems within the context of their individual needs. Ultimately, any significant success in decreasing teen pregnancy rates and the real and potential neglect and abuse of infants by teen parents depends heavily on the combined cooperative efforts of all pertinent disciplines involved with the adolescent population. The multidisciplinary approach utilized by this project provides the comprehensive involvement needed to improve the opportunities for teen parents and their infants.

This presentation also provides participants with an overview of data collection methods designed to evaluate the ultimate long-term impact of this intervention on teen participants through a pre-test/post-test research design that measures changes in the areas of self-esteem, work values, knowledge of pregnancy and parenting, purpose in life and locus of control.

1, 17- PRIMARY PREVENTION IN RURAL AREAS

A STRATEGY FOR PRIMARY PREVENTION IN RURAL AREAS: ORGANIZING COMMUNITIES TO DEVELOP SERVICES FOR FAMILIES

University of Florida
Department of Pediatrics
Child Abuse Prevention Project
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F. Thomas Weber, M.D., Medical Director, Child Protection Team
Elizabeth D. Drake, M.Ed., Assistant Director

Florida has been on the forefront on social legislation and action to enable communities to set their own priorities for development of services to children and families to prevent child maltreatment. This presentation is a review of the philosophy, goals, and model of operation that have combined in a successful strategy for development of programs in the largely rural area of north central Florida.

A de-centralized and innovative administrative structure has fostered implementation of a variety of educational programs and services in sixteen counties ranging in population from 5,000 to 170,000. County Service Coordinators, living in the county they serve, are able to function as locally well-known resource people on child abuse and neglect. They are supported by a professional administrative staff who provide training, technical assistance, supervision and access to an array of centralized resources.

The starting point for each county has been different, due to existing resources and talents available. The emphasis has been to put effort where the community wants and will accept it rather than where "outside experts" perceive the need. This has engendered strong local interest in the goals of the prevention program. Each county has now developed an informed, organized network of people committed to fostering local resources for families and children.

An evaluation at the conclusion of the fifth year of the project has pointed out areas of real strength in this model and the drawbacks. The key elements in organizing community interest into action that serves families are reviewed.

1, 4- HIV INFECTION

SAFE CHOICES - AN OPPORTUNITY TO PREVENT HIV INFECTION AMONG HIGH RISK YOUTH

The National Network of Runaway and Youth Services, Inc.
1400 I Street, NW, Suite 330
Washington, DC 20005
(202) 682-4114
Nexus Nichols, Director, Safe Choices Project

Most public health officials agree that youth represent the next wave of the AIDS epidemic. Young adults now account for 21% of the total reported AIDS cases which, given the latency period of the syndrome, means they were probably infected as teenagers. In addition, the rate of heterosexual transmission among youth is twice that of adults. Finally, a new generation is at risk as many of the so-called AIDS boarder babies are being born to young mothers.

Sexual exploitation by individuals years older, a higher prevalence of drug abuse, and multiple sexual partners make up the everyday reality lived by America's runaway, homeless, and throw-away youth. This is not new information. Teens typically do not have the resources to live without their families and must rely on the culture of the streets to survive. In the majority of cases, their dreams for adulthood have been affected by years of parental abuse that either drove them from their homes or into the child welfare system. What is new is the AIDS epidemic which is transmitted through the behaviors outlined above.

Runaway and homeless youth are disconnected from community life and the usual vehicles for HIV education (e.g., shcoo's, health services, families). The Safe Choices Project helps youth-serving agencies, cities, and states, national oragnizations, and Washington policy-makers develop bridges through which these young people can receive accurate information, gain the support and skills needed to change their behavior, and claim a place in community life.

The Safe Choices Project is in the second year of a possible 5-year cooperative agreement with the Centers for Disease Control. In addition to providing technical assistance and presentations to a variety of groups, Safe Choices has developed a curriculum designed to reach not only runaway and homeless youth living in shelters or on the street, but also those young people who are living in state or child welfare residential programs.

The goal is to reach as many youth as possible with repeated exposures to the basic curriculum, utilizing differences in time (e.g., telephone hotline versus long-term residential treatment), setting (e.g., on the street, in a foster home), and teacher (e.g., youth worker, parent, another peer). The curriculum also addresses the development of corporate policies and staff training issues and has been field tested nationally at six sites (Boston, Miami, New York, Seattle, Los Angeles, and Ames, Ia).

1- PREVENTION

THE NURTURING PROGRAMS

Stephen J. Bavolek, PhD
The Nurturing Programs
7687 Buckboard Circle
Park City, Utah 84060

The Nurturing Programs are validated approaches for working with parents, infants, children, and adolescents in reducing dysfunction and building healthy, positive interactions. The programs have been extensively field tested nationwide and are currently being implemented throughout the country and internationally. Currently there are five separate Nurturing Programs: 1)Nurturing Program for Parents and Children Birth to Five Years. 2)Nurturing Program for Parents and Children 4-12 Years. 3)Nurturing Program for Parents and Adolescents. 4)Nurturing Program for Teenage Parents and Their Families. 5)Nurturing Program for Parents with Developmental Disabilities.

THE PHILOSOPHY OF THE NURTURING PROGRAMS

The nurturing philosophy of raising healthy infants, children, and adolescents adheres to six major learning principles:

1. The family is a system. Involvement of all members is essential to change the system. Parents, infants, children, and adolescents participate together in group-based and home-based programs.
2. The major focus of the Nurturing Programs is to build empathy among all family members. Empathy is the ability to be aware of the needs of others and to value those needs.
3. All parenting exists on a continuum. All families experience healthy and unhealthy interactions to some degree. Building positive, healthy interactions between family members is an appropriate key to reducing family violence.
4. Adults, children, and adolescents learn on two levels: the cognitive (knowledge) level and the affective (feeling) level. To be effective, education and/or intervention must engage the learner on both levels.
5. Adults who feel good about themselves as either men or women stand a better chance of being nurturing parents. Children and adolescents who feel good about themselves as boys and girls are more capable of being nurturing sons and daughters. A major goal of the Nurturing Program is to help men, women, boys and girls increase their positive self-esteem and self-concept.
6. Given a choice, all families would rather display happy, healthy interactions than abusive, problem interactions.

PROGRAM DEVELOPMENT

The goals, objectives, and activities of the Nurturing Programs have been developed from years of extensive clinical and empirical research in identifying the parenting and nurturing needs of families exhibiting interaction difficulties. Four distinct patterns of inappropriate parenting contribute to these difficulties: 1)Inappropriate developmental expectations of children and adolescents. 2)Lack of an empathic awareness of the needs of children and adolescents. 3)Strong belief in the use of corporal punishment. 4)Reversing parent-child/adolescent family roles.

When expressed over a period of time, these parenting behaviors can lead to a negative self-concept, lowered self-esteem, increased frustration, lack of communication, role confusion among family members, and child abuse.

PROGRAM VALIDATION

Extensive pretest and posttest data have been gathered on each of the five published programs to assess the effectiveness of building the nurturing capabilities of parents, children, and adolescents. Generally, the data show that families completing the Nurturing Programs:

- 1)Demonstrated a significant increase in their ability to be empathic to the needs of others.
- 2)Expressed a significant decrease in their beliefs regarding the value of corporal punishment as behavior management and significant increase in their knowledge of appropriate alternatives to corporal punishment.
- 3)Expressed overwhelming support of the positive impact the programs had in increasing family cohesion and expressiveness, and decreasing family conflict.

1- NURTURING PROGRAM

THE NURTURING PROGRAM FOR PARENTS AND CHILD AS A FAMILY INTERVENTION/ABUSE PREVENT COMPONENT AT NORTH STAR PRIMARY SCHOOL

Family Nurturing Programs
3004 Zenith Avenue, North
Robbinsdale, Minnesota 55422
(612) 348-7522 or (612) 521-1174
Richard Cronk, Certified Trainer/Consultant

North Star Primary School
Minneapolis, Minnesota
Heshmat-Farzaneh-Kia, Nurturing Program Coordinator

North Star Primary School serves a multi-cultural and primarily working class neighborhood in Minneapolis. Recognizing the importance of parent involvement, particularly with inner-city populations, the Nurturing Program was adopted and implemented as part of a three-year Minnesota Juvenile Justice Grant. The Nurturing Program was offered free to the families of children identified by classroom teachers and by school social workers as having behavior problems in school. Each student had been sent to the Behavior Room at least ten times. To effectively deter negative and aggressive behavior, it was necessary to involve the parents and family.

Participants in the Nurturing Program met for 15 weeks and were enthusiastic about their experience. Numerous steps were taken to meet the families' needs without interfering with class time. The content of the program does not encroach on what teachers typically identify as their domain. Weekly sessions took place after school hours, families were provided transportation and assistance with child care if there were younger children in the home. Parents in the program were so enthused they formed an organization, Parents for Positive Parenting, to share with others the style of parenting they had learned from the Nurturing Program.

Various pre and post-testing measures were used to provide feedback to parents and to evaluate the impact of this intervention on identified behaviors and attitudes. The parents showed growth toward more nurturing styles of interaction. The children displayed an increase in self-esteem on testing measures and substantially reduced the number of trips to the Behavior Room. Academic achievement also improved. Pre and post-testing with a teacher perception scale also indicated a positive shift in teachers' perceptions of students who had participate in the Nurturing Program.

A description of the form and content of the Nurturing Program, and informal review of the empirical data from the first two years of the project, and discussion of a highly replicable implementation strategy are presented.

2- TEAM APPROACH TO INVESTIGATION

CPS AND LAW ENFORCEMENT: A TEAM APPROACH IN INVESTIGATION OF CHILD ABUSE REPORTS

Child Protective Services
1346 N. Stone
Tucson, AZ 85705
(602) 628-5946
Andrew Harclerode, Human Service Unit Supervisor

Nationwide, Child Protective Service agencies have experienced a substantial increase in the number of child abuse reports since enactment of federal legislation in 1974. Initially, these agencies utilized a social service delivery model in assessing reports of child abuse. Involvement of law enforcement personnel was not a standard procedure, as child abuse, except in cases of extreme injury to the victim, was viewed as a family problem, to be handled by social service agencies.

Conjoint investigations of child abuse reports by Child Protective Services personnel and local law enforcement developed as an outgrowth to experiences gained in investigation reports of sexual abuse of children. Additional contributing factors include the complexities of many cases, development of medical expertise in child maltreatment, community acceptance of reporting laws, allegations of molest in divorce and custody proceedings, increased agency and staff liability for failures in protection of children, and increased media attention about child abuse. This approach focuses on three issues: assuring the present and continued safety of the victim, holding the adult responsible for behaviors which have adversely affected the child, and developing and implementing a viable treatment plan for the family.

Child Protective Services in Arizona has developed procedures for investigating child abuse reports, utilizing conjoint interviews as a standard practice. This protocol is applicable in isolated rural areas as well as large metropolitan areas, meeting the needs of particular families based upon cultural, racial, and ethnic diversities. Copies of these procedures will be distributed to participants. Focus during the presentaiton will be on development of an investigation approach, Child Protective Services-law enforcement conjoint interviews, and involvement of medical and mental health personnel in examining victims.

2- PROTECTING CHILDREN IN DIVORCE

PROTECTING CHILDREN IN DIVORCE: THE CASA MODEL - "A CHILD'S VOICE IN COURT"

Johnson County CASA Project
Family and Youth Services Building
P. O. Box 31
Olathe, KS 60061
(913) 782-7252
Leigh Klein, Executive Director

The CASA program in Johnson County, Kansas, has expanded its program in a unique and creative way to offer children some measure of protection in bitter divorce situations. The program was founded in April, 1985, and from its very beginning judges, court staff, attorneys, and mental health professionals wanted to use CASA volunteers in divorce and post-divorce proceedings where child custody, residency, or visitation was being bitterly contested. A small pilot study was conducted in which volunteers were appointed as CASA/Guardian Ad Litem for children whose parents were having a particularly difficult time resolving child issues. Like the CASA's appointed by the juvenile court in child-in-need-of-care cases, the CASA's in this pilot study gathered information, made recommendations to the court, monitored court orders, and if necessary, protected children by way of reporting suspected abuse. The CASA's goal was always to seek a timely and sensitive permanent solution in the best interest of the children. It was felt that working with children in bitter divorce situations is a natural extension of the original program mission, working with abused and neglected children. The extreme stress of divorce puts children in a very high risk for all kinds of abuse, and it is generally felt that emotional abuse of children in bitter divorce is inescapable. In many of the cases referred to CASA, serious abuse has already occurred or has been alleged.

Even though the pilot study was to be in just one court with a very confined scope, as soon as other judges and the legal community heard about the work of the volunteers, requests for appointments dramatically increased. In the fall of 1987, the Johnson County Bar Association pledged its assistance to expanding the pilot project to a full CASA program component. The court, court staff, and mental health professionals working in the area of divorce immediately joined in that pledge. The Kansas Trust Fund for Families and Children also felt that this program offered so much hope for prevention of abuse that it awarded the program sufficient funding to meet program goals.

This presentation outlines the success which the program has experienced. Actual case studies are presented to show how effective volunteer involvement can be. Handouts are available which include information about volunteer recruitment, training, and supervision, as well as other administrative practices.

2- ISSUES FOR JUDGES AND COURT PROFESSIONALS

CHILD VICTIM ISSUES FOR JUDGES AND COURT PROFESSIONALS

Circuit Court
Milwaukee, Wisconsin
Judge Charles Schudson

National Council of Juvenile & Family Court Judges
National Judicial Training Project on Child Victimization
(702) 784-4836
Jeff Kuhn, Project Director

Children appear as victims and witnesses throughout our court systems. The presence of children in these systems creates special problems for participants in the legal process. Child witnesses, because of their age and developmental limitations, have special needs in adapting to an adult courtroom environment. They have different cognitive and communicative abilities than adults. Judges are often uncertain about controlling examinations of child witnesses. Attorneys frequently confuse children with abstract and complex questions or misinterpret their responses. When this occurs, the fact-finding process is compromised and the child is often further traumatized.

This presentation addresses this problem and suggests ways to streamline and improve judicial processes on behalf of child victim witnesses.

Particular attention is given to these issues:

1. Use of a court-appointed child development expert to advise the court on developing guidelines for courtroom examination of a child in all legal proceedings.
2. Use of a consultant skilled in communication with children to ensure accurate and successful communication between child witnesses and legal professionals so as to avoid misunderstandings and communications breakdowns.
3. Adoption of court rules which control access to children who are victims or witnesses in legal proceedings.
4. Construction of courtrooms which hear child witness/victim cases to accommodate the needs of children and families.
5. Assignment of precedence by the courts for criminal cases involving minors.
6. The use of protective orders relative to audio and video tape testimony of child victim/witnesses and court authority to sanction for misuse.

2- PREPARING THE CHILD ABUSE VICTIM FOR COURT

PREPARING THE CHILD ABUSE VICTIM FOR COURT: CONSIDERATIONS AND STRATEGIES FOR CIVIL AND CRIMINAL PROCEEDINGS

Camden Area Health Education Center
Child Sexual Abuse Curriculum Project
Northgate Plaza I
7th & Linden Streets
Camden, New Jersey 08102
(609) 963-2432
Thomas F. Curran, M.S.W., Coordinator

When a child becomes the victim of either physical or sexual abuse, he is usually and quite unwittingly thrust into two very alien and frightening court systems: civil or Family Court and criminal court. Despite some recent attempts to present both court systems as being more child-centered or at least more child-conscious, in reality both remain inexorably adversarial arenas which have little sympathy for and no knowledge or understanding of the special needs which the children who come before them possess. Our nation's Family and criminal court systems have done much to aggravate the already-open emotional wounds of child abuse victims. The fault for this tragic social saga lies in part with the inherently "adult-centered" nature of our court systems and in part with the inability of professionals who work with abused children to adequately and sensitively prepare child victim/witnesses for their inevitable court experiences.

This presentation discusses guides and strategies which can be easily implemented by social workers, attorneys, law enforcement officers, and even mental health professionals to make a child abuse victim's court experience(s) less frightening and traumatic. The key to effective use of these strategies is understanding the court experience(s) as only a part of a much larger series of abusive, frightening and frustrating experiences for the children. The professional must understand that the child victim/witness is not a "miniature adult" who can understand and accept what will be going on around him.

Preparation strategies will focus on an understanding of the dynamics involved in physical and sexual child abuse, parent-child bonding, interviewing skills with children, special considerations for child growth and development and a physical, cognitive and language development. Strategies for preparing children to cope with and understand that some adults will refuse to believe their account of abusive behaviors are stressed in detail, as well as role plays to prepare the child for the difficult memories and questions which will await him in court. In addition, the development and effective use of toys aimed at preparing the child victim for court and allaying understandable fears are also discussed.

2- EFFECTIVE LEGAL PRACTICES

EFFECTIVE LEGAL PRACTICES IN REPRESENTING THE CHILD WELFARE AGENCY IN CHILD ABUSE AND NEGLECT CASES

University of Michigan Law School
Child Advocacy Law Clinic
Ann Arbor, Michigan 48109-1215
(313) 763-5000
David J. Herring, J.D., Clinical Assistant Professor of Law

As of September 1988, the Child Advocacy Law Clinic of the University of Michigan Law School has been conducting a study of the legal representation provided the state child welfare agency. The objective of the two-year project, which is being funded by the federal government's Department of Health and Human Services, is to reduce the time children spend in temporary foster care. Often the legal representation provided to the agency has failed to effectively obtain agency goals in a timely manner, thus leaving large numbers of children languishing in temporary foster care.

The project methodology involves the intensive training of a project staff attorney by the Clinic's faculty in the area of child abuse and neglect law. This intensive training includes an approach to legal practice that follows the private attorney model which differs substantially from the prosecutor, public attorney model currently used in Michigan and most other states. Under the private attorney model, the project staff attorney and the agency worker form a client/attorney team that actively and zealously formulates and pursues the legal goals ultimately set by the child welfare agency client. Rather than meeting immediately prior to court hearings, the attorney and agency worker client will work extensively outside of the courtroom setting to establish clear case goals and to pursue timely resolutions. The study involves four Michigan counties, where, during the project period, half of the child abuse and neglect cases will be handled by the project staff attorney and half will be handled by the respective county prosecutor's office.

This presentation is an articulation of the project's approach to agency legal representation and presents the data collection instruments and attorney training materials developed for the project.

2- LEGAL LIABILITY

HOW CAN I SUE THEE, LET ME COUNT THE WAYS; AN OVERVIEW OF THE LIABILITY RISKS OF CHILD PROTECTIVE WORKERS AND TREATMENT PROVIDERS

Utah Girls' Village
3808 South West Temple, Suite 1D
Salt Lake City, Utah 84115
Eric W. Bjorklund, J.D., Executive Director

The increasingly litigious attitudes of our modern American culture are creating apprehension and stress for CPS workers, therapists, treatment providers and social workers.

This workshop explores the most typical ways in which child care workers can be subject to lawsuits and possible liability. Unfounded liability fears may cause child care workers to make improper decisions or fail to take appropriate action. Other child care workers may unwittingly charge into dangerous areas of liability because they are not informed about the laws of liability.

Potential liability is explored from three perspectives: the laws which govern the activity, the consideration of a plaintiff's attorney in choosing to file a lawsuit, and suggestion on how to avoid liability.

The areas of potential liability include: breach of client confidentiality; privileged communications; defamation; release of information forms; failure to diagnose; failure to report; failure to investigate; failure to properly select or monitor placement; wrongful removal or detention of children; malpractice; implied contractual liability; failure to obtain informed consent; failure to warn of the clients' threats to harm others; duty to protect the child from himself; duty to provide meaningful treatment; basic concepts of negligence and fiduciary responsibilities.

The immediate future looms with explosive possibilities of liability in certain areas of child care. To what extent could a case worker be liable for failure to warn a residential care program that a referred youth is HIV positive? Are there breach of confidentiality problems for providing such a disclosure? Could CPS workers be liable for the subsequent abuse of children who are not removed from their dysfunctional families? Could a guardian as litem for a newborn baby sue a state, doctor and/or caseworker for their failure to force the drug-abusing mother into appropriate prenatal care?

On the other hand some areas of child care practice may never become significant areas of litigation because of an attorney's difficulty in establishing damages.

The presentation is not a detailed review of the law, but rather a general review of those areas of child care practice that require sensitivity to potential liability.

HOW TO BEGIN A COORDINATED LEGAL SERVICES PROGRAM FOR CHILDREN: CREATION OF A CHILDREN'S LAW CENTER

Children's Law Center
725 East Trade Street
Charlotte, North Carolina 28202
(704) 331-9474
Katherine S. Holliday, Executive Director/Staff Attorney
Honorable William G. Jones, 26th Judicial District Court
Anna C. Stowe, Staff Attorney

Department of Social Services
Mecklenburg County, North Carolina
Robert E. McCarter, Attorney

Blakeney Alexander and Machen
Charlotte, North Carolina
John O. Pollard, Attorney, and President, Board of Directors,
Children's Law Center

The Children's Law Center (CLC) is a private, non-profit corporation established in Charlotte, North Carolina in March 1987, to provide comprehensive quality representation and advocacy for children who are involved in court or administrative proceedings. The CLC operates with a combination of staff attorneys, volunteer coordinators, community volunteers (Court-Appointed Special Advocates/CASA's) and attorney volunteers.

The CLC was created by the Board of Directors of Advocates for Children in Court (ACC) a non-profit organization comprised of district court judges, attorneys with juvenile court experience, community volunteers who represent children, family therapists with expertise in victim/offender counseling, and professionals from other agencies serving the needs of children. The goal of the ACC is to ensure that children are genuinely served by the sometimes unwieldy and slow to respond system which serves them and their families. For a period of approximately 18 months prior to opening the CLC, ACC board members wrote proposals, obtained grants, and entered into an agreement with the state where by CLC attorneys would provide all court-appointed state-paid representation for children in Mecklenburg County.

As the agency ends its second year of operation, it represents approximately 325 children in abuse and neglect proceedings, several hundred in undisciplined and delinquency proceedings, and approximately 20 children per week in mental health commitment hearings. By providing representation in multiple arenas, the CLC addresses the needs of the whole child in an attempt to break the cycle of abuse, neglect and delinquency. Frequently, the presenting legal issue is symptomatic of other underlying problems.

The CLC is a concept which can be modeled in other urban areas across the country. This presentation offers a guide to conceptualizing, planning, funding, and operating a legal services program exclusively for children which function well in a multidisciplinary environment.

2- PROSECUTING CHILD ABUSE

SOCIAL WORK IN THE PROSECUTOR'S OFFICE; SOME HELP WITH THE HARD PARTS OF CHILD ABUSE PROSECUTION

Snohomish County Prosecutor's Office
3000 Rockefeller
Everett, WA 98201
(206) 259-9461
Bill France, M.S.W., Child Protection Specialist
Seth Dawson, J.D., Snohomish County Prosecuting Attorney

This workshop discusses a program which, over a two-year period, developed and installed a range of management practices and social work and legal services to decrease stress and increase the effectiveness of child abuse prosecution. Community Advisory Boards were developed in the prosecutor's office on topics including charging standards and goal setting for abuse cases. A Special Assault Unit was developed to both account for children's needs and aggressively prosecute abusers. Multidisciplinary Teams provided mutual consultation on community systems.

Direct services discussed include: (1) differential use of vertical and horizontal prosecution; (2) specific and aggressive outreach advocacy to the child and family; (3) court school for children and families; (4) specific training and support for prosecuting attorneys; (5) services for specific target cases, such as natural parent defendant cases.

Finally, the data base has two assumptions: what gets measured gets done ; the data base must measure progress. While referrals have increased, 60% of the cases are charged, of which 88% are convicted; the average length of time to charging has dropped from 8 months to 2 months; the percentage of non-prosecuted cases declined due to parental resistance has dropped from 30% to 16%; 75% of the victims report satisfaction with how they are treated by the office, regardless of disposition.

2- CASA VOLUNTEERS

ALLIES OR ADVERSARIES? CASEWORKERS & CASA VOLUNTEERS AS ADVOCATES FOR ABUSED CHILDREN

CASA Program of Alaska
900 W. 5th Ave., Suite 525
Anchorage, AK 99501
(907) 274-1684
Pamela Montgomery, A.C.S.W.

Children's Services
6950 Levant St.
San Diego, CA 92111
(619) 697-5118
Julie Steidl, Program Specialist

Once considered an experimental program used in only a few communities, the Court Appointed Special Advocate (CASA) movement has become one of the fastest growing child advocacy programs in the U. S.

Each month, an average of four communities bring CASA into their courts. More and more states are turning to CASA in order to fulfill the requirements of the Child Abuse & Neglect Prevention Act of 1974, P.L. 93-247 (requiring a guardian as litem on abuse cases in order for states to receive funds for child abuse programs). CASA has become a highly touted tool in helping courts comply with the "reasonable efforts" mandates of P.L. 96-272. National CASA leaders have said they expect the program to be in the majority of court jurisdictions in this country by the end of the next decade.

As a result, more and more caseworkers are dealing with a new player on the job - the lay volunteer.

Reaction has been mixed. Many caseworkers are initially skeptical of CASA, concerned that the program may be a "watchdog" to check on their job performance. Others resent working alongside lay people, who, although they have had special training, often carry no professional credentials.

Caseworkers who have been involved with CASA, however, have embraced the program as an effective way to help safeguard the best interests of children. Many find that they can also provide more complete and accurate reports when a CASA volunteer is on the case.

This workshop teams a CASA program director with a program specialist from Children's Services. They explore the relationship between CASA's and caseworkers, and discuss the differences in the roles of expectations of each.

The session includes role playing, and extensive case examples of who CASA volunteers and caseworkers have - and have not - worked together effectively.

2- MULTIDISCIPLINARY LEGAL ADVOCACY

A MULTIDISCIPLINARY LEGAL ADVOCACY MODEL

Support Center for Child Advocates
1315 Walnut Street, Suite 1508
Philadelphia, PA 19107
(215) 735-0210
Paul DiLorenzo, M.S.W.
Christine Kenty, Ph.D.

The Support Center for Child Advocates has been providing comprehensive legal advocacy to child victims of abuse and neglect since 1977. Both its multidisciplinary, volunteer/staff structure and its methods of advocating for victims in criminal as well as civil court are of interest. For each child, one of a cadre of hundreds of volunteer attorneys and the small core staff of social workers are judicially appointed as joint guardian ad litem/counsel. Volunteer attorneys, most of whom have no experience in family law, are trained in a day-long didactic seminar, then invest thousands of pro bono hours representing their young clients. Staff social workers, knowledgeable about the courts and social services and skilled in interview/evaluative techniques, initiate attorneys into advocacy and serve as case managers. Medical, psychological, and psychiatric experts are used as needed. Both attorneys and social workers work closely with welfare authorities, police, hospitals and prosecutors.

Three comprehensive program evaluations have suggested that the Support Center is highly effective in achieving its goals for victims, especially when intervention occurs immediately upon contact with court, and that child advocates belong in criminal court every bit as much as in civil court. A 1983 study of the Support Center's first federal demonstration project found that the Center achieved its short-term goals for clients 93% of the time. Comparison of cases suggested that early intervention by an advocate led to earlier resolution of problems and greater family participation in planning. Despite the fact that cases came to the Support Center because victims seemed unlikely to participate in a trial, two studies of criminal sexual abuse cases showed that 87% of the cases that actually went to trial were won. With support and education, many children who came to the Support Center fearful, threatened by their mothers or their abusers, and still in danger of further abuse, were able to testify successfully, thus removing abusers from their lives, clearly placing blame in the right quarter, and receiving the help they needed.

2- MULTIDISCIPLINARY INVESTIGATION

POLK COUNTY CHILD ABUSE TRAUMA TEAM - A MULTIDISCIPLINARY INVESTIGATIVE MODEL

Polk County Juvenile Court
120 Second Avenue, Room 309
Des Moines, Iowa 50309
(515) 286-3964
Janet L. Buck, J.D.

Polk County Attorney's Office
Paul D. Houston, B.S.

In 1986, a special investigative team was formed in response to growing concerns from the County Prosecutor's Office, Juvenile Court Services, and Child Protective Services that additional efforts were needed to safeguard child victims of severe and/or life-threatening physical abuse and physical neglect. Experience had shown that after the abuse crisis, these children needed long-term protection in the form of Child In Need Of Assistance petitions and possible criminal charges against the perpetrators. Prior investigations had lacked the necessary inter-agency coordination to uniformly achieve those results. A review of previous serious cases revealed that physical evidence had not been properly preserved, witnesses had often changed their stories, injuries had not consistently been documented through photographs, and available medical evidence had not been utilized. In an effort to correct these problems, a new procedure was devised to initiate an immediate, multidisciplinary, investigative response to any child abuse report involving severe physical trauma.

In accordance with this plan, the Trauma Team core unit of three investigators - (1) a Juvenile Court Officer, (2) an investigator with the County Prosecutor's Office, and (3) a Child Protection Investigator - commences an investigation within 30 minutes of a referral, regardless of the day or hour, by proceeding to the location of the injured child. The parents and all available witnesses are interviewed at the scene, photographs are taken of the injuries and the "crime scene" and physical evidence is collected.

During the course of an investigation, which typically last two to fourteen days, regular consultations occur with the following "fourth" component of the team:

A. Advisory Members

1. Pediatric Consultation Team of Doctors;
2. Pediatric radiologist;
3. Pediatric dentist;
4. State medical examiner.

B. Case-by-Case Consultants

1. The attending physicians;
2. The hospital social worker;
3. The hospital/clinic nursing staff.

C. "As Needed" Consultants

1. Law enforcement experts; i.e., crime lab, polygraph;
2. Child psychologist;
3. Criminal and juvenile law attorneys;
4. Language/cultural experts; i.e., interpreters.

The results of those investigations demonstrate a significant increase in protection for this high risk category of child victims.

3- FAMILY TREATMENT

INTENSIVE FAMILY TREATMENT: A MODEL FOR PROVIDING CONCENTRATED REHABILITATIVE SERVICES TO HIGH RISK FAMILIES

State of Alaska
Department of Health and Social Services
Division of Family and Youth Services
1001 Noble St., Suite 400
Fairbanks, Alaska 99701
Glen Watson, A.C.S.W., Intensive Family Treatment Unit

Since June of 1986, the Intensive Family Treatment Unit (IFTU) of the Alaska Division of Family and Youth Services has provided counseling, education, and in-home services to families in crisis due to child abuse or neglect. Through providing immediate skill building services to clients while motivation for change is high, families are able to avoid having children removed or have them returned home much quicker than occurs when receiving the usual case management services. In addition, due to the high degree of contact with the family, the Division is better able to closely monitor the child's safety, allowing him or her to stay in the home while remaining safe from further abuse or neglect.

Based on a cognitive behavioral approach to treatment combined with intensive in-home services, families accepted into the program have immediate access to counseling and educational services, in-home assistance, psychological evaluations and assessments, and are able to receive immediate support from other parents going through the same experience by participating in the mandatory weekly parenting/support groups. Special skills communication techniques, cognitive restructuring, progressive relaxation, parenting education and basic problem solving. Families accepted into the program are required to participate a minimum of two family therapy sessions per week, one group session per week focused on learning concert parenting skills and frequent home visits. The duration of treatment is 90 days.

Preliminary data which is now being analyzed on the first two years of the project indicates a greatly reduced frequency of recurrence of abuse for families who complete the program.

3- HOME-BASED TREATMENT - NON-THRIVING INFANTS

PROJECT THRIVE: A SUPPORTIVE, HOME-BASED TREATMENT APPROACH

Child Abuse Council
Family Protection Team
418 West Platt Street
Tampa, Florida 33606
Maria Adeigbola

Project Thrive was developed by the Family Protection Team in April 1979 and is a program of the Child Abuse Council. Infants aged 0-24 months who have been hospitalized or diagnosed by a physician as nonorganic failure to thrive are targeted. They fall below the 5th percentile for weight and height. The basic structure of the program involves coordination between the hospital and social services, HRS, community agencies, and the public health department. Designed to be cost efficient, it utilizes graduate students primarily in the social work field from the community universities in their practicum. In the last two years, a full-time case coordinator was employed due to the increase in cases.

Children who fail to thrive as infants are at risk for further abuse and neglect, developmental delays, emotional problems, and even death. These babies are frequently hospitalized to rule out organic causes and to document weight gain. In 80-90% of the cases, no organic causes are found. The baby returns to the same stress-filled environment. Growth problems recur and the baby may be hospitalized repeatedly.

Project Thrive provides intervention to break this cyclical dynamic in the family. Nonorganic failure to thrive is seen as a symptom of family dysfunction and as a disruption in the mother-child relationship focusing on what may be their most significant interaction - the feeding process. With supportive, in-home counseling, parental role modeling, and assistance with situational stresses in the home, the child can continue to gain without being rehospitalized. Our data indicates that measurable objectives have been obtained in the majority of cases.

3- TREATMENT IN A RESIDENTIAL MILIEU

TREATING SEXUAL VICTIMS AND OFFENDERS IN A RESIDENTIAL MILIEU

Wiley House Residential Treatment Program
1650 Broadway
Bethlehem, PA 18015-3998
(215) 867-5051
1-800-346-7827
Richard B. Snyder, M.S.S.W.
Lewis Jarrett, M.A.

With the ever increasing number of children coming into residential placement with a history of sexual offenses or victimization, Wiley House has developed as part of its total treatment program a series of intensive therapy groups focused on these populations. These groups, co-led by a team of clinical and residential staff members, are designed to ensure that the treatment and needs of these clients are addressed during the course of their placement. These groups have been incorporated into the Wiley House Residential Treatment Program for the last two years. Participation in these groups is a mandatory part of the treatment program. There are currently two groups in process for male clients identified as sexual victims or "Naive Exploiters." One group is for ages eleven to fourteen, and the other ages fifteen to eighteen. Each group is run on an open-ended time frame, usually coinciding with the client's admission into program up to his termination twelve to eighteen months later.

The focus of the groups is to help the victim move through five primary stages of therapeutic development: Innocence, Denial, Guilt, Anger, Resolution. The therapists attempt to facilitate a process of group identify where support, empathy, and disclosure are encouraged. A psycho-educational approach is utilized to help promote values clarification regarding sexual identity and sexual education.

A perpetrators group is also run on an open-ended time frame. They are two groups split along some similar traits; i.e., ages, IQ's. Initial assessments of prospective candidates are done using the Juvenile Sexual Offenders Decision Criteria from the University of Washington, Seattle, WA.

Components of the treatment process essentially use a cognitive-behavioral approach with six basic components covered. The components are cognitive restructuring, covert sensitization, social skills training, anger management and control, sex education and values clarification, and relapse prevention.

Participants gain a better understanding of the treatment components utilized in a residential milieu for successfully addressing the therapeutic needs of sexual victims/offenders.

4- CHILDREN'S PERSPECTIVE OF GENITAL EXAMINATIONS

CHILDREN'S PERSPECTIVE OF GENITAL EXAMINATIONS DURING A SEXUAL ABUSE EVALUATION

Duke University Medical Center
Child Protection team
Box 3937
Durham, North Carolina 27710
(919) 684-3006
Nancy Berson, B.A., Coordinator
Marcia Herman-Giddens, P.A., M.P.H., Director

The Child Protection Team is a multidisciplinary body which evaluates children for possible abuse. Evaluations include a thorough inspection of the genitalia and anus, tests for sexually transmitted diseases when indicated, and diagnostic interviews. Of growing concern to Team members involved in sexual abuse evaluations is how children experience the genital examination and procedures. Children's reaction to the medical evaluation of sexual abuse and methods of enhancing their coping ability have not been addressed in the literature. We have collected and analyzed information on reactions to medical assessments from a sample of the 514 children evaluated by us for sexual abuse since January 1987.

Children's perception of the genital examination falls into three categories: (1) Children who experience the procedures as abusive and intrusive and verbalize their feelings spontaneously, (2) children who do not seem upset, but upon talking with them clearly have been negatively affected by the examination, (3) children who are anxious prior to the examination.

Issues addressed include preparation of children for the evaluation, ways to give children more control, sensitization of providers to the issues affecting the children, and helping parents understand why the examination is difficult for children. Health professionals need to be aware that children often perceive the examinations negatively. Therapists need to recognize this is an area in which children need assistance, especially when repeated genital exams are necessary.

4, 8- SEXUALLY TRANSMITTED DISEASES

SEXUALLY TRANSMITTED DISEASES: INVESTIGATIVE OVERVIEW

Arizona Department of Economic Security
Administration for Children, Youth & Families
Child Protective Services
1346 North Stone Avenue
Tucson, AZ 85705
(602) 628-5946 x 55
Patricia Jansen, B.A., M.Ed., Human Services Specialist III

The number of cases of child sexual abuse reported to Child Protective Services involving sexually transmitted diseases increases annually. It is imperative that the caseworker/investigator have knowledge of these diseases in order to perform a thorough, accurate and fair investigation of each case. This presentation includes an overview of condyloma acuminata (venereal warts), herpes genitalis, chlamydia trachomatis, trichomonas vaginalis, syphilis and gonorrhea. Based on the medical diagnosis and description of these diseases, each one is discussed from the casework approach. Each disease is discussed with respect to origin, symptoms, transmission, prognosis and the relationship to sexual abuse. It must be emphasized that the information is provided from the viewpoint of the investigator/caseworker, not as the medical expert. Case examples, interview techniques, and bibliography will be included to substantiate hypothesis and techniques as there are always a variety of impacts on the child/children, family, suspect and other involved individuals.

4- MUNCHAUSEN SYNDROME

MUNCHAUSEN SYNDROME BY PROXY: CAN IT BE PROVEN

Henry J. Plum, J.D.
Practicing Attorney and Former Prosecutor
2053 Ludington Avenue
Wauwatosa, Wisconsin 53226
(414) 475-5655

"Circumstantial evidence is the process of decision by which [the] court or jury may reason from circumstances known or proved, to establish by inference the principal fact." Black's 309.

Munchausen Syndrome as a form of child abuse has been identified only recently in the literature. This particular form of abuse poses very specific problems for the prosecutor. Sometimes the only evidence available is circumstantial. The case of K.S. and M.S. provides a background for analysis of the various approaches which prosecutors and investigators may use in presenting this particular form of abuse to a judge or jury. Because of the complexities of this form of abuse, the need for interdisciplinary participation in the investigation and presentation is absolutely critical. The medical, psychiatric, legal, social work, and law enforcement professions must learn how to work in unison in order to present a typical case of Munchausen Syndrome by Proxy. The challenge to the prosecutor is not only in the collection of evidence, but also in its presentation.

This workshop examines from a legal perspective the specific elements which must be thoroughly investigated and established in the courtroom and the various methods by which than can be achieved. It also provides a framework for developing an interdisciplinary approach to this particular form of child abuse. Proving Munchausen Syndrome by Proxy challenges the prosecutor, as well as the other disciplines, to be imaginative and innovative. This workshop assists in proving the incredible.

4- MULTIPLE PERSONALITIES IN ABUSED CHILDREN

CASE STUDIES OF INCIPIENT MULTIPLE PERSONALITY IN ABUSED CHILDREN

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This presentation outlines case studies of children who presented incipient multiple personality in therapy sessions, foster homes, and their parents' custody over a three-year period while in weekly play therapy sessions.

Children were observed to have split off the emotions of fear and anger. These emotions were isolated in separate "beings". The beings often did acts unremembered by the children, acts for which they were severely punished, but about which they remained confused, due to amnesia.

The authors propose that such episodes are not unusual in children who have experienced physical abuse, terrorism by a parent, or sexual trauma. The amnesia goes unrecognized and is treated as lying by the adults. This reaction inhibits the child's ability to allow experiences to emerge from the unconscious so that dissociated emotions, trauma, and incipient personality can be fully recalled and integrated.

Remembrances began, but were so shame-producing the children repressed and denied them intermittently throughout therapy. It appears memories stimulate strong re-experiencing of fear and anger, but also other secondary feelings, such as shame, sadness and hatred.

The therapist, physician, foster parent, social worker, and parent worked together to help identify the split off emotions, the incipient personalities, and respond in a consistent manner to the resultant violence, emerging awareness, and underlying feelings. These children must feel an unconditional regard and respect, regardless of violent acts.

The authors present literature on children and multiple personality, noting behavioral signs pertinent to diagnosis. They elaborate on therapeutic responses successfully conducted by the therapist, foster parent, parent and social worker. These responses lead to slow, but sure recovery for the child.

4- PEDIATRIC RESIDENCY TRAINING

PEDIATRIC RESIDENCY TRAINING IN CHILD MALTREATMENT: A MODEL PROGRAM

University of Florida
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Child Protection Team
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F. T. Weber, M.D., Project Medical Director
James G. Spencer, M.S.W., Project Coordinator
Randi Cameon, P.A., Training Specialist

Although "The Battered Child" was described forty years ago by physicians working with pediatric training programs, recent research has documented that most such programs continue to have a very limited commitment to training in the area of child maltreatment.

In 1984, the Department of Pediatrics at the University of Florida developed a program for such training which includes a one-month rotation for residents through a multidisciplinary Child Protection Team. The program includes: a structured curriculum with participation in medical evaluations of children suspected of being abused or neglected, experience with case coordination with multiple agencies, social service and law enforcement investigation, psychological and psychiatric evaluation, judicial proceedings, and review of state laws. The rotation emphasizes out-patient evaluations, but includes consultation with various in-patient services. The psychodynamics of abuse and neglect as well as philosophy and strategies for intervention and prevention are emphasized.

After two years experience, the program was moved at the residents' request from the third to the first year to precede their more independent work in the emergency department. Enhanced recognition, reporting and consultation by residents and program graduates have been evident since implementation of the program.

This presentation will provide information on Florida's unique Child Protection Team system and the development and structure of the child maltreatment training program. Successes and problematic aspects of the program from the perspective of the Team, the College of Medicine, and the participating residents are also presented.

5, 9- MINORITY CHILDREN AND FOSTER FAMILIES

MINORITY CHILDREN AND FOSTER FAMILIES: A RESPONSE TO CHILD ABUSE AND NEGLECT

Casey Family Program East
43 Woodland Street
Hartford, CT 06105
(203) 727-1030
Edith Fein, Research Director
Frances S. Porter, Division Director
Juanita Blalock, Social Worker

The experience of a long-term foster care agency in responding to neglected and abused minority youngsters is presented. The agency has been operating its program for latency-aged children since 1976, and has done increasing work with minority families.

As background, data is examined on the high risk status of Black and Hispanic children and foster families, based on a recently-completed study of all children in long-term foster care in the state of Connecticut. The vulnerabilities of minority children, families, adolescents, single parents, and transracially placed youngsters is documented. The response of the Casey Family Program Easy, a long-term foster care agency, is described, particularly in the following areas:

1. Recruitment. Techniques for creating culturally and racially relevant recruitment efforts will be demonstrated.
2. Training. The pre-screening of foster families, their six-week group training; the home study by the social work team; and post-placement parenting course, workshops, and conference attendance, all underwritten by the agency, are described.
3. Support and Maintenance. Extensive agency support maintains families in their difficult task. These include:

-
\$100 per month family support payment;

-
24-hour availability of the social worker, who carries only 12-15 cases;

-
Inclusion of the foster parent on the treatment team;

-
Strong support of appropriate family visiting.

4. Other Issues. Staff recruitment and retention, effects on the agency organization, and family reactions will be discussed. A case example will be presented to illustrate decision-making and conflict resolution in these areas.

Audience participation is encouraged by posing a series of questions that responsibly raise theoretical concerns, racial and cultural considerations, and organizational issues.

5, 1- INDIAN CHILD ABUSE PREVENTION

PREVENTING INDIAN CHILD ABUSE

Northwest Indian Child Welfare Association, Inc.
c/o RRI P. O. Box 751
Portland, Oregon 97207
(503) 464-3038
Terry L. Cross
Angelina De La Torre

The complex problem of child abuse and neglect is discussed from an Indian cultural perspective.

Assessing the program, approaching the community in a culturally-sensitive manner, analyzing the cultural context, assessing the degree of denial, utilizing local support, public service announcements, as well as the importance and utilization of the Indian Child Welfare Act is discussed.

Various facets of a current project to prevent child abuse on reservations is used to demonstrate specific points.

An in-depth analysis is presented of two areas: (1) the interrelationship between domestic violence and child abuse; and (2) building community sensitivity to an Indian woman and children who are experiencing the cycle of violence.

5- CULTURAL DIFFERENCES OF MIGRANT FARMWORKERS

SENSITIZING PROFESSIONALS TO THE CULTURAL DIFFERENCES OF THE MIGRANT FARMWORKERS POPULATION

State Department of Social Services of Child Abuse
511 E. Magnolia Street, 4th Floor
Stockton, CA 95202
Gloria A. Rallojey, Program Coordinator
Ernestine Torres, Counselor
Maria Velasquez, Counselor

The Council for the Spanish Speaking Child Abuse and Neglect Program (FACPP) is an innovative project specifically designed to serve the Hispanic migratory farmworker population. The primary function of this program is to provide services to a population traditionally reluctant to seek help due to numerous cultural barriers. In addition, these families suffer disproportionately from many social problems associated with their low income status (i.e., low education and wages, un dependable seasonal employment, etc.). One of the most distressing obstructions hindering services are the traditional approaches to parenting and discipline that prevail within this population. It is for this reason that farmworker families are reluctant to discuss parenting and personal issues. The FACPP believes that a significant number of abuse cases are not reported and that child abuse is a major problem within this ethnic community.

This presentation is designed for the professionals who work with this unique population. It provides the professional with an awareness and sensitivity to the migrant farmworkers' attitudes and social behavioral patterns (these impact on how Hispanics interpret child abuse and child abuse laws). This understanding will provide the professional with enough insight to confront a family who has been reported for child abuse and/or neglect. Additionally, it gives the professional enough information to formulate and implement successful individual intervention strategies for the families.

The State Department of Social Services, Office of Child Abuse, has funded our program for three years (1987-1990). We are evaluated on an ongoing basis. The department appraises our quality of program, service delivery, clients serviced, and success ratio.

5, 3- BLACK FAMILIES WITH HISTORIES OF CHILD ABUSE

INITIATING TREATMENT RELATIONSHIPS WITH HIGHLY TROUBLED BLACK FAMILIES WITH HISTORIES OF CHILD ABUSE

Family Resources
429 Forbes Avenue, Suite 412
Pittsburgh, PA 15219
(412) 562-9440
Walter H. Smith, Jr., Clinical Director
Marsha Lewis, Program Director

Family Resources is a private, non-profit provider of a wide range of treatment and prevention services for all families who have experienced some form of child abuse. One of its programs, the Family Reunification Program (FRP), provides intensive and follow-up family therapy for families where a child has been placed outside of the home due to the occurrence and risk of child abuse. Staff is racially and ethnically mixed. The program only takes a few families at the highest risk for re-abuse.

The initial phase of treatment, establishing the clinical relationship, appears to be critical to the long-term success of treatment. The challenge of establishing an effective therapeutic attachment is related to several factors:

- Child-abusing families tend to have cut off from social and family relations, and have the capacity to display a "social agency personality" to manage the various professionals involved in their family life; and
- The families experience increased anxiety and discomfort when they relax their emotional defenses so as to permit an effective therapeutic attachment.

Experience in the FRP has resulted in the formulation of several strategies for connecting with these families. The strategies are an aspect of the following process: (a) establishing a neutral stance about the success of treatment with the referring agency; (b) establishing contact with the most central family member (parent) and contacting all other family members; (c) using paradox, family sculpting, and confrontation to establish a neutral stance with the family about the problem with all the professionals involved (18 community agencies), and (d) allowing the family to join in work on the problem in whatever way they define for themselves.

The FRP has been designed to assure the family chooses its course of treatment. Highly troubled families are not only characterized by highly controlling and rigid relationships but also perceive social agencies and the court as controlling and rigid. The strategies which we have found quickly engage these families are not controlling, re-define the clinical problem, allow for therapist admission into the family, and create increased family anxiety due to the members' inability to polarize with or against staff. The family's increased emotionality becomes a motivator for change.

5- BLACK PARENTING

EFFECTIVE BLACK PARENTING

Mary Mahoney Memorial Health Center
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Jewel Dallas Clinton, M.S.W., L.S.W.

Effective Black Parenting is a program which was developed by the Center for the Improvement of Child Caring, Inc. (CICC), Studio City, California. Dr. Kirby Alvy, Ph.D., is the Executive Director and Program Director of this program. The Effective Black Parenting Program is designed as a national model for assisting Black parents to raise competent and achieving Black children. More than a decade of solid research has been done by recognized Black parenting experts and represents one of the parenting skill-building programs in America developed specifically for Black families.

Effective Black Parenting is a new program; however, we feel it has the potential to empower Black parents of all economic conditions with important information and skills that could serve as vehicles for helping Black parents convince their children that the future is worthwhile, and preparation is essential.

The program emphasizes positive and accepting attitudes toward children. It uses a variety of role playing and behavior modification techniques to teach parents how to use basic reinforcement, problem-solving, and communication skills to deal with a wide range of child-rearing challenges. "Black authorities contend that there is much that can be accomplished by re-thinking traditional Black parenting and learning newer approaches." (Black Parenting: Strategics for Training, Dr. Kirby Alvy, 1987.)

The program fosters:

- *Effective Family Communications
- *Healthy Black Identity
- *Extended Family Values
- *Child Growth & Development
- *Health Self-Esteem

5- CREATING A CULTURALLY RELEVANT ENVIRONMENT

CREATING A CULTURALLY-RELEVANT ENVIRONMENT FOR PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

The Institute for Family Enrichment
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Barbara Aki, R.N., M.A., Co-Founder, Training Director
Mililani Allen, M.Ed., Curriculum Development Specialist

The Institute for Family Enrichment has developed a formula which enables the professional in the helping field to provide effective, culturally-relevant services. Presented in a workshop, the tool examines the four components necessary in creating a culturally-relevant environment. The four components are:

1. Values of the Culture
2. How a Culture Learns
3. The Words of the Culture
4. The Symbols of the Culture

The workshop format addresses these four components as they apply to culture. Participants examine his/her own cultural identification the frame of reference for working with individuals and groups in a cross-cultural or multi-cultural setting. In addition, participants apply knowledge of the four components to a specific culture called "the working culture." Application of these components assist in creating a culturally-relevant environment.

Hawaii is known as the "melting pot" of the United States. Often we are inundated with materials, clinical models, and practices designed for Western or mainstream cultures. Although the model is sound for one culture, its potential for success is diminished through the counselor/educator's inability to translate the concept, materials, and/or model to effectively impact on individual/group of a working culture.

Hawaii has over 52 primary cultures which must be considered in any service delivery. Often the helper/helpee relationship is interacting within a broad multi-cultural context. Creating a culturally-relevant environment has been widely received in the islands as a practical tool for addressing these issues by understanding and integrating cultural consideration in the prevention and treatment of child abuse and neglect.

5, 1- ASIAN-AMERICAN CULTURAL PERSPECTIVES

CULTURAL PERSPECTIVES OF CHILD ABUSE AND NEGLECT: APPROACHES TO PREVENT CHILD ABUSE AND NEGLECT IN ASIAN-AMERICAN COMMUNITIES IN NEW YORK CITY

Hamilton-Madison House
Asian-American Mental Health Services
50 Madison Street
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(212) 349-3724
Susan Chan, C.S.W., Assistant Executive Director

Since the change of immigration laws in 1965, Asian-Americans are the largest group of minority immigrants to come to the U. S. Asian-Americans are the only minority group consisting of immigrants who have arrived here in the last 15 years. By 1980, the number of Asian-Americans was reported to be 3.5 million.

Although we have seen gains in the status of some Asian-Americans, the majority of immigrants and refugees have difficulty in adjusting to American society resulting in social isolation and depression. Due to language and cultural barriers, immigrants and refugees grossly underutilize health and mental health care services. Child abuse and neglect are "hidden problems" which are rarely reported to officials, and therefore grossly underrepresented in available statistics.

Asian-American professionals have witnessed a rising incidence of child abuse and neglect in the Asian-American communities in New York City. Much of this abuse and neglect can be prevented by social service agencies familiar with the needs and cultures of their clients.

This presentation focuses on how the Asian-American community perceives child abuse and neglect; how Hamilton-Madison House, a 91-year-old Settlement House in New York City, a leader in Asian-American mental health services, addresses those problems.

This presentation is based on the speaker's own bicultural background and experience in working with Chinese, Japanese, Korean and Southeast Asian immigrants and refugees. Developing and working with self-help groups in the communities is highlighted.

5- TRAINING ON BLACK FAMILIES

TRAINING ON BLACK FAMILIES FOR CHILD WELFARE WORKERS

Parents and Child Together Project
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Wayne State University
Detroit, MI 48202
(313) 577-3519
Mary Jane S. Van Meter, Ph.D., Principal Investigator
Dorothy L. Kispert, M.D., Project Director

Black children and their families represent significant percentage of families served by urban social service agencies. Yet, as with other racial and ethnic groups in society, little attention has been directed to training for working with black families as necessary preparation for human service providers.

The rationale for including this body of information as in-service training is that with such training, a new understanding and increased sensitivity helps workers to interpret more accurately their observations in black families. The human service worker, regardless of his/her own racial identity, is often the product of mainstream, middle-class values usually well-socialized by advanced education. On the other hand, Harris (1988) estimates that 75 percent of the cases in public welfare agencies are handled by staff who are not professionally trained. In either case, the need to help workers better understand clients is key to appropriate interpretation and empowering intervention.

This paper is focused on the content of one program designed to train in-home interventionists on Black families and which has been utilized over the past six years. The following components are major aspects of the training: (1) an historical perspective on Black families; (2) strengths of Black families; (3) Black extended families; (4) socialization of Black children; (5) informal adoptions; and (6) support systems. A brief outline of the components is enclosed along with references and resources as appropriate for the planning and preparation of each.

5, 7- FAMILY REUNIFICATION OF NATIVE POPULATIONS

FAMILY REUNIFICATION OF NATIVE POPULATIONS: SERVING THE SUBSTANCE ABUSING, HIGH RISK FAMILY

Fairbanks Native Association
Community Services
310 First Avenue
Fairbanks, Alaska 99701
(907) 452-1648
Carol Shold, Director
Ted S. Sponse, Project Consultant

Native family life is in peril: overwhelmed by alcohol abuse, torn apart by the disproportionate removal of children for abuse or neglect, and ill served by the traditional therapeutic systems of the dominant society. This, then, defines the task and approach of the Fairbanks Native Association - provide culturally sensitive therapy, treatment, and training to substance abusing parents who have had, or are at high risk for having, their children removed from the family home.

In the first year of a two-year grant, the project staff operates in coordination with Fairbanks Native Association's Elders Program, the Community Services Department, and the Regional Center for Alcohol and Other Addictions. Families are referred by Fairbanks Native Association programs, as well as from the State of Alaska, Division of Family and Youth Services. Enrollment is for a minimum of two years, including an extensive after-care phase.

Activities offered to families include in-patient and out-patient alcohol treatment for parents; in-home modeling and monitoring; parenting skills classes; life coping skills classes; family, group and individual counseling; household management; and informal social gatherings. Cultural sensitivity and culturally relevant activities are stressed throughout the project. At the same time, however, there is recognition that participants must acquire new life coping skills to survive in the urban environment of the non-Native culture. To that end, families are supported in bringing Native culture into harmony with their surroundings.

5, 1- MINORITY PARTICIPATION

INCREASING MINORITY PARTICIPATION IN CHILD ABUSE PREVENTION

National Committee for Prevention of Child Abuse
Greater Chicago Council
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John K. Holton, Ph.D.

Increasing and expanding the diversity of minority participation in child abuse prevention activities is one of the field's most pressing challenges. Although disproportionate numbers of minority children and families are reported to child protective services, an inverse, disproportionate number of minorities are in positions of leadership within organizations addressing child abuse and its prevention. Given this disparity and the need to develop a multiethnic, multicultural involvement in prevention efforts, how can minority groups become involved?

Efforts to increase minority participation in child abuse prevention programming often becomes stagnant due to a lack of clarity in outreach and presentation. Frequent questions from prevention groups reflect a knowledge/process bias about the intended minority audience; e.g., "Is the lack of participation due to differences in cultural perceptions of the child abuse problem? Why haven't minorities responded to the call for involvement and participation from local child abuse prevention organizations?"

The paper outlines the issues involved in the start-up and implementation phases for a volunteer-based prevention organization, and describes the group's multiple approaches to inform and engage minority groups relative to staffing, volunteer recruitment, resource development, program development and implementation. Techniques and "how-to's" leading to targeted media campaigns, fundraising events, and ownership of programs are detailed. Examples of activities by an urban prevention organization to engage minority populations in prevention programming are cited throughout.

6, 1, 3- INSTITUTIONAL APPROACH THROUGH BATTERED MOTHERS

AN INSTITUTIONAL APPROACH FOR CHILD ABUSE PREVENTION THROUGH EARLY DETECTION AND TREATMENT OF BATTERED MOTHERS: BOSTON'S FAMILY VIOLENCE PREVENTION PROJECT

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Linda McKibben, M.D., M.P.H.
Elizabeth Truesdell, M.P.H.

The Family Violence Prevention Project (FVPP) is a privately funded demonstration project started in 1988 at Boston City Hospital (BCH) with the goal of reducing the risk of child abuse through the early detection and treatment of woman battering. Through the work of a multidisciplinary working group; representing adult and pediatric services, acute and primary care, clinical and community perspectives, we developed a maternal and infant (M&I) family violence prevention protocol which targets pregnant women, infants under one year and their mothers, and any women with frank battering who present for any reason at any BCH site (outpatient, ER, maternity, other inpatient, outreach). The M&I protocol, which is drawn from successful family violence protocols used elsewhere, emphasizes the inclusion of family violence risk screening as part of routine prenatal and well child care, and for women for whom there is an index of suspicion for battering upon presentation for acute, episodic care. Positive risk assessment triggers a "package" intervention, including clinical evaluation, education, counseling, and advocacy (safety plan, legal options, community resources). Standard documentation and follow up procedures are being adopted by all participating BCH sites. Each site has tailored the M&I protocol for best use in its setting. The M&I protocol is designed to be particularly sensitive to the complex cultural and racial environment of the inner city community that is served by Boston City Hospital. We report on lessons learned from the implementation and pilot evaluation of the M&I FVPP protocol and discuss its applicability to other similar institutions for the prevention of child abuse.

6, 3- POST TRAUMATIC STRESS DISORDER

USE OF POST TRAUMATIC STRESS DISORDER MODEL FOR WORKING WITH CHILDREN WHO HAVE EXPERIENCED OR WITNESSED DOMESTIC VIOLENCE

Boulder County Safehouse
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Boulder, CO 80306
(303) 449-8623
Barbara Flood, M.S.W.

This workshop addresses the effect of experiencing or witnessing domestic violence on children. A pilot study at Boulder County Safehouse in 1987 indicated that child victims of domestic violence exhibited post traumatic stress disorder symptoms and that counseling based on a model of Post Traumatic Stress Disorder Treatment aided children at Safehouse in cognitive assimilation of trauma more effectively than support models (including play therapy) used previously at Safehouse.

Fifty-three percent of all children who come to Boulder County Safehouse are involved with Child Protection Services. At least 21 percent have experienced known physical or sexual abuse by the same perpetrator as abused their mother. They experience the same crisis as their mother, exhibiting feelings of fear, confusion and anger.

Recent psychological research indicated that child victims of domestic violence exhibit symptoms of post traumatic stress disorder and suggests that immediate intervention by a trained professional to the victim after an incident lessens the severity of the symptoms and aids in resolution of the trauma.

Symptoms of post traumatic stress disorder include a shutting down of all emotional response, avoidance of any situation that may bring up the memory of traumatic incidents, and denial of the level of violence involved. Both women and children in crisis deny, minimize and avoid discussion of the abuse they have experienced. Withdrawal results in the child attempting to sort through the violent experience without support or direction, often blaming him/herself for the abuse and keeping the events of each episode fragmented and confused. Long-term effects of untreated post traumatic stress disorder include depression, phobias, and an acting out of violent scenarios in order to attempt to make sense of the trauma incurred.

This workshop provides a forum of discussion and lecture to present an argument for the necessity of using this model to properly diagnose and treat these children.

7- COCAINE-ABUSING MOTHERS

CHILD ABUSE PREVENTION PROGRAM FOR HIGH-RISK POPULATION: COCAINE-ABUSING MOTHERS

Children's Crisis Center, Inc.
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Mary E. Haskett, Ph.D.
Janet Miller, B.A.
Jay M. Whitworth, M.D.

The rate of cocaine use, particularly crack cocaine, has increased substantially in the United States in the past several years. The ready availability of this drug, in conjunction with the extremely deleterious effects of its use on the pregnant mother and her fetus, has resulted in the emergency of a growing group of mothers who are considered high risk for child abuse. Use of cocaine results in a high risk for abuse due to the negative medical and psychosocial complications associated with its use. Medical complications include risks to the user (e.g., increased blood pressure) as well as to the unborn fetus (e.g., increased risk of premature labor and life-threatening birth defects). Psychosocial complications (e.g., high stress level of parent, lack of attention to child's basic needs) increase the risk of child abuse by cocaine-abusing mothers following delivery.

The purpose is to describe a hospital-based multidisciplinary prevention program for drug-abusing mothers. This program, initiated in 1987, represents one component of a perinatal support program that provides prevention services to high-risk pregnant women and their infants. The primary goal of this program is to reduce the risk of child abuse through the development of positive parenting and encouragement of cessation of drug use. The program is directed by a pediatrician and is managed by a social worker who employs a drug abuse counselor for direct services and a psychologist for consultative services. Four components are included in the program: individual counseling, a weekly support group, referrals to long-term therapy and inpatient drug abuse treatment, and education. Education is provided specifically for pregnant women (through written literature) as well as for professionals (through symposia and workshops) and the general community (via presentations and television interviews). In addition, our program is an active participant in a multidisciplinary team established to address the problem of infants born to cocaine-abusing mothers.

Potential clients are referred during the prenatal period by the obstetrics department of the hospital, and are screened by the drug abuse counselor. Participation is voluntary. To date, eight clients have been served by the program. Many of these clients participate in all components of treatment offered by the program. We are currently in the process of developing a protocol for program evaluation.

7, 12- SERVING CHEMICALLY DEPENDENT FAMILIES

T.E.A.M.S.: TRAINING PROGRAM FOR HEALTH CARE AND SOCIAL SERVICE PROFESSIONALS SERVING CHEMICALLY DEPENDENT FAMILIES

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Susan Edelstein, M.S.W, L.C.S.W.
Judy Howard, M.D.
Vickie Kropenske, P.H.N.

Based on a National Center on Child Abuse and Neglect training grant (1986-1988), this project teams child protective services workers (CPSW's) with public health nurses (PHN's) in providing services to prenatally drug-exposed infants and to their caregivers. Using both didactic and clinical approaches, the initial project was so successful, in fact, that Los Angeles County assumed responsibility for its continuation - even expanding program scope after the grant period concluded.

The didactic component consists of a two-day conference addressing the complex medical, developmental, environmental, and physical care requirements of the drug-exposed infant and toddler, as well as the special needs of the caregiver. The curriculum also emphasizes dynamics of adult substance abuse, social and health problems of chemically dependent women, and the impact of substance abuse on parenting.

Following this conference, project trainees participate in a six-month clinical practicum during which each CPSW is paired with a PHN whose health district of service coincides with the geographic area of an identified infant's placement. Each team provides joint casework services to a minimum of two infants exposed prenatally to drugs and placed in the care of extended family members or foster parents.

This unique interagency, interdisciplinary training project has had a significant impact on services provided to drug-exposed infants within Los Angeles County. With enhanced knowledge regarding this growing problem - which crosses all racial and socio-economic boundaries - these professionals are providing more informed coordinated, and effective assistance to this vulnerable population.

8- TREATING THE JUVENILE SEX OFFENDER

THE PREVENTION OF FUTURE SEXUAL ABUSE: TREATING THE JUVENILE SEXUAL OFFENDER

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Utah State Hospital
Youth Center
Provo, Utah 84601
M. Michelle Gourley-Whittier, L.C.S.W., M.S.

There has been a dramatic increase in the number of adolescents charged with sexually offending against young children in recent years. Research evidence has demonstrated a large number of adult sexual perpetrators began their offending behaviors while they were still adolescents, but were not taken seriously at the time. For these reasons, there is a sound rationale for early intervention and treatment of the adolescent sexual offender in order to prevent an escalated pattern of perpetrating child abuse as an adult.

This presentation illustrates the dimensions of the problem as a national problem with a community impact and describes effective treatment strategies the authors have employed in a variety of treatment settings. The common myths, which have prevented the professional community and justice system from recognizing and dealing with the problem will be explained. A novel statewide effort involving professionals from a variety of disciplines in an effort to mold community resources and policies around this population is described.

The authors will provide an overview of current assessment strategies utilized to differentiate high-risk offending behaviors from other, normal expressions of an adolescent's unfolding sexuality. The presentation includes a comprehensive discussion of a continuum of treatment approaches established and refined over the last ten years, including an examination of the unique needs of special adolescent populations. The presentation also includes the live presentation of an adolescent sexual offender treatment group process, with opportunities for audience dialogue.

8, 3- DISSOCIATIVE DISORDERS - PARENTAL INCEST

INTEGRATED TREATMENT OF DISSOCIATIVE DISORDERS IN PARENTAL INCEST FAMILIES

Institute for the Community as Extended Family (ICEF)
Henry Giarretto, Ph.D.

Sexually abused children, particularly those victimized by parents, unconsciously compensate for the abiding emotional pain by dissociative disorders which usually increase in severity over time. Two categories of dissociative disorders are discussed, one classified as internalized, the other as externalized. In the latter category is the dissociative disorder manifested by the sexual abuse of children by former victims of child sexual abuse. Members of incest families exhibit a variety of dissociative disorders which the author discovered could not be coped with by traditional in-office therapy sessions. The integrated approach of the model known as the Child Sexual Abuse Treatment Program (CSATP) of San Jose, California, is described. The CSATP, as well as an ongoing training project based on the model, are both conducted by the Institute for the Community as Extended Family (ICEF).

8, 3- GUIDELINES FOR CHILD SEXUAL ABUSE TREATMENT PROGRAMS

CHILD SEXUAL ABUSE TREATMENT PROGRAMS: GUIDELINES FOR BEST PRACTICES

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Robert A. Keller, Ph.D.

Public awareness concerning child sexual abuse has increased in recent years, generating a widespread and dramatic response from health, mental health, social services, and other community professionals. While the problem is still one that many individuals feel ill-suited or ill-trained to address, services for child sexual abuse victims, perpetrators, and their families are being provided by an ever-increasing variety of agencies and specialized programs. To assist administrators and therapists in providing the most appropriate interventions in cases of child sexual abuse, guidelines concerning both program and treatment/service issues were developed.

These guidelines were derived from an extensive three-year study of current practices and individual cases in the treatment of child sexual abuse, sponsored by the National Center on Child Abuse and Neglect. The supporting data were obtained from four principal sources: (a) a review of recent literature; (b) a nationwide survey of 553 treatment programs; (c) on-site interviews with administrators, staff, clients, and other involved professionals from 29 different treatment programs; and (d) detailed data obtained from the study sample programs on 623 child sexual abuse cases.

The specific guidelines presented are organized around 26 key issues in seven sections related to program administration and the delivery of child sexual abuse treatment services:

- I. Designing a Treatment Program
- II. Involving the Community
- III. Defining the Admission Process
- IV. Establishing Treatment Plans
- V. Implementing Treatment Interventions
- VI. Assessing Client Progress
- VII. Terminating Services

Collectively, these topics and issues highlight the common themes identified, the areas where consensus exists, and the various program and service options available in sexual abuse treatment.

8- VICTIMS/VICTIMIZERS

NO MORE VICTIMS, NO MORE VICTIMIZERS

Committee for Children
172 - 20th Avenue
Seattle, WA 98122
(206) 322-5050
Karen Bachelder, M.S.W., A.C.S.W.

Child abuse prevention efforts to date have focused primarily on training children to avoid becoming victims. For participants who want to stay on the "cutting edge" of abuse prevention, this workshop expands the commonly held definition of primary prevention to include teaching children to avoid becoming victimizers as well. Offender studies show a strong correlation between violent behavior and the lack of skills such as empathy, impulse control, decision-making and anger management. These skills are taught to children to prevent future violent behavior.

Information and materials present are drawn from recently developed violence prevention curricula for elementary students. Initial pilot testing of the materials occurred in the spring of 1988 and additional pilots will be conducted over the next eighteen months.

The workshop addresses the following:

I. Continuum of Child Abuse Prevention Efforts

- A. Historical Responses to the Problem
- B. Expanded Concept of Primary Prevention

II. Violent Behavior

- A. Causes and Correlates

Research Findings

- B. Prevention

1. Multidisciplinary Approach

2. Violence Prevention Skills Training

III. Teaching Demonstration

- A. Empathy Lesson
- B. Impulse Control
- C. Anger Management

IV. Discussion

8- FEMALE/MALE SEXUAL ABUSERS

A COMPARATIVE VIEW OF FEMALE VS. MALE SEXUAL ABUSERS: THE IMPACT ON VICTIMS

Therapeutic Alternatives to Sexual Abuse (TASA)

210 Ashley Drive

Rochester, New York 14620

(716) 442-2628

Phyllis Schiff, C.S.W., Originator and Consultant

Mary Ann Sandgarten, C.S.W., Manager

Since 1978, Therapeutic Alternatives to Sexual Abuse (TASA) has provided treatment for approximately 1,000 families and victims of child sexual abuse. Because all of these referrals come from Child Protective Services, TASA deals primarily with intrafamily sexual abuse. For approximately eight years of the program, 98% of the abusers were fathers, stepfathers and father substitutes; up to 2% were mothers. In the past two years we have observed a steady increase in the number of female offenders. We have seen marked differences in the disclosure of the sexual abuse by the victim, depending on if the abuser was a mother vs. a father. We have also seen a difference in the impact of the sexual abuse, depending on the sex of the abuser. This clearly affects the treatment of the victim. There is a difference in the profile of the offender in women vs. men, which again has grave implications for treatment. The response to female perpetrators is not only markedly different for the victim but also for the community of professionals. There is a strong resistance to the possibility that mothers can sexually abuse and this makes it difficult to take appropriate protective action on behalf of the victim. This same resistance is observable in the criminal justice system. Children for the most part are more reluctant to disclose maternal abuse. This frequently occurs after treatment has been in process for many months and the victim begins to develop trust in the therapeutic relationship, or disclosure may be accidental. The abuse by mothers is far more complex for the child to deal with. This presentation will discuss all of these findings as well as their impact on the victim and the implications for treatment that have been observed in our program.

8, 3- VICTIM/VICTIMIZER

UNDERSTANDING AND INTERVENING IN THE VICTIM-TO-VICTIMIZER CYCLE

Utah State Hospital
Youth Center
P. O. Box 2277
Provo, Utah 84603-2277
(801) 373-4400 x 512 (W)
(801) 375-9394 (H)
M. Michelle Gourley-Whittier, L.C.S.W., M.S.

Weber Mental Health Center
Ogden, Utah
B. Mathews Hill, Ed.D.

Over the last 12 to 15 years, one of the problems that has received increased national attention is that children and adolescents who are sexually abused are at risk to become offenders themselves. Historically juveniles involved in sexual offending behaviors which were clearly explosive and abusive were not held accountable and often dismissed as "adolescent adjustment reactions" or "exploratory experimentation." Research findings have confirmed that a large number of adult sexual offenders began their offending in adolescence. Early intervention is clearly indicated. For these reasons, there is sound rationale for understanding and intervening in the victim-to-victimizer cycle.

This presentation focuses on the dynamics involved in the treatment of adolescent sex offenders who have been sexually molested themselves. The authors provide a comprehensive description of the victim-to-victimizer process and the relationship between the adolescent's own victimization and his/her offending behaviors. An overview of assessment tools utilized to differentiate between risk levels of offending behaviors and more healthy adolescent expressions of sexuality is explained. This presentation also provides a detailed discussion of effective treatment strategies the authors have utilized in a variety of settings, including the treatment approaches identified by professionals from various disciplines over the last ten years to meet the unique and specific needs of this population. Finally, this presentation includes a live panel of adolescent sex offenders, previously victimized, who are currently receiving treatment. The audience has an opportunity to ask the youth questions regarding their experiences.

8- EXTRAFAMILIAL ABUSE

ONE COMMUNITY'S RESPONSE TO EXTRAFAMILIAL CHILD ABUSE

Child Protection Team
1126-B Lee Avenue
Tallahassee, Florida 32303
(904) 487-2838
Elizabeth Jackson, Team Coordinator

Florida has no statutory provision for social services to child victims of extrafamilial child sex abuse. These are the victims who are abused by neighbors, friends, relatives, acquaintances, strangers, etc., all who are not in a caretaker role to the child.

In 1985, an agency contracted to provide the state with supplementary services such as social and medical diagnostic and evaluative services for intrafamilial abuse, applied for and received federal monies from Victim of Crime Act (VOCA) to expand services to the extrafamilial victims. The program is referred to as the VOCA Project.

The Project provides 24-hour-a-day, seven-day-a-week services, including crisis intervention, medical and social service coordination, specialized interviewing, and expert court testimony. The State Crimes Compensation program contributes by funding medical examinations and some follow-up counseling for the victims.

Prior to the development of the Project, the police were the only available resource for these victims. This resource has proven to be inadequate for a number of reasons. The only role police can play in these cases is to determine if a law violation has occurred and try to seek prosecution. Because of an already overloaded system, normally inadequate training in sexual abuse, and a hesitancy of victims to report, many of these cases go undetected and/or prosecuted. Through the available services of both medical and social professionals who are trained in sexual abuse, more prosecutions are occurring.

Although increasing prosecution of sex offenders is a major program objective, treatment of the juvenile sex offender has become as important due to the enormous number of these offenders being seen. The Project has been instrumental in developing a grassroots community effort to treat these offenders in an attempt to prevent further abuse. An emphasis on public service announcements has been made, aimed at the juvenile male who may have experienced sexual abuse; again with the focus on prevention and treatment.

8- MULTIPLE VICTIM/MULTIPLE SUSPECT CHILD ABUSE

A TEAM APPROACH IN INVESTIGATING MULTIPLE VICTIM/MULTIPLE SUSPECT CHILD ABUSE, INCLUDING PRESCHOOL, RITUAL ABUSE AND SEX RING CASES

Los Angeles County Inter-Agency Council On Child Abuse
and Neglect (ICAN)
4024 N. Durfee Avenue
El Monte, CA 91732
(818) 575-4362
Deanne Tilton, Director, President Emeritus, California
Consortium of Child Abuse Councils

Los Angeles County Sheriff
Child Abuse Detail and Sexual Exploitation Team
Sgt. Beth Dickenson, Supervisor

Harbor/UCLA Medical Center
Community Psychiatry
Roland Summit, M.D., Chief Physician

The Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN) recognized that investigations of allegations of child abuse involving multiple victims and/or multiple suspects (MV/MS) present unique challenges for all agencies involved with these complicated cases. These cases become even more difficult if the allegations arise in a preschool setting and involve very young children.

ICAN members concluded that there was a critical need to develop guidelines for conducting MV/MS investigations. The importance of assuring that the confidentiality of the investigation was not compromised was a primary consideration. It was also clear that the rights of victims and the rights of the alleged suspects must be preserved while conducting the investigation in an expedient manner. An interagency committee recommended a team approach to minimize the risk of contamination, provide for more comprehensive and humane interviews with the victims, and assure that the overall investigation is more effectively and efficiently carried out on behalf of the children and families involved in MV/MS cases.

Roles of Law Enforcement, District Attorney, Child Welfare Agencies, Licensing Agencies, Victim/Witness Agencies, Medical Practitioners, and Therapists are defined. Other issues such as dealing with parents and the media are addressed. While this approach can be used in any large-scale investigation involving child abuse, it is primarily designed for investigating allegations of child abuse in settings such as preschools and other out-of-home care facilities. The model is based upon experiences of interdisciplinary professionals recognized nationally for their involvement in high profile cases including sex ring, preschool and ritual abuse cases. The procedures have been implemented on a local level with national applicability.

9- SPECIALIZED FOSTER CARE FOR ABUSED CHILDREN

SPECIALIZED FOSTER CARE FOR PHYSICALLY AND SEXUALLY ABUSED CHILDREN

Institute for the Prevention of Child Abuse
25 Spadina Rd.
Toronto, Ontario
Canada, M5R 2S9
Ross Dawson, M.S.W., Director of Training

Foster care placement remains a necessary rehabilitative strategy for some children who have been physically and sexually abused. Traditionally, abused children have been placed in general or regular foster care programs, established primarily to provide an adequate level of care and supervision. However, recent studies have indicated that abused children are at high risk of being re-abused or having multiple placements during their foster care experience.

Until recently, limited attention has been given to the development of specialized foster care families for abused children which would prevent re-abuse, provide increased permanence, and be strongly therapeutic in nature. This presentation examines the development of one such state-operated foster care program for abused children. Current findings regarding the abuse of children in foster care are summarized. In addition, the presentation highlights the needs of abused children. Lastly, the screening, training, and support components of a therapeutic foster care program for abused children are presented.

9- SUPERVISED VISITATION

SUPERVISED VISITATION: A MODEL FOR PRACTICE

Rochester Society for the Prevention of Cruelty to Children,
Inc.
49 S. Fitzhugh Street
Rochester, New York 14614
Ronda Dohse, C.S.W.
Kelly Reed

The importance of parental visitation for children in foster care is well documented. Research has revealed parental visitation as a strong predictor of a children's length of stay in foster care as well as an important influence on the child's emotional well-being. Of equal importance is the use of failure to visit in many states as a basis for the termination of parental rights. Despite the documented importance of parental visitation, woefully little attention has been paid to programs which promote or seek to define and evaluate parental visitation. Recent research cites heavy worker caseloads, lack of agency resources and limited availability of agency space during after-school hours among the factors which influence frequency of parental visits.

Since 1985, our agency has provided supervised visitation for families where domestic violence and/or child abuse has been indicated. In 1988, services were expanded to include children in foster care. A major goal of the program is to support and respect appropriate parent/child interaction while discouraging inappropriate interactions. To this end, visitation procedures and expectations are clearly defined. Similarly, an easy-to-use visitation report has been developed which focuses on the salient features of visitation which may influence case planning.

A crucial element in the success of this cost-effective program has been the recruitment, training and supervision of a volunteer staff to provide supervised visitation services to families when they need them the most; namely, during after-school and weekend hours.

Participants are provided with information and material regarding policies, procedures and visit evaluation as well as volunteer recruitment, selection, training and supervision.

9- ADOPTION AS A PROTECTIVE SERVICE

ADOPTION AS A PROTECTIVE SERVICE

Jefferson County Department of Social Services
8550 W. 14th Avenue
Lakewood, Colorado 80215
(303) 235-4170
Susan Klein-Rothschild, M.S.W.

We traditionally think of Protective Services as beginning with an intake or referral related to abuse or neglect and ending with a termination of parental rights . We envision the adoption of the child as the ride into the sunset. However, just as we learned that placing an abused child in a loving, caring foster home was not the answer for the child's problems, we are aware that adoption is not automatically the end to abuse and neglect.

This presentation focuses on factors which increase the likelihood of abuse and neglect in adoption homes and the implications for practice. Children who are different, who have experienced trauma, and who have developed patterns of relating which may provoke future abuse are at risk in adoptive homes. Many suggestions for prevention are explored including the utilization of lifebooks, specialized adoption services, effective use of goodbye visits, the coordination of services between Protective Services and Adoptions and changing attitudes about adoption. Handouts are provided. Videotapes depicting the patterns of relating these children display are utilized.

In the past one and one-half years, the Jefferson County Department of Social Services has begun to implement a number of changes with regard to abused and neglected children moving to adoptive placement. A specific discussion of the changes in our system provides an example of a model to institute some of the implications for practice previously discussed.

It has been said that the most difficult aspect to termination of parental rights is adoption. This presentation hopes to explore adoption as a protective service.

9- PREVENTION OF UNNECESSARY PLACEMENT

THE PREVENTION OF UNNECESSARY PLACEMENT PROGRAM: MEETING FAMILIES' REAL NEEDS

Georgia Department of Human Resources
Child Protective Services Unit
P. O. Box 4507
Martinez, GA 30917-4507
(404) 737-1800
Gary J. Heffner, M.A., PUP Program Coordinator
Gerald V. Gouge, M.S.W., Chief

The Prevention of Unnecessary Placement Program (PUP) serves 99 of Georgia's 159 counties. The Program's goals are to reduce unnecessary placements, provide reunification services, and to improve services to Child Protective Services (CPS) client families (with a particular emphasis on the needs of African American families due to their over-representation in foster care). The Program achieves these goals by using state foster care dollars to purchase family support services for families with children at imminent risk for placement. The funds are used by CPS caseworkers to purchase or fund emergency housing, day care,, counseling, parent skills training, parent aide services, transportation, medical services, psychological testing, and intensive family services. The purchased services are to address concrete needs and the root causes of the conditions that would lead to placement. Once a child is identified as at risk for imminent placement, his/her family becomes eligible for PUP services. Up to 80% of the projected cost of foster care placement can be spent to prevent the placement. In the Program's first three years, 1,075 families and 2,541 children at risk for placement were served. Of these, only 162 children (6%) have required placement. Since the Program began in 1985, the placement rate of children in Georgia has been slowed, and it is estimated that \$4,000,000 in foster care costs have been averted. Program evaluation results show the differential use of PUP by abuse type, case outcome, race, and other factors.

9- REUNIFICATION IN FOSTER CARE

INCREASING SUCCESSFUL REUNIFICATIONS IN FOSTER CARE THROUGH PROGRAM REVIEW ACTION GROUPS

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E/S 4138
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Indianapolis, IN 46223
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Peg Hess, Ph.D., A.C.S.W. Assoc. Professor of Social Work

Indiana State Department of Public Welfare, District VII
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Gail Folaron, M.S.W., A.C.S.W., Social Worker

National estimates are that re-entry into foster care, or unsuccessful reunification, occurs in as many as 40% of the families which are reunited. The U. S. Department of Health and Human Services has identified unsuccessful reunification as a child welfare system outcome failure and has asserted that when children reappear at the agency "the system has the responsibility to examine in sufficient detail not only the reason for deciding again to place the child in foster care but the factors that led to this traumatic repetition."

To that end, the Department of Health and Human Services funded a three-year project to review failed reunifications. A Professional Review Action Group (PRAG), which is composed of a University Associate Professor of Social Work, the Department of Welfare Assistant Director of Child Welfare, and a former Casework Supervisor, has gathered information from personal interviews with caseworkers, supervisors, foster parents, birth parents, children, and service providers, with additional and supportive information gathered from case records. System weaknesses and recurrent themes were identified and reported to the Department's Executive staff along with recommendations for correction action.

PRAG is a demonstration project that can be replicated in other areas of the country for increased efficiency of casework time and for increased effectiveness of successful reunifications. The focus of this presentation is on the implementation of the review program and a report of the first year findings.

10, 1- VIDEOTAPES TO PREVENT SEXUAL ABUSE OF DISABLED CHILDREN

USING VIDEOTAPES TO PREVENT SEXUAL ABUSE OF CHILDREN WITH DISABILITIES

Clearinghouse for Child Abuse Prevention
Planned Parenthood Association of Cincinnati, Inc.
Education, Training and Video Department
2314 Auburn Avenue
Cincinnati, Ohio 45219
(513) 721-8932
Theresa Tucker
Shirley Everett-Clark

Studies indicate a correlation exists between disabilities and child abuse. Children who are either mentally or physically handicapped often are dependent on many caregivers for special attention and assistance, cannot distinguish appropriate affectionate behavior from sexually exploitive behavior, and lack the vocabulary or are unable to communicate well with others in order to prevent or report an incidence of abuse.

Two videotapes have been developed to educate persons with disabilities about the concept of sexual abuse, to acquaint them with situations that have potential for abuse, to equip them with information and skills to protect themselves, and to decrease the frequency of sexual abuse and exploitation of all kinds.

"Sexual Abuse Prevention: Five Safety Rules For Persons Who Are Mentally Handicapped" (1987) is a one-half hour program with five vignettes that focus on the following: YOUR BODY BELONGS TO YOU, KEEP YOUR CLOTHES ON IN PUBLIC, SAY NO, GET AWAY, AND TELL SOMEONE. The scenes depict realistic situations that might arise in a school bus, a rest room, or at home.

"The Sexual Abuse Prevention Videotape for Children Who Are Physically Handicapped" (1988) is an entertaining program designed to teach the following: YOUR BODY BELONGS TO YOU, TRUST YOUR FEELINGS, SAY NO, GET AWAY, and TELL SOMEONE. Featuring dramatic vignettes, a science fiction setting and a one-of-a-kind robot, this production reinforces each concept through example and repetition.

The goal of each videotape is to expand children's information and resources so that sexual abuse can be prevented. Children and adolescents with disabilities are actors in the productions. Each videotape has an Instructor's Manual which includes background information, teaching strategies, materials for parents, and extended activities.

The purpose of this presentation is to share these resources with adults concerned with children with disabilities so that they, in turn, will make effective prevention programs available to the children. The videotapes are shown following an introductory session on their need and development. Subsequent discussion elaborates on the effective use of the videotapes, which are sensitive to cultural, racial and ethnic diversity, and their impact on program development. Data is available on their use with child, parent and professional populations.

10, 8- SEXUALLY ABUSED HANDICAPPED CHILDREN

THERAPEUTIC METHODS WITH SEXUALLY ABUSED HANDICAPPED CHILDREN

Center for Abused Handicapped Children
Boys Town National Institute for Communication Disorders
In Children
555 North 30th Street
Omaha, Nebraska 68131
(402) 498-6600
Patricia M. Sullivan, Ph.D. and Staff

The Center for Abused Handicapped Children at the Boys Town National Institute for Communication Disorders in Children has treated over 500 abused handicapped children from throughout the United States and two provinces in Canada since its inception in 1984. Children with the following types of handicaps have been served: hearing impairment, visual impairment, speech and language problems, mental retardation, learning disabilities, physical handicaps and behavioral/emotional disturbance. Special clinical interviewing and psychotherapy techniques have been developed by the Center for use with these children which will be thoroughly described. The prevention, treatment and resource services of the Center, a national referral source, will be delineated for the participants. Particular emphasis will be placed on its residential program. Therapeutic Education for Abused Children with Handicaps (TEACH) offers short-term residential care for abused handicapped children. Therapists within the child's home community are encouraged to accompany the child and serve as co-therapists during his or her stay in order to learn therapeutic techniques to implement when the child returns to his/her home community.

Finally, the results of a research study will be presented comparing the behavioral/emotional characteristics of a group of sexually abused hearing impaired children who received psychotherapy with a matched group who did not receive therapy.

10, 8- DEVELOPMENTALLY DISABLED VICTIMS

EVALUATING DEVELOPMENTALLY DISABLED VICTIMS OF SEXUAL ABUSE: A MULTIDISCIPLINARY APPROACH

Center for Child Protection
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San Diego, CA 92123
(619) 576-5803
Robin VanderLaan, M.S.W.
Marilyn Kaufhold, M.D.

Evaluating allegations of sexual abuse when the victim is developmentally disabled is a multidisciplinary effort. These victims are often not considered credible witnesses by the investigative agencies and, consequently, many allegations of sexual abuse are not investigated.

This presentation documents a 2-1/2-year effort of advocacy for a vigorous investigation of allegations of sexual abuse of the developmentally disabled. A bi-weekly roundtable now brings together law enforcement, Protective Services, case managers and physicians to consider emerging concerns of abuse and neglect and track those cases through reporting and investigation.

This Center now interviews and examines approximately 60 developmentally disabled persons annually on referral from law enforcement, Protective Services, or other advocates for the developmentally disabled. The presentation includes excerpts from a training videotape produced by this center to demonstrate to investigative agencies, prosecutors, judges, clinicians and advocates for this special population that allegations of sexual abuse can be investigated and prosecuted and protection can be achieved.

The videotape, utilizing excerpts from forensic social work interviews of developmentally disabled victims, demonstrates each child's developmental level and effective interview techniques. How the cases were discovered, the interdisciplinary nature of the investigation, the victim's ability to give a credible history and qualify as a witness, and the resulting prosecution of the offender and protection of the victim are documented.

Professionals will find the encouragement and strategies they need to extend the emerging protective network that exists for non-handicapped children to children with developmental disabilities.

10- DISABLED CHILDREN

FAMILY EMPOWERMENT: A SUPPORT SERVICE TO FAMILIES OF DEVELOPMENTALLY DISABLED CHILDREN DUE TO PHYSICAL IMPAIRMENTS

Philadelphia Society for Services to Children
415 South 15th Street
Philadelphia, PA 19146
(215) 875-3400
Helen B. Dennis, Executive Director

Developmentally disabled children are over-represented in the abuse population. Contributing factors include demanding child care responsibilities, disruption of the parent-child relationship during hospitalizations, financial stress, social isolation, and the lack of adequate community supports.

The FAMILY EMPOWERMENT Project, a two-year demonstration program funded by the State Developmental Disabilities Planning Council through March 1990, addresses these factors which may lead to child abuse. Participants are urban residents of diverse ethnic, economic and family structure groups, yet the issue of powerlessness is common to all. The goal of the Project is to empower the family to address the needs of the child, of the family and of the community with the end result of averting the child abuse and maximizing the child's adult productivity.

A panel presentation focuses on the components of the Project's empowerment services, discussing those which have been beneficial and conversely, those which have not. Components include the Parent Advisory Council, a monetary credit-line for participants, community advocacy and education, support groups, facilitating respite care, and the identification of service gaps.

Panel participants are (1) an agency administrator who provides an overview of this at-risk population, the sequence of program development, and the mesh with agency mission and operations; (2) a Support Coordinator/Social Worker who will delineate the nuts and bolts of program operations and evaluate the successes and impediments; (3) a parent participant who will offer a view of which components have been truly empowering, thereby providing guidance for the continued development of responsive services.

Commitment to family empowerment has required a new and nontraditional approach which establishes parents as experts, enabling parent participants to identify needs and guide services. This model design has served to guard against the establishment of yet one more program which assumes control and dictates to the families rather than empowering them. The presentation concludes with panel and audience discussion positively linking the empowerment approach to the prevention of child abuse and neglect.

10, 1- PROTECTING DISABLED CHILDREN FROM ABUSE

PROTECTING DISABLED CHILDREN FROM ABUSE: A COMPREHENSIVE PROGRAM FOR SPECIAL NEEDS POPULATIONS

The Lexington Center, Inc.
Child Abuse and Disabled Children Program
30th Avenue & 75th Street
Jackson Heights, New York 11370
(718) 899-8800 x 231
Elisabeth Krents, Ph.D.

Since 1984, the Child Abuse and Disabled Children Program within the Research Division of The Lexington Center, Inc. has been advocating for the protection of disabled children from physical and sexual abuse. The efforts of the Program, focusing on training, curriculum development and research have utilized a comprehensive, multidisciplinary strategy. This model for prevention and intervention links special educators, social service providers, medical practitioners, mental health professionals, parents, and the disabled children themselves into an effective protective network. The Program has implemented prevention training based on this model across the country at state education departments, community agencies, special and regular education settings and military installations. Replicable training modules, scenarios and materials are modeled.

In 1985, the NO-GO-TELL! child protection curriculum became the first prevention program for preschool and early elementary age disabled children. Currently being implemented in over 35 states and six countries, NO-GO-TELL! has received widespread acclaim for its innovative design and conceptual approach. Preliminary survey evaluation shows the curriculum to be highly effective. Both NO-GO-TELL! and Safe and Okay, a soon to be published curriculum for older elementary age children with disabilities, are demonstrated, outlining their unique structures and content.

A discussion of research projects conducted by the Child Abuse and Disabled Children Program will be highlighted by a presentation of preliminary findings from a prevalence study of child physical and sexual abuse among disabled populations. The pictorially structured testing instrument, currently in the piloting stage, was designed specifically for use with disabled individuals. This study, with the assistance of experts in the fields of disabilities and child abuse research, represents the first scientifically controlled research endeavor on this issue. An incidence study of disabled children involved in reported cases of abuse has also been completed by the Lexington Program and will suggest the many difficulties and possible solutions for retrieving data on the abuse of disabled children.

THE RELIGIOUS COMMUNITY AS A RESOURCE - THE AWAKENING OF A SLEEPING GIANT

The Spiritual Dimension in Victim Services
P. O. Box 163304
Sacramento, CA 95816
(916) 446-7202
Rev. David W. Delaplane, Executive Director

State of California
Department of Youth Authority
Sacramento, California
Anne Hubbard Delaplane, Consultant

All professionals in the field of child abuse intervention or prevention have had, at one time or another, experiences with religious leaders, congregations and/or clients.

Sometimes, for fear of having secular agencies deal with their members, clergy have neither reported nor sought outside intervention in cases of suspected or evidence child abuse. Often, attempts to handle these cases outside of the child protection system have been damaging.

On the other hand, across the country we are discovering, through our contacts with congregations of all faiths, that leaders in the religious community are increasingly becoming better informed. More and more, congregations are properly accessing and cooperating with available law enforcement and social service agencies. In addition, exciting positive programs are being established in faith-based settings. The sleeping giant is awakening!

The Spiritual Dimension in Victim Services has, for five years, been educating and involving religious leaders and congregations in child abuse intervention and prevention through:

1. Trainings for clergy throughout California in cooperation with the California Consortium of Child Abuse Councils (an affiliate of The National Committee for the Prevention of Child Abuse);
2. Consultation services to the California Department of Social Services, Office of Child Abuse Prevention, on projects to educate the religious community;
3. Development of a training manual for clergy and congregations
4. Clergy in-service trainings in various U. S. cities under funding from the U. S. Department of Justice, Office for Victims of Crime.

This presentation will speak to the many exciting ways that the religious community of our national is rapidly becoming a valuable resource rather than a roadblock to child protection. There is also frank discussion of particular problems as well as of positive programs.

11- REPORTING REQUIREMENTS - CLERGY

REPORTING CHILD ABUSE: AN ETHICAL MANDATE FOR CLERGY

Center for the Prevention of Sexual and Domestic Violence
1914 N. 34th St., #105
Seattle, WA 98103
(206) 634-1903
Rev. Marie M. Fortune
Rev. Frances Wood

Legal requirements of clergypersons to report child abuse vary from state to state. Regardless of the law, clergy tend to hesitate to report either (1) because they are not required by law or (2) because they are required by law and refuse to allow the state to dictate their practice of ministry. Many religious professionals do not utilize child protection services in their communities.

The real issue for clergypersons is what is their pastoral and ethical responsibility to the child victim? How can they utilize the resources of the secular community to assist them in fulfilling their responsibility to that child? Reporting, whether mandatory or not, is one means which clergy should be encouraged to utilize.

This is an exploration of the issues faced by clergy and ways that child protection workers can work with clergy as allies.

11- RELIGIOUS ISSUES

RELIGIOUS ISSUES AND CHILD ABUSE

Center for the Prevention of Sexual and Domestic Violence
1914 N. 34th St., #105
Seattle, WA 98103
(206) 634-1903
Rev. Marie M. Fortune
Rev. Frances Wood

Traditional religious teaching can be distorted and utilized to justify and/or minimize the abuse of children. Because experience of religious teaching and values (especially Christian) in the United States is common, it is not unusual for religious issues to arise in situations where there is child abuse in the family. Frequently these issues can deflect effective intervention by child protective service personnel. Workers often feel hesitant to address these issues directly.

This presentation discusses the role of religious faith in family life and will seek to equip child protective service workers with skills to work with religious clients. Rather than being a roadblock to effective intervention with a family, religious teaching and belief can be utilized as a resource. Our approach is one of understanding the place of religion in the lives of family members so as not to take on an adversarial role in response to its expression. But we are also concerned not to allow religious beliefs to ever justify harm done to children in the family.

12- STRESS AND CPS SUPERVISION

A NEW LOOK AT CPS SUPERVISION AND STRESS

National Society for the Prevention of Cruelty to Children
Greater Manchester & Cheshire Region, United Kingdom
Murray Davies, Regional Social Work Manager

West Valley Camelback Hospital
5625 West Thunderbird Road
Glendale, Arizona 85306
Penny Alene Free, M.A., M.S.W., Dir., Community Relations

Arizona Department of Economic Security
P. O. Box 6123, Site Code 940A
Phoenix, Arizona 85005
(602) 542-3981
Carol Ann Erickson, A.C.S.W., CPS Specialist

This is a presentation of core material, including a video film and training manual for use in training Child Protection Services supervisors. The package was created over a period of one and a half years from 1986 to 1987. It has been used in the United Kingdom and internationally in child protection programs with successful results. Areas included in the film and accompanying manual are: (1) Recognition of the importance of supervision and management, (2) Dynamics of the supervisory role, (3) Implications of stress for CPS supervisors, (4) Identification of inhibitors in handling child abuse cases, (5) Use and misuse of authority, and (6) Development of a framework for supervision in daily practice.

Current agency child protection practice involves an array of conflict laden and stress producing situations related to case decision-making. The training materials include insights regarding reactions/responses of clients, frontline staff, CPS supervisors, and agency managers. The video film is unique in content and style.

12- POST-TRAUMATIC STRESS

POST-TRAUMATIC STRESS AMONG PROFESSIONALS: DEVELOPING PERSONAL, SOCIAL AND ORGANIZATIONAL SUPPORT FOR INTERVENTION AND PREVENTION

University of California, Davis Medical Center
Child Protection Center
2315 Stockton Boulevard
Sacramento, CA 95817
W: (916) 453-8396
Cynthia Anne Winn, L.C.S.W.
Marilyn Strachan Peterson, M.S.W., M.P.A.

Investigating and treating sexual and physical abuse victims can generate powerful emotional responses among professionals. Responding to victims of violence challenges one's basic assumptions about the world as an orderly, just and safe place. Working with violent offenders, abusive parents and angry, challenging clients often assaults one's sense of invulnerability.

Many professionals confront harsh inequities, pain and fear inherent in clients' ways of life. Stress can occur when a professional is exposed to events or experiences that elicit strong feelings of powerlessness, ineffectiveness, fearfulness, anxiety or instinctual responses. Post-traumatic stress maybe occurring if thoughts or fears related to the client or a revised perception of the world as a reasonably safe place being to intrude on the private life of the professional.

Professionals need training, personal, social and organizational support to cope with these reactions. Feelings, beliefs and behavior derived from stressful processing can become distorted. These distortions can interfere with adequate problem-solving, self-protecton, care-taking and care-giving responsibilities.

This presentation covers the psychological impact upon professionals as a result of working with difficult and hard-to-help clients. Information on productive and counter-productive coping skills, cognitive distortions, processing errors, and behavioral and emotional problems will be presented. Prevention, intervention and developing an "organizational culture" that supports professionals working in the field of child abuse and neglect are discussed.

12- CPS STAFF DEVELOPMENT

A COLLABORATIVE MODEL FOR STAFF DEVELOPMENT IN CHILD PROTECTIVE SERVICES

American Association for Protecting Children
The American Humane Association
9725 E. Hampden Avenue
Denver, CO 80231-4919
W: (303) 695-0811
Judee Filip, M.S.W., Director of Education

University of Denver
Graduate School of Social Work
University Park Campus
Denver, CO 80208
Kay M. Stevenson, Ph.D., Professor

In an era when state social service agencies' staff development resources are severely limited, cost-effective methods of providing sound training for CPS caseworkers is a significant challenge.

In recognition of these realities, the American Association for Protecting Children, a division of The American Humane Association, has jointed with the University of Denver Graduate School of Social Work to present a "Trainers Institute." This newly formed collaborative model of a non-profit organization and a major graduate program in social work in the Rocky Mountain region is inviting social services staff development personnel, trainers, and academics to master a specialized curriculum in child sexual abuse. Participants take new expertise back to their own states, staffs, and students to adapt this specialized knowledge to their own training and staff development programs.

This session describes the development of this collaborative approach to staff development with descriptions of the curriculum, highlighting strategies and procedures that can be translated for other social service agencies and universities. Institue objectives are presented and dissemination of strategies are discussed. A unique characteristic of this Institute is its emphasis on competency-based evaluation of trainers for purposes of certification. Certification is offered at two levels depending on performance on three standardized evaluations for the following: testing knowledge, case planning abilities, and interview of the child victim skills.

This innovative approach to collaboration offers a cost-effective mechanism by which both public child welfare programs and unviwersity social work programs may develop a base of training expertise in child protection work. Trainers, jointly certified by the University and the AAPC, return to states with concrete and objective evidence of competence to strengthen their staff development programs. This model offers treat potential for new collaborations between other universities and public social service agencies.

A NEW LOOK AT CPS SUPERVISION AND STRESS

Arizona Department of Economic Security
P. O. Box 6123, Site Code 940A
Phoenix, AZ 85005
(602) 542-3981
Carol Ann Erickson, A.C.S.W., CPS Specialist

National Society for the Prevention of Cruelty to Children
Greater Manchester & Cheshire Region, United Kingdom
Murray Davies, Regional Social Worker

West Valley Camelback Hospital
5625 W. Thunderbird Rd.
Glendale, AZ 85306
Penny Alene Free, M.A., M.S.W., Director of Community Relations

This is a presentation of core material, including a video film and training manual for use in training Child Protective Services supervisors. The package was created over a period of one and a half years from 1986 to 1987. It has been used in the United Kingdom and internationally in child protection programs with successful results. Areas included in the film and accompanying manual are: (1) recognition of the importance of supervision and management; (2) dynamics of the supervisory role, (3) implications of stress for CPS supervisors, (4) identification of inhibitors in handling child abuse cases, (5) use and misuse of authority, and (6) development of a framework for supervision in daily practice.

Current agency child protection practice involves an array of conflict-laden and stress-producing situations related to case decision-making. The training materials include insights regarding reactions/responses of clients, frontline staff, CPS supervisors, and agency managers. The video film is unique in content and style of presentation. It contains unusual real-life vignettes regarding the effects of child abuse for the victim, family, and agency responsible for child protection.

Ethnic and cultural diversity in child protection practice are incorporated realistically and artfully in the video film. The presentation includes viewing the film which is less than thirty (30) minutes, summarization of the objectives and content of the training manual, results of field use of these materials in training programs since 1986, and an opportunity for questions and discussion.

14- USE OF MEDIA
THE USE OF MEDIA FOR INFLUENCE AND ADVOCACY

National Committee for Prevention of Child Abuse
Public Awareness and Information
332 S. Michigan, Suite 950
Chicago, IL 60604
(312) 663-3520
Joy R. Byers, Program Associate

Since the mid-1970's, the public has been educated about child abuse and its prevention through the use of a nation-wide media campaign. This campaign, which includes television, radio, and print, has evolved from one which delivered the message that child abuse is a serious problem in our society, to the more recent ones which offer specific strategies for avoiding abusive behavior.

In the twelve years since the inception of the media campaign, it has become increasingly apparent that working the media, which has the potential of reaching virtually every American home, is the central feature in efforts to prevent child abuse in all its forms.

As we know, child abuse is a community problem and can only be prevented if appropriate measures are taken at the local level. Before any action can be taken at the local level, however, communities must be made aware of the seriousness of the problem of child abuse, why child abuse affects them, and how they can help prevent it. Until people know a problem exists - for themselves or for someone else - there is little hope for action. Although there are many approaches to creating public awareness and to educating the public about important issues, the most direct route is by using some or all of the media - television, radio, newspapers, magazines, billboards, and transit cards in public transportation.

While all organizations may not be in a position to establish a media campaign on a grand scale, each and every group has within its reach the ability to maximize opportunities for raising awareness and achieving publicity for an organization and/or a particular cause.

14- MARKETING CHILD ABUSE PREVENTION

GETTING THE GOODS TO THE PEOPLE: MARKETING CHILD ABUSE PREVENTION

National Committee for Prevention of Child Abuse
332 S. Michigan Avenue, Suite 950
Chicago, IL 60604
(312) 663-3520
Nancy Peterson, Director of Communications

Marketing any futuristic concept is a difficult and challenging goal. Child abuse prevention organizations have worked hard for many years to persuade professionals, policy makers, potential funders, and the general public that prevention is a viable approach to solving the child abuse problem in our society. However, few gains have been made in terms of real dollars targeted for prevention activities nationwide.

This presentation proposes that a businesslike marketing approach to child abuse prevention will improve the bottom line. It gives an overview of the fundamental steps that precede marketing activities; i.e., defining the targeted community, knowing what resources currently exist, and identifying leadership; it takes the audience through a step-by-step planning process within an MBO (management by objective) context; it reveals obstacles that may interfere with the "pay off;" it looks at cultural issues related to selling prevention; and, it discusses the advantages and disadvantages of collaboration.

A comprehensive approach to marketing child abuse prevention incorporates many strategies, uses a variety of tools, requires expertise in several disciplines, and is contingent upon adequate funding. Specifics in each of these areas - strategies, tools and skills - are highlighted, and options for funding, such as in-kind contributions, will be discussed.

The key, of course, to successfully marketing child abuse prevention is our ability to give the commitment away, to persuade others to do our work. How to accomplish this and the benefits of making prevention everyone's business will conclude this presentation.

15- PREDICTING OUTCOME OF REPORTS

FOUNDED VS. UNFOUNDED: PREDICTING THE OUTCOME OF CHILD ABUSE/NEGLECT REPORTS

University of Chicago
School of Social Service Administration
969 East 60th Street
Chicago, IL 60637
Jon Conte, Ph.D., Associate Dean
John Schuerman, Ph.D., Professor
Thomas E. Villiger, Deputy Director
G. Marie Leaner, Associate Deputy Director
Carolyn Copps, Research Assistant

One of the more hotly debated issues of the day concerns whether states should investigate reports of suspected child neglect. Some argue that the large number of unfounded neglect reports and the equally large percentage of neglect cases in CPS caseloads result in precious funds being spent ill-advisedly on unfounded or less serious cases.

Using data from the Illinois Department of Children and Family Services since 1981, participants in this workshop session will be provided with a detailed analysis of child neglect reports describing their history over time, their characteristics and the time required to investigate them, and with a model used to predict which kinds of reports will ultimately be unfounded.

THE INSTITUTIONAL ABUSE OF CHILDREN DIAGNOSED WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER: IT'S TIME TO TAKE A STAND

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Steven A. Szykula, Ph.D.
JoAnn Hoza, Ph.D.

The haphazard means by which Attention Deficit Hyperactivity Disorder Syndrome (ADHD) is diagnosed and treated is a major and pervasive form of institutional child abuse and neglect in this country (U.S.A.). Children are often misdiagnosed or if accurately diagnosed, the children are susceptible to clinical bias of professionals as to what is the right or wrong type of treatment. Often this leads to children who need medication not receiving medication. It also leads to some children receiving medication when no clear-cut gains result from the medication.

Because approximately 3-5% of all school-aged children are diagnosable as manifesting ADHD, the above problem is a serious concern. This is especially true because 90 percent of those children who are treated are also treated for a time with a psychostimulant medication. To a preferred extent, Ritalin is the medication of choice.

When a child's life is miserable due to the ADHD Syndrome, a course of medication and behavioral psychological intervention is crucial to the proper care of a child. Children with ADHD who go untreated or sporadically treated experience negative outcomes later in life at significantly higher rates.

What is urgently needed is the widespread discrimination of the specific steps involved in diagnosing ADHD, treating it with medication, and, most important, evaluating the results of treatment objectively. This latter concern is of most urgent need of application because a child's response to behavioral and/or medication treatment is extremely individual or idiographic, relative to dose level, type of medication, and period of their physical and psychological development.

The presentation reviews the step-by-step procedures needed in order to avoid mistreating this pervasive childhood disorder. The presentation shares research data that demonstrates how the recommended procedures for treatment and treatment evaluation helps avoid under or over medicating children who are referred for "hyperactivity" and attention problems.

COMMUNITY PARTNERSHIPS: EXAMPLES OF EXCELLENCE

American Association for Protecting Children
9725 East Hampden Avenue
Denver, CO 80231-4919
(303) 695-0811
Karen J. Farestad, Ph.D., Associate Director
Nancy Coburn, Staff Associate

Clearinghouse on Child Abuse and Neglect Information
McLean, Virginia
Caroline (Candy) Hughes, Associate Project Director

The American Association for Protecting Children, the children's division of The American Humane Association, has long been concerned about the problems communities face in establishing and funding workable child protection programs. Recognizing that child protection cannot be a public sector responsibility alone, the AAPC initiated a pilot effort in 1987 which successfully developed a methodology to identify excellent, replicable child abuse and neglect programs, which were also successful public and private sector partnerships.

Responding to immediate needs and lacking successful program examples to emulate, communities frequently establish what later prove to be inadequate, inappropriate, or otherwise unsuccessful intervention programs in the area of child abuse and neglect. The creation of communication linkages between exemplary programs and communities, agencies, or other entities seeking to establish creative workable programs should reduce the redundancy of effort typically associated with program development, thus accelerating the implementation of effective models throughout the country. Furthermore, the identification and dissemination of information about successful community partnership should increase the potential for the development of other creative programs that rely on a broader base of support and extend beyond the traditional public child protection system.

In partnership with the Clearinghouse on Child Abuse and Neglect Information, the AAPC has undertaken an effort to create a national data base of excellent, replicable child abuse and neglect programs, and to make this information widely available to those seeking to implement such programs. The second year process has been targeted to expand the pool of prospective applications to 25 counties in the United States, selected to include representation from communities of varying size and composition, including varying economic, geographic, racial and cultural attributes.

Attendees of this workshop learn:

- Attributes of excellent, replicable programs.
- An overview of the information system design.
- How to access this information system.

PROGRAM/PRACTICE

TECHNICAL FORUMS

These abstracts were selected to be presented
in technical forums at the Conference

1, 17- COMPONENTS OF A PREVENTION EDUCATION PROGRAM

COMPONENTS OF A COMPREHENSIVE CHILD ABUSE PREVENTION EDUCATION PROGRAM

You're In Charge
1617 Yale Avenue
Salt Lake City, UT 84105
Susan Cameron, Co-Director; Clinical Asst. Prof., University of
Utah College of Nursing
Daryl Barrett, Co-Director

Prevention of child abuse and neglect is recognized as a community challenge. Just as there is no single cause of abuse, neither is there a strategy that will ensure a child's safety. This presentation assists professionals and volunteers in identifying and then using the components of a comprehensive child abuse prevention education program. The program also emphasizes the need and the mechanisms available for the improved coordination among all interested groups in the field.

The components of a comprehensive child abuse prevention education program are identified as: COMMUNITY AWARENESS EDUCATION; ENDORSEMENT OF PREVENTION PROGRAM BY ADMINISTRATION; PROFESSIONAL AND VOLUNTEER EDUCATION; PARENT AND FAMILY EDUCATION; CHILD AND ADOLESCENT EDUCATION; EDUCATIONAL SUPPORT MATERIALS; PROGRAM FEEDBACK AND EVALUATION. The awareness of these components will facilitate the development, evaluation and increased utilization of comprehensive community resources dealing with child abuse prevention, intervention and treatment.

Eliminating abuse will be achieved not by promoting a single strategy, but by implementing an integrated child abuse prevention system in which each component is but one part of a coordinated service continuum.

The "You're In Charge" child abuse prevention program is utilized as a conceptual model of an effective and comprehensive program that specifically involves all the components of a comprehensive strategy in an "on-going" community program.

In addition to providing a conceptual model, YIC offers individuals and organizations specific prevention content in the form of a well established, effective prevention program. The program's research and evaluation efforts have received national recognition, being selected as one of 30 outstanding research projects presented at the Seventh National Conference on Child Abuse and Neglect (Chicago, IL, 1985).

The YIC program has the advantage of a sound conceptual model with specific prevention content suitable for use by prevention professionals including social service, mental health, medical, health, legal, and education. YIC uses parents and volunteers working with professionals to bring the program to children in the community and to special needs populations.

As professionals and volunteers are trained to identify and utilize all components of a comprehensive approach to prevention education, the result will be from a collaborative approach, where every prevention program isn't expected to "re-invent the wheel." The strengths of one program can be used to overcome the limitations of another. In this way, the combined prevention education efforts offer children and their families continuity in teaching prevention concepts.

1- BUILDING SELF-ESTEEM

B.A.S.E. BEHAVIORAL ALTERNATIVES THROUGH SELF-ESTEEM

Johnson County Coalition for the Prevention of Child Abuse
9691 Outlook
Shawnee Mission, KS 66207
(913) 648-8682
Barb Friedmann and Cheri Brooks, Creators

The abusive cycle can only be altered by recognizing the abusive behavior that the child has learned through his/her experience; and then, creating within him/her a preferred acceptable alternative behavior.

B.A.S.E. is about "building" self-esteem. Although developed primarily for the Social Services in their work with abused and neglected children, the mere applications of Self-Esteem lend the project to Day Care and other child-related facilities; therefore, B.A.S.E. offers not only treatment potential, but the hope of prevention.

Our invention is to counter the learned abusive behavior by presenting alternative behaviors with self-esteem-building exercises offered through the efforts of a team of people who consistently interact with the child (i.e., primary care provider if it's other than the parent, social worker, teacher/day care provider, or a relative, neighbor or friend). These exercises, communications, and activities are written at a basic primary grade language/skill level and are presented in simple step-by-step form. This individualized program is divided into 15 developmental levels with an age range of from birth to 18 years. The exercises are from 30 seconds to three minutes in length and were developed by a panel of 34 professionals in the fields of child development, pediatrics, child psychology, education, social work, child behavior, and psychiatry. The exercises articulate options and role-modeling, offer alternative behaviors, and generally encourage, build on and enhance the child's positive behavioral strengths.

The program was piloted in 20 different child care related agencies in Kansas and Missouri. An evaluation of B.A.S.E. used in county Social Service agencies in both Kansas and Missouri was conducted by Dr. Kathi Ramp of the Department of Human Development at the University of Kansas.

1- SCHOOL-BASED APPROACH FOR TEENS

RE-VISIONS: A SCHOOL-BASED APPROACH TO HELP TEENS HEAL FROM ABUSE/NEGLECT AND NOT REPEAT WHAT THEY EXPERIENCED

Aspen Institute for Education Research and Training,
a non-profit community-based organization
350 East Center Street, Suite 22
Provo, UT 84601
(801) 373-7744
Rita M. Edmonds, M.S.W., Ed.D.

Designed for teens with backgrounds of abuse and neglect, this program is in its third year of operation at Provo Vocational High School and its first year at Young Mothers High School, Provo, Utah. The objectives of this school-based program are to provide a group environment for participants to (a) debrief some of the pain from abusive/neglectful parenting, (b) identify the family systems and patterns which contributed to their own abuse/neglect, while they acquire information on positive parenting and effective family systems, (c) practice basic assertive communication and problem solving skills, and (d) implement positive self-parenting behaviors.

Using a single subject design during the second year of the program, data collected from each subject during and after the 150-hour intervention were compared to the baseline data collected before training began. Participants were evaluated on self-esteem, locus of control, general contentment, peer relations, intrafamilial stress, and assertiveness. In each case, the majority of subjects made clinically and statistically significant improvement during the intervention. Students also reported that they practiced at home what they had learned in class. Teachers and administrators have reported noticing positive behavioral changes in program participants. And, perhaps more importantly, participants increased their awareness of how they mistreat those around them and modified their behavior.

This program utilizes a psychoeducational approach to help teens heal from parental abuse/neglect and to learn how to self parent. Specifically, a combination of didactic, experiential, and therapeutic means used to achieve the program objectives will be highlighted in the presentation.

1- TEACHING COMMUNITIES ABOUT PREVENTION

TEACHING OUR COMMUNITIES ABOUT PREVENTION

Child Abuse Prevention Project
Department of Pediatrics, University of Florida
5700 SW 34th St., Suite 1310
Gainesville, FL 32608
Elizabeth D. Drake, MeD
(904) 392-7286

An informed public that recognizes and understands the need for comprehensive services to families is a vital first step in the prevention of child maltreatment. Public awareness and education should be shaped to give communities a way to think about abuse and neglect, the means to learn how to prevent it, and the impetus to begin local actions to support parents.

The Child Abuse Prevention Project at the University of Florida has run two successive public education campaigns on the prevention of child maltreatment. Serving 16 counties in rural, north central Florida since 1983, the Project has collected data on the positive impact of the campaigns in the area both in attitude changes and in development of community based programs for families.

Through a slide presentation and discussion, the presenter will review the steps in the development of a clear public message about maltreatment and prevention, exhibit the materials used, and summarize the strategies for engaging the public's interest. Pre- and post-survey results of the initial year-long campaign show an important gain in the public's empathic understanding of abuse. The follow-up campaign, currently underway, builds on the previous effort and invites the community to assume responsibility for helping young parents succeed. Preliminary, anecdotal findings from this effort are reviewed also.

Participants are invited to consider all the ways messages are conveyed to their communities about child abuse and prevention. Guidelines for planning a cohesive, locally appropriate community education campaign on child maltreatment and prevention services will be emphasized. Specifically, the risks of capitalizing on the public's prurient interest in brutal cases are also addressed.

The public service announcements and campaign strategy developed by the Project is available for use by similar, non-profit programs.

1,2,3- COORDINATED RESPONSE TO CHILD SEXUAL ABUSE

PREVENTION, INTERVENTION AND TREATMENT - A COORDINATED RESPONSE TO CHILD SEXUAL ABUSE

Kenosha County Department of Social Services
712 - 52nd Street
Kenosha, WI 53142
(414) 656-6572
Patricia A. Bell, M.S.W.
Phyllis Fletcher, M.A.

Perez-Pena Limited
Hales Corners, Wisconsin

This presentation describes a multi-service effort on behalf of at-risk and abused children involving both public and private social service agencies. The innovative program not only meets safety considerations for the child, but also initiates a comprehensive treatment program. The components are: (1) Immediate (within 12 hours of initial abuse investigation) involvement of a Family Preservation Team, consisting of workers from two private agencies (in-home therapist/parent aide) and (2) Utilization of a multidisciplinary team to assist in planning for long-term needs.

This comprehensive approach has been implemented incrementally. The innovative intervention and treatment became operational 16 months ago while the primary prevention component has been in place for 12 months.

Primary prevention includes community outreach and child management training with a parent aide component. The families served are a combination of families known to the Department of Social Services and those yet to come to the department's attention.

Therapeutic intervention and treatment begin early in the protective service investigation. In-home family based therapists team with the county CPS worker to provide crisis intervention and assistance specific to ameliorating maltreatment.

In addition, coordination staffings are convened with the public social service agency, law enforcement, attorneys, school, medical personnel and private clinicians to facilitate a multi-service cooperative approach to long-term planning for malfunctioning families.

Demographic information is being collected on the families served. Measures of program effectiveness are underway.

1- SCHOOL-BASED PROGRAM FOR TEENAGE PARENTS

THE PARENT LINKING PROJECT: A SCHOOL-BASED CHILD ABUSE PREVENTION PROGRAM FOR TEENAGE PARENTS

New Jersey Chapter, National Committee for Prevention of Child Abuse
17 Academy Street, Suite 709
Newark, NJ 07102
(201) 643-3710
Mary Beth Pavelec

In response to teenage parenthood and its relationship to abuse and neglect, the New Jersey Chapter, National Committee for Prevention of Child Abuse (NJ-CNPCA) developed the Parent Linking Project. Since 1980, the NJ-CNPCA has been offering services to teenage parents in Newark, New Jersey. The goal of the project has been to enhance the competence of new parents in providing for the mental, emotional, and physical health of their children, thereby lessening the likelihood of maltreatment.

The final phase of the Parent Linking Project began in January of 1988, with the opening of New Jersey's first school-based child abuse prevention program for teenage parents. The program is located in a high school and provides the following services to inner city, minority teenage parents and their children: free, full day, on-site child care; daily round trip transportation; weekly parent education workshops, parent-child interaction sessions and life skills training groups; individual counseling, family counseling and crisis intervention services; and school-based medical services for the teens and their children.

The presentation describes the evolution of the Parent Linking Project from a community to a school-based model, the development of the collaboration with Newark's school system, experiences in recruiting and maintaining a teen membership, the issues involved in working with a minority population, the process of building and staffing an effective on-site child care center, the nature of the curricula developed for the three weekly groups and program effectiveness.

1,2- LAW ENFORCEMENT CAN HELP

LAW ENFORCEMENT CAN HELP PREVENT CHILD ABUSE, TOO

Beaumont Police Department
Community Relations Unit
P. O. Box 3827
Beaumont, Texas 77704
(409) 880-3824
Sergeant Bill Davis

The Beaumont Police Department's Community Relations Unit is taking the initiative to create a high level of awareness in Beaumont and Southeast Texas to fight crime. The Department has initiated numerous programs for children. These programs teach them safety and lessens their chances of being a victim of crime and abuse.

"Adopt-A-Cop" is an ongoing program with one of the Community Relations officers going to one of the Beaumont elementary schools, four hours a day, one day per week. The officer goes to individual classrooms presenting such programs as "Meet Mr. Policeman", "Child Molestation", and "Drug Abuse".

Sergeant Bill Davis also makes special appearances at these schools with the prevention program, "Safety and Good Touch-Bad Touch". The school programs also allow Sergeant Davis the opportunity to present his one-and-a half-hour "Facts on Child Abuse" program to parents and faculty. (To date, it has been presented to over 15,000 people.)

The department's "Puppet Show on Wheels" is a great success, focusing on safety and child abuse prevention programs.

The statistics that have been compiled since 1983 empirically prove that the Beaumont Police Department's awareness projects have substantially resulted in the increase of confirmed reports of child abuse and neglect. The programs are presented to Beaumont's widely diverse racial and ethnic community makeup, including Blacks, Central Americans, Hispanics, Asians, Acadians and Caucasians.

Is your law enforcement agency in your community utilizing awareness techniques to reduce child abuse? Talk with them - they care about children, too.

1,3- CHILD BEHAVIOR MANAGEMENT CARDS

CHILD BEHAVIOR MANAGEMENT CARDS: A PROMISING STRATEGY FOR CHILD ABUSE PREVENTION

Ohio Research Institute on Child Abuse Prevention
A Division of the League Against Child Abuse
National Committee for Prevention of Child Abuse
Ohio Chapter
336 S. High Street
Columbus, Ohio 43215
(614) 621-2400
Jacy Showers, Ed.D.

A series of eighteen 5" x 8" Child Behavior Management Cards is being used in a variety of programs to provide anticipatory guidance to parents about how to manage problems which may trigger harsh punishment or abuse. Each card has an artistic illustration of the problem and is usually followed by a description of how the parent probably feels about the issue, possible reasons for the behavior, and ways to manage the behavior which respect the rights and feelings of both the parent and child. The most popular topics include toilet training, tantrums, children saying "No!", fighting, and playing doctor (sexuality). Care has been taken to maintain the readability of the cards at approximately the 5th-6th grade level. Half the cards depict white children and/or parents and half depict Blacks or other minorities. The cards are available in English and will soon be available in Spanish.

Research to determine the effectiveness of the cards in improving parental knowledge about developmental and behavioral expectations of children and nonviolent behavior management approaches began in 1987, and continues today. The results of two research projects one with parents presenting at pediatricians' offices (N=1413) and one with pregnant and parenting teens (N=1627), have revealed statistically significant improvements in knowledge about developmental and behavioral expectations of children. In the first study, 57% of parents said reading the cards changed how they managed behavior. In the latter study, early findings show increases of as much as 46% in appropriate expectations subsequent to reading Child Behavior Management Cards. The improvements in accurate information are in such vitally important areas as the dangers of shaking babies in response to colic, and appropriate expectations for toilet training. As both inconsolable crying and toileting problems are frequently reported as triggers for abuse, gains in knowledge about these issues are noteworthy. During the past year, in dissemination projects undertaken throughout Ohio, as well as in Utah, more than a quarter million cards have been distributed to parents.

1,3- INTERGENERATIONAL APPROACH TO PREVENTION AND TREATMENT

INVOLVING OLDER ADULTS IN PREVENTING AND TREATING CHILD ABUSE: AN INTERGENERATIONAL APPROACH

National Parent Aide Assoc.
500 Northwest Boulevard
Winston-Salem, NC 27105
(919) 748-9028
George M. Bryan, Jr., M. Div., Executive Director of Exchange/
SCAN

Educational Development Center, Inc.
Newton, Mass. 02160
Eva Marx, Project Director

In 1984, The National Center on Child Abuse and Neglect funded the American Association of Retired Persons to implement a project demonstrating the beneficial impact of bringing the aging and child welfare networks together to benefit their constituents. The project ran until December of 1986 hypothesizing that older adults (over 60 years of age) had valuable skills to help abusive and neglectful families. The project also addressed the need of families to have parent aide services to prevent child abuse and neglect.

The final publication of this project was released in November of 1988: A Resource Guide for Incorporating Older Volunteers into Parent Aide Programs. Five parent aide programs in the U. S. were chosen to experiment and demonstrate the hypothesis of the project. Based on these experiences, the publication deals with issues such as "Exploring Attitudes Toward Aging", "Recruiting Older Volunteers", "Integrating the Older Volunteers into the Parent Aide Program", and partnerships between child welfare and the aging network.

The presentation on Involving Older Adults in Child Abuse Prevention and Treatment will provide concrete examples of how to implement a similar program. The Resource Guide and other publications are given to participants. The leaders include the project consultant and a director from one of the project sites.

The ultimate goal is to enhance the ability of an aging America in better addressing the needs of the increasing number of children identified as abused and neglected.

1- HOLISTIC APPROACH TO PREVENTION

A HOLISTIC APPROACH TO PREVENTION

Parents Anonymous of Connecticut, Inc.
60 Lorraine Street
Hartford, CT 06105
(203) 523-5255
(203) 379-0679
Leelaine Picker

Connecticut Association of Prevention Professionals
April Goff Brown

Three years ago, it became obvious to many of us practicing as prevention professionals in the areas of child abuse, substance abuse, suicide and teenage pregnancy prevention that our target audiences were similar. Our belief is that prevention must be viewed as a process and not a singular strategy. We validate the fact that a wide range of factors impact various individuals, age groups, communities, ethnic groups and risk level groups. A variety of expertise and strategies are needed to meet the needs of these diverse groups. As professionals, we can provide a better service by developing cooperative approaches to prevention issues. In response to this awareness, we developed the Connecticut Association of Prevention Professionals.

As our organization prospered, we became aware of the desire for establishing performance criteria for prevention professionals. Our process will provide further credibility for marketing the need for prevention to the various communities in the state. By assuring a measurable standard of quality, the credential will assure agencies a standard for hiring and advancing professionals in the field of prevention.

We are unaware of any other states attempting to develop a multidisciplinary credential based on performance standards developed by professionals actually practicing in the field. We will discuss this strategy of cooperation, describing the process of developing a multidisciplinary professional organization and considerations for developing a credentialing process.

1- NURTURING PLAY

NURTURING PLAY

Iowa State University Extension
Central Area Office
1634 - 4th Street, SW
Mason City, IA 50401
(515) 424-5432
Jan Robbins, Human Development Specialist

Parents United of North Central Iowa, Inc.

This presentation describes the use of Theraplay techniques for working with high-risk families. In abusive families, parents are often as needed of nurturing as their children. When parents are needy, roles are reversed and children are placed in the position of being comforting, supportive and caring to their parents. Nurturing Play enhances the parents' capacity to accept and practice healthy, self-nourishing behaviors. The outcome is greater attachment and bonding of parents to children, resulting in an increase in the parents' investment to protect and care for children. Nurturing Play begins with a video assessment of the social/emotional interaction pattern between the parent and child. Following this, parents are taught the theory and techniques of nurturing play. They design and participate in video-taped play periods with their children. This allows trainers to interpret and educate parents in child development and behavior. The program ends with a final video assessment of the interaction between parent and child so parents can see growth in their attachment to their child. Nurturing Play has been an ongoing part of a Head Start curriculum since 1986; helping pregnant mothers attach to their infants prior to birth; and has the potential for use in aftercare programs for recovering high-risk families.

2- VALIDATION IN COMPLEX ENVIRONMENTS

VALIDATION IN COMPLEX ENVIRONMENTS

Tennessee Department of Human Services
Nashville, Tennessee 37219
(615) 741-3443
Charles Wilson, M.S.S.W., Director of Child Welfare Services

Tennessee Bureau of Investigation
Nashville, Tennessee 37219
(615) 741-0430
Donna Pence, Special Agent

As the number of child sexual abuse reports has risen across the country, investigators have encountered increasingly complex situations in which the allegations of child sexual abuse are clouded in intervening forces such as custody or visitation disputes or histories of past victimizations mixed in the foster care system. In these cases, the presence of animosity between the parties, the emotionally fragile nature of the children and the presence of such factors as post traumatic stress disorder make application of generally accepted validation criteria fraught with hazards. The literature has offered a variety of perspectives to the issues of custody disputes with less attention paid to the special problems of allegations in foster care. This presentation focuses on the unique issues in both classes of cases and how standard validation criteria must be adapted to address the subtleties of the complex environment. The presentation draws on the experience of an integrated child protection and law enforcement team concept. By blending the two perspectives, statewide consulting and training experience using a standard validation criteria since 1985, and a review and contrasting of the available literature on the subject, the presentation seeks to equip the participants to better conceptualize and implement the investigative and assessment process in some of the most difficult cases encountered.

2,3- CORRECTIONAL OFFICER AWARENESS

PRISONS ABUSE FAMILIES, TOO! CHILD ABUSE - CORRECTIONAL OFFICER AWARENESS

Child Abuse Prevention Project
Department of Pediatrics, University of Florida
Rt. 2, Box 176-A
Lake Butler, Florida 32054
(904) 496-3465
Regina Parrish, Union County Service Coordinator; Instructor,
Lake City Community College, Division of Criminal Justice

Lake City Community College
Lake City, Florida
William R. Thrift, Chair, Criminal Justice Division

Correctional Training Facility
Raiford, Florida
William F. Kessler, Coordinator/Instructor

Prison correctional officers, both male and female, work with inmates in positions classified as high-risk from extreme mental and physical stress. Often unaware their occupation is so stressful, correctional officers may lose perspective, reacting to their families as they do inmates.

Correctional officers in Florida must have 440 hours of basic recruit training and this innovative program has been able to utilize three hours of this mandated time to introduce information on child maltreatment. The training includes a general overview of causes of child abuse, signs and symptoms and sequelae. Specific information on the correlation in the inmate population of a history of child abuse and subsequent criminal behaviors is presented. A second area of emphasis with the correctional officers has been to address the impact of their difficult jobs on their behaviors as parents.

Both because a majority of officers are male and usually not targeted for training in child maltreatment, this program affords a unique educational opportunity. Over 1200 people have participated in the program over the last two-and one-half years. Evaluations are positive. Both pre-and post-test results and the self-reports about the impact of the training indicate a gain in knowledge and sensitivity to the relationship between work and family life.

This program has had a significant impact in a rural area where state prisons are the principal employers. To follow up the introduction to parent education provided in this brief course, the local School Board has budgeted funds to provide a parenting class for families working in the prison system.

The training package is available for replication and the authors will present their guidelines for instituting such a course with consideration given to the process of engaging a traditionally non-receptive audience.

MAKING P.L. 96-272 WORK: THE ROLE OF JUDICIAL AND CITIZEN REVIEW

Jefferson District Court
Jefferson Hall of Justice
Louisville, KY 40202
(502) 588-4960
Hon. Tom McDonald, District Court Judge

National Association of Foster Care Reviewers
3627 E. Indian School, Suite 107
Phoenix, AZ 85018
(602) 253-5700
Susan Carter, Executive Director

National CASA Association
909 N.E. 43rd St., Suite 202
Seattle, WA 98105
(206) 547-1059
Beth Waid, Executive Director

In 1980, Congress passed what some have called "the most important piece of child welfare legislation enacted in the past 20 years" - the Adoption Assistance and Child Welfare Act, P. L. 96-272.

The act was designed to protect children and families from "institutional" victimization of children - a damaging and all too common scenario in which children would be removed from their homes by the state, only to spend their childhoods drifting from one temporary placement to another, never experiencing any sense of stability or permanence. Before P. L. 96-272, children were often removed from immediate harm, then forgotten with no future planning or regular court review.

P. L. 96-272 set forth three requirements that directly affect the day-to-day operations of courts and child welfare services: (1) the court must make sure reasonable efforts are made to keep a child with the family before he/she is removed from the home (2) a case plan must be developed for the child; and (3) the child's case must be reviewed every six months, either by the court or an administrative review process.

Nine years after its passage, many child advocates feel the law is still significant and full of promise, but largely ignored - especially by the professionals in the court system.

There has recently been a renewed effort to bring P.L. 96-272 to the attention of the people on the front lines; specifically, judges, citizen review teams, and the guardian ad litem for the child. These are often the people who play a pivotal role in determining whether or not preventive, permanency planning services are genuinely provided

In this presentation, ways are explored to make P.L. 96-272 a "working" law.

2,3- INTERDISCIPLINARY TEAM STAFFINGS

GROUP PROCESS AND TEAMWORK: THE KEY TO SUCCESSFUL INTERDISCIPLINARY TEAM STAFFINGS

PeopleWork, Inc.
American Humane Association
Resource Assistance Network
1640 Stickney Point Road, #102
Sarasota, Florida 34231
Mark Perlman
(813) 922-8860

2- PROSECUTION IN THE ABSENCE OF THE VICTIM

PROSECUTING CHILD SEXUAL ABUSE IN THE ABSENCE OF THE VICTIM

U. S. Army
Office of the Staff Judge Advocate
8th Infantry Division (Mechanized)
West Germany
Major Michael S. Child, OSJA, Mainz, APO NY 09185
011-49-06131-48-7580/8158 (W)
011-49-6131-32886 (H)

A predictable response of child sex abuse victims is to refuse to cooperate with prosecutors by the time of trial. Various reasons can explain this response (e.g., pressure by the family, guilt at sending the father/stepfather to jail), but those reasons almost never include a false report. As prosecutors, we plan our cases with this response in mind. When this office decides such a case must be prosecuted, we plan our case in anticipation of the victim's absence. Recent evidentiary changes allow the government to introduce a pretrial sworn statement to prove a charge, even in the absence of the declarant, if the government can show the statement is sufficiently reliable. We have prepared our investigative agents so that they add extra questions to the interview process to demonstrate that reliability (e.g., typed on to the sworn statement is the victim's response to the question, "Do you still want to provide a statement knowing that your statement could lead to a trial and the conviction of your father?" or "Do you understand that once you make such a statement, the case may go forward even if you want to stop it?"). In addition, we have an expert in child sexual abuse cases testify that the victim's original report, and later reluctance to testify, are commonly observed phenomena and not an indication of the falsity of the report. This expert's testimony, combined with the circumstances of the sworn statement, have allowed the government to proceed in the absence of the victim. The knowledge that the government can go forward, even in the absence of the victim, has induced defendants to accept responsibility rather than continuing to use the family to deny responsibility and avoid the consequences of their misconduct.

3- ART THERAPY

SHOW NOT TELL: ART THERAPY WORKSHOP

Bobbi Stoll, MFCC, ATR, Private Practice
8020 Briar Summit Drive
Los Angeles, CA 90046
(213) 650-5934

This hands-on presentation demonstrates art therapy methods used in treatment of children traumatized by child abuse and neglect. Developed for treatment specialists, this presentation will offer art therapy experiences to participants which will be augmented with colored slides of work produced by children in treatment. Focus will be on the nature of nonverbal communication through graphic art and the development of visual listening skills in the therapist to hear what's being communicated by the child. The therapists' response to the art is non-interpretive but can invite elaboration and validation from the child. Sensitivity to the creative process and to the product will be emphasized.

This method is appropriate in treatment of children from age three through adulthood. Drawing permits disclosure without "telling," allows for the use of metaphors and provides a concrete product onto which the child can project, an invaluable distancing which makes the art easier to talk about than self-disclosure. For pre-verbal experiences or very young children, the medium is the message.

3- SCHOOL BASED THERAPY

SCHOOL BASED THERAPY GROUP FOR ABUSED/NEGLECTED CHILDREN: A NEW MODEL OF SERVICE DELIVERY

Pebble Project
1100 W. 31st
Austin, TX 78705
(512) 454-4722
John Boyle

The need for abused and neglected children to receive therapy is basically left unmet. Only about one in 20 of all abused and neglected children actually receive therapy based on the National Incidence study that 2/3 of all abuse and neglect is not reported and studies in Texas that one in five of confirmed abuse cases receive therapy. An accessible model to reach these children with specialized treatment is needed.

In Texas, Pebble Project has piloted and is pursuing legislation to set up around Texas a school based group therapy model for treatment of child abuse and neglect. The children are identified after anti-victimization educational presentations, and by referral from school counselors and community groups. Last school year, over 220 children abused and neglected were served. The children ranged in ages from three to 17 with 45% of the clients preschool and elementary, 24% junior high and 21% of high school age. Approximately 50% were minority. The groups normally meet for 10 weeks with pre and post testing. The results of that testing will be shared in this presentation as well as the outcome of rural and urban program sites.

3- RURAL THERAPEUTIC RESOURCES

BUILDING THERAPEUTIC RESOURCES FOR CHILDREN IN THE SCHOOLS: A RURAL COMMUNITY MODEL

Child Abuse Prevention Project
Department of Pediatrics, University of Florida
5700 SW 34th St., Suite 1310
Gainesville, FL 32608
(904) 392-7286
Elizabeth D. Drake, Assistant Director
Randi Cameon, Training Specialist, Child Protection Team

School guidance counselors, social workers and teachers cannot be expected to assume primary responsibility for counseling abused and neglected children. They can, however, provide therapeutic support in the school setting to address the emotional and educational needs of maltreated children.

In 1985, the Child Abuse Prevention Project, serving 16 rural counties in north, central Florida began a series of inservice trainings designed to include school personnel in the therapeutic process. Frustrated by the lack of treatment resources for children, school staff have responded positively to the opportunity to learn about the therapeutic issues and needs of maltreated children. The training program has enabled guidance counselors to provide: appropriate support for a child after a report has been made; specialized help to children in foster care; structured learning tasks to address the specific needs of maltreated children; and intervention/support groups for sexually abused children.

This presentation includes a review of the strategies for implementation of a comprehensive training and consultation program in the schools. Preliminary findings of the evaluation of the program will be presented and participants given a copy of the inservice plan and materials.

Teachers and guidance staff should play a vital role in assisting maltreated children gain emotional health. They can feel confident to do so, if provided with the knowledge about therapeutic issues, guidelines for reaching out to these children and an avenue for consultation with professionals skilled in working with abused children.

3,8- PAIRING INCEST SURVIVORS WITH CHILD VICTIMS - DEVELOPMENTAL PLAY THERAPY

THE INTIMATE BOND: PAIRING ADULT INCEST SURVIVORS WITH YOUNG CHILD VICTIMS OF SEXUAL ABUSE: A DEVELOPMENTAL PLAY THERAPY APPROACH

Barry J. Fraser, M.R.C.
475 Osceola St., Suite 1300
Altamonte Springs, Florida 32701

This presentation demonstrates the application, technique, and results of a number of groups conducted by the presenter pairing adult incest survivors and child victims of sexual abuse (ages four to seven) through the vehicle of Developmental Play.

Although some research has been done using Developmental Play with child victims, the uniqueness of the above approach is in the powerful dynamics of pairing the children with adults who themselves were abused as children. It is an effective therapy technique for not only the children, but also for the adults as well. The therapy techniques for both the adults and the children are discussed in detail. Also discussed in detail are the parenting training and support for the parents of the abused children made possible by this therapy approach.

The style of the presentation is part lecture and part audio-visual. A videotape of the therapy is presented. Handouts of Developmental Play theory and a summary how to develop and conduct similar groups are provided to participants. This presentation has been shown to numerous professionals in the area of child sexual abuse in the Orlando area and has been met with enthusiastic reception.

This treatment approach has just been put into practice within the last two years, and although no hard empirical data is yet available, much anecdotal data is available and will be provided in this presentation.

3- CONTACT STANDARDS

THE USE OF CONTACT STANDARDS WITHIN A RISK ASSESSMENT SYSTEM

Division of Social Services
Department of Social and Rehabilitation Services
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05676
(802) 241-2131
Thomas W. Torti, Coordinator of Special Projects

For the past three years, the Vermont Division of Social Services has attempted to restructure its system of Protection Services in a fashion which would ensure the delivery of professional quality casework services while managing workload in a way which allowed staff to carry out their mandate. Major advances have been made. The new system went on line March 1, 1989. The system is framed around Policies and Procedures supporting quality services, inter-case heirarchical relationship, and a Work Load System that allows work to be assigned to staff in an equitable fashion.

A driving component and the one which has sparked immense controversy is the development and utilization of specific CONTACT STANDARDS. This Division defines a Contact Standard as the baseline level of intervention which we expect between a social worker and the identified client during a fixed period of time (one or two months). It is our belief that such specificity is demanded and rises near the level of affirmative obligation once a decision as to a child/family's risk is made.

Our logic is fairly straightforward. Risk Assessment stratifies cases on a continuum of probability that a child is likely to suffer a reoccurrence of abuse. Once the differential level has been accepted, an organization must act accordingly. To say that CASE A is "low-risk" and CASE B is "high-risk" and fail to treat one case differently from the other case raises palpable questions of liability, ethics, and professionalism. It is incumbent upon us to set differential interventions in accordance with our mandate to protect and rehabilitate.

Vermont has chosen quantified intervention standards as its method. It ensures that people are served according to their needs and not based on subjective or prejudicial assessments. It supports our contention that, given a finite pool of resources, the cases with the highest probability of re-abuse receive the bulk of our personal and financial resources.

Our hope is to present an overview of our system, the philosophical, academic, legal and professional basis for our methodology, and outcome data from the first six months of operation.

3- PRISON INMATES - STOPPING VIOLENCE

STOP VIOLENCE: A PROGRAM FOR PRISON INMATES TO AFFECT BEHAVIOR CHANGE IN THEMSELVES AND OTHERS

STOP Violence Coalition
4003 Homestead Drive
Shawnee Mission, KS 66208
(913) 362-2226
SuEllen Fried, Founder

In 1977, a Kansas prison inmate surveyed his cell block to determine if other inmates had also been abused children. That survey led to a corps of inmate volunteers who offered to assist the Kansas Committee for Prevention of Child Abuse in its efforts.

From this original group, there now exists a significant program at the Kansas Correctional Institution at Lansing that is affecting the lives of perpetrators and victims of abuse, as well as community audiences.

The presentation will describe the collaborative efforts of the prison administration, a community support network, and an inmate self-help group.

The program's goal is to create and maintain a non-violent environment within an oftentimes violent setting as a model to those who live "outside the walls."

The inmates receive no credit for attending the program, yet 400 prisoners have participated in the past seven years.

The inmate program consists of three major components:

1. A weekly educational program facilitated by an inmate instructor using a curriculum developed by inmates with professional consultation. The curriculum includes chapters on Child Abuse, Anger Control, Conflict Mediation, and Communication Skills.
2. A fund-raising component created and implemented by inmates that has raised thousands of dollars for community programs.
3. An inmate Speakers Panel that has made over 75 presentations to schools and community groups.

The program has been transferred to four other Kansas correctional facilities. Information will be shared about replication, impact on the inmates, and impact on youth audiences who have heard the prison panel.

3- ABUSED AND ABUSIVE BOYS

THE SUPERKIDS PROGRAM: A GROUP FOR BOYS - ABUSED AND ABUSIVE

Child Abuse Treatment Program
Waverly Childrens Home
3550 S.E. Woodward
Portland, Oregon 97202
(503) 234-7532
Joanne McClarty, M.A., Program Manager

The Superkids Program was developed in 1985 and has been used successfully in ten treatment/mental health programs in Oregon and Washington.

Superkids is a group concept designed for latency age boys (9 to 13 years) who were abused and are exhibiting abusive behavior. The curriculum includes:

10 modules on the following topics:

- Who Are We? Superkids!
- Self Talk
- Feelings
- Body Image
- Self Confidence
- Rights and Responsibilities
- Child Abuse
- Values
- Male/Female Sex Roles
- Optional Topics
- Evaluation

30 activities designed to experience the learning.

10 exercises for further learning.

"As we gain increased understanding of offender behavior one thing is clear - the earlier we impact on thinking errors, present new coping skills, provide opportunities to build self-esteem, the more hopeful the prognosis for the child who has suffered abuse or emotional deprivation...Superkids is an upbeat program which makes kids feel good about themselves. It is a program that looks at the world as a place where each of us has something to contribute. It is a program about success!" (From Superkids Manual, 1988)

3- RESIDENTIAL TREATMENT

TREATMENT OF ABUSED YOUTH IN RESIDENTIAL CARE FACILITIES UTILIZING THE TEACHING-FAMILY MODEL

Utah Girls' Village
3808 South West Temple, Suite 10
Salt Lake City, UT 84115
Michael R. Pearson, Program Director
Holly C. Barton, Director of Training/Evaluation

National Teaching-Family Association, National Association of
Homes for Children

Over the past two decades, the need for residential treatment of abused children and youth has grown with the increased frequency of reported abuse and societal awareness of abuse. One method empirically proven to be productive in dealing with the problems of abuse is the Teaching-Family Model. Developed with a grant from the National Institute of Mental Health in 1967, the Teaching-Family Model has successfully treated victims of sexual, emotional, and physical abuse and neglect.

The content of this presentation will feature a brief overview of the Teaching-Family Model, which employs principles of Social Learning Theory. This proactive teaching method which emphasizes a social skills curriculum, and how the teaching method serves as the primary treatment modality within a supportive systems approach, is explained. Other aspects involved in the treatment of child abuse discussed include: individualized treatment, youth advocacy, self-government systems, and relationship building. Prevention of the recurrence of child abuse, accomplished through parent training and limited structured home visits, will be reviewed.

Successful replication of the skills needed to treat this population rely on support services which play vital and overlapping roles in this systems strategy. Pre-service skill training, ongoing training, annual performance reviews, frequent ongoing supervision, and a facilitative administration provide the critical foundation for the primary treatment staff. Definition of these necessary aspects of successful replication of the Teaching-Family Model comprises the latter part of the presentation.

3- FORENSIC INTERVIEWS AND ASSESSMENTS

FORENSIC INTERVIEWS AND ASSESSMENTS IN CHILD SEXUAL ABUSE CASES

Department of Psychology
University of Utah
Salt Lake City, UT
(801) 581-8640
David C. Raskin, Ph.D.

Patricia A. Smith, Ph.D., Private Practice

St. Luke's Hospital
Phoenix, AZ
Phillip W. Esplin, Ed.D.

Controversies about the accuracy of all allegations of child sexual abuse highlight the need for systematic forensic assessments. An overview is presented of the development of techniques practiced by psychologists in Germany for 30 years, and their utility in dealing with evaluations of sexual abuse. Recent research and practice of Statement Validity Assessment (SVA) in the U.S. is described. SVA usually includes psychological assessments of the child, the accused, and the custodial parent(s), together with a detailed examination of the allegations, their circumstances, and the motivational aspects of the situation. Against this background of information, a structured interview of the child is conducted and recorded on video tape. Based on Undeutsch's hypothesis that descriptions of events actually experienced differ in quality and content from allegations that are fabricated, a Criterion-Based Content Analysis (CBCA) of the interview is performed from a typed transcript. The 19 content criteria include the logical structure of the statement, the quantity and nature of the details provided by the child, descriptions of interactions, conversations, and subjective experiences of the child, and the characteristics that typify sexual offenses against children, such as incest. The results of the CBCA are combined with data derived from the psychological assessments of the significant parties and other investigative information to form a conclusion about the validity of the sexual abuse allegations.

The SVA procedures are illustrated with examples from actual cases and practice. Descriptions are provided of the ways in which the results of such evaluations may be used in criminal proceedings and civil determinations concerning divorce, custody, visitation, placement of the child outside the home, and treatment. Recent research on the validity of these techniques is presented, along with discussions of the usefulness of evaluations and traditional psychological assessments such as MMPI profiles and DSM-III-R criteria for sexual disorders, and assessments of childhood and adolescent disorders. These procedures are designed to provide a firm foundation for conclusions and dispositions of child sexual abuse cases and documented evidence for court proceedings. They also serve to eliminate biases and tendencies for evaluators to arrive at premature conclusions about sexual abuse and to avoid inappropriate recommendations that may adversely affect the welfare of the child and the other parties. -70-

4,8- MEDICAL EVALUATION - SEXUALLY ABUSED CHILD

MEDICAL EVALUATION OF THE SEXUALLY ABUSED CHILD: WHAT TO DO/WHAT TO EXPECT

University of Medicine & Dentistry of New Jersey
School of Osteopathic Medicine
Department of Pediatrics
301 South Central Plaza
Stratford, New Jersey 08084
(609) 346-7036
Martin A. Finkel, D.O., Acting Chairman

This presentation offers an overview of a comprehensive medical evaluation of the child alleged to be sexually abused. It reflects the presenter's experience as the primary medical consultant for the evaluation of sexually abused children for the State of New Jersey's Division of Youth and Family Services. The textual material covered includes: (a) the physician's role and responsibility in identifying the sexually abused child, (b) talking to victimized children and obtaining a validating history, (c) review of ano-genital anatomy and descriptive terminology, (d) colposcopic case slides of normal prepubertal and pubertal genitalia, (e) acute and chronic signs of ano-genital trauma illustrated by colposcopic case slides, (f) forensic specimen collection and documentation, (g) evaluation for sexually transmitted diseases, (h) the role of colposcopy in the diagnosis and documentation of genital trauma, (i) early research on the healing chronology of acute ano-genital trauma, and the dilemmas of the retrospective interpretation of alterations of ano-genital anatomy, and (j) conclusions, options and formulation of a report.

Throughout the presentation there will be an emphasis on understanding victimization and the sensitivity required to prepare the child for and help them through the medical examination. The role of a physician as a member of a regional multidisciplinary evaluation team as it exists at the presenter's institute will be discussed. This presentation, although primarily targeted for health care professionals, will be valuable to the mental health and social service fields, as it provides insight into what to expect from the medical community when they are asked to evaluate a child for the possibility of sexual abuse.

4,3- BURN INJURIES TO CHILDREN - MISDIAGNOSES

CHILD ABUSE? THINK AGAIN...

National Burn Victim Foundation
308 Main Street
Orange, New Jersey 07050
(201) 731-3112
Lillian Palumbo, Ph.D., R.N.
Harry J. Gaynor
Norma C. Godin, R.N.

Each year in the United States there are more than 350,000 cases of burns to children. Professionals are frequently pressed to render a decision regarding the cause of a burn injury sustained by a child as to abuse, neglect or accident.

The physician's opinion is generally formed without the support of technical evidence. Incomplete histories, lack of in-depth investigative data, and emotionally charged stories frequently result in inaccurate conclusions. In such instances the abused or neglected child, whose injuries were reported as accidental, may be returned to a hostile home where further insults are virtually assured.

In 1975, the National Burn Victim Foundation (NBVF) recognized the need for better ways to evaluate burn injuries in children. Its objective was to remove unsupportable judgements and innate guesswork in which race and social status are often contributing factors. The NBVF's investigative methods, which match the burn configuration and its special characteristics with the thermal source and reported history, provide professionals with a forensic tool to avoid wrongful decisions.

The NBVF is the first agency to have researched, developed and implemented a comprehensive forensic evaluation system of this kind. To date, the Foundation has evaluated over 600 cases of child abuse/neglect by burning. It provides under contract, investigation and consulting services to New Jersey state agencies. This system has been accepted in Superior Courts in New Jersey, New York and New Hampshire.

The program enables professionals to incorporate forensic evidence in their assessment of burns in children. The application of this forensic system will decrease the number of misdiagnosed cases of child abuse/neglect by burning.

WT: COUNSELING ORPHANS OF AIDS

COUNSELING THE ORPHANS OF AIDS

St. Dominic's Home
Western Highway
Blauvelt, New York 10913
(914) 359-3400 x 225
Marjorie McLoughlin, C.S.W., Associate Executive Director

AIDS, as a 1980's reality, is generating a panoply of services and information to the afflicted. One group, however, is receiving little attention, and might be referred to as the "Orphans of AIDS."

Abused and neglected children frequently enter foster care when their families are overwhelmed by the use of drugs and alcohol, mental illness, unemployment, and unrealized marital expectations. These factors, which contribute to transient sexual liaisons, put the participants at risk for contracting AIDS, and also put their children at risk for placement in foster care. Thus, child welfare agencies are seeing a disproportionate number of children whose parents have died or are dying of the disease. These children are not only faced with impending death, but are experiencing the harrowing physical deterioration of their parents on a weekly basis.

Children view death as the ultimate and final abandonment by their parents and when these same children have experienced abuse and neglect, this final wound may be unbearable. Treatment for the children of AIDS victims is essential if growth and development is to continue.

Based on a program developed by a metropolitan foster care agency, this presentation will present the therapeutic approach utilized within the past year for handling the issue of death and dying with children. Working within a developmental context, age-appropriate techniques will be presented for helping children understand the disease, its debilitating effect, the projected death and the ramifications for a child, particularly the foster child.

5,1- MIGRANT PRESCHOOL CHILDREN

MIGRANT HEAD START MODEL FOR REDUCING ABUSE/NEGLECT OF MIGRANT PRESCHOOL CHILDREN

East Carolina University School of Medicine,
Department of Pediatrics
B3E94
Greenville, NC 27858
(919) 551-2539
James R. Markello, M.D.

East Coast Migrant Head Start Project

The East Coast Migrant Head Start Project, a federally funded program which provides Head Start services to approximately 4,300 children, ages three weeks to six years, in 57 centers through 11 east coast states, reduced its incidence of abuse/neglect from 12.4 per 1,000 in 1984 to 5.4 per 1,000 in 1987. Racial-ethnic composition of the East Coast Migrant Head Start population has remained fairly constant at 75% Hispanic, 10% Haitian, 10% American Black, and 5% American White. Racial-ethnic composition of the 1987 abused/neglected children was 58.6% Hispanic, 10.3% Haitian, 17.2% American Black, and 13.9% American White. A 1984 survey found 81 cases of suspected abuse/neglect reported from 4,367 children served: 54 cases (67.7%) were substantiated. In 1987, 29 cases of abuse/neglect were reported from 4,269 children served, with 23 cases (79.3%) substantiated. Recorded perpetrators included 5 biologic fathers, 5 stepfathers, 14 mothers, 2 female relatives, 1 male relative, 1 non-relative male, and 1 unknown. No deaths occurred during either survey year. An education program was instituted to help Head Start center personnel correct deficiencies detected in the 1984 survey. Three major topics needed emphasis: (1) state laws and reporting methods, (2) multi-cultural family lifestyles and societal mores, (3) skills for abuse/neglect prevention and intervention. The education process, followed by application of knowledge and skills gained, resulted in the 56.4% decrease of abuse/neglect, from 12.4 per 1,000 in 1984 to 5.4 per 1,000 in 1987, a level below the national incidence.

5- HISPANIC TASK FORCE

TO CARE, TO LEARN, TO UNDERSTAND: CULTURAL DIFFERENCES. HISPANIC TASK FORCE ON CHILD ABUSE AND NEGLECT, A PROJECT OF NASSAU COALITION ON CHILD ABUSE & NEGLECT

Nassau Coalition on Child Abuse & Neglect
353 Fulton Ave.
Hempstead, New York 11550
(516) 481-7784
Jean Forman, Executive Director

North Shore Child & Family Guidance
Jose Lopez

In October 1987, the Nassau Coalition on Child Abuse and Neglect formed the Hispanic Task Force to determine how to respond to child abuse and neglect within the Hispanic community. The Task Force, composed of agency and school professionals who work with Hispanics, noted that differences between Hispanic and North American cultures create barriers that reduce the ability of Hispanics to achieve social, economic and educational success. The resultant stress within families was viewed as a significant cause of child abuse.

To assist school and human service professionals in understanding the culture context and stresses placed on the client or student, the Task Force developed To Care, To Learn, To Understand - a video illustrating changes in family dynamics that occur as a conceptual family of Hispanic origin adapts to North American culture. Members of the Task Force portray a father, mother, 15-year-old daughter, and eight-year-old son, with each sharing the experiences and feelings that are unique to his/her position in the family.

Through this medium, the themes of immigration patterns, familial dislocations, isolation and alienation, language and cultural barriers, and intrafamilial conflict emerge and their casual role in child abuse and neglect is presented. Accompanying the video is a discussion guide and additional resource material which permits the viewer to utilize his/her unique skills within a context of increased awareness and understanding to develop workable approaches to the issue of child abuse and neglect within the Hispanic community.

5.1- MULTICULTURAL CHILD ABUSE PREVENTION EFFORTS

MULTICULTURAL GRASS ROOTS PREVENTION EFFORTS: A TOUR

New Mexico State University
Department of Social Work
Box 3000i, Dept. 3SW
Las Cruces, New Mexico
Patricia Beckler, ACSW

Community Programs Bureau
Human Services Division
Santa Fe, New Mexico
Ellen Novak, Management Analyst - Child Abuse Prevention

This is a description of a slide presentation on Child Neglect and Abuse Prevention Programming in a large rural state. New Mexico, as a state, has unique characteristics that make statewide neglect and abuse prevention programming difficult. It is a large state geographically, sparsely populated, multicultural and poor. New Mexico's approach to stimulating prevention efforts is designed to promote grass roots and multicultural efforts.

The presentation will describe the New Mexico model, and give examples of creative activities in prevention implemented at the local level.

The model began by identifying local multidisciplinary leadership and defining the Department of Human Services personnel as liaisons who serve the leadership in a supportive, educational, and consultative role. The goal was to inspire the local leadership in communities to identify local issues that contribute to child neglect and abuse, including assessing the adequacy of the systems that provided services to those families and children at risk for child neglect and abuse. The resulting local plans vary from tribe to tribe, rural area to rural area, and community to community. This approach allows for culturally sensitive approaches which will be sensitive to cultural and human diversity needs of the local communities. This slide presentation shows the results of these local communities portraying the richness of the diversity. The plan has been implemented over the past year.

7,3- CHILD OF ALCOHOLICS - SURVIVAL SKILLS

SURVIVAL SKILLS TRAINING FOR CHILDREN OF ALCOHOLICS AND OTHER AT-RISK POPULATIONS

Davis Family Support Center, Inc.
1360 East 1450 South
Clearfield, UT 84015
(801) 773-0712
Karen Louise Letts, Executive Director

Davis County Alcohol & Drug
Clearfield, UT 84015
Virginia Danieu, M.S.S.

Parent Education Resource Center
Farmington, UT 84025
Loretta Enders, M.S.W.

In up to 90% of child abuse cases, alcohol is a significant factor. The interpersonal dynamics, attachment formation patterns and parenting styles of alcoholic parents may predispose their children to develop maladaptive social behaviors. The dyad integrates the maladaptive behavior into the personalities in the relationship, thus ensuring the continuation of the maladaptive or abusive cycle of interaction and enhanced drug and alcohol usage among their offspring. Without treatment, this interaction may place the recovered parent at risk for failure to maintain sobriety over time.

Recovered parents returning to their children after lengthy confinement in correctional and/or treatment facilities still find their children operating from this pre-determined, social learning mode. The recovered parent may encounter intense resistance to change by the family.

The program is designed to facilitate the recovery process of dysfunctional families and focuses on the development of self-awareness and survival skills in the children. Training sessions are seven weeks in length and children are grouped by age and sex. Parents are required to take an active part in the children's program. Each group session is structured to include an interactive exercise, a learning (cognitive) exercise and a nutritional experience.

This survival skills program is designed to run concurrently with parental drug and alcohol treatment when possible. It is thought that by educating children to new and more productive ways of social interaction and by helping the child to develop personal responsibility and increased self esteem, the incidents of parental treatment failure should decrease. The program was fully implemented January 1989 and funded by a grant from the State Division of Alcohol & Drugs.

7,3- PERINATAL SUBSTANCE ABUSE

ENHANCING IDENTIFICATION OF PERINATAL SUBSTANCE ABUSE: AN OPPORTUNITY FOR INTERVENTION

St. Peter Hospital
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Olympia, WA 98506
(206) 491-9480
Cheri Hollenback, R.N.C.
Terry Rice, R.N.C.
Mellisa Allen, M.S.W.

Providing timely and effective intervention for substance abusing families is impossible if substance abuse is not recognized. Health care professionals in our suburban community sensed an increase in substance abuse in their perinatal clients but were uncertain how to respond. Given this informational void, the response among the majority was denial of the problem.

Standardized screening criteria were developed in November 1988 to objectify these professionals' perceptions. This protocol features specific historical, medical and behavioral indicators to alert providers to the need for analysis of the newborn's urine for illicit drug metabolites. The protocol was designed to reduce the potential for racial, cultural or ethnic bias and is utilized in the assessment of all mothers and infants.

While the presence of illicit drug metabolites in the newborn is a controversial indicator of child abuse, their presence eliminates the mother's and the caregiver's ability to deny the problem. The multidisciplinary team can be mobilized to intervene for the substance abusing family. This team includes nursing, medical and social service staff; child protective agencies, public health nurses and chemical dependency counselors. Through the efforts of the team, risks associated with unrecognized neonatal withdrawal and discharge to an unsafe home environment are reduced.

Implementation of this protocol is providing the opportunity to educate all disciplines in current legal, medical and social substance abuse issues, and to expand education in interviewing and intervention techniques. Statistical data generated from experience will provide direction for future community programs. Better outcomes will be provided for these children at risk.

8,3- GROUP TREATMENT OF ADULTS MOLESTED AS CHILDREN

A GROUP MODEL FOR THE TREATMENT OF ADULTS MOLESTED AS CHILDREN

Intermountain Sexual Abuse Treatment Center
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Salt Lake City, UT 84115
486-9805
Geraldine G. Hanni, L.C.S.W.
Kathleen C. Knowlton, L.C.S.W.

OR

2418 Blaine Avenue
Salt Lake City, UT 84108
581-1561

The AMAC of today is the untreated child of yesterday. Victims of child sexual abuse who do not work through the trauma of this abuse develop a victim profile as adults which often results in the perpetuation of the abuse through marriage to a potential child abuser, assumption of a powerless role in the family system, helplessness in managing essential life sustaining functions, and the inability to properly parent and protect their own children.

Group therapy is an important adjunct to individual therapy for adults who were molested as children. We have developed a treatment model for a time-limited group, with particular sensitivity to the diversity of individuals and their backgrounds. It has been used at the agency for three years. The overall goal of the group is to change the perception and behavior of participants from being a victim of sexual abuse to that of a survivor with skills to enjoy a more satisfying life.

Our model includes education, support, and therapy components. The techniques are directed toward resolution of specific issues which sustain the victim stance. Three particular areas addressed are the unresolved feelings of the victim, the lost identity of the victim, and the personality characteristics of the victim.

Material for this presentation has been developed through experiential application and has been validated by participant feedback. Therapists also have observed significant attitudinal and behavioral change as the group sessions have progressed.

Participants learn from this presentation how to lead a successful AMAC therapy group. Specific therapeutic activities and techniques which promote positive change in adult victims of sexual abuse are emphasized.

8,3- HEALING THE INCEST WOUND

HEALING THE INCEST WOUND: TREATMENT STRATEGIES FOR ADULT SURVIVORS

Christine A. Courtois, Ph.D., Psychologist, Private Practice
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In the past year alone, a wealth of new data has been published on therapy approaches and strategies for adult survivors of incest and other forms of child sexual abuse. Treatment strategies have been developed based upon: (1) the research conducted over the last ten years on the initial and long-term after-effects of abuse; (2) the data indicating that untreated initial after-effects often spawn secondary problems which constitute many of the presenting problems in treatment; (3) the data indicating that chronic abuse occurring over the span of a child's maturation impacts personality development and may lead to serious personality disturbance and disturbance in later ability to function in the world (the "victim-to-patient" process now under widespread investigation); and, (4) the concurrent development of the fields of traumatic stress/victimization leading to a greater understanding of psychic trauma (especially in relation to children).

This presentation will first briefly review the importance of these four research bases for the development of treatment. The bulk of the presentation will focus on a review of the strategies currently recommended for the treatment of adult survivors. The theoretical bases of each will be underscored and those which have been empirically tested will be highlighted. Treatment sequencing, choice of strategy, strategies for special populations, and areas in need of further outcome research will also be presented.

8,3- TREATMENT IN PUBLIC SCHOOL SETTING

TREATMENT OF SEXUALLY ABUSED CHILDREN WITHIN THE PUBLIC SCHOOL SETTING

Durham, NC City Schools and Duke University
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Durham, NC 27707
W: (919) 688-2361/684-4321
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Mary W. Lindahl, Ph.D.

For the past four years, the author has treated 12 sexually abused girls, ages 4-11, in long-term individual psychotherapy in a public school setting. The school system, over 90% Black, is located in a small city, with a high percentage of children living in single-parent, economically deprived families. All of the girls have had documented medical evidence of sexual abuse. Perpetrators were unknown or part of the family system, and the Department of Social Services declined involvement because the abuser was not considered a "caretaker." The children's mothers had not followed through on recommendations for clinic psychotherapy. Many issues need to be addressed for treatment in the school to be successful. Space, privacy, and materials are often a problem. Reliability is important for these children, yet appointment times must be varied for minimal academic disruption. The interdisciplinary setting can be quite advantageous, as counselors, teachers, and the school nurse can provide crucial support, yet the problems of balancing the child's need for support against the need for confidentiality require thoughtful consideration. Many of these girls are extremely reluctant to disclose the perpetrator or discuss the abuse. A series of techniques, whereby the child helps the therapist devise ways to treat other sexually abused girls, has proven extremely successful in enabling the girls to disclose and deal with the abuse. Other important aspects of treatment involve efforts to prevent further abuse, home visits to try to involve the family, the provision of undergraduate student tutors, and attempts to ameliorate economic deprivation.

8,3- RESIDENTIAL TREATMENT FOR INCEST OFFENDERS

DEVELOPMENT OF A CORRECTIONAL RESIDENTIAL TREATMENT PROGRAM FOR INCEST OFFENDERS

Center for Family Development
880 East 3375 South
Salt Lake City, UT 84103
(801) 466-8353
Duane Johnson
Nancy Parsons-Craft

Utah Department of Corrections
Tom Worthington

During the past five years, residential treatment has been provided by a private provider to male incest offenders through a contract with the State Department of Corrections. This has provided a unique situation for both the state and the private provider for program development. The program has adeptly overcome such organizational problems as the use of a private provider to supply treatment services, issues related to the differing functions and training of the two principles in the program, determining roles and responsibilities of the two organizations (social control and treatment) to identify program goals and to keep them as a priority while working out socialized differences in perception about the program.

The actual treatment program has developed during a period of time in which experience and published material have been in the early developmental stages in the treatment of incest offenders. The program has developed from one group with blank residents to five groups and 40 residents and an aftercare program. The treatment staff are multidiscipline in nature, including psychologists, social workers and marriage and family therapists. The program provides weekly individual and group therapy, as well as time-limited psychoeducational classes. The residents progress through the program by advancing through four levels which have identified criteria for advancement. Decisions about advancement are made at hearings which involve all treatment staff, relevant correctional personnel and the resident in order to foster direct communication about an individual's progress.

10- INFANTS WITH DISABILITIES

NATIONAL CLEARINGHOUSE FOR INFANTS WITH DISABILITIES AND LIFE-THREATENING CONDITIONS

Center for Developmental Disabilities
Columbia, South Carolina 29208
Kathy L. Mayfield, M.A., M.B.A.
Girish G. Yajnik, M.B.A.

What do you do when a baby is born with a life-threatening medical condition and also has a disability such as Down Syndrome, spina bifida or mental retardation?

The answers to this question prior to 1985 are the reason the US Congress passed the 1985 Child Abuse Prevention and Treatment Act establishing guidelines for the protection of "disabled infants with life-threatening conditions."

Description: The National Information Clearinghouse (Clearinghouse) is the "Baby Doe" Clearinghouse created as a result of this legislation. It provides a central resource for parents, CPS workers, physicians or attorneys who are involved in the care of these infants. The key features of the Clearinghouse are the:

*TOLL FREE NUMBER which enables anyone in the United States to call for assistance or information at no charge to them. The Clearinghouse can respond to Spanish speaking persons and communicate with persons who are deaf using a TDD.

*THE INFORMATION SPECIALISTS who talk with the parent or professional to help them solve their individual problem. The specialists not only assist the callers to identify vitally needed services/resources, but they help the callers understand the complex maze of services that their infant will need over the course of his or her life. The specialists are trained to assist callers from all ethnic, educational and socioeconomic backgrounds.

*THE COMPUTER which organizes the vast amounts of information including financial resources, parent support and training, medical/health services, legal and advocacy resources, child protective services, special needs adoption and other information resources.

*THE EVALUATION/FOLLOW-UP which assesses the impact of the information provided on the family in terms of accessing needed services.

Through documentation of requests received and follow-up, the Clearinghouse also provides information to the National Center on Child Abuse and Neglect to assist them in planning for the provision of services to this population. The project is funded by NCCAN, Children's Bureau, Administration of Children, Youth and Families.

12- SCREENING AND TRAINING CHILD CAREGIVERS

SCREENING AND TRAINING CHILD CAREGIVERS: IDENTIFYING POTENTIAL CHILD ABUSERS

Association for the Development of Child Abuse Training and
Education (ADVOCATE)
6 Heather Hill Way
Mendham, New Jersey 07945
(201) 543-9633
Martha A. Haldopoulos, M.A.

Family Enrichment Program
Morristown Memorial Hospital
Morristown, New Jersey

Colby-Sawyer College
New London, New Hampshire
Margaret Leitch Copeland, Ed.D.

A screening and training program for child caregivers was designed and implemented in an attempt to minimize risk for the employing family, reduce potential liability for the referral agency, and maximize employment opportunities for low-income women. The use of an extensive clinical interview, a check of public records, and a multi-faceted educational program comprised the selection and training process. Women who are at high risk for abusing were found among the candidates for this program. The presentation will examine high risk profiles of these women and preliminary research on the effectiveness of using the Child Abuse Potential Inventory, Adult-Adolescent Parenting Inventory, and the Millon Clinical Multiaxial Inventory in identifying this high risk population.

12- CERTIFICATION OF CHILD WELFARE STAFF

PROFESSIONALIZING CHILD WELFARE STAFF THROUGH CERTIFICATION: A MODEL FOR THE 90'S

Child Welfare Training Institute
Illinois Department of Children and Family Services
623 East Monroe
Springfield, Illinois 62701-1490
(217) 785-5689
Nathaniel Gipson, Administrator

The Illinois Child Welfare Training Institute is a staff development organization responsible for planning, coordinating, and implementing accredited core training and continuing education programs required by Public Act 85-206. This law mandates training, testing and certification of professional staff who provide case management for public child welfare in Illinois. It also requires continuing in-service training for veteran staff. Those to be trained and certified include all child protection workers, child case workers and child welfare workers throughout Illinois, in both the public and private sectors - as well as clerical, supervisory and executive staff.

The presentation includes a candid discussion about the creation of the law: how it was formulated and promoted so that it became a mandate.

The presentation discusses implementing the certification/testing program for experienced and new staff. It will include first year results of data from the Western Illinois University evaluation study.

The program is in its second full year of operation. Curriculum material which will be shared include those for the following categories of staff:

- Child Protection Investigators
- Child Welfare Service Workers
- Clerical Staff
- Direct Service Supervisors
- Management Staff
- Child Care Staff

The inservice program is implemented with the distribution of a catalog of classes available to all staff in their regions. Class content is determined by a statewide needs assessment process during the preceding year. Outside experts are hired to address the staff training needs.

Each class earns the staff person credits toward a two-year renewal of certification. Pre-tests and post-tests are delivered to measure learning. The University evaluation will reveal the accomplishment of training goals.

12- STRENGTHENING PROFESSIONAL CURRICULA

STRENGTHENING CHILD PROTECTION CURRICULA IN PROFESSIONAL EDUCATION PROGRAMS

- Graduate School of Social Work
- University of Denver
- University Park Campus
- Denver, CO 80208
- (303) 871-2886
- John F. Jones, Dean
- Kay M. Stevenson, Assistant Professor

While various community programs have sought to promote knowledge and skills for those engaged in child protection, professional schools whose mission is human service (i.e., medicine, nursing, social work, psychology, and education) have not always been responsive to educational needs in the child welfare arena. Reasons for this inconsistent attention to child protection include: already crowded curricula, inattention to this field of practice by national accrediting bodies, an invisible clientele with few advocates in graduate education, and lack of state and federal funding for educational preparation for work in the public sector.

The authors propose a model for increasing visibility of a child protection focus in professional schools. Solutions must involve institutional, flexible, and long-term strategies. To overcome resistance and achieve permanent results, programs must fit into educational bureaucracies and accommodate professional biases. Drawing upon the collaborative efforts between the American Humane Association and the University of Denver, the authors examine methods of developing educational programs to prepare child protection professionals for public sector careers. Specific strategies to be discussed include: use of community advisory boards within professional schools; joint educational projects, such as training institutes and field internships; and collaborative grant writing efforts.

It is unrealistic to hope that many professional schools will establish concentrations exclusively devoted to child protection. However, the desired end can be achieved, at least partially, by "mainstreaming" child welfare concerns in course and field work, and through creative alliances with the child protection community.

12- STRENGTHENING CPS SYSTEMS

STRENGTHENING CPS SYSTEMS: TOWARDS COMPLIANCE WITH THE NAPCWA GUIDELINES

National Child Welfare Leadership Center
University of North Carolina - Chapel Hill
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Chapel Hill, North Carolina
(919) 966-2646
Raymond S. Kirk, Ph.D., Director of Programs

The purpose of this project is to strengthen the capacity of Child Protective Services systems to serve children and their families. The project represents the convergence of four major efforts: the development and publication of Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families; then completion of a needs assessment by agencies participating in the project to identify conformance to the Guidelines and issues with their CPS programs; the delivery of leadership training based upon the results of the assessment and leadership curricula; and the development of agency action plans with the provision of technical assistance to assist agencies in their efforts to improve the child protective services systems.

The project extends over a two-year period which began on October 1, 1988, and ends on September 30, 1990. The presentation will report on: the major issues which have emerged from the needs assessments completed by a minimum of administrative teams from 24 agencies; the training design and its effectiveness; the content and status of implementation of the action plans developed by the administrative teams. The report will also present initial evaluative comments on the impact of the project strategy as a catalyst for systems change.

12- DEFINING AND MEASURING PROTECTIVE SERVICES

DEFINING AND MEASURING CRITICAL CHILD PROTECTIVE SERVICES COMPETENCIES

ACTION for Child Protection
2323 S. Troy Street, Suite 202F
Aurora, CO 80014
(303-369-8008
Theresa E. Costello, M.A., A.C.P.S.

This presentation provides the results of the first year of work by ACTION for Child Protection and the Graduate School of Social Work at the University of Utah on a federally funded Child Protective Services Competency project. The presenters will share the findings of a national survey on definition and measurement of CPS competencies as well as a proposed national consensus on the key competencies necessary for effective practice in child protective services.

This presentation also provides participants with an opportunity to review field based assessment instruments to be used by CPS supervisors to assess worker competency according to the defined key competency areas.

Finally, an overview of the competency-based skill-focused training curriculum will be presented. This is the curriculum which will be field tested in the second year of this two-year grant. The second year of the grant will also include the development of a field practicum which uses daily on-the-job practice situations to reinforce integration of the training content into CPS practice.

12- SERVICE: MEETING INCREASED DEMAND WHILE IMPROVING QUALITY

AN IMPOSSIBLE TASK? MEETING INCREASED SERVICE DEMAND WHILE IMPROVING SERVICE QUALITY

State Child Protective Services Office
311 W. Saratoga Street - Room 530
Baltimore, Maryland 21201
Laura F. Skaff, D.P.A., Child Protective Services Program Mgr.

ACTION for Child Protection
Diane Depanfilis, Director

American Humane Association
John Fluke

Over the past two years, the State of Maryland's Child Protective Services (CPS) Program has transformed itself from a program described in an evaluation by the American Humane Association as "overburdened, understaffed and crisis oriented," to a program that is fast becoming a model for other CPS agencies across the country. Maryland's CPS program managers are working towards the seemingly impossible task, in this time of limited resources, of meeting increasing service demands while improving the quality of services to clients.

Maryland's transformation is the result of state administrators' willingness to recognize current program deficiencies and pro-actively seek out those administrative technologies with proven effectiveness in increasing program efficiency and quality. Maryland comprehensive CPS program improvement plan includes the following components:

- * Improved identification of clients in need through improved screening and risk assessment technologies.
- * More effective use of available community resources through client centered case management and multi-disciplinary efforts.
- * Improved staff management through competency based training, case standard setting, and implementation of a workload standards monitoring system.
- * More effective service provision through improved diagnostic procedures and selection of treatment approaches with proven effectiveness.
- * Better assessment of program needs and effectiveness through the development of a data system designed to accurately measure changes in client needs, service quality and client outcomes.

Although implementation of these program improvements is currently in progress in Maryland, significant improvements have already occurred. What sets Maryland's efforts apart from those of other states has been the planned and comprehensive nature of these program improvements. Unless states conduct a broad based evaluation of their program needs, as was done in Maryland, and plan system-wide changes, meaningful improvements in CPS program effectiveness cannot be expected.

12- COUNSELOR EMPOWERMENT: CHILD WELFARE AND JUVENILE JUSTICE
PROFESSIONALS

COUNSELOR EMPOWERMENT: AN INTERDISCIPLINARY PROFESSIONAL DEVELOPMENT MODEL FOR CHILD
WELFARE AND JUVENILE JUSTICE PROFESSIONALS: CAN IT BE DONE?

Children, Youth and Families (CYF) Professional Development
Florida Department of Health and Rehabilitative Services (HRS)
Building 8, Room 322
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700
(904) 488-8762
Carla J. Strouse, Director

Empowering counselors with professional confidence is essential to achieving the best outcomes for children and families served. Two recent national studies (published in NASW and C/A/N) investigating the educational backgrounds, training, and work experiences of public child welfare personnel separately concluded that there is a direct correlation between professional confidence and related, specialized education and early formal training programs. Generally speaking, it is not overly simplistic to summarize that child protection/child welfare services in many states have been entrusted to a system staffed by dedicated, but seriously overworked, undertrained and under-resourced personnel.

The Florida Department of Health and Rehabilitative Services is currently leading a major initiative in achieving a new vision for its Children, Youth and Families (CYF) staff. One of the newest designs in creative training empowerment is the CYF regional training systems. Officially named the CYF Professional Development Centres (PDC), this model uses a training academy concept which provides a uniform, systematic approach to competency-based training for both child welfare and juvenile justice professionals. Both pre-service and in-service training are conducted in a hands-on learning environment. Experiential training is the key, with certification of trainees the ultimate goal.

A unique feature of the curricula includes joint training of new child welfare and juvenile justice staff for the first three weeks in a "common core" experience. In this way, cross sharing of professional work experiences and the early reduction of over labeling of children and youth are addressed.

The focus of this presentation is a review of the Florida interdisciplinary model promoting a holistic approach to serving at risk children and families. Curriculum design assumptions, training implications, client outcome expectations, and practice ramifications are shared and discussed.

13,1- MILITARY MULTIDISCIPLINARY APPROACH

A MULTIDISCIPLINARY APPROACH TO PREVENTING ABUSE IN THE MILITARY

Hill Air Force Base Family Support Center
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Hill AFB, UT 84056
(801) 777-5855/4681
David R. Larsen, Program Officer

Hill Air Force Base Hospital
Diane Guendel, MAJ, USAF, Pediatrician

One of the primary objectives of the military is to protect citizens of this nation from harm both foreign and domestic. Congruent with this mission, programs have been developed within the military to help members manage domestic conflicts and protect their own children from harm. As Pogo notes, in this area "We have met the enemy and they are us!" The Air Force Family Matters (AFFAM) office and the National Center on Child Abuse and Neglect recently funded the development of an extensive resources guide for preventing violence in Air Force families. At Hill AFB we have adapted ideas from this guide and other programs to develop a truly multidisciplinary approach to preventing abuse within the families of our members. Our approach includes a variety of educational programs for singles and couples throughout the family life cycle. It involves OB and family practitioners, pediatricians, staff and reserve psychologists, a psychiatrist, clinical social worker, health promotion coordinator, chaplains, family life educators, the WIC program, NCO Academy as well as unit Commanders, First Sergeants, and two governing boards.

PROGRAM/PRACTICE

ADDITIONAL RESOURCES

These abstracts were selected to be included
in the resource book although they were not presented
at the Conference

1- TEEN PEER EDUCATION

TEENS HELPING TEENS: AN INNOVATIVE TEEN PEER EDUCATION PROGRAM FOR THE PREVENTION OF CHILD ABUSE

Children's Self-Help Project
170 Fell Street, Room 34
San Francisco, CA 94102
(415) 552-8304
David Lee, Adolescent Program Coordinator
Pnina Tobin, Executive Director

San Francisco's Children's Self-Help Project conducts child abuse prevention workshops in San Francisco High Schools. Through the Teen Peer Education Program (Teen PEP), high school students are trained as prevention specialists to make presentations to their peers. Special attention is given to sex role conditioning, incest and "date rape."

In this presentation, a rationale for using teens as presenters is given. Teens are a powerful resource within their own schools, because they are respected by their peers and speak in teens' own language. By training them, they have the information to help prevent sexual abuse, and share the resources for abused teens.

This presentation describes the Teen PEP training program, including exercises for group bonding and skill development. Role plays and discussions used by teens are demonstrated by workshop presenters and by the teens themselves on video.

1,2,3- PARENTING

PARENTING IS A MIXED BAG -- VIDEO PROJECT

Resource Center for Parents and Children
A Chapter of the National Committee for Prevention of Child Abuse
1550 Gilliam Way
Fairbanks, AK 99701
(907) 456-2866
Julie Wild-Curry, Community Educator
L. Diane Worley, Executive Director

This project is an extension of a popular community parenting education program that has existed in this community since 1981. It consists of three broadcast-quality videocassettes each, including two 30-minute presentations. Topics include problem solving, communication skills, child development, parenting the preschooler, and effective discipline. Each program includes a guidebook with objectives, homework, a resource paper, and bibliography. Guidebooks are skills oriented and supplement the information presented in the video presentation.

The videotapes have been produced with parents as the primary audience. With the increasing availability of videocassette recorders, video productions are a prime avenue in which to provide skills-oriented education to parents. Too often parents are unable to access available programs due to limitations such as finances, transportation, employment, and child care. Parents feeling the stress of childrearing often lack the motivation to seek services outside of the home, but will eagerly utilize services more easily accessible.

The primary goal is to improve and strengthen parenting skills and family relationships. Knowing how to parent well is the foundation for responding well to children's needs and sets the stage for children's development of self-esteem, connections with others and resourcefulness. Support and options for parents to learn good parenting is the single greatest investment we can make in strong families.

1- ISSUES OF PREVENTION

ISSUES OF PREVENTION: IN CHILD SEXUAL ABUSE AND IN CHILD PHYSICAL ABUSE

Hendrika B. Cantwell, M.D.
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The results of teaching children to protect themselves from sexual abuse has created problems which are seen daily in sexually abused children. The children are not telling care taking adults when they have been touched in an unacceptable manner. The emphasis has been on techniques by which children might protect themselves such as saying "no," removing themselves, or avoiding strangers. Emphasis also has been on the privacy of certain parts of the body which should not be touched by others.

In older children, statistically the incidence of stranger assaults increase. As they become more independent, teaching general safety practices is appropriate and should include sexual safety. However, the teaching has come to mean to children that they are responsible if they are sexually abused. Parents seem to be angry when the child did not and could not protect themselves because they say that they have been telling their children "not to let anybody touch you."

Children are supposed to be protected by adults. The burden of that protection must not be placed on children. We know that sexual abuse generates in the child many feelings, among them shame and guilt. The education reaching parents and children has given them the impression that children are able to protect themselves. Bizarre statements come to our attention as a result.

Mothers have told us that they question their children daily if anyone touched them or mesed with them. Others tell that they examine their children daily for sexual abuse. The children confirm that Mom checks and touches, examines and questions. The children may not talk to strangers and quiete rightly include doctors and nurses among strangers. They will not give a history. Some children are very frightened, some become suicidal in their conviction that it was all their fault.

This focuses on an inappropriate message to be used in schools, by doctors and in clinics, and for parents.

The message must be de-sexualized. The teaching must include the reality that what we know about sexual abuse to children is:

1. Mothers of sexually abused children were usually sexually abused and need to deal with that.
2. Children need to have trust in their parents, which is not promoted by scoldings and punishment.
3. Education for safety must be taught but it is not only sexual.
4. Most sexual abuse in childhood is perpetrated by close relatives and friends.
5. Messages to children must be to report whatever is hurtful to them.

1- PROMOTING HEALTHY PRESCHOOLERS

PROMOTING HEALTHY PRESCHOOLERS: BODY, MIND AND SPIRIT

The Family Place
34 Gates Street
White River Junction, VT 05001
(802) 296-2545
Jo Levkoff, M.A.
Christie Jacobsen

This work is based on seven years experience as the founder and now clinical director of a therapeutic preschool, family education and therapy pilot that evolved into a prevention oriented parent/child center in White River Junction, Vermont called The Family Place. We continue to grow and develop new programs. The data we have collected indicates an increase in creative conflict resolution and expression of feeling and a decrease in the incidence of aggressive behavior amongst both children and parents; 15% of families receiving ANFC are able to get off welfare and join the workforce either during or within six months of leaving the program. Promoting Healthy Preschoolers is a video and workbook that focus on fostering well being in preschool children and adults that live and work with them; topics include communication, awareness of feelings, building self esteem, empowerment and personal safety. Additional consultation and training is optional. This presentation is participatory and includes a showing of the video and workbook of PROMOTING HEALTHY PRESCHOOLERS.

1,3- CRISIS NURSERIES

CRISIS NURSERY SYSTEM - A COMMUNITY PARTNERSHIP IN THE TREATMENT OF CHILD ABUSE AND NEGLECT

Department of Health and Welfare
P. O. Box 1509
Twin Falls, Idaho
(208) 734-4000
Pat Verstraete, Volunteer Services Coordinator
Anne McNevin, Family and Children's Services Program Supv.

College of Southern Idaho
Marian Possey, Child Development Program Coordinator

Crisis Nursery Project Service Area is an eight-county region in South Central Idaho (11,500 square miles). The project is administered from the Twin Falls Idaho Office of the Department of Health and Welfare.

The Crisis Nursery System was designed to provide public awareness, emergency care, and therapy in geographically large rural areas where resources are limited or nonexistent. Crisis homes (that are licensed as both foster homes and family day care homes) are scattered through the region. These homes are basically private businesses that contract with the State to provide shelter care (up to 30 days), emergency day care, therapeutic child care, and parent evaluation services. Each home manager was awarded a full scholarship to the local community college to obtain a C.D.A. (Child Development Associate). The C.D.A. is a 13-module (28-credit) curriculum recognized nationally to prepare people for a career in child care. Educators from the college and social workers from the Department meet bi-weekly to expand each module to address the needs of abused/neglected children.

This project is funded as a demonstration project through the Children's Justice and Assistance Act (October 88 - March 90).

1- INFANT EDUCATION - TEENAGE MOTHERS

INFANT EDUCATION FOR TEENAGE MOTHERS: A COMIC BOOK

Norman S. Anderson Award Fund
25 S. Medical Drive
Salt Lake City, UT 84112
Beth Vaughan-Cole, R.N., Ph.D.
Dorothy Bintz

The Norman S. Anderson Award Fund was developed to honor members of the mental health community. In addition, the committee provided the beginning support for a project to disseminate mental health concepts regarding child rearing to a target population. Teenage mothers often have little information regarding child rearing. The lack of information about important child development issues is a serious problem for teen moms. Generally, these teens are not prone to read child development textbooks, or general parenting books. Their lack of knowledge is a major handicap in the healthy nurturing and rearing of children by adolescents. The authors, along with several other professionals, participated in gathering noted child development professionals and Greg Smith, noted cartoonist for the nationally syndicated cartoon "LUANN." Together they have developed a cartoon format for teaching early child development principles. The authors see this as a preventive mental health project to address the issues of child abuse and neglect by informing a high risk population of correct principles of parent-child relationships.

1- STATEWIDE PARENT EDUCATION

A STATEWIDE COMMUNITY-BASED PARENT EDUCATION PROGRAM

CHILD, Inc.
11th and Washington Streets
Wilmington, Delaware 19801
(302) 655-3311
Corinne Lawrence, Director, Parent Education Services
Yvonne Nass, Instructor, Parent Education Services

The presentation covers the development and current scope of a statewide, community-based Parent Education Program which originated as a national demonstration project for the National Center on Child Abuse and Neglect (1978-81). This program has been duplicated or adapted in over 21 states and the District of Columbia. The program has received several awards or certificates of recognition as an effective means of preventing child abuse and neglect. Various federal and state grants fund the program.

The intent of the program is to effect a change on ineffective and inappropriate parenting practices which could lead to child abuse and neglect by teaching positive parenting skills and by reaching out to high risk groups not served by popular "packaged" parenting programs. These groups include special classes for adolescent parents, adoptive and foster parents, parents of adolescents, children 0 to 5 and children with developmental disabilities, single parents, incarcerated parents, low-income families, stepfamilies and Hispanic parents.

The Parent Education Program has three components: (1) parenting classes; (2) parent aides/home visitors; and (3) workshops and seminars on topics related to families and parenting. Parents whose needs cannot be met through the parenting classes or who need more intensive help are visited by the parent aides. The parent aides work on parenting skills such as communication and discipline as well as on home management problems, including budgeting, nutrition, hygiene, or safety.

Techniques for recruiting and working with high risk families will be emphasized.

1,3- HELPING AND HEALING THE CHILD

HELPING AND HEALING THE CHILD WITHIN BASED ON RESEARCH FROM A STUDY OF A CHILD ASSAULT PREVENTION PROGRAM

Jerri Smock, Ph.D., M.F.C.C.
455 University Avenue, Suite 250
Sacramento, CA 95825
(916) 447-7885

Crimes against children have a long history. From the beginning of recorded history and into the 20th century, the issue of crimes against children and the subsequent concern over the welfare of children have been an integral part of society (Adams, 1971; Hofling, 1980; Shain, 1960).

The primary purpose of this study was to evaluate the effects of a child assault prevention program on children's levels of anxiety and trust. A total of 80 children in the fifth and sixth grades of a rural school district in California participated in the study. The results of the study indicate that children do gain important information about protecting themselves from physical and or sexual assault. What the study also indicated was that children do not necessarily get the intrapersonal (trust) confidence needed to prevent an assault.

Along with reporting the findings of this study, this presentation assists therapists, educators, law enforcement personnel and others to learn how to teach children through experiential learning methods how they can gain the intrapersonal confidence to protect and empower themselves. Children learn primarily by participating in the learning process and this workshop will be a fully participatory program so that the professionals can first experience the learning process of helping and healing their own child within.

1- ANGER MANAGEMENT

SCHOOL-BASED PRIMARY PREVENTION ANGER MANAGEMENT EDUCATION-

The Institute for Family Enrichment
1314 S. King Street, Suite 1650
Honolulu, Hawaii 96814
(808) 523-5878
Barbara Naki, R.N., M.A., Co-Founder, Training Director
Thomas Naki, B.G.S., Educator, Trainer

The school-based primary prevention anger management education is designed for classroom education to increase positive coping skills for intermediate and high school students.

Emphasis of this five-session class is developing anger management skills. The model presented in the Cycle of Anger which enables the student to identify the initial expectation that sets in motion those factors which may lead to violent behaviors.

The focal point of the class is understanding the Cycle of Anger; accepting personal responsibility for one's feelings and behaviors and learning anger management techniques such as self-talk, time out and meditation.

The school-based primary prevention anger management education has been highly successful and demonstrates an effective working relationship between Department of Education, Department of Health, and private sector. The project has been in operation for two years and is currently being recommended for continued funding both by department of Health and Department of Education.

1,2- DECREASING CHILD ABUSE AMONG TEEN PARENTS

PREVENTION AND INTERVENTION TO DECREASE THE LIKELIHOOD OF CHILD ABUSE AMONG TEEN PARENTS

Friends of Youth
P. O. Box 12
Issaquah, WA 98027
Lonna L. Simms, Teen Parent Coordinator
Norma VanValkenberg, Clinical Supervisor
Nancy Finkelstein, Community Resource Director

The Friends of Youth teen parent program focuses on decreasing the likelihood of child abuse among high risk teen parents from becoming abusive parents. The major emphasis of the program is early intervention and prevention through education, support and resource networking. One half-time caseworker, along with volunteers provide services to teen parents and pregnant teens ages 12-21 from all cultural, racial and ethnic backgrounds residing in the North, East and Southeast of King County. The program has been in practice for two years. Services were provided to 58 clients in 1987, and 62 in 1988. Our approach to early intervention and prevention includes delivering services that will take care of basic/survival needs for this population. These services include: (1) shelter-access to emergency shelter homes and long-term foster homes, an apartment to be used by one teen mom and her baby, and a motel voucher program; (2) support and education groups to educate teens on parenting skills, child development, nutrition, and community resources. Groups are also used to help parents overcome isolation, create support systems, and become aware of the social services in their area; and (3) casemanagement to link teen moms and pregnant teens with community resources for financial assistance, medical care, education and/or job training, employment, etc. While early intervention and prevention is taking place to reduce the likelihood of child abuse, the ultimate goal is for the teen moms and pregnant teens to gain self-sufficiency and self-worth.

1- DAILY LESSONS FOR PREVENTION

DAILY LESSONS FOR PREVENTION: A PERSONAL SAFETY CURRICULUM FOR YOUNG CHILDREN

Early Childhood Alternatives
P. O. Box 32771
Kansas City, MO 64111
L. Carol Scott, Ph.D., Consultant

The "Let's Be Smart" curriculum has been in development for over a year and has been piloted in two preschool programs, serving three-to five-year-old children. The curriculum consists of brief (five to seven minutes) lessons to be used during transitions between other classroom activities. The primary emphasis is on prevention of physical and sexual abuse and abduction, although lessons on fire, poison, traffic, and other safety topics are also included.

The curriculum uses some commercially-produced materials, especially books, and some lessons developed by the presenter. The materials are selected, and the lesson formats designed, to meet the needs of all young children, ages three through seven, regardless of race, culture, or income level.

Although the benefits of the curriculum have not yet been empirically tested, anecdotal evidence indicates that children learn the information presented. This presentation will describe the development, content, and implementation of the curriculum.

1,17- STATEWIDE SUPPORT NETWORK

ESTABLISHING A STATEWIDE SUPPORT NETWORK FOR CHILD ABUSE PREVENTION PROGRAMS

Council on Child Abuse and Neglect
1800 Main Street, Suite 3-A
Columbia, South Carolina 29201
Jules W. Riley, Executive Director

South Carolina Cares for Children
Columbia, South Carolina
Sue Smith Coskrey, Project Coordinator

In 1988, the Children's Trust Fund of South Carolina, awarded a grant to develop a statewide network for child abuse prevention programs. The purposes of this network include: the development of unified strategies for prevention programming; cataloging and disseminating information on existing programming; identifying sources of funds available for local programs; coordinating efforts between the public and private sectors; and developing corporate and organizational commitments of the state level for use by local prevention projects. To date, progress toward these objectives has been dramatic. Formal linkages have been developed with groups as diverse as grocery chains, convenience stores, women's clubs, Junior Leagues, the state board of realtors, Southern Bell, steak houses, insurance women's groups, telephone Pioneers, exchange clubs and other organizations to support community efforts.

This presentation outlines the process of program development needed to establish an effort of his magnitude, establishing corporate and organizational support for local efforts and establishing long range goals for ongoing program funding and support.

1- BIRTH TO THREE: A MODEL PARENT PROGRAM

BIRTH TO THREE: A MODEL PARENT EDUCATION AND SUPPORT PROGRAM THAT CONTINUES TO MEET COMMUNITY NEEDS

Birth to Three
3411-1 Willamette
Eugene, OR 97405
(503) 484-4401
Minalee Saks, Executive Director and Co-Founder
Cheri Gallison, Assistant Director
Ellen Hyman, Coordinator

Initially funded by NCCAN in 1978 as a primary prevention demonstration project, Birth to Three has continued to develop in innovative directions and has been replicated nationally. From a grassroots parent education and support program with a single focus (new parents in neighborhood groups), this program now encompasses programs for parents with special needs including adolescent parents and parents under high levels of stress. Birth to Three works closely with schools, hospitals, social service and mental health agencies. Volunteers donate 1500 hours of service to parents monthly. Birth to Three also offers telephone peer counseling, newsletter and educational events. The program was developed by staff with backgrounds in education, nursing, child development, psychology, community development, research, and counseling with input from community professionals.

Birth to Three specifically addresses problems associated with abuse and neglect, including deficits in parenting skills and self esteem, isolation, and unrealistic expectations many parents have about children/parenting. Over 6400 families have participated in the local program. Dissemination materials are available. Birth to Three has recently been presented awards by Oregon's Governor, the Oregon Pediatric Society, and the University of Oregon for work with children and families. From State Attorney General David Frohnmayer, "Birth to Three is a community investment of the most priceless kind: an investment in the preservation of nurturing family life which ought to be the birthright of every child."

1- VOLUNTEER/SERVICE ORGANIZATIONS

THREE NATIONAL VOLUNTEER/SERVICE ORGANIZATIONS PROVIDING CHILD ABUSE PREVENTION PROGRAMS

The Independent Order of Foresters
P. O. Box 848
Solana Beach, CA 92075
(619) 755-5151
Koelle Bodhi, Child Abuse Prevention Coordinator

Parents Anonymous National Office
Margot Fritz, Executive Director

The National Exchange Club Foundation
George Mezinko, Director/Foundation Services

Representatives from The Independent Order of Foresters, Parents Anonymous, and The National Exchange Club Foundation outline the structure and purpose of their organizations, informing the professional community of the role volunteer citizen involvement plays in effective child abuse prevention programs. The recruitment, training and utilization of community volunteers by these groups will be addressed as well as how agencies and practitioners may locate and work with these organizations.

The Independent Order of Foresters is a non-sectarian fraternal benefits insurance organization with over a million members (500 chapters) throughout the U. S., Canada, and the U.K. In addition to the charitable efforts of individual chapters, The Order has created the IOF Prevention of Child Abuse Fund. In its 15 years of operation, the Fund has contributed over \$600,000 in grants to agencies dedicated to the prevention and treatment of child abuse. The Order also supports a comprehensive community education campaign producing and distributing films and booklets on the subject of child abuse.

Parents Anonymous, the nation's leading child abuse prevention program, combines elements of both self help and traditional therapeutic techniques. Parents under stress attend free and confidential weekly support groups led by trained volunteer professionals. Group members help themselves and each other to improve self-esteem and discover better ways of relating to their children. PA has development specialized groups for teenage parents, Native Americans, and parents in prison. Currently, the organization, through its 28 state offices, nine regional offices and 1200 chapters, works with about 30,000 families annually.

The National Exchange Club, America's oldest and largest service club organization, adopted the prevention of child abuse as a national project in 1979. Then it established a special foundation to raise funds to finance the program. Currently, the Foundation successfully coordinates a growing network of 49 Exchange Club Centers for the Prevention of Child Abuse in 26 states and Puerto Rico. The essence of the Exchange Club Center program is the one-to-one supportive service provided by volunteer parent aides. More than 3,000 families have been served since 1981 and more than 700 volunteers currently give their time to the Centers. An ultimate goal of the Foundation is to continue to establish new Centers until every state is served.

1- MODEL TO PREVENT SCHOOL FAILURE

THE BIRTH TO THREE SCHOOL COLLABORATION PROJECT: A PARENT EDUCATION AND SUPPORT MODEL TO HELP PREVENT SCHOOL FAILURE

Birth to Three
3411-1 Willamette
Eugene, OR 97405
(503) 484-4401
Minalee Saks, Executive Director and Co-Founder
Cheri Gallison, Assistant Director
Ellen Hyman, Coordinator

This program established in 1988, is part of Oregon's new Early Childhood Initiatives Project "Together for Children." It was funded as a model to demonstrate a comprehensive approach to parent education and support services for parents of young children at risk for school failure. It is acknowledged by the education, health, mental health and social service community that these families are also at risk for child abuse, health and mental health problems and family dysfunctions.

The School Collaboration program is an adaptation of two Birth to Three programs: (1) Make Parenting a Pleasure Program, a collaboration with the local YMCA for parents under high levels of stress, and (2) the Birth to Three for Teenaged Parents Program. Working with local school districts, this program provides a continuum of school-based services to tie families to the schools in a supportive manner. It reaches families with children on both ends of the K-12 educational system: teenage mothers with soon-to-be school age children and older low income highly stressed parents whose children are at risk for school failure.

This program intervenes at a critical phase in the family's development offering outreach parenting classes, peer support groups with childcare, individual counseling, crisis intervention, and linking families to school and community resources. Services offered for older parents also include exercise classes provided by the YMCA with free childcare. The teen parent component assists with completion of education and includes outreach to young fathers and grandparents to strengthen the entire family system. Program materials developed by Birth to Three are available.

1,3- PARENT-CHILD INTERACTION GROUPS

PARENT-CHILD INTERACTION GROUPS: A SPECIAL MEDIUM FOR GROWTH

Parents and Children Together Project
Wayne State University
253 Knapp Bldg.
71 East Ferry St.
Detroit, MI 48202
(313) 577-3311
Mary Jane S. Van Meter, Ph.D., Principal Investigator
Sharon Pontillo, Group Leader

Parent education groups for abusive and neglectful parents have been common practice for many years. A few have attempted to have the parents and children together for at least some of each session. This paper describes one such group originally designed as an opportunity for parents and their children in foster care to meet, now incorporating Protective Service families as well.

Principles of child development and interaction with young children, along with planned interactive activities, guide the organization and structure of each series of ten meetings. Among the goals of the program for parents are: to increase understanding of early development; to bring parental expectations of young children in line with individual capability; to learn to play with children in activities duplicable within the home and to utilize resources available in their community.

As first experiences for most group members, the public library, a historical museum, and other civic attractions provide opportunities for further teaching and learning for parents and children. Experience together is the learning opportunity, whatever the interaction activity might be, rather than producing an end product.

Although the Parent-Child Interaction groups have been a dominant and successful feature of this agency's parenting program for more than two years, no evaluation studies of them have been undertaken to date. A pilot study of one new group with a pre-and post-test attitude scale will be reported. Expectations of children and attitudes about child discipline will be measured. Observations of behavioral practices of those parents with children in the home are included as anecdotal evidence of attitudinal change affecting parenting behavior.

1- NEIGHBORHOOD SAFETY FOR CHILDREN

McGRUFF HOUSE AND McGRUFF TRUCK - MAKING NEIGHBORHOODS SAFER FOR CHILDREN

Utah Council for Crime Prevention
4501 South 2700 West
Salt Lake City, UT 84119
(801) 295-7866 (H)
(801) 965-4587 (O)
Tibby Milne

Mountain Fuel Supply Company/Questar Corporation
Louise Jacobsen

McGruff House and McGruff Truck were started by the Utah Council for Crime Prevention (UCCP) to meet children's need for places to turn for help during emergencies they experience in self-care situations or in cases of abuse.

McGruff House began in 1982. It teaches children to recognize qualified households displaying a McGruff House sign as places they can turn for help. (The program requires all McGruff House occupants age 18 and older to submit to a criminal history records check before participating.) It currently is operating in 42 states and is legislatively mandated in four states. It is facilitated on a national level by the National Crime Prevention Council.

McGruff Truck, an extension of McGruff House, was implemented in Utah and Wyoming during 1988 by the UCCP and Mountain Fuel Supply, a natural gas utility that is active in the Utah Chapter for the Prevention of Child Abuse and other child-safety programs.

McGruff Truck uses decals similar in appearance to the McGruff House sign to identify qualified utility vehicles and their drivers as appropriate sources of help for children. The National Crime Prevention Council, which controls the use of McGruff, the familiar crime-fighting dog, is working with the UCCP in establishing national McGruff Truck guidelines before participation is expanded.

These programs are not an extension of emergency-services providers. The motto, "We'll call for help," clearly states their purpose.

Identification with McGruff and the universal nature of McGruff House and McGruff Truck are two of the programs' greatest strengths.

A national survey revealed that 99 percent of children ages 6 to 12 recognize McGruff, and 97 percent say they would modify their behavior based on his advice.

Also, having a universal symbol children recognize as identifying sources of help is very important. About 20 percent of American children move from one community or state to another each year, and countless others travel to unfamiliar areas on family vacations or to visit relatives. Having a universal symbol, such as McGruff, increases the degree of protection provided to children, even when they are in unfamiliar surroundings.

1- PREVENTION FOR RURAL FAMILIES

PARENT ASSISTANCE LINE: VITAL CHILD ABUSE PREVENTION FOR RURAL FAMILIES

Parent Assistance Line
Child Saving Institute
115 South 46 Street
Omaha, Nebraska 68132
Carol M. Pelan, B.S.
Judy W. Kay, M.S.W.

Social isolation as the result of geographic location can be a contributing factor to the occurrence of child abuse. In rural areas, parents are also seriously limited in the supportive services available to them. Child Saving Institute provides a service to tall rural Nebraskans via the toll-free Parent Assistance Line (PAL). Parents are given the opportunity to obtain immediate, high-quality support and assistance in problem-solving. Well-trained volunteers, who staff the line from 9:00 a.m. to 9:00 p.m. daily, respond to callers' parenting concerns with empathy, objectivity, and support. As any of our caller's dial PAL when they're about to respond inappropriately with their children, this confidential listening service assist in preventing abusive actions. The Parent Assistance Line services have recently been expanded through the provision of a grant from the Nebraska Child Abuse Prevention Fund Board, evidenced in three additional program components:

1. One-page educational sheets addressing specific parenting issues are offered where pertinent at no cost to callers who are willing to provide names and addresses. Thus, information gathered through the telephone conversation is reinforced.
2. The grant facilitated the provision of an annually-updated statewide referral system for professionals in agencies and programs serving children, providing a printed resource directory and/or immediate telephone referrals.
3. Also made possible by the grant is a "clearinghouse" of information on state child abuse and neglect programs. Agencies are able to request information on certain types of programs, the agency that houses the program, and how they can obtain additional information. This service effectively eliminates unnecessary work in developing programs that may already be in operation.

These additional program components have expanded the Parent Assistance Line as a state resource and have proven effective in benefiting not only individual parents and families, but in promoting coordination of human service and child welfare agencies throughout the state.

1,8- ADOLESCENT SEXUAL ABUSE PREVENTION

ADOLESCENT SEXUAL ABUSE PREVENTION

Parents Anonymous of Delaware, Inc.
Delaware Committee for Prevention of Child Abuse
Wilmington, Delaware
Robert P. Hall, M.Div.
Joanne M. Kassees, M.S.Ed.C.

The Adolescent Sexual Abuse Prevention Project has operated since 1985, growing out of work by the authors on the treatment of sexual abuse by and of adolescents and addresses the current hypothesis that adult perpetrators of sexual abuse of children often being their inappropriate behaviors during adolescence.

The project included an exhaustive review of sexual abuse prevention programs currently in use by youth-serving agencies across the country and an evaluation of their appropriateness of adolescents. Selected programs were implemented in Delaware for study and factors important to the effectiveness of services for adolescents were identified.

The more important part of the project was the development of a unified, generic program which incorporated elements of known prevention programs but which went further to assure provision of services for both boys and girls and to include material on both victimization and perpetration. This program can be implemented at low cost by any child abuse prevention or youth-serving agency. Five independent agencies outside of Delaware piloted the program. The program was tested in collaboration with Boys Clubs, Girls Clubs, 4-H Clubs, residential treatment centers, traditional secondary schools, etc. The findings of these field tests, and reports of nationally-known consultants, were used to finalize the program and prepare program materials. The pilot programs served youth from a variety of social and economic groups and were implemented by professionals and paraprofessionals from several disciplines.

The materials include an extensive curriculum with guides for facilitators, a training package on adolescent sexual abuse and its prevention, and a catalogue of resources to prevent sexual abuse among adolescents. The program includes four formats for serving adolescents, one for parents and one for professionals.

1- CHILD SEXUAL ASSAULT PREVENTION

CHILD SEXUAL ASSAULT PREVENTION: A PERSONAL SAFETY AWARENESS PROGRAM

Wichita Area Sexual Assault Center, Inc.
215 North St. Francis, Suite #1
Wichita, Kansas 67202
(316) 263-0185
Kris Wilshusen, Executive Director
Debbie McGee, Coordinator, Police School Liaison Program

In 1980, the Police School Liaison Program and the Wichita Area Sexual Assault Center recognized a need for a local child sexual abuse prevention program. The Wichita Public School System granted approval for the Police School Liaison Program and the Sexual Assault Center to coordinate the development of a sexual assault prevention program to be implemented in the Wichita Public Schools.

In 1980, child sexual abuse prevention programs were a relatively new concept and there wasn't the public attention and awareness of this problem there is today. It was decided that the program would first be developed for students in grades 4-6, due to the concern of potential community opposition to the program's implementation at the primary level. In 1985, the K-3 grade curriculum was developed and implemented. National trends regarding the content of prevention programs were used to establish basic philosophical standards for program development and implementation. These standards include: (1) the teacher as primary presenter for the program; (2) implementation must be done, at least initially, on a voluntary basis; (3) teachers and other presenters must receive training on the dynamics of child sexual abuse as well as the program curriculum; (4) that school support personnel and building administration be strongly encouraged to attend the program training; (5) teachers not comfortable with the subject of child sexual abuse be encouraged not to implement the program in their classroom; (6) parents may be notified of the program.

With these basic philosophies in mind, the program curriculum was developed into various sessions, which are presented by the teacher, Sexual Assault Center personnel, and a Police School Liaison Officer.

This combined community effort is presented to thousands of children every year to help ensure their safety. For many children this program is one of basic prevention information. But for many others it has proven to be a means of intervention in a sexually abusive situation. Much community support is behind this comprehensive, multi-disciplinary prevention program.

1- BECOMING POSITIVE PARENTS

TAKING THE UNBEATEN PATH: BECOMING POSITIVE PARENTS THE CHILD DEVELOPMENT PROGRAM WAY

Child Development Program
Child Study Center
1300 W. Lancaster
Fort Worth, TX 76102
(817) 336-8611
Lois P. Case, Ph.D.
Judith P. Schwartz, M.D.

Take the unbeaten path to positive parenting through the Child Development Program. Our high-risk travelers are especially selected for the trip, and for many the excursion may take up to three years. Our tour directors are skilled in parent education, supportive counseling and case management. Note the clarity of the scenery observed from interdisciplinary assessments. Observe the possible dead-ends of parent apathy, resistance and ignorance. Be aware of the existence of detours through resource acquisition, classes, transportation and health monitoring. Keep in mind the things that can be done to make home a good place to be.

The Child Development Program is an interagency, multidisciplinary program which has been in existence for ten years, serving over 1000 children and their families annually. It is available to families of all racial and ethnic backgrounds, and is especially available to those from disadvantaged homes. Its mission is to identify, assess, and provide intervention to infants under age three who are at risk for developmental delay or for abuse and neglect. Each family is provided with an individualized developmental plan, which encourages a close relationship with the social worker/case manager. Each child receives monitoring by a physician, nurse and psychologist. Others who help as needed include teachers, speech therapists, occupational therapists, aides and a van driver. A strong outreach approach is emphasized.

1- PERSONAL SAFETY PROGRAM

SEND IN THE CLOWNS: A PERSONAL SAFETY PROGRAM

Crisis Intervention Services
P. O. Box 819
Medford, Oregon 97503
(503) 779-2112
Tatiana Bredikin

The Crisis Intervention Service's Personal Safety Clowns present a primary sexual abuse prevention program in grades K-2. Clowns are used because they are asexual, racially neutral, nonthreatening, and fun. Our volunteer clowns teach the safety rules, "Say 'no!'" "Get away," and "Tell someone." Good and bad touch, private parts, surprises and secrets, reasons to take off clothes and who to tell are communicated through dialogue, songs and roleplays. High school student clowns make presentations with the adult clowns. They bring youthful energy and share what they learn about child abuse with peers. Parents and teachers receive an orientation prior to the clown's performance. Teachers learn behavior indicators of abuse, reporting requirements, and how to respond to a disclosing child. Parents learn program content and techniques for communication with their children about sexual abuse. Prior to the presentation, teachers show the film "Better Safe than Sorry II." After the presentation, teachers use various classroom activities to reinforce the learning. A letter to parents describing how to continue the personal safety discussion is provided for each school. Evaluations are solicited from both parents and teachers. Students are tested to measure retention of the material presented. The program has been in existence for five years, during which time the clowns have performed for 11,231 students. The clowns will present in 28 of 34 county public and three private schools in the 1988-89 school year. A video of an actual classroom clown performance is included.

1,2- NEW RESOURCES FOR AT-RISK YOUTH

AT RISK YOUTH: NEW RESOURCE FOR THE COMMUNITY

National Crime Prevention Council (NCPC)
733 - 15th Street, N.W., Suite 540
Washington, D.C. 20005
John A. Calhoun, Executive Director

The human service community must re-think how it crafts treatment plans for abused and neglected children - in this case, teens - plans which now are almost always pathologically based. Although deep-rooted and complex pathology exists, those who work with youth must begin to include a youth as resources dimension to treatment plans, and by doing so attempt to increase or inculcate a sense of competence and self-esteem. This approach may lessen the amount of time that youth spend in care, or reduce their penetration into the social service, mental health and juvenile justice systems.

Based on the highly successful Youth As Resource project begun by the writer in Boston and subsequently in three cities in Indiana, these pilot programs are attempting to convince the country that it must forge new policies for our nation's teens. The suggested approach involves both program and process. The program focuses on providing teens with opportunities for responsible contributions; the process focuses on dignity of exchange in which the ability of the individual is acknowledged as an integral part of the individual's receipt of needed services. Teens with a stake in the community have little reason to resort to self-defeating behavior.

The Youth As Resource projects in Boston and in Indiana are proving that: the widest variety of youth can serve (from the delinquent through the honor society student); that these youth can attack the thorniest of social issues with adults (from literacy and teen pregnancy through cleaning up parks); that the beneficiaries range the spectrum from children in battered women shelters through the elderly. The above assumptions are also based on NCPC's highly successful "Teens, Crime and the Community" initiative, which has a twin thesis: to reduce the appallingly high level of teen victimization and to harness the considerable energy of teens to make schools not only safer but better (now in 300 high schools serving more than 50,000 youth, the array of teen-led projects is considerable - from drug and alcohol abuse play to tutoring, cleanups, etc.).

1- NON-THREATENING INTERVENTION

"I DON'T NEED ANY HELP SO GET OFF MY BACK..."

Parent to Parent Program
Northeast Kingdom Mental Health Services, Inc.
P. O. Box 724
Newport, Vermont 05855
Winsome A. Hamilton, Director
(802) 334-6744

Since 1979, Parent to Parent paraprofessional home visitors have provided parent support and education to adolescent parents and their children in the most remote and indigent corner of Vermont. As a community-based family support program, other human service providers, educators and community members have contributed to the program's successful stages of implementation, ongoing multidisciplinary services and case management.

This presentation will provide an opportunity for prevention/early intervention program planners to examine issues which will enhance the ability of adolescent parents to meet their young children's and their own development needs, enhance the quality of parent/child interaction, empower the parents to locate and acquire services that will help meet their basic needs, enhance parent and child involvement in community life and become more capable of implementing life plans.

Planners will receive specific detailed information and resources which are critical when serving at-risk teenage parents. Topics covered include how to select, train, and supervise a staff to be non-threatening, how to assist parents, identify personal and parenting goals, how to assess the service and care needs of parent and child based on a developmental rather than chronological based framework and how to focus parent support and education on strengths rather than deficits.

Survey results and case studies are presented to substantiate the need to develop flexible, creative, non-threatening, community-based family support systems which are specifically designed to address the broad developmental disruptions and complexities of "children having children."

1-- MULTI-PROGRAM APPROACH TO PREVENTION

THE "EMPOWER" CHILD SEXUAL ABUSE PREVENTION PROGRAM: A MULTI-PROGRAM APPROACH

School of Social Work
University of Pennsylvania
3701 Locust Walk
Philadelphia, PA 19104
(215) 898-5519 (PENN)
(215) 457-9574 (Home)
Catalina Herrerias, M.S.W., Ph.D., Assistant Professor

Big Brothers/Big Sisters of America
230 N. 13th Street
Philadelphia, PA 19107
Dagmar E. McGill, M.A., Assoc. National Executive Director

The EMPOWER Child Sexual Abuse Prevention Program is a specially designed prevention program in personal safety and child sexual abuse prevention targeting five audience groups: staff, volunteers, parents, teens, and children. While developed in 1988 for the nearly 500 Big Brother/Big Sister agencies across the nation, EMPOWER can be implemented in virtually any setting.

EMPOWER consists of five program components: EMPOWER Staff, EMPOWER Volunteers, EMPOWER Parents, EMPOWER Teens, and EMPOWER Children. The adult program components have six program approaches: Comprehensive, abbreviated, V-Basic, Basic, Self-Directed I and Self-Directed II. For example, the EMPOWER Staff (Comprehensive) program approach involves 12 hours of training, whereas the Basic approach only requires 3-1/2 hours of training. The Comprehensive, Abbreviated, V-Basic and Basic approaches across program components (e.g., staff, volunteers, and parents) use lecture, small group exercises, discussion, and role play in a classroom format. The use of training videos are included with the Comprehensives, V-Basic and Self-Directed I formats only. Participants using the Self-Directed II approach are given written curriculum content, with a trained staff person available to answer specific questions. Both Self-Directed I and II can be provided on one-to-one basis. The Teen's and Children's programs contain five approaches (self-directed study through reading is omitted). Learning consists of what abuse is, who gets abused, who does the abusing, importance of personal safety and family rules, assertiveness, clear communication, decision-making supportive networks, elements of child sexual abuse, how to talk to sexually abused children/teens, indicators of abuse, and reporting. Pre- and post-tests are used throughout.

1- TELECOMMUNICATIONS LINKAGES

PREVENTIVE SERVICES THROUGH TELECOMMUNICATIONS LINKAGES

Nebraska Department of Social Services
P. O. Box 95026
Lincoln, NE 68509
Mary Jo Iwan

Touche Ross and Company
Hugh Swink

A number of studies (Johnson and Morse, 1968; Gil, 1970; Chotiner and Lehr, 1976) indicate that handicapped children are likely to be abused or neglected in numbers disproportionate to their occurrence in the population: Stress is a recognized factor in child abuse and neglect and families with handicapped children are at risk for experiencing high levels of stress. Knowledge of and utilization of services such as respite care could play a key role in prevention of abuse and neglect.

An automated system was established which stores information on community resources statewide and provides a listing of resources by a category of client need, location and age of client. A transferable strategy was then developed to make computer hardware and software linkages in urban and rural settings so that local agency computers were tied into a host computer. This centralized information and referral system became the basis for interagency activities.

To further strengthen client awareness of resources, a toll-free telephone system using touch-tone capability was developed so that clients could access crisis resources 24 hours per day, 7 days per week via a computer voice.

Prevention through telecommunications!

1,2- PREVENTION IN REMARRIED FAMILIES

REMARRIED FAMILY STRENGTHS: PRIMARY PREVENTION OF ABUSE IN REMARRIED FAMILIES

Glanton House
Department of Family and Child Development
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(205) 826-4478/826-4151
Stephen F. Duncan, Ph.D., Assistant Professor and Extension
Specialist

Many child abuse intervention programs focus on correcting parental behavior. However, such approaches may blind us to also viewing child abuse as a family system problem. In stepfamilies, an abusive stepparent may be unduly blamed. Many times, especially among stepparents mandated by the courts to participate in an intervention program, such an intervention approach leads to increased resistance to change.

It seems a more indirect intervention program that views abuse and neglect as more than a parent problem is needed. A more effective intervention may be one which focuses on the family system and helps change the contingencies that reinforce abusive behavior.

The program "RENEW: A Program for Developing Remarried Family Strengths" has been developed with these factors in mind. RENEW helps remarried families develop strengths that make the presence of abuse and neglect less likely. Thus, the development of remarried family strengths holds great promise as an abuse-prevention strategy.

RENEW develops strengths in the following areas identified in the remarried family strengths literatures: Family Caring, Family communication, Family Unity, Family Pride, and Community and Family Ties. It is based on the family strength models proposed by Olson, Otto, Beavers, Knaub, Hanna, and Stinnett.

RENEW has been developed for use in Alabama, a state with a continuing serious child abuse problem. Family members and home-visitor volunteers each receive training in the use of RENEW. Families then receive a RENEW booklet and self-select the strengths they want to develop or increase. Professionals monitor and assess the families' progress. A pre-post evaluation instrument is included with RENEW so that both remarried families and program evaluators can determine the effectiveness of the program.

RENEW is in its beginning stages and evaluation data are not yet available.

1- HELPING KIDS HELP THEMSELVES

EMPOWER, HELPING KIDS HELP THEMSELVES

Davis County Mental Health
470 East Medical Drive
Bountiful, UT 84010
(801) 298-3446
William Patenaude
Vectors, a Performing Arts Troupe

EMPOWER is a newly created child sex abuse prevention program targeting 3000 seventh graders in a local school district of 51,000 students.

The method of presentation used by EMPOWER to engage the audience is called interactive theatre. This method utilizes drama, music, and movement to encourage the sharing of thoughts and feelings. The central element of interactive theatre is the relationship and dialogue developed between the performers, in character and out of character, and the audience members. Issues are explored, clarified, and internalized.

Through this process, students learn to identify sex abuse and learn different ways to resist it. Because a portion of the students receiving EMPOWER have already been abused, supportive messages specific to those students are also included in the performance.

Supporting the school presentations are community awareness activities promoting EMPOWER and a brochure which contains important information on child sex abuse. When folded out, this brochure is a poster that can be posted in a classroom. On the poster are the telephone numbers to the local division of Family Services.

Evaluation is accomplished through feedback from administration, faculty, and parents, and through a questionnaire completed by the students. Preliminary evaluation is very supportive of the efficacy of EMPOWER. Because of this initial success, administrators have requested that EMPOWER be expanded to include elementary schools.

1- TEEN DISCIPLINE

DISCIPLINE WITH TEENS: A VIDEO PRESENTATION DESIGNED TO PREVENT ABUSE AND NEGLECT

Comprehensive Psychological Services of Utah
501 Chipeta Way, 1214
Salt Lake City, UT 84108
(801) 584-2104
Steven A. Szykula, Ph.D.
Josie Wankier
Matthew J. Fleischman, Ph.D.
Bret Reich

Adolescents represent and remain the largest sample of unreported and untreated victims of abuse and neglect (see Garbarino, 1985). In fact one of the most frequent reasons cited for a youth's running away is the reported conflict surrounding expectation and methods of discipline of the youth's parents. Indeed, to discipline a teenager effectively is a difficult challenge to most parents. When conflictual relationships exist between parent and teen the challenge becomes an obstacle to normal family and personal development.

When administering discipline, parents often rely on reprimands, lecturing, grounding, and taking privileges away from their teenager. These strategies often do not work and only worsen the relationships and behavioral patterns of the teenager and family, which often lead to abuse, neglect or delinquent behavior.

Teenagers also represent a sample of individuals who are most resistant of participating in counseling when a referral for such is made. Therefore, when a parent experiences a failure with their methods of disciplining their teenager, it is often very difficult for the parents to have their adolescent join them in counseling with a mental health professional.

This presentation offers a primary prevention alternative to the usual and customary approaches used by parents to discipline teenagers. This alternative is the offering of a video which presents an effective method of discipline to be used by parents with their teenagers.

Program evaluation research has indicated that the video is evaluated highly by social service medical and mental health providers. Research also indicates that parents and their children also evaluate the video's content as very helpful. The videos are produced with a sensitivity to a broad range of ethnic representation.

1- CHILDREN UNDER STRESS

CHILDREN UNDER STRESS: A PRIMARY PREVENTION OF CHILD ABUSE AND NEGLECT VIDEO PRESENTATION AND DISCUSSION

Comprehensive Psychological Services of Utah
501 Chipeta Way, 1214
Salt Lake City, UT 84108
(801) 584-2104
Steven A. Szykula, Ph.D.
Josie Wankier

Children are most vulnerable to potential abuse or neglect by their parents during and following major life events like moving, job loss, divorce, illness, death, birth of a sibling, etc. Children and parents experience a great deal of stress when such life events occur. Children who experience such stress very often become emotionally and behaviorally provocative to parents. They may become aggressive, whiny, an oppositional. Children may also become resistant and unresponsive to parental attempts to discipline and set limits during stressful times.

Parents also respond adversely to life event caused stress. Parents may become inconsistent in their expectations, and their commitments to their children. Parents may become irritable and aggressive to their children as well.

These reactions to stressful life events place children at risk for abuse. Very often such reactions can be prevented if parents and children know what to do or how to cope.

This presentation includes a 30-minute video presentation that details what parents and children should know and follow when major life events occur. The video is appropriate for children and parents to view and provides a comprehensive range of information that would be of interest to social service and mental health providers.

Program evaluation research has indicated that the video is evaluated highly by social service, medical and mental health providers. Research also indicates that parents and their children also evaluate the video's content as very helpful. The videos are produced with a sensitivity to a broad range of ethnic representation.

1,2,3- HIGH RISK FAMILIES

PREVENTION OF ABUSE AMONG EXTREMELY "HIGH RISK" FAMILIES

Hawaii Family Stress Center
Kapiolani Medical Center for Women and Children
1319 Punahou Street
Honolulu, HI 96826
Leena Roy, Ph.D., Mother Infant Support Team
Gail Breakey, R.N., M.P.H.

A recent major national survey (July 1987) concluded that child maltreatment fatalities are increasing and occurring at an average age of 2.6 years. Hawaii data showed that of 14 deaths (1980-1984) all were under five, half were under two and 79% were unknown to child Prevention Services (CPS) before death.

The Mother Infant Support Team (MIST) was established to respond to the serious and growing need to prevent child abuse and neglect in infants and toddlers, and to promote bonding and positive parent-child relationships. The program serves families determined to be at high risk by CPS and accepts expectant families and families of newborns up to two months of age. Unique characteristics of the program include hospital-based screening to identify high risk newborns, referral to and coordination with CPS and multi-disciplinary intervention.

Services are provided by a multi-disciplinary team utilizing a psychologist, social worker, nurse, and paraprofessional home visitors. Services are delivered in a sensitive, supportive manner to a range of ethnic groups: Hawaiian, Korean, Filipino, Caucasian. Program parents have complex problems including heavy substance abuse, history of abuse and neglect in childhood, history of violence, mental illness, social isolation, limited coping skills, and limited knowledge and skills in parenting. The services include assessment and treatment through weekly outreach services, nursing services, and in some cases, family therapy. Services are provided up to two years, depending upon the case and status of risk factors at time of discharge. The program has been successful in reducing risk factors and preventing abuse and neglect.

1,2- SCHOOLS AND CHILD WELFARE AGENCIES

USING WHAT WE KNOW: SCHOOLS AND CHILD WELFARE AGENCIES

Port Clinton Schools
431 Portage Drive
Port Clinton, Ohio 43452
(419) 734-2812 (W)
(419) 433-3014 (H)
Rhonda Hill, M. Ed., L.P.C., L.S.W., Elementary School Counselor

Ottawa County Department
8444 W. State Rte. 163
Oak Harbor, Ohio 43449
Karen Rogalski, M.A. L.S.W., Supervisor of Children Services

The Port Clinton Schools and the Ottawa County Department of Human Services have established cooperative procedures which utilize both the school counselors and the agency social workers to systematize the handling of child abuse/neglect cases. The procedures of the multidisciplinary team encompass dimensions of reporting, investigation, parent and family assimilation of information, and the judicial processing. The goals of the multidisciplinary team are to assure communication between the agency and school, to provide for special needs of children in crisis, to maintain child/family integrity and to manage investigations cooperatively and efficiently.

Agency investigators in conjunction and cooperation with school personnel can efficiently intervene in child abuse and neglect cases. Both school personnel and social workers have areas of expertise; school personnel traditionally have an established trust and rapport with children and families; the child welfare workers have the authority and experience to appropriately investigate a report of suspected abuse and/or neglect.

The educational environment offers an excellent opportunity for establishing multidisciplinary teams of school personnel and agency social workers. Children spend seven hours per day, nine months a year in school settings. Schools are, therefore, an ideal place of both intervention strategies and child abuse and neglect prevention programs.

The presentation describes the multidisciplinary team's evolution which began in 1981 and will explain the procedures used by the team.

1- PREVENTION OF ABUSE AMONG CHILDREN 0-5

ESTABLISHING A STATEWIDE SYSTEM FOR PREVENTION OF CHILD ABUSE AMONG CHILDREN 0-5

Hawaii Family Stress Center
Kapiolani Medical Center for Women and Children
1319 Punahou Street
Honolulu, HI 96826
Gail Breakey, R.N., M.P.H.
Betsy Uohara, M.E.D.
Susan Morrell-Samuels, M.S.W.

National and local data indicate that roughly 80% of severe abuse and most deaths occur among children 0-5. Our program is working collaboratively with the State Maternal Child Health Branch and DHS Child Protective Services and several private agencies and medical centers to establish a multi-disciplinary statewide system to prevent abuse and promote positive child development among all/most at-risk families with newborns in Hawaii. These efforts are based on 14 years experience with family support services, particularly the pilot project Healthy Start.

2,3- INTERVENTION AND TREATMENT

THE BEANS OF EGYPT, MAINE - CHILD PROTECTIVE INTERVENTION AND TREATMENT

Maine Department of Human Services
Child and Family Services
360 Old County Road
Rockland, Maine 04841
(207) 596-4200
Chris Beerits, L.M.S.W., Regional Program Supervisor

Sexual Abuse Treatment Coordinator
89 High Street
P. O. Box 742
Belfast, Maine 04915
(207) 338-3111
Steve Fein, C.S.W.

In 1985, Carolyn Chute, an unknown Maine author, burst upon the national scene with her vivid, best-selling novel, The Beans of Egypt, Maine. Poor, white, Protestant, geographically isolated, and close-bred, the Beans' real life counterparts represent a very challenging ethnic group for Maine Child Protective Services. Living in the northern end of Appalachia, these families lead hard lives, struggling to meet basic needs, surviving frequent crises as best they can, either through their own resourcefulness, their extended families, or -increasingly- the welfare state. Place is very important to them; if their destiny is to be poor, they want to stay in their familiar rural or small town surroundings.

The extended family here is essential for survival, yet multi-generational, multi-family abuse, especially sexual abuse, is so common that it is often within the norm of tolerated behavior. To the Bean family, the child protective worker or mental health therapist beyond represents a threatening intrusion by mainstream American values. The opportunities provided for healing, increased self worth and greater control of one's destiny also represent dangers to the values and norms of this entrenched, isolated subculture.

Charged to intervene in this situation was a child protective system that was philosophically unprepared, short-staffed and untrained in appropriate sexual abuse intervention. The treatment model that we have developed by the past three years has evolved to overcome several barriers to treatment. These include: (1) a community mental health center unable to mount a comprehensive sexual abuse treatment program; (2) skilled but limited private clinicians; (3) fragmented treatment from extended family systems; and (4) limited funding for mental health treatment controlled by two different state departments with different priorities.

A way had to be found to match client treatment needs to the best providers and then to coordinate services between those clinicians. Innovative funding mechanisms also had to be developed. Lastly, a cooperative climate between state agencies, the community mental health center and private therapists had to be created. The key to our success in these three areas has been our establishment of an independent sexual abuse treatment coordinator to facilitate incremental innovation.

2- INTERVIEWING VICTIMS UTILIZING VIDEOTAPING

INTERVIEWING VICTIMS OF CHILD SEXUAL ABUSE UTILIZING VIDEOTAPING

Bear River Social Services
Department of Social Services
State of Utah
P.O. Box 1000
Brigham City, UT 84302
(801) 723-8591
Grant N. Bartholomew, Supervisor, Child Welfare Unit
LuEllen Brown, Child Protective Services Worker
Tom Bollinger, M.S.W., Youth Services Worker
Kerry Hedin, M.Ed., In-Home Service Worker

For the past nine years, the problem of child Sexual Abuse has been at the forefront of the research, training and practice of Child Welfare. During that time, we as practitioners have been sharpening our skills and evolving a base of knowledge as we have worked in this area in the field. Through countless hours of interviewing and videotaping child victims we have come up with a structure for conducting this type of investigation. This structure was developed through practice in a rural setting and grows out of the special needs that setting has, such as a lack of resources, closed communities, the need for close coordination with other disciplines involved, a dominant religion, etc. The presentation consists of the following:

- I. Videotaping
 - A. Use of the camera.
 - B. The setting.
 - C. After the interview, storage, etc.

- II. The Multidisciplinary Approach.
 - A. Law enforcement.
 - B. Medical
 - C. Treatment
 - D. Judicial

- III. The Interview
 - A. Preparation
 - B. Establishing the relationship.
 - C. Child protection assessment/intervention planning.
 - D. Validation

As we have practiced in this very difficult field, we have discovered that all children respond well to a caring, professional system which responds appropriately to their needs. In this presentation, we hope to describe the foundation for such a system.

2,3- PARENTAL RESPONSE

PARENTAL RESPONSE TO THE VICTIMIZED CHILD

Cedar House, Inc.
605 Cedar Ave.
Long Beach, CA 90802
(213) 436-8276
L. E. Seiser, M.A., M.F.C.T.
Karen Lombard-Cauffman, M.S.

Everyday we are faced with the victimization of children. It is in the form of physical abuse, sexual abuse, neglect and kidnaping. We have hid so long from this problem that we are not well prepared to face it or provide the solutions. This workshop will focus on those skills needed.

Most current prevention programs are aimed at the children and how to empower them to prevent their own victimization. It is also important that the parents become involved in this prevention strategy. Too much focus on the problem can be overwhelming and breed paranoia and distrust in the children. There is now valid research that such prevention does reduce victimization. Nor does it guarantee that when approach is surrounded by fear and confusion, the children will be able to put into practice what we have presented them. After all they are still children and developmentally may not be able to do those tasks, which even we as adults have trouble with. The parents can help their children by teaching and giving permission to make decisions, to be assertive, to have privacy and by taking more responsibility for themselves in such form as personal hygiene to physical body control in the activities of sports, etc.

Once a child has been victimized there are three very important aspects which must be addressed. The first is the response of the child to the experience. It is important to develop some empathy and understandings of the short term and long term effects to the child. This will give some base line ideas for what the child will need in reference to and in returning to developmentally appropriate activities. The second, which is intertwined with the first, is the parent's reaction to the experience and to the child after the fact. Most parents feel guilty, self-blaming and responsible. This response needs some way of being expressed and resolved so that they can assist the child. They will often see the child as different or damaged and this belief (even if unspoken) will be communicated to the child and affect their recovery. The third aspect is the interfacing with the legal system.

2,3- MULTIDISCIPLINARY TEAMS IN NON-URBAN COMMUNITIES

MULTIDISCIPLINARY TEAMS IN NON-URBAN COMMUNITIES

Roger Henricks
1201 Shepherd Rd.
Tecumseh, Michigan 49286
(517) 263-6761

State law mandates that Children's Protective Services is to investigate cases of child abuse and/or neglect. They are to assist families in identifying problem areas leading to the abuse and/or neglect and facilitate the utilization of services designed to reduce the abuse or neglect. In particular, multiproblem family assessment and referral for service becomes difficult. The use of a multidisciplinary team has proven to be an important and cost effective way of providing Children's Protective Services workers with direction and creative case planning, thus reducing the risk of continued abuse and neglect.

This presentation describes how small non-urban communities can provide multidisciplinary consultation services to Children's Protective Services workers. The team includes professionals such as a lawyer, pediatrician, clinical psychologist, social worker, Protective Services, Foster Care, Public Health and school personnel. The consultative nature of the team, coupled with having comprehensive knowledge of the services available within the community, provide Children's Protective Services staff with assessment as well as short and long-term recommendations which are realistic and therefore possible to implement. Regular reviews provide the team with an opportunity to modify and update their recommendations.

The composition of the team is extremely important as it is essential that a broad base of disciplines be represented. Of equal importance is that selected team members be persons respected within the community, have a level of expertise and interest in the area of abuse and neglect and a willingness to devote the necessary time to be a team member.

This presentation will provide ideas for generating interest within a non-urban community, proper selection and recruitment of team members and implementation using a model already successful in Lenawee County, Michigan.

2,1,3- MOTHER/TODDLER PROGRAM - EARLY INTERVENTION

PREVENTION OF ABUSE AND NEGLECT THROUGH EARLY INTERVENTION; THE MOTHER/TODDLER PROGRAM

The Children's Center
Salt Lake City, UT 84112
(801) 582-5534
Barbara Keranen, M.S.Ed., L.S.S.W., Coordinator, Mother/
Toddler Program
Kristina Hindert, M.D., Psychiatrist, Executive/Medical Director

The Children's Center is a private non-profit, therapeutic preschool for children with behavioral problems. It was founded 26 years ago and is one of the largest clinical agencies of its kind in the country. Over the past year the Children's Center piloted a new program under a grant through the Utah Department of Health, Early Intervention Program, implementing PL 99-457. The Mother/Toddler Program was developed to decrease the potential for abuse and neglect of high risk children.

Mothers with toddlers, ages 18 to 30 months, are referred primarily from community agencies. Referrals include mothers who have a history of abuse or neglect, have an inadequate understanding of their child's developmental needs, are depressed or isolated, are teen mothers, have children with "difficult personalities," or lack adequate social support. Referred mothers and toddlers already display behaviors reflecting disturbance in the relationship. Early intervention with high risk pairs can modify the pattern of interaction and decrease possible secondary problems.

In the Mother/Toddler Program, the referred pair are assessed, a treatment plan is developed, and then they are placed in group therapy. Groups, consisting of five or six mother/toddler pairs, meet twice weekly for one and one half hours over a period of eight weeks. Two therapists model effective parenting techniques in structured play segment designed to include, for example, oppositional struggles and independence, and behaviors such as temper tantrums, problem with bedtime and toilet training. These are the issues and behaviors which tend to set off abusive episodes. The therapeutic play environment is also used to enhance the development of age-appropriate play behavior in each child. It also teaches mothers about child development and provides an opportunity to try out new strategies in a safe, supportive environment. Mothers find a peer support group in which to talk and share experiences.

The goal is to remediate and enhance the quality of the relationship and to increase the mother's comfort with her parenting role. Handouts, practical exercises and homework assignments are also part of the training.

Improvement or changes in mother/child interactions are documented. Pre and post behavioral check lists are completed by the mother. In addition, videotapes of the pair in an isolated play setting are made to note any changes in the interactional pattern.

2,3- CHILD PROTECTIVE TEAMS IN NON-URBAN COMMUNITIES

THE ARIZONA MDT PROJECT: DEVELOPING MULTIDISCIPLINARY CHILD PROTECTION TEAMS IN NON-URBAN COMMUNITIES

Prescott Multidisciplinary Team
1045 Apache Drive
Prescott, Arizona 86303
(602) 445-2903
Rebecca Ruffner Tyler, Child Development Specialist
Carol Erickson, A.C.S.W., Child Protective Services Specialist

The Arizona MDT Project was initiated in June of 1986 with the formation of the first team in Prescott, Arizona. Since then, four other teams have begun meeting in small communities around the state.

This presentation focuses on the history and scope of the project the challenges and successes their teams have encountered, the structure and operation of the Arizona teams, and future plans. Participants will have the opportunity to gain information, insights, and suggestions regarding starting teams in their own communities.

A number of positive outcomes of the project have been noted in individual communities. Caseworker attitudes toward the team and its availability as a resource for case consultation, education and skill development of team members outside of their own respective disciplines, use of Kempe Center child protection team as a resource, community involvement and coordination of resources as a result of team meetings, and other outcomes will be highlighted.

2,3- CRIMINAL JUSTICE SYSTEM

RE-AFFIRMING THE ALLIANCE OF CLINICAL PROFESSIONALS AND THE CRIMINAL JUSTICE SYSTEM

Napa County District Attorney's Office
P. O. Box 720
Napa, CA 94559
(707) 253-4057
Seth L. Goldstein, Investigator
Lynn S. Young, J.D., Deputy District Attorney

There is a crisis in what developed 10 years ago as a new coalition between clinical and law enforcement professionals specializing in child sexual abuse and exploitation. Both groups learned from each other and developed effective teamwork. Unfortunately, in the recent months, major cases have surfaced in many parts of the country that are testing the bonds of that association. The years of work in developing a trust between the professionals involved in the protection of children and the detection of child abuse are being lost to high pressure politics. We can't afford to lose the gains of the experiences of the existing alliances, because the children are those who will inevitably suffer as a result.

In making a reaffirmation of the alliance, we need to re-examine the role each professional is to play in the development and court presentation of child sexual abuse and exploitation cases. In doing so, responsibilities must be carefully spelled out and the part each is to play re-established. The need to support the child through proper investigation and case development must be stressed.

The criminal justice system is not the best place for a child in the throngs of crisis having become a sexual abuse victim. Too often, the child can be re-abused by the system as he progresses through it, often because of the inability of the professionals involved to "get it together" in the case presentation. If we are to assure that we can minimize the trauma of being a victim, then we must assure that all of the systems' components are in accord. If the professionals involved in the initial stages of case development are not in harmony, the system can't possibly be expected to be able to properly respond.

Once the case is brought into court, the professionals involved in the case are presented with a different set of problems. How they are prepared to cope with those problems may well determine how the case turns. Social workers, probation officers, and other child care professionals are often called upon to participate in the legal system as advocates, witnesses, and/or expert witnesses. Unfortunately, all too often, these situations cause discomfort in these professionals as it represents a foray into what is essentially alien territory.

The issues of joint response, investigative/protective roles, individual functions and case requirements are discussed. Examples of how the team response can work are offered. Samples of what can be found and presented in court are reviewed. This presentation familiarizes the child abuse professional with the court system in a very practical manner. We suggest ways to tame the lions.

2- INVESTIGATING SEXUAL ABUSE IN DIVORCE CASES

INVESTIGATING SEXUAL ABUSE IN DIVORCE CASES

Thomas F. Carr, M.A., L.C.S.W.
Independent Court Investigator
Suffolk County & Middlesex County Courts
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(508) 653-6069 (H)

Each year an increasing number of reports of child sexual abuse originate in the midst of child custody battles. Many of these cases gain national attention, as professionals attempt to break through existing hostilities and biases in seeking the truth.

While current professional theory is that children do not lie about sexual abuse, are the dynamics so different in these cases as to warrant a review of this assumption? How does the investigator maintain his/her objectivity in finding, separating and reporting the facts?

This presentation focuses on these questions while also addressing:

How to find and obtain useful collateral records and information in establishing a baseline.

Interviewing the parties (including the child).

Writing a report for court.

2- ALTERNATIVE RESPONSE SYSTEM

THE ALTERNATIVE RESPONSE SYSTEM: A COMMUNITY APPROACH TO EARLY INTERVENTION WITH CHILD ABUSE AND NEGLECT

Catholic Community Services
327 South Third Street
Kent, Washington 98032
Gail Dubin, M.A., Manager, Alternative Response System

State of Washington
Child Protective Services
Lee Doran, M.S.W.

The Alternative Response System (ARS) represents a pilot project that is a community based model for early intervention and treatment in the cycle of child abuse and neglect. A partnership was created between a private social service agency - Catholic Community Services, and two state-funded agencies - the Public Health Department and Child Protective Services. Families identified as "low risk" for child abuse and neglect were diverted from the traditional route of Child Protective Services investigation to the ARS. Social workers and public health nurses utilized a less intrusive approach in assessment and treatment planning with families, to successfully increase family participation and community planning of treatment resources. A standardized Risk Assessment Matrix was utilized to assess imminent risk of harm to identified children. More than 50 different agencies/subcontractors were identified to provide a wide array of services ranging from emergency assistance for food, clothing and financial help to day care, in-home counseling, parent-aide volunteers, parent training and alcohol/drug counseling. Outcome measures include pre-post risk matrix data, goal attainment scaling for individual problem resolution at case closure, and client satisfaction questionnaire. A total of 800-900 families are provided services during a 15-month time frame. To date 515 families have been provided with some level of intervention. Data are presented on client demographics, abuse/neglect demographics, and identified outcome measures.

2,8- FALSE ALLEGATIONS OF CHILD SEXUAL ABUSE

FALSE ALLEGATIONS OF CHILD SEXUAL ABUSE

Family Alternatives
School of Social Work
University of Minnesota
416 East Hennepin
Minneapolis, Minnesota 55414
(612) 623-2930
Michael Robin, A.C.S.W., M.P.H., Director of Treatment Services

There is a growing recognition that a small, but significant percentage of child sexual abuse allegations involve innocent persons. To be accused of child sexual abuse is to exist outside of the human community. Therefore, a false accusation can cause great harm to parents and their children. For those parents falsely accused of sexual abuse, state intervention tends to take on the air of a crisis and a conspiracy from which they feel powerless to resist. The reactions of parents when they are falsely accused are similar to those of other victims and range from short-term psychological trauma to post-traumatic stress disorder. Non-abused children also suffer needlessly when they are treated as if they had been abused and are unnecessarily separated from their parents. This presentation reviews the growing literature related to the issue of false allegations of child sexual abuse. This literature relies heavily on case studies and anecdotal reports. While small case studies do not give much information about the incidence of a problem, they do provide data to generate hypotheses regarding the dynamics of a particular phenomenon. Topics presented include the manner in which cases are investigated, legal reforms to accommodate the child witness, and the emotional impact of false allegations on parents and their children.

2,3- DIFFICULT CHILD/PUNITIVE PARENT

THE DIFFICULT CHILD/PUNITIVE PARENT

Northland Crisis Nursery
2115 East Cedar
Flagstaff, AZ 86004
(602) 774-7895 or 774-1375
Dino Thompson

This is a presentation of a new model of abusive parent/child relationships and successful intervention.

Defines the relationship between the difficult, hard-to-raise child and the punitive parent, a dynamic which results in acting out behavior on the part of the child; i.e., juvenile delinquency at home, school and finally in the community, drug and alcohol abuse, running away behavior, teenage pregnancy and general failing and/or violent behavior. Relationship of the ineffective, punitive parent and the "hard-to-raise" child to violence in the home. Included is teaching parenting skills for controlling the "hard-to-raise" child without punishment and/or out-of-control behavior by the parent (No-Choice Limits).

Usage of dialoguing/role play practice of No-Choice Limits Concepts.

The objectives are to be able to distinguish different types of abusing parent relationships, to be able to identify particular abusive dynamic of punitive parent/ "hard-to-raise" child, to be able to successfully intervene in this abusive/violent relationship, to be able to teach parenting skills for appropriately controlling the child, and to build new knowledge of violent parent/child relationships and treatment/intervention.

This develops successful interveners with violent parent/child relationships.

The subject matter of the presentation crosses ethnic boundaries to touch the center of human behavior.

2- FLORIDA PROTECTIVE SERVICES

THE FLORIDA PROTECTIVE SERVICES SYSTEM

Florida Department of Health and Rehabilitative Services
2729 Ft. Knox Blvd., Tallahassee, FL 32308
(904) 487-4332
Gene Bowers, Senior Human Services Program Specialist

The FPSS, implemented on July 1, 1988, is a comprehensive system for centralized receiving and screening of child abuse and neglect complaints, automated background screening of subjects of each report, and thorough investigation of each complaint. Abuse investigators are supported by having immediate access to on-line automated information on every abuse and neglect case, and by immediate and on-going protective supervision of clients by social workers when needed. The system provides accountability through automated tracking of investigation and field data entry milestones, and regular case review by supervisors. The system ensures multi-disciplinary cooperation among protective investigators, social workers, licensing and regulatory agencies, the state attorney, and law enforcement agencies.

2- COURTROOM PRIMER

A COURTROOM PRIMER: PROSECUTION AND PROFESSIONALISM IN PROTECTIVE PRACTICE

Boston City Hospital
818 Harrison Avenue
Children's 3
Boston, MA 02118
(617) 424-5443
Jan E. Paradise, M.D., Associate Director, Child Protection
Program
Robert M. Reece, M.D., Director, Child Protection Program

Sexual Assault Unit
Norfolk County District Attorney's Office
Dedham, MA
Marianne C. Hinkle, J.D.

Although statutes in many states require that substantiated cases of child sexual abuse be referred for criminal investigation or prosecution, many professionals who evaluate and treat sexually abused children are not knowledgeable about or comfortable with the courtroom procedures that may result. Furthermore, child protection professionals' opinion about the impact of prosecution on child victims vary widely. Gaps in our understanding of the criminal justice system may impair prosecutions and may exacerbate the negative effects of prosecution on victims.

This presentation, led by pediatricians, and an attorney with expertise in child sexual abuse, is designed to broaden professionals' understanding of criminal proceedings in child sexual abuse cases, to decrease their anxiety about participating in the legal process, and thus to enhance their effectiveness as advocates for abused children.

Mock trials are used to illustrate issues of professional and protective practice that arise in the prosecution of cases of child sexual abuse. Attention is focused on four topic areas: (1) the major legal considerations that arise when prosecution of a case is contemplated - qualification of child witnesses, rules of evidence, the treatment of children in court, and fact and expert testimony; (2) preparation of the fact or expert witness for court; (3) medical issues relevant to prosecution; and (4) information about the impact of courtroom events on victimized children.

2,8- CHILD SEXUAL ABUSE IN THE COURTS

CHILD SEXUAL ABUSE IN THE CRIMINAL, JUVENILE, AND DOMESTIC RELATIONS COURTS

Court of Appeals, Fifth Circuit
State of Louisiana
Courthouse Building
Gretna, Louisiana 70053
Sol Gothard, Judge

Do the various courts accept mental health definitions of what constitute sexual abuse of children, or do they have more limited, stringent definitions that are more difficult to prove? Do the majority of sexually abused children suffer in silence, while their abusers continue to abuse them and others or, as has been alleged, has the issue of sexual abuse of children become grossly exaggerated and the number of alleged victims greatly inflated? It has also been alleged that there are increasing unfounded reports against fathers, that there is a presumption of guilt instead of innocence against them, that social workers and other mental health experts can never prove sex abuse of children, and many more issues in this highly volatile area. Judge Gothard presents current research, both mental health and legal, in all areas of "The Battle and the Backlash" in sexual abuse of children, as well as the latest law cases and clinical methods of proving sexual abuse of children in the courts. A paper entitled "Proving Child Sex Abuse In The Courts" is distributed.

2,3- EARLY INTERVENTION

EARLY INTERVENTION WITH ABUSED & NEGLECTED CHILDREN BY MEANS OF A DAY TREATMENT PROGRAM

The Children's Center
Salt Lake City, UT 84112
(801) 582-5534
Kristina Hindert, M.D., Psychiatrist, Executive/Medical Director
Agnes Plenk, Ph.D., Licensed Psychologist, Founder and
Consultant

The Children's Center is a private non-profit, therapeutic preschool for children with behavioral problems. It was founded 26 years ago and is one of the largest clinical agencies of its kind in the country.

The cornerstone of The Children's Center is the Day Treatment Program. This is a therapeutic preschool for emotionally troubled preschoolers, ages two through five. Young children are referred for a variety of problems such as depression, anxiety, temper tantrums, and aggressive behaviors. The treatment model is one of cognitive social skills training. Children are treated in groups of eight or nine with two therapists for three hours a day, five days a week. The average length of stay is one year. Parents are seen weekly or bi-monthly by parent therapists in an effort to change their patterns of interaction within the home, acquire age-appropriate expectations of their child and focus also on family dynamics.

Results are improved self-esteem, enhanced ability to trust, strengthened social skills with peers and adults, and increased ability to resolve conflicts in an appropriate manner. In addition, there is often a secondary effect on siblings who model the improved behaviors of children in treatment. In effect, the entire family system is frequently modified.

Last year, The Center saw 326 children in this program. Follow-up studies, based on reports by mothers and by teachers of day care centers and kindergartners indicate a success rate in adjustment to be 85%.

One third of the children referred are from Social Services. These referrals are based on concerns of potential or existing abuse and neglect. A small percentage of these are court-ordered for treatment. In the 26 years since its inception, the Day Treatment Program has helped thousands of families by intervening with children who are troubled and/or abused or neglected.

2- COURTROOM STRATEGIES

WHO'S ON TRIAL: COURTROOM STRATEGIES FOR THE EXPERT WITNESS

Network Against Child Abuse
1349 Second Avenue
Salt Lake City, UT 84103
(801) 487-7158
Teena Sorensen, R.N., M.A.
Barbara Snow, D.S.W., Private Practice
Max D. Wheeler, Attorney at Law, Snow, Christensen and Martineau
Karen Knight-Egan, Attorney at Law, Associate Professor, College
of Law, University of Utah

To effectively represent sexually abused children, the expert witness of today must possess not only qualifying credentials but "courtroom competence." No longer can the treatment professional leave legal issues to the lawyers. Cases of sexual abuse are often won and lost not by their merit but by courtroom strategies.

To address this problem, regional and national workshops have been held to educate professionals. The element lacking in many of these presentations has been practical, specific methods that can be used directly by the professional to demonstrate competence and control.

This presentation responds to this deficit by presenting such techniques in an informative yet entertaining format. To maximize the participants' skill development, this presentation incorporates the three stages of learning: introduction of the concept, demonstration and practice. Through the use of live dramatization and videotape scenarios, the presenters demonstrate the following:

- Countering impeachment techniques
- Qualification as an expert
- 10 strategies for coping with cross examination
- Characteristics of good direct testimony

A checklist for courtroom preparation is offered.

Information for this presentation has been developed and refined over the past five years by the presenters through national training, as well as extensive practical courtroom experiences.

2- VOLUNTEERS WHO SPEAK FOR CHILDREN

CASA: COURT APPOINTED SPECIAL ADVOCATE

Hyla Garlen, Ph.D., CASA Volunteer, Union County, NJ
10 Karen Way
Summit, NJ 07901
(201) 273-6158

Since the mid 1970's laws have been passed and agencies have been put in place to deal with child neglect and child abuse. A new monster came out of the legal reforms, "system induced trauma," capable of devastating children and their families. Social workers embroiled in family services were undervalued, overworked and overwhelmed. Cases fell between the cracks and heartbreak flourished in the red tape. Out of the frustration and desperation, the entity of Court Appointed Special Advocate was conceived.

The CASA is a volunteer from the community who has been screened, trained and evaluated to gather information for the court regarding children in placement. These include children in foster homes, special schools, and institutions. Many of these children, from all strata of society and of all racial backgrounds have been battered, abused and otherwise traumatized.

There are advantages to being a volunteer. Volunteers are exactly where they want to be, volunteers can cut through red tape, and volunteers can focus on a very limited caseload. When a CASA volunteer receives a case he or she will read the history and set out to meet all of them as a friend, someone who will advocate for them, someone who stands away from the court and its agencies and yet has the ear of the court. The CASA is like one they have met before; a person who is there for them, a helping hand and a patient ear, who can report to the court in full detail and with objectivity.

The story of CASA and the work of the CASA volunteer is the subject of this presentation. It is the story of a group and of individuals who can make all the difference in our battle against child abuse and child neglect.

2,3- DISCLOSURE AND MULTIDISCIPLINARY TREATMENT

THE SECRET IS OUT - WHAT NOW? DISCLOSURE OF CHILD ABUSE AND MULTIDISCIPLINARY TREATMENT

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Medical University of South Carolina
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Sarah R. Stanley, M.S., R.N., C.N.A., C.S., Attending Nurse,
Youth Division

Mercy Medical Center
University of Maryland
Baltimore, Maryland
Charles Shubin, M.D., Associate Professor

Disclosure of sexual or physical victimization of a child precipitates crisis. The nature of victimization, the secrecy and shame, the criminal sanctions against it, the young age and dependency of victims inhibit discovery and work against self-reporting. Since disclosure of a guarded secret is risky, what are the main concerns of discovery for the child, the family, and the agencies/professionals?

This presentation reports a four-year Crisis Intervention program in a major Mid-Atlantic teaching hospital with a strong and stable community multidisciplinary model which accepted children ages eight months to 12 years from a large metropolitan and 19-county catchment area. The core evaluation and treatment team included a forensic pediatrician, clinical nurse specialists in child/adolescent psychiatry, social workers, nurses, behavioral pediatricians and a lawyer. This model also included formal liaison and regular meetings with the police, states attorney and child protection workers from the specific jurisdiction handling the case.

The presentation reports the results of retrospective record review for 100 of the 1100 patients serviced through the CARE Child Abuse Program in terms of victim disclosure (self vs. non-self), where 68 percent of the children were self disclosers. Inhibitory factors; i.e., significance of perpetrator, family dynamics, length of abuse secret, and secrecy pressures were explored, as well as victim supports; i.e., parents' belief, cooperative efforts of intervening agencies and crisis intervention services.

The presentation describes creative interdisciplinary and multidisciplinary efforts that contributed to positive outcomes for the clients served.

2,3- FAMILY INTERVENTION

FAMILY INTERVENTION AND FAMILY REUNIFICATION PROJECTS

South Carolina Department of Social Services
Division of Child Protective and Preventive Services
P. O. Box 1520
Columbia, South Carolina 29202-1520
(803) 734-5670
Marguerite H. Campbell, Consultant
Janet Diaz, Consultant

The state's Preventive Services Program Development Plan focuses on assisting in the solution of family problems which may result in the abuse, neglect, or exploitation of children and the reduction of long term substitute care placement. Two projects under the program guidelines have been piloted in five counties since December 1987. These projects deliver intensive, time and task oriented family centered services to project families using a professional/paraprofessional team trained in home-based service delivery and family treatment through Reality Therapy.

The Family Intervention Services project, operating in three counties, targets an "at risk" population for whom a protective services report is unfounded, but the likelihood exists that maltreatment will occur. The "Level of Family Functioning Scale" is used by project staff as both an assessment and case evaluation tool. A Respite Day Care Program and Caretaker Services are specifically offered to families to further reduce risk to children and enable families to remain intact.

The Family Reunification Project addresses the reduction of the length of substitute care placement due to maltreatment in two counties of the state. Identification of families appropriate for reunification and controlling of the reduction of risk to the child is addressed through the use of the "Child at Risk Field Model: A Family Preservation Approach to decision Making in Child Protective Services."

A formative evaluation of process, including data concerning project effort, project outcome and quality of caseworker services provided has been developed for both projects.

2,3- CHILD INTERVENTIONS

CHILD INTERVENTIONS: THE VOLUNTEER PARENT AIDE'S VIEW

The National Exchange Club Foundation for the Prevention
of Child Abuse
3050 Central Avenue
Toledo, OH 43606
(419) 535-3232
John R. Cunningham
George Mezinko

The volunteer "parent aide" concept, currently becoming increasingly popular as an adjunct to traditional treatment and child abuse prevention methods, presents an opportunity to obtain valuable insight into the dynamics of the interventions utilized by volunteer parent aides.

A survey is to be done of 50 volunteer parent aides, randomly selected from a group of 600, from across the United States asking for the specifics of intervention strategies. The volunteer parent aides will be asked to indicate the dynamics that are believed to have caused abusive behavior within the family, the source and rationale for intervention techniques, how the parent aide feels about the efficacy of action, how it was broached, and the perceived impact of the effort. Responses will be analyzed by experienced treatment professionals who will present the more salient findings in an open group discussion with the actual responses available for dissemination.

Currently there are hundreds of parent aide programs across the country with thousands of volunteers working directly in the home with thousands of families at risk to abuse or re-abuse. On a daily basis, volunteers attempt hands-on intervention techniques that they believe will work to change the family's behavior. The reason a specific approach was taken, how it was done, and moreover, the impact that the intervention had can be of great interest to professionals in the field.

3- CONCEPT DEVELOPMENT IN THERAPY FOR CHILD VICTIMS

THE IMPORTANCE OF CONCEPT DEVELOPMENT IN THERAPY FOR CHILD VICTIMS OF SEXUAL ABUSE

Youth and Family Services
3514 - 60th Street
Kenosha, Wisconsin

Marriage and Adolescent Counseling Center
11803 W. North Ave.
Milwaukee, Wisconsin

Verna Schmidt, M.S., Counseling Psychology Affiliate
8213 Red Arrow Court
Wauwatosa, Wisconsin 53213
(414) 771-8668 or 774-4400

The information in the program is based on empirical experiences as a therapist providing individual and group therapy since February 1986 at two private agencies. This program is unique because it provided a missing link between awareness of the therapeutic issues in child sexual abuse and how to provide the therapy needed.

The following concepts and illustrative techniques are addressed:

1. Defining sexual abuse.
2. Offender techniques - games, lures, threats and tricks.
3. Emotions: definition: emotions continuum and changing feelings: specific awareness of ambivalence, confusion, trust, worry, guilt, responsibility.
4. Senses: touch continuum, positive vs. negative touch, confusing touch.
5. Why victims are not responsible for abuse.
6. Preparing for court - understanding court procedures, especially role of witness.

The techniques are original in design by the author from a new treatment manual for facilitators of sexual abuse groups, ages three through 12, which offers over 100 activities. A three-fold process is described for therapy: responding to negative aftermath of abuse, preventing future victimization and developing positive attitudes.

THERAPY WITH CHILD VICTIMS OF RITUALISTIC ABUSE

This program is based on empirical testing with child victims, ages four through nine of ritualistic child abuse. Therapeutic techniques designed by the author are described, based on information from technical training by special investigators in law enforcement in Illinois and Wisconsin, and a therapist specializing in this area.

Information shared includes:

1. Background information about ritualistic abuse.
2. Awareness of children's disclosures and behaviors that signal ritualistic abuse experiences.
3. Techniques which offer therapeutic intervention.
4. Preparation for court testimony.

3- HOME-BASED SERVICES FOR HIGH RISK FAMILIES

HOME-BASED SERVICES FOR HIGH RISK FAMILIES: AN EVALUATION OF SERVICES

Nebraska Department of Social Services
301 Centennial Mall So.
Lincoln, NE 68509
(402) 471-9273
Mona Way, Program Specialist
Greg Gross, Family Therapist

With the growing numbers of families being broken up by physical and sexual abuse, neglect, and family dysfunction a different approach was needed to serve families. In 1985, the Department of Social Services embarked upon an internal home-based family-centered therapy program. In 1987, with the passage of the Nebraska Family Policy act, the Department contracted with 13 agencies statewide to further promote home-based, family-centered therapy; including ethical considerations.

After almost two years of service provision in this manner, the Department initiated an independent assessment to determine if a home-based, family-centered approach was being used. The major component of the review was the development and use of the Home-based Services Assessment tool which captured a multi-dimensional evaluation of family services.

The Home-based Services Assessment tool consists of five related instruments:

- * Agency Questionnaire
- * Therapist Questionnaire
- * Family Case Questionnaire
- * Therapist Skill Assessment
- * Assessment Summary

Information collected from the Home-based Assessment tool and other support materials were used to address the following department questions:

- * Treatment outcome - are family-centered, home-based services as effective, more effective, or less effective than other means of therapy dealing with abuse, neglect, and incest?
- * Quality of services - are the contractor's rates reasonable for the services provided? What is needed to monitor services?
- * Treatment modality - are actual services provided systemic versus individual? Do they utilize family strengths?
- * Future direction - what can the Department do to improve/facilitate better working relationships with providers in order to ensure quality services for families and children?

In summary, this presentation addresses home-based, family-centered philosophy, assessment tools, findings, and implementation of the recommendations. This model will be one that may be easily replicated by other agencies involved with this approach to abuse and neglect.

3- SELF-AS-MODEL THERAPY

SELF-AS-MODEL (SAM) THERAPY

Children's Behavior Therapy Unit (CBTU)
668 South 1300 East
Salt Lake City, UT 84102
Rob Conger, M.D.
Jane Kesler, M.S.

Self-as-model (SAM) therapy refers to a novel and unique supplemental intervention strategy which primarily involves the client observing video tapes of self-positive behavior. This strategy was first conceived of and developed in the early 1970's. The initial focus was with clinical populations experiencing social withdrawal or those with medical conditions in teaching social or motor skills. More recently, the focus of intervention has turned to children experiencing severe emotional or behavioral disorders. In 1986, for example, a study was conducted by a group of researchers from the University of Utah which demonstrated the effectiveness of SAM in dramatically reducing disruptive classroom behaviors in a small group of behaviorally disordered children using a multiple baseline design.

The SAM program at CBTU draws heavily upon past research efforts and focuses attention upon emotionally dysfunctional abused children. As part of a larger behavioral intervention program, a sub sample of emotionally dysfunctional children were targeted for SAM therapy (N=12). Pre and post behavioral, cognitive, and emotional measures were taken vis-a-vis the classroom setting. Preliminary analysis of the obtained data suggests substantial reduction in disruptive behavior and an increase in positive pro-social interactions. Both data collection techniques and results as well as the SAM therapeutic strategy are presented.

3- BONDING IN FAMILIES

BONDING AND ATTACHMENT IN FAMILIES: THE FUNDAMENTAL CONSTRUCT TO EFFECTIVE INTERVENTION IN ABUSE AND NEGLECT

The Salvation Army Hope Center
3740 Marine Avenue
St. Louis, Missouri 63118
(314) 773-0980
Mary North, A.C.S.W.
Donna Meinardi, A.C.S.W.
Rob Knight, M.S.W.

Since 1984, the Center's program has been delivering a multi-disciplinary continuum of services which is proven effective in the remediation of the effects of very severe abuse and neglect in young children and their families. The purpose of the presentation is to describe the practice perspective and program design for this intervention.

The theoretical construct of Bonding and Attachment, although expected in work with children individually, is seen as the driving principle of practice in the agency's treatment of children and families. This model assumes that three elements in Bonding and Attachment are valid for treatment objectives: (1) bonding and attachment to a primary caregiver, (2) expectable external environment, and (3) responsive, empathic internal environment. This construct has been generalized to a variety of milieu and forms an interdependent range of treatment services: residential care, therapeutic foster care, day treatment, and family treatment. Each service employs the disciplines of early childhood development and education, pediatric medicine, individual and group child play therapy, individual and group adult therapy, couples counseling, and family therapy.

Service outcome data from this agency clearly demonstrates the effectiveness of this practice model. This presentation asserts that Bonding and Attachment is a central theme in addressing not only treatment, but prevention of child abuse and neglect.

3,8- DEVELOPMENTALLY BASED TREATMENT TECHNIQUES

DEVELOPMENTALLY BASED TREATMENT TECHNIQUES FOR CHILD AND ADOLESCENT SEXUAL ABUSE VICTIMS

Uptown Mental Health Center
2215 Pillsbury Avenue South
Minneapolis, MN 55404
Mindy F. Mitnick

This presentation describes the model for treatment of child and adolescent sexual abuse victims utilized in a multidisciplinary outpatient therapy program. The model applies Erik Erikson's developmental stage theory in understanding the impact of sexual abuse on the victim and in structuring the treatment plan. This model has been the basis for both individual and group treatment with victims aged three through 18 for the last ten years. The developmentally based treatment approach has been effective with incest victims and with victims of extrafamilial sexual abuse, with both males and females. This presentation will focus on (1) how to identify the current primary developmental stage of the victim - Trust, Autonomy, Initiative, Industry, Identity; and (2) How to develop appropriate treatment strategies targeted to the victim's developmental needs. Application of play therapy, art therapy, and metaphor and storytelling techniques are described. Case examples demonstrate how this model facilitates recovery and healthy development.

3,2- PARENTS ANONYMOUS

PARENTS ANONYMOUS; LEARNIG ABOUT CHILD ABUSE FROM THE EXPERTS - PARENTS

Parents Anonymous of New Jersey
12 Roszel Road, Suite A-103
Princeton, NJ 08540
(609) 243-9779
(800) 843-5437
Joyce Mohamoud, Executive Director

The Parents Anonymous organization was founded in 1970 by a single "abusive" parent, Jolly K., in partnership with her social worker, Leonard Leiber. They recognized the need for a Self Help model which would allow parents experiencing child abuse problems to meet, share, and change abusive patterns into safer, more loving relationships. Unlike traditional 12-step programs, Parents Anonymous utilizes professionals to work with the groups, facilitating rather than leading.

This paper familiarizes participants with this unique partnership between self-help and professionals that has successfully helped parents with child abuse problems for the past 19 years. It explores the "underground" population that utilizes Parents Anonymous. It reviews issues and causes of child abuse as related to professionals by parents, actively involved in solving their problems. Finally, it provides an overview of the growth of Parents Anonymous throughout the country, highlighting not only Parent Groups but other components of Parents Anonymous such as the Children's Program, the Nurturing Program, and A.S.A.A.C. (Adults Sexually Abused As Children) groups. The Parents Anonymous program has successfully moved into the "90's" and continue to help parents and provide professionals with insights and experiences unmatched in the clinical setting.

3- TREATMENT OF ANXIETY AND DEPRESSION

TREATMENT OF ANXIETY AND DEPRESSION IN CHILD ABUSE VICTIMS

Cedar House, Inc.
605 Cedar Ave.
Long Beach, CA 90802
(213) 436-8276
L. E. Seiser, M.A. M.F.C.T.
Karen Lombard-Cauffman, M.S.

Victims of child abuse show severe signs of both depression and anxiety. These two symptoms are often the presenting problem, long before the actual abuse is disclosed. Our first interventions are usually in the direction of relieving these symptoms often without knowing the underlying victimization. The client may best be understood by viewing the trauma within the hypnotic paradigm, and by considering the symptoms as post-hypnotic suggestions or as hypnotic phenomenon. The events of victimization are overwhelming and confusing, two elements utilized in the induction of a trance state. The victim may disassociate as a coping mechanism or a defense against the abuse. Other hypnotic phenomenon may be utilized to protect and defend the victims, all of which may manifest themselves later as symptoms in treatment. Often depression is the reaction of the victim as disassociated spectator to their own abuse. Those helpless feelings of compassion are often depressed versus expressed. Anxiety may be viewed as the nonspecific energy or reaction that the victim has when something triggers a reliving (conscious or unconscious) through age regression.

An understanding of how the symptoms of anxiety and depression may be signals from the unconscious of past abuse, and their basis and manifestation within the hypnotic paradigm, the skilled clinician can utilize them towards health.

3- TREATMENT SEQUENCING AND MONITORING

TREATMENT SEQUENCING AND MONITORING

Cedar House, Inc.
605 Cedar Ave.
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(213) 436-8276
L. E. Seiser, M.A., M.F.C.T.
Karen Lombard-Cauffman, M.S.

There has been a lot of focus in the media and professionally on child abuse treatment. Very often the literature is narrative or anecdotal, and does not provide a lot of specifics or how that translates to direct treatment or to case management.

The clinical team at Cedar House has developed some very specific guidelines which delineate content to be used in the treatment of child abuse. When these specifics are known to the therapist (and often client), treatment can progress much more efficiently and effectively. These guidelines have also proved a valuable aid in monitoring or evaluating treatment progress and case presentation (especially within a judicial context).

The objective in developing these guidelines was to first research and combine the subjective criteria being used by clinicians currently doing direct treatment. The process was to elicit and make conscious those dynamics or behaviors which were being utilized subjectively and unconsciously in treatment. The information was compiled in several "brainstorm" sessions. The guidelines were then available to be more objectively and consistently applied to direct treatment, case management, evaluation of effectiveness and thoroughness, and judicial review.

While no guidelines exhaust all the possible variables, they have proven to be comprehensive enough to be practical and useful. It is only by being more aware of what we do that we can do treatment more effectively.

3,1- CHILDREN PARENTING CHILDREN

COMMUNITY NETWORK AND SUPPORT FOR CHILDREN PARENTING CHILDREN: BREAKING THE CYCLE OF CHILD ABUSE AND NEGLECT

Washington Alliance Concerned With School Age Parents
2366 Eastlake Avenue East, Suite 408
Seattle, WA 98102
(206) 323-3926
Mary Ann LaFazia, M.S.W.

South Kitsap School District
Port Orchard, Washington
Dannie Sayers, B.S.Ed.

The adverse and long lasting negative consequences of adolescent pregnancy and parenting include low self esteem, subsequent adolescent pregnancy, interrupted schooling, inadequate health care, poor parenting skills, unemployment and a high risk for child abuse and neglect. Often, the child abuse focus is on the adolescent parent as the perpetrator. This program focuses on the extensive histories of childhood victimization of pregnant and parenting adolescents. The victimization was often sexual, occurring when the adolescent was very young and extending over a long period of time. These experiences negated normal childhood experiences in regard to intimacy, trust and appropriate sexuality.

The Washington Alliance Concerned With School Age Parents (WACSAP) developed a community coalition model, called Continuum of Services, designed for communities to address the issues of childhood vicimization of pregnant and parenting adolescents. The model has been implemented across Washington State since 1986. Community representatives from education, health, social services and businesses are challenged to cooperate and collaborate in identifying existing services, developing strategies to fill service gaps and ensuring services to pregnant and parenting adolescents. Crucial to the success of a community's Continuum of Services is the commitment of representatives to deliver services identified along the Continuum.

The program objective of rallying a community around adolescent pregnancy and parenting through addressing child abuse and neglect was evaluated by an independent researcher. One finding included that WACSAP's intervention in a community through an established county Child Abuse Council served to reduce professional turfism.

3- TREATMENT FOR PARENT-CHILD DISORDERS

IMPACT: A TREATMENT PROGRAM FOR PARENT-CHILD INTERACTION DISORDERS IN EARLY CHILDHOOD

Adams County Department of Social Services
7190 Colorado Blvd.
Commerce City, CO 80022
(303) 287-8831 x 345
Johanna Perkins, B.S.W.
Sue Smith, M.S.W., L.S.W.I.
Jane Hoffmann, R.N.
Linda Zschoche
Connie Linn

IMPACT (Interactional Milieu Parent and Child Treatment) is a unique intensive treatment program for families with children birth through six years of age who are in placement or imminently at risk for placement. This program provides early assessment and intervention in disordered parent/child nurturant partnerships which lead to failure to thrive, delayed development and other attachment disorders in young children.

IMPACT utilizes several treatment components including family interactional therapy, the foster family treatment milieu, a weekly ABC group (Attachment, Bonding and Caring) for parents and their children and individual and/or group therapy for children three through six years of age. These therapeutic services are used to develop parenting skills and healthy parent-child interaction and attachment. This program utilizes a family social worker as well as a separate social worker for children in placement and their foster families. A psychiatric nurse is also part of the IMPACT team to provide consultation in assessments and to co-facilitate the ABC group which utilizes trained volunteers and their children as role models for appropriate parenting.

It is the goal of IMPACT to prevent placements or to successfully return children to a safe family environment in the shortest time possible through intensive services. Additional goals are reducing the number of moves in foster care, preventing returns to foster care and improving the success of adoptive placements.

IMPACT was begun as a program in October of 1988. The weekly ABC Group was initiated by team members in March of 1987 and use of family interactional therapy was initiated in June of 1988.

3- FAMILY BASED TREATMENT

FAMILY BASED TREATMENT: NEW MOTIVATION FOR NEGLECTFUL FAMILIES

National Resource Center on Family Based Services
Western Regional Office
Children's Services Division
Salem, Oregon 97310
Marcia Allen, M.S.W., R.C.S.W., Associate Director

National Resource Center on Family Based Services
University of Iowa
Oakdale, Iowa 52319
Miriam Landsman, M.S.W., Research Associate

Douglas Branch Children's Services Division
Roseburg, Oregon
Joe Reiter, M.S.W., Supervisor

Chronically neglectful families pose complex problems for child protection agencies. Families face multiple intergenerational, developmental and social support issues, and exhibit hopeless/helpless attitudes. Workers find neglect difficult to approach and tend to adopt the families' despair; the unfortunate result is that families end up neglected by the helping system.

The National Resource Center on Family Based Services has received a federal grant to demonstrate and evaluate a family based treatment program with chronically neglectful families. Families will be served over two years and receive a comprehensive assessment, case management, and an array of services drawn from: family therapy, group and individual parent training, building peer/kinship support networks, Confidence Clinic, therapeutic day care, Headstart, and substance abuse treatment.

This presentation will focus on the project's initial phase, engaging families in treatment. It is very important to approach families in new and creative ways, empowering them immediately by offering choices about participation. They may choose between this program and standard services. They may help identify and prioritize their own change objectives and resources to utilize. Because neglectful families are accustomed to being told what to do, the element of choice may be both novel and effective. Critical to success is instilling hope for the future, helping families visualize new possibilities for their lives.

After four months of service, we will be able to discuss which approaches with families have been successful and unsuccessful, and how we have maintained staff motivation. Some relevant data is also presented.

3,2,8- ISSUES OF CHILD SEXUAL ABUSE

WE ARE SOMEBODY

Warm Springs Center
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Boise, ID 83720
(208) 343-7797
Mary Rong, M.S.W., Child and Family Therapist

Idaho Department of Health and Welfare Region IV
4355 Emerald
Boise, ID 83706
Mardell Nelson, M.S.W., Intensive Assessment Unit Supervisor
Barbara Hamon, B.S.W., Child Protection Investigation Unit

Boise Valley Chapter of Parents United
Boise, Idaho
Kathy Butler
Judy Fyffe
Deborah Allred

We Are Somebody is a documentary dealing with the issues of child sexual abuse. Each of four women, molested as children, provides personal testimony disclosing her own abuse. Each woman describes her childhood, family dynamics, the delayed impact of that trauma on her adulthood, and her individual recovery process. Poster size photographs of each woman, as the child she was when the molest began, provide both the speaker and viewers with a powerful visual and emotional contrast between the abuse and the vulnerability of childhood.

The women stress the importance of individual and group therapy in their recovery process. The telling of their abuse allows the presenters to gain some therapeutic resolution by: giving meaning to the experience and moving beyond the shame, ending the isolation, breaking the secret-keeping rules of the family system and taboos of the culture which contributed to the entrapment, and empowering the individuals to become stronger than the abuse and the abuser. The women enter the treatment process as victims and emerge as survivors.

Uses of this video include:

- Training mental health professionals in the treatment aspects of incest.
- A tool for the intervention and treatment of members of incestuous families.
- Educational programs for lay audiences led by experienced mental health professionals.
- A demonstration of a powerful therapeutic process that can be replicated in other communities to inform and facilitate healing.

3- TREATMENT TEAM APPROACH TO SEXUAL ASSAULT

TREATMENT TEAM APPROACH TO SEXUAL ASSAULT

Divine Providence Hospital
Community Mental Health Services
605 West Fourth Street
Williamsport, Pennsylvania 17701
(717) 326-7800
Roberta A. Marshall, M.A., Licensed Psychologist
Beverly J. Linn, Ph.D., Psychological Associate
C. Townsend Velkoff, M.A., Licensed Psychologist

In 1983, Sexual Assault Needs Assessment was done for Lycoming County of rural North Central Pennsylvania at the impetus of the criminal justice system. A one-year pilot study was completed. In 1985, a comprehensive treatment program was developed by the Divine Providence Hospital Community Mental Health Center to meet the needs of people affected by sexual assault. The program adheres to the philosophy of a strong interagency multidisciplinary networking system. A basic principle of the philosophy is the team approach in the provision of therapy. This is an approach we have described at national and international conferences.

Our fundamental premise is that sexual assault is a traumatic event that has an impact on the members of the family and the wider social system. Our immediate concern is to establish the safety of all involved which then enables us to begin the process of therapy. We view sexual assault as a criminal act. We believe it both appropriate and beneficial that the sex offender should face the legal consequences of their assaultive behavior. Indeed, the most effective therapy with offenders occurs when the criminal justice system is involved.

We provide services to child and adolescent victims, male and female adult survivors of sexual assault, and offenders therapy to adolescent and adult populations. These services are provided in a multifaceted program of individual, joint (i.e., mother/daughter), family, marital and group therapies.

Our overall goal is to provide the therapeutic vehicle that can mobilize personal resources, allow issue resolution and enhance personal growth, individually and within the social network. Due to the magnitude and complexity of the issues associated with sexual assault, we approach this as a team.

3- ADOLESCENT MALE SURVIVORS

WORKING WITH ADOLESCENT MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE

Charles Co. Community & Referral Center, Inc.
P. O. Box 1291
Walford, MD 20601
(301) 645-3336
Rus Ervin Funk

This offers an examination of the therapeutic issues raised by adolescent male survivors of childhood sexual abuse. The discussion provides an outline of the presenter's experience in both individual and group therapeutic techniques, as well as providing a fairly detailed examination of each.

Focus is on issues raised both by the survivor and for the presenter as a result of the one-on-one counseling relationship. Further discussion explains the use of individual therapy to assess for group intervention, as well as a specific tool for exploring issues raised within the group process. Family involvement will also be discussed.

An examination of the group process is provided, focusing on the issues raised during group process. The description of the logistics of group-work are discussed as well as an outline of the short-term, time-limited intervention style which is used during this aspect of the therapeutic involvement. The necessity of co-counselors - one male and one female - will also be discussed, focusing on the positives of such a counselor makeup.

The presentation demonstrates the differences apparent between adolescent male survivors and adolescent female survivors in terms of issues raised and therapeutic style. However the focus of the discussion will remain on the adolescent male survivor.

The presenter will maintain a feminist perspective throughout the discussion of intervention and treatment.

3- GROUP PROCESSES FOR ADULT VICTIMS

GROUP PROCESSES FOR VICTIMS OF SEXUAL ABUSE

LDS Social Services
Columbus-Ohio Office
152 Washington St.
Canal Winchester, OH 43110
(614) 837-2726 (H)
(614) 836-2466 (O)
Wayne A. Tolman, A.C.S.W., L.I.S.W., L.C.S.W., Agency Manager

Traditional therapies such as Psychotherapy, Marriage Counseling, and Confrontive Group Therapy have not effectively reached many victims of sexual abuse.

As more knowledge is learned about the effects of abuse and how to treat its victims, a Group Therapy has developed that addresses the unique needs of adult females so traumatized.

Using this approach over the past eight years in Idaho, Ohio, Pennsylvania, and West Virginia with more than 300 women, the following treatment program developed.

1. Confusion of identity.
2. How abuse affects people differently yet similarly.
3. Confrontation of offenders.
4. Needs of recovering victims.
5. How to change oneself.
6. Developing trust with one's mates.
7. Understanding sexuality and intimacy.
8. Becoming aware of one's self-esteem.
9. Guilt vs. responsibility.
10. Forgiveness and going on.

3.1- INFANT MENTAL HEALTH

INFANT MENTAL HEALTH: NEW DIRECTIONS IN CLINICAL PRACTICE IN RURAL ARIZONA

Family Resource Project Committee
Yavapai Regional Medical Center
1045 Apache Drive
Prescott, AZ 86303
(602) 445-2903
Rebecca Ruffner Tyler, Child Development Specialist
Malcolm C. Gray, Ph.D., Director, Family Therapy Workshop

This presentation addresses new developments and programs in infant mental health in Arizona. The conditions which foster the healthy, emotional, social and physical development of infants, while rooted in the context of family life and relationships are often severely compromised by economic, demographic, and sociological factors beyond the control of families. Small, flexible community-based programs, like the consortium of programs starting up in four hospitals in Arizona, can provide vital support lost to many young families today. Whether staffed by volunteers or paraprofessionals, these programs can effectively reduce maltreatment of infants and strengthen young families. Further, they send a broader message about how we as a culture care for our infants and their parents.

We will outline basic concepts in infant mental health, discuss examples of workable, effective program models, share the challenges and opportunities often associated with new programs, and encourage participants to discuss their experiences and questions with us. Issues such as supervision and support of home visitors, training and inservice, clinical issues around infant development, maternal-infant attachment and interaction, and culturally sensitive, supportive interventions are highlighted.

3- FAMILY AS A SYSTEM

A HOUSE DIVIDED AGAINST ITSELF: THE FAMILY AS SYSTEM, THE SYSTEM AS FAMILY

Family Resource Project Committee
1045 Apache Drive
Prescott, Arizona 86303
(602) 445-2903
Rebecca Ruffner Tyler, Child Development Specialist
Malcolm C. Gray, Ph.D., Director, Family Therapy Workshop

The child protection system nationally has seen a tremendous increase in reported cases of child maltreatment in the last two decades. Although identification of children at risk has been increased, especially among mandatory reporters, effective and humane treatment of families identified as failing to protect and nurture their children has yet to be adequately addressed.

Most, if not all, state agencies charged with this responsibility, operate for the purpose of protecting children and strengthening families. Our experience as therapists, over a three-year period of providing services to families and children referred by child protective services, is that more often than not, policies, practices, and training of agency personnel effectively contradict this stated purpose. From this experience, we have concluded that to treat the issues of protection of children and strengthening of families as separate is often ineffective, if not damaging.

We offer not only specific clinical and practical approaches for working with families and the systems which often engulf them, but also an examination of the underpinnings of policy, practice, and function of social services systems themselves.

3- EMPOWERING PREGNANT AND PARENTING TEENS

EMPOWERING PREGNANT AND PARENTING TEENS: ENDING THE GENERATIONAL CYCLE OF ABUSE AND NEGLECT

Parents Anonymous of Washington State
P. O. Box 15301
Seattle, WA 98115
(206) 524-5977
Teresa Rafael, M.S.W., Director
Johanna Schuchert, Executive Director

Parents Anonymous of Virginia, Inc.
Richmond, VA
Johanna Schuchert, Executive Director

A majority of pregnant and parenting teenagers have been victims of child abuse or neglect and therefore have not had the opportunity to learn positive parenting skills from family role models. Pregnancy and parenting further interrupts their emotional development and creates a special at-risk situation for both parent and child. To effectively break this cycle, long-term opportunities for growth must be available. Such opportunities must offer a nurturing environment, positive role models, parenting skills, information and the availability of supportive interaction with peers. With shrinking resources, programs which extensively use volunteers can offer the free, long-term services which are necessary for this growth process. The increase in this population indicates the need for even greater availability of accessible services.

Parents Anonymous has a history of offering low-cost, high quality programs for groups of at-risk parents. This expertise has been used in Virginia and Washington State to develop programs adapted to serve pregnant and parenting teens and their families. The knowledge gained over the past four years of serving teens has led to insights about the special service needs of this population.

Topics include the recruitment and training of appropriate volunteers; collaboration with other agencies; needs assessment and program evaluation methods.

3- SOCIAL SUPPORT

THE SOCIAL SUPPORT TRAINING PROJECT

School of Social Work
University of British Columbia
6201 Cecil Green Park Rd.
Vancouver, B.C. Canada
(604) 228-3520
Madeline Lovell, Ph.D.
Jennifer Newman, M.A.

Recent research on child maltreatment suggest that many maltreating parents lack strong supportive environments (Whittaker and Garbarino, 1983). Studies have reported that such parents are frequently lonely and isolated, have smaller social network and weaker ties with neighbors and friends (Gaudin and Pollane, 1983; Polanski, 1985). Furthermore, research has shown that strong, supportive social relationships are associated with maintenance of improvement in parenting skills (Wahler, 1980).

This presentation describes a two-year project currently underway in Vancouver, Canada, that utilizes a skills training intervention to teach groups of at-risk parents from Caucasian and Native backgrounds the skills necessary to develop and maintain more supportive relationships and community linkages. The groups are incorporated within two agencies teaching child management skills to parents of preschoolers who have been identified as at risk by child protection officials. A comprehensive empirical evaluation effort examines the relative benefits to parents and children of incorporating relationship skills training within existing parenting programs using a quasi-experimental control group design.

An overview of the core skill areas covered in the curriculum including self-protection, appropriate assertiveness, community networking and conversational skills. Preliminary findings detailing the impact of training on client social networks and social supports, depression, self-esteem and worker ratings of risk of potential are described.

3- ADULTS MOLESTED AS CHILDREN

AMAC GROUP THERAPY (ADULTS MOLESTED AS CHILDREN)

Family Support Center
Salt Lake City, UT 84105
(801) 487-6207
Elaine Ortman, R.N., M.S., Clinical Director, Sex Abuse Unit

Presentation includes:

- Pregroup screening.
- Group membership: inclusion and exclusion criteria.
- Issues relating to group size, confidentiality, development of group support and cohesiveness.

The three phases of group therapy process:

DISCOVERY

Issues related to survivors disclosures; to themselves, to significant others, and impact of the response.
Griefwork re: family of origin.
Issues related to nonprotection.
Discussion of techniques and tools used.
Breaking down denial and minimization.
Building group support.
Looking at the power of the secret.

UNCOVERING

Breaking the power of the secret.
Techniques and tools used to assist survivors in disclosing specifics of abuse in group therapy.
Importance of right to disclosure, and timing of disclosure.
Support for disclosure process.
Impact of the abuse, survival skills learned and developmental deficits uncovered.

RECOVERY

Development and support for building family of creation vs. dependence on family of origin.
Identity shift from victim to survivor.
Development of constructive coping skills anger and anxiety management, assertiveness training.
Termination.

3- CHANGING THE BELIEF SYSTEM

AN INNOVATIVE APPROACH TO TREATING THE VICTIM: CHANGING THE BELIEF SYSTEM, ACCEPTING THE POSITIVE ABOUT SELF AND WORLD

Institute on Child Abuse and Neglect

Four Irongate Plaza, Suite 207

777 South Wadsworth Blvd.

Lakewood, CO 80226

(303) 985-7310

Carolyn J. Braddock, M.A., Psychotherapist/Consultant/Clinical

Director

As a result of sexual abuse/assault, many victims develop a belief system which prevents them from viewing themselves and their world in a positive way. They have great difficulty accepting the positive in their lives. In fact, they often sabotage the positive when they do have it, with the belief that they cannot have it, that the positive will be taken away or that they don't deserve to have any positive.

In this program, the following will be explored:

First, the victim knows and understands how the sexual abuse has affected them, then they (and possibly a counselor, therapist, social worker, clergy person) can much more effectively intervene in the belief system and change some negative beliefs (how they see themselves and their world).

These beliefs may have come about as a result of the abuse/assault. Once understanding this, specific behavior changes can take place.

This is an empowering process, allowing the victim to regain control of life and self. Barriers to acceptance of the positive will be examined and specific ways will be discussed in changing these barriers.

Specific exercises/techniques are demonstrated, and active participation from the participants is encouraged. Emphasis will be on the cognitive as well as some body (breath, movement, sound) and group process. Significant progress with these ideas has been consistently shown and proven to be effective to lessen time in helping treatment for the past ten years. It provides for a multidisciplinary approach which is sensitive to different groups of people culturally, socially and ethnically. The latter can be highlighted during the process.

3- BREAKING THE CYCLE OF CHILD ABUSE

BREAKING THE CYCLE OF CHILD ABUSE AND NEGLECT IN THE PREGNANT AND PARENTING ADOLESCENT POPULATION THROUGH A COMPREHENSIVE YOUTH PROGRAM

Seattle King County Council of Camp Fire

8511 - 15th Avenue NE

Seattle, WA 98115

(206) 461-8550

Mary Ann Legaz, Director of Special Program

This 25-minute professionally directed video is on the struggles of adolescents who have the additional title of parenthood. The video portrays the adaptation of Seattle King County Camp Fire Council's positive youth development expertise to the unique and often complicated needs of the pregnant and parenting adolescent population. The program adaptation includes a camp retreat, career mentor assignment and ongoing community social, health and educational support.

This video captures the beauty of the camp located on a wooded island and the poignancy, sensitivity and humor of the camping experiences of four teen mothers. Some of the camping experiences presented on the video include leadership opportunity through games and recreational activities, parenting education through a Parents Anonymous support group, job skill building through career mentors and creative drama with a professional screen director. A most touching scene on the video is the launching at dusk of "dream boats" created by teen parents.

The video portrays findings of a research evaluation of the camping program, of an increase in self esteem, educational and job skills, and a sense of competency in positive parenting. The video, equipped with a utilization resource guide, is excellent for teen recruitment for similar programs. More importantly, the video serves to sensitize the general population - corporations, politicians, church groups, community service clubs - to recognize that teen pregnancy is a community program and through collaborative efforts the generational cycle of abuse, hopelessness, and despair of many adolescent parents and their children can be broken.

3,8- ADULT VICTIMS PARENTING CHILD VICTIMS

TREATMENT ISSUES: ADULT VICTIMS PARENTING CHILD VICTIMS

Kids in Distress, Inc.
727 N.E. 3rd Avenue, Suite 101
Ft. Lauderdale, FL 33304
(305) 765-1022
Nancy K. Tanner, M.S.W.
Thomas Greenman, L.M.H.C.

In Broward County, Florida, Kids in Distress was the first and remains the only provider of comprehensive treatment services for young victims of physical and sexual abuse and their families. Opened in 1981, the KID Crisis Home offers 24-hour intake/awake supervised respite care to children aged birth to 10 years of age. Crisis counseling for children and parents, investigative play therapy, and court presentations are among the intensive services that this program provides.

Responding to the absence of long-term treatment for preschool age victims of abuse, the KID Family Learning Center was created in 1983. 32 children aged two to five years receive intensive/comprehensive social, emotional and educational remediation in this setting. With a child/staff ratio of 1:3, the Family Learning Center provides group and individual play therapy and an individualized education plan for each child. Individual and/or family therapy is available to parents (natural, foster or adoptive). The school curriculum includes a language stimulation and enrichment curriculum as well as a nutritional program. All treatment planning is based upon a multidisciplinary approach augmented by comprehensive psychological testing.

This presentation discusses recurrent treatment issues identified by KID practitioners as a result of providing therapy to a multi-ethnic client population for eight years. Successful treatment responses to these issues are offered. In particular, this training demonstrates an apparent "reality blending" phenomenon which occurs when a parent victimized as a child is faced with their own child's victimization. Videotaped interviews are coupled with presentation by experienced treatment providers.

3- HETEROGENEOUS GROUP TREATMENT

MAXIMIZING AGENCY RESOURCES THROUGH HETEROGENEOUS GROUP TREATMENT OF LATENCY AGED SEXUALLY ABUSED CHILDREN

Baltimore County Department of Social Services
620 York Road
Towson, Maryland 21204
(301) 887-4364
(301) 461-9904
Donna Joyce Letzsch, M.S.W., L.C.S.W., Social Worker, Child
Sexual Abuse Intake
James V. Glover, M.S.W., L.C.S.W., Social Worker, Protective
Services Intake

Disclosure of sexual abuse by children is one of the most difficult steps a child takes. Certainly, disclosure to a protective services worker or police officer precipitates a crisis for the child and his or her family. In order to address the needs of these children, Baltimore County Department of Social Services' (Towson, MD) Sexual Abuse Treatment Program offers a 16-week structured group for latency age girls and boys.

The goals of this group are: to provide an immediate linkage with treatment, to provide education about sexual abuse and sexual abuse prevention, to provide brief group therapy for children not needing a long-term therapeutic experience, to allow for in-depth assessment of follow-up needs, to provide socialization to the group therapy process, and to begin to address the treatment issues of sexually abused children.

As a public services agency we are mandated to serve as many children as possible. The mandate to accommodate a wide age range (6 to 10 years old), a challenging group size and both girls and boys has led us to develop a structured activity group. The group has three co-leaders, one of which is a male. This is of particular significance in dealing with the issues these children need to confront.

This group has been in existence for two and a half years and the results are encouraging. It was established based on the dynamics of the sexually abused child as presented by David Finkelhor and Angela Browne. The presentation revolves around the various group activities and techniques developed to address the issues identified by Mr. Finkelhor and Ms. Browne.

3- RECOVERING FROM CHILDHOOD SEXUAL ABUSE

BEYOND SURVIVAL: RECOVERING FROM CHILDHOOD SEXUAL ABUSE

Morristown Memorial Hospital
Family Enrichment Program
100 Madison Avenue
Morristown, New Jersey 07960
(201) 540-5648
Martha Haldopoulos, M.A.
Joan Abrutyn, M.A.

The Survivor's Unit of Morristown Memorial Hospital has been providing group and individual therapy to survivors of childhood sexual abuse for over three years. As the program developed, the message which has been relayed by many of these survivors is that their goal is to move beyond just "surviving" to recovery and renewal.

The program continuously utilizes the combination of didactic and group support which is presented in the sessions to develop new techniques and examine dynamics which will support the recovery and renewal.

This presentation will address the mechanics and various techniques used to provide the support necessary for this recovery. The mechanics of beginning such a program, including financial issues, program philosophy, therapist training, the difficult task of reaching and engaging the survivors and the actual screening process are discussed. Significant group issues including revelation, confrontation, resolution, lack of family allies, believability, trust and termination are examined. The impact of various individual issues on group process will be discussed including group members who allowed abuse to continue with their own children, survivors who have abused children either physically or sexually, siblings attending the same group, serious psychiatric and/or substance abuse problems, Munchausen syndrome, pathological lying, homosexuality and dealing with terminally ill parents. Techniques including journal writing, photographs, the "empty chair" confrontation and managing, re-enactments and flashbacks are described focusing on their use in the recovery and renewal.

3,8- SURVIVING INCEST

TITLE: INCEST SURVIVOR'S SELF-HELP/SUPPORT GROUP FOR WOMEN AND MEN; IMPACT ON THE FAMILY: A SURVIVOR'S PERSPECTIVE

Intra-Family Trauma Resource Network, Inc. (ITRN)
Office: 35 Summer St., W. Yarmouth, MA 02673
Mail: P. O. Box 1821, Hyannis, MA 02601
(508) 771-6057
Edward N. Sibley, B.S.Ed., Director

Intra-Family Trauma Resource Network, Inc. (ITRN) was conceptually established in Miniola, New York during December of 1984. The initial model for ITRN's self-help/support group was extracted from material provided by Incest Survivor's Resource Network, International (ISRN) located in New York City. ITRN's current involvements grew out of a need (in November 1983) for a self-help/support group activity in an effort to supplement male incest survivor's individual therapy programs.

ITRN's "Incest Survivor's Self-help/Support Group for Women and Men" is designed to enhance professional one-on-one or group therapy and the Twelve Step Self-help/Support Group Program. The ITRN group also provides the structure of a telephone network for emotional support and to increase coping and interpersonal relationship skills during times of stress, anxiety, or depression.

The ITRN group is structured around a selected reading from the Safer Society Series, Book Four: Adults Molested As Children (AMAC): A Survivor's Manual for Women and Men, by Euan Bear and Peter T. Dimock and published by the Safer Society Press.

It should be noted that with the combination of one-on-one therapy and the structured self-help/support group, many AMAC's (based on interviews) appear to have broadened their perspective and reached an increased level of recovery through knowledge and understanding. Many members have been able to find the best of both modalities and as such professional feedback suggests, their recoveries are not only more fulfilled but were accomplished in what may be significant reduction of stress and with less time used to identify issues.

3,8- CHILD SEXUAL ABUSE TREATMENT

THE CHILD SEXUAL ABUSE TREATMENT PROGRAM OF FAMILY SERVICE OF ORANGE COUNTY

Family Service Association of Orange County
17421 Irvine Blvd.
Tustin, CA 92680
John W. Taylor, M.F.C.C.
L.C.S.W., District Director and
Program Coordinator

This presents in detail the structure and operation of the Child Sexual Abuse Treatment Program of Orange County which was founded in 1984 and currently provides direct multimodal treatment to 350 incest families per year. CSATP utilizes therapists from varying disciplines and actively interfaces with professionals in law enforcement, medicine, children's protective services and the courts. The program receives both state and county funding and maintains rigid fiscal and treatment accountability.

TREATMENT PROGRAM

CSATP provides group therapy, individual therapy, family therapy, self-help peer systems, professional training, public awareness lectures and information/evaluation/referral. Treatment is coordinated through the use of "teaming" between therapists, group leaders, social services, the court system, custody mediation, and medical treatment systems.

CLIENTS

CSATP provides treatment for victims, AMAC's, non-offending parents, offending parents, male adolescents and child victims, adolescent offenders and mixed sex couples within its Parents United System. Additional groups are provided for Spanish speaking clients. Individual, family and couple treatment are provided in several languages and are culturally and ethnically matched when possible.

ADVOCACY

CSATP is actively involved in the development, planning, and implementation of both state and county-wide programs related to prevention, vertical prosecution and victim advocacy.

RESEARCH AND TRAINING

CSATP is currently engaged in various professional research projects and professional training programs. Among its treatment strategies are the innovative use of art, poetry, collage, videotape, reenactment role-play and peer sponsorship. These materials and techniques have also been incorporated in programs for public education, prevention and professional training.

3,8- HANDLING "MYSTICAL" EXPERIENCES

TECHNIQUES FOR HANDLING "MYSTICAL" EXPERIENCES

Intermountain Sex Abuse Treatment Center
P. O. Box 2339
Park City, UT 84060
(801) 649-2378
Lynne D. Finney, J.D. M.S.W.

This is on the strange, sometimes frightening experiences encountered by therapists in treating cases of severe abuse. Therapists may be reluctant to discuss these experiences only for fear of ridicule by their colleagues. This brings two such phenomenon "out of the closet" so that the therapeutic implications and treatment methods can be explored.

The first type of mystical experience is a "white light" phenomenon where the victim is visited by a being of white light who reassures the victim that the abuse will be over soon and the victim will survive. There are variations on this theme, including victims who see Jesus. Therapists may be too quick to label these experiences "hallucinations" instead of seeing them as an indication of the clients' self-healing efforts and using them in a positive way to strengthen self esteem. Guidelines for distinguishing these experiences from immediate hallucinations will be presented and ways of using the experiences therapeutically will be explored. Various answers to philosophical questions posed by the victim about the experience will be discussed.

The second type of experience occurs when victims believe themselves to be invaded by a soul or entity who claims not to be part of the victim but someone who has died and is trapped on earth. Therapists have a variety of ways to "exorcise" these entities, from exorcism ceremonies to crystals. These entities are harmless unless seen by the therapist as harmful; they should be treated like multiple personalities and ego states, with respect and kindness. They may be a manifestation of intense loneliness on the part of the victim and of an overwhelming desire to have a friend. Techniques will be demonstrated for explaining the presence of these entities according to the clients' system of values and for sending them away so that the client does not retain negative feelings.

Various theories will be presented as to whether these experiences are truly spiritual or creations of the victims' minds to help them heal. While these phenomena are probably created by the victim, the important therapeutic consideration is that a positive reaction by the therapist generates a positive effect in the client. These are helpful mechanisms which have enabled victims of severe abuse to survive, cope and heal. (The techniques have been used by clinicians for more than two years.)

3- REVIVING SELF-ESTEEM

TECHNIQUES FOR REVIVING SELF-ESTEEM

Intermountain Sex Abuse Treatment Center
P. O. Box 2339
Park City, UT 84060
(801) 649-2378
Lynne D. Finney, J.D., M.S.W.

This demonstrates clinical techniques to help abuse victims overcome negative feelings and beliefs about themselves. Reviving self-esteem is the most important element in the treatment of child abuse. Victims feel they are bad, evil, dirty, worthless and damaged and these feelings are deeply rooted, based on what they were told and what they concluded about themselves as a result of the abusive incidents.

Clinicians have discovered a number of critical issues which affect the self-image of abuse victims. The question is not just whether victims have a negative self-image but identification of the basis for these feelings, such as the feeling of being unlovable because they associate the physical pain with punishment, and thus believe they deserved the abuse. A list of beliefs and suggested questions for uncovering and identifying beliefs affecting self-esteem are presented. Also demonstrated are techniques for reframing various beliefs, including stories, examples, and mental imagery illustrating the power to control one's life based on facts of conception and biology.

A prevalent feeling of many abuse victims is that God chose them for punishment. Some therapists are reluctant to address religious beliefs, but this belief in a punitive God covers all cultures and needs to be challenged like any other irrational belief. Presented are ways of reframing a child's image of God which respect various religious precepts and values. Religious leaders have approved substituting the concept of a loving God. Cognitive techniques, stories, group exercises and mental imagery for reframing the child's view of God are demonstrated and written materials distributed.

Participants learn to identify self-esteem issues and to be more comfortable addressing religious issues which affect self-esteem, and receive specific techniques to help the child alter his punitive view of God. Techniques are demonstrated for increasing self-esteem. These practice tools and techniques have been used by clinicians for more than two years.

3- CRITICAL ASSESSMENTS

CRITICAL ASSESSMENTS IN CASE PLANNING FOR CHILDREN

Arizona Department of Economic Security
Administration for Children, Youth, and Families
Phoenix, AZ 85007
Joseph J. O'Haver, A.C.S.W.

A foster care case review was conducted in nine counties in Arizona in January through June 1988. The primary purpose of the review was to assess appropriateness of planning for children in foster care. The review also attempted to evaluate how case and family demographics are related to planning for children. In particular, the issues of "Length of Time in Care" and the "Child's Case Plan" were selected as subjects for further analysis.

The review was designed to provide information useful to administrators and managers in program evaluation, service contracting, internal, and supervisory reviews. While we are limited in our capacity to make conclusions based on this initial review, there are a number of issues that appear to affect interventions with families. Among these are:

- Ethnicity of caretakers.
- Education level of caretakers.
- Legal representation of children.
- The role of the Foster Care Review Board.
- Supervisory review.

This review serves as a starting point to raise critical points and encourage objective analysis of policies and practices in serving families. Future studies can look at these as well as other issues. Potential variables for consideration might include casemanager education levels, employee tenure, influence of multidisciplinary teams, and community demographics.

The availability, affordability, and relative "user friendliness" of computer technology puts program assessment and evaluation within reach of most human service agencies. Professional ethics and practical realities of social service administration mandate that we begin to critically evaluate the "what's" and "why's" of our respective service programs.

3- INDIVIDUAL TREATMENT OF CHILD MOLESTERS

CHILD MOLESTERS: INDIVIDUAL TREATMENT ISSUES

Cedar House, Inc.
605 Cedar Ave.
Long Beach, CA 90802
(213) 436-8276
L.E. Seiser, M.A., M.F.C.T., Clinical Director

Village Psychological Center
101 Main Street, Suite E
Seal Beach, CA 90740
(213) 598-4714

Within today's society, the child molester is still a reluctant client and one which few clinicians are equipped or willing to treat. In an age of prevention programs, it is important to attempt to stop or prevent further abuse and more victims. In an age of victim programs, it is important not to forget that most offenders were themselves victims of the last generation. It is important to understand, not to condone. By understanding the victim-to-offender transformation, we can better treat the victims of today to prevent the victims of tomorrow.

It is very important for any therapist in sexual abuse treatment to be part of a team. This is even more true in the treatment of the child molester. The therapists need to have a firm foundation in their own philosophical position, and never lose sight of the victims. They must be willing to work with the judicial system to provide external motivators and to ensure community safety. The individual treatment issues will revolve around integration of polarities of victim/offender, rigid good/bad, control/vulnerability, and dominant/passivity. The sequential strategies of victim selection, attraction and offense are developed in depth to uncover the internal as well as external situational stressor which facilitate the individual's ability to molest. Within these dynamics is often their own unresolved victimization.

The therapist who is most effective will be one who can track the individual dynamics or patterns across content. That means that many of the patterns and dynamics that a child molester demonstrates are also their life patterns that create difficulties elsewhere in their life. This is also useful to intervene with those offenders who are in a state of denial, by allowing intervention on dynamics without admission. The hope is that the strategic intervention on a content-free pattern will facilitate generalized change and provide some measure of growth. Though no known "cure" exists, there can be some measure of control in the behavior of a child molester if intervention is strategically and directly applied by competent team clinicians.

3- SELF-HELP GROUP APPROACH

SURVIVORS OF PHYSICAL AND EMOTIONAL ABUSE: A SELF-HELP GROUP APPROACH

Parents Anonymous of California
7120 Franklin Avenue
Los Angeles, CA 90046
(213) 876-0933
Margaret Ready, Executive Director

If you are a survivor of childhood sexual abuse you may be able to find a support group to help you work through the pain of that experience. Adults Molested As Children (AMAC) groups exist in many parts of the country. However, if you are a survivor "only" of physical and emotional abuse, there have been no such support groups for you.

In response to many requests from adults who are experiencing the effects of the physical and emotional abuse they received as children, our organization began a program in 1987 of support groups for adult survivors. Called SPEAKS, an acronym for Survivors of Physical and Emotional Abuse As Kids, these groups meet weekly and are free of charge to participants. The groups use a modified self-help group model. That is, each group is facilitated by a mental health professional, but is led by one of the participants.

The presentation covers how to establish SPEAKS groups; appropriate referrals; benefits to participants; therapeutic issues for survivors; using as adjunct to, or in place of, therapy; implications for child abuse prevention.

3,8- FAMILY AGENCY TREATMENT OF SEXUALLY ABUSED

"A FAMILY AGENCY'S TREATMENT PROGRAM OF THE SEXUALLY ABUSED"

Jewish Community Services of Long Island
50 Clinton Street
Hempstead, NY 11550
Edna Lenchner, CSW
(516) 485-5710

Statistics indicate that one out of four women are survivors of sexual abuse. The presentation describes the pilot treatment program offered by Jewish Community Services of Long Island (JCSLI) in its Hempstead, NY, office to the sexually abused population. Hempstead, 25 miles from New York City, is a centrally located area of Nassau County, Long Island, and is surrounded by many nearby "bedroom communities." The agency is staffed primarily by New York State certified social workers with a Psychiatrist and a Psychologist in each of five branch offices.

In January 1987 we reached out to this community to identify the needs of the sexually abused population. The response came from women of different cultural, racial, and ethnic backgrounds, and was greater than anticipated. Group therapy is the treatment of choice but individual counseling is also necessary. A special group is offered for women who have substance abuse problems as well.

As we listened to the problems of the women, we realized that the men with whom they had relationships - husbands, sons, and significant others - also suffered from the residuals of the women's sexual abuse, and a group for these males was initiated. Children who were sexually abused more recently are being treated individually and in groups. A Parent Education Group is being organized for the children's caretakers. An important feature of our program is the ongoing inservice education of Sex Abuse Study Team (SAST) comprised of professional representatives from each of the branch offices.

3- TREATMENT IN A PSYCHIATRIC HOSPITAL

SEXUAL ABUSE TREATMENT IN A PSYCHIATRIC HOSPITAL

San Marcos Treatment Center
A Brown Schools Psychiatric Hospital
P. O. Box 768
San Marcos, TX 78666
(512) 396-8500
Pamela J. Astolfi, C.S.W.- A.C.P., A.C.S.W., Therapist

This presentation addresses issues in the development of an adolescent sexual abuse treatment program within a multidisciplinary intermediate term psychiatric hospital. Treatment implications will be discussed. The prevention is based on a program initiated 16 months ago on one treatment unit and currently in the beginning stages of hospital-wide expansion. The client population is adolescents hospitalized for an average of one year due to severe psychological disturbance. Most major DSM-III R diagnoses are represented, including personality disorders and schizophrenia. Some of the adolescents' problems are complicated by cognitive/neurological impairments and/or learning disabilities.

Complications in sexual abuse treatment related to this adolescent population will be explored. Often the history of sexual abuse of these youngsters has been overshadowed or minimized by grossly dysfunctional behavior. The presenter will also discuss integration of sexual abuse treatment into the overall multidisciplinary treatment plan. Topics to be addressed include selection of therapists, number of group sessions and group format. Finally, the presenter will discuss education of team members, including direct care mental health workers. Education of staff is necessary to increase sensitivity to these adolescents and to teach approaches that are supportive.

In summary, the presentation covers sexual abuse treatment in the following areas: issues of concern related to adolescents with severe psychological disturbances; integration and application of the treatment program into the hospital milieu; and staff education.

3,17- COMMUNITY-BASED SEXUAL ASSAULT SERVICES

DEVELOPMENT OF A COMMUNITY BASED CHILD SEXUAL ASSAULT SERVICES

King County Rape Relief
1025 S. 3rd, Suite C
P. O. Box 300
Renton, WA 98057
Dawn Larsen

This is based on a current project to provide services to child victims of sexual abuse and their non-offending family members.

The project began with the knowledge that comprehensive services were needed in a large and diverse geographic area. From that point an Advisory Board was gathered, an assessment of current services was done, a plan for service delivery was developed, accessibility issues were addressed, medical support was established, and funding was secured. The accessibility issue was a particularly difficult one in that the service delivery area is quite large with both rural and urban communities, service resources are very limited, there is no sense of community, public transportation is inadequate, there is a large low income population, and a large underserved minority population, including Southeast Asian refugees.

This presentation is a discussion of the project from its inception through the planning process and program design to the beginning of service delivery. The Advisory Board included education, criminal justice, medical personnel, youth services, day care providers, to name a few. Other issues that were addressed in the planning process included "territorialism," medical needs, protocols, meeting prosecutor needs, funding, limit setting, and prioritization of services.

3- GROUP TREATMENT OF SEXUALLY ABUSED ADOLESCENTS

TREATING SEXUALLY ABUSED ADOLESCENTS IN A GROUP SETTING

Anne Arundel County
Department of Social Services
Sexual Abuse Treatment Unit
3105F Bancroft Road
Baltimore, Maryland 21215
(301) 358-8449
Ilene S. Schlenger

An ongoing, open-ended group is proving to be a successful treatment modality for sexually abused adolescents. With this type of group, agencies are able to serve a maximum number of victims. Members will be at different stages in the therapy process which allows the older members to help the new members with difficult or threatening issues which they are trying to resolve. Additionally, the older members may review what they have worked through, serving as catharsis. The group allows the adolescent to be perceived and accepted as a victim. Members share common experiences which leads to understanding and support. The adolescents learn that they are not alone, decreasing their sense of isolation and social stigma. The group fulfills the adolescent's need for peer identity, acceptance and approval. The ongoing, open-ended group allows its members to work through identified issues associated with the sexual abuse in addition to issues adolescents struggle with on a daily basis. Various structured activities help to decrease the anxiety level and are useful to build a cohesive group and introduce threatening issues. In addition to a vast array of activities, techniques utilized in the group include role play, art therapy, journal keeping, films, books and letter writing. Through the group process, members are able to move from the victim role to the role of survivor. The abuse becomes less consuming in their everyday lives and they are able to face life's challenges with a more positive frame of mind.

3,8- UNUSUAL SEQUELLAE OF CHILD ABUSE IN ADULTS AND CHILD VICTIMS OF SEVERE ABUSE

EVALUATION, ASSESSMENT, AND TREATMENT OF CHILDREN WHO ARE VICTIMS OF SEVERE CHILD ABUSE, PARTICULARLY SEXUAL ABUSE BECAUSE OF THE ONSET OF A DISSOCIATIVE STATE; AND UNUSUAL SEQUELLAE OF CHILD ABUSE IN ADULTS; I.E., A 70 PERCENT INCIDENCE RATE IN SURROGATE MOTHERS AND A 100 PERCENT INCIDENCE RATE IN MOTHERS BEARING CHILDREN FOR SATANIC SACRIFICE

Odyssey Institute of Connecticut
817 Fairfield Avenue
Bridgeport, CT 06604
(212) 794-1734
Judianne Densen-Gerber, J.D., M.D., Chair

The International Society for Multiple Personality and Dissociative States has recommended that any child who is the victim of severe child sexual abuse should be evaluated and assessed for the possibility of multiple personality and/or other dissociative states. This paper will present several patients who as adults were so diagnosed but did show symptoms as young as four or five. In addition, the discussion includes the fact that it appears from the testimony in the Lisa Steinberg case that she had begun to dissociate and perhaps was a Multiple. Also included is a discussion of the present "Small Sacrifices" by Ann Rule, best seller, and the relationship between multiple personality and/or child sexual abuse and surrogacy. At the present time, 70% of the surrogate mothers were sexually abused a children. Therefore, it appears that there is a dissociation that interferes with normal pre-natal bonding in women who have suffered such severe child sexual abuse. This paper is important as it refers to a new area which has not yet been addressed. Furthermore reference is made to the several consultations that the author has had with women who, as children, were programmed by cults so that when they reached a certain age, they would bear children for cultist sacrifice. Neither the programming nor the actual pregnancy and birth were incorporated into memory. When one remembered through hypnosis, five others were identified, traced, and treated. These women are in their thirties.

3- TEACHING-FAMILY TREATMENT OF YOUTH IN RESIDENTIAL CARE

TREATMENT OF ABUSED YOUTH IN RESIDENTIAL CARE FACILITES UTILIZING THE TEACHING-FAMILY MODEL

Utah Girls' Village
National Teaching-Family Association
National Association of Homes for Children
3808 South West Temple, Suite 1D
Salt Lake City, UT 84115
Michael R. Pearson, Program Director
Holly C. Barton, Director of Training/Evaluation

Over the past two decades, the need for residential treatment of abused children and youth has grown with the increased frequency of reported abuse and societal awareness of abuse. One method empircially proven to be productive in dealing with the problems of abuse in the Teaching-Family Model. Developed with a grant from the National Institute of Mental Health in 1967, the Teaching-Family Model has successfully treated victims of sexual, emotional, and physical abuse and neglect.

The contents features a brief overview of the Teaching-Family Model, which employes principals of Social Learning Theory. This proactive teaching method which emphasizes a social skills curriculum, and how the teaching method serves as the primary treatment modality within a supportive systems approach, will be explained. Other aspects involved in the treatment of child abuse to be discussed include: individualized treatment, youth advocacy, self-government systems, and relationship building. Prevention of the recurrence of child abuse, accomplished through parent training and limited structured home visits, will be reviewed.

Successful replication of the skills needed to treat this population rely on support services which play vital and overlapping roles in this systems strategy. Pre-service skill training, ongoing training, annual performance reviews, frequent ongoing supervision, and a facilitative administration provide the critical foundation for the primary treatment staff.

3- EMOTIONAL HEALING

EMOTIONAL HEALING: A FAMILY CHALLENGE FOR THE 90'S

Mid-Missouri Mental Health Center
#3 Hospital Drive
Columbia, MO 65201
(314) 449-2511
Cecelia Bonjour, M.S.W.

Missouri Division of Family Services
1901 Pennsylvania Dr.
Columbia, MO 65202
(314) 474-8544
Kathy Leavene, M. Ed.

This presentation has been developed as an experiential workshop for practitioners to examine the emotional needs of children from disrupted families and to explore new perspectives on maladaptive behaviors. In this time frame, we explore how basic emotional needs to traumatized children have been ignored in the past. With emphasis on emotional development in dysfunctional families, we can show how self-defeating habits are formed. Historically, in treatment settings, practitioners have concentrated on extinguishing maladaptive behaviors rather than focus on the emotional hurt that is their impetus.

Working with adult children of alcoholics and using the concepts of emotional healing, we have seen how abused children can be conditioned to disown their feelings. When this occurs over time, Post Traumatic Stress Disorder often results. Families may perpetuate this by giving mixed messages to the children and denying the emotional pain of their losses. These mixed messages may then cause the abused child to develop maladaptive habit systems.

It appears that more attention should be focused on allowing the child to experience his feelings fully in an atmosphere of safety, validation and nurturance.

3- CONCURRENT TREATMENT OF CHILD, OFFENDER, AND PARENTS

INTERAGENCY TEAM APPROACH IN A RURAL COMMUNITY FOR CONCURRENT TREATMENT OF SEXUALLY ABUSED CHILD, THE OFFENDER AND NON-OFFENDING PARENTS

Creek County Health Department
Sapulpa, Oklahoma
D'Ann Berson, M.A., L.P.C., Psychological Assistant

Health Departments District XI
Sapulpa, Oklahoma
Walter R. Davis, Ed.D., Licensed Psychologist, District
Coordinator

Creeks Mental Health
Sapulpa, Oklahoma
Sherice Ford, M.A.T., Outpatient Therapist

Creek County Department of Welfare
Sapulpa, Oklahoma
Deborah Goodman, M.S.W., Supervisor, Child Welfare

Creek County Guidance Services
Sapulpa, Oklahoma
Jacque Gray, M.E.D, L.P.C., N.C.C., Psychological Assistant

The Sexual Abuse Treatment Team (SATT) in Creek County is composed of five therapists from three separate major service agencies. Only through cooperative effort could a comprehensive treatment program be offered in this rural (83,000 population) county to families in which sexual abuse has occurred. The SATT works closely with the court system and Department of Corrections to assure that victims, offenders, and the non-offending parent are court ordered into the specialized program and remain as participating members over the prescribed two year period.

Group treatment is provided weekly for the victim, offender and non-offending parent with later additional specialized sessions for groups of father/daughter, mother/daughter and families. Therapeutic goals are to protect the victim from further abusive situations, effect family reunification when possible, alleviate causitive factors underlying the incest and foster positive personal growth in individual family members.

In treatment phase since April 1986, SATT has followed the therapeutic design of successful programs in urban settings while modifying approaches to fit a rural population. Incidence of recidivism for offenders, growth in self esteem with an increased level of awareness, and implementation of sexual abuse prevention behaviors in the families are measures of the program success rate.

3- MOTHER AS THERAPIST

MOTHER AS THERAPIST

Network Against Child Abuse
1349 Second Avenue
Salt Lake City, UT 84103
(801) 487-7158
Teena Sorensen, R.N., M.A.
Barbara Snow, D.S.W., Private Practice
Marsha Wilkinson
Dorothy Brunswick
Robin Black
Sheila Bowers

Child sexual abuse has emerged as a major form of child abuse with a tenfold increase in reporting in the last decade. It is critical that all available resources be mobilized to respond. Agencies nationwide are faced with inadequate and/or limited resources to handle the treatment needs of child victims.

One of the most important therapeutic resources, however has been solely neglected. Antiquated notions of complicity and silent approval of the abuse have deterred mobilizing one of the child victim's greatest assets for healing - Mother. Too often mothers who are capable and caring are relegated to the position of a passive observer as professionals assume total responsibility for providing the child's therapy.

The child's own mother, however, can often provide an availability and continuity of treatment, as well as a commitment to the child's healing that cannot be equaled by professionals. As Mother typically represents the child's own cultural, ethnic and racial background, her therapeutic efforts can reflect a more tailored sensitive response.

This presentation features a panel of four mothers of sexually abused children who have been actively engaged in their child's treatment, acting initially as co-therapist with a professional and later assuming primary treatment responsibility. Two child therapists commentate. These mothers share their insights, experiences and specific treatment techniques. Skills they describe respond to behavioral complaints such as bedwetting, nightmares, and sexual acting out, as well as emotional concerns such as guilt, ambivalence and powerlessness.

In conclusion, more cost effective therapeutic resources for sexually abused children are needed. The use of Mother as therapist is not only beneficial to the child, but helps Mother work through her guilt, remorse and sense of powerlessness in the situation.

3.8- ADULT MOLESTED AS CHILD - GROUP TREATMENT

GROUP TREATMENT PROGRAM FOR THE ADULT MOLESTED AS CHILD

Cedar House, Inc.
605 Cedar Avenue
Long Beach, CA 90802
(213) 436-8276
L. E. Seiser, M.A., M.F.C.T.
Karen Lombard-Cauffman, M.S.

In recent years, emphasis on child victims of sexual abuse has caught our attention often to the exclusion of the Adult Molested as Child. By working closely with the Adult Molested as Child we can not only better protect and prevent the remolest of the victims of this generation, but we can also apply what we have learned from their parents to the treatment of all victims.

Through our treatment program the Adult Molested as Child grows by (1) participating in a pre-group interview aimed at alleviating anxiety, (2) being familiarized with group process and identification of goals, (3) uncovering, disclosing and resolving victim issues, (4) focusing on the "inner child," (5) understanding basic dynamics of molestation, (6) working with leadership; that protects all members from projective catharsis.

The Adult Molested as Child who enters our program often is facing her past sexual abuse history for the very first time. Most often the Adult Molested as Child joins the group only when previously successful defense mechanisms have ceased to work in keeping her emotional and psychological distress at a functional level. Often a precipitating factor is the molestation of her own child.

Intervention approaches focus on the immediacy of the group process within a structured ongoing group time frame. The Adult Molested as Child is responsible for identifying her need for time at the onset of each group. She is encouraged to speak for herself, personalizing her own experience and to verbalize her immediate experience of herself in the group. The co-leaders verbalize their experience of the group and themselves in the groups presence while modeling male/female relations. Special emphasis is placed on gestalt exercises, interpreting, reframing, building mastery of the "inner child," group feedback and humor.

Through our program she can expect to experience: 1) self-healing through resolution of victim issues, 2) self-understanding by recapturing and reparenting the "inner child," 3) growth through increased understanding of the molestation process.

3- STOPPING THE CYCLE: FAMILY BASED TREATMENT

STOPPING THE CYCLE: FAMILY BASED TREATMENT FOR ABUSED/NEGLECTED CHILDREN

Therapeutic Family Care
Associated Catholic Charities
1231 Prytania St.
New Orleans, LA 70130
(504) 523-3755
Sheryl George, M.S.W., Clinical Supervisor
Libby Krementz, M.S.W., Clinical Supervisor

Therapeutic Family Care is an innovative program that was designed to alter a common maladaptive pattern of child development that has its roots in abuse/neglect. This abuse/neglect sequela involves removing an at-risk child from the natural home, placing him/her in services inadequately equipped to handle the child, having the child fail the placement, and then placing the child in alternative services or settings. The end result of several years of "placement bouncing" is a child exhibiting severe behavioral and emotional problems that far outweigh the difficulties originating in the initial abusive situation.

TFC offers intensive treatment to these children within a family setting. The services are provided primarily by professional parents who are extensively trained and supervised in the treatment approach. This approach is based on a Social Learning Family Therapy model that has undergone more than 20 years of research and development. This model has documented its effectiveness with severely disordered children and their families. Its adaptation to our treatment foster care program is now documenting its effectiveness in treating children with a lengthy history of failed treatment attempts.

In its three years of operation, TFC has served approximately 100 children, all of whom had documented histories of abuse or neglect that led to their removal from the natural home. They entered state custody at an average age of four years, experienced more than five years in custody, and have averaged six different placements prior to entering TFC. To date, nearly 70 percent of the children entering the program have been successfully treated.

This presentation describes components, operations, and current evaluations and outcome of this program. It also describes the startup and establishment of TFC within the constraint of state-funded children's services.

3,2- RESOURCES FOR ADOLESCENT PARENTS

INTERGENERATIONAL PROJECT TO ASSIST TEEN MOTHERS - REAP: RESOURCES AND EDUCATION FOR ADOLESCENT PARENTS

Arkansas Department of Health
4815 West Markham Street
Little Rock, Arkansas 72205-3867
(501) 227-4885
Christine B. Patterson, M.S.W., L.C.S.W.

The original grant for REAP was funded by NCAN (National Child Abuse and Neglect Office) of the Department of Health and Human Services in September 1986 to the University of Arkansas at Little Rock. The university subcontracted the assistant project director from Arkansas Department of Health. During the initial two years the project focused on assisting Black, inner city, high risk teenage mothers with parenting, preventing another pregnancy, preventing child abuse and neglect, and to give a sense of self-worth. Since the Project began operating under the direction of the Arkansas Department of Health, July 1988, services are offered to teens of all races.

The teens in the Project have one child or are experiencing their first pregnancy. Teens participating in the Project must be in school or willing to attend an educational training program. They are asked to commit to a year in the Project.

The services to the teens are provided by the following groups:

Grandmothers are indigenous to the community and were selected because of their successful record in child rearing and home management.

Volunteers are professionals who provide services through an educational forum, and act as positive role models for teen mothers.

Training consultants from various Health Department Divisions and other agencies provide training for grandmothers and teens.

Babysitters non-parent teenagers are recruited to babysit for teen parents when they attend group meetings.

Four H-Club is incorporated into the Project as a way of getting teens involved with the community.

Video "REAP Project"

4- SUSPICIOUS APNEA

SUSPICIOUS APNEA: CAN THE CHILD BE PROTECTED WITHOUT OBSERVED SUFFOCATION?

Division of General and Emergency Pediatrics
Children's Memorial Hospital
2300 Children's Plaza
Chicago, IL 60614
Katherine K. Christoffel, M.D., M.P.H.
Dianne Johnson, M.S.W., Social Work Department

From time to time, an infant presents for medical evaluation with a history of recurrent apnea at home, but has no apnea episode during observation in hospital and has an unrevealing (but thorough) evaluation for possible medical causes of apnea. In some such cases, psychosocial factors lead to suspicion that the apnea at home is due to smothering by the parents, either as part of the Munchausen by Proxy syndrome or in an abusive attempt to quiet crying. Cases of Munchausen by Proxy have been reported in which observation of smothering in the hospital (in person or via hidden camera) confirmed such suspicions and so made it possible to protect the child. We are reporting a case of abusive quieting, in which protection in foster care was achieved without such observation. The infant, though mildly brain damaged, is now thriving in foster care and has been given up for adoption by the mother (after she was abused by the father). The factors which we believe made it possible to protect the child were: (1) prolonged observation of the child, and so the family, in the hospital, permitting collection of valuable psychosocial information, (2) confident interpretation by the protective service physician of the history and negative medical workup as most consistent with abuse, and (3) effective collaboration among hospital, protective service and juvenile court staff. Replication of this success should be possible, and may save lives.

4,2,3- HOSPITAL-BASED PROGRAM

AN INTER-DISCIPLINARY, HOSPITAL BASED PROGRAM: AN OPERATIONAL OVERVIEW

Pediatric Department
Mount Sinai Hospital Medical Center
California Avenue at 15th Street
Chicago, Illinois 60608
(312) 650-6472
Howard B. Levy
Sharon Ahart
Barbara Critton
Noel Kalinowski

The multi-faceted paper presents an overview of general program strategies, clinical experiences and case profiles of the Pediatric Ecology Program based on its 47 month (March 1985 to January 1989) existence. It compiles the extensive and varied staff experiences that have been acquired through services provided to over 3,600 referrals representing a diverse ethnic and socioeconomic cross-section. The multi-disciplinary program is committed to the assessment and treatment of children alleged to have been neglected, physically abused and/or sexually abused. Each child admitted to the in-patient facility, generally for a period of five days, is attended to by a diagnostic team which consists of a physician, a social worker, a psychologist, a child development specialist and nursing staff. An out-patient facility is similarly staffed to provide assessment of children not in need of hospital placement as well as to provide follow-up services to clients discharged from the in-patient unit.

Topics include the motivations for establishing this prototype program, the primary principles underlying its operation, specific discussion of each discipline's responsibilities, and the unit's relationships with external agencies (e.g., police, courts, other child welfare agencies). The paper also presents descriptive profiles of the patient population (referral source, demographics, admitting impressions, physical findings, psychometric indices, discharge diagnoses, etc.) based on each discipline's completion of standardized data instruments. Comparisons are made across different segments of the patient population, and the significant trends and patterns seen in the population are discussed.

4,2- ABUSE, NEGLECT, OR ACCIDENT?

CHILD ABUSE, CHILD NEGLECT, OR ACCIDENT? AN INTERDISCIPLINARY APPROACH TO THE INVESTIGATION OF THE DEATH OF A 22-MONTH-OLD NATIVE AMERICAN GIRL WHO WAS ALLEGED TO HAVE FALLEN OFF A TABLE

Office of the Medical Examiner
State of Utah Department of Health
P. O. Box 8739
Salt Lake City, UT 84108
(801) 533-5848
Sharon I. Schnittker, M.D., Assistant Medical Examiner

Clearfield Police Department
Clearfield, UT
William Holthaus, Detective

Presenters discuss the death of a 22-month-old Navajo girl which followed an injury while she and three other minors were in the care of her aunt. The aunt reported that the girl "fell from a table" then stopped breathing and lost consciousness. The aunt attempted to revive her, then transported her to a hospital. The hospital findings of blunt head trauma and bilateral retina hemorrhages suggested non-accidental trauma. These findings were confirmed at autopsy; there were also numerous superficial abrasions and bruises. However, there were no injuries diagnostic for child abuse.

There is a review of two important forensic problems:

1. The frequency and significance of retinal hemorrhage in child abuse.
2. Patterns of injury to be expected in a fall from a bed, sofa, or table in young children.

The autopsy findings were correlated with a thorough scene investigation by the police. Following the initial investigation, the police returned with a Navajo interpreter and reenacted the event utilizing two three-year-old juvenile witnesses and a simulation of the deceased body. This procedure was effective in demonstrating what had occurred.

The cultural aspects, including the family's lifestyle, extended-family living arrangement, language skills and child care attitudes and practices are discussed. The techniques used to interview the young witnesses and importance of using a translator are presented.

The disposition of this case has not yet been decided. The role of the Department of Family Services is explored in the supervision and protection of the surviving children.

5,3- HISPANIC CHILD ABUSE ISSUES

ASSESSMENT AND TREATMENT OF CHILD ABUSE ISSUES WITHIN THE HISPANIC FAMILY

Ricardo Weinstein, Ph.D.
Bilingual Clinical Psychologist
3033 Fifth Avenue, Suite 220
San Diego, California 92102
(619) 294-4200

This presentation will address the specific cultural elements to be considered in the treatment and assessment of child abuse within the context of Hispanic families. Language is only one, often not the most important, element to be considered in the treatment and assessment of victims and perpetrators of child abuse. Case illustrations will be presented in order to address the differences and similarities to be covered during assessment and treatment interventions.

Statistical information will be presented and the question whether there is an over-representation of Hispanic families within the child abuse system will be raised. In response to this question, the community needs will be addressed.

This presentation is framed within the laws of the State of California and the rules and regulations of the County of San Diego.

5- ETHNIC AND INTERNATIONAL BORDERS

CROSSING THE ETHNIC AND INTERNATIONAL BORDERS

San Diego Community Child Abuse Coordinating Council
San Diego Children's Hospital, Center for Child Protection
San Diego, California
Elliott C. Binley, Ph.D.
Dominique Cattaneo, L.C.S.W.

It began innocently enough with some of our child abuse council members visiting a receiving home for abused and neglected children south of the United States - Mexico border. Now we have our Bi-national Committee arranging child abuse conferences in Mexican cities near the international border. The city where our contacts first began has just organized its own child abuse council. We are now talking with professionals from the state capitol who want to establish a child abuse council in their city.

Child abuse in the Hispanic culture has been considered to be a private, family matter, not to be discussed with outsiders. Now, at least along part of the United States - Mexico border, many Hispanic professionals are of the opinion that the problem is too widespread and too serious. It must be discussed, attacked and prevented.

We did not start out with any big plans. We just wanted to improve communication and coordination along the border. When the Mexicans wanted more information on a subject related to child abuse, we would arrange for a speaker, literature in Spanish, and for videotaping. One year ago we were asked to put on a two-day conference in a medium size city. Although we expected 30 people, over 150 attended.

Although talk about child abuse may have been taboo in the Hispanic culture in the past, we found a tremendous interest in getting it out from behind closed doors where it can be discussed, attacked, and prevented.

5- MULTIDISCIPLINARY INTEGRATION SYSTEM

MULTIDISCIPLINARY PROGRAM INTEGRATION SYSTEM

Parents Anonymous of Arizona, Inc.
2509 E. Fillmore Street
Phoenix, AZ 85008
(602) 275-0555
Michele Keal, Executive Director
Becky Castro, Family Support Services Coordinator
Nancy Cowperthwait, Peer Self-Help/Crisis Line Coordinator

What happens to parents in rural areas with ethnic or cultural differences who are in need of support services? In Arizona, the Parents Anonymous organization is providing a multidisciplinary approach to services by integrating our existing programs to provide a continuum of services for families. While providing the secondary and tertiary prevention programs, Parents Anonymous utilizes the Arizona Chapter NCPA's Speakers Bureau as an outreach component of primary prevention to the community. This program provides a vehicle for all the Parents Anonymous programs to not only market their services but to provide training in parenting skills and heighten awareness levels in the area of child abuse prevention.

The system works by targeting a geographical area or population groups that is deemed as a high risk or service need area, then a Nurturing Program (parenting skills class) is provided utilizing trained volunteers from the target area. This 16-week program provides parenting information and a companion program for the children of the participating families. At the end of the Nurturing Program, a parent support group is started in the area as a continuation of services to aid the family. Another thread that connects Arizona families who may be experiencing stress or in need of community referrals is the Parents Anonymous Family Lifeline, a statewide toll free crisis line. Parents who have received any of the programs of Parents Anonymous regardless of their geographic location are provided with one more link to aid them when otherwise they may feel isolated or abandoned. This continuum of service within one organization offers an empowerment model to the families as they work to put their lives back together.

The Parents Anonymous integration process allows for the concentration of services on high risk populations such as Teen Nurturing Program, Native American Program and Peer Self Help in rural areas. These services are being utilized by teen parents, 14 Native American tribes, Black and Hispanic families and rural areas throughout the state.

5- OBJECT RELATIONS/CROSS-CULTURAL EMPHASIS

OBJECT RELATIONS/CROSS-CULTURAL EMPHASIS

Department of Economic Security
Administration for Children, Youth and Families
Day Care Certification, 102C
1824 East McKinley
Phoenix, AZ 85006
(602) 258-0551
Joe Merced Suarez, Human Services Specialist II

Providing Traditional Counseling to peoples of non-Anglo mentality may prove to be a challenge to the counselor who has had little or no experience working in cross-cultural settings.

As a person of two cultures, Mexican and Apache, I have learned to resist the call of assimilation.

In doing so, rejection of outside influences becomes automatic, and a form of self preservation. Working as a Family Counselor assigned to the Chinle District Court, I found that some Navajo individuals held dear the same sense of preservation of cultural identity and mentality. Consequentially, traditional counseling approaches are readily rejected as inferences of assimilation by the dominant society.

Psycho-Therapy becomes a real challenge and an intriguing goal. I found that I had to acknowledge my cultural heritage and surrender it to the very forces that I've fought all my life: assimilation. In order to win the Navajo mentality, I had to confess assimilation by dressing, eating, and living Navajo. My name was and is "Nakai Joe" of the Nakai Dane Clan.

By assimilating into the targeted population, I was able to acknowledge the true cultural values and prepare to successfully minister to the domestic needs of the Navajo People.

I found that object relation using sand painting, portraits, and home site models could draw the client into actually reframing the given counseling presenting problem. I have a home site model (17-3/4" x 1-3/4") constructed as a decorative lamp scene that is used to begin some form of psychotherapy.

5,3--: TEENAGE PARENTING

EL NIDO DE LA FAMILIA DELIVERY SYSTEM

Young Women's Christian Association
1918 Texas St.
El Paso, TX 79901
(915) 533-2311
John Chacon, Program Director, El Nido De La Familia

El Nido De La Familia is a program designed to help teenage parents cope with the demands of being a parent for the first time. It seems to enrich teenage parents with useful information and training.

The program's goals are to promote responsible parenting and to strengthen family life between teenage parents and their child. The program accomplishes this through a seven-phase program delivery system.

The First Phase: Is to identify prospective couples. This is done by Project Redirection case managers, school counselors, health clinic staff and AFL staff.

The Second Phase: Is to conduct structured interviews with couples through home and office visits. The purpose of the interviews is to obtain general and background information from the couple and extended family members.

The Third Phase: Is the actual implementation of the 24-week, once-a-week, 2-1/2 hours-a-day Family Life Classes for Teen Parents.

The Fourth Phase: Is to offer pre-natal care to all expectant couples and post-natal care to parenting couples.

The Fifth Phase: Is to assist couples in obtaining educational and employment goals. This includes an educational assessment and pre-employment skills training for four weeks, once a week, four hours a day.

The Sixth Phase: Is to provide family counseling regularly. It is the couple's responsibility to contact one of our counselors at least 12 times during the 24 weeks.

The Seventh Phase: Is to match these couples early on with Volunteer Mentors.

5- LOW SELF-ESTEEM IN AFRICAN-AMERICAN WOMEN

IN THE MIDST OF OBSTACLES

Family Resource Center - Child Psychiatry Center
5340 Magnolia Street
Philadelphia, PA 19144
(215) 634-5550
Vivian M. Drayton, M.S.W.

This presentation is based upon the high incidence of low self-esteem found among abusive parents. The participants of the group are African-American women, who have had numerous experiences with abusive parents, abusive partners, and violence, in general. The similarities among the backgrounds of the participants included a sense of hopelessness, inability to fully understand the significance of racism and its impact upon their family, low self-esteem, loneliness, history of having abused or at risk of abusing their children, and little knowledge of the historical contributions of African-Americans. These women also possessed a determination to survive, a willingness to give "the system" a chance to help them, basic concern for the well being of their children and a desire to improve their methods of disciplining their children. Because lack of family support systems and isolation were key problems among the women, they observed very few women that were able to improve their life circumstances and move on to make significant contributions. Consequently, having no role models, they developed increasing feelings of hopelessness. Many are unaware of the greatness of African-American families or the similarities among their lives and others who have made a difference. Their inability to feel good about who they are therefore becomes fertile ground for high expectations of their children. As they are unable to pass on "a belief in self", their obvious disappointment in the child often leads to rigid parenting techniques. "In the Midst of Obstacles" highlights African-American women who have overcome insurmountable obstacles. The inclusion of such culturally sensitive material into treatment programs seeking to build self esteem is one which warrants greater recognition.

7,3- COCAINE-AFFECTED INFANTS

PROJECT FUTURES: A MULTI-DISCIPLINARY INTERVENTION STRATEGY FOR COCAINE AFFECTED INFANTS

Department of Children and Family Services
406 East Monroe
Springfield, Illinois 62701-1498
(217) 785-2459
Glenanne Farrington, Chief, Office of Program Development and Support
William G. Hall, Deputy Director, Division of Policy and Plans

Project Futures is an innovative multi-agency program that is providing a comprehensive blend of intensive medical, substance abuse treatment and social services to address the many problems of infants born to cocaine-using mothers. This new project builds upon the research of Dr. Ira Chasnoff of Northwestern University Medical Center's Perinatal Center for Chemical Dependence. Dr. Casnoff's work has identified the existence of prenatal cocaine effects on newborns and validated the improved pregnancy outcomes resulting from early intervention. Project Futures is a multi-disciplinary prevention and intervention strategy of three major state agencies, the Illinois Departments of Public Health, Children and Family Services, and Alcoholism and Substance Abuse in combination with the Perinatal Center for Chemical Dependence and the National Association for Perinatal Research and Education. It provides out-patient drug treatment, intensive medical management, home visitors, specialized parenting skills and other social services to minority women and infants. The goals of the project are to reduce adverse pregnancy outcomes, and to reduce abuse and neglect of these very fragile "cocaine babies."

8- LATENCY AGE MOLEST VICTIM

GROUP TREATMENT MODEL FOR THE LATENCY AGE MOLEST VICTIM

Cedar House, Inc.
605 Cedar Ave.
Long Beach, CA 90802
(213) 436-8276
L. E. Seiser, M.A. M.F.C.T.
Karen Lombard-Cauffman, M.S.

The Latency Age Molest Victim requires a specialized treatment program to address the child's specific needs. This entails meeting the child where he/she is developmentally. That is, not only where the child is in reference to chronological age, but also emotional age, which is often fixated at the age the child was molested. It is to this end that we have designed our own group treatment model.

The group treatment focuses on: (1) allowing the Latency Age Molest Victim to identify why he/she is involved in our program through acknowledging he/she was "touched where the bathing suit covers," (2) group rules to ensure safety and protection, (3) the use of developmentally appropriate tasks, language and physical surroundings, (4) the progressive disclosure process, (5) the use of self as therapist to establish a relaxed and supportive atmosphere.

The Latency Age Molest Victim exhibits symptomology consistent to where he/she is developmentally. It is essential, therefore, that the group leaders be familiar with the presupposed developmental stages in order to identify and work with the victim issues of the child.

Intervention strategies revolves around: (1) group structure, (2) rapport, (3) expressive group process. A highly structured group provides safe boundaries within which the Latency Age Molest Victim can grow. The group is time-limited and includes weekly review of group rules and purpose, snack time and "rounds," a variety of planned activities and a closure process where each child says his/her "last words." Rapport is established through the accepting, consistent behaviors elicited by the group leaders including the initial contact with each child each week, meeting the child at eye level, and taking the lead from the child, setting the group tone accordingly. An expressive group process is established through sensory activities, encouraging interaction and questioning, identifying feelings, touching, metacommunicating and humor.

8- CROSS SYSTEM MODEL IN SEXUAL ABUSE CENTER

THE DEVELOPMENT OF A CROSS SYSTEM MODEL FOR PRACTICE IN A SEXUAL ABUSE CENTER

Sexual Abuse Center
216 West Front Street
Media, PA 19063
(215) 891-5275
Lily Ann Hoge, Ph.d.
Joan Lartin, Ph.d.
Pam Hardy, M.S.W.

The Sexual Abuse Center was founded in the summer of 1988 in response to an increase in the volume of reports of child sexual abuse to Children and Youth Services, a child welfare agency in Delaware County, Pennsylvania. The four-year period between 1983 and 1986 had seen a 31% increase in reports of sexual abuse in the county; these cases composed over a quarter of the total agency caseload. Their investigation and management increased the demand upon the agency's personnel and resources and led to the establishment of the special center.

The most significant innovation in the planning for the Center was the inclusion of a cohesive design to address the issue of the sexual abuse of children within the context of the wider social system. The Center fostered a cross-systems model for prevention, investigation, intervention, and treatment of child sexual abuse. This model involved the justice system, the medical system, the mental health system, and local public and private agencies providing services to victims and their families; its emphasis was upon a cooperative effort and a systematic plan for intervention in child sexual abuse cases among the various relevant community systems. Further goals for the center included its development as a center for education, training, and research.

The growing awareness of the traumatic consequences of the sexual abuse of children makes the search for effective means of prevention and treatment a priority for child welfare workers. The account of this center's first year of operation and its progress toward implementation of the cross-systems model is viewed as a useful contribution to practice in the area of child welfare.

9- CHILDREN PLACED OUT OF THEIR HOME

LEVELS OF CARE SYSTEM: A BETTER WAY TO MEET THE NEEDS OF CHILDREN PLACED OUT OF THEIR HOME

Protective Services for Families and Children Branch
Texas Department of Human Services
P. O. Box 2960
Austin, TX 78769
(512) 450-3287
(512) 450-3303
Homer Kern
Joe Papick

To achieve a level of care system requires adoption of a frame of reference that encompasses the constellation of public and private agencies involved in the placement, funding, care and treatment of the 25,000 troubled children in foster care in Texas. A cooperative, inter-agency; including Texas Department of Human Services, Texas Education Agency, Texas Department of Mental Health and Mental Retardation, Texas Youth Commission, Texas Juvenile Probation Commission, etc.; approach to providing services has been developed.

Six levels of residential care have been defined.

A study of the actual costs of providing residential care within licensed categories was conducted. As a result of this study, a schedule of payment rates which correspond to each level of care was established. This rate schedule was used by the state agencies in calculating the Legislative Appropriations Requests.

A common application for residential care and a plan for beginning to develop a common process for deciding which level of care is appropriate for each child; a classification system has been developed and is currently being used by state agencies.

Standards were developed to monitor the actual level of services provided in residential care which assures that facilities are able to meet the children's needs.

An inter-agency technical group was established to conduct an extensive research effort on the level of care system. Data was collected from September, 1988, through January, 1989. The data were analyzed in February 1989 and a final report containing recommendation for refinement of the process was completed in March 1989.

The presentation addresses the process, problems, and advantages of implementing and refining an inter-agency statewide level of care system.

9- FOSTER PARENT RECRUITMENT AND RETENTION

A COMMUNITY APPROACH TO FOSTER PARENT RECRUITMENT AND RETENTION

Children's Protective Services
Texas Department of Human Services
4040 Milam
Houston, TX 77006
(713) 526-5701
Gene Daniel, M.S.W., Regional Director
Eileen Mayers Pasztor, D.S.W., Child Welfare Consultant,
Chevy Chase, Maryland

This presentation provides a conceptual framework and implementation strategies for engaging and working with community leaders, organizations and foster parents to improve foster care services for children who have been neglected, physically abused and sexually abused. Using the experiences of one public child protection agency, an approach to building community support in recruiting and retaining foster parents will be explained.

The presentation will highlight PROJECT CARR (Community Approach to Recruitment and Retention), a 17-month demonstration project in Region 11 of Texas Department of Human Services, funded by the U. S. Children's Bureau in 1987, to address the national problem of decreasing numbers of skilled foster parents. Specific topics to be covered are:

The changes and new challenges facing the foster care system, and the need for community responsibility in foster parent recruitment and retention;

A model for community approach to recruitment and retention;

A method for assessing recruitment and retention program strengths and needs;

Strategies for engaging community support to recruit foster parents who can work as partners in permanency planning, emphasizing community cross-cultural networks.

Data from PROJECT CARR regarding the project's impact on foster parent recruitment and retention.

9- REPLACEMENT PREVENTION SERVICES

AN EFFECTIVE APPROACH TO PREPLACEMENT PREVENTIVE SERVICES

Stanislaus County
Department of Social Services
P. O. Box 42
Modesto, CA 95353
(209) 525-6673
Bethalee Kuderna, Program Manager
Teodoro ("Ted") V. Martin, Ph.D.

In 1980, the U. S. Congress passed one of the most comprehensive pieces of legislation in child welfare history, PL 96-272. One of its major provisions is that the Courts must establish that "reasonable efforts" have been provided to children and their families in order to prevent out-of-home placement. However, PL96-272 left us with a puzzle, it failed to define "reasonable efforts."

Current social work practice shows that: children have been frequently removed from their families without providing more than token efforts to preplacement preventative services, judges have failed at times in their responsibility to establish that reasonable efforts have been made in order to maintain children at home. Essentially, not enough attention has been given to reasonable efforts before removing children from their biological families.

In July of 1986, the Administration and the Child Welfare staff of the Department of Social Services, Modesto, California, made a collective decision to implement a Preplacement Preventive Program based on five essential elements: a joint assessment by the Emergency Response worker and an FM Worker, preplacement staffings of all children under protective custody and at high risk of out-of-home placement, intensive case management services, ongoing coordination with other service providers and, most of all, a primary emphasis on voluntary Family Maintenance Services.

Preliminary results of the study conducted in September 1988 show that the program has been effective in several ways: A significant number of children were diverted from dependency proceedings and out-of-home placement, shelter care placements were reduced, and a recidivism rate of 2.5 percent of families after receiving Family Maintenance Services.

10- ABUSE OF CHILDREN WITH DISABILITIES

CHILD ABUSE AND THE VULNERABILITY OF CHILDREN WITH DISABILITIES

Let's Prevent Abuse Program
Pacer Center, Inc.
4826 Chicago Ave. So.
Minneapolis, MN 55417
Casey Gorka, Coordinator

One of the principal concerns of the 80's among parents and professionals has been the dramatic increase in reported incidents of child abuse. PACER shares their concerns in this area and offers a new and unique model in abuse prevention which is of special significance to those involved with children who have disabilities.

Children with disabilities are found in alarmingly high proportions among the victims of abuse. The reasons for this are many children with handicaps may have behavioral problems or special needs which put increased stress on parents and educators. Because of their disabilities, these children are more vulnerable targets for abuse for parents and caregivers whose expectations may be unrealistic and unfulfilled. In addition to their increased vulnerability for physical abuse, children with disabilities may be more readily victimized by the sexual offender. The nature of their disability may impair their judgment. Also social factors such as low self esteem and the desire to please further increase their vulnerability. When these two factors are combined with problems of impulsivity, or misunderstanding of non-verbal signals, these children can find themselves in situations beyond their control.

The first component of PACER's Let's Prevent Abuse program is geared toward elementary age children, including both children in the mainstream and self-contained classrooms of special education students. The program uses child-size puppets to teach children about child abuse, including the definitions of abuse, the feelings of anger, guilt and fear associated with abuse, the need to seek help for both children and perpetrator, the acknowledgement that sexual and physical abuse can come from persons known to the child, and the need for all children to tell someone if they are being abused.

The second component is aimed at educating the adults working with the children who are disabled - regular and special education teachers, administrators, social workers, as well as parents and caregivers. PACER gives inservice trainings and workshops centering on the incidence of child abuse, definitions of abuse, vulnerability of children with handicaps, legal issues, reporting processes and prevention strategies.

10- SPECIAL NEEDS CHILDREN

PREVENTING ABUSE OF SPECIAL NEEDS CHILDREN: A MULTIDISCIPLINARY APPROACH

Department of Pediatrics and Human Development
College of Human Medicine
B240 Life Sciences Building
Michigan State University
East Lansing, MI 48824
(517) 353-0707
Elizabeth A. Seagull, Ph.D.

Ten to twenty percent of children suffer from some chronic health problem; ten percent of these are seriously impaired. The vast majority of children with special needs in the U.S. today live at home with their family. Children with a chronic illness, developmental disability, or handicapping condition not only require significant help with daily tasks, many parents also provide a level of medical care at home that was provided exclusively by specially trained personnel only a decade ago. Parenting such children is highly stressful, with resulting increased risk of abuse. Although there are numerous specialty clinics for such children, adequate primary care services are rare, yet the primary care setting has the greatest potential for effectively preventing child abuse. This presentation describes a primary care clinic which provides comprehensive, multidisciplinary care to children with special health care needs. All patients routinely see team members from the disciplines of pediatrics, psychology, social work and nursing. In addition to providing primary medical care and coordinating the efforts of multiple specialists, the team systematically addresses areas of family stress known to be associated with risk of abuse, such as family relationships, financial and employment concerns, education, social support, and respite care. Particular emphasis is placed on providing adequate support to the family unit directly, and by the use of other resources. Since its inception a year ago, the clinic has not had any known instances of abuse. Integrated multidisciplinary care which attends to family stress is a promising model for preventing abuse of special needs children.

10- ABUSE OF HANDICAPPED CHILDREN

THE ABUSE OF CHILDREN WITH HANDICAPS

Department of Pediatrics and Human Development
Michigan State University
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East Lansing, MI 48824-1317
(517) 353-2032 (W)
(517) 332-1140
Molly A. Minnick M.S.W.

This presentation addresses the problem of abuse of children with handicaps. It will begin by examining the process of bonding and attachment which begins long before a child is born. By understanding this, we can then examine the numerous losses which parents experience at the time of the birth of a child with a handicapping condition. These include the loss of the wished-for physically healthy child, the loss of choices, loss of control, loss of personal support, loss of routine, loss of stability, and finally loss of the anticipated future.

An understanding of the impact of these losses is of utmost importance as it is this which leads to extremely high levels of stress. In studies where standardized stress tests are given to abusive parents., their mean scores are half of those for parents raising children with handicaps.

In order to assist these families we must increase our awareness of what life is like for them. To do so, we must periodically shift our focus away from all of the specialized assessment and treatment techniques aimed at the child and attend to the dynamics of the family. We must look into the eyes of the parents and attempt to understand their world, their lives and their existence as it is experienced by them on a daily basis.

10- DEVELOPMENTALLY YOUNG VICTIMS

TREATMENT TECHNIQUES FOR DEVELOPMENTALLY YOUNG VICTIMS OF SEXUAL ABUSE

Missoula Developmental Specialists
1135 Strand Avenue
Missoula, Montana 59801
(406) 728-8950
Jacelyn Wedell, Ph.D.

Treatment of developmentally young (preschoolers and/or mentally handicapped children functioning at a preschool level) victims of sexual abuse is a considerable challenge to the therapist. Traditional verbal therapies are inappropriate for the child's limited verbal receptive and expressive skills and play therapies alone may not touch the depth of the trauma. This paper presents treatment procedures adapted and developed by the author within her private practice. Development of the techniques is ongoing.

Issues that need to be addressed in treatment include adult-child role boundaries that become blurred or have never been well defined, age-inappropriate sexual stimulation, the child's sense of vulnerability and loss of control, and fears of reprisal for disclosure and/or fears of recurrence of the abuse. When the child has been physically injured, there may also be a sense of having been irreparably damaged.

Each of these issues has accompanying behavioral and emotional sequela which must be addressed by the therapist. Specific techniques are described in the paper. For example, the regressed child must be accepted at his or her level and be nurtured by the therapist. Abusive incidents may be resolved through directed reenactments, "personalized" storybooks, and artwork. The therapist must set limits on sexualized, aggressive, and noncompliant behavior, and can assist the child to clarify roles through puppet play. Parents' roles in therapy is discussed, as is the selection and utilization of treatment techniques as a function of the many mediating factors involved in abuse cases.

11- SPIRITUAL IMPACT OF INCEST

THE SPIRITUAL IMPACT OF INCEST: ADDRESSING TREATMENT ISSUES

Tamara Robinette, M.S.W.
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That a child's perspective becomes distorted as a result of incest is well written and theorized, yet lacking in the literature is clinical information and research on the need and techniques useful in addressing the impact of childhood incest on the spirituality of the victim. During the past seven years, it has been my experience while working with adult survivors that the spiritual arena is the source of their deepset confusion and pain, resulting from conflicts between religious values and their own sordid reality. Shame and embarrassment regarding these spiritual issues may encourage a client's silence, yet complete mental wellness cannot be achieved if the dissonance in their spirituality is not addressed and guidance given for a resolution.

The purpose of this address is to offer training to clinicians and clergy regarding the religious tenets that frequently are a source of value conflict for adult survivors of incest. Offering a new perspective to a child's reality who suffers the trauma of incest gives insights to underlying dilemmas.

The presenter subscribes to a multidimensional view of the cause of personal and social dysfunction, yet emphasis is placed on cognition as a primary determinant of human behavior. Therefore, the use of cognitive restructuring as a systematic intervention to rebuilding the moral structure and spiritual components of the client's personality is used.

12- FUTURE TRAINING OF SOCIAL WORKERS AND TEACHERS

TRAINING SOCIAL WORKERS AND TEACHERS IN THE 1990'S: COMPUTER-ASSISTED INSTRUCTION IN CHILD ABUSE AND NEGLECT - THE DEVELOPMENT AND DEMONSTRATION OF TWO CUTTING EDGE PROGRAMS ON CHILD SEXUAL ASSAULT AND PHYSICAL ABUSE

Synergetics Group Interactive Videodiscs
Western Washington University
Bureau of Faculty Research
Program for Social Service Research, Demonstration and Training
St. Thomas Center
14500 Juanita Drive, NE
Bothell, WA 98011
Nancie A. O'Neill, M.S.W., Manager of Instructional Design and
Curriculum Development

This presentation demonstrates a new training technology, discussing its development and implementation. The program is designed for educators and caseworkers. The technology combines a personal computer with a laserdisc player, creating a dynamic and individual learning experience for the user. Exposure to interactive training can greatly impact the caseworker's practice by allowing them to experience decision-making, first hand, making errors without affecting the client-family. Teachers will find this method stimulating, allowing them the opportunity to make intervention decisions relative to their role with a maltreated child.

Learner retention is high with the use of this technology. Workers and teachers completing this series will be more capable of identifying child maltreatment through the interactivity with the program. The program challenges their skills in observation, knowledge, values, and habits of information processing; the four basic tasks of decision-making.

Two modules will be demonstrated. "The Physical and Behavioral Indicators of Physical Abuse" has been successfully field-tested and currently used in Oregon and Washington.

"Child Sexual Abuse" is two programs in one. It offers two pathways of interaction; one to caseworkers and the other to educators. Material is developed in a multidiscipline approach, much like actual experience. In order to prevent abuse, we need to know how to identify it. This training package succeeds in teaching about child maltreatment. It offers remedial education, is self-paced, and private. It can be used in the office as an adjunct to formal training.

12- DEATH OF A CHILD - CHILD PROTECTION WORKER'S PERCEPTION

ENDURING THE DEATH OF A CHILD: THE CHILD PROTECTION SOCIAL WORKER'S PERCEPTION

Associates for Personal and Professional Development
1450 Baylor Dr.
Colorado Springs, CO 80909
(719) 574-1585
Gerald Grill

The presentation is designed to have the Social Worker understand the concept of loss, grief, and the bereavement process in the event a child dies on their caseload from child abuse or suicide. Specific information as to the reactions by the social worker in the areas of psychological, sociological, and physical in each of the bereavement phases are presented. Contributing variables of the social worker as to how they would copy and process this loss are identified. Agency intervention strategies and policies that can support the social worker during this critical time are also examined.

12- STATEWIDE TRAINING FOR CPS WORKERS

DEVELOPING A STATEWIDE TRAINING PROGRAM FOR CHILD PROTECTIVE SERVICES SOCIAL WORKERS

State of Alaska
Department of Health and Social Services
Division of Family and Youth Services
1001 Noble St., Suite 370
Fairbanks, AK 99701
(907) 452-6044
Stephen M. Wilson, A.C.S.W., Training Coordinator

Providing Child Protective Services to families experiencing child abuse and neglect is an extremely complex and demanding job. It has the ability to have a major positive or negative impact on families. As such, it is critical that all child protective services staff receive the best training available on a continuing basis. In the last year the State of Alaska's Division of Family and Youth Services (DFYS) has undertaken the development of a statewide competency based training program for all child protective services staff. The training program in Alaska may be unique in that: (1) it will utilize currently employed social work staff, trained as peer trainers, to provide the majority of the training; (2) it will utilize peer mentors that will provide a one week internship for new workers, (3) different parts of the program will use competency based testing; and (4) a plan will be developed to coordinate certification with employment through the state personnel office.

12- SOCIAL WORKER TRAINING AND CERTIFICATION

THE WYOMING EXPERIENCE: BUILDING EXCELLENCE IN CHILD PROTECTION THROUGH SOCIAL WORKER TRAINING & CERTIFICATION

Wyoming Division of Public Assistance and Social Services
Family Services Unit
Hathaway Building
Cheyenne, Wyoming 82002
(307) 777-6095
Paul Blatt, Ph.D., Program Manager
Robert Landes, M.S., Program Consultant
Patricia McDaniel, Program Consultant

In 1985, the American Association for Protecting Children completed an evaluation of the child protective services system in Wyoming. One area of concern mentioned in the report was the lack of "current and specialized training for employees who carry out child protective services functions." As a direct result of this assessment, the Wyoming Division of Public Assistance and Social Services embarked on a major effort to upgrade the knowledge base and skills of all workers involved in child protective services. This effort included: (1) Training for all current CPS workers; (2) Establishing a training team to provide an ongoing care curriculum; (3) A certification process; and (4) Specialized training.

This presentation covers:

1. Description of events surrounding the implementation of CPS training and certification in Wyoming;
2. Recruitment and selection of the training team;
3. Planning and coordination of training;
4. Importance of training on worker competency and ability and how this relates to community relations;
5. Significance of worker certification;
6. Funding considerations related to a statewide training effort; and
7. Preservation of the training team.

12- ENSURING QUALITY CHILD PROTECTIVE SERVICES

ENSURING QUALITY CHILD PROTECTIVE SERVICES

Marsha K. Salus, A.C.S.W.
Consultant
3736 Keller Avenue
Alexandria, VA 22302
(703) 578-4714

Until recently, child welfare agencies' principal training efforts have focused on enhancing the competence of caseworkers responsible for providing direct services to families. Many states have recognized that training alone will not assure that effective and timely services are provided to abusive and neglectful families. Public child welfare agencies have become acutely aware that front line Child Protective Services supervisors have a significant impact on the quality of services provided by their staff. Consequently, State child welfare agencies have begun to examine and implement programs to enhance the supervisors' capacity to develop and empower their staff to provide quality services to abused and neglected children and their families.

"Building Worker Performance" is a supervisory training program which combines two of the elements necessary for effective staff performance - the capability of the worker and the experience of the work environment. "Building Worker Performance" has been successfully implemented in three states - Missouri, Maine, and Arizona. "Building Worker Performance" enhances CPS supervisors ability to:

- Identify the stages of worker development and tailor supervision to the developmental needs and experiences of CPS workers.
- Teach workers what they need to know to do the job.
- Design learning situations tailored to the individual learning styles of their staff.
- Effectively analyze staff/unit performance problems and coach for improved worker performance.
- Evaluate the organizational climate in their units/agencies and create a work environment which supports effective CPS practice.

12- DECISION MAKING IN CHILD PROTECTIVE SERVICES

DECISION MAKING IN CHILD PROTECTIVE SERVICES: A CERTIFICATE TRAINING PROGRAM

Joint Center for Human Services Development
School of Social Work
San Jose State University
San Jose, CA 95192-0124
(408) 924-5800
Keith Thompson, Co-Director

This presentation reviews the design and results of a university based certificate training program for line workers and supervisors in public child welfare agencies in the San Francisco Bay Area.

This innovative in-service training program was developed by a design team consisting of public agency representatives, university faculty, and private training consultants. The program was designed and tested with the assistance of a grant from the Administration of Children, Youth, and Families of the U. S. Department of Health and Human Services. The program has been provided on site to approximately 400 workers in 11 greater Bay Area agencies. This is a competency based training program which focuses on improving the participants' skills in assessing risk of harm and implementing time limited risk reduction case plans.

The program consists of 11 days of training spread over a period of approximately five months. This in-out, overtime approach allows an opportunity to provide participants with models of practice including the demonstration of those models, individual coaching in the use of the models, the opportunity to "try out" the models in the field, and receive follow-up feedback from the trainers based on their field applications. Because of the emphasis on skills development, each training cohort is limited to 25 participants and includes two trainers. The specific training schedule is developed in consultation with the host agency, which also includes the opportunity for some input into the training content. This pre-training consultation provides an opportunity to accommodate specific forms and organizational systems which are particular to the host agency.

12- MULTIDISCIPLINARY TRAINING

THE NEW JERSEY AREA HEALTH EDUCATION CENTER'S CHILD SEXUAL ABUSE CURRICULUM: MULTIDISCIPLINARY TRAINING FOR STUDENTS AND PROFESSIONALS

Camden Area Health Education Center
Northgate Plaza I
7th & Linden Streets
Camden, New Jersey 08102
(609) 963-2432
Thomas F. Curran, M.S.W., Coordinator, Child Sexual Abuse
Curriculum Project

In October 1988, the New Jersey Area Health Education Center (AHEC) received a two-year child and adolescent sexual abuse education grant from the United States Department of Health and Human Services. The purpose of the grant is to develop and implement a multidisciplinary education curriculum and training program for health and human service students and professionals in the initial investigation, assessment and management of child sexual abuse cases. The educational curriculum is being implemented in the medical, nursing and social work schools throughout New Jersey. The training program component is providing more intensive and specialized training to various professionals throughout New Jersey (health, social work, law enforcement and education) who work with or will likely encounter sexually abused children.

The project is planned and implemented by the New Jersey AHEC in partnership with the University of Medicine and Dentistry of New Jersey (UMD-NJ); the UMD-NJ-School of Osteopathic Medicine, The Robert Wood Johnson Medical School, the New Jersey Medical School, the New Jersey Division of Youth and Family Services and the Rutgers University School of Social Work. Representatives from each of these schools, along with professionals from the private sector, staff the projects Advisory Board.

Trainees in the project include 400 human service and health care professionals, 200 fourth-year medical students, 100 social work students, 100 nursing students and 25 pediatricians.

Stressing a truly multidisciplinary approach to case management, some of the areas covered in the project include child sexual abuse within the spectrum of family violence, psycho-social dynamics of sexual abuse, validation strategies, child growth and development, medical validation, interviewing skills, legal issues and the art of the "referral" procedure. The curriculum and training program are being pilot tested, pursuant to pre-implementation data collection of professionals previous training. Post-implementation data collection and analysis will be conducted following one full year of implementation.

12- SURVIVAL STRATEGIES FOR CHILD ADVOCATES

IN THE EYE OF THE STORM: SURVIVAL STRATEGIES FOR CHILD ADVOCATES

Barbara Snow, D.S.W.
Private Practice
2270 Logan Avenue
Salt Lake City, UT 84108
(801) 487-7158

Child sexual abuse is highly controversial and intensely divisive. Although reports of child sexual abuse increased tenfold in the past decade, they have been countered by a strident backlash movement.

Child advocates who enter this demilitarized zone often themselves become targets as efforts are directed at "Killing the Messenger." Accusations, pressure, public exposure, intense scrutiny and alienation typify what professionals in cases of child sexual abuse too often experience. This field cannot afford casualties as the ranks of those professionals who possess both the competence and constitution to treat the problem are limited.

It is unlikely that defensive strategies will change. It is, therefore, critical that professionals become both aware and prepared to counter them.

This presentation offers insights and suggestions for professional survival. The basis of this discussion is information gained from interviews with those professionals who were themselves caught in the eye of the storm in the nation's most high profile child sexual abuse cases, as well as the author's own experience. Experts from the McMartin Pre-School, Jordan, Minnesota and Country Walk cases have provided perspectives from hard-won experience.

As these cases developed as early as 1983, time and experience have tested some of the observations.

An important part of this presentation is a forum where experiences, questions and comments from the audience are solicited.

Professionals who advocate for sexually abused children must be aware of and prepared to meet unwritten but often inherent requirements of the job.

12- RURAL CHILD PROTECTION

RURAL CHILD PROTECTION SOCIAL WORK: COMPONENTS FOR SUCCESS

Teton County Department of Public Assistance and Social Services
Box 547
185 S. Willow Street
Jackson, Wyoming 83001
(307) 733-7757
Carol Taylor, M.S.W., Family/Community Services Specialist

Jackson, Wyoming is a small town in northwest Wyoming, nestled at the foot of the Grand Teton mountains. It is a beautiful community, but one of extremes - weather, physical isolation, transient population, high cost of living, and housing shortages. Subsequent family stressors manifest in domestic violence, drug/alcohol-related problems, and child neglect and abuse.

The Child Protection Team was established in Jackson over 10 years ago and addresses the needs of children and families in Teton county. The team consists of multiple disciplines and numerous agency representatives including department of Public Assistance and Social Services social workers, law enforcement, mental health, schools, hospital social worker, public health nursing, Task Force on Domestic Violence, county attorney and others.

By utilizing a team approach, coordination of treatment plans, designated case managers, and information exchange, Teton County has effectively created an excellent child protection network. Community education and support promote responsible referrals and early intervention with families.

The focus of the presentation will be identifying and nurturing community resources, improving communications, development of specific case plans with time-specific follow through and accountability. Public relations media, and community support are addressed as well.

12- TIME-LIMITED CONSULTATION MODEL

MASSACHUSETTS DSS' FAMILY LIFE CENTER - A TIME-LIMITED CAN CONSULTATION MODEL

Department of Pediatrics - Childrens Building 3
Boston City Hospital
818 Harrison Avenue
Boston, MA 02118
(617) 424-5443
Robert M. Reece, M.D.
Gary Calhoun, M.S.W.
Jan E. Paradise, M.D.

The Massachusetts Department of Social Services has developed the Family Life Center to expand its capacity to serve multi-problem families by coordinating the evaluations and services of numerous agencies, interpreting and implementing complex recommendations made by mental health and medical facilities.

The Center brings together highly skilled professionals representing the fields of social work, medicine, psychology, nursing and law to form two statewide teams. The social workers are selected from DSS offices and serve a one-year temporary assignment.

Administrators, social work supervisors, nurses and support staff are drawn from experienced DSS staff. The physicians and psychologists have expertise in the evaluation of child physical and sexual abuse.

The Family Life Center offers three levels of services:

1. Consultation with individual Family Life Center specialists:
 - to assist in the identification, coordination and referral to community-based resource such as legal, medical, nursing and/or mental health services.
 - to interpret existing nursing, legal, mental health and medical information.
2. Specialized diagnostic assessments by Family Life Center staff:
 - medical diagnosis and evaluation;
 - psychological evaluation for the child(ren), parents or caretakers; nursing appraisals of a child and/or family's general state of health, nutritional status and/or ability to cope with specialized child care needs; social assessment of family strengths, problems and service needs which address emotional, behavioral and social functioning.
3. Short term intensive family intervention by the Family Life Center worker:
 - to facilitate the goal of reunification when a child is returning home from placement; to prevent out of home placement for families in crisis.

This exciting new initiative is in its first year of operation. Once proven effective, these innovative assessment and intervention strategies should enhance our ability to serve all families.

12- INTERVENTION TRAINING

TRAINING PREVENTIVE SERVICES WORKERS TO MONITOR AND EVALUATE INTERVENTION

School of Social Work
University at Buffalo
Buffalo, NY 14260
Howard J. Doueck, Ph.D.

Recently, researchers have suggested that decision-making in child welfare practice can be improved if workers would establish concrete and specific goals with client families, contract with families around those goals, design interventions that are focused and time limited, and systematically monitor family progress. One method to monitor and evaluate social work intervention that is currently gaining in popularity is single-system designs. Surprisingly, there appears to have been few attempts to help child welfare staff integrate single-system design techniques into their daily practice. This presentation will describe the results of one effort to train preventive services workers in the skills and techniques of monitoring and evaluating intervention.

A 12-hour staff development program was provided to 18 volunteer preventive services supervisors and staff from a large multi-service agency. The goal of preventive services is to: (1) prevent foster care placement of children at risk, (2) enable children in foster care to return to their families of origin, or (3) prevent a return of children to foster care.

The training program consisted of four three-hour sessions meeting one time per week, for a total of 12 hours. Materials developed for the program were based on the recent literature related to the use of single-systems designs for monitoring and evaluating social work interventions. Each session focused on different phases of the monitoring/evaluation process; (1) distinguishing between systematic monitoring of client progress and practice research, (2) specifying client problems and measuring progress over time, (3) observing behaviors and developing a measurement package, (4) selecting an appropriate single-system design, and (5) evaluating outcomes.

In session evaluation uncovered significant increase in all areas of self-reported skills and abilities to monitor and evaluate practice. Follow-up surveys were administered at three and six months post training. Data from these surveys are currently being analyzed.

12- TEAM BUILDING

TEAM BUILDING IN CHILD PROTECTIVE SERVICE UNITS: USING SOCIAL SUPPORT TO SUSTAIN MORALE

Washington Division of Children and Family Services
Spokane, WA 99220
(509) 456-3936
(509) 922-4803
Dee Wilson, D.C.F.S., TAF C38, B32-21, Casework Supervisor

In this presentation, the author describes a number of operating principles and practices which foster team spirit and the sense of group identity in CPS units. These practices include daily meetings, usually at the beginning of the workday, in which cases are assigned and staffed, unit staffing of all placements and decisions to return children home from placement, peer mentors for new staff, a buddy system for case coverage, weekly breakfast meetings, quarterly retreats, peer input in performance evaluations, and periodic sabbaticals from case assignment.

These practices increase social cohesion within CPS units and facilitate the development of shared assumptions and values. CPS caseworkers began to operate as members of a team rather than as independent entrepreneurs. CPS staff are far more likely to feel supported and appreciated in this type of work environment.

The unit which I supervise has used the principles and practices described above since 1983. During this period of time the unit has had low turnover and good morale; many other units in the state have copied our model.

At an abstract level, this workshop proposal is an attempt to describe the power of small groups to sustain staff morale in difficult circumstances. Concretely, the proposal is an effort to give concrete direction regarding how child welfare agencies can reduce turnover and/or burnout while fostering commitment to a high standard of practice.

12- TRAINING AND CERTIFICATION OF SOCIAL WORKERS

A STATE'S EXPERIENCE: BUILDING EXCELLENCE IN CHILD PROTECTION THROUGH SOCIAL WORKER TRAINING & CERTIFICATION

Department of Health and Social Services
Division of Public Assistance and Social Services
Hathaway Bldg.
Cheyenne, Wyoming 82002-0710

In 1985, the American Association for Protecting Children completed an evaluation of the child protective services system in our state. One area of concern mentioned in the report was the lack of "current and specialized training for employees who carry out child protective services functions...." As a direct result of this assesment the Division embarked on a major effort to upgrade the knowledge base and skills of all workers involved in child protective services. This effort included: (1) training for all current CPS workers; (2) establishing a training team to provide an ongoing core curriculum; (3) a cetification process; and (4) specialized training.

The AAPC provided the initial training package which included the 60-hour CPS core curriculum and a train-the-trainers session. The training was completed in 1986. Since that time the States CPS Training Team has conducted four training sessions and all new CPS workers have been certified.

This presentation covers:

1. Description of events surrounding the implementation of CPS training and certification in Wyoming;
2. Recruitment and selection of the training team;
3. Planning and coordination of training;
4. Importance of training on worker competency and ability and how this relates to community relations;
5. Significance of worker certification;
6. Funding considerations related to a statewide training effort; and
7. Preservation of the training team.

14- PROGRAM MATERIALS/GRAPHIC DESIGN

A QUICK LESSON IN GRAPHIC DESIGN: MAKE AN IMPACT WITH YOUR PROGRAM MATERIALS

Child Care Publications
P. O. Box 12024
University Station
Gainesville, FL
(904) 472-4654
Anne G. Nelson, Graphic Designer and Author

The visual components of an organization's letterhead, handouts, brochures and newsletters all deliver a message about the program. Many times the message may not be the one that is intended.

This slide presentation and discussion is for people who find themselves producing printed materials on a limited budget for social service organizations without benefit of expert graphic design. Guidelines to understanding the basics of design and production of effective printed materials will be offered. Participants can learn to become visually critical of materials by identifying design components that work on behalf of a program, as well as those that work "against" the program's goals. Tips on gauging the material appropriately for specific audiences will be reviewed along with a discussion of the communication of inadvertent messages of judgment or lack of respect for an audience.

Design guidelines for non-graphic designers will cover: how to talk to the printer; making decisions about offset vs. xerography; papers, inks, techniques; using photographs, illustrations, design components; and if and when to hire a graphic designer. Participants are invited to bring their materials for critique and suggestions.

14,1- PARENTING POINTS (RADIO SPOTS)

PARENTING POINTS

Resource Center for Parents and Children
1550 Gillam Way
Fairbanks, Alaska 99701
(907) 456-2866
Aileen McInnis, Training Consultant

"Parenting Points" are two-minute radio spots discussing family concerns in a conversational, nonthreatening tone. Because of radio's immediate nature, topics are timely and changed frequently: fears at Halloween, stress in December, infant information during high birth months.

A Fairbanks listenership survey listed parenting issues among top concerns. Previously, KAYY-FM wrote announcements based on information provided by the Resource Center for Parents and Children. Beginning in August 1988, a staff member and a volunteer write and tape five to seven monthly spots with KAYY-FM's agreement to air them three times daily. Research and writing of "Parenting Points" is completed by the project coordinators and studio time is minimized for KAYY-FM.

Written copy is shared with a social worker in Galena, Alaska (a rural Indian village) who adapts them for use over KIYU-FM, the only radio communication for 15 surrounding villages. Expansion to Barrow, Nenana, and McGrath is predicted within the year, which would reach a remote area nearly the size of Texas.

This project is multi-beneficial. KAYY-FM meets a need identified by the community; the Resource Center accesses the media at prime listening hours; rural communities receive professionally written spots; and parents benefit daily from valuable information.

14- MEDIA CAMPAIGN

COORDINATED MEDIA CAMPAIGN

Parents Anonymous of Connecticut, Inc.
60 Lorraine Street
Hartford, CT 06105
(203) 523-5255 (D)
(203) 379-0679 (E)
Leelaine Picker

This presentation demonstrates a coordinated media campaign which was developed for a statewide organization which facilitates peer-led self-help groups for parents who abuse, or are at risk of abusing, their children. This campaign was developed during 1988 by a volunteer committee of marketing and advertising experts and was produced on a pro-bono basis. The goals of the project were three-fold:

- to increase public awareness of the possibility of abuse,
- to increase parent and professional referrals to the self-help groups,
- to recruit qualified individuals to volunteer to be trained as sponsors.

The materials produced include

- a marketing plan which assesses strengths and weaknesses and provides an overall marketing theme and strategies for distribution,
- a brochure which provides basic information,
- a logo and slogan to provide "product recognition"
- a six- and one-half minute video presentation which explains the program,
- a television public service announcement,
- a radio public service announcement.

The presentation suggests ways of accessing local agencies and groups to help other agencies develop these items on a pro bono basis.

14- MASS MEDIA TECHNIQUES

IMPROVING CHILD WELFARE SERVICES THROUGH MASS MEDIA TECHNIQUES

Department of Social Services
Santa Clara County, California
Priscilla A. Merek, M.S.W., L.C.S.W.
55 W. Younger St.
San Jose, CA 95110
(408) 299-3365

District Attorney's Office
Santa Clara County
Robert J. Masterson, J.D.

This is a participatory presentation in which techniques that have been shown to be successful in the mass media are employed to demonstrate their effectiveness in addressing issues of inter-agency cooperation in child welfare services. Participants are assigned roles as social workers, therapists, social services administrators, police officials, judges, and attorneys, and in these roles are confronted with issues relating to inter-agency cooperation. The techniques explored include direct confrontation as used by Oprah Winfrey and Phil Donahue in their television programs. These techniques have been successfully employed in actual training sessions. Participants in this workshop will become aware of mass media communication techniques that can be used to prove inter-agency cooperation in the provision of services to abused and neglected children.

14- SUCCESSFUL FUND RAISING

HOW TO MARKET SENSITIVE ISSUES OF CHILD ABUSE FOR SUCCESSFUL FUND RAISING

Mason Consulting Group
National Society of Fund Raising Executives
1776 South Jackson Street, Suite 1102
Denver, CO 80210
Joan L. Mason
(303) 753-9077

One of the BOLD REALITIES in the area of human services today (and certainly vivid in projects dealing with family violence and child abuse) is that the project is only as good as the resources available to fund the project. The marketing of sensitive subjects to the foundation, corporate and individual donor is a critical issue never more apparent than today.

In the competitive environment of funding non-profit efforts in the United States today, there has never been more of a need for marketing/fund raising combined as one. Marketing or GETTING IT READY TO "SELL" to the donor is an integral part of the planning of the organization and must become a MIND SET by everyone involved.

Child abuse and related issues are not something that a lot of people want to hear about and, if given a choice, the donor might rather hear about something that is more recognizable, DISEASE ORIENTED..EASIER TO FIX..MORE ATTRACTIVE TO DEAL WITH. There are ways, however, to deal with the marketing of sensitive subjects like child abuse, spouse abuse, and family violence that can effectively TOUCH ON THE PROBLEM AND FOCUS ON THE SOLUTION.

This positive marketing approach is more successful, results in less burnout by the staff that needs to portray this human dynamic problem and importantly, CAN RESULT IN INCREASED FUNDING TO THE PROJECTS DEALING WITH THE PROBLEMS DESCRIBED.

The FOR PROFIT WORLD can teach the non profit sector so much in terms of marketing a product and/or service. This approach taps into these techniques and looks at the overall marketing philosophy of the agency, project or program and deals a step-by-step process to success.

15- SELF-REPORTING

SELF-REPORTING SEXUAL ABUSE PROJECT

South Carolina Department of Social Services
Division of Child Protective and Preventive Services
P. O. Box 1520
Columbia, South Carolina 29202-1520
(803) 734-5670
Pamela G. Bond, Assistant Director

ACTION for Child Protection
Diane DePanfilis

"Project Halt", the state's Self-Reporting Sexual Abuse Project, built a demonstration using state-of-the-art knowledge of sexual abuse intervention and self-referral approaches to develop a humanistic approach to early and participatory intervention for sexually abusive families. The two year project involved six demographically diverse counties in the state whose local task force representatives included Department of Social Services, law enforcement, prosecutors, mental health, and other community agencies. Their task was to attempt to determine: 1) what barriers exist for sexually abusive parents to self-refer; 2) what procedures can be modified to encourage self-reporting and maintain treatment involvement; 3) what public awareness activities would incite self-referrals; 4) what collaborative community treatment efforts are best suited for voluntary clients; 5) what benefits exist for families and community agencies in developing a self-referral program; and 6) what modifications to CPS law and policy are necessary to handle self-referrals.

he state's Sexual Abuse Profile document is a direct result of research in connection with project implementation. It reflects original research in this state and compares it with national statistics. Although the project has not received the projected numbers of self-referrals, several indicated cases have been handled using the protocol developed for the project, and eight families have utilized the diversionary contract with the solicitor's office. Extensive training involving a humane approach to perpetrator treatment has been developed and utilized statewide. For purposes of replication, valuable information and observations gathered during implementation are described in the findings disseminated in the final report.

17- CHILD SEXUAL ASSAULT

A COMMUNITY APPROACH FOR DEALING WITH CHILD SEXUAL ASSAULT

Psychealth Center
1060 Orchard Avenue, Suite 12
Grand Junction, CO 81501
(303) 241-6500
Carolynn S. Nelson, M.A., N.C.C.

Individual and Family Counseling Center
1425 North 5th Street
Grand Junction, CO
Patti Foster-Hoffman, M.A.

Mesa County Probation Department
Mesa County Court House, Room 304A
Grand Junction, CO

Counseling Associates
960 Belford, Suite B
Grand Junction, CO

When incest occurs and is disclosed, numerous public agencies and private therapists become involved, all trying to perform their various responsibilities. Duplication of services can occur, placing the victim and family members in a situation in which they become confused, and even more upset than necessary at the repetitiveness of telling and retelling what occurred. In order to be able to provide the most effective care for the victim and the victim's family, as well as assuring the most appropriate handling of the perpetrator, the Department of Social Services, Mesa County, Colorado, called together a Task Force which has been functioning for two (2) years.

Representatives from the District Attorney's Office, Probation Department, County Attorney's Office, School District, Guardian ad Litem, County Mental Health, private therapists and law enforcement officials served on the Task Force.

From the first several months the major issues were discussed and a tentative coordinated approach was outlined. This was followed by the establishment of subcommittees to deal with the major areas. Each committee made recommendations and a plan was established to begin implementation. A committee applied for and received a grant for the publication of a training manual; that two-day training session was organized and presented with a nationally known speaker being featured. The result is a coordinated program for the community to follow in cases of child sexual assault.

17- COMMUNITY SOLUTIONS

THE SOLUTION TO CHILD ABUSE RESTS WITH THE COMMUNITY

Group and Family Services
Child Protective Services Academy
Special Services for Children
923-31 Union Hall Street
Jamaica, NY 11433
(718) 262-3343
Correspondence: 179 Fulton St., N. Babylon, NY 11704
(516) 643-7516
Theartice Gentry, Ph.D., Administrative/Director

Group and Family Services Program is unique in two aspects. First, it is a group work program in a traditional case work agency. Secondly, it has become the matrix of New York City's child maltreatment prevention at the primary, secondary and tertiary levels. Since the City of New York is well known for its multi-ethnic, multi-racial and multi-economic populations, the Group and Family Services Program is successfully designed to be sensitive to a large number of multi-cultural factors.

Another unique feature of Group and Family Services Program is the technical assistance it provides to community organizations, religious institutions and fraternal orders wishing to establish child maltreatment prevention clubs in their own communities.

- The program operates in the five boroughs of New York City. It evolves from a summer recreation program in 1980.
- It has trained over 3,000 parents in techniques of effective parenting skills.
- Has problem solving and child abuse prevention clubs throughout the city.
- Featured on National T.V., printed media, radio and trade magazines.

Group and Family Services utilizes the structure of the families, the community and self-help clubs as a means of impacting on service delivery for teaching new parenting skills and destigmatizing services that protect children and prevent child abuse.

17- ORGANIZING PREVENTION COUNCILS

ORGANIZING LOCAL COMMUNITY-BASED PREVENTION COUNCILS

Cumberland County Child Abuse and Neglect Council
331 Cumberland Avenue
Portland, Maine 04101
Lucky Hollander, Director

Franklin County Children's Task Force
Tony Scucci, Director

Recognizing that child abuse and neglect is a community problem and that solutions can be found - in fact MUST be found - in the community, six community organizations (generically referred to as child abuse and neglect councils) drafted and passed LD945 in 1985. This legislation formally established, through statute and state funding, a network of 16 (one in each county in Maine) "community councils." The legislation sent an important message to communities, confirming for all Maine's citizens that child abuse is everyone's responsibility.

Although the legislation allows for a good deal of autonomy and for the uniqueness of each community, it also ensures that each council be representative of the community it serves. Over the past four years, councils have been established in all 16 counties, as the legislation intended, and the diversity of each organization has become a source of statewide strengths as well as weaknesses.

The Maine Association of Child Abuse and Neglect Councils speak as one voice for the prevention of child abuse and neglect in the State of Maine. We have developed and implemented various programs as an association, as well as individual councils. It is our opinion that the history of the Maine Association, and our plans for the future, would be particularly relevant to those working in rural states with an interest in grass roots organization and primary prevention.

We discuss how to draft legislation, gain support, finance and organize local councils in various types of communities. We also discuss the strengths and weaknesses of such an organization, based on our state's experiences.

21- RUNAWAYS IN SAN FRANCISCO

SADOBABIES: RUNAWAYS IN SAN FRANCISCO

Child and Adolescent Inpatient Unit
San Jose Hospital
675 E. Santa Clara St.
San Jose, CA 95112
(408) 977-4425
Saul Wasserman, M.D., Child Psychiatrist
May Peterson, Co-Producer

This is a prizewinning videotape that was made about a group of chronic runaways living on the streets of San Francisco. The group developed an identity and provided considerable mutual support while the youths were living together. The tape has been widely used for training and education purposes in the San Francisco Bay area.

"Sadobabies" is a term the youths originated to describe dolls that they created and used for play. In the videotape, through narrative, and the use of the dolls, they talk about their street lives, their home lives and the sequence of events that led them to street life.

Many of the children have been severely mistreated, often both physically and sexually. The dolls provide a powerful tool in understanding the nature of the child's experience.

The panel is a discussion about the group, the film, and the efforts that are currently being made to develop a better way of dealing with such children.

TUGGING ON HEAT STRINGS: A BEHIND THE SCENES LOOK AT THE DEVELOPMENT AND PRODUCTION OF "COME IN FROM THE STORM"

Team Entertainment Education
7777 Alvarado Road, Suite 113
La Mesa, CA 92041
(619) 698-9567

David T. Blanchard, Writer, Producer, Director, Composer

After 18 months of research, Mr. Blanchard wrote, produced, and directed "Come in from the Storm." This \$500,000 three-part series on emotional, physical, and sexual abuse - featuring several well-known celebrities - quickly became the number one selling film on the subject.

Mr. Blanchard goes behind the scenes and shows:

1. How the nationally renowned committee of educators and child abuse experts, under the direction of David Chadwick, M.D., carefully selected the key points that needed to be addressed in the script and instructional materials.
2. How the key points were converted to dramatizations designed to:
 - a. Help all children have a healthy exercise in exploring and trusting feelings.
 - b. Reach deep within the hearts of abused children and break down the resistance to seek help.
 - c. Teach non-abused children about the awful realities of abuse, while at the same time reinforcing and preserving good adult/child relationships.
 - d. Maintain a racial balance without promoting stereotypical stumbling blocks.
3. How film is unique in its ability to reach sensitive topics by:
 - a. Maximizing sensory perception through editing techniques, professional acting, music scores, and sound effects.
 - b. Offering the most economical method of duplicating professional performances.
4. What lessons were learned from the project that can be applied to future productions on this subject.

WHO ARE THESE CHILDREN?

Arizona Department of Economic Security
1140 E. Washington
Phoenix, AZ 85034
(602) 229-2700
Sandy Starkins
Linda Castaneda

Children's faces pass slowly across the screen as the narrator gives a brief history of the abuse each child has experienced.

The narrator continues as the children are viewed once more -

"Who Are These Children?" Some with signs that are obvious, signs that scream their cry for help. Others with signs more subtle a whispered plea. And those with no outward signs, their distress hidden in fearful silence. Who are these children? They are the children of abuse and neglect. They are the children of families in crisis.

Using this opening, "Who Are These Children?" provides an introduction to the child Protective Services process in Arizona. The video was developed in an effort to educate the State Legislature and the community about the role of Child Protective Services in dealing with child abuse and neglect.

The scope and power of Child Protective Services is often misunderstood. It is commonly believed that Child Protective Services can single-handedly remove a child from the home. Child Protective Services is accused of working in a vacuum. People are afraid of child Protective Services workers. Child Protective Services is thought to be uncooperative because confidentiality prohibits them from making public statements about cases.

Through interviews and vignettes with doctors, school personnel, members of the legal profession, foster parents, case workers, and the foster care review board these erroneous views are dispelled.

The video concludes with an interview of a family exemplifying the value of early intervention as a deterrent to abuse and neglect.

RESEARCH

WORKSHOPS

These abstracts were selected to be presented
in workshops at the Conference.

TEENAGE MOTHERHOOD AND CHILD MALTREATMENT: A DELAYED RELATIONSHIP?

University of Maryland at Baltimore
The School of Social Work
525 West Redwood Street
Baltimore, Maryland
(301) 328-3608
Susan J. Zuravin, Ph.D.

The Baltimore City Department of Social Services
Child Protective Services Division

PURPOSE. On the assumption that child maltreatment and teenage childbearing are related, both federal and state governments are spending large sums of money on programs directed at teen mothers. Recently, however, a number of experts have questioned the existence of a causal relationship between the two social problems. This report reviews existing knowledge and presents some data about the teen motherhood/child maltreatment link.

FINDINGS - REVIEW OF THE LITERATURE. Life course theory suggests two hypotheses with respect to the connection between teen motherhood and child maltreatment. The "immediate effect" hypothesis predicts that teenage mothers are more likely to maltreat their children because of life experience and maturity deficits. The "delayed effect" hypothesis predicts that mothers who bore their first child as a teenager are more likely to maltreat as they get older than mothers who bore their first child after the teen years. They attribute this effect to chronic stress. Review of findings from 22 studies found some support for the "delayed effect" hypothesis but little, if any, support for "the immediate effect" hypothesis. Adult mothers who gave birth as teenagers appear to be over-represented among the population of women with maltreated children, whereas women who actually begin maltreating while they are teenagers are not over-represented.

FINDINGS - STUDY OF THE DELAYED RELATIONSHIP BETWEEN CHILD MALTREATMENT AND TEENAGE MOTHERHOOD. This survey study of 518 very low-income, single parent mothers examined the "delayed" effect hypothesis. Respondents were divided into three groups: 281 mothers - the control group - were not known to public child protective services (CPS) for having any maltreated children, 118 mothers were known to CPS for having one or more physically abused children, and 119 mothers were known to CPS for having one or more neglected children. Findings from multinomial logistic regression analyses revealed that (1) older mothers who had given birth as teens were over-represented among the two maltreatment samples; (2) "chronic stress," operationalized as large numbers of livebirths, a life history of unemployment, and low educational achievement, mediated the relationship between teen motherhood and both types of child maltreatment; and (3) number of livebirths was the most important of the three chronic stress mediators for both types of maltreatment.

IMPLICATIONS. While certainly not demonstrating a causal relationship between teen motherhood and child maltreatment, this study (1) does suggest that there may be a delayed relationship between the two and (2) does not imply that helping teen mothers to avoid the bearing of large numbers of numbers of livebirths may help in the prevention of maltreatment.

1, 3- META-ANALYSIS OF PARENTING INTERVENTIONS

META-ANALYSIS OF PARENTING INTERVENTIONS TO PREVENT CHILD ABUSE

NCJW Center for the Child
53 West 23rd Street
New York, New York 10010
(212) 645-4048
Ellen Gray, Ph.D.

The disturbing increase in the number of abused and neglected children coming to public attention despite rising resources devoted to treatment programs has led many to believe that the solution must be found in programs to prevent child abuse and neglect. However, the science of child abuse prevention lacks precision and integration.

This study synthesizes research knowledge from a broad variety of programs in order to flesh out and update the current understanding of parenting interventions and their results. The technique used will be a combination of qualitative review to articulate the history of these early parenting interventions and develop a program taxonomy, and meta-analysis of research findings. Meta-analysis was chosen because this method is quantitative, objective, inclusive of several levels of research sophistication, and offers insights into the effects of study characteristics on result. Based on the review of the research literature, the work will then advise program implementors and evaluators on methodological issues. This advice will go beyond presenting the elements of good scientific research adapted to this applied area, to deal also with issues of complete and uniform reporting so as to facilitate continuing research synthesis.

Over 300 published and unpublished documents have been reviewed, and produced 48 studies that lend themselves to the quantitative (meta-analytic) review, and another 50 pieces of research that can be qualitatively reviewed but lack the requisite statistics for inclusion in meta-analysis. Findings are presented.

1- GAINS/LIMITATIONS OF CHILD ABUSE PREVENTION

CHILD ABUSE PREVENTION: MAJOR GAINS AND CONTINUED LIMITATIONS

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Since 1986, the National Committee for Prevention for Child Abuse's Center on Child Abuse Prevention Research has been monitoring changes in the scope and effectiveness of child abuse prevention efforts nationwide. The specific factors being assessed include changes in levels of physical violence toward children; changes in the incidence of severe injury to young children; changes in the broader socio-economic system which have an impact upon reported and actual rates of maltreatment; changes in child abuse prevention service levels and policies; and changes in public opinion regarding child abuse prevention.

Recognizing the complexity of the maltreatment problem, the measurement plan includes three data collection methods, each of which partially monitors and explains these changes. These methods include national survey efforts which document child abuse rates, levels of family violence, public attitudes toward - and public involvement in - child abuse prevention; the compilation of key social and economic indicators to monitor changes in the broader social and economic environment which have an impact upon the welfare of children; and county level survey efforts to monitor changes in the level of prevention services nationwide.

This presentation compares the data collected in 1985-86 with the information collected in 1987, highlighting those areas in which major gains have been realized as well as those areas that continue to resist progress.

1- INFANT MESSAGE

TEACHING INFANT MESSAGE TO TEENAGE PARENTS

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Current research and clinical observations often indicate that teenage parents are a high risk for exhibiting inappropriate and abusive parenting and child rearing practices. Primary claims to the at risk level of parenting among teenage parents stem from their lack of systematic and formal parenting education; their youth and inexperience in the parenting role; their inability to provide an economically stable home environment; and their own personal history of violence as children. In isolation, any of the above factors can, and often do, contribute to the likelihood of child maltreatment. These factors can have a deadly impact upon the child.

The Nurturing Program for Teenage Parents is a comprehensive home based and group based program designed to increase the nurturing parenting and child receiving skills and attitudes of teen moms and dads, their children, and maternal and paternal grandparents. Family members engage in weekly activities designed to 1) increase positive overall self esteem and self concept; 2) learn behavior management and encouragement skills through nurturing routines; 3) stimulate the growth and development of children through age appropriate activities and expectations; 4) teach teen parents and grandparents skills in recognizing and communicating feelings in self and children; 5) promote positive family interactions through song, movement, fun, games, and touch.

A major goal of the Nurturing Program is to teach appropriate touch, stimulation, and attachment through infant and child massage. A growing body of clinical data suggest that engaging teenage parents in the systematic learning of infant and child massage promotes positive attachment behaviors thereby reducing the risk for child abuse and neglect. Teen parents and grandparents learn a series of strokes focusing on different parts of the body in the sessions of the program. Throughout the 40 home based sessions in 20 group based sessions, teen parents and grandparents practice the massage techniques and strokes during Family Nurturing Time. Comments generated from teenage parents during and after their involvement in the program indicate the positive nature and influence of the massage time in bringing baby and parent closer together.

Empirical data gathered from pre-post test assessment in the impact of the programs activities indicate significant ($p, .001$) increases in age appropriate expectations; the ability to become more empathetically aware of childrens needs; while showing significant ($.001$) decreases in reversing family roles and the belief in the use of corporal punishment.

1, 4- DECREASING PARENTAL DEPRESSION

PREVENTING CHILD ABUSE/NEGLECT BY DECREASING PARENTAL DEPRESSION

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Research linking depression in parents as a strong factor in the abuse of children is well documented in the literature. Studies of depressed mothers show significant impairments in their parenting abilities. These impairments are often manifested as neglect, rejection, and hostility toward children. Interventions aimed at reducing parental depression by improving child rearing skills and increasing parents' ability to be and feel more in control of their lives may, thus, hold promise in reducing the risk of child neglect and abuse.

This study was designed to determine the effectiveness of a ten-week parent education program in decreasing depression among parents at risk for child abuse/neglect. At-risk criteria included low-income, single-parent, low family satisfaction, and children classified as behavior disordered or intellectually handicapped. Using a pre- and post-test data collection method and a wait-list control group, 40 parents were matched and randomly selected from a pool of 105 volunteers to participate in the first program. Because of the strong positive findings of the study, the project has been refunded and is in its second year of operation.

Few programs have been designed for child abuse/neglect prevention and even fewer have been evaluated; therefore, the findings of the study are an important contribution to the prevention of child abuse/neglect. As a joint effort by Brigham Young University School of Social Work, Utah County Drug Rehabilitation Council (The Gathering Place), and the Provo School District, this study also demonstrates a cooperative multidisciplinary prevention intervention.

2, 8- CHILDREN AS WITNESSES

CHILDREN AS WITNESSES IN CASES OF CHILD SEXUAL ABUSE

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The Children as Witnesses in Cases of Child Sexual Abuse project was funded by the National Center on Child Abuse and Neglect for three years from September 1986 through August 1989. The need for this research grows out of the escalating number of sexual abuse cases entering the criminal court system, the increased admissibility of children's testimony in criminal court proceedings, the many problems with credibility of children as witnesses in these sensitive cases, and concern over the hostile treatment of child witnesses. Many reforms in this area have been implemented, and many others suggested. It has been thought that the goals of increasing the accuracy of children's testimony and protecting the victim witness from further damage could be served by some of the same judicial system changes. This study seeks to identify the most promising of these current reforms in practices, statutes and rules, by evaluating case outcomes in diverse jurisdictions.

This investigation is taking place in nine jurisdictions, each in a different state, representing major existing variations in laws, rules, procedures and interagency collaborative relationships. Information has been gathered through review of court records, interviews with key decision makers as sexual abuse cases proceed through the system from allegation through conviction, and courtroom observation by volunteer data collectors. All of the cases in each of the nine jurisdictions that go to trial during the year-long data collection period are being studied in depth, retrospectively and prospectively. The progress of the other child sexual abuse cases that pass through the law enforcement/criminal justice system in the eleven sites but do not proceed to trial is being charted for the period as well.

Preliminary findings indicating extreme jurisdictional variability are presented, as well as early indications of effective prosecutorial techniques and productive system characteristics.

3- TALKING TO ABUSED CHILDREN

TALKING TO ABUSED CHILDREN: INSIGHTS FROM THE FIELD OF LINGUISTICS

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Eliciting accurate information from abused children is one of the more difficult tasks facing investigators, therapists, attorneys, and others who work with these young victims. Interviewers are often puzzled by inconsistencies which crop up in children's accounts of abusive incidents, and are worried that such discrepancies will jeopardize the children's credibility as witnesses. Attempts to understand why these inconsistencies occur have led to a greater awareness of the cognitive and psychological factors that may influence children's statements. But - with only a few exceptions - the influence of language on the information elicited has been largely ignored.

This presentation demonstrates that the typical advice to "keep vocabulary simple" and to "keep sentences short" is not comprehensive enough to serve the real language needs of the interviewers. As a step toward meeting these needs, insights from the areas of developmental linguistics (how children learn to use language to communicate) and discourse analysis (how sentences are organized into conversation or text) are used to help pinpoint the kinds of misunderstandings that may occur when eliciting accounts from children. Preliminary results of this analysis suggest that a number of apparent "inconsistencies" can be traced to four types of linguistic problems:

- 1 - The syntax of the questions asked of the child was not developmentally appropriate;
- 2 - The organization of questions and topics within the interview was not conducive to focusing the child's attention on the relevant issues;
- 3 - Signs of linguistic confusion shown by the child were either not recognized or not considered significant;
- 4 - No appropriate steps were taken to relieve the child's linguistic confusion.

Examples which illustrate each of these problems are taken from trial transcripts of testimony by child victim-witnesses in cases of sexual abuse, and are presented along with the corrections suggested by current linguistic theory. It should be noted that, though the examples given are from courtroom testimony, the problems and corrections cited are also applicable to investigative and therapeutic interviews with children.

3, 8- SEXUALLY ADDICTED CHILD MOLESTER

THE SEXUALLY ADDICTED CHILD MOLESTER: IDENTIFICATION AND TREATMENT

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This session presents the results of a recently completed (1989) research project of child molesters and other sex offenders in a state penitentiary. The primary purpose of the research was to determine the prevalence of sexual addiction among sex offenders. A total of 109 inmates, the majority being child molesters, contributed information regarding their assault cycles and etiological factors. All were assessed for sexual addiction. The results revealed a rate of addiction more than 15 times what has been found in the general population. Child molesters were disproportionately represented in the addicted group as compared to other sex offenders. Distinct differences were uncovered between the addicted and non-addicted molesters, suggesting the need for differential diagnostic assessments and individualized treatment planning. The research results further revealed high incidences of child neglect, physical abuse, sexual abuse and parental alcoholism in the backgrounds of the sex offenders. The extensive use of child pornography in the assault cycles is explained.

The research results have been integrated into a psychoeducational treatment model that can be implemented in prison settings or adapted for use in out-patient clinics. That model is outlined in the presentation. Emphasis is given to the treatment needs of both the sexually addicted and non-addicted child molesters.

Finally, the research results suggest ways that clinicians and concerned community members can work to interrupt the victim to victimizer cycle, which is so frequently observed in child sexual abuse cases.

3, 8- CHARACTERISTICS OF ADOLESCENT SEXUAL OFFENDERS

PERSONALITY CHARACTERISTICS OF ADOLESCENT SEXUAL OFFENDERS

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The Minnesota Multiphasic Personality Inventory (MMPI) profiles and juvenile court records were examined for 300 adolescents who had been referred for a psychological evaluation in association with their adjudication for an offense between March 1985 and March 1988 in Salt Lake City, Utah. The subjects were divided into one of five groups, depending upon the current offense with which each was charged. The five groups were: rapists (of peers or adults), child rapists (victim at least five years younger than perpetrator), child molesters (victim at least five years younger than perpetrator), assaulters (nonsexual crime involving a victim), and property/status offenders.

Modal codetypes were calculated and reported for each group, although a great deal of heterogeneity within groups was noted. A comparison across groups of scores on MMPI Scales 4 (Psychopathic Deviate), 8 (Schizophrenia), 9 (Hypomania), and 0 (Social Introversion) revealed no significant differences. Analyses of Harris and Lingoes subscales, however, revealed significant differences between groups on six of the 15 analyzed subscales. Perpetrators of any type of sexual crime consistently appeared less pathological as evidenced by lower scores on the MMPI in comparison to other juvenile delinquents. In addition, an examination of crime histories revealed significant differences between groups. Perpetrators of sexual crimes against children appeared to evidence histories of significantly less delinquent behavior compared to other types of offenders examined. Implications for treatment are presented. Furthermore, use of the MMPI with an adolescent population is discussed, with particular emphasis placed on the utility of examining subscales and employing adolescent norms.

3- RISK ASSESSMENT

RISK ASSESSMENT IN CHILD PROTECTIVE SERVICES: A SUMMARY OF RESEARCH FINDINGS

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The development and incorporation of risk assessment models in child welfare practice has been a national trend in the past several years. Many Child Welfare Agencies have reviewed the concepts of risk assessment, developed and adopted risk models in practice. Washington State Department of Social and Health Services (DSHS) Division of Children and Family Services (DCFS) developed and implemented a risk model in March 1987. A formative evaluation component was included in model development and implementation at the outset. Reliability and consistency measures were also completed. This presentation offers highlights of 18 months of research on the use and utilization of the Risk Assessment Model in a Child Protective Service program. Two primary research questions were:

1. Can risk be assigned at intake; and
2. Did the risk model improve the quality and consistency of CPS services?

Data addressing these questions as well as data on referral and reoccurrence of abuse in the study sample will be presented. The presentation will conclude with a discussion of implementation issues related to the successful adoption of risk models in Child Welfare Agency settings, as well as a discussion on future research needs related to risk assessment.

3, 8- SUCCESSFUL THERAPY

CLIENT, SOCIAL WORKER, ENVIRONMENTAL, AND DEMOGRAPHIC FACTORS ASSOCIATED WITH THE SUCCESSFUL INITIATION OF THERAPY FOR SEXUALLY ABUSED CHILDREN

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A primary function of the social worker in a crisis center for child sexual abuse is to determine the needs of the client and his or her family, and to ensure that the family obtains the recommended treatment components. One of the most frequent recommendations is long-term therapy for the family. Given the well-documented negative impact of sexual abuse on psychological adjustment of these victims, ensuring that clients make an initial contact with a therapist is of utmost importance to the beginning of a successful resolution of the abuse. The purpose of this study was to investigate factors that facilitate and hinder the transition from crisis counseling to long-term therapy. The results of this research have important implications for improving that transition.

Four categories of variables were selected for study: child and parent characteristics (e.g., mental health status, handicapping conditions), social worker characteristics (e.g., training, attitudes about therapy), environmental factors (e.g., transportation), and demographic variables (e.g., socioeconomic status, marital status).

Two hundred consecutive cases of child sexual abuse in which a referral was made to a counseling center served as the data base. Social workers who made the referrals were six females employed in a hospital-based center that provided multidisciplinary services to abused children and their families. All social workers had at least a bachelors degree and had extensive training in the area of child abuse. To obtain information related to social worker characteristics, social workers completed a questionnaire on their training and attitudes toward psychotherapy. Demographic information was obtained from client files, and social workers completed a questionnaire related to environmental and demographic factors and individual child and parent variables. Four weeks after the initial referral was made to a counseling center, the center was contacted to determine whether the family had attended their first session. Through this telephone contact, "attenders" and "nonattenders" were identified.

Discussion focuses on recommendations for improving the process of referring families with sexually abused children to long-term therapy.

3- HOME-BASED FAMILY TREATMENT

HOME-BASED FAMILY TREATMENT: PREDICTORS OF SUCCESS WITH FAMILIES REFERRED FOR CHILD ABUSE AND NEGLECT

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Since 1982, the number of children placed outside of their homes because of child maltreatment and a host of other family-related problems has been spiraling upwards. Because of this, social critics and child advocates have challenged practitioners and policy-makers to develop innovative services to strengthen families, keeping them together while protecting children and preventing unnecessary placements.

One response to this challenge has been the emergence of Intensive Family Preservation Services (IFPS). IFPS are designed to protect children, strengthen family ties, stabilize crises, build parents' child management skills, augment families' helping resources, and create a family environment characterized by mutual understanding and commitment. These services are not a "cure" for child abuse and other serious child-or parent-related problems, and they cannot replace the need for out-of-home care. But in the continuum of services for families and children, IFPS are increasingly viewed as a last resort to placement.

In child welfare agencies across the country IFPS are blossoming, and the purpose of this presentation is to discuss the elements of IFPS that appear important in serving families referred for child abuse and neglect. Based on clinical and program data from a federally-funded, prospective study of 479 families that received IFPS, the correlates of service success for neglectful and abusive families are discussed. Families were tracked for 12 months after intake to IFPS and the data were analyzed separately for physical neglect, physical abuse, and sexual abuse. The findings are presented in three separate sections to contrast the important differences between families with neglect, abuse, and sexual abuse problems. The authors discuss implications for clinical practice, program development, and public policies.

3, 8- SEX MODIFICATION THERAPY WITH PEDOPHILES

SEX MODIFICATION THERAPY WITH PEDOPHILES: SOME RESULTS WITH A LARGE SAMPLE

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As part of a comprehensive residential sex offender treatment program, approximately 50 convicted adult pedophiles attended a weekly sex modification class and group therapy for about 14 months each over a four-year period. Each offender was pre-tested on the penile plethysmograph to obtain a baseline arousal level. Then each offender was required to read aloud to the class a detailed account of all offenses, a very graphic deviant fantasy, a non-deviant fantasy, and an aversive scene (a procedure similar to one outlined by Abel, 1984). Each offender was also required to read aloud "impact statements," and a number of other assignments (according to a procedure similar to one outlined by Marlatt, 1980).

All written assignments were corrected and rewritten to criterion and subsequently used in sex modification exercises. The sex modification exercises included a minimum of 30 sessions of covert sensitization (Cautela, 1967; see also Maletzky, 1973) and for some subjects, 15 or more sessions of satiation treatments (which combined the procedures of Marshall, 1979, and Marquis, 1970).

Each subject was reassessed on the plethysmograph after the sex modification exercises at various junctures which include three, six, or 12 month outpatient followup. Results are expressed in terms of the number of subjects whose arousal changed in the desired directions and the percent change of a ratio of non-deviant to deviant arousal. The implications of these results for relapse prevention are discussed along with some preliminary recidivism data.

3- RISK ASSESSMENT

A NATIONAL OVERVIEW OF CURRENT PRACTICES IN CPS RISK ASSESSMENT AT STATE AND LOCAL CHILD WELFARE AGENCIES

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The purpose of this presentation is to report findings of a national survey of state and local public child welfare agencies on the use of CPS risk assessment. In the spring of 1987, APWA's CPS Risk Assessment Project conducted the first national survey of state and local child welfare agencies to examine the extent of CPS risk assessment practice, the types of assessment instruments used, the availability of research studies, and the agencies' future plans for development and implementation. The presentation is based on APWA's second national survey of these agencies to update the information reported earlier (Cf. "An Overview of Current Practices in CPS Risk Assessment and Family Systems Assessment in Public Child Welfare" in Summary of Highlights of the First National Roundtable on CPS Risk Assessment and Family Systems Assessment, June 1987).

The presentation focuses, among others, on the following major issue areas: (1) types of assessment tools used; (2) extent and scope of the use in a jurisdiction; (3) timing and method of the application of tools in the casework process; (4) types of risk factors measured; (5) types of decisions made by using risk assessment (e.g., substantiation, child removal, re-unification, court proceedings); (6) availability of validation or outcome of research findings; and (7) types of agency needs for additional technical assistance. It is believed that the information reported in the presentation will serve as a useful resource to many public child welfare agencies as they continue to improve their existing CPS risk assessment practices or as they begin to develop their new systems. Following the conference, copies of the paper on a summary of the survey findings will be made available from APWA.

3- VICTIM-TO-PERPETRATOR TRANSFORMATION

VARIABLES ASSOCIATED WITH THE VICTIM-TO-PERPETRATOR TRANSFORMATION

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Recent research suggests an over-representation of sexual abuse survivors among males who are identified as child molesters. This phenomenon has led various writers to hypothesize that, for some individuals, childhood sexual abuse is an etiologic factor in the development of later molestation behaviors. Such research is usually conducted on incarcerated sex offenders, almost always of the male sex. Because of the newness of this research, however, the data available are quite limited. Among the questions still unanswered are: (a) is this victim-to-perpetrator connection all found in nonforensic populations, (b) what qualities of sexual abuse potentially contribute to later molestation activities, and (c) is abuse associated with subsequent perpetration in female survivors as well?

These questions were addressed in the Chicago - Los Angeles abuse survivor study 9th NCCAN-funded survey of over 500 sexual abuse survivors in psychotherapy by asking subjects whether, at any time before their 18th birthday, they had "sexually abused someone else."

Sexual abuse of others occurred in a substantial proportion of both male and female survivors. Of the 30 males surveyed, 12 (40%) reported having abused others, whereas 50 (11%) of the 388 females in this sample reported this behavior. Discrimination analysis revealed that abuse involving earlier onset, greater numbers of perpetrators, perpetrator threats of harm and loss of privileges, victim reports of crying and begging the abuser to stop, and childhood attributions of low control during the abuse were associated with males' later molestation of others.

While the discriminant equation for males was significant, multivariate analysis of the abuse-perpetration relationship for females was not: no combination of abuse characteristics was effective in discriminating abusers from nonabusers in the female survivor sample. Univariate analysis did indicate, however, a tendency for females who were abused earlier and by multiple perpetrators to be abusers themselves.

Implications of these data include the possibility that perpetration may represent, in part, an attempt by (especially male) survivors to regain personal power lost in especially uncontrollable victimization.

3, 8- FATHER/DAUGHTER INCEST VICTIMS

COGNITIVE CHARACTERISTICS OF FATHER/DAUGHTER INCEST VICTIMS

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In this study, 140 adolescent females were tested for general perception of control and views of themselves and their world, using the Just World Scale, the Snyder Self-Monitoring Scale, the Levinson and Miller Locus of Control Scale, the God Scale, and questions on personal views of religion, marriage, boyfriends, children, and women. Subjects were obtained from four populations. 13 identified incest victims living in the home were obtained from social services and counselors at a local high school. 48 identified incest victims were obtained from residential care facilities, as were 31 non-identified incest victims. 48 non-identified incest victims living in the home were obtained from a local high school.

It was hypothesized that adolescent females who have experienced incest would view the world differently than those who have not experienced incest.

The results showed significant differences between the incest groups and non-incest groups on the Internal-External Locus of Control, the Just World Scale and the God Scale. The incest group was significantly more external, believed more in a Just World, and had a more negative view of God and religion than did the non-incest group. The implications of this study indicate that the understanding of Locus of Control may affect the choice and effectiveness of therapeutic approach and the gender of the therapist. The way the world is viewed by the incest group may determine the frequency of the reporting of the incidents of incest, and may be a reason why the knowledge of incest is often kept within the confines of the family.

4, 8- PERIANAL FINDINGS/PREPUBERTAL CHILDREN/NON-ABUSE

PREPUBERTAL CHILDREN SELECTED FOR NON-ABUSE: PERIANAL FINDINGS

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The results of the perianal portion of a project designed to collect information regarding the anatomical findings of prepubertal children are presented. A total of 318 children were examined over a four-year period by three physicians from a child sexual abuse evaluation program. Two hundred sixty seven (267) subjects remains after screening the children for the onset of puberty and detected abuse. The sample contained 161 girls and 106 boys ranging in age from two months to 11 years.

Among the findings most frequently encountered were: eythema (41%), increased pigmentation (30%), and venous congestion (52%) after two minutes in the knee-chest position. Smooth areas, with or without depressions, were found in the midline on the anal verge in 26% of the children. Anal skin tags/folds were discovered anterior to the anus in 11% of the subjects. Forty-nine percent (49%) of the youngsters had some anal dilatation that opened and closed intermittently in 62%. The anal verge and rugae flattened during anal diltation by the midpoint of the examination in 44% and 34% respectively.

Infrequent perianal findings in all subgroups included: skin tags/folds (0%) and scars (1%) outside the midline; anal dilatation greater than 20 mm without the presence of stool in the rectal ampulla (1.2%); irregularity of the anal orifice after complete dilatation (3%); and persistence of a prominent anal verge in relaxed child (3%). No abrasions, hematomas, fissures or hemorrhoids were encountered.

Perianal findings detected less frequently in specific subgroups included: perianal erythema in girls (32%); pigmentation of lighter skinned White children (22%) and venous engorgement at the beginning of the examination (7%). No perianal skin tags/folds were seen in the boys.

The relatively high incident of perianal soft tissue changes discovered in this population of children selected for non-abuse reemphasizes the caution medical examiners must exercise before rendering an opinion of normality in prepubertal children.

4- ANAL AND PERIANAL ABNORMALITIES IN PREPUBERTAL VICTIMS

ANAL AND PERIANAL ABNORMALITIES SEEN IN PREPUBERTAL VICTIMS OF SEXUAL ABUSE

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This study describes anal and perianal findings in 310 prepubertal children who were determined to be victims of sexual abuse. The associated genital abnormalities were observed and classified into one of three categories:

1. Category 1: Normal appearing genitalia.
2. Category 2: Non-specific findings. Abnormalities of the genitalia that could have been caused by sexual abuse, but also often seen in patients who are not victims of sexual abuse; e.g., inflammation and scratching.
3. Category 3: Specific findings. The presence of one or more abnormalities strongly suggesting sexual abuse.

206 (66%) children had perinea which appeared normal. Abnormal findings were present in 104 children (34%): anal gapping in 61 children; skin tags in 44; rectal tears in 33; sphincter tears in 15; HPV lesions in 4; perineal scarring in 2, and bite marks in 1. Normally appearing perianal and anal regions were noted in 150 of 175 children (85%) who denied anal assault, and in 11 of 70 (16%) who described such assault. In comparison, anal and perianal abnormalities were observed in 59 of the 70 children (84%) who gave a clear history of anal assault, but in only 25 of 175 (15%) who denied such abuse. The anal and genital abnormalities seen among the children in this study group were correlated. Of the 310 patients, 125 children were found to have normal appearing genitalia. 71 patients had category 2 findings. Abnormalities suggestive of abuse were found in 114 (38%) patients. When the various genital abnormalities were compared to the presence or absence of perianal findings, children who had anal abnormalities were more likely to have normal genital examination. However, inclusion of genital findings increased the sensitivity of the medical evaluation. A combination of anal and genital abnormalities was seen in 53 (17%) patients, and either genital or anal abnormalities were found in an additional 182 (59%) patients. Only 75 (24%) patients had no abnormality of the genital or perianal regions. Even when only genital abnormalities highly suggestive of abuse were included (category 3), both anal and genital abnormalities were found in an additional 159 (51%) patients. Failure to document perianal abnormalities in almost two-thirds of the patients demonstrates the limitations of the medical evaluation in validating allegations of sexual abuse.

5, 3- CHILD MALTREATMENT IN BLACK COMMUNITIES

DEFINITIONS OF CHILD MALTREATMENT IN BLACK COMMUNITIES

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One of the major research issues in child protection is whether there is diversity in the way different cultural and racial groups define abuse and neglect. Building on the work of Giavannoni and Becerra, this research examines the attitudes of the Black community toward parental behaviors which place children at risk. Using a set of 64 vignettes which characterize 13 categories of child maltreatment, middle-income Black respondents were asked to rank their seriousness. The analysis of the data provides the ranking of individual vignettes as well as the ranking of various categories of maltreatment. The findings from this sample are compared with a sample of White respondents. The differences are evaluated within the context of documented cultural patterns and family life experiences. The implications for child protective services and future research are discussed.

4, 8- FEMALE GENITAL FINDINGS/PREPUBERTAL CHILDREN/NON-ABUSE

FEMALE GENITAL FINDINGS IN PREPUBERTAL CHILDREN SELECTED FOR NON-ABUSE

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The results of the genital portion of a project designed to collect normative data on a representative sample of prepubertal females is presented. A total of 200 girls between the ages of two months and 12 years were examined over a four-year period of time by three physicians from a hospital-based child sexual abuse evaluation program. After screening for the onset of puberty and the possibility of undetected abuse, 153 subjects remained.

The children were each examined by three techniques that included a supine labial separation approach, a supine labial traction method, and the pronated knee-chest position. Approximately one half of the subjects were examined with the use of a coposcope. The results of each of these methods were compared. The hymenal orifice opened most frequently with the knee-chest method (94.8%) and the labial traction technique (91.7%) as compared to the labial separation approach (74.3%). Quantification of the soft tissue findings revealed that the humenal edge became smoother and the membrane thinned out with labial traction and with the knee-chest approach. The cervix was visualized without the use of a speculum only in the knee-chest position (67%)..

Common genital findings included labial adhesions (27.3%), posterior fourchette midline avascular areas (25.6%), erythema of the vestibule (58.7%), periurethral bands (50.5%), lymphoid follicles on the hymen (33.7%) and urethral dilatation with labial traction (14.9%). Hymenal findings of projections (38%), mounds (33%), and septal remnants (21%) were not uncommon. Intravaginal findings of rugae (88.9%) and vaginal ridges (88.7%) were visualized most often in the supine labial traction approach.

Unusual findings included posterior fourchette friability (4.6%), posterior fourchette scars (3.1%), a vaginal introitus covered by 10% or less of the hymen (3.6% in knee-chest position), anterior hymenal clefts (1.2%) and true hymenal septae (4.4%). Vaginal discharge was discovered in 3.9% and a foreign body was found in one child (1.3%).

AN EVALUATION OF CHILD ABUSE PREVENTION PROGRAMMING WITH AMERICAN INDIAN CHILDREN USING CHILDREN'S PERCEPTIONS OF RISK

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Conducted over the past two years, this study is composed of two parts. In the first, children's levels of emotional distress and self-protective knowledge were evaluated pre- and post-prevention program presentation. Participants were 100 Cherokee Indian children in a rural southern community. Evaluation measures included standardized fear and anxiety measures and questionnaire and interview measures devised by the authors. All data were gathered by Cherokee social work students at a local university, creating a sensitive environment for the children as well as acquainting social work students with field methods in research.

A one month post-program testing, there were significant increases in children's knowledge of self-protective skills, with the greatest gains seen in children's responses to role plays of threatening situations with familiar adults. Overall, children appeared to be more cautious in any situation involving touch by adults and less likely to keep secrets of any kind. No significant increases in self-reported fear or anxiety were noted. Parents described no behavioral changes in their children from pre- to post-testing.

Despite the statistically significant increases in children's self-reported self-protective skills, pre- to post-test mean changes revealed many children replaced acquiescence with action unlikely to terminate the adult's advances. As a result, a second study examined the ways in which children incorporate information presented in prevention programs into their judgments of risk and effective action.

In this study, 100 first and sixth grade Cherokee Indian children were tested pre- and post-program presentation by Cherokee social work students using an interview devised by the authors. Children were asked to rate the likelihood of specific outcomes in videotaped vignettes of adults attempting to engage children in exploitation, and to describe their plan of action in a similar situation. Preliminary data analysis suggests older children are better able to utilize prevention information in their judgment of perceived threat and in their plan of action. Results of this investigation (1) suggest the study of children's judgment heuristics may be a novel way to examine the translation of prevention knowledge into action and (2) demonstrate a cooperative multidisciplinary approach to gathering sensitive data from racial minorities.

DRUG ADDICTION AND CHILD MALTREATMENT: A LETHAL CONTEXT FOR URBAN, AFRICAN-AMERICAN FAMILIES

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In numerous metropolitan centers throughout the United States, the illicit drug industry has succeeded in its devastating, underground growth, and it now openly assaults the traditional foundation of many African-American families. Cultural values which ground the rearing and care of children in African-American families (which values have been so clearly documented by sociologists such as Billingsley, Hill, and Staples) are now openly challenged and tragically devastated by the realities of the drug economy - physical addiction; economic drain on families who often are already impoverished; violence and the "sense of lawlessness" that accompany illicit activities; the side effects of such substance as PCP and crack cocaine; and the deterioration of supportive and intimate relationships, sometimes eventually culminating in the irreplaceable losses to prisoner and family that are consequences of long-term incarceration.

The Division of Child Protection of Children's Hospital National Medical Center is a 14-year-old, multi-disciplinary program which currently serves nearly 1600 newly-identified cases of child victimization annually in the Washington, D.C., metropolitan area. Over 905 of the children and youth seen by the Division for medical, legal, and mental health services are African-American; most either experience or are at high risk for a variety of social and medical concerns. When conducting intakes, all members of the Division's clinical staff use a specialized assessment instrument, which facilitates the exploration of any familial history of substance abuse, of the possible impact of such abuse on the presenting problem, and of the family's ability to provide an adequate level of safety and support for the children.

This presentation shares findings from the analysis of assessments conducted on over 200 cases of suspected child victimization in African-American families seen by the Division of Child Protection over an 18-month period. In addition to descriptive demographic information (including psychosocial, medical, and legal status), the presentation will examine case outcomes and systemic responses to these families, as well as cultural implications for appropriate intervention and the need for broad-based advocacy in behalf of society's most vulnerable members.

MATERNAL DEPRESSION AND MOTHER-TO-CHILD VIOLENCE

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BACKGROUND AND PURPOSE. At greatest risk for depression are those with the most responsibilities for others, females between the ages of 25 and 44. This very high prevalence of depression among women of childbearing age is worrisome because evidence from many studies suggests that depression adversely affects mothering behavior and attitudes. Despite interest in this relationship, current knowledge is punctuated by many information gaps. Studies have not used specific measures of child abuse; have not examined the relationship between depression and different types of mother-to-child aggression; and have not sought to determine whether the severity of the depression affects the character of the aggression. The purpose of this study was to determine if severity of depression conditions the relationship between maternal depression and three types of mother-to-child violence - child abuse, physical aggression, and verbal/symbolic aggression.

FINDINGS. This survey study of 518 very low-income, single parent mothers measured severity of depression with the Beck Depression Inventory and the frequency of three types of mother-to-child aggression with indices of items from the Conflict Tactics Scale. Mothers were assigned to one of three depression severity levels - severe, moderate, and no depression - on the basis of their Beck scores and to one of three aggression levels - high, low, and no aggression - on the basis of how frequently they reported being aggressive to the child during the year preceding. Results of multinomial logistic regression analyses revealed that severity of depression conditions the relationship between depression and two of the three types of aggression independent of mother's age, education, and child protective services status. Moderately depressed but not severely depressed mothers are at increased risk for both low and high levels of child abuse as well as high levels of physical aggression - the two forms of violence that are most physical in nature and most likely to result in injury of the child. Both moderately and severely depressed mothers are at increased risk for high levels of verbal/symbolic aggression.

IMPLICATIONS. While these findings do not warrant causal conclusions and cannot be generalized beyond populations of very low-income, single parent mothers, they do suggest that (1) many depressed mothers have problems controlling their aggressive impulses and (2) professionals who work with depressed mothers need to be particularly concerned about violence by those who are moderately depressed.

7, 18- CHANGING FACE OF CHILD NEGLECT

THE CHANGING FACE OF CHILD NEGLECT

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Although not yet established in the literature, there is now considerable anecdotal information gleaned from both practitioners and researchers that there is a growing correlation between child neglect and drug/alcohol abuse by neglecting parents. The profile of neglecting parents extant in the literature, including the work of Giovannoni, Polansky and others is virtually silent on the drug/alcohol use of neglectful mothers. This raises the question: Is the neglectful family seen in today's protective services caseloads different from that of past years?

This paper addresses the question through analysis of two data sources collected ten years apart. The first data set is based on several hundred families where neglect was part, at least, of the reasons why the families were opened for service in protective services. The second is based on cases investigated and found to evidence some neglect features, some of which were "substantiated" (opened for services) and some not. In both studies, the same measures of neglect as well as other forms of maltreatment were used, allowing for some comparability. In the former study, cases where neglect was present were delineated into those where neglect was the only maltreatment present and those where it was compounded with other forms, including abuse. Those cases of neglect only were distinguishable from those compounded by other forms of maltreatment by much less often having had the children removed, had court intervention, or having some evidence of a drug/alcohol problem in the family. In the latter study, cases where only neglect was noted on the investigation were much less likely to have substantiated (opened for services) than those where neglect was compounded with other kinds of maltreatment, including evidence of a drug/alcohol problem.

The implications of the data presented are discussed first with reference to the utility of the existing descriptive research on neglectful families and suggestions for current research, and then with reference to current intake policies in child protective services, including the Guidelines for a Model System of Protective Services presented by the National Association of Public Child Welfare Administrators.

7, 3- INFANTS OF CHEMICALLY DEPENDENT WOMEN - HOME INTERVENTION

PREVENTION OF ABUSE AND NEGLECT IN INFANTS OF CHEMICALLY DEPENDENT WOMEN: A MOTHER/INFANT HOME INTERVENTION PROGRAM

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Infants born of substance abusing mothers are at an extremely high risk for neglect and abuse. These mothers often come from a disrupted family background, with a high incidence of family violence (Finnegan, Chasnoff). Depression feelings of worthlessness and history of significant losses are common. Increasing incident of HIV antibody positivity in I/V drug users has added a further complication to this vulnerable group of women. Their sense of social isolation and worthlessness is magnified by the finding of seropositivity to HIV.

Home intervention models have been developed for numerous high risk parenting situations, including prematurity (Bromwich), rural poverty (Olds), limited support (Barnard), teen parents (Osofsky), and developmental delay (Simeonson, Bailey, Dunst). Olds, et al. showed that a program of prenatal and infancy home visitation by nurses in a high risk population reduced the incidence of abuse and neglect during the first two years of life. Currently, no such intervention programs have been reported in substance abusing women, especially those who are HIV positive.

This presentation is based on an HHS-funded three-year project to develop an intervention program for prevention of abuse/neglect. The program provides in-home social/psychological support and parenting education by nurses (prenatal - 18 months) to substance abusing women, a third of whom are HIV positive. Reviewed are selected home intervention programs and presented is preliminary data on our study population, the intervention model developed, and assessment tools used.

8, 2- EFFECTS OF INTERVENTION

THE EFFECTS OF INTERVENTION AND ABUSE ON SEXUALLY ABUSED CHILDREN

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This presentation summarizes the results of two NCCAN-funded research projects: The Effects of Disclosure and Intervention on Sexually Abused Children and The Effects of Sexual Abuse on Children. In the first study, a sample of sexually abused children and their parents were interviewed between one and four years after disclosure of sexual abuse. Subjects describe their experiences with intervention by various systems (e.g., police, CPS, mental health). The effects of these interventions on child functioning were measured using an Impact Checklist developed during the research. In the second study, sexually abused children were assessed within one year of the last incident of sexual abuse to determine the effects of abuse and factors accounting for variation of effects. Child victims were interviewed to assess factors internal to the child (e.g., attribution of blame, what was aversive about the abuse) which may account for variation in effects. Measures also include the Impact Checklist, Roberts Apperception Test, and an Art Drawing Task. In both studies, parents completed a Parent Questionnaire describing family and child functioning, the child's temperament, and coping style.

The presentation reviews what the studies learned about the effects of sexual abuse and interventions on child victims of sexual abuse and what factors account for variation in the effects. Both quantitative measures of effects and the qualitative responses of children will be presented. Implications for social policy, intervention, and research on sexual abuse are discussed.

8, 3- CRITERIA FOR DETERMINING CHILD SEXUAL ABUSE

CRITERIA FOR DETERMINING WHETHER CHILDREN HAVE BEEN SEXUALLY ABUSED

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A pressing issue in diagnosis of sexual abuse is determining the characteristics of a true allegation. A major obstacle to this determination is the need to have an independent measure of whether or not the child has been sexually abused, against which to test these characteristics. Using offender confession as an independent measure, the presenter examines 103 cases to show the extent to which child's statements and demonstrations related to their sexual abuse contain three criteria commonly regarded as indicators of a true allegation.

The criteria are: (1) specifics about the context in which the sexual abuse took place, (2) specifics about the sexual behavior, and (3) an emotional reaction which is congruent with the child's statements or demonstrations. Offender confession was categorized into: (1) complete confession, (2) partial confession, and (3) indirect admission. The presenter has tested and refined the definitions employed over a 12-year period.

When the criteria found in the child's statements and behavior were measured against the levels of perpetrator admission, the findings affirmed that the criteria are valid and useful for determining whether children have been sexually abused. There were some variations by age and sex.

The specific findings are discussed, as well as reasons for variations by sex and age. In addition, the extent to which the criteria were present in cases where offenders did not confess will be covered. Illustrative case examples are used.

8, 3- FLASHBACKS IN ADULTS MOLESTED AS CHILDREN

PROBING THE BASIS FOR "FLASHBACKS" IN ADULTS MOLESTED AS CHILDREN: THE RESULTS OF A NATIONAL CLINICAL SURVEY

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Although almost no research has examined the "flashbacks" of individuals who were molested as children, such intrusive sensory memories are reported by many sexual abuse survivors in therapy. In the absence of empirical data, it has been variously hypothesized that such phenomena represent (a) an unconscious "reliving" of the abuse trauma, (b) classically conditioned responses, or (c) a symptom of post-traumatic stress disorder (PTSD).

In order to shed some light in this area, the current authors included a component on flashbacks in the Chicago - Los Angeles abuse survivor study (an NCCAN-funded nationwide survey of over 500 adults male and female sexual abuse survivor clients). Hierarchical discriminant function analysis was used to compare the abuse experiences of clients who reported a history of flashbacks to those with no such experiences.

The results included two sets of findings:

a. Flashbacks appear to be a relatively common part of post-abuse trauma, at least among clinical abuse survivors. Of the 468 clients who answered the items addressed in this study, 327 (70%) reported having experienced flashbacks by age 18.

B. Discriminant analysis of the relationship between flashbacks and abuse-related variables was highly significant, identifying 231 abuse variables which predicted a flashback history. These included: an older age at first abuse, concomitant physical abuse, abuse that included intercourse, victim resistance and struggle at the time of the abuse, various abuser threats about the consequences of disclosure, multiple time periods (interestingly, given the preceding) from abuse to disclosure or identification, and victim guilt about having been abused. Somewhat surprisingly, no relationship was found between flashbacks and scores on a symptom checklist SCL-90).

The implications of these data are presented, including the likelihood that most sexual abuse survivors in therapy have experienced flashbacks, and the fact that flashbacks appear to be associated not only with the physically traumatic aspects of sexual abuse, but also the cognitive aspects of victimization.

8, 3- SEX DIFFERENCES IN LONG-TERM EFFECTS OF SEXUAL ABUSE

SEX DIFFERENCES IN THE LONG-TERM EFFECTS OF SEXUAL ABUSE: THE RESULTS OF A NATIONAL CLINICAL SURVEY

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Despite a growing literature on the long-term effects of sexual abuse on women, little equivalent research has been done on men. The few studies in this area, utilizing relatively small samples, find that male and female survivors are equally symptomatic, but suggest that males may experience, on average, lower levels of victimization. Clinical writings, however, suggest that male abuse survivors tend to act out their abuse trauma more than female survivors, thereby implying that the sexes may have somewhat different ways of experiencing or expressing sexual abuse trauma.

These issues were addressed in the present study by examining sex differences in the extent and effects of sexual abuse in 30 males and 468 females surveyed in the Chicago - Los Angeles abuse survivor study (an NCCAN-funded nationwide survey of over 500 adult clients who were molested as children).

A hierarchical discriminant function analysis was performed, using a variety of demographic, abuse-related, and symptom measures to predict survivor sex. Controlling for experiment-wise error rate, results indicated no sex differences in demographics, multiple sex differences in characteristics of the abuse (compared to females, males were abused less frequently, less typically within the family, more frequently reported emotional enjoyment of the abuse, were less likely to resist, more often tried to enjoy others), more internal locus of control among males, and yet, when all these variables were controlled for, no sex differences in psychological symptoms on the SCL-90. Despite this symptom equivalence, however, discriminant analysis revealed that, as teenagers, males were more likely than females to report having sexually abused someone else, problems with police, drug or alcohol problems, excessive masturbation, fantasies of aggression, school problems, and sexual preoccupation.

8- CHILDHOOD SEXUAL ABUSE/ADULT REVICTIMIZATION

THE LINK BETWEEN CHILDHOOD SEXUAL ABUSE AND ADULT REVICTIMIZATION: THE RESULTS OF A NATIONAL CLINICAL SURVEY

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A number of recent studies have revealed an association between childhood sexual abuse and later (adult) instances of rape or, to a lesser extent, being battered in an adult relationship.

As important as is the documentation of revictimization in various abuse populations, however, perhaps even more of interest are data which explicate the basis for this relationship. Unfortunately, only a small number of studies have examined specific qualities of the sexual abuse experience that might increase proneness to later victimization.

In the current study, all women participating in the Chicago - Los Angeles abuse survivor study (an NCCAN-funded nationwide survey of over 500 adult therapy clients who were molested as children) were asked a variety of questions about their later victimization experiences.

Of 438 female sexual abuse survivors, 17.6% reported having been battered in an adult sexual relationship, and 21.2% had been raped as an adult. Subsequent discriminant analysis failed to show a relationship between abuse characteristics and history of being battered, but revealed a strong association between abuse characteristics and later rape as an adult. The most powerful abuse-related predictors of later rape were: sexual abuse that continued onto adolescence or early adulthood, molestation involving intercourse, multiple childhood abusers, abuse by a nonfamily member, abuser threats of physical harm and statements that the victim wouldn't be believed, various signs of psychological disturbance during adolescence, and adult elevations on Briere and Runtz's Dissociation scale for the SCL-90.

Further analysis revealed that rape by strangers was far better predicted by childhood abuse characteristics than was rape on a date. The findings of this study are interpreted in the context of the survivor's lifelong experience of sexual violence and psychological pain.

8, 3- DISCLOSURE BY CHILDREN

HOW CHILDREN TELL: THE PROCESS OF DISCLOSURE IN CHILD SEXUAL ABUSE

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Epidemic increases in cases of child sexual abuse have left the country reeling. A backlash response has brought into question the credibility of reports with complaints of brainwashing and witch hunts.

Agencies nationwide rushed to develop investigation methods and protocols to meet the rigors of the legal truth-finding process.

In the vevor to meet demands for accountability, a critical variable has been overlooked - how children tell: the process of disclosure in child sexual abuse. Failure by child welfare and law enforcement agencies to recognize this phenomenon has led to the development of protocols that respond to the needs of the legal system to the exclusion of the needs of the child victim.

This presentation examines the disclosure process. The basis for the information provided is the retrospective analysis of over 630 cases of child sexual abuse assessed or treated by the presenters between 1985 and 1989. This analysis revealed a prominent pattern in sex abuse disclosures.

Four common elements were apparent and distinguished by specific child statements, behaviors and attitudes. They were: Denial, Disclosure with primary and secondary features, Recanting and Reaffirming.

It was further noted that children who had experienced the most trauma were those least likely to be psychologically capable of offering a complete and immediate disclosure. Consequently, children who are at greatest risk are those most likely to be rejected for failing to respond to the system's protocol.

Recognition and further study of this process could aid the establishemnt of policies and procedures that not only prevent injustice, but protect children.

WT: ERECTION FACTORS IN ADOLESCENT OFFENDERS

FACTORS ASSOCIATED WITH ERECTION IN ADOLESCENT SEX OFFENDERS

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A majority of adult child molesters report that their deviant interest began prior to the age of 18. This illustrates a need to evaluate adolescents who have molested children. Because self report of deviant interest is rare in adolescent offenders, psychophysiological assessment is necessary to help determine the extent of a deviant interest pattern. The current study was designed to determine what factors are associated with erectile responding to age inappropriate stimuli in an adolescent sex offender popultion. Subjects were studied in laboratories in New York and Virginia. The New York subjects consisted of 68 adolescent males between the ages of 11 and 18 who had been charged with or accused of committing a sexual crime against a child. 37 (54%) of the subjects had primarily female targets, and 31 (46%) had primarily male targets. 57% of the subjects were Black, 31% were of Hispanic origin, and 12% were Caucasian. Subjects from the Virginia laboratory consisted of 56 adolescent males between the ages of 11 and 18 years who had been charged with or accused of committing a sexual crime against a child. 21 (37.5%) of these adolescents molested only a male; 24 (42.9%) molested only a female; and 11 (19.6%) molested both a male and female child. 71% of the subjects where White, 23% were Black, and 6% were Hispanic. Factors studies were admit/deny, history of physical abuse, history of sexual abuse, history of non-sex arrest, and incest/non-incest. The dependent variables were two pedophile indices, a relative measure of deviant to non-deviant arousal. The results indicated that a history of sexual abuse was associated with more deviant erectile responding in those adolescents who had molested young boys. The possibility of adolescents modeling their own victimization is discussed from a social learning theory perspective.

12- JOB STRESS IN CHILD PROTECTIVE SERVICES

JOB STRESS IN CHILD PROTECTIVE SERVICES: THE PERSONAL, ORGANIZATIONAL, AND FAMILY OUTCOMES

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This study explored job stress and its relationship to the types of coping used to manage job stress both at work and at home, personal outcomes, occupational outcomes, and family outcomes. Subjects in this study were 129 Child Protective Service Workers recruited with the assistance of the New York State Child Protective Services Training Institute. For those workers who were married or cohabiting, this study attempted to measure the spillover of stress between the job and the family by obtaining collateral information from the worker's spouse or cohabitant.

The results indicated that: (1) job overload was the most frequent form of stress; (2) workers perceived little control over their work environment; (3) high job stress was positively correlated with psychological distress and occupational self-esteem and (4) high job stress was positively correlated with perceived negative effects of the family on the job, and negatively correlated to perceived positive effects of the job on the family.

12- WORKLOAD FACTORS

ASSESSING THE IMPACT OF WORKLOAD FACTORS ON THE DELIVERY OF CHILD PROTECTIVE SERVICES

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During the past decade, the reporting of child abuse and neglect in the United States has increased by over 200%. This increase has forced child protective service agencies to supply more services and undertake more investigations, often in the face of relatively slight increase in available resources. The resulting changes in caseloads have led to strategies that attempt to restrict services while ensuring that they are available for those who require them. Workload analysis is one strategy that can be a means to optimize both the composition of workers' caseloads and the allocation of scarce resources.

Workload studies utilizing consistent methodologies were conducted during 1988 in a total of eight counties from two states, with the goal of setting workload standards. In one of the states, program outcome measures such as recidivism rates, foster care utilization rates, and other process indicators were gathered in combination with the workload data. In the second state, complete costs data were obtained along with the workload data in order to determine the cost of a unit of service.

The authors will describe the methodology, present the general results of these studies and provide appropriate comparisons between states and counties. Results of additional analysis will be presented to include relationships between workload and the nature of the services provided and the relationship between workload and program outcome indicators. The authors will discuss ongoing efforts to apply workload analysis toward optimizing the service mix within an agency.

15, 3- RE-REFERRALS TO CHILD PROTECTIVE SERVICES

RE-REFERRALS AND REOCCURRENCE CHARACTERISTICS OF CASES REFERRED AND RE-REFERRED TO A CHILD PROTECTIVE SERVICES AGENCY

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The Children's Services Research Project, Department of Social and Health Services, Children, Youth and Family Services, Olympia, Washington, has been conducting research on the re-referral and reoccurrence of child abuse and neglect (C/AN) in the Child Protective Services program since March 1987. Findings are presented on three separate studies that have tracked, or are in the process of tracking, re-referrals and reoccurrences of C/AN on low risk CPS cases served by a public child welfare agency and community based private providers.

This presentation will focus on data about the initial complaint, and on consecutive re-referrals received during the study period. Data on characteristics of children and families referred and re-referred, original and re-referral allegations, and original and re-referral disposition are presented. Differences in outcomes for cases served by community based private providers as compared to those receiving services from a public agency will be discussed. A discussion concerning implications for service delivery conclude the presentation.

15- SCREENING REPORTS

SCREENING REPORTS OF CHILD ABUSE AND NEGLECT: FACTORS ASSOCIATED WITH THE DECISION NOT TO INVESTIGATE

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Child protective service agencies exhibit wide latitude in decision-making regarding which cases will be served and the degree to which workers will respond to reports of abuse and neglect. This NCCAN-funded study, completed in 1989, identified factors influencing the decision to investigate a case in 12 sites from five states. Workers in each site completed checklists describing every contact concerned with the welfare of a child (N=2556).

Sites varied dramatically in percent of reports investigated, ranging from 30% to over 95% (averaging 54%). At one site, 30% of the contacts did not allege specific maltreatment. In another, maltreatment was reported 96% of the time. Reporting rates bore a very close resemblance to those found by the American Humane Association, but types of reports and reasons for screening were quite different for individual sites.

Factors contributing to the decision to investigate in the total sample included race of the client (Black); presence of a specific allegation of maltreatment; presence of minor bruises, welts, lacerations or more severe injuries; and a reporting form that gave complete information on nine essential categories. Breakdowns by type of abuse or neglect and site have also been done. For example, in reports of sexual abuse, cases were less likely to be investigated if they involved an unknown perpetrator, a custody case, a report by a non-perpetrating parent, no injury, no previous reports, and ethnicity was unknown or not White or Black. Study findings also include worker, supervisor, agency and community factors which have an impact on the decision to investigate.

19- PHYSICAL DISCIPLINE OF BABIES

THE PHYSICAL DISCIPLINE OF BABIES: A CHALLENGE FOR PREVENTION

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What is the adult response when a child under two won't mind, gets into danger, hits or bites? This report concerns responses to these situations as described by 195 adult caretakers of children from birth to two. The goal was to explore the range of parental reactions to aversive child behavior and to compare sub-groups based on such variables as education.

Common parental reactions were verbal admonishment and physical discipline, defined as any contact meant to correct or punish misconduct. Depending on the situation, from 21 to 50 percent of caretakers utilized physical discipline. Verbally correcting infants seems useless in view of their limited comprehension and self-control. Even gentle hitting seems primitive at best, dangerous at worst.

Very young children have consistently formed a major age group reported because of abuse. Respondents in this study were in no sense abusive but were utilizing the only management techniques they knew. Nonetheless, although physical discipline infrequently results in abuse, most abuse does begin with punishment. This may escalate uncontrollably when parents are excessively fatigued or frustrated.

A giant step toward preventing abuse of infants is to challenge the practice of hitting them, help parents comprehend development, and provide suitable ways of managing objectionable child behaviors. Aids and obstacles to such a campaign are discussed.

18, 3- NEGLECT AND PARENTING

PARENTING ISSUES IN CHRONIC NEGLECT

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Whereas there is a great deal of research documenting various types of child abuse, little is known about possible differentiating factors among families referred for child neglect. Anecdotal evidence from social workers indicates that they find cases involving "chronic" neglect particularly difficult and, increasingly, research is focusing on parenting deficits transmitted across generations as a factor in neglect.

This research investigates whether there are systematic differences among 150 families referred to a large urban public child welfare agency for child neglect who (1) are found to be neglectful and opened for services, (2) are found not to be neglectful and not opened as cases, and (3) have a history (three years or more) of receiving services for child neglect. Differences were explored at intake, six months after intake, and one year after intake through structured interviews in the families' homes.

Findings to date indicate that there are no significant differences among the three groups in perceptions of family relations, mental health problems (feelings of anxiety, sadness, helplessness-hopelessness), or stressful life events as reported by the primary caregiver. However, chronically neglecting caregivers have more inappropriate expectations of their children and are more negative in their attitudes toward the most problematic child than caregivers in new or unconfirmed cases. The persistence of these differences over time and their relationship to the family-life experiences of the caregivers as children and the social support they currently receive are explored.

Equal numbers of Black and White families in the sample also enable a comparison of differences in parenting, family history, and social support between these groups as well. Finally, the treatment implications of the findings in regard to initial assessment, continuing services, and the special needs of Black families are discussed.

19- PHYSICAL PUNISHMENT

THE USE OF PHYSICAL PUNISHMENT WITH CHILDREN: DIFFERENCES IN SELF-ESTEEM AND FAMILY FUNCTIONING

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Recent studies show that between 80 to 97 percent of all children are physically punished (non-abusive physical disciplining) at some time in their childhood. While the response of the child to physical punishment is varied, empirical research is beginning to demonstrate that there may be a variety of negative consequences associated with children who receive this type of punishment. Although the type and frequency of punishment required to demonstrate this effect remain unclear, the behavioral and emotional sequelae are becoming evident.

Previous literature has examined the effect of parental use of physical punishment on the child's aggression, empathy, and later family violence. However, many of the possible effects of parental use of physical punishment have not yet been explored, therefore this study examined the relationship of parental use of physical punishment and the child's self-esteem. Data collection will be completed during the month of March. (This paper was submitted in January). Parents were administered a physical punishment continuum designed to determine the type and frequency of physical punishment used. Parents also completed the Achenbach Child Behavior Checklist, the Moos Family Environment Scale and a Family Information Form. The children were then administered the Harter Perceived Competence Scale for Children. Preliminary examinations in this area have suggested that children receiving physical punishment may have a lower self-concept score than children who are not physically punished. Also, families with parents who have a high use of physical punishment will have lower cohesion, independence, less adaptive communication techniques, and higher control patterns than families that do not use physical punishment. Of the children receiving physical punishment, those children who were severely physically punished may have lower scores on the Harter Perceived Self-Concept Scale and more behavioral problems measured by parent and teacher reports as compared to children receiving low or no physical punishment.

Because most parents use physical punishment at some time in their child's life, findings determining negative consequences of the use of physical punishment are significant to the field of child abuse and neglect. Finding a relationship between parental use of physical punishment to a child's self-concept will be a major contribution to a perhaps new dimension of child abuse.

THE NATURE AND CONSEQUENCES OF THE PSYCHOLOGICAL ABUSE OF CHILDREN: EVIDENCE FROM THE NATIONAL FAMILY VIOLENCE SURVEYS

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The issue of emotional or psychological abuse has been much discussed among those concerned with child abuse. There has, however, been comparatively little research on this issue, byond its measurement in the two national incidence studies of child abuse and negelct (Burdorf, 1980; National Center on Child Abuse and Neglect, 1988). Garbarino, Guttman, and Selley (1986) define psychological abuse as a concerted act by an adult on a child's development of self and social competence, a pattern of psychiatrically destructive behavior which takes five forms (1) rejecting, (2) isolation, (3) terrorizing, (4) ignoring, and (5) corrupting.

This presentation uses data from two national surveys of family violence to assess the extent, changing patterns, and consequences of emotional abuse. The First National Family Violence Survey (1975) collected data from a nationally representative sample of 2,143 households, 1,145 of which had children between the ages of 3 and 17 living at home. The Second National Family Violence Survey (1985) collected data from 6,002 households, 3,232 of which had children 17 years old or younger living in the home. We conceptualized verbal aggression as a subset of the general concept of aggression. We define verbal aggression as actions, verbal or physical (but not including direct acts of physical aggression), which are carried out with the intention, or perceived intention, of hurting the other person. The hurt can include fear, humiliation, or a diminished sense of self-esteem. The actions can include verbal statements, acts of rejection, degrading (putting the other person down), or terrorizing (activities designed to create a climate of fear or threat). Thus, our definition fo psychological aggression includes two of the components of psychological maltreatment identified by Garbarino and his associates (1986) - rejecting and terrorizing.

Emotional abuse is measured using the six-item verbal aggression scale of the Conflict Tactics Scales (Straus, 1979).

20- EMOTIONAL MALTREATMENT

DEVELOPMENT AND VALIDATION OF OPERATIONALLY DEFINED MEASURES OF EMOTIONAL MALTREATMENT

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Emotional maltreatment may be the most destructive form of child maltreatment other than physical injury leading to death, yet it is poorly understood and lacks sufficient definition for investigative and legal purposes.

We have collected extensive data on 60 emotionally maltreating mother-child dyads and 60 matched control dyads during a two and a half year, \$290,000 research grant from the U. S. Department of Health and Human Services, National Center of Child Abuse and Neglect. As part of this project, we developed observation scales for measuring parent-child interactions that are relevant to emotional maltreatment.

The final report of the grant is due on March 31, 1989. We are now completing the analysis. Our findings inciate the following:

- 1 - Emotional maltreatmnt can be differentiated into five distinct subtypes (spurning, exploiting/corrupting, denying emotional responsiveness, isolating and terrorizing) and clearly differentiated from appropriate parenting by mutli-dimensional scaling of responses of mental health professionals, model parents and maltreating parents.
- 2 - Maltreating mothers can be clearly discriminated from carefully matched control mothers by observation scales of parent-child interaction relevant to emotional maltreatment.
- 3 - Maltreated children perform at significantly lower levels compared to control children on measures of academic achievement, social competency and displayed more behavior problems as rated by parents and teachers.
- 4 - Child functioning measures were significantly related to observation measures of parent child interaction related to emotional maltreatment.

21- MISSING, RUNAWAY, AND ABDUCTED CHILDREN

CHILD ABUSE AND THE PROBLEM OF MISSING AND DISPLACED CHILDREN CHILD ABUSE AND THE PROBLEM OF RUNAWAYS AND THROWAWAYS CHILD ABUSE AND THE PROBLEM OF NON-FAMILY ABDUCTIONS

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This presentation offers information from the recently released national incidence study of missing and displaced children. Funded by the Office of Juvenile Justice and Delinquency Prevention, this study involved a telephone survey of close to 12,000 households with children to ascertain how many children had run away or been thrown out during the course of the last year; ascertain how many children had been abducted by a parent or other family member during the course of the last year; a canvas of police records in 21 randomly selected counties to ascertain how many children had been abducted by non-family members during the course of the last year; and to gather information on any episode that had occurred.

The incidence of runaways is compared to the incidence reported in the last national study in 1976, and possible reasons for any change are discussed. The present study, unlike previous studies, is much more sensitive to the possibility that many runaways are actually children pushed out of the household for one reason or another, and the presentation discusses the implications of making a distinction between the two phenomena.

The presentation also discusses some of the problems of gathering an accurate count of abductions and suggests that family abductions are a bigger problem than previously suspected.

The incidence study gathered extensive data on whether children who had run away, been thrown away, or abducted had suffered from abuse prior to their departure and also whether they had suffered from abuse while gone from their households. The connection between child abuse and these problems are discussed.

This presentation discusses which episodes are most likely to result in trauma and outlines policy implications.

RESEARCH

TECHNICAL FORUMS

These abstracts were selected to be presented
in technical forums at the Conference

1- THREE-STATE PRIMARY PREVENTION PROGRAM

EVALUATION OF A PRIMARY PREVENTION OF CHILD ABUSE PROGRAM WITH 670 CHILDREN AGES 3-9 IN RURAL, URBAN AND SUBURBAN SETTINGS ACROSS THREE STATES

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This evaluation of a primary prevention program for Pre-K/3 demonstrated, empirically, the ability to produce measurable behavioral change associated with reduction of risk to child abuse. It focused on determining age of maximum receptivity, retention of skills up to two years, positive and negative side-effects and variables attributable to the presenter. Behavioral measures were correlated with cognitive instruments to evaluate variables in a child's ability to successfully resist victimization.

Children's Knowledge/Attitude of issues of risk increased, level of Self-esteem rose, and Locus of Control internalized significantly across experimental groups. Increase in Self-esteem was statistically significant as a predictor of a child's ability to learn and utilize the skills being taught.

Most notable was the children's ability to demonstrate, through roleplays, prevention of sexual abuse skills. Experimental groups raised their scores significantly, indicating an increase in skills related to stopping abuse before it begins. However, the youngest children, clearly most vulnerable at pre-testing, demonstrated learning equal or superior to first, second and third graders at post-testing. This indicates that the "most teachable moment" may indeed be the earliest teachable moment.

Teachers found this to be a user-friendly program and student performance was not contingent upon teacher skill or training. The evaluation sample represented accurately a demographic cross-section of the U.S., including sex, race and ethnicity. Consistency of results across groups reflects the cultural sensitivity this program brings to prevention education. The participation of parents, teachers and administrators generated ongoing support for the use of a continuous curriculum.

1- EVALUATION OF PREVENTION PROGRAMS IN MICHIGAN

EVALUATION OF CHILD ABUSE AND NEGLECT PREVENTION PROGRAMS: THE MICHIGAN EXPERIENCE

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This presents the findings of a recent, comprehensive, two-year evaluation of the prevention of child abuse and neglect programs funded by the Children's Trust Fund in Michigan. Over 50 different programs were funded and evaluated within the areas of parenting education, perinatal coaching, family resource centers, sexual abuse prevention, and school age child care (Latchkey).

The evaluation of these programs included descriptive, survey, and outcome data. Pre-post tests were administered to parents in most of the parenting programs using both standardized scales and locally developed instruments. An analysis of the data was made on the individual program level as well as on the larger program area.

The presentation will focus on the evaluation procedures and the findings. Particular attention will be given to how the findings have influenced CTF funding decisions and the prevention of child abuse and neglect prevention policy and programs throughout the State of Michigan.

1- PREVENTION OF ADOLESCENT MALTREATMENT

PREVENTION OF ADOLESCENT MALTREATMENT

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Although the maltreatment of adolescents is a serious and widespread problem, many cases are unreported or ignored. In the past decade, a variety of school-based child abuse prevention programs for high school students have been developed, but have not previously been evaluated.

In this recently completed study, both quantitative and qualitative methods were used to describe and evaluate six adolescent maltreatment prevention programs in California. Using program and control groups, initial gains and long-term retention of skills, knowledge, and attitudes of 443 high school students were evaluated, in nine major learning areas. Additional information on program effectiveness and impact was generated from interviews of students, parents, prevention specialists, high school staff, child protective service workers, and law enforcement officers. The curricula and methodologies of 60 other adolescent prevention programs were described, as well as the broad policies on adolescent maltreatment prevention in a dozen other key states.

Programs curricula were found to vary, but most included material from at least one of three areas: prevention of abuse by peers, by adults, and by the adolescents themselves. A variety of methodologies were also identified. Overall, students showed initial gains in learning, as well as a tendency to continue to learn over the long term. However, these outcomes varied along various demographic factors, including sex, socioeconomic status, and ethnicity. Students, parents, and professionals generally reported on the programs favorably. A variety of recommendations for prevention programs and policy makers were developed.

1- PREVENTION - WHAT WORKS AND WHAT DOESN'T?

CHILD ABUSE PREVENTION FOR FIRST AND THIRD GRADE CHILDREN: WHAT WORKS AND WHAT DOESN'T?

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In response to recent concerns over the effectiveness of abuse prevention programs for children, a rash of research has been conducted. To date, much of the work completed in the field has focused on learning effects for older children, usually grades three through five. Yet programs are available to children of all ages. Much of the research for preschool age children seems to indicate that they have some difficulty grasping many of the abstract concepts presented in prevention programs. Older children appear to master a variety of concepts more readily. The present study seeks to bridge the research gap between what is known about preschool children and older children, and looks at the question from a developmental perspective.

The study was initiated in January 1987 and is privately funded by the Hilton and Walter F. Johnson foundations. Participants include first and third grade children from 16 school sites across California. That state provides an opportunity to study a wide range of prevention program models as legislation mandates prevention education in all public schools. Presently, over 80 providers offer training programs to children in California. This study included seven of those programs to allow for a comparative examination of program effects.

158 first grade and 145 third grade children were administered a pretest one week before they received the program and a posttest six months following. 30 children from each grade did not receive a pretest to control for the effects of testing. The interview schedules were designed based upon previous research in the field, and in consultation with participating programs. A 14-item written questionnaire as well as an oral interview were given to children.

Taking into consideration children's developmental abilities, researchers examined their understanding of individual concepts. Researchers hoped to discover (a) program impacts upon children's knowledge of prevention concepts; (b) the most effective program models - or elements of models - for younger children; and (c) the optimum age to introduce individual prevention concepts. The study is due to be completed in June 1989. This presentation will address those recent findings.

1, 2, 3- CHILD ABUSE AND NEGLECT: SCOPE, SERVICES, AND PREVENTION

CHILD ABUSE AND NEGLECT: SCOPE OF THE PROBLEM, AVAILABILITY OF SERVICES, AND PROSPECTS FOR PREVENTION

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Since 1982, this national organization has conducted an annual 50-state survey in order to monitor trends in the number and characteristics of child abuse reports and in the funding scope of child welfare services. The child abuse state liaison officers identified by the federal National Center of Child Abuse and Neglect, are contacted by telephone and asked a series of questions with respect to child abuse reports as well as other issues of concern to the field. The survey results are then compiled by national organization staff and disseminated to the general public as well as to those working in the field of child abuse prevention and treatment. In the winter of 1989, the eighth annual survey of child abuse state liaison officers was conducted.

This paper will report the latest statistical findings on the actual number of reports filed during 1986, 1987, and 1988 along with the percentage of those reports involving the four major types of maltreatment (e.g., physical abuse, child neglect, emotional maltreatment, and sexual abuse). The reported number of child maltreatment related fatalities is also discussed along with the varying procedures for reviewing and responding to these deaths. All state representatives also responded to general questions on their state's child welfare practices and case management techniques and on the availability of therapeutic services for victims.

2- FAMILY COURT INTERVENTION

FAMILY COURT INTERVENTION IN CHILD PROTECTIVE CASES

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Major findings from a broad-based, systematic study of family court intervention in child protective cases are described. This NCCAN-funded research project completed in 1989, provides a first-ever empirical examination of the functioning of the court in these cases and of case outcome following court disposition. Specifically, extensive data were collected from 500 randomly selected 1985 child protective court records located in 14 representative New York counties. Additionally, each case was tracked into the State's Central Register of Child Abuse and Maltreatment (SCR) and information indicative of the family's involvement with the child protective system both before and after the court proceeding was included in the data base. Follow-up data-derived interviews with local court/social services representatives were used to augment and interpret the findings. Variables assessed in the study include: child and family characteristics; time measures; allegations in the petitions to the court and reports to the SCR; pre- and post-court placements; the use of plea bargaining; types of final dispositional orders; adjournments in contemplation of dismissal; appeals of court decisions; procedures established by the court for monitoring compliance with its orders; and, the number of reports of suspected proceeding and during terms of court-ordered supervision. Significant policy implications have emerged from the research along with recommendations for statutory change designed to strengthen the role of the court in child protective cases.

3- EMOTIONAL INDICATORS IN DRAWINGS OF MALTREATED PRESCHOOLERS

EMOTIONAL INDICATORS IN THE DRAWINGS OF PRE-SCHOOL AGE MALTREATED CHILDREN

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Projective drawings are considered invaluable in the assessment of abused and neglected children. However of the numerous projective drawing tests that exist, none are normed for children under the age of five. These tests are not normed for very young children because many pre-school age children are not yet capable of producing a representational drawing as required by all established projective drawing tasks. Therefore, Dr. Marilyn Segal of the Nova University Family Center is in the process of creating a test that can be used with both representational and nonrepresentational drawings. The present study was the development of one part of Segal's larger test, focusing on identifying negative emotional indicators in the structural features of drawings. The List of Early Trouble Signs (LETS) measured nine structural features of drawings: placement, size, pressure, reinforced coloring, quantity, mark-overs, number of colors, color preference, and primary color. For this study, done in 1988, the drawings of 50 abused and neglected children and 50 non-maltreated children, between the ages of 3.0 and 4.11, were scored with the LETS. A one-way ANOVA showed that the drawings of the maltreated children had significantly more trouble signs than the non-maltreated children. There was no significant difference between groups due to IQ or sex, and only on the dimension of Quantity was there a significant difference due to age. Shortcomings of this study and directions for further research are discussed.

3, 8- ANATOMICAL DOLLS

THE VALIDITY OF ANATOMICAL DOLLS IN ASSESSING CHILD SEXUAL ABUSE

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Anatomically correct dolls are frequently utilized in the investigation and assessment of child sexual abuse allegations. Despite widespread use and support for this investigative tool, little research has been undertaken to determine the validity of using anatomically correct dolls in the verification of child sexual abuse complaints. To determine which non-verbal behaviors and verbal responses of children, presented with anatomical dolls, are most likely to indicate that sexual abuse has occurred, a two-year controlled study was undertaken.

The verbal and non-verbal responses of 40 children reported as being sexually abused were compared with a matched control of non-abused children, and a second control group of children receiving child welfare services but who had not been sexually abused. Interviews of all children and their responses to anatomically correct dolls were videotaped. Each interview was subsequently coded with respect to the specific behaviors and verbal interactions demonstrated by each group of children.

The results of this two-year study suggest significantly different responses between sexually abused children and non-abused children when presented with anatomically correct dolls. Sexually abused children were more likely to exhibit sexual behavior with the dolls than non-abuse children. In addition, abused children demonstrated more extremes of behavior, such as outright aggression, including hitting, throwing, spanking or careless treatment of the dolls. Other sexually abused children presented as extremely withdrawn. These findings suggest that anatomically correct dolls, when utilized appropriately by trained professionals, are a valid tool in the assessment of young children suspected of being sexually abused.

3- EMOTIONAL DISTURBANCE IN CHILDREN

CHILDREN ON CHILD PROTECTIVE SERVICE CASELOADS: PREVALENCE AND NATURE OF SERIOUS EMOTIONAL DISTURBANCE

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The pervasiveness of serious emotional disturbance in children on Child Protective Service caseloads has long been suspected but rarely documented. A statewide system analysis funded by the Child and Adolescent Service System Program (CASSP) in Washington State examined serious disturbance among children being served by Child Protective Services. Using a multivariate criterion referenced approach, children receiving protective services were compared to those in the state's most intensive treatment facilities for psychiatrically disturbed children.

In a random sample of 140 current recipients of protective services, 70 percent were judged to exhibit serious emotional disturbance. The nature of disturbance, treatment histories, service needs, and barriers to service were examined in a larger sample of 231 children. Only 43 had known psychiatric diagnoses, but scores on a standard measure of childhood behaviors generally indicated elevated levels of impairment. School problems were pervasive, and substance abuse or antisocial behaviors common. Family histories of mental illness or substance abuse were endemic, and most children had lived out of the home at some point in their lives.

In spite of this, treatment services lagged behind problem onset, and outpatient mental health treatment was obtained less commonly than foster care. Areas of greatest need were family support groups, diagnostic services, outpatient treatment, and school-based treatment. Service barriers identified by caseworkers emphasized family factors over system difficulties. Implications of these findings for service planning and organization are discussed, emphasizing models of interrelationship between children's mental health and protective services.

3- ABUSE AND ACADEMIC PERFORMANCE

CHILD MALTREATMENT: EFFECTS ON SCHOOL-AGED CHILDREN'S SOCIAL, EMOTIONAL, AND ACADEMIC PERFORMANCE

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This paper presents findings from a two-year, DHHS funded study of physically abused and neglected school aged children in Georgia. The Departments of Family and Children's Services in nine geographically and emographically varied Georgia counties identified and obtained consent to participate from the families of 21 physically abused and 48 neglected children aged 9 to 15 whose maltreatment cases had been opened within the previous 18 months. Consent was also obtained from the families of 71 nonabused and nonneglected children selected from schools in the same communities. All groups display similar racial and gender balance.

A battery of inventories designed to measure school achievement, social and emotional development at home, in school, and with peers, and adaptive functioning, was administered to children, teachers, and parents during the Spring of 1988. Caseworker reports on the experimental children provided information on the type, extent, and duration of abuse or neglect. Control variables that frequently confound maltreatment research findings were incorporated into the study design. Follow-up interviews will be completed by June of 1989.

Statistical analysis procedures include multiple regression and path analysis, which allows for specification of pathways of influence for selected variables. Preliminary analysis indicates the presence of substantial academic, social, emotional, and adaptational deficits in the maltreated children, compared with their nonmaltreated peers. Upon completion of the data analysis, significant findings and implications for practice will be discussed, and a range of educational and social services that would help alleviate the effects of abuse and neglect will be proposed.

3- PARENTAL ATTITUDES, EXPECTATIONS, AND RESPONSE PATTERNS

AN ANALYSIS OF PARENTAL ATTITUDES, EXPECTATIONS, AND RESPONSE PATTERNS

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Parents are commonly required to attend parenting education classes as treatment following substantiation of abuse/neglect and all parents are encouraged to attend parenting classes for primary prevention. All parents attending parenting education classes come with different expectations for their children, different patterns of interaction with their children, and different response patterns to their children. Do the expectations, attitudes, and response patterns of parents with a history of abuse/neglect as a group differ from a group of parents with no history of abuse/neglect? What other variables are significant in making groups of parents view their parenting role differently; SES, marital status, sex, family stability (homeless)?

Methodology: To determine attitudes of parents attending parenting classes, Parents as a Teacher Inventory (PAAT) was administered to the parents. The PAAT was chosen because it has shown validity and reliability on five subtests related to the existing parenting curriculum: creativity, frustration, control, play, and teaching-learning. To obtain the information from individuals who were either self-identified or instructor-identified non-readers, the inventory was read to one group of parents as each individual followed and responded by circling items on the Lykert-type scale. A variety of statistical analyses were carried out to describe and compare the sub-groups within the study.

Findings: The parents with no known history of abuse/neglect and those with a known history of abuse/neglect differed significantly on each of the subtests of the PAAT. The only variable with significant interaction was marital status (divorced or separated). The study (N=117) included a small sub-group (12) of parents who were currently residing in a shelter for the homeless with their children. This sub-group did not differ significantly from other groups of parents with no known history of abuse/neglect.

4- HOMELESS POPULATION

CHILD ABUSE AND NEGLECT IN THE HOMELESS POPULATION: A PROJECT TO IDENTIFY ITS MAGNITUDE AND DEVELOP APPROPRIATE INTERVENTION TO MEET THE UNIQUE NEEDS OF THE HOME FAMILY

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Homelessness is a devastating crisis in our country today. It has been documented that the profile of the homeless population is changing to include a growing number of women and children. The homeless family faces multiple stressors such as inadequate housing, hunger, marital discord, loss of self esteem, and uncertainty about the future. They are forced to function at a basic survival level with food and shelter as their main priorities. As a consequence, their children's needs are often neglected. This project is designed to identify those needs, detect any signs of medical, emotional, physical, or sexual abuse/neglect that might be occurring, and to provide the intervention needed to help these children and families during this crisis period.

Since June of 1988, a pediatric screening program has been in place at the Salt Lake City Shelter. Children up to 18 years of age are examined during the first week of their stay. Communicable and infectious diseases are ruled out, needed immunizations given, followed by a complete physical exam and family history. The exam focuses on vision, speech, hearing, behavioral, dental, developmental and nutritional problems or delays which may, if left untreated, lead to long-term disabilities. The screening process often reveals information about current physical and/or sexual abuse. Once the family is interviewed, and the child examined, an individualized plan of care is developed to assist the family in receiving any needed counseling or community services.

Based on the findings thus far, a more appropriate resource network and education program has been designed to better meet the unique needs of this population.

This presentation highlights significant findings and potentially serve as a model for other shelter clinics to address and minimize child abuse and neglect in their homeless communities.

4- HEAD INJURIES

UNDERSTANDING HEAD INJURIES IN CHILD ABUSE

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Head trauma is a leading cause of death for abused children. Characterization and detection of head trauma has evolved with the description of the Shaken Baby Syndrome, the advent of computerized tomography (CT) and the recent use of magnetic resonance imaging (MRI).

Review of 20 abused children with intracranial injuries in which both CT and MRI were obtained revealed: MRI was more sensitive in detecting subdural hematomas, brain contusions, shearing injuries, and posterior fossa trauma; CT was more sensitive in showing subarachnoid bleeding; and plain X-rays in revealing skull fractures. MRI better detected small subdurals, particularly in subtemporal, tentorial, and infratentorial areas.

12 of 19 cases with retinal hemorrhages and intracranial injuries had evidence of direct external trauma (e.g., bruising and swelling, skull fracture, focal parenchymal damage, or bruising beneath the scalp seen on autopsy). Contrary to recent claims that shaking alone is insufficient to cause serious injury, seven patients had no evidence of direct external trauma despite extensive assessment with MRI, autopsy, or both.

In sum, MRI is an important diagnostic tool for head trauma, and shaking alone may cause fatal injuries. Because most children with retinal hemorrhages and intracranial injuries have signs of direct external trauma, such injuries might most accurately be described as the "shake/slam" syndrome.

CHILDREN'S RECOVERY FROM SEXUAL ABUSE: RESEARCH FINDINGS

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Although no child escapes the devastating psychological consequences of having been sexually abused, it is known from clinical report and empirical study that some children "adjust" or "recover" more adequately than others and that the "adjustment" or "recovery" process is complex and multi-influenced. Most of the research to date has focused on how aspects of the abuse itself, such as frequency and duration, and aspects of the child, such as age or gender, impact the child's functioning. However, if children who have been sexually abused and their families are to be provided with social and therapeutic services to aid in their recovery process, it is essential that research be conducted to understand what modifiable features of children, their families, and their environment make a difference in their subsequent adjustment.

In this presentation, a theoretical perspective and model are represented from which to examine the relationship between the occurrence of sexual abuse and children's subsequent psychological adjustment and competence. In addition, an ongoing research project designed to test questions generated by the proposed theoretical model is described and Stage One results, with children and their caretakers, are presented. The primary focus of the study is to address the question, "What variables differentiate children who have been sexually abused and appear to be relatively behaviorally, emotionally, and socially adjusted from those who are behaviorally, emotionally, and socially, maladjusted?"

Variables have been included in the model on the basis that they have been shown clinically or empirically to mediate the effect of sexual abuse on the child's subsequent development and adjustment or because there is strong conceptual support to view a variable as a potential influence on adjustment. The variables proposed as affecting adjustment, conceived of as current competence, are depicted as impact variables, status variables, and recovery variables. The child's current adjustment or competence is operationalized as the child's social, emotional, and behavioral functioning being age-appropriately satisfactory.

The three-year research project designed to test the theoretical model is in its second year. Findings presented consist of the Stage One results.

8- RITUALISTIC ABUSE

RITUALISTIC SEXUAL ABUSE IN A NEIGHBORHOOD SETTING

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Child sexual abuse has taken on a new dimension as cases of ritualistic abuse involving multiple victims and offenders have emerged nationwide. Law enforcement and child protective agencies have been unfamiliar and ill prepared to handle the investigation of these cases. Immediate disbelief and a lack of information have created significant barriers to effective case management. Clinical efforts to study this phenomenon have focused on victimization in day care settings.

This presentation will examine the issue of ritualistic multi-victim, multi-offender sexual abuse in a neighborhood setting. The basis of the information provided is the results of a retrospective analysis of the self-reports of 52 child victims whose abuse fit that criteria. The victims were either assessed or treated by the authors between 1985 and 1989.

The children ranged in age between four and 17 years, were almost equally divided by sex and represented five separate neighborhoods in three counties.

The analysis revealed elements particular to this phenomenon which the presentation will address: characteristics of offenders and victims, process of recruitment, nature of the abuse, methods of maintaining silence, group ideology, logistics, and circumstances of exposure.

This exploratory study suggests that there are identifiable similarities in cases of ritualistic sexual abuse in a neighborhood setting with ritualistic overtones.

It is the author's hope that identification of these common elements will encourage further study and understanding of the problem. These efforts could promote early intervention with a more effective, comprehensive response.

8, 3- SCHOOL PERFORMANCE OF ABUSED/NEGLECTED/MALTREATED CHILDREN

A COMPARISON OF THE SCHOOL PERFORMANCE OF SEXUALLY ABUSED, NEGLECTED AND NON-MALTREATED CHILDREN

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Although it is commonly assumed by educators that maltreated children are at risk for academic failure, very little research attention has been given to the issue. The aim of the present research was to compare the school performance of two groups of maltreated children, sexually abused children and neglected children, with the school performance of two groups of non-maltreated children, public assistance children and lower middle class children. The non-maltreated children were matched to the maltreated children on sex, age and grade in school. The children utilized in the study included 19 sexually abused children, 23 neglected children, 42 matched public assistance children (19 matched to the sexually abused children and 23 matched to the neglected children), and 42 matched lower middle class children.

To measure school performance, the Teacher Report Form of the Child Behavior Checklist and the Hahnemann Elementary School Behavior Rating Form were collected on all children in the study. Measures of school achievement were also collected including school grades, grade repetition and special class placement. Analyses performed on both the behavior rating and the school achievement data indicated very few differences between the sexually abused children and the neglected children. However, marked differences were found between both groups of maltreated children and their matched comparison children with the maltreated children performing less well both behaviorally and cognitively.

8, 3- STUDY OF JUVENILE VICTIM/ABUSER SOLO SEX RING

A FIVE YEAR FOLLOW UP STUDY OF A JUVENILE VICTIM/ABUSER SOLO SEX RING

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Thus far, sex rings have been a complex and unexplored topic in the area of sexual abuse. This paper reports on a five-year follow-up study involving the operation of a solo ring by a male juvenile victim turned abuser. Ten male subjects ranging in age from five to nine years in a small community neighborhood were interviewed in 1984 after allegations of abuse were made to law enforcement agencies. These same children were then referred to our team for forensic assessment. The children were administered a clinical interview, Achenbach, CDI, retrospective questionnaire and self portrait drawing.

The clinical issues examined through this research include: the differences in the trauma experienced at the time of abuse compared with current adjustment; the ongoing exposure to the abuser; the impact of allegations of abuse in neighboring communities; abuser characteristics exhibited by victims and a comparison of self portrait drawings.

Specific dynamics analyzed and correlated are the configuration of the ring, types of abuse experienced, as well as length of abusive relationship. An analysis of variance concerning the initial indices of anxiety, thought suppression, shame, fear of reexperiencing victimization, trauma specific mundane fears, post traumatic behavioral reenactment, repetition of psychophysiological disturbances, repeated nightmares and dreams, the sense of a foreshortened future and a vulnerable expectation of life will be compared with the five year follow up statistics. The recall of the event and the proclivity of the victim to demonstrate abuser behaviors will also be analyzed and correlated with psychological disturbance and type of abuse.

This project is a descriptive endeavor based on the techniques utilized by Lenore Terre in her studies of the Chowchilla School Bus Incident. The project has been approved by the Human Subjects Committee. The anticipated completion date of the project is May 31, 1989. Data will be analyzed in June of 1989.

8, 3- LONG TERM EFFECTS OF CHILD ABUSE

THE LONG TERM EFFECTS OF CHILD SEXUAL ABUSE

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This research paper was designed for the purposes of learning about the prevalence of sexual abuse in childhood as reported by a (non-clinical) sample of adults, and determining the extent of current mental health problems reported by three sub-populations of the larger sample: the non-abused, the non-incestuously abused, and the incestuously abused. The data for the study was collected by a questionnaire from a sample of about 1000 students at the University of Utah that range in age from 18 to 50. Only the data on females will be reported in this presentation. The mental health status of the three populations will be determined by the following instruments: Eysenck Neuroticism Inventory, Texas Social Behavior Scale, and a scale of sexual adjustment. The data analysis will attempt to answer three questions: (1) Do the three populations differ with respect to current mental health status? (2) Do aspects of the abusive episode itself (e.g., age of victim, type of sexual abuse, number and duration of abusive episodes, etc.) account for differences in current mental health status? (3) What is the role of family experiences in influencing current mental health status? Hopefully, these analyses will enable us to answer the question of "if" (and how much) a childhood abusive experience (and its specific characteristics), as it interacts with childhood family variables, affects adult psycho-social adjustment.

8, 2- FAMILY CHARACTERISTICS AS THEY RELATE TO INTERVENTION

ANALYSIS OF FAMILY CHARACTERISTICS AS RELATED TO NATURE OF SOCIETAL INTERVENTION IN CASES OF INTRA-FAMILIAL CHILD SEXUAL ABUSE

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Increased recognition of the prevalence of intra-familial child sexual abuse has led to examination of the nature of appropriate interventions. This paper analyzes 300 cases from five states in which either the child was removed from the home or the perpetrator left the home (voluntarily or involuntarily). Specifically, the paper focuses on the relationship between family characteristics and the nature of the intervention. Independent variables include level of family functioning, family size and a composition, relationship of the child to the perpetrator, ethnicity, family socio-economic status, the reaction of the child's mother to disclosure. Dependent variables include the nature of the intervention (removal of child versus removal of the perpetrator), the degree of dislocation for the child (remain at home, placed with relatives, placed in foster care) and the duration of the child's placement outside of the family.

A key question this research will answer is the extent to which removal of the child is primarily a function of the family's ability to protect the child as opposed to other variables such as the family's ethnicity or socio-economic status.

The research is supported by a grant from the National Center for Child Abuse and Neglect - HHS (#90CA130802).

8, 2- ABUSER'S PERCEPTION OF POLICE AND SOCIAL WORK INVESTIGATORS

CHILD SEXUAL ABUSER'S PERCEPTION OF POLICE AND SOCIAL WORK INVESTIGATORS

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The issue of child sexual abuse has received much attention in the past few years as the professional community has focused on both detection and treatment for the victim. For many reasons, one major one being difficulty in obtaining a sample, little research has been done that involved asking the perpetrators their perception of the investigation experience.

This study involved interviewing 75 male sexual abuse perpetrators whose names were obtained from a random sample of substantiated sexual abusers who were listed on one state's Child Abuse Registry. Letters were sent requesting participation in a two-hour interview. As an added incentive, \$50 stipends were paid to participants. The study also contained much identifying information that will be analyzed later.

For purposes of this paper, only the respondents who had both police and social work investigators were included so that comparative analytical techniques could be used. This reduced the number to 59 participants whose responses were analyzed to compare responses regarding police and social worker's fairness, concern, and competence. In addition, the respondents were evaluated according to their scores on the BEM Sex Role Inventory.

The police were found to be more fair and concerned and the social workers were more competent. Furthermore, when the scores for masculinity and femininity were considered, the responses were basically still the same.

8, 3- MALE VICTIMS OF SEXUAL ABUSE

MALE VICTIMS OF SEXUAL ABUSE: A REVIEW OF CASES FROM A MULTIDISCIPLINARY CHILD PROTECTION TEAM WITH IMPLICATIONS FOR ASSESSMENT

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Little research has been done that addresses the patterns of victimization and reactions to sexual abuse of male victims. A clinical case review will be presented of 110 males referred to a multidisciplinary Child Protection Team secondary to allegations of, and concerns about, sexual abuse. Services such as pediatric examinations, psychosocial assessments, and psychological evaluations were provided to many of these children. A review of these assessment suggests some differentiations of male victims that are relevant in the early stages of case management.

Feelings of confusion over sexual identity and role are present in the male victim assaulted by a male abuser. It was found that homophobic concerns need to be addressed with the victim's parents as well as the child. Strong feelings of anger and rage reactions may be present in male victims after the disclosure. Homicidal ideation is not uncommon.

Other phenomena suggested by this case review include the use of pronography as an engagement strategy. The abuser's projective identification with his same sex victim leads him to be interested in the child experiencing arousal through pronography.

Male victims are more likely than female victims to recapitulate their victimization by sexually abusing younger children. This behavior is sometimes mistaken for normative sexual exploration.

This case review also suggests the relative weakness of medical examination in the process of validation of abuse of male victims.

Videotaped interview material is presented.

8- LAY PUBLIC KNOWLEDGE

CHARACTERISTICS OF SEXUALLY ABUSED CHILDREN: THE EXTENT OF THE LAY PUBLIC'S KNOWLEDGE

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With the recent dramatic increase in reporting and criminal prosecution of child sexual abuse, mental health professionals increasingly are being asked to testify as expert witnesses regarding characteristics of sexually abused children. According to the Federal Rules of Evidence, testimony by mental health professionals is admissible only if the opinion is based on "scientific, technical, or other specialized knowledge [that] will assist" the judge or jury. Whether testimony regarding typical characteristics of sexually abused children will "assist" the judge or jury depends upon the knowledge of the lay public. If a typical juror is cognizant of the common behaviors of sexually abused children, then such testimony by experts is an intrusion upon the fact-finding process and may be deemed inadmissible in court. If, on the other hand members of the lay public are not aware of these typical behaviors or if they hold erroneous beliefs, then expert testimony should be encouraged.

In a study currently underway, a random selection of approximately 200 residents of three mid-western cities are asked to complete a questionnaire assessing their knowledge. The questionnaire, which has been validated by a nationwide panel of experts in child sexual abuse, consists of true/false questions that determine the extent of the public's knowledge of typical characteristics of sexually abused children. In addition, the questionnaire assesses each participant's definitions of actions that constitute child sexual abuse. An extensive demographic questionnaire of individual and family variables is also included so that comparisons may be made between particular demographic variables, definitions of child sexual abuse, and knowledge concerning particular common characteristics of sexually abused children.

8, 3- COMPARISON OF FEMALE AND MALE SEXUAL ABUSERS

A COMPARISON OF TYPES OF SEXUAL ABUSE EXPERIENCED AND PERPETRATED BY FEMALE AND MALE CHILD SEXUAL ABUSERS

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Until recently, the sexual abuse of children by females has tended to be ignored or discounted. Some researchers acknowledge female child sexual abuse, but argue that its occurrence is isolated and idiosyncratic as female child sexual abuse is rarely reported. Other researchers argue that rates of female sexual abuse of children should be low because child sexual abuse is a male problem, with roots in culturally supported ideologies of male dominance and exploitation of females.

Several difficulties result from such perspectives. First, they suggest implicitly that because female child sexual abuse occurs less frequently, its study will provide less relevant information about the perpetration of child sexual abuse than the study of male child sexual abuse. Second, perspectives which explain why females do not sexually abuse children do little to explain the behavior of females who do. And third, these perspectives provide little information to help those who have been sexually abused by females and help guide the professionals who work with them.

This paper reports preliminary findings from a larger comparative study of female and male child sexual abusers. Included is a comparison of the types and severity of sexual abuse these abusers have both perpetrated as offenders and experienced as victims. Data area being gathered through two-hour interviews with the offenders, who are being identified through the Iowa and Missouri State Child Abuse Registries. To date, 38 female and 75 male offender interviews have been completed.

8, 3- DEPRESSIVE SYMPTOMATOLOGY IN JUVENILE MALE VICTIMS/PERPETRATORS

DEPRESSIVE SYMPTOMATOLOGY IN JUVENILE MALE VICTIMS WHO ARE ALSO PERPETRATORS

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The correspondence between scores on the Beck Depression Inventory with a history of abuse or detention was investigated for a sample of 198 male adolescent sex offenders. The subjects were predominantly Black (59.1%) and Hispanic (25.8%), aged 11-19 years (X age = 15.4). Subjects were divided according to their self-reports of having been sexually or physically abused, time in detention and their admission of their own sexually deviant behavior.

The X Beck score was 14.6 (mild depression). This value is twice the value reported by Kaplan, et al. (1984) for random sample of adolescents (total sample mean = 6). For our subjects, 41.9% attained scores indicative of major depression. A history of sexual or physical abuse was clearly associated with high Beck scores. Abused subjects had a mean of Beck of 17.7, as contracted to 12.1 for non-abused subjects.

A history of having spent time in a detention facility was not found to be related to high Beck scores. The relationships (relative or non-relative) between the perpetrator and victim was not found to be related to depression as indicated by Beck Scores.

Because our sample of adolescents scored subsequently higher on the Beck than a random sample of adolescents, results suggest that adolescent who have committed sexual crimes, particularly those with a history of abuse should be evaluated for depression.

8, 3- FOLLOWUP OF SEXUALLY ABUSED CHILDREN

FOLLOW-UP OF SEXUALLY ABUSED CHILDREN IDENTIFIED BY PROTECTIVE SERVICES

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58 children, found by protective services and a specialized clinic dealing with sexual victimization to have been sexually abused, were followed up on an average 34 months after initial identification. Findings suggest that the problem of sexual abuse is not resolved in a majority of cases even after the passage of almost three years time.

30 of the children were still receiving child welfare services. 36 of the children had been placed outside the home after the disclosure of the sexual abuse, and 25 remained out of the home at follow-up. More than two-thirds of the placements were in foster care, and only about a fifth of them were with relatives. The mean length of time out of the home for all children placed was approximately three years, and, for those children who had returned home, almost seven months. Re-referrals had been received by protective services on more than a fourth of the cases.

Sexual abuse appears to lead to family upheaval. In 32 cases, the family had experienced some change in composition other than placement of the victim. Parents of nine victims separated; those of 12 divorced, and mothers of four remarried.

Information regarding family and victim problems suggests that both families and children continued to have difficulties in a number of areas.

These results will be discussed as they relate to current models of child welfare practice. Suggestions of ways to integrate these findings with child welfare practice will be offered.

9- EFFECTS OF FOSTER CARE

THE EFFECTS OF FOSTER CARE IN THE DEVELOPMENT OF THE SEXUALLY ABUSED CHILD: A LONGITUDINAL APPROACH

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Empirical studies have documented the long-term negative effects of sexual abuse upon the development of the child. Although an important consequence of sexual abuse for many children is removal from the home and placement into foster care, little is known about the manner in which effects of placement interact with the effects of the abuse itself to influence the child's current functioning and subsequent development.

This paper reports on the initial findings of a three-year longitudinal study designed to assess the impact on the sexually abused child of remaining at home (from which the perpetrator has been removed) as contrasted with being removed from the home and placed in foster care. The sample consists of 104 girls, ages six to 16 years, drawn from a low socioeconomic status, black inner-city population. 53 girls remained at home, while 51 were placed in foster care.

The findings of the initial baseline assessment administered within three months of the disclosure of abuse will be presented. This assessment consists of interviews of the mothers and foster mothers to obtain information about the nature of the abuse, family history and current family functioning, as well as a battery of measures of the child's functioning along multiple lines of development.

The data are analyzed to address the question: In what ways do sexually abused children entering foster care differ from those who remain at home? Data relating to the nature of the abuse, family situation, and the cognitive, social and emotional functioning of the child will be presented. Two salient findings were: (1) sexually abused girls obtained low scores on the Rorschach egocentricity Index, (2) the effect of placement on Children's Depression Inventory scores interacted with the timing of the testing.

10- FAMILY STRESS/CHILDREN WITH MULTIPLE DISABILITIES

FAMILY STRESS AND CHILD MALTREATMENT IN A POPULATION OF CHILDREN WITH MULTIPLE DISABILITIES

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Families of children receiving care at a University-affiliated hospital for the handicapped, with at least two major disabilities, including moderate or profound mental retardation, cerebral palsy, seizure disorder or severe vision or hearing impairment, comprised the study population. They were mailed questionnaires to investigate whether family stress factors could differentiate families reported and substantiated for abuse or neglect from those not so reported. Parents (N=257) completed Friedrich's revised version of Holroyd's Questionnaire on resources and Stress (QRS-F). This instrument was designed to measure stress in families of children with disabilities in the area of (1) parental and familial problems, (2) pessimism about the future, (3) child characteristics, and (4) degree of physical incapacitation of the child. It was expected that the higher the score on the QRS-F, the more problems or burden of care the family perceived, the higher stress levels, and theoretically the greater the possibility of maltreatment report. Contrary to investigator expectations, there were no significant differences in mean scores on the overall scale. The means for the report groups was 20.9 as compared to 22.4 for the non-reported group. The scale showing a significant difference between groups. In this subscale, perceived high physical incapacitation was significantly associated with lower maltreatment reporting. Implications of the results are discussed.

12- DECISION-MAKING IN PROTECTIVE SERVICES

DECISION-MAKING IN PROTECTIVE SERVICES

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Deciding whether or not to supervise reported protective service cases is a perennial problem in large public child welfare agencies. This paper presents a comprehensive model that provides a tool with which child welfare agencies can examine their decision-making processes and hence improve decision-making practices. The model, drawn from decision-making literature in diverse fields, will be tested in a study being carried out in four district offices of the New Jersey Division of Youth and Family Services.

This multilevel model is distinguished from previous attempts to identify child welfare decision practices by (1) focusing attention on the relative contributions of client and organizational predictor variables and (2) analyzing the interactive relationships between these client and organizational predictors. The approach combines conceptualizations in decision making that heretofore have been limited largely to the disciplines of management science and medicine.

Rather than being limited to the attributes of decision-makers and clients, this multilevel approach also focuses on the patterns of gathering, recording and interpreting information. Included here are such processes as the speed with which information is sought and collected, the valuation of information items, the sequence in which they are collected, the degree of stereotyping in information collection, etc.

12- CPS AWARENESS

CPS AWARENESS OF ABUSED AND NEGLECTED CHILDREN: FINDINGS FROM THE SECOND NATIONAL INCIDENCE STUDY

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The second National Incidence Study of Child Abuse and Neglect was conducted in 1986 in response to a Congressional mandate. Data were collected concerning cases of child maltreatment recognized by community professionals in a national sample of 29 U.S. counties. Participants in each county included Child Protective Services (CPS) staff as well as key respondents in a variety of other agencies likely to encounter cases of child maltreatment (e.g., schools, hospitals, police departments, juvenile probation authorities, social services agencies, etc.). All study cases were assessed for conformity to a set of standardized definitions, and only those cases which fit these standards were used in generating the national estimates.

More than one million children nationwide were found to have been abused or neglected in 1986. This represented a significant increase over that found in 1980. Increases occurred primarily in physical and sexual abuse, and among cases with moderately severe injuries, and they appeared to reflect an increased likelihood that professionals will recognize maltreatment, rather than changes in the actual occurrence of maltreatment.

Despite this increased recognition, only a minority of the maltreated children were officially known to CPS (i.e., only 40% had been reported to and accepted for investigation by CPS). This was not reliably different from the 1980 figure (33%). Supplementary analyses of the data also showed that CPS awareness of cases varied as a function of the type and severity of maltreatment and by the type of agency recognizing the case. Moreover, the type and/or severity of maltreatment was related to the child's sex and age, to family structure and economic circumstances, and to the perpetrator's relationship to the child.

15- VALIDITY OF ALLEGATIONS

VALIDITY OF CHILD SEX ABUSE ALLEGATIONS

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According to the National Center on Child Abuse and Neglect's 1988 Study Findings, the incidence of child sexual abuse reports has tripled in the last six years, creating a formidable burden on law enforcement, child protective services, and the judiciary. Recently, false disclosures have become an increasing concern, creating a grave risk of losing the credibility now given to children who are truthfully describing their sexual abuse.

In order to address the need for improvements in this area, an empirical study of a promising method for assessing the credibility of child sex abuse allegations is being conducted. The method, Criteria-Based Content Analysis, involves a content analysis of the allegation statement based on a determination of the presence or absence of 19 specific criteria designed to indicate whether or not a described event was actually experienced by the person who provided the account. The theory assumes that a truthful account will differ from a non-truthful one in its general characteristics, specific and peculiar contents, and motivational aspects.

Routine videotaped CPS investigative interviews were rated for the presence of these criteria, as well as the characteristics of the child, the interviewer, and the allegation. Child Behavior Checklist data was collected in order to evaluate the presence of symptoms related to sexual abuse. Two groups of 30 children aged four to 12 alleging sexual abuse were compared to determine what differences exist in the statements or symptoms displayed by children who had been sexually abused versus those who have not. The effect of the style and structure of the interview on its outcome was also analyzed.

To better elucidate the effects of abuse, groups were matched based on gender and the child's age at the time of the interview. Data collected from the files and caseworkers included the ethnicity of the child, the gender and relationship of the alleged perpetrator, the nature of the alleged sexual abuse, the presence of marital, custody, or visitation problems, and the number of previous victim interviews.

NATIONAL ARCHIVE FOR DATA ON CHILD ABUSE AND NEGLECT

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This presentation describes progress made on the establishment of a centralized archive of computerized data sets originating from research into the causes, consequences, and treatment of child abuse and neglect. In addition to a general social science archive such as the Interuniversity Consortium for Political and Social Research, specialized data archives have emerged in recent years serving the needs of researchers in areas such as adolescent pregnancy and research on women. This archive is designed to facilitate research in the field of child abuse and neglect by providing increased access to high quality data sets for the purpose of secondary analysis. The project was funded on a pilot basis beginning in October 1988 with a grant from the National Center on Child Abuse and Neglect. Topics discussed at the session include the rationale for such a facility in the field of child abuse and neglect, policies and progress with regard to the acquisition of data sets from investigators, a summary of current holdings, procedures utilized for the storage and dissemination of data sets, and future directions for the archive.

19, 18- DEVELOPMENT OF NEGLECTED VS. PHYSICALLY ABUSED PRE-SCHOOLERS

DEVELOPMENTAL STATUS IN NEGLECTED VERSUS PHYSICALLY ABUSED PRE-SCHOOL CHILDREN

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A study is in progress to investigate developmental factors in a sample of 125 substantiated neglected pre-school children followed by a large Child Protective Services agency in Maryland in comparison to a sample of approximately 50 abused and 125 non-maltreated children in the same jurisdiction. Social Service and medical record review will provide background and maltreatment incident and severity information. Two instruments are being used in telephone interviews with the child's caretaker. The Wulff-Dellinger Functional Deficits scale was developed to describe functional levels in a given population. Items, ordered by age of child, represent dimensions of self-care, language, learning, mobility, self-direction, self sufficiency, physical health and functioning. The Home Screening Questionnaire (HSQ) developed by Coons, et al., a modification of the HOME inventory, was designed to identify children at risk for developmental delays and adds the dimension of screening factors within the child's environment which might be associated with the child's growth and development. As of January 15, 1989, 234 telephone interviews were complete with anticipated completion date of March 15, 1989 of the estimated 3000 total interviews. Study results and implications for the delivery of child welfare services to this population are presented.

A MULTIDISCIPLINARY APPROACH TO COMPREHENSIVE EVALUATION OF MULTILEVELS OF ECOLOGICAL CHARACTERISTICS FOR CHILD ABUSE AND NEGLECT

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Child abuse and neglect (CAN) is a pervasive problem that represents the dysfunction of social systems at five ecological (individual, family, community, cultural and geopolitical) levels. Over 40 theories/models have been used in the literature to address various prevention, intervention and treatment issues. These theories and their applications vary in disciplinary orientations and have different principles and strategies that are frequently fragmented and/or conflicting.

To develop effective social service systems, we have conducted, during the past two years, rigorous analyses of empirical, as well as theoretical, issues on CAN. The major progress results include: (1) an integration of 41 theoretical perspectives into a new comprehensive model, (2) a nationwide profile of the 50 states about their current efforts on the seven service domains for CAN - identification, intervention, treatment, prevention/education, evaluation, follow-up, and dissemination, (3) generation of comprehensive profiles from the analysis of over 140,000 reported CAN cases across various groups with different demographics (e.g., race, sex, socioeconomic status, and types of victimization), and (4) application of the results from the above theoretical integration and empirical analyses to a multidisciplinary graduate training curriculum on prevention/education and treatment of child abuse and neglect. The major results of these efforts have just been completed and are presented. Their implications for future directions in research, policy formation and program development are discussed.

RESEARCH

ADDITIONAL RESOURCES

These abstracts were selected to be included
in the resource book although they were not presented
at the Conference

1- CHILD ABUSE PREVENTION

PRIMARY PREVENTION OF CHILD ABUSE: IS IT REALLY POSSIBLE?

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Mary K. Rodwell, Ph.D.

Crucial to the issue of primary prevention in child abuse is the ability to identify predictors of the abuse. If predictors do not exist, no basis for primary prevention programs exist because of the need to identify an at risk population in order to properly target a program of primary prevention.

In order to determine what is known about predictors of abuse, this presentation will cover the finding of a thorough review of the empirical research into the causes of neglect. In addition, the proposed presentation will include a description of the design and the product of a meta-analytic review of the major predictive instruments of abuse, with a goal of identifying the predictive efficiency of these instruments specifically in multi-disciplinary environments.

Findings related to accurate prediction about individual instances of abuse, including instrument sensitivity to cultural, racial and ethnic diversity, will be discussed as well as the relative proportion of right or wrong predictions of the instruments under study. Due to their comparative overall predictive accuracy, special attention will be given to the performance of three British studies included in the review.

Implications will focus on the difficult issues raised given the current level of efficient prediction for the purposes of primary prevention. Included will be questions of the practicality or hopelessness of primary prevention, the level of prevention ambition currently appropriate and the type of child abuse we should strive to predict and prevent.

1- PARENTING SELF CONFIDENCE

CHANGES IN PARENTING SELF CONFIDENCE IN "AT-RISK" POPULATIONS: RESULTS OF EPIC PARENT WORKSHOPS IN ENGLISH AND SPANISH IN TWO STATES

EPIC (Effective Parenting Information for Children), Inc.
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(716) 884-4064
Sandra R. Rifkin, President
Gary A. Ciurczak, Vice-President of Programs

EPIC, Effective Parenting Information for Children, has been sponsoring free parenting education/support workshops in Spanish and English in schools, community agencies, and community centers for seven years. The workshops are scheduled for six weeks, and draw upon a workshop manual which provides information about child development and various areas of concern to parents, e.g. discipline and communication. These workshops are non-judgemental, non-directive in character, and are based upon the philosophy that the parents themselves are best able to decide which parenting style best fits their needs, with EPIC parent workshops providing an exposure to a wide range of parenting styles. Trained volunteer facilitators facilitate the workshop, each receiving twelve hours of training, including six hours in group dynamics and six hours in program content. Workshops are offered in two types, one for parents/caregivers of elementary aged children, and one for parents/caregivers of adolescent aged children. At the conclusion of the workshops, the participants evaluate the workshops, including changes in self-confidence in their role as parents. Differences in the changes in this variable will be discussed and broken down by "at-risk" and the non "at-risk" population, as well as an ethnically diverse population, bringing into question the efficiency of the labelling process involved with the use of the "at-risk" designation.

1- ABUSE PREVENTION FOR TEENAGERS

EFFECTIVENESS OF AN ABUSE PREVENTION PROGRAM FOR TEENAGERS

National Assault Prevention Center
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Columbus, OH 43202
(614) 291-2540
David Nibert, Ph.D.
Sally Cooper
Sally Fitch
Rebecca Anderson

An abuse prevention program developed for teenagers was presented to ninth grade students in a large, inner-city school system. The program was three hours in length and was presented in one-hour segments over three days. The program content contained both anti-victimization and anti-aggression materials. Discussion, behavior modeling, roleplaying, and behavior rehearsal were used to teach prevention strategies and concepts. Although researchers have found positive results of abuse prevention programs for preschool and elementary school children, little is known about the effectiveness of prevention programs for teenagers. The ninth grade students were asked to complete self-administered pre- and post-tests to ascertain their knowledge of prevention strategies. The presentation will focus on the analysis of the pre- and post-test results, controlling for sex, race, and student scores on self-esteem and aggression scales.

1- EVALUATION OF PREVENTION SERVICES

EVALUATION OF PREVENTION SERVICES TO FAMILIES AT-RISK FOR PROBLEMS IN PARENTING

Massachusetts Society for Prevention of Cruelty to Children
(MSPCC)
43 Mt. Vernon St.
Boston, MA 02108
(617) 227-2280
Loretta W. Kowal, L.I.C.S.W., Executive Director
David S. Robinson, M.Ed.
Claudia Worrell, J.D.
Shurnae Prince, B.A.

This presentation discusses a secondary prevention program providing broad-based, early intervention to families at risk for problems in parenting. Families are identified, assessed, and offered support services both prenatally and after childbirth. Services are based on an intensive one-to-one relationship within a home-based service model. Services include extensive networking and outreach, family and individual counseling, and innovative use of peer volunteers to provide friendship and support.

From its inception, the program has included ongoing service and client evaluation. Levels of family functioning, child jeopardy, and risk status are assessed monthly, and family problem checklists are completed quarterly. Demographic and background characteristics are collected, as well as service delivery, outcome, worker time, and changes in family behavior.

This presentation discusses ways of differentiating families showing greater and less improvement in family functioning. The presentation focuses on a sample of 70-80 families, the total number of families participating on a date late in 1988. Data on several possible criteria for distinguishing families are presented, including duration of participation, Family Functioning at entry, worker time, staff skill, and type of problems at entry. Interaction of these variables is analyzed in order to identify which parts of treatment are successful with which types of clients, and under what conditions.

The presentation discusses the data in terms of how it can be used to aid program coordinators, direct service staff, and outside policymakers. Findings suggest directions for services to at-risk families, as well as effective methods to evaluate such services.

1- COMMUNITY BASED PRIMARY PREVENTION PROGRAM

A MODEL FOR EVALUATION OF A COMMUNITY BASED PRIMARY PREVENTION PROGRAM

Child Abuse Prevention Project
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(904) 392-7286
Devona Rowe, M.A.
Barbara Alterman, M.S.W.

It has been estimated that every dollar spent of prevention saves seven dollars on treatment. Yet prevention programs have come under increased scrutiny from funding sources. This, in large part, is due to the difficulty of measuring the effectiveness of such programs.

This proposal focuses on a research project which evaluates the effectiveness of a primary child abuse prevention project; which, for six years, has provided various services to a sixteen county area in rural North Central Florida. These services are implemented by sixteen county coordinators who design programs which recognize the cultural, racial and ethnic uniqueness of each of the sixteen counties.

Indirect services aim at changing the public's attitudes and behaviors towards child abuse. Success in changing attitudes and behaviors has been linked in other helping professions to effective interpersonal influence skills.

This research project polls professionals with whom the coordinators have contact. These professionals are asked to rate them on a scale designed to measure their effective use of interpersonal influence factors. The resultant scores gauge the impact a primary prevention program has in a community, as measured by other professionals.

This presentation is designed for professionals working in community based programs. The development of this evaluation instrument and preliminary findings from it will be discussed. It will be made available for other programs wishing to access the impact of their indirect services. When coupled with traditional activity report information, this instrument provides a promising new look at community based prevention programs.

3- ADOLESCENT PARENTS

THE ADOLESCENT PARENT SERVICES EVALUATION: A PANEL PRESENTATION

National Center on Child Abuse Prevention Research
National Committee for Prevention of Child Abuse
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Linda Barbera-Stein, Deputy Director
Joan Marie Kraft, Research Associate
Leslie Mitchel, M.Ed., Senior Analyst
Cindy Moelis, J.D., Senior Analyst

This paper describes a study that compares educational-support programs for adolescent mothers. The primary question addressed is what kinds of services work best with what kinds of populations? Seven programs in seven states participated in the project. Two sites offered short-term, hospital-based services to first-time adolescent mothers; the other five programs offered long-term group or home-visiting services to the same population.

Outcome measures - social support, knowledge of child development, parenting style, self-esteem, and social competence - were noted at intake and at two follow-up interviews. This presentation discusses the extent to which changes in outcome scores are directly attributed to provision of services.

Type of service provider (ie., professional, para-professional and volunteer) differed by site. In-depth interviews and questionnaires on the views and experiences of staff examine: personal background, motivations for becoming a service provider, training and supervision. Specific responsibilities and attitudes toward those responsibilities are assessed. Variability of service providers is discussed and implications for program implementation are examined.

Potential and actual costs of teen parenting programs are often a major consideration and a potential constraint when establishing effective parenting programs. A cost-benefit survey of administrators and service providers addresses issues of funding sources, cost allocation and staffing. Variability in funding and staffing is discussed and implications for establishing a program are drawn.

Findings from these "sub-studies" are the basis of a discussion of the effectiveness of various types of programs for teenage mothers.

3- FAMILY-FOCUSED GROUP TREATMENT

FAMILY-FOCUSED GROUP TREATMENT OF INTRAFAMILIAL CHILD SEXUAL OFFENDERS: RESULTS OF AN EXPLORATORY AND DESCRIPTIVE STUDY

Massachusetts Society for the Prevention of Cruelty to Children
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David S. Robinson, Ed.D., Director of Planning and Research

Substantiated reports of child sexual abuse have been increasing since the early 1980's. The scarcity of research on family treatment of intrafamilial child sexual abusers has hindered the child welfare field in constructing realistic rehabilitative programs for family members, particularly the father-offender. This presentation describes the characteristics of intrafamilial sexual offenders in one multi-site program, and evaluates the group services designed to treat their problems.

The Massachusetts Society for the Prevention of Cruelty to Children has developed a treatment program for intrafamilial offenders, victims and their families that is modeled after a successful program in California: Parents United. Offenders are counseled in groups and are expected to participate in the Parents United organization. Mental health, psychoeducational and self-help interventions are used.

The research methods employed are exploratory and descriptive in an effort to discover the therapeutic processes which could be linked to successful group progress. Participant observation and surveys were employed to discover how group processes and helping skills were linked to successful groups. Five groups with a total of 44 intrafamilial offenders, were studied during the first quarter of 1988. Background characteristics, group processes, helping skills, and progress were examined and linked in this study.

The study found that groups with higher levels of helping interventions, more opportunities for continued professionally-guided peer support groups, and more sustained attention to the offense patterns created the most effective opportunity for successful treatment. Furthermore, of the helping skills studies, group leaders are rated more frequently on partializing client concerns, supporting clients in taboo areas, and dealing with authority themes. For offenders, less denial, accepting responsibility, and a minimal history of previous sex offenses were positive indicators for successful treatment.

3- INTERGENERATIONAL CHILD ABUSE

INTERGENERATIONAL CHILD ABUSE: HOW ABUSIVE AND NONABUSIVE PARENTS PERCEIVE THEY WERE PARENTED

University of Kentucky
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Vernon R. Wiehe, Ph.D.

Child abusers were once abused themselves! Is this reality or a myth? This paper will review data on the intergenerational theory of child abuse and report on a study conducted by the presenter on how a group of abusive and nonabusive parents perceive they were raised.

A group of abusive (n=153) and nonabusive (n=141) parents responded to a modified version of the Block Child Rearing Practices Report. The parents were asked to rate how they perceived they had been raised by their parents according to two scales: Restrictiveness and Nurturance. The data revealed the abusers rated their mothers as more restrictive and less nurturing than did the nonabusive parents. The abusers also rated their fathers as less nurturing than their nonabusive counterparts.

Implications from the data will be made for the treatment and prevention of child abuse.

3- IN-HOME FAMILY PRESERVATION PROGRAM

"PRACTICE-BASED RESEARCH IN AN IN-HOME FAMILY PRESERVATION PROGRAM: THE EXAMPLE OF THE FAMILY CONNECTION PROJECT"

Family Connection Project
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Centinela Valley Regional Office
100 South Market Street
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(213) 673-7830
Alexandra Sladen, LCSW, Research Coordinator

University of Southern California
School of Social Work
Children's Bureau of Los Angeles
Los Angeles, CA
Jacquelyn McCroskey, D.S.W., Assistant Professor

This paper will describe research under way at the Children's Bureau of Los Angeles to evaluate its in-home family preservation program, the Family Connection Project (FCP). FCP is an early intervention program for families at risk of child abuse or neglect and was begun in 1983. Currently, about 50% of client-families are referred by protective services or the courts; clients served are typically of low income and from diverse ethnic populations.

With the active collaboration of administrators, staff and researchers, the agency developed a practice-based evaluation instrument to address critical needs. The Family Assessment instrument is comprehensive and utilizes an exosystems approach. It is used at intake and at case termination to assess client change. Importantly, it helps guide the practice of FCP workers in assessing client strengths and weaknesses, developing appropriate service plans, and observing and recording client progress. It also provides systematic data on clients at service entry and at termination which is used as the basis for ongoing program monitoring and evaluation.

The paper will discuss the process by which the instrument was developed and the results from a pilot test period. The authors will also comment on the agency's secondary gains as well as the difficulties in developing research methods which complement and enhance the daily business of service delivery for a multiservice agency.

3- ADJUSTMENT OF SCHOOL CHILDREN

THE ACADEMIC AND SOCIAL ADJUSTMENT OF MALTREATED AND NONMALTREATED SCHOOL CHILDREN

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Cornell University
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(607) 255-7794
Molly Laird, Ph.D.
John Eckenrode, Ph.D.
John Doris, Ph.D.

This paper presents findings from a large scale project funded by NCCAN to determine the extent to which child maltreatment was associated with academic and social adjustment in the school setting. Utilizing the New York State Central Register, all children enrolled in a mid-sized Upstate school system were screened for previous history of maltreatment. Over 1440 victims of indicated events of maltreatment were uncovered, which represents an incidence rate of 16.9 percent. Using a systematic sampling procedure, over 500 maltreated children were chosen for the study and individually matched to 500 control children. Research results include cumulative incidence figures for age subgroups within the entire school population, as well as tests of significance for comparisons between the maltreated and nonmaltreated youths on measure of academic achievement, behavioral adjustment and remedial services. Findings are presented from an evaluative study of an innovative intervention program offered to some of the maltreated youth. The extent and duration of intervention is described for groups of maltreated children with successful school performances in later years as compared to those with less successful school histories.

3- FAMILY PRESERVATION

PRELIMINARY FINDING FROM THE EVALUATION OF TEN (10) FAMILY-PRESERVATION PROJECTS IN A PUBLIC CHILD WELFARE AGENCY

Children's Services Research Project
Children, Youth and Family Services
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Mail Stop OB-41
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Diana J. English, PhD
Sherry Brummel, RA

In June, 1988 Washington State Department of Social and Health Services, Children, Youth and Family Services diverted \$2.24 million to fund ten (10) Family Preservation projects. Two major goals of the projects were to reduce the actual numbers of children placed into foster care, and/or reduce the actual length of stay in foster care once a child had been placed. Projects were field-generated. Two projects focused on "front-loading" services in the Child Protective Services and Family Reconciliation Services programs, through a combination of Intensive Family Services, lidded caseloads and service enhancements. Three of the projects focused on moving cases to permanency planning quicker for children in long term foster placement. The other five projects focused on both "front-loading" and expedited permanency planning. These projects also enhanced availability of concrete services and lidded cases from 2 - 20 cases per worker.

Data on the characteristics and problems of clients served in the projects, services delivered, and outcomes will be presented. Issues related to the implementation of family preservation projects in public agency settings will be discussed.

FAMILY SYSTEMS TREATMENT OF CHILD SEXUAL ABUSE: EFFECT ON NONABUSING SPOUSE

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San Diego State University
Child Abuse Interdisciplinary Training Program, San Diego

From a family systems perspective, treatment of the incest family includes specific programs for each member in an effort to change dysfunctional thought patterns as well as unhealthy interactions between members of the family. Although most studies in the past have focused on trying to understand and treat victims and perpetrators, it is becoming evident that many dynamics involving the nonparticipating mother need to be addressed. In San Diego, Parents United is a child sexual abuse treatment program mandated by the court that utilizes a family systems model for treating perpetrators, nonparticipating spouses, and victims within families. The core treatment program is 45 weeks in length and requires successful progress through five specific group cycles. In an effort to better understand the role that nonabusing mothers play in incest and provide some indication of the effectiveness of this treatment program, a sample of mothers involved in various stages of the Parents United program: Orientation (N=26), Middle or Women's Issues (n=18), and Advanced (n=16) cycles were asked to complete two questionnaires and indicate how they viewed themselves in the role of mother. A comparison group of mothers participating in a local PTA (n=45) also completed the self-report measures.

Ratings of these mothers' perceptions of themselves and of their daughters were subjected to a principal component factor analysis with a varimax rotation. Discriminant analysis utilizing the resultant five factors from the Perception of Self Questionnaire and perceived mother role yielded one significant discriminant function that results in 62% correct group classification. Additionally, a separate discriminant analysis of the three factors from the Perception of Daughter Questionnaire provided one significant function and 55% correct group classification. Examination of group centroids and discriminant function coefficients suggests that: (a) the Orientation and Women's Issues (i.e., middle) groups were similar, (b) the Advanced group differed from these two groups and looked more like the PTA group, and (c) the PTA group; viewed themselves and their daughters more positively and perceived themselves as more involved in the mother role. Thus, some support for the effectiveness of the Parents United program was obtained in this correlational study. Based on these promising findings, more controlled and extensive outcome evaluations are recommended.

3, 2- HOME INTERVENTION FOR INFANTS

HOME INTERVENTION FOR FAMILIES OF INFANTS WITH FAILURE-TO-THRIVE

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Maureen Black, Ph.D.
Howard Dubowitz, M.D.

Prevention programs are dependent upon our ability to recognize those families at risk for abuse or neglect at an early stage. In the absence of organic pathology, an infant's poor growth frequently signifies family dysfunction and an underlying disharmony in the mother-infant relationship - elements which significantly increase the risk for abuse and neglect. Since monitoring infant growth is a universal practice among primary health care providers, targeting families in which the infant has had inadequate growth should be an effective means of identifying families at risk for maltreatment. In addition to health concerns regarding the infant's poor growth, intervention should include strategies to enhance family functioning. Home intervention models have been developed for several high risk parenting situations including prematurity (Beckwith), rural poverty (Olds), limited support (Barnard), teen parents (Osofsky) and developmental delay (Seimonson, Bailey, Dunst). These programs all emphasize the importance of families as critical participants in developing goals and implementing strategies. Programs have also been developed which focus on infant development. This presentation is based on a recently funded five-year collaborative project involving a university-based health clinic and a community-based intervention agency. The objective is to develop and test a home intervention program for families of infants with non-organic failure-to-thrive. We review existing information on home intervention programs and present preliminary data on the model that we have developed to enhance family functioning and prevent abuse and neglect among families of infants with non-organic failure-to-thrive.

6- SHARING THE SECRET

SHARING THE SECRET AND THE PAIN: COMING TO TERMS WITH A LEGACY OF BATTERING

Parental Stress Center
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(412) 381-4800
Elizabeth Elmer

University of Pittsburgh
School of Social Work
Pittsburgh, PA
Judith A. Martin

This report represents one of a limited number of longitudinal studies focused on the long-term effects of child maltreatment. Follow-up interviews with fourteen adults severely battered as children reveal essential aspects of the recovery process. As children, denial, shame and privacy considerations led respondents to consider abuse a family secret that could not be revealed. As in sexual abuse, sharing this secret was one step in the process of overcoming the impact of a seriously depriving environment. Inability or unwillingness to trust continues to the present, affecting even marriage relationships. Those who have done well have ceased blaming their abusive parents, have non-abusive, truly supportive spouses, and have moved to a world of wider interests and opportunities. Other ameliorative factors, such as the role of religion, are also discussed.

This report explores the relevance of the recovery process for preventing battered individuals from carrying on an abusive legacy with their own children.

8, 3- EVALUATING CHILD SEXUAL ABUSE

EVALUATING CHILD SEXUAL ABUSE: NEW OBSERVATIONS

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Center
Risa N. Claytor, B.A.
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Charles I. Shubin, M.D.

The records of 944 consecutive children who had been examined for alleged sexual abuse by one pediatrician over a period of two and one-half years were analyzed. Consistent criteria were applied and approximately two-thirds of the females and two-fifths of the males had findings indicative of sexual abuse.

In girls with no findings, the horizontal opening diameter of the hymen varied directly with age at a rate of approximately one millimeter per year. No such correlation was found in girls who had findings indicative of abuse. Because the same criteria for positive findings were used in both groups, the comparison was considered valid and the growth of the hymenal opening with age can be considered applicable to the general population as a normal expectation.

Additionally, it was found that resistance to the anogenital exam was statistically significantly associated with positive physical findings.

Implications for examining children for alleged sexual abuse are discussed in light of the above findings.

9- PLACEMENT FAILURES

A STUDY OF POST-RESIDENTIAL PLACEMENT FAILURES

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Randall A. Silverston, Ph.D.

The results of a three-year research project studying post-residential treatment placement failures and successes were presented. This project was designed to identify and document the prevalence of placement failures and those variables responsible for the successful (stable) versus failed placement. Criteria for the evaluation included observed behavior patterns, emotional disposition, adjustment to the placement, educational advancement, relationships with peer, relationships with adults, and duration of placement. The subjects included 385 children from six California Association of Services for Children residential treatment facilities, including the Village of Childhelp, USA, who have completed their stay at these centers. These children have been followed from discharge to placement through use of survey questionnaire instruments. Conclusions regarding the structuring of residential treatment-placement systems were offered.

9- OUT-OF-HOME CARE

CHILDREN IN OUT-OF-HOME CARE: THE NEBRASKA EXPERIENCE

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Dr. Robin Russe1
Anne Coyne, PhD, Professor

Nebraska State Foster Care Review Board
Lincoln, NE
Connie Duncan

There has long been concern that abused and neglected children placed in out-of-home care get "lost" or "drift" in the system. In response to this concern, foster care review systems, mandated by federal law in 1980, have been developed in all states. However, mechanisms for review differ widely.

The Nebraska Foster Care Review Board is an independent state agency created by the Nebraska Legislature in 1982 to provide citizen review of cases of children in out-of-home care. Since 1983 the Board has maintained a computer-based tracking system of all children placed anywhere outside their own home. While many other states have tracking systems of children supervised by their Department of Social Services or equivalent agency, Nebraska's system is the only system that maintains data on all children in out-of-home care. This includes children supervised by public agencies, private agencies, and courts.

Using the tracking system, evaluations of periodic citizen review were done in 1986, 1987, and 1988. Children who had been reviewed by one of the local review boards were compared with children who were eligible for review that year but not reviewed.

This panel will present background information on the development of foster care review boards, state foster care tracking systems and detailed description of the Nebraska experience. Data collected by the Nebraska Board's tracking system have been analyzed to examine characteristics of children in care, variables associated with length of out-of-home placement, barriers to adoption, and the impact of foster care review on length of placement. This panel will present the results of these analyses and their implications for those working with children entering out-of-home care.

10- DEVELOPMENTALLY DISABLED CHILDREN

RISK ASSESSMENT, ABUSE, AND DEVELOPMENTALLY DISABLED CHILDREN

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Temple University
Paul Rappoport, Associate Professor

Models of risk assessment incorporate factors which focus on the presence or absence of "several mental disabilities". These models, however, are less complete when consideration is turned to children with developmental disabilities.

Children with developmental disabilities are assumed to be at risk. They are at risk of physical abuse, as parents become increasingly frustrated in their inability to control their behavior; neglect, as parents withdraw their affection and care from these children to concentrate on their other family members; and of emotional abuse, as parents move from love to hate.

In many cases children with developmental disabilities are not brought to the attention of child welfare agencies. If they are identified, it is by mental retardation agencies and risk assessment is not implemented in these settings. There is then a need to develop good risk assessment tools and procedures for children in this area.

This paper presents the results of a research project being conducted at Community Foundation for Human Development to develop risk assessment factors which can assist caseworkers/managers in their work as they attempt to develop meaningful plans for these children. These factors are designed to promote early identification of problems (potential abuse) so that the appropriateness and adequacy of various interventions may be assessed.

This project is part of an ongoing quality assurance program at the Foundation which is attempting to identify those factors which promote developmental growth in disabled persons, and, conversely, those factors which interfere. The program is multi-disciplinary and multi-setting, in that it is based in a complex service network which goes across county agency, and disciplinary lines.

10, 1- SELF PROTECTION SKILLS FOR THE MENTALLY RETARDED

TEACHING SELF-PROTECTION SKILLS TO MENTALLY RETARDED PERSONS

Rape and Abuse Crisis Center
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(701) 293-7273
Beth A. Haseltine

This study was completed in 1988 and is currently under review with the American Journal of Mental Retardation.

Most research that currently exists in the field of sexual abuse prevention has studied the subjects' ability to increase their knowledge of appropriate self-protection skills. However, there is some question as to the correlation between self-protection knowledge and demonstration of skills. In addition, most prevention research has focused on children as potential victims with limited research existing with mentally retarded persons. Therefore this study expands a relatively unexplored area of prevention research.

The presenter intends to describe the research study that was conducted in utilizing "The Woodrow Project" - A Sexual Abuse Prevention Curriculum. This curriculum was co-authored by the presenter. The study consisted of four phases; baseline, training, posttraining, and follow-up. Assessment data was collected during the baseline, posttraining and follow-up phases. In addition, a measure of fear questionnaire was developed and utilized before the baseline and after the posttraining phases. Self-protection skills were assessed in in situ simulations involving solicitations from adults. Eight mentally retarded adults participated in the study. The results of this study demonstrated that a curriculum implemented in a small group format produced improvement in self-protection skills for seven of the eight participants. There were no changes in the scores on the "Measure of Fear Questionnaire" from baseline to posttraining, suggesting that there were no emotional or behavioral side effects to the subjects from participation. Statistical techniques utilized included a one-way analysis of variance and a correlated test.

The type of research conducted in this study has been considered controversial to some professionals in the field of prevention. However, this presenter believes that if prevention education is to continue to be provided then we must be certain that it is teaching what it is intended to.

Participants in this research presentation will have an opportunity to explore the issue of prevention education with the mentally retarded. They will also learn about the importance of research in program development and implementation. They will learn about some of the shortcomings of this study that can be used to improve future research. In addition, they will be challenged to explore their own beliefs regarding live subject in situ research.

11- RELIGIOUS INFLUENCE

RELIGIOUS INFLUENCE ON PARENTING ATTITUDES

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Vernon R. Wiehe, Ph.D., Professor

A public access TV channel is showing the Sunday services of a fundamentalist church. The preacher's sermon focuses on an Old Testament text which advocates beating a child with a rod. The preacher shouts the essence of his message: "The Bible tells you to beat your child with a rod. If you don't, your child may end up in Hell" A chorus of "Amen's" sound from the congregation.

Do individuals who are members of fundamentalist religious denominations which believe in a literal interpretation of the Bible have different parenting attitudes than parents in nonfundamentalist churches? Do these attitudes border on child abuse? The author will report on a study he conducted of nearly one thousand parents who were members of fundamentalist and nonfundamentalist churches regarding their attitudes toward parenting. The results indicate that parents who were members of fundamentalist churches demonstrated more inappropriate parental expectations of their children, less empathy towards children's needs, a stronger belief in the use of physical punishment, and more parent-child role reversal than their nonfundamentalist counterparts. Implications will be made for the prevention and treatment of child abuse.

12- TRAINING PROFESSIONALS

A REVIEW OF THREE TRAINING PROJECTS FOR PROFESSIONALS WORKING WITH CHILDREN

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(615) 327-6201
Hershell A. Warren, J.D., MBA, Executive Director
Delores Butler, M.S.W., Director, C, Y & F
Kennetra Golden, M.S., Mental Health Specialist

In this session a description of three training projects will be described and the research results will be discussed.

The National Center for Child Abuse and Neglect funded three demonstration projects for the Meharry Community Mental Health Center. The first project was training professionals who worked with adolescents in the areas of: Substance Abuse; Sexuality Education; Sexual Abuse; Sexual Offenses; and Delinquency. The second project was training professionals who worked with the middle childhood age group in the areas of: Behavioral Managements, Child Abuse and Neglect, Educational Issues and Medical Issues. The third project was training medical students, primary care and psychiatric resident in the areas of: The Physicians Role in Sexual and Physical Abuse, Understanding Child Abuse and Neglect.

Each training project presented workshops at, at least, seven sites in the Middle Tennessee area. Two-day workshops were offered which began with a framework that gave the professionals a broader understanding of children and youth and to help them apply skills they already had in working with children, youths and adults. Developmental theory offered such a framework. A culturally specific perspective was used to help the professionals identify the level of a client and make predictions about his/her cognitive, emotional and interpersonal style and his/her response to different types of intervention. A research component was instituted for each project and a training manual was developed for each. A pre-test and post-test was administered before each workshop to help us identify our effectiveness. All three projects were carried out during the 1986-1988 period.

15- EFFECTIVENESS OF INTAKE INFORMATION

EFFECTIVENESS OF CHILD PROTECTIVE SERVICE INTAKE INFORMATION

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Gordon Scott Bonham, Ph.D.

Louisville and Jefferson county Board of Health
Robert M. Savage, M.S.W.

Law requires all child abuse and neglect reports must be investigated, but not all can be investigated immediately. Could "triage" be developed for the child protective services hotline?

The Jefferson County Department of Social Services developed a Hotline Intake Screening form to collect special information at the time of the Hotline call. Workers completed these for 1,500 Hotline calls from August 1985 through May 1986. These were matched to investigation reports.

Multiple classification analysis and discriminant analysis were used with 80 percent of the cases to determine the independent contribution of each of the items to a prediction of which cases would be substantiated. Six of the 16 items were found to have significant independent contributions:

- Primary origin of the report.
- Clarity and specificity of the report.
- Anonymity of the caller.
- Number and sex of the children.
- Hotline worker
- Race/ethnicity of the child.

Randomly guessing which case would and would not be substantiated would result in correct guesses 56 percent of the time. Knowledge of these six items explains 11 percent of the variation in the rate of substantiation, and improves the rate of correct predictions from 55 to 65 percent.

A Hotline Triage form was developed, with four of the items that can be easily collected and used. Identification of the worker and race/ethnicity of child were dropped. Each category of the four items was given a score value that could be assumed to provide a total triage score. The form was tested on the 20 percent of the cases not used in its development. Triage score values ranged from a low of -42 to a high of 27. About four out of ten Hotline calls resulted in a triage score of -10 or less, and about 40 percent of these were substantiated upon investigation irrespective of score. As scores increased above -10, the percent of cases substantiated increased. All nine of the Hotline calls resulting in a triage score of 18 or more were substantiated upon investigation.

CONTINUUM OF PHYSICAL PUNISHMENT: PRELIMINARY RESULTS ON A NEW INSTRUMENT

Department of Family Studies
San Diego State University
San Diego, CA
Anthony J. Urquiza, Ph.D.
Lisa Keating

Parental use of physical punishment is a common phenomenon throughout our culture. Survey reports suggest that nearly all young adults have been physically punished at some time in their childhood. Recent research has preliminarily documented an association between child physical punishment and short- and long-term difficulties in behavioral, emotional, and psychological problems. The use of physical punishment during childhood has been associated with increased aggressiveness, problems in self-esteem, problems in the development of empathy, and later involvement in family violence (e.g., marital violence and child abuse).

Although these preliminary data indicate negative sequelae of physical punishment, the scientific investigation of this area has been of variable quality and slow in developing. One reason for this is the absence of physical punishment-specific and psychometrically sound measurement systems. Within the realm of parental disciplining techniques, parents may utilize a wide range of non-physical, physical, and abusive approaches, thus making empirical research problematic. In order to more scientifically investigate this area, physical punishment-specific instruments are needed.

Parent-report information includes data on type, frequency, severity, and justification for physical punishment episodes and patterns. The results of this study provide psychometric properties of this instrument, as well as data on social desirability. It is the invention of the authors that the availability of psychometrically sound methods of investigating parent physical punishment practices will encourage greater research in this area.

20, 16- PSYCHOLOGICAL ABUSE IN THE SCHOOLS

PSYCHOLOGICAL ABUSE IN THE SCHOOLS

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Irwin Hyman
L. Alderman
C. Lambert
B. Witkowski
W. Zelikoff

This presentation offers a review of a four year ongoing effort to define and investigate psychological abuse. The investigators originally worked with the problem of physical abuse of school children. Clinical and research findings led to the identification of school induced stressors which resulted in symptoms associated with post-traumatic stress disorder. This data resulted in the identification of a sub-syndrome labeled educator-induced post-traumatic stress disorder (EIPSTD). Several investigations established developmental differences in symptoms. Demographic studies suggest that forty to fifty percent of school children experience at least one traumatizing event which results in development of stress symptoms. At least five percent develop symptoms of such duration, frequency and intensity that they may have EIPSTD. Other data indicate coping patterns of children identified with EIPSTD.

22, 8- ANATOMICAL DOLLS

INTERACTIONS OF NON-ABUSED CHILDREN WITH ANATOMICAL DOLLS

Section of Child Psychiatry
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Chicago, IL 60612
(312) 042-6090 (Day)
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Abigail B. Sivan, Ph.D.

St. Christophers Hospital for Children
Philadelphia, PA
David P. Schor, M.D.

At the Seventh National Conference on Child Abuse and Neglect, a methodology for exploring the interaction of non-referred children with anatomical dolls was presented. At the time, pilot data was in the process of being collected. This presentation summarizes observations of 144 children (ages 3 to 8 years) in free play with the dolls and describes the terms these children use to label sexual body parts. Differences in the children's activities are related to the age and gender of the child as well as the gender of the interacting adult professional. Proposals for further research are discussed.

22- VENTURE CAPITAL APPROACH TO GRANT MAKING

A VENTURE CAPITAL APPROACH TO GRANT MAKING BY GOVERNMENT - A CASE STUDY OF A TEENAGE PREGNANCY PROGRAM

New York State Department of Social Services
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William J. Phillips, Director, Bureau of Program Development and
Demonstration

In 1986, the New York State Department of Social Services (NYS DSS) set aside \$50,000 to solicit applications from non-profit groups for projects which will increase the self-sufficiency skills of adolescents at risk of teenage pregnancy. During this request for Proposal (RFP) process the Division of Family and Children Services, in partnership with the Rensselaerville Institute, created the "Local Innovations Initiative," a dramatically different approach to resource allocation by government. This process is designed to find project leaders who are "spark plugs" or individuals who are willing to take personal responsibility for a project and whose energies, talent, intensive focus, optimism and other characteristics make a program successful.

The approach focuses on results and assumes that it is the spark plug individual, not a plan, study or budget which is the key to a successful project and that governments should consider betting on people as much as plans.

22- COMMUNITY AS CONTEXT FOR CHILD MALTREATMENT

THE COMMUNITY AS CONTEXT FOR CHILD MALTREATMENT

Erikson Institute
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Kathleen Kostleny, M.A.
James Garbarino, Ph.D.

This three-year study examined how the community context affects the operation and impact of prevention programs in high-risk environments. Four communities identified as having high rates of child maltreatment - two Black and two Hispanic - were examined at the census tract level. Multiple regression analyses were conducted using nine socioeconomic and demographic variables over a five-year period to determine the expected incidence of child maltreatment for each community. Discrepancies between expected and actual maltreatment rates not explained by the demographic or socioeconomic characteristics of communities were then examined in relation to other community variables. One level of assessment involved the degree to which community residents and indigenous leaders are aware of and support particular prevention programs, including the degree to which they have been involved in the inception and operation of specific programs. The data from semistructured interviews with community leaders and residents were pooled, resulting in an index of operating in the target communities. Another level of assessment involved the development of an index of the community as a social environment for families and children by gathering data from a wide range of observers who live and work in these communities. Differences between these community variables and the success of prevention programs are discussed as they relate to rates of child abuse in high risk environments.

POLICY

WORKSHOPS

These abstracts were selected to be presented
in workshops at the Conference

1- CHILDREN'S TRUST AND PREVENTION FUNDS

CHILDREN'S TRUST AND PREVENTION FUNDS: HOW \$32 MILLION MAKES A DIFFERENCE IN CHILD ABUSE AND NEGLECT

National Committee for Prevention of Child Abuse
Children's Trust and Prevention Fund Activities
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January H. Scott, Director

Since 1980, child advocates have established Children's Trust and Prevention funds in 47 states. Children's Trust and Prevention Funds are state governmental organizations which help local communities assume responsibility for the prevention of child abuse by providing needed expertise and funding. In many states, they represent a significant source of funding for local programs providing primary and secondary prevention services.

This presentation discusses how this model has made a difference over the past nine years, and what its potential impact is in the next decade. It provides a national overview of the Children's Trust and Prevention fund model, concentrating on four distinct areas: types of programs funded, research and evaluation efforts, statewide comprehensive planning, and public awareness and marketing activities. An array of questions will be addressed, such as: What are the field's expectations of this unique funding model? Does it meet these expectations? Are they realistic? What has the model taught us about community-based prevention programming, and how has it improved the status of child abuse prevention in states across the country? Is it institutionalizing prevention programming in communities across the country and what are the approaches? What are the research and evaluation results, and who do they contribute to the field?

2- SHAPING CHILD PORNOGRAPHY LAWS

SHAPING THE LAWS THAT AFFECT CHILDREN - A CHILD WELFARE AGENCY'S PARTICIPATION IN A CHILD PORNOGRAPHY CASE BEFORE THE SUPREME COURT

Massachusetts Society for Prevention of Cruelty to Children
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Loretta W. Kowal, Executive Director

This presentation discusses how a small child welfare agency stepped outside of its primary direct service role and filed a brief in a child pornography case before the United States Supreme Court. The agency's involvement is an example of how direct service agencies can influence national child welfare policy on a multidisciplinary level, and why interdisciplinary involvement enhances both the agency and public policy.

Child pornography presents an excellent example of a problem that requires multidisciplinary intervention. While the issue is often focused upon from a legal perspective, agencies that work directly with children and families should step in to contribute their knowledge of how child pornography actually harms children. The present demonstrates how child welfare agencies can help to shape the law's definition of child abuse.

The presentation describes the agency's philosophy of multidisciplinary involvement in child welfare problems, with the Supreme Court Case as an example. Also discussed are the steps the agency took to become involved in the case, and 29 other child welfare agencies were recruited for support. Tasks included persuading a constitutional law professor to write the brief pro bono, fundraising to pay for the printing costs, and participating in numerous media events. Perhaps most importantly, the presentation describes how the agency utilized this case to educate the public that child pornography is child abuse. The particular benefits that the agency received from this experience and other opportunities that agencies may encounter to become involved in policy matters affecting children are discussed.

2- CIVIL LIABILITY

CIVIL LIABILITY IN CHILD PROTECTION WORK: ASSESSING AND RESPONDING TO THE RISK

American Bar Association
National Legal Resource Center for Child Advocacy and Protection
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Washington, DC 20036
(202) 331-2250
Robert Horowitz, Associate Director

The U. S. Department of Health and Human Services funded, in 1989, the ABA to conduct a symposium on the liability in child welfare and protection work. The symposium has developed information which will allow the child protection practitioner to identify activities in which there is the greatest risk of being sued, take steps to avoid losing such suits, and minimize possible financial setbacks and agency disruptions. This presentation presents the highlights of the symposium. Among the specific questions addressed are: what child protection activities pose the greatest danger of a successful lawsuit being filed; how do changes in the insurance industry and laws affect practice; how can supervisors, administrators and policy makers protect line workers; is there a distinction, liability-wise, between public and private agency work; what are the lessons of DeShaney v. Winnebago County Department of Social Services (U.S. Supreme Court case concerning liability, under the federal Civil Rights Act, for failing to protect children from the abuse of their parents); and how can an agency undertake a risk management assessment? Attendees should be able, upon return to their agencies, to start the process of assessing and evaluating policies and practices as they relate to possible liability.

2- MULTIDISCIPLINARY TEAM APPROACH

CHILD SEXUAL ASSAULT IN OUT-OF-HOME SETTINGS: A MULTIDISCIPLINARY TEAM APPROACH

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Anna T. Laszlo, Director, Research and Development Division
Linda J. Romano, Project Co-Director, Child Abuse Project

Across the nation, child protective services, licensing and criminal justice professionals have been overwhelmed with increasingly frequent reports of child sexual assaults in out-of-home child care settings (CSA/OHCCS). Lack of guidelines for a coordinated response by agencies charged with the responsibility to investigate/prosecute these cases, has often resulted in premature, hasty or otherwise inappropriate case management.

In response to urgently needed national guidelines for reporting and investigation CASA/OHCCS, the National Sheriff's Association, in 1986, developed the National Model Reporting and Investigation Guidelines for Child Sexual Assault in Out-of-Home Care Settings. The model guidelines delineate the development and implementation of a multidisciplinary response to intervention, investigation, and management of these cases. The guidelines are accompanied by a training manual designed to assist agencies in the implementation of the multidisciplinary team.

The discussion is presented by law enforcement, social services, and public policy administrators/trainers with expertise in the planning, implementation and management of multidisciplinary teams (MDT's). The issues addressed are: (1) interagency agreements; (2) interviewing multiple victims and offenders; (3) roles and responsibilities of MDT members; and (4) implementation strategies for the model guidelines.

2- EXPERT TESTIMONY

EXPERT TESTIMONY IN CHILD SEXUAL ABUSE LITIGATION

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Emanuel Hospital and Health Center
Portland, OR
Jan Bays, M.D., Medical Director of Child Abuse Programs

Columbia University
New York Psychiatric Institute
New York, NY
Judith Becker, Ph.D., Assoc. Prof., College of Physicians and
Surgeons, Director of the Sexual Behavior Clinic

University of Washington
College of Social Work
Harborview Sexual Assault Center
Seattle, WA
Lucy Berliner, M.S.W., Asst. Clinical Prof., Research Director

Children's Hospital
Oakland, CA
David L. Corwin, M.D., Consultant, Multidisciplinary Child
Abuse Team

UCLA School of Medicine
Division of Child and Adolescent Psychology Services
Harbor/UCLA Medical Center
Karen J. Saywitz, Ph.D., Asst. Prof., Director

This presentation describes the results of an interdisciplinary effort to articulate standards for expert testimony in child sexual abuse litigation. In the legal effort to protect sexually abused children, attorneys increasingly turn to social workers, psychologists, physicians, and psychiatrists for expert testimony regarding child sexual abuse. Courts throughout the country are struggling to define the proper uses and limits of expert testimony. The issues raised by such testimony are exceedingly complex and controversial.

The discussion focuses on eight categories of expert testimony in child sexual abuse litigation. Discussion of each category begins with clinical and scientific information relevant to the category. With such information in mind, discussion turns to the scope and limits of expert testimony that may justifiably be derived from current clinical and scientific knowledge. These categories are: (1) medical evidence, (2) behavioral and emotional reactions, (3) accommodation syndrome and other syndromes, (4) opinion as to whether sexual abuse occurred, (5) recanted allegations and delays in reporting, (6) psychological profiles, (7) credibility of victims, (8) identification of perpetrators. The disciplines of social work, psychology, medicine, psychiatry, and law are represented.

2- LAW ENFORCEMENT AND CHILD PROTECTION

LAW ENFORCEMENT AND CHILD PROTECTION: COOPERATION IN CHILD ABUSE CASES

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Office for Victims of Crime
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(202) 724-5983
Jane Nady Burnley, Ph.D., Director

Tennessee Department of Human Services
Child Welfare Services
Charles A. Wilson, M.S.S.W., Director

Omaha Police Division
Omaha, Nebraska
James N. Skinner, M.P.A., Deputy Chief of Police

Madison County
Huntsville, Alabama
Robert E. Cramer, Jr., J.D., District Attorney

Police and prosecutors are actively participating in the investigation and handling of child abuse cases in most communities across the country. There is a growing realization that an effective response to child maltreatment requires the coordinated efforts of child protective and criminal justice professionals. However, communities struggle with questions such as : How should law enforcement agencies channel their efforts to respond to child abuse and neglect? What role should prosecutors have in decision-making in specific cases? Should law enforcement be involved in all child abuse cases? Should child protective services be involved in all cases in which a child is injured? Who should be notified of child abuse allegations and when?

In an effort to develop policy guidelines to encourage cooperation between law enforcement and child protective services in responding to child abuse reports, a national group of 39 child protective and criminal justice professionals was convened for a series of working conferences during 1988. The purpose of the meetings was to develop a national consensus on the respective roles of law enforcement and child protective agencies in child abuse cases. Attempting to build a national consensus on this issue was challenging and mirrored the difficulties which occur daily at the local level. The result of this effort is a report which seeks to guide state and local policymakers who are continually confronted with critical decisions that affect the lives of thousands of children. Members of this panel participated in the consensus building meetings. Each is an expert in the handling of child abuse cases and the coordination of multidisciplinary efforts. The panel discusses the consensus that emerged and how this report can have impact on the policy and practice decisions pertaining to child abuse cases at the local level.

2, 3, 13- MILITARY RAPID RESPONSE TEAMS

DOD CHILD SEXUAL ABUSE RAPID RESPONSE TEAMS (AND OTHER NEW INITIATIVES)

Office of Family Policy and Support
Office of Secretary of Defense
Naval Military Personnel Command
NMPC-663 (Attn: Dr. Sandra G. Rosswork)
Washington, DC 20370
(703) 694-1006
Robert L. Stein, M.A., Deputy Director
Sandra G. Rosswork, Ph.D., Technical Director, Navy Family
Advocacy Program

U.S. Air Force
Homestead Air Force Base
Florida 33039
Nancy Slicner, Ph.D., Major

U.S. Air Force
Office of Special Investigations
Bolling AFB, DC 20332
John E. Gerns, M.F.S., Chief, Forensic Science

The presentation provides an overview of military child abuse programs with emphasis on new team approaches to complex and/or multiple victim cases of child sexual abuse. Panelists describe a newly developed approach currently used within The Department of Defense when there are allegations of child sexual abuse occurring in military sanctioned out-of-house care settings; e.g., child care centers, schools, recreation programs, or family day care. These situations are sensitive and potentially volatile and require a well planned and highly coordinated multidisciplinary response. Failure to intervene promptly and appropriately may result in additional harm to children, families, and community. Additionally, the opportunity for successful prosecution is diminished without timely intervention and extensive multidisciplinary cooperation.

The resources to effectively address multiple victim cases are not normally available within any community, military or civilian. In order to improve the response to complex and/or multiple victim cases of child sexual abuse occurring in out-of-home care, the Department of Defense has developed a pool of trained professionals from each of the military services from which a paid response case management team can be tailored. Such a team can be assembled within a short period of time and deploy anywhere in the world.

Panelists discuss the training and composition of the multidisciplinary team, and how it may be used to manage cases regionally (Navy Regional Teams) or state/world wide (DOD Team). Examples of military child care sex abuse cases are discussed to illustrate the advantages and management of the "outside" team of consultants. Lessons learned from recent cases are presented for discussion.

4, 19- CHILDHOOD DEATHS

EXAMINING CHILDHOOD DEATHS: A MEANS FOR ADVANCING A CHILDREN'S AGENDA

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Michael Petit, President; Member, Presidential Commission on
Child and Youth Deaths

Many of the nation's 75,000 or so annual childhood deaths are preventable. A well-coordinated multidisciplinary and focused approach can contribute to reductions in suicide, homicide, accident, disease, and child abuse and neglect death rates.

A critical first step is organizing already existing data in a manner which precisely reveals information about which children are dying and the cause of death. Because information is organized according to geographic, racial, economic, gender, and age variables - and cross referenced with cause of death - specific and targeted policy decisions can be made with a high probability of achieving success.

Because of the complex nature of the subject, many disciplines must be involved in both the preparation of data, the formulation of recommendations, and the implementation of new policies and services to reduce deaths.

Because of the evocative emotional appeal of the subject, decision-makers, the media and the general public can be enlisted to promote children's issues which otherwise might be ignored.

Because the route of reducing mortality rates is primarily by reducing morbidity - disease and injury - rates, many of the solutions which emerge will place emphasis on early intervention, prevention and parent involvement.

The presentation examines aspects of the topic ranging from assembling the data to developing a policy agenda for children.

4, 19- ABUSE-RELATED DEATHS

POLICY IMPLICATIONS OF ABUSE RELATED DEATHS OF INFANTS AND YOUNG CHILDREN

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Kansas Children and Youth Advisory Committee
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Patricia Schloesser, M.D.
John Pierpont, M.S.W.

University of Kansas
School of Social Welfare
John Poertner, ,DSW

Monitoring abuse-related deaths of infants and young children yields information that is important and necessary to the formulation of sound public policy. The incidence of child abuse deaths, the age and sibling position of victims, the age of perpetrators and their relationship to victims, and the geographic distribution of victims have significant implications for state and community policies regarding the type, audience, and location of publicly funded programs for prevention and treatment alike.

Continued public interest in child abuse and attention given in several states to child death studies suggest an atmosphere conducive to the writing of policy based on these kinds of data. However, policies pertaining to Child Abuse and Neglect Registeries, particularly in regard to confidentiality, may hinder efforts to use vital data in improving existing policies and creating new policies.

By correlating birth and death certificates with information in the state Child Abuse and Neglect Registry, a public health officer in a midwestern state analyzed data on abuse-related deaths of infants and young children of a 30-month period. One result of this study is a model for collecting data on abuse-related deaths for use in developing public policy. Vignettes of cases are presented with a discussion of perinatal influences. Significant findings include the following: the extremely young age of parents at the first pregnancy, an increased rate of single parenthood, and a significantly lower educational achievement of victims' mothers. Late and inadequate prenatal care, complications during pregnancy, low birthweight babies, and a pattern of unplanned and early pregnancy were also standard features.

A model for collecting and using information pertaining to abuse-related deaths in formulating and implementing public policy will be presented. Policy regarding the collection of data will stress the need for the combined efforts of Child Protective Services and Public Health Officers in monitoring and accounting for all child deaths related to abuse and neglect. Discussion of policy implementation will focus on the implications of specific types of data for designing and implementing publicly funded prevention and treatment programs.

4, 18- MEDICAL NEGLECT

WHAT IS MEDICAL NEGLECT?

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Howard Dubowitz, M.D.

A majority of reports of child maltreatment involve child neglect; one important form of which is medical neglect. Although this is loosely construed as the failure of parents to obtain essential medical care for their child(ren), medical neglect has not been clearly conceptualized. In addition, health care providers and protective service agencies vary substantially in their practice concerning medical neglect. The goals of this presentation are to provide a clear conceptual framework for approaching medical neglect and to offer guidelines for clinical practice.

The conceptual framework will be developed via discussion of the following issues:

- 1 - Standards of apparent or threatened harm to the child if medical care is not obtained.
- 2 - Clarification of the parents' understanding or beliefs of their child's health care needs, and their responsiveness to the advice of health care providers.
- 3 - The distinction between neglected needs of a child and neglectful behavior of a parent.
- 4 - The assessment of the parental role and responsibility.
- 5 - The influence of cultural values and accepted standards of health care in determining medical neglect.

In order to operationalize these concepts, a decision tree to guide clinical practice is presented. This should be useful to both health care providers and policy makers in protective services agencies.

4,19- SUSPICIOUS CHILD DEATHS

SUSPICIOUS CHILD DEATH CASE REVIEW

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National Center for Prosecution of Child Abuse
Pat Toth, J.D.

California State University, Long Beach
Department of Sociology
Peggy Smith, Ph.D.

A ten-month-old child presents as a bathtub drowning. An abusive family has a bruised four-month-old present as a S.I.D.S. or "crib" death. A pregnant teenager commits suicide. A premature fetus is born to a cocaine-abusing mother.

These cases may be well managed if a comprehensive predictable team is in place to coordinate the multiple systems involved. The first case above was a homicide, the second, in fact, was a S.I.D.S. death. The teenager had a history of protective services for molestation. The dead fetus presents a confounding legal, moral, and ethical dilemma.

Los Angeles County developed a team model with standardized protocols. The basic team consists of Coroner/Medical Examiner, law enforcement prosecuting attorney, child protective services, and health services. Well over 20 million people in California now live in counties covered by such teams.

The State of Oregon and Cook County, Illinois have similar systems. The National Center for Prosecution of Child Abuse has begun to coordinate similar efforts nationally.

The first outcome is an increase in criminal convictions. The second outcome is an increase in intervention with surviving siblings. The final outcome is an increase in prevention programs for high risk families.

Most of these child abuse fatalities involve very young children (about 50% are under age one). Local state and national systems are underway or being developed. Most states and urban areas should have some program in place by the end of 1990.

6- FAMILY VIOLENCE

AGENDA FOR THE 90'S: MOVING FROM CHILD ABUSE TO FAMILY VIOLENCE

SuEllen Fried, A.D.T.R.
Founder, Kansas Committee for Prevention of Child Abuse
Founder, STOP Violence Coalition
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Child abuse emerged as a social issue in the 60's, spouse abuse in the 70's, and elder abuse is surfacing in the 80's. Family violence - encompassing child, spouse, and elder abuse - will be the issue of the 90's and those involved in the field of child abuse should provide the leadership to build a national family violence network.

Although the former Surgeon General, Dr. C. Everette Koop, has declared that family violence is a national health priority, and held a conference in 1985 to bring experts in the various fields together, there has been no national vehicle to continue beneficial interaction.

There are a number of reasons it is in the self interest of child abuse advocates to work with domestic and elder abuse groups:

- 1 - Battered women frequently cannot protect the vulnerable children in their care.
- 2 - Studies indicate that children who witness abuse are at risk to become child abusers.
- 3 - Many shelters have discipline policies that affect positive behavior change in mothers at risk to abuse.
- 4 - Many shelters offer intervention services for abused children in residence.
- 5 - Many abused elderly, victims of their children, were once child abusers.
- 6 - Advocacy strategies, such as banning corporal punishment and non-violent media messages, are shared goals.
- 7 - Many generations in an abusive family system are subjected to sexual exploitation, abuses, and neglect, by the same perpetrator.

This presentation examines barriers that have prevented abuse constituencies from working together; will describe both a successful community and state collaboration; and will make recommendations for a national model.

6- MATERNAL BATTERING

BRIDGING THE GAP BETWEEN MATERNAL BATTERING AND CHILD ABUSE: AN URBAN PUBLIC HOSPITAL'S NEW POLICY ON PREVENTION AND TREATMENT

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Magda G. Peck, Sc.D., P.A.
Linda McKibben, M.D. M.P.H.
Elizabeth Truesdell, M.P.H.

The Family Violence Prevention Project (FVPP) is a privately funded demonstration project started in 1988 at Boston City Hospital (BCH) with the goal of reducing the risk of child abuse through the early detection and treatment of woman battering. BCH has had no explicit policy regarding the prevention and treatment of woman battering and child abuse. Through FVPP we have developed an institution-wide family violence prevention policy that highlights the overlap of maternal victimization and child abuse in its risk identification and reduction strategies. We have convened a multidisciplinary working group of BCH clinical and public health providers, state and local service agency leaders, child abuse "experts," and community leaders, which meets monthly to develop, implement, and evaluate coordinated family violence policies and procedures for BCH. Working group members represent the principal sites where families at risk present for care: pediatric and adult services; inpatient, outpatient and emergency room settings; hospital-based and community-based care. We have agreed upon a set of basic principles for the prevention and treatment of family violence in our institution that are particularly sensitive to the complex cultural and socioeconomic environment of the inner city communities we serve. We report on how the multidisciplinary policy formulation process strengthened our institution's understanding of the need to bridge the gap between woman battering and child abuse in prevention strategies. We discuss the applicability of the BCH's family violence prevention policies to similar public institutions in other urban areas.

12- INSTITUTIONALIZED GRADUATE TRAINING

INSTITUTIONALIZING GRADUATE TRAINING IN CHILD ABUSE AND NEGLECT: AN NCCAN INITIATIVE

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CHO 4N414

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The increase in reports of child maltreatment over the past five years has placed demands for expertise in child abuse and neglect on a broad range of professionals. It is generally acknowledged that training programs for professionals, such as physicians, psychologists, nurses, attorneys, and social workers, have not kept pace with the demands for expertise. There has been little attempt to develop a comprehensive, interdisciplinary approach to graduate professional training in child abuse and neglect.

In response, the National Center on Child Abuse and Neglect has initiated a nationwide effort to institutionalize graduate training in child abuse and neglect by funding ten universities to establish interdisciplinary programs. These projects were implemented in 1987 and will continue with NCCAN's support through 1990.

This presentation addresses the following issues related to policy in child abuse and neglect:

- Designing a standardized curriculum.
- Institutionalizing graduate training via university-based academic programming.
- Formalizing collaboration between community-based service providers and academicians.
- Replicating graduate training programs in child abuse and neglect.
- Establishing guidelines for standards of practice and credentials for professionals in child abuse and neglect.

HOW TO IMPROVE YOUR PUBLIC IMAGE

State of Oregon
Children's Services Division
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(503) 373-7717
Alice Galloway, Communications Manager

Child welfare agencies nationwide have historically suffered negative press and poor public awareness. To a large degree, it's the nature of the business we're in, but with a concerted effort to pro-actively and positively work with the media and inform the public, our poor image can indeed improve.

After one year of implementing a solid communication policy for Children's Services Division in Oregon, and following the national and local coverage of a most controversial case called Ecclesia, CSD has made a great deal of progress toward building positive relations with the media and, in turn, creating good will with the public.

This workshop is designed to provide, by example, important tools for other child welfare agencies to develop and improve their own communication and public awareness policies.

Excerpts of broadcast videos are used to help show what to do and what not to do when being interviewed by the media. Sample newspaper clippings will demonstrate how headlines and placement make a difference in the story. Publications will share ideas on what each of us can do to spread the good word of our agency's work.

This workshop shares tips on how to get your story told and how to cut your losses on negative news. Using the Ecclesia case where 53 children were taken into custody following a child's death, the workshop provides information on how to handle crises.

Confidentiality rules and the ethics of information sharing affect us all. How can the client's right to privacy be balanced with agency accountability and the public's right to know? A part of this workshop is devoted to this subject.

It is hoped that this workshop might be the beginning of an annual meeting for child welfare communicators to share ideas and benefit from each other's solid experience in the field of public information.

15- REPORTING STUDY/POLICIES

NATIONAL CHILD NEGLECT & ABUSE REPORTING STUDY: A POLICY PERSPECTIVE

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John D. Fluke, Policy Analyst

Beginning in 1973, the American Association for Protecting Children, a division of American Humane Association, has collected and maintained national data on reports of child abuse and neglect made to child protective service agencies. Data in aggregate and case form concerning reports are requested annually from all states and territories. These data are the single best source of national data presently available and have been utilized in a variety of contexts to inform policy development and public and research informational needs.

Reporting data can be used to evaluate and predict the outcome of broad changes in child protective service agency policy. This data has been used, for example, to examine the influence of policy on reporting propensity and on resource allocations.

This presentation focuses on describing how reporting data fits within the growing multidisciplinary child abuse and neglect field and how this reference frame has changed since the inception of the National Reporting Study. An historical review describes changes in methodology, technology, and how current perspectives regarding the utility of the data have evolved. Examples will be drawn from the literature and from research conducted by the author. Among these examples are included how "narrowing" the definitions of protective services is reflected in reporting and the varying influences of formal and informal policy on reporting levels, types of reports and sources of reporting.

19- ABOLISHING CORPORAL PUNISHMENT IN SCHOOLS

ABOLISHING CORPORAL PUNISHMENT IN SCHOOLS...A CALL TO ACTION

National Center on Child Abuse Prevention Research
National Committee for Prevention of Child Abuse
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The legalized use of corporal punishment in 38 states constitutes a major barrier to successfully preventing child abuse. A first National Conference to Abolish Corporal Punishment in Schools was held in Chicago in August, 1988, to discuss the extent of the problem of corporal punishment in the schools, the resistance to banning its practice, and strategies to overcoming that resistance. A follow-up conference was held in August 1989. Past successful strategies that resulted in policies and laws that end the use of corporal punishment and new strategies are developed as a result of these conferences are presented.

Besides the elements of the 1988 and 1989 conferences, this presentation discusses the most current issues affecting the use of corporal punishment in the schools. It discusses the necessity of eliminating corporal punishment, advocacy strategies that have worked, and future strategies still being tested. A 10-point plan of action is introduced.

BANNING PHYSICAL PUNISHMENT OF CHILDREN: EVALUATING SWEDEN'S SUCCESS FOR THE U.S.

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Adrienne Ahlgren Haeuser, Professor

The widespread U.S. belief in the need for occasional physical punishment as a childrearing method persists despite increasing public and professional education about the negative consequences, which all too often include escalation to abuse. So long as society condones physical punishment, we sanction force and violence in the home and, according to many, in society.

Within the past two years, the author has pursued federally funded research on Sweden's 1979 law establishing that "...a child may not be subjected to physical punishment..." The project focuses on how Sweden implemented this law, outcomes for Swedish children and families, and the probable effect on child abuse as well as applicability to the U.S. In 1988, the author conducted extensive interviews with professionals and parents in Sweden - replicating an initial "anti-spanking" law impact study visit to Sweden in 1981. The 1988 report highlighting progress over the seven-year interval was critiqued by 17 U.S. experts concerned with child abuse or child development. These experts and representatives of various national organizations were then convened in early 1989 for an invitational seminar to discuss appropriate transfer of Swedish strategies and other means to initiate an anti-physical punishment campaign in the U.S.

Physical punishment has essentially disappeared in Sweden not only because of the law but also because of social control; it is easier to avoid physical punishment than to defend using it. For the U.S., where a law is unrealistic, the ultimate goal would also be social control.

This presentation summarizes results of both the Sweden study visit and the U.S. seminar. Just as the public has come to accept the anti-smoking campaign, we can anticipate that a well-orchestrated national anti-physical punishment campaign might invade family privacy on the sensitive issue of physical punishment. Strategies for initiating such a campaign will be considered, including a model policy statement opposing all physical punishment of children for use or adaptation by child abuse prevention and treatment programs.

FEDERAL CHILD ABUSE LEGISLATION: TRENDS AND ISSUES

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Since first enacted in 1974, the Child Abuse Prevention and Treatment Act (Public Law 93-247) has been reauthorized and amended four times, most recently in 1988, to continue the federal focus on protecting children through the National Center on Child Abuse and Neglect (NCCAN) and to expand the role of NCCAN in addressing prevention and treatment issues. In addition, other laws, such as the Children's Justice Act and the Federal Child Abuse Prevention Challenge Grant Act, have been enacted which broaden the scope of federal support into new areas of attention.

Child Abuse Prevention and Treatment Act: Purpose and Evolution

With the establishment of NCCAN, the federal government held out direct support to states for child protective services and competitive grant support for research and demonstration grants. Through these funding sources, the federal government has had a significant impact on the development of state services to protect children and the direction of research and local programs for the prevention and treatment of child abuse and neglect.

Changes in the law have indicated the responsiveness of legislators in Congress to dramatic new developments in the protection of children from abuse. Each of these changes has meant new directions in priorities for state policymakers and local program administrators.

As the focus of federal legislation shifts, it becomes ever more apparent that the child abuse field needs to be keenly involved in the legislative process at the national level in order to ensure the responsible development of legislation reflecting the needs of practitioners and administrators.

Current Federal Issues and Concerns

Congress continues its concern for adequate support to address prevention of child abuse and neglect through the development of model approaches which can be implemented throughout the country. The training of professionals in the community, such as police, judges, pediatricians, and teachers, is essential to the proper identification of abuse and referral to the appropriate agencies. At the same time, the federal effort must include support for training child protective services staff to work with complex problems affecting families. Looking beyond NCCAN, the field must identify ways to involve other federal agencies -- education, public health, mental health, alcohol and drug abuse -- in the prevention and treatment of child abuse.

FOLICY

TECHNICAL FORUMS

These abstracts were selected to be presented
in technical forums at the Conference

1- STATEWIDE PREVENTION SERVICES

A STATEWIDE SYSTEM OR FAMILY SUPPORT SERVICES FOR THE PREVENTION OF CHILD ABUSE

Maternal and Child Health Branch, Department of Health
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Lisa Simpson, M.D., M.P.H., Chief
Loretta J. Fuddy, M.S.W., M.P.H.

Family Support Services Program is a system of family-centered prevention programs designed to prevent child abuse and neglect and to increase parent competence among high risk families in a multi-ethnic and multi-cultural environment. The system consists of ten community based private agencies funded through the Maternal and Child Health Branch, Department of Health, State of Hawaii.

Program components include the screening and assessment of mothers and fathers around the birth of a new infant for risk factors relative to child abuse, and the provision of home visitor and case management services for those families determined at high risk. Paraprofessionals act as the primary agent of intervention in the home, to better relate to such diverse ethnic groups as Hawaiians, Filipinos, Samoans, Japanese, Chinese, and Caucasians. Nursing Child Assessment Satellite Training (NCAST) and other instruments are used to measure parent-child interaction, child development and improved family functioning relative to services provided.

Policy issues such as the standardization of program components staff training, development and supervision, process and outcome measures of effectiveness, confidentiality, and the integration of governmental requirements and community innovation including the establishment of a continuous funding base will be discussed.

1- HAWAII'S DATA SYSTEM

HAWAII'S CHILD ABUSE PREVENTION DATA SYSTEM

Maternal and Child Health Branch, Department of Health
741A Sunset Avenue
Honolulu, Hawaii 96816
Lisa Simpson, Chief
T. Bain Henderson
Loretta Fuddy

Hawaii's Family Support Services System is a multi-disciplinary pilot program designed to detect the potential for child abuse and subsequently provide for intervention before child abuse can occur. The system is implemented as a community based program in a multi-ethnic, multi-cultural environment. Family Support Services (FSS) is funded and monitored by the Maternal & Child Health Branch (MCHB) of Hawaii's Department of Health. The program is currently implemented on the islands of Hawaii, Kauai, Maui, Molokai, and Oahu via contract with private providers.

Though FSS providers have expertise in the social, psychological, and medical sciences, they frequently lack expertise in the area of data system design and operation. MCHB has developed an inexpensive, easily implemented, low maintenance Family Support Data System (FSDS) which is used by all of the contractors and the MCHB. The MCHB serves as a point of technical coordination, support, and training for all of the contractors.

The FSDS is based on the Veteran's Administration's Fileman data base system, which is written in the MUMPS programming language. Fileman is a portable and inexpensive, easily learned database system which is in the public domain.

Policy issues regarding the development and implementation of such a data system as a cooperative effort between Hawaii's Department of Health and private agencies are discussed, including confidentiality, data transfer and comparative analysis.

2- COORDINATION OF CRIMINAL AND JUVENILE COURTS

MAKING THE LEGAL SYSTEM WORK: COORDINATION OF CRIMINAL AND JUVENILE COURTS IN CASES OF CHILD SEXUAL ABUSE

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Jan Arrington, J.D., Weber County Court Appointed Special
Advocates Program

Weber County Attorney's Office
Joan Hellstrom

Weber/Morgan Child Abuse Coordinating Council
Marilyn Sandberg

Most cases of child sexual abuse are filed not only in the juvenile court, but also in the district, or criminal court. Even though the juvenile system and the adult system process the same case, the two systems rarely share information, help each other, or have the same professionals appointed to the case.

Children and their families are faced with an entirely different set of players and rules in each court, and professionals spend hundreds of hours gathering information about a case that has already been gathered by another professional. In some cases, duplicate orders for psychological testing can take place without the court's knowledge. Court orders out of the criminal court could potentially include a restraining order for a case, while the juvenile court could order joint counseling for the same case.

The Weber/Morgan Child Abuse Coordinating Council, in 1986, implemented 26 new procedures that virtually revamped the existing system of the juvenile and criminal courts' handling of child abuse cases which had been filed in both courts.

Some of the procedural changes include:

1. Utilizing the same pool of advocates to serve the Victim/Witness program in the criminal court and the Court Appointed Special Advocate Program (CASA) in the juvenile court. This enables the child to have one consistent advocate in both courts.
2. Providing parallel prosecution so there is one county attorney appointed for both courts' cases.
3. Expedient sharing of all court orders between the District and Juvenile Courts, Adult Corrections, Social Services, CASA Program, and the Parents United Treatment Program.
4. Sharing of evaluations ordered from another court.
5. Providing information from all agencies pertaining to the future concerns about the case to the Parole Board to be considered when the defendant is to be released.

The Council developed four different interagency forms which are used to compile all relevant information and are transmitted between and among participating agencies. One of the forms is a case tracking form by which the Council committee then tracks 100% of all these cases to ensure services were provided and court coordination took place.

4- CHILD FATALITY ISSUES

ADDRESSING CHILD FATALITY ISSUES AS THEY RELATE TO ABUSE AND NEGLECT

South Carolina Department of Social Services
Division of Child Protective and Preventive Services
P. O. Box 1520
Columbia, South Carolina 29202
(803) 734-5670
Jules Riley, Chairman, Child Fatalities Review Committee
S. Elizabeth Williams, Assistant Director
Child Protective and Preventive Services

Richland County Department of Social Services
Shirley Fitz-Ritson, Director

The Child Fatalities Review Committee was formed in November 1985, in response to a dramatic increase in deaths related to abuse and neglect. This multidisciplinary committee was comprised of public and private sector representatives whose organizations deal with child maltreatment issues. The committee examined each child fatality in the state occurring from 1983-1985. The committee findings identified problems noted in these cases and made specific recommendations to alleviate deficiencies.

As a result, the Child Fatalities Oversight Committee was formed in October 1986 to implement these recommendations. Every major public and private agency in the state, dealing with abused children and their families participated either directly or in a consultive role to accomplish committee objectives.

The areas of concern addressed by the committee included the full mobilization of local multidisciplinary case advisory teams in all 46 counties; the standardization of guidelines for hospital management of child abuse situations; the revision of policy and procedural manuals used by child protection staff for the comprehensive assessment of risk and practice; the development and implementation of an inter-agency training program to include the medical profession; and, a two-tiered internal review process for each county's child protection unit. A major accomplishment has been the establishment of a standing Child Fatalities Review Committee to ensure that abuse-related deaths are fully reviewed following the litigation process.

To date, we are the only state to implement a comprehensive mechanism for accommodating required service delivery and policy modification in child-related death cases.

11- RELIGIOUS SECTOR ALLIANCES

BUILDING ALLIANCES BETWEEN THE RELIGIOUS SECTOR AND ABUSE PREVENTION SPECIALISTS

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Glovioell W. Rowland, Ph.D., Assistant Director of Programs

A standing issue confronting Administrators and practitioners of the Child Welfare, Medical, and Legal Systems is establishing and maintaining relationship with the religious community. This profamily institution is entrusted with the confidences of individuals and families, and its leaders engage in ministerial counseling in all areas of family living.

The religious community is often no mere adjunctive agent, but a key player in resolutions of maladaptive relationships.

Focus on the abuse's mental, emotional, and physical aspects, at the exclusion of the spiritual, may be problematic if spiritual issues are the driving force behind the outcome.

Favorable alliances between religious and secular professionals are recommended. Methods of initiating and maintaining such alliances will be shared in this seminar. First, from the realm of a church-based Child Abuse Prevention and Intervention Ministry which serves leaders and members of congregations involved in child abuse by assisting in their interface with secular institutions while simultaneously imparting religious healing.

Secondly, policy emerging from the work a state-funded Child Abuse Prevention Training Center for California Public Schools is presented. This University-based organization has served as mediator between secular abuse prevention specialists and religious constituencies within the public school system.

Representation, consultation, and supportive services are all outcomes achieved from policies developed since 1985:

Representation: Clergy participation on Child Abuse Councils and Task Forces.

Consultation: Clergy/Secular dialogue and correspondence regarding child abuse factors and remedies.

Support Services: Respite care, monitored visitations, transportation and other volunteer services provided by religious sector on request.

12- NEEDS ASSESSMENT

THE NEEDS ASSESSMENT PROCESS IN A PUBLIC CHILD WELFARE AGENCY

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Gabriel Blumer, M.S.S.W., Planner/Evaluator

A major part of the settlement of the Roe v. Staples class action lawsuit brought by the Legal Aid Society of Cincinnati was the performance of a needs assessment of preventive and reunification services for children and their families in the Greater Cincinnati area.

The needs assessment consisted of five parts: an instrument administered to 100 families selected at random; a survey of all Children's Services social workers and administrators; the development and review of a service checklist filled out by social workers at the time of the placement of a child, a review of agency documents, and a summary of findings of similar studies.

The family survey consisted of a structured interview given both in-person and over the telephone. Families were asked to rate 15 preplacement and reunification services according to the helpfulness of each. If they had not received a particular service, the service was described to them. They were then asked if they had tried to obtain the service and how helpful it might have been. Families targeted services that they had not known about, services that had been available only after a delay, and services that the families felt should exist.

Social workers were given a similar expanded survey and were asked to rate each service on its need, availability, and amount of delivery delay. Scores in each category were compared in order to determine which services were perceived to be needed but not available.

This presentation will discuss the findings of the needs assessment, issues around carrying out such a study, and the importance of the survey process in determining service needs and availability.

12- CPS POLICY DATA BASE

THE CPS POLICY DATA BASE: A USEFUL TOOL FOR COMPARATIVE ANALYST AND POLICY DEVELOPMENT

American Association for Protecting Children
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Robyn Alsop, Staff Associate

The American Association for Protecting Children has developed in the last two years a Child Protective Services Policy Data Base containing full text policies and procedures from over 40 states and territories. The information contained therein has been coded to key policy components and indexed on-line enabling access by AAPC staff to conduct, by subject area, comparative analyses between states. In the past two years, requests for policy information have increased significantly, and the results of searches have been utilized by state policymakers and researchers throughout the country for revisions and updates to their own CPS policies.

The policy base is regularly updated and as new topical areas are identified, they are added to the index. In the last three months, over 25 states have submitted revised policies and procedures for inclusion in the data base. AAPC is currently using the policy base's resources to establish guidelines for a model policy manual which will enable states and other jurisdictions to provide their workers with the most comprehensive tool in this area.

This presentation informs attendees of the types of information contained within the data base, and highlight the similarities and differences between the states in certain policy areas. An on-line demonstration of how the data base is searched will be conducted in order to inform attendees of how they might best utilize information from this data base. Reference materials are provided to participants, including a summary of the data base index and a printed illustration of a sample search.

15- ANONYMOUS REPORTS

ANONYMOUS REPORTS OF CHILD ABUSE: SHOULD BE ACCEPT THEM?

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Susan J. Zuravin, Ph.D.

The Baltimore City Department of Social Services
Children Protective Services' Division

BACKGROUND AND PURPOSE: Currently every state in the United States accepts anonymous reports. Yet, of the three major categories of reporters - anonymous, professional, and non-professional - anonymous callers appear to make a disproportionately high number of unverifiable reports. The National Reporting Study revealed that 75% of anonymous reports are closed after investigation. A New York study of 1000+ anonymous reports found that only 12% were founded and that none of these were very serious incidents of maltreatment. Given the costs of unverifiable complaints - should we stop taking them? The answer is "no, not at this point;" current knowledge about anonymous reporting is not sufficient to guide the development of policy. It's limited in at least four important ways. Findings from the three existing studies are (a) not likely to be generalizable to the majority of local CPS programs because reporting practices differ so much across jurisdictions; (b) are more pertinent to anonymous reporting of child neglect than physical or sexual abuse; (c) provide little information about the substantiation rate for anonymous reporters compared to that for other report sources, particularly non-professionals; and (d) do not address the issue of why anonymous reports are substantiated less often than those from other sources. The study objective was to compare anonymous reports of child physical abuse to reports made by professionals and non-professionals with respect to substantiation rate, seriousness of substantiated incidents, and severity of allegations.

FINDINGS: Data pertinent to the characteristics were abstracted from 1207 reports made to the Baltimore City Department of Social Services during 1983. Results show that reports made by anonymous sources are more likely to be unfounded than reports made by the other two sources. Despite the lower substantiation rate, those few anonymous reports (15.5%) that do get substantiated seem to represent equally as serious incidents of physical abuse as founded reports from the other two sources. An attempt to explain the lower rate of substantiation in terms of seriousness of allegations reveals that professional but not non-professional reports make more serious allegations than anonymous reports.

IMPLICATIONS: Comparison of findings from this study and earlier ones suggests that type of jurisdiction (large urban area vs. smaller areas) may be a more important determinant of the number and substantiation rate of anonymous reports than type of maltreatment and that severity of substantiated incidents varies from jurisdiction to jurisdiction. Given the extent of inter-jurisdictional differences in anonymous reporting, blanket policies with regard to acceptance do not seem warranted at this time.

IMPLEMENTING CHANGE IN CHILD ABUSE: TWO STATES EXPERIENCE

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Robert M. Aurbach, Chairman

New Jersey Governor's Task Force on Child Abuse and Neglect
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Donna M. Pincavage, Executive Director

New Jersey created a multidisciplinary task force on child abuse in 1983 in response to public outcry concerning highly publicized child abuse cases. New Mexico created a multidisciplinary task force in October of 1987, as a result of the Children's Justice and Assistance Act of 1986. Both task forces recommended basic changes in the systemic response to allegations of child abuse. This presentation will focus on the process and techniques of achieving these fundamental systemic changes.

New Mexico is geographically large, mostly rural, and culturally diverse due to the presence of large Hispanic and Native American populations. Its governmental structure is decentralized in important respects and the legislative process is conducted on a part-time basis. New Mexico is working to develop coordination and cooperations among child abuse professionals from the ground up. They have focused upon utilization of the legislative process, building group consensus among allied and involved professionals and public and professional education. The story of New Mexico is still unfolding, with the details of the process still fresh.

New Jersey is geographically small, but much larger in population, with issues arising from urban poverty and large racial minorities. Centralized state government and a full-time legislative presence suggested another approach to change. Strong gubernatorial support and involvement at the highest levels of government and the professions involved in child abuse intervention results in reform from the top down. Change was implemented through high level policy determination and its implementation of policy by bureaucratic processes. New Jersey's story is largely one of success and the State is currently in the process of reevaluating the implemented programs and reassessing goals.

Despite the differences in circumstances and approaches, common themes appear to be basic to implementation of fundamental change in child abuse intervention. The definition of child abuse reform as a problem of coordination of diverse intervention systems, the avoidance of blame and turf issues, and the use of education as a tool for building mutual respect and cooperation all appear to be basic to both state's experiences. The application of these themes to the broad spectrum of cultural, demographic, political, and economic circumstances represented can provide guidance and insight for any professional seeking to implement basic change.

A SUCCESSFUL MODEL OF A COMMUNITY WORKING TOGETHER TO PREVENT CHILD ABUSE

Weber/Morgan Child Abuse Coordinating Council
2650 Lincoln Avenue
Ogden, UT 84401
(801) 625-3630
Marilyn Sandberg, Director
Pat Smith, Prevention Specialist
Holly Bauman, Prevention Specialist

In 1981, the Weber-Morgan Department of Social Services, in cooperation with the Weber County Commission, identified a need to improve coordination services of the agencies and organizations dealing with issues relating to child sexual abuse. It was decided to approach the problem by developing an independent community organization to provide community-based planning, development, and coordination. The development of this independent organization grew out of the local communities' recognition that state child protection services lacked the necessary resources to do community-wide planning and systems coordination.

Prior to the establishment of the Council, coordination efforts were often thwarted by issues of "turfism," conflicts of interest, and a general failure to establish a climate of mutuality free of agency alignment. Yet it was this isolation of agencies, groups and individuals from each other that created the most significant barrier to the implementation of comprehensive child protection services.

The Council represents 36 public and private agencies or organizations and meets monthly. These general meetings serve to offer information related to broad issues of child abuse, provide opportunities to conduct training, and assist with interagency coordination and contact. Each member of the Council also services on a subcommittee. The subcommittees include: (1) Prevention/Education, (2) Investigation, (3) Judicial Proceedings, and (4) Treatment. Ad hoc committees are developed as needed and have included Fundraising, Legislative, Community Assessment, Court Coordination, Research, Training, Program Development, and Program/Service Evaluation. There is broad acceptance and respect for the Council in the community. Members and agencies continue to participate actively.

Over the years, this model has demonstrated its effectiveness by its accomplishments which include the development of the following: Prevention programs reaching over 20,000 children, parents, and educators each year; Guardian Ad Litem Program; Child Victim/Witness Program; Weber/Davis Parents United Program; Utah Chapter of the NCPCA; Child Abuse Resource Library; major publications on community prevention and treatment resources; and the Council implemented 26 procedures which completely revamped court coordination between juvenile and criminal courts.

The benefits are extremely valuable for professionals and children. Trauma to the child is reduced significantly when cases move smoothly through the system. Abuse is prevented by the effective use of child abuse prevention and education programs. When coordination exists, the result is cost-effective and efficient services, and the future protection of children is more likely guaranteed.

19- CHANGING PUBLIC POLICY/CORPORAL PUNISHMENT IN SCHOOLS

USING ADVOCACY RESEARCH TO CHANGE PUBLIC POLICY: THE CASE OF CORPORAL PUNISHMENT IN THE SCHOOLS

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Irwin Hyman, Ed.D., Director, NCSCPAS

Advocacy research occurs when an investigator determines to shape a research agenda in order to use the results to change public policy. While the researcher is avowedly biased, the research must be significantly rigorous and stand up to peer review. This presentation described a 12-year effort to eliminate corporal punishment in the schools. The investigators began with a social science analysis of a Supreme Court decision which denied school children the right to constitutional protection from corporal punishment by educators. Research findings are presented within the context of methodological, political and legal parameters. Special emphasis is placed upon the question of using a data based approach to deal with a legally sanctioned form of child abuse. Problems of dealing with regional problems, religiously based pro-corporal punishment arguments and grass roots groups are discussed.

22- MODEL UNIFORM CODE PERTAINING TO CONSENT BY MINORS

REVIEW OF THE PRESENT STATES' LAW PERTAINING TO CONSENT TO SEXUAL ACTIVITIES BY MINORS AND DRAFT OF A MODEL UNIFORM CODE AND RATIONALE

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Judianne Densen-Gerber, J.D., M.D.

City University of New York
John Dugan, J.D., Head of Legal Department

The present age of consent laws throughout the United States are entirely chaotic. They range from protecting children for certain acts only up to the age of 11 in some states such as New York and Arkansas to 18 in other states such as Connecticut in which consensual sexual acts between minors and adults are interdicted in a broad policy of no sexual conduct between persons separated by more than five years until the younger person has reached their majority. This is particularly ludicrous as Connecticut and New York are contiguous states. Indeed, in this instance, if a child were lying across the state line, depending upon which state the head was in versus the genitals, the acts could be legal or illegal. Judianne Densen-Gerber, J.D., M.D. and John Dugan, J.D. have researched this area and outlined the situation in all states. They designed a policy for National Uniform Model Code for Sexual Consent. This code will not only designate one age throughout the nation but also will protect the various organs of the body equally. The mouth, vagina and anus are often differentiated, not only as to the acts committed with these organs but also whether the victim is male or female. There is no age of consent protection at all for boys in Washington, D.C. - the highest crime against a boy that can be committed is malicious mischief. Some laws such as those written in Oklahoma were written in 1898, a time at which sex was much differently perceived. Analysis of the laws in the 50 states will be presented as well as model code. This is an extremely important project as we believe that children are extremely mobile and there should be one American standard as to sexual abuse of children.

POLICY

ADDITIONAL RESOURCES

These abstracts were selected to be included
in the resource book although they were not presented
at the Conference

1, 17- COMMUNITY PREVENTION MODEL

A SUCCESSFUL MODEL OF A COMMUNITY WORKING TOGETHER TO PREVENT CHILD ABUSE

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Marilyn Sandberg, Director
Pat Smith, Prevention Specialist
Holly Bauman, Prevention Specialist

In 1981, the Weber-Morgan Department of Social Services, in cooperation with the Weber County Commission, identified a need to improve coordination services of the agencies and organizations dealing with issues relating to child sexual abuse. It was decided to approach the problem by developing an independent community organization to provide community-based planning, development, and coordination. The development of this independent organization grew out of the local communities' recognition that state child protection services lacked the necessary resources to do community-wide planning and systems coordination.

Prior to the establishment of the Council, coordination efforts were often thwarted by issues of "turfism," conflicts of interest, and a general failure to establish a climate of mutuality free of agency alignment. Yet it was this isolation of agencies, groups and individuals from each other that created the most significant barrier to the implementation of comprehensive child protection services.

The Council represents 36 public and private agencies or organizations and meets monthly. These general meetings serve to offer information related to broad issues of child abuse, provide opportunities to conduct training, and assist with interagency coordination and contact. Each member of the Council also serves on a subcommittee. The subcommittees include: (1) Prevention/Education, (2) Investigation, (3) Judicial Proceedings, and (4) Treatment. Ad hoc committees are developed as needed and have included Fundraising, Legislative, Community Assessment, Court Coordination, Research, Training, Program Development, and Program/Service Evaluation. There is broad acceptance and respect for the Council in the community. Members and agencies continue to participate actively.

Over the years, this model has demonstrated its effectiveness by its accomplishments, which include the development of the following: Prevention programs reaching over 20,000 children, parents, and educators each year, Guardian Ad Litem Program; child Victim/Witness Program; Weber/Davis Parents United Program; Utah Chapter of the NCPA; Child Abuse Resource Library; major publications on community prevention and treatment resources; and the Council implemented 26 procedures which completely revamped court coordination between juvenile and criminal courts.

The benefits are extremely valuable for professionals and children. Trauma to the child is reduced significantly when cases move smoothly through the system. Abuse is prevented by the effective use of child abuse prevention and education programs. When coordination exists, the result is cost-effective and efficient services, and the future protection of children is more likely guaranteed.

2- MAKING THE LEGAL SYSTEM WORK

MAKING THE LEGAL SYSTEM WORK

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Jan Arrington, J.D., Court Appointed Special Advocates Program

Weber/Morgan Child Abuse Coordinating Council
Marilyn Sandberg

Weber County Attorney's Office
Joan Hellstrom

Most cases of child sexual abuse are filed not only in the juvenile court, but also in the district, or criminal court. Even though the juvenile system and the adult system process the same case, the two systems rarely share information, help each other, or have the same professionals appointed to the case.

Children and their families are faced with an entirely different set of players and rules in each court, and professionals spend hundreds of hours gathering information about a case that has already been gathered by another professional. In some cases, duplicate orders for psychological testing can take place without the court's knowledge. Court orders out of the criminal court could potentially include a restraining order for a case, while the juvenile court could order joint counseling for the same case.

The Weber/Morgan Child Abuse Coordinating Council, in 1986, implemented 26 new procedures that virtually revamped the existing system of the juvenile and criminal courts' handling of child abuse cases which had been filed in both courts.

Some of the procedural changes include:

1. Utilizing the same pool of advocates to serve the Victim/Witness program in the criminal court and the Court Appointed Special Advocate Program (CASA) in the juvenile court. This enables the child to have one consistent advocate in both courts.
2. Providing parallel prosecution so there is one county attorney appointed for both courts' cases.
3. Expedient sharing of all court orders between the District and Juvenile Courts, Adult Corrections, Social Services, CASA Program, and the Parents United Treatment Program.
4. Sharing of evaluations ordered from another court.
5. Providing information from all agencies pertaining to the future concerns about the case to the Parole Board to be considered when the defendant is to be released.

The Council developed four different interagency forms which are used to compile all relevant information and are transmitted between and among participating agencies. One of the forms is a case tracking form by which the Council committee then tracks 100% of all these cases to ensure all services were provided and court coordination took place.

2- CASE SUBSTANTIATION

CASE SUBSTANTIATION AND RELATED ISSUES: THE CREDIBLE EVIDENCE STANDARD

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Currently, 27 states have required, by custom and usage, regulation, policy or law, child protective service agencies to prove or substantiate child abuse or neglect by a standard of credible evidence. Some 13 states require a greater weight of the evidence or a preponderance standard. How these agencies define these standards, how protective service workers interpret these definitions, and how much mutuality exists is not widely known.

As the child protection agency in Illinois, the Department of Children and Family Services has the primary responsibility for the protection of abused and neglected children. In its effort to continually clarify the nature and scope of that responsibility, including looking at appropriate ways to respond to added responsibilities, the Department also seeks to establish more consistency in its service delivery approach and methodology.

This presentation illustrates the dilemmas faced by Illinois as it explores a change in the evidentiary standard required for case substantiation.

2- OUT-OF-HOME MALTREATMENT INVESTIGATIONS

OUT-OF-HOME MALTREATMENT INVESTIGATIONS: WHO SHOULD BE RESPONSIBLE?

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This paper deals with the problems inherent to investigations of out-of-home-care maltreatment investigations. The absence of consensus as to who should investigate these incidents has resulted in a lack of standardization across the nation which serves neither victim nor alleged perpetrators appropriately.

The National Association of Child Welfare Agency "Guidelines For A Model System of Protective Services for Abused and Neglected Children and Their Families" takes a stance by providing an overview of current practices, the political ramifications, and the dynamic differences which exist between out-of-home care and intrafamilial investigations of child maltreatment.

2- LIABILITY OF CPS WORKERS AND TREATMENT PROVIDERS

TO WHAT EXTENT SHOULD A CHILD PROTECTIVE WORKER OR TREATMENT PROVIDER BE LIABLE FOR DAMAGE REGARDING: AIDS INFECTED YOUTH IN CUSTODY; CONTINUING POST-INVESTIGATION ABUSE; AND DAMAGES SUFFERED BY DRUG ADDICTED BABIES

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Eric W. Bjorklund, J.D.

The immediate future looms with explosive possibilities of liability in certain areas of child care. AIDS infected youth in custody, continuing post-investigation abuse and prenatal drug addiction of babies are new and challenging issues which may become the center of costly litigation.

Traditionally our society has attached monetary damages as the penalty paid by those who fail to reasonably exercise a duty which they owe to others. However, these complex challenges make it difficult to assess where a CPS worker's duty begins and ends.

This workshop would explore the extent to which child protective service workers and/or treatment providers should have a duty to act in certain circumstances involving abused and neglected children. These circumstances are phrased into the following three issues:

1. Should a referring child care worker warn a residential care program that a referred youth is HIV positive? Should there be liability if another youth were infected and the residential care program was not notified? Should the other youths in the facility be notified? What are the breach of confidentiality ramifications for providing such a disclosure?
2. Should CPS workers be liable for the subsequent abuse of children who are not removed from their dysfunctional families after CPS investigations?
3. Should a guardian ad litem for a drug addicted newborn baby be able to sue a state, doctor and/or CPS worker for their failure to force or refer the drug abusing mother into appropriate pre-natal care?

Should our national policy be to apply a duty to act, and therefore intensify the potential liability, in these areas of concern because of the dire possible consequences of the victims? Should our policy be to protect child care workers from potential liability?

12- USING DATA TO ASSESS SERVICES

USING DATA TO ASSESS PUBLIC CHILD PROTECTIVE SERVICES

New York State Department of Social Services
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Barry Alovitz
Bill McLaughlin

The Monitoring and Analysis Profiles (MAPS) for Child Protective Services is a project of the New York State Department of Social Services, Division of Family & Children Services. Its purpose is to support the appropriate use of quantitative data through a continually evolving effort to create and actively use an analytic tool that significantly differs from most statistical data packages, and which focuses on those elements that are identified as key measurable characteristics of a child protective services (CPS) program. In the past two years, MAPS has become an integral component of the Division's policy development and analysis responsibilities, in addition to the ongoing monitoring and technical assistance activities conducted with the 58 county-administered CPS programs in New York State. Concurrently, each county is using its own MAPS data package to support their own program monitoring and analysis, planning, public information, and resource procurement activities.

The MAPS data package focuses on developing a quantitative profile of the CPS program in each county. When used with additional information sources, it is designed to provide a framework within which to examine the relationships among variables raise questions, and initiate discussions about a county's CPS program.

Unlike performance indicators, the framework for MAPS is based on a "profile" approach that incrementally builds a program picture, thereby facilitating further examination. MAPS is not intended to singularly judge performance or to assign values to individual measures. The package is based on a norm referencing approach, comparing a county's data with a group of "comparable" counties having similar economic and demographic characteristics, and by using rates to control for population differences.

By referencing the county's data to comparable counties one can identify where differences occur. Until the field of child protective services can definitively develop performance measure criteria that are widely accepted, differences from a norm, in and of themselves, will not have a positive or negative meaning. However, such differences when carefully reviewed, can provide greater program clarity, facilitating the type of discussion and analysis that best determines whether any particular action is needed.

The multi-year data included in the MAPS package are the vehicle to compare a county's CPS program to itself over time. This data shows each county's movement on selected variables for a five-year period.

MAPS is intended to provide a framework within which reasoned questions can be asked by those who have been trained to its uses and limitations and who have substantive knowledge of the child protective system in New York State. Other states or counties might benefit from the development and implementation of a similar analytic tool, with these unique characteristics, for assessing and improving child protective programs.

12- ROLE OF UNIVERSITIES AND PUBLIC AGENCIES IN TRAINING

BEYOND ACCUSATION: THE ROLE OF UNIVERSITIES, STATE AND LOCAL PUBLIC AGENCIES IN TRAINING FOR CHILD PROTECTION

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Peg Hess

Issues surrounding the training of child protective service workers have been highlighted in recent years by public airings of system failures, legislative trends, and the flight of trained social workers from their traditional home in public welfare. Media coverage of tragic cases of abuse against children which stress the failure of the system and, indeed emphasize the bureaucratic abuses perpetuated by the very structure designed to protect, often point to poorly trained staff as a part of the problem. The legislative trends in some states toward mandatory reporting, required training, and certification of personnel also raise questions regarding the kinds of training which should be offered and who should be responsible for providing it. The flight of trained social workers from public welfare and the concomitant declassification of positions has resulted in a child protective services workforce, 75% of which has received no formal training.

What is needed is a coordinated program of response with representatives of the involved organizations working together to outline the appropriate responsibilities of each and to design a several tiered level of response which will involve schools of social work, state level public welfare agencies, and the local public child protective services organizations. Schools of social work should provide the basic knowledge and skills necessary for social work practice in a wide variety of fields. State agencies must take leadership in providing the very specific legal and interventive skills required for child protection in the same way that corporate structures train business graduates to their specific needs. Local organizations need to orient new staff to local policy and procedures, available resources, and established ways that work in each community. In this way it should be possible to move beyond accusation into accomplishment of a systematic and coordinated program of training for child protective services personnel.

19- PHYSICAL PUNISHMENT

A REVIEW OF THE NEGATIVE EFFECTS OF PHYSICAL PUNISHMENT

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A frequently used definition of violence is, "Any act carried out with the intention or perceived intention of causing pain or injury to another person" (Gelles and Straus, 1979). While the ordinary use of physical punishment is not typically considered by most Americans to be violent, it does meet this definition. As early as the 1950's, researchers started documenting the undesirable effects of physically punishing children, and yet a recent national survey found that the percentage of American parents who use this technique has not significantly changed much over the last ten years and, in fact, it found that approximately 90% of all American parents physically punish their children (Waucope and Straus, 1987). This paper is a literature review of all research assessing the effectiveness and consequences of the use of physical punishment.

This review will include studies from a wide variety of disciplines. For example, it will include the findings of child developmentalists looking at the effectiveness of physical punishment for stopping inappropriate behavior, criminologists analyzing its relationship to delinquency, educators showing the impact of corporal punishment on school performance, and psychologists studying its relationship to the development of self concept. This review will also include the recent work of those who study the relationship between child abuse and physical punishment. This paper attempts to pull together the findings from all of these disciplines in a manner that could be useful to parents, practitioners and activities who are attempting to eliminate the use of physical punishment.

21- MISSING CHILDREN'S HYSTERIA

THE ABUSE OF CHILD ABUSE: THE POLITICAL POLICY, MEDIA AND HISTORY OF THE 1984 - 1986 MISSING CHILDREN'S HYSTERIA

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No child abuse issue in the 1980's has attracted as much public attention as that of the missing child. Beginning in the early 80's, outlandish claims of up to four million missing children were made by the media, politicians, victim parents, hundreds of fly-by-night missing kids groups, the U.S. Justice Department, and a number of professional human service organizations. For two to three years, stories and photos of allegedly missing children flooded the nation's media, often crowding out bona fide issues of abuse and neglect. Established child abuse organizations were torn between joining in the clamor (and the anticipated media and direct mail bonanza) or examining the actual statistical facts that underpinned the growing hysteria.

This presentation examines the history of the missing children's issue, how it became a media darling and what the press eventually did to prick its own bubble. In addition, the presentation traces the history of federal legislation from the 1982 Missing Children's Act through the 1988 re-authorization of the Missing Children's Assistance Act. Further, the presentation will discuss the current four million dollar Justice Department Missing Children's program, its effectiveness and its current political and programmatic orientation.

Finally, the presentation will look at why the children's advocacy organization failed to prevent the hysteria and to override current federal financial involvement.

This is a tough look at the real making of child abuse social policy and an examination of one legacy of the missing kids hysteria for the future.

SPECIAL MEDIUM

These abstracts were selected to be presented as special medium workshops and theatrical presentations at the Conference. Other special medium abstracts are identified by the key number 23 and appear in other portions of the Resource Book

A DRAMATIC RESOURCE FOR THE TRAINING OF CHILD PROTECTIVE SERVICES PERSONNEL

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Department of Theatre Arts
College of Arts and Sciences
Cornell University
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Janet Salmons-Rue, Director

Child protective workers frequently enter their careers with little or no relevant training or experience; yet they carry a mandate from society to assure the safety of children who have been reported as abused or neglected. Workers encounter complex and troubled family environments which require great sensitivity to the elements of crisis and to the torn fabric of relationships which may result in desperation and violence. Traditionally, workers have been expected to learn on the job those social work skills needed to alleviate these conditions and ensure the safety of children.

The New York State Child Protective Services Training Institute has been training child protective services personnel since 1979 in both core and advanced courses. As one part of a total training strategy, staff have developed a unique methodology which uses interactive theatre to assist in the preparation of child protective services staff. Professional actors and trainers utilize the emotional impact of drama to portray the dynamics of the investigation process. Actors assume the roles of family members who are interviewed by child protective services staff. After the interview, the trainer facilitates discussion while actors contribute the perspectives of their characters. The scenarios are based on elements of actual cases, but unlike real situations, participants can break to discuss problems and consider solutions. More effective than role playing, actors are prepared to reflect on and guide the CPS participant's interactions to stress learning objectives. The improvisational nature of this technique allows actors to tailor responses to each interview. This small group exercise provides a safe environment for child protective personnel to try new skills, test different intervention strategies, and determine an appropriate personal style.

Appropriate use of interactive theatre, social work skills, and values this methodology imparts, preparation of acts, trainers, and training participants are discussed.

TRUST

Pioneer Memorial Theatre
University of Utah
Salt Lake City, UT 84112
(801) 581-6356
Carol Voorhees, Clinical Director

TRUST is a 35-minute play presented to students who are six to 12 years old. The goal of the program is to prevent child sexual abuse by giving elementary school children the necessary information to defend themselves.

The messages are clear:

Friendly, playful, affectionate touch between friends and family members is normal and appropriate;

Your body belongs to you and no one has the right to touch you in any way that makes you feel uncomfortable;

Trust your own feelings so that if anyone does touch you in a way that makes you feel confused or scared, you can tell someone and get help.

FORMAT:

A group of six actors presents three-part program in elementary schools.

Part 1: A 35-minute play presented to a maximum of 250 students.

Part 2: Classroom follow-up discussions led by individual cast members.

Part 3: An opportunity for individual chats with cast members.

Follow-up: Students reporting abuse are immediately seen by a protective service worker from the State Division of Family Services.

The TRUST program has been a part of the Salt Lake County community for over nine years, and in the last two years has traveled statewide as one of the recipients of the Children's Trust Fund monies (Utah State Division of Social Services). More than 60,000 young people in the state have participated with the TRUST program through support and endorsement from the Utah PTA, Utah Chapter for the Prevention of Child Abuse (UCPCA), the Salt Lake County Attorney's Office, the Children's Center, more than 15 school districts, and others. The program highlights the issues of prevention, but also plays a role in the intervention process, as an average of two to four abuse disclosures are made with each presentation (a consistent number over the last five years).

23- ARTFUL POSSIBILITIES

ARTFUL POSSIBILITIES

Illusion Theater Prevention Program
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Ken Carlson

In the fall of 1988, Illusion Theater received an experimental grant to explore ways to combine creative visioning with theater techniques. We knew our combination of prevention professionals and theater artists was the basis for powerful educational performances on sexual abuse, interpersonal violence, and AIDS. Many of us experienced the power of creative imaging. We believed the combination would lead to methods that would be practical and rejuvenating for people to easily apply in their own lives and workplaces.

This experiment grew out of our desire in 1987 to develop a clearer vision of what we were working for. After a decade of child sexual abuse prevention efforts, we and others wanted to give power to those visions and not to the reality of what we were working against.

We found Magaly Rodriguez Mossman, a Cuban woman who used light imagery in her extensive multicultural work with people living in poverty and dealing with issues of inclusiveness. Magaly believes in the power of a person to make a difference and in the power of art.

In December 1987, Illusion Theater was part of a group of agencies committed to child abuse prevention that worked with Magaly to create and hold a forum called "Facing the Shadow/Creating New Light". The forum was for invited participants from throughout the state of Minnesota, to teach them about light work/creative imagery and to develop a unified vision of where we wanted to go in terms of child abuse prevention.

From this forum and our current work with Magaly, we have learned a lot about creative imaging and artful possibilities. This presentation shares ways to help participants move "off the beaten path" and move rapidly toward the possibility of a world which is a safe and nurturing place for children and families.

23- SEX ABUSE ON TRIAL

YOU ARE THE JURY: DETERMINATION OF SEX ABUSE ON TRIAL

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Gail M. Caldwell, Ph.D. Candidate
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Barbara J. Christopherson, L.C.S.W., Manager

Third District Court, Salt Lake City, Utah
The Honorable Michael R. Murphy

Salt Lake County Prosecutor's Office
James M. Cope, Deputy County Attorney

Edward K. Brass, J.D., Criminal Defense Attorney

Department of Psychology
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Center for Family Development/Treatment Program for
Freemont Community Correctional Center
Duane Johnson, L.C.S.W., Director

West Valley City Police
West Valley City, Utah
Welby Scott, Detective

This is a dramatization of a judicial proceedings involving a child sexual abuse case. The audience is assigned the role of jury and is actively involved in considerations pertaining to forensic child sexual abuse issues. The content include those procedures currently considered the standard of practice in assessing child sexual abuse.

Objectives:

- 1 - To stimulate critical and analytical thinking in the area of forensic child sex abuse evaluation and prosecution.
- 2 - To introduce the mtuli-dimentional facets of forensic evaluations of child sex abuse.
- 3 - To encourage coordination and cooperation of community resources (i.e., law enforcement, attorneys, medical personnel, therapists, and Department of Social Services) toward successful management of child sexual abuse cases.

23- SEXUAL ABUSE IN HISPANIC CULTURE

EL LADO MALO

John Boyle
Corinne Hernandez
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"El Lado Malo" is a 30-minute dramatization in which a young Hispanic woman, Lilliana, confronts her past childhood sexual abuse with the help of her therapist, Emily. As Lilliana looks back on her childhood, the month of October provokes memories of the world she knew as a child. She battles between her childhood innocence and her father's underlying wickedness she equates with her Mexican culture.

Through therapy, Lilliana confronts the three people within herself - the "wicked side" (her father), the little girl who died in childhood, and the survivor who continues to live. During her therapy with Emily, Lilliana begins to integrate these different sides of herself and comes to terms with her childhood sexual abuse by her father. The special relationship that develops between Lilliana and her therapist allows her to recapture the beauty of her culture and childhood she never had.

The "Wicked Side" originally premiered in October 1987 at the National Conference of the American Association for Protecting Children. The play was viewed by an audience of over 350 people, including conference participants as well as members of the general public. The play was well-received and continues to impact the community by meeting its goal of increasing public awareness of the devastating impact of childhood sexual abuse, which occurs in all cultures.

23- EFFECTS OF HIV/AIDS

AMAZING GRACE

Illusion Theater Prevention Program
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Cordelia Anderson, M.A., Program Director
Ken Carlson
Bonnie Morris, Producing Director
Michael Robins, Producing Director

Illusion Theater's new play entitled AMAZING GRACE addresses the effects of HIV/AIDS. The 90-minute play is set in a community confronting its own ignorance and fear when a high school student is found to have AIDS. Interwoven with the fiction and music of the play is the true story, told with film and narration, of Archie Harrison and Drew Tillotson, a couple who lived with AIDS. Because of their commitment to education about AIDS, they were very public about their lives with AIDS both through work with Illusion Theater and through a series of nationally broadcast interviews on National Public Radio. Discussion follows the performance.

Illusion Theater has conducted prevention programs and plays on child sexual abuse and interpersonal violence since 1977. Many of our contacts for sexual abuse plays and workshops are the same people now designated to address HIV/AIDS in their communities. Children are affected by HIV/AIDS not only through their own possible infection, but also by the infection of significant people in their lives. Entertaining and thought-provoking, AMAZING GRACE serves as a catalyst to help audience members who deal regularly with AIDS and those who have only heard about it to think personally about the issue.

Through this performance, we hope to sensitize audiences to the ways in which HIV/AIDS affects all of our lives and to people living with AIDS. We also want to encourage people to consider related issues such as fear, sexuality, racism, homophobia, and humanity and to celebrate what AIDS can teach us about living. AMAZING GRACE toured throughout Minnesota during the fall of 1988.

23- TEACHING POSITIVE PARENTING

IS CORPORAL PUNISHMENT CHILD ABUSE?

Mike Arnow
KUTV Channel 2

Stephen J. Bavolek, PhD
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KUTV, the NBC affiliate in Salt Lake City, Utah, and Family Development Resources, Inc. of Wisconsin, publishers of the Nurturing Programs, have teamed up to produce and distribute a 30 minute video examining the relationship between corporal punishment and child abuse. Generated from the interests and financial contributions of a number of civic and community groups, the program stimulates the viewers attitudes regarding the use of hitting and spanking as optional techniques to punish the inappropriate behavior of children and adolescents. Child and adult actors portray numerous family situations that can often lead up to the corporal punishment. At the completion of a family situation, the tape is stopped while the facilitator engages the viewers in reviewing what has occurred and what are some of the likely actions parents can take to remediate the situation without the use of corporal punishment. As the tape is turned on again, the expert reviews likely actions the parent can take with the proposed consequences to each action. The focus is on promoting positive parent/child interactions and on non-abusive parenting techniques both the parent and child can utilize.

The program reviews common rationale utilized by parents for the use of corporal punishment. Myths, facts and family practices are discussed in each of the family situations. Viewers receive the clear message that the systematic use of corporal punishment can have long lasting developmental effects on the growth and development of children and adolescents.

The tape comes with a leaders guide describing ways to facilitate discussion and teach alternatives to corporal punishment.

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