



Reaffirming Our Roots

Ninth National Conference on Child Abuse and Neglect
September 14-17, 1991
Denver, Colorado

Resource Book



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

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Ninth National Conference on Child Abuse and Neglect

September 14-17, 1991

Denver, Colorado

Sponsored by

American Association for Protecting Children, a division of The American Humane Association

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

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Ninth National Conference on Child Abuse and Neglect
c/o The American Humane Association
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Introduction

Introduction

In welcoming you to the Ninth National Conference on Child Abuse, the Executive Committee and the Program Committee wish to share with you some of the process and consideration which went into selecting workshops and other components of the program. The traditions and history reflected in the phrase "reaffirming our roots" acknowledges the importance of our long standing commitment to protect children from abuse and neglect while strengthening vulnerable families and guiding us to more effectively focus national efforts and leadership on crucial challenges facing *today's* children and families. Reaffirming our roots also reflects multi-cultural and multi-racial concerns and the need to respond as friends, volunteers or professionals with full understanding of the entire circumstances of a given child's and family's problem of abuse or neglect. Extending the notion that this field is not "owned" by any single agency, discipline or community but is based on notions of trusteeship, many different individuals and agencies contributed long hours to abstract review and selection and program planning and execution. We were greatly assisted by the staff of the Eighth National Conference, held in Salt Lake City in 1989, through sharing "lessons learned."

Innovations such as the Selected Workshop Series and the Showcase of Programs and many other features of this conference are intended to build on what has happened before. Whether you are a new or "seasoned" professional in any of the numerous disciplines vital to this work or a volunteer interested in understanding child abuse and neglect or in the public's concern about this issue, we hope you feel welcome at the Ninth National Conference on Child Abuse and Neglect.

This Resource Book is designed to serve as a resource for you as you participate in the conference, but more importantly to serve as an ongoing resource of information and individuals. We hope that each time it is used it will also rekindle the enthusiasm and renewed commitments felt while you experienced four days of learning, sharing and networking at the largest, most significant conference conducted for our field.

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The abstract listings contain coded information at the top of each abstract. The first letter and number combination indicates the session in which the abstract is being presented. The second number is the abstract number assigned in sequential order as abstracts were submitted for consideration for presentation. The final code indicates the category under which the abstract was submitted: PP - Program/Policy, PL - Policy, or R - Research.

Bibliography

All speakers were invited to submit entries for the bibliography which are their own published work and which pertain to their presentation topics.

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A Brief History of Child Protection

For the field of child protection, "reaffirming our roots" is a reminder to consider what so many who worked before us brought to children, and how our own work evolved from that of the pioneers. Progenitors can be found in each of the traditions that help sustain current efforts to assure a safe and successful passage for children to adulthood.

Universal education developed in the U.S. in the middle 1800's leading to extensive literacy and shared political values, effectively introducing the notion that children have a right of access to society. Public health efforts to assure clean water, sewage disposal, and safe eating establishments decreased communicable diseases and, with help later from the developing field of pediatrics, increased the vitamin value of milk, bread, and other basic foods essential to healthy growth.

By the post-Civil War era, reformers concerned about abandoned children and infants in orphanages began to experiment with other placements. Some children were shipped from eastern cities to midwestern sites for adoption, while others continued to be placed as indentured servants. The 1874 case of Mary Ellen marked the beginning of societies for the prevention of cruelty to children when her "servitude," which began at 1 1/2 years of age, placed her in the hands of a caretaker who abused and starved her. This marked the beginning of the end of legal servitude for children and more attention to children in out of home care, but provided little focus on the possibility of harm within the natural home, especially in a country still quite rural and agricultural. Some in the developing field of social work were trying to strengthen natural families at home and in communities, while others continued the struggle to improve treatment for children who absolutely would be cared for in detention centers or other institutions.

Colorado's history of child protection contains many elements of the nation's history of child protection. The Colorado Constitution, enacted in 1876, still mandates that children under 12 may not be employed in mines, mirroring other early efforts to reduce child labor. At the national level, one benchmark of the concern about child labor was the creation of the Children's Bureau in 1909, the first major federal institution focusing exclusively on children. The first juvenile court effort in Colorado was underway in 1899, attempting to connect the courts and the schools, as Chicago was becoming the first city to create a juvenile court. On April 13, 1901, the Colorado General Assembly approved the creation of and appropriated funds for a Bureau of Child and Animal Protection.

In the mid-1940's, Rene Spitz, M.D., described the "hospitalism" of institutionalized children, memorialized by the Rene Spitz Library at the University of Colorado. The American Humane Association brought nearly a century of work to prevent cruelty to children and animals when it moved to Colorado in 1954, at that time bringing early attention to the problems of child sexual abuse through the efforts of Vincent De Francis, M.S.W., J.D.

In 1958, one of the nation's first three child protection teams began in Denver at University Hospital; in 1961 Henry Kempe, M.D., described the battered child syndrome, pairing medical findings and a discrepant history to achieve a scientifically-based diagnosis of non-accidental injury; and in 1963, Colorado became one of the first three states to mandate reporting of suspected child abuse: each of the three states reflecting the Children's Bureau's first model reporting statute. Within less than five years, all 50 states independently adopted reporting legislation. Federal legislation became more prominent in its impact in 1974 with The Child Abuse Prevention and Treatment Act (providing federal support for states enacting improved reporting laws as well as support for research and demonstration projects) and in 1980 with the Adoption Assistance and Child Welfare Act (providing incentives to prevent foster care and improve family services), both of which were subsequently further amended to respond to child abuse and improve permanency planning. Similar traditions were concurrently developing in nursing, special education, child development, child psychology and psychiatry, law enforcement, the common law, and many other traditions. Looking back, each of us participating in the Ninth National Conference can take pride in being part of an effort which is still "developmental," but ever more promising for the future.

Selected Abstracts

A.11, #2, R

INFORMATION NEEDS OF HISPANIC PARENTS OF INFANTS AND YOUNG CHILDREN

Contact:

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Speakers:

Dorothea Cudaback, PhD

Hispanics are our fastest growing minority group. There are currently 19.4 million Hispanics living in the United States; 6.8 million of these are children younger than age 18. From 1987 to the year 2000, the Hispanic population in the United States is expected to increase by more than one-third.

Life for Hispanic families tends to be difficult. Compared to non-Hispanic families, Hispanic families are more likely to be poor and to have low educational achievements. Their families are more likely to be headed by a single parent, a teen parent, or an unwed mother. Their children are more likely to do poorly in school and to drop out before high school graduation. There is evidence that these children may be more likely than non-Hispanic children to experience child abuse or neglect, to begin school inadequately prepared for success and to have nutritional deficiencies.

This presentation will include a review of the literature related to Hispanic parenting followed by the results of a recently completed California study of 280 low income Hispanic women who were either pregnant or parenting young children less than 2 years old. I will give information about these women's expressed desire for parenting information, their sources of such information, and evidence of parenting information needs as shown by their responses to a series of parenting and child development questions.

I will conclude with a discussion of the implications of these findings for developing and delivering parent support and education programs for Hispanic mothers of infants and young children.

A.2, #3, PP

RURAL CHILD PROTECTION SPECIALIST: CONSULTATION AS A FORM OF INTERVENTION

Contact:

*Stephen R. Brethauer, LCSW
Northeast Colorado District of Social Services
30288 County Road 25
Wray, CO 80758
303-332-4555*

Speakers:

Stephen R. Brethauer, LCSW

This presentation will explore the role and tasks of a rural child protection specialist.

This role includes a multi-level approach as a consultant to nine county departments of social services. This specialized role is necessitated by specific unique characteristics of this rural area which include isolation, lack of community resources, a generalist casework approach and a desire by district directors to utilize an expert to assist with the complex issues of child abuse and neglect. The stated goal of the district is to utilize the child protection specialist in the reduction of abuse, neglect and deaths through intervention at a consultative level. Clarification of differences between consultation and supervision will be presented.

The role of the rural child protection specialist ranges from specific case consultation to broad based community efforts. Some of the tasks to be discussed include: 1) Direct consultation with casework staff and supervisors; 2) consultation with Directors regarding child protection; 3) resource development in the district; 4) needs assessment in the district; 5) work with child protection teams; 6) arranging specialized training; 7) provision of specialized training; 8) utilizing outside experts in the district; 9) liaison with community; 10) encouraging prevention efforts; and 11) maintaining the balance between involvement and interference in agencies and communities.

Data will also be provided from a child protection services survey recently completed for the district.

The presentation will allow opportunity for discussion regarding possible replication of this unique solution.

D.22, #4, PL

THE POINT OF REVIEWING CHILDREN'S DEATH

Contact:

*Jane Beveridge
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Denver, CO 80203-1714
303-866-5951*

Speakers:

Pat West, MSSW

An analysis of the Child Fatality Review data from 1989 will be the major focus of this presentation. Three major aspects will be discussed: 1) Preventability of children's deaths; 2) strengthening the community response to a child's death; and 3) specific policy outcomes.

The area of preventability will be emphasized based upon the findings that 60 percent of deaths of children age 1 - 17 are preventable. The audience will participate in defining preventability based on discussion of case vignettes. A framework will be provided to assist the audience in applying the concept of preventability, in particular, evaluating parental behaviors that contribute to premature death.

Barriers to child death review will be discussed, as well as the roles and responsibilities of each agency involved in a multi-disciplinary committee. Issues such as sponsoring agencies, confidentiality, resources, and commitment to follow-up will be included.

As resources have diminished in every agency, a multi-disciplinary approach to intervention and treatment with families has suffered while the need to coordinate scarce resources has become all the more compelling. The thrust of the presentation will emphasize a return to a "hands on", shared-responsibility among community agencies, to enhance response and delivery of service to children and families.

A.11, #5, R

CHILDREN AT RISK: COGNITIVE FUNCTIONING ACROSS DIFFERENT FORMS OF MALTREATMENT

Contact:

*Walter Conley, PhD
Administration for Children, Youth and Families
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Speakers:

Walter Conley, PhD

Children at risk from maltreatment were evaluated to determine their level of cognitive functioning while in temporary residence at a child crisis center. Four categories of maltreatment risk (physical abuse, neglect, sexual abuse, or mixed/multiple) and one general dependency category described the status of the 338 children upon intake. The research focus was derived from a theoretical base that maltreatment risk in the child's environment was an impediment to the development of cognitive functioning. The McCarthy Scales of Children's Abilities' measure of general cognitive functioning was used for inter-group comparisons, as well as comparisons to a norming population and other samples cited in the literature. Findings confirmed the hypothesis suggesting that the neglect risk group would display the lowest cognitive functioning. Those at risk for physical abuse had the highest cognitive scores. The overall group mean score of 86 points placed in the 338 children in the below average range of functioning. Gender, ethnicity, and Child Protective Services intervention served as additional control variables in other hypotheses. Multiple regression models using these and other variables (housing and employment problems, mother's age, parent living status) were assessed for their overall ability to estimate general cognitive functioning. Results indicated, for the variables entered, that the better regression model was described by the maltreatment risk category and ethnicity. The assessment process provided early identification of children with a potential need for social service, educational, or other interventions. Implications for the social service, education, and research communities are discussed.

A.16, #7, PP

LOS NINOS BIEN EDUCADOS PROGRAM

Contact:

*Kerby T. Alvy, PhD
Center for the Improvement of Child Caring
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Speakers:

Kerby T. Alvy, PhD

This culturally-specific, parenting skill-building program took over a decade to develop and field test, and it is now being used in Latino communities in five states.

The 12 session program is framed around a core Latino family value of raising children to be "bien educados," well-educated in a social and personal sense, as well as well-educated academically. Hispanic family variability in terms of role, gender and age expectations are explored, in addition to how a family's style of acculturation is influencing its child rearing expectations. The challenges confronting immigrant families is also an important program focus.

Within this context, a series of child rearing strategies (considering the causes of children's behaviors, etc.) and a series of very specific child management skills are taught, including effective praise, first/then, show and tell, time out, etc. Family Expectation Platicas are encouraged during times of change and child abuse laws and definitions are discussed in terms of what is considered proper and improper parental behavior. Concepts are presented visually with humorous drawings and "dichos" are used to enliven discussions of concepts and make them more culturally and linguistically familiar. The program is especially helpful for newly immigrated families and it can be taught in Spanish or English.

In addition to presenting the program concepts and skills, with the use of charts and videotaped parental reactions, the research that went into developing the program (including parenting world view data) will be shared, along with the plan for disseminating the program nationwide.

C.4, #13, PP

"NON-FAMILIAL CHILD SEXUAL ABUSE" CHILD SEXUAL ABUSE OUTSIDE THE NUCLEAR FAMILY

Contact:

*Avis G. Shapiro, LCSW
Des Plaines Valley Community Center
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Speakers:

*Avis G. Shapiro, LCSW
Phyllis Spinal, LCSW*

Very little treatment literature seriously addresses child sexual abuse outside a father-daughter relationship, even though most perpetrators are not members of the victim's nuclear family. Rather than being a clear matter of individual treatment for the child and crisis intervention for the parents, we have found that the parents of non-nuclear family, or out-of-home abuse victims can present enormous resistance and obstacles to treatment, and a great challenge to the therapist. They are often dysfunctional in ways which either contribute to the child's victimization and/or in ways which preclude the effective healing and development of the child. While we believe that parents generally intend to be good parents, unconscious processes and deficits in ego capacities are a reality which can increase a child's vulnerability and which must be taken into account by the therapist.

This workshop will: discuss common parental issues which result in resistance or obstacles to treatment; explore underlying dynamics of the parents and the impact on the child and his/her treatment; and pose treatment dilemmas which arise as a result of the above. Some of the issues covered will be: the triggering of unresolved conflicts in survivor parents, history of inadequate parenting with consequent poorly developed sense of self and difficulty regulating self-esteem, boundary issues, transference, marital conflict, unrealistic expectations of treatment, court process, poverty and single parenthood.

D.8, #14, PP

INTERVENTION TECHNIQUES WITH DEVELOPMENTALLY DISABLED VICTIMS OF ABUSE

Contact:

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Speakers:

Nora Balbderian, PhD

This workshop will address issues of abuse of children with disabilities, primarily developmental disabilities. As many issues are shared by children with various types of disabilities, these similarities will be described.

Conducting the initial intake interview must be done in a sensitive and ethical fashion. Some of the ethical principles include those from the Sign-Language Interpreters codes, medical models, and applications of confidentiality considerations - frequently abandoned when working with persons with disabilities. Language issues, as well as attitudinal, philosophical and legal background will be explored, as they apply directly to the socio-psychological-medical intervention.

Specifically, the workshop will focus on abuse prevention and intervention. Issues of advocacy, AIDS, and other related areas will be addressed in context.

The workshop will begin with how to properly conduct an interview and assessment of a developmentally disabled child reported as a victim of abuse by using appropriate testing and assessment tools. Following assessment, referral for treatment of the child (if abuse was suspected or confirmed), as well as treatment of the patient's family members (as defined by the patient) and referral for specialized supportive services, will be covered. Treatment guidelines will be included.

In addition, the workshop will cover legal issues, including those needed for appropriate court presentation. Included will be: 1) preparing the members of the court; 2) issues of witness credibility; 3) preparing the witness and his/her family; and 4) the services available through Regional Centers, Protection and Advocacy, Inc., and the Victim Witness Referral Program.

Workshop participants will leave with an excellent appropriate and use-able approach to referrals of abuse of persons with disabilities, as well as network of support persons.

.14, #15, R

**"PUBLIC CHILD WELFARE WORKERS: RESEARCH AND TRAINING:
A QUALITATIVE STUDY OF THE RETENTION OF PUBLIC CHILD WELFARE
WORKERS**

Contact:

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217-333-6621*

Speakers:

Joan R. Rycraft, PhD

Amid the exodus of caseworkers from the field of public child welfare stands a cadre of experienced professional social workers grounded by their mission and commitment to children and families who are choosing to continue their employment in public child welfare services agencies. These caseworkers have endured and found a way to balance the challenges and demands of working in public child welfare.

The purpose of this study was to explore the employment process of these caseworkers, how they have achieved the balance of demands and why they have maintained their employment in the public child welfare system when so many others have found it necessary to leave.

Comprehensive focused interviews were conducted with 23 child welfare caseworkers in six public social services agencies. Two general themes depict the employment process of caseworkers staying in public child welfare: 1) From innocence to wisdom; and 2) the worthy and deserving, and four differentiated categories: 1) The crusaders; 2) the future travelers; 3) the midway passengers; and 4) the hangers-on. Four categories of factors involved in the caseworkers' decisions to continue employment emerged: 1) mission; 2) goodness of fit; 3) supervision; and 4) investment.

The findings partially support prior research regarding unprepared entry, unrealistic expectations, investment, commitment, job satisfaction, and burnout.

The importance of determining why caseworkers stay in public child welfare will be discussed and the implications for policy, practice, and social work education and research identified.

C.11, #18, R

RELIGIOUS BELIEFS AND THE USE OF CORPORAL PUNISHMENT

Contact:

*Vernon R. Wiehe, PhD
University of Kentucky
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Lexington, KY 40506-0027
606-257-6657*

Speakers:

Vernon R. Wiehe, PhD

Membership in Fundamentalist churches is at an all time high. Tele-evangelists on a daily basis disseminate their message that the Bible is the ultimate authority in all areas of life.

Certain Biblical passages, however, if interpreted literally can be understood as advocating the use of corporal punishment in disciplining children, including even severe forms such as beating with a rod. This workshop will focus on the author's research that determined if persons affiliated with religious denominations that emphasized a literal belief in the Bible would demonstrate less appropriate attitudes with regard to discipline than their counterparts who were affiliated with religious denominations that do not subscribe to a literal interpretation of the Bible.

The sample consisted of 881 persons who were members of denominations classified as literal or nonliteral believers. Statistically significant differences were noted on the Physical Punishment Scale of the Adult Adolescent Parenting Inventory with persons, regardless of gender or their level of education, who were members of churches subscribing to a literal belief in the Bible preferring the use of corporal punishment over alternate methods of discipline as compared to their nonliteral counterparts.

Emphasis will be placed on the implications of the findings for persons working in the area of child abuse prevention and treatment with special emphasis on recognition of religious values associated with multi-cultural populations and families of color.

D.12, #21, PP

POSSIBLE EXPLANATIONS FOR SEXUAL ABUSE ALLEGATIONS IN DIVORCE

Contact:

*Kathleen Coulborn Faller
The University of Michigan School of Social Work
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Ann Arbor, MI 48109
313-763-3785*

Speakers:

Kathleen Coulborn Faller

Allegations for sexual abuse arising in the context of a marital separation or divorce have been the subject of much controversy. Using a clinical sample of 136 cases, the presenter examined the dynamics of such allegations. Based upon this exploration, four classes of sexual abuse cases are proposed: 1) Divorce precipitated by discovery of sexual abuse; 2) longstanding sexual victimization revealed after marital breakup; 3) sexual abuse precipitated by marital dissolution; and 4) false allegations made during or after divorce.

The differing dynamics of these four classes of cases will be discussed and descriptive statistics will be provided. The presenter will discuss diagnosis and case management strategies for allegations of sexual abuse in divorce.

B.14, #22, R

ELEMENTARY SUCCESS: AN INTER-AGENCY PREVENTION MODEL

Contact:

*Dan Gunter
Hillsdale County Department of Social Services
160 Mechanic Street
Hillsdale, MI 49242
517-439-1401*

Speakers:

*Dan Gunter
Doug McComas, Jr.*

The presenters will outline the development and implementation of a multi-agency school based prevention program. The program provides services to Kindergarten through third grade students who exhibit behaviors which are strongly correlated with the likelihood of later involvement with the human services delivery system of the child and/or family. The presentation will provide a description of the program operation, a discussion of planning needs, and implementation and evaluation issues.

The program is unique in several ways: 1) It combines the expertise of human service and education professionals; 2) It utilizes a multi-agency management structure; 3) It assists families before tension or problems have escalated to a severe level; and 4) It focuses on empowering parents to actively assist their children in their educational and social development.

The presentation will provide a brief overview of the similar programs which have served as models for the Elementary Success program and the type of planning and preparation necessary to implement the program.

Implementation issues to be addressed will be; inter-agency contracts, securing staff and staff training, presentation of the program to parents and school personnel and administration of the program.

The final segment of the presentation will deal with the results of extensive evaluation performed over the past two years to determine the effectiveness of the program in assisting children and families.

C.24, #24, R

CHILDREN IN VIOLENT FAMILIES: AN UNDERSERVED ABUSED POPULATION

Contact:

*Anne M. Tapp
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303-343-1856*

Speakers:

*Kaitlyn Callehán-King
Mary C. Cearly
Autumn Moran
B.B. Robbie Rossman
Jane Hunt
Anne M. Tapp
Jackie Warrilow
Linda Mkow*

Recent research, as well as data from battered women's shelters, reveals that as many as 70% of children from homes in which woman battering occurs are themselves physically or sexually abused. This suggests a substantial correlation between woman battering and child abuse. Domestic violence may be the single most common factor in predicting child abuse. Professionals working with abused children need to be aware of the high potential for accompanying woman battering and the additional risks this presents for a child and, professionals working with battered women need to be alert to the existence of child abuse and the special needs of abused children.

In this workshop we consider the situation of children in violent families. Including those witnesses to violence who have also experienced abuse. Presentors of this workshop will offer clinical and research evidence and information regarding: the effects of domestic violence and of abuse and violence on children; the environmental risks associated with family violence; and elements of primary, secondary, and tertiary prevention programs currently being used in shelters. Attempts will be made through the use of various media to help the audience understand the position and reactions of children in violent families. In part, the children will be allowed to "speak" for themselves. Emphasis will be placed on the need for cooperation among all professionals advocating for abused children and child witnesses that they may be better served.

A.4, #25, PP

CPS RISK ASSESSMENT AT A CROSSROADS: THE ISSUES

Contact:

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American Public Welfare Association
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202-682-0100*

Speakers:

*Toshio Tatara, PhD
Michael Wald, JD
Wayne Holder*

More than 40 states use some form of CPS risk assessment today, and the term, "CPS risk assessment," is well accepted in the public child protective service community. Nevertheless, there still is wide variation among assessment models in the definition, the purpose and timing of use, the type of instrument used, the scope of assessment intended, and in the use of measurement methodology. In the past several years, the National Roundtables on CPS Risk Assessment, sponsored by the American Public Welfare Association (APWA), have served as an important forum for states to share their CPS risk assessment practices, learn from each other, and to work toward the development of risk assessment models of greater comparability. At the 1990 Roundtable in San Francisco, work groups were formed by participants to examine seven critical issues related to CPS risk assessment and to develop new strategies for addressing these issues. The results of these efforts will be incorporated into the program of the 1991 Roundtable. The seven issues that are being addressed by the work groups are: 1) Risk assessment implementation; 2) dictionary/lexicon/taxonomy of terms; 3) validity and inter-rater reliability; 4) automated decision support systems; 5) relating risks to services and service outcomes; 6) holistic approach to risk assessment; and 7) cultural awareness and sensitivity.

The purpose of this session is to review the new emerging strategies that are being developed by the work groups. Of the seven work groups, three groups will be chosen for the proposed session (based on the progress of their work), and the chairs/representatives of the three groups will make presentations. Never before have the nation's risk assessment experts come together voluntarily to work toward greater comparability of their approaches and products. It is anticipated that the work of these voluntary groups will have a significant impact on the future of CPS risk assessment practices across the country.

B.10, #29, R

CHILDREN AS WITNESSES: MUST TESTIFYING IN CRIMINAL COURT HURT THE CHILD?

Contact:

*Shari Lewchanin, PsyD
Psychologist, Private Practice
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Kennebunk, ME 04043
207-985-4854*

Speakers:

Shari Lewchanin, PsyD

Recent research examining child victims of physical and sexual abuse in the criminal court system has focused on identifying ways to increase the effectiveness and credibility of their testimony. There has been a paucity of research identifying the effects of testifying in criminal court proceedings on children. Goodman's work is a major contribution in systematically studying children's reactions as they move through the criminal court process (1979). Her findings indicate that one of the major factors determining whether children will be negatively affected is the number of times a child has to go to court to testify, with children having more negative experiences with increasing numbers of court appearances.

The present study is an attempt to expand on Goodman's work, by examining the effects of court involvement on child witnesses in a jurisdiction which has already made policy changes which minimize the number of necessary court appearances. In York County, Maine, all cases of sexual and/or physical child abuse which have reached resolution in the past eighteen months are being studied (n=35). Court records are being analyzed and prosecutors, law enforcement officers, and therapists are being interviewed. Finally, the child witnesses and their families are being interviewed as to their perceptions of the experience of court involvement. The results of these records analyses and interviews will be analyzed in hopes of identifying factors which are associated with more positive experiences for child witnesses and their families after a child decides to tell the authorities.

A.9, #31, R

COMPARATIVE TREATMENT OUTCOME STUDY

Contact:

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Aurora Community Mental Health Center
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Aurora, CO 80014
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Speakers:

*Deborah L. Sebring, PhD
Vicki Novak
Blu Wagner*

There is little question that child abuse takes a tragic toll on its victims. To date, the efficacy of our clinical interventions has been equivocal. It is the premise of our day treatment program that the psychological sequelae of severe maltreatment in childhood results in a specific constellation of adaptive patterns by adolescence. We propose that the most appropriate diagnosis for these teenagers is not Conduct Disorder or Oppositional Defiant Disorder - but Post-Traumatic Stress Disorder (PTSD). The philosophy and treatment components of this program reflect our belief that a PTSD model of intervention is the treatment of choice for these youth.

In order to study the efficacy of our treatment model and those of three other types of facilities, we were awarded a grant in the amount of \$620,000 by the National Center on child Abuse and Neglect for a treatment outcome study. Over the next five years, we will be interviewing and testing a sample of approximately 200 adolescents. The study will assess participants on a range of behaviors and personality factors associated with PTSD. Testing will be done upon admission and discharge as well as at two post-treatment follow-up times. In the initial assessment phase (to begin this spring) we will be testing our hypothesis that these troubled youth meet the criteria for a diagnosis of PTSD. In the post-testing phase, we hope to shed some light on the types of therapeutic interventions which work best with these adolescents.

Monday, 8:00 pm, #41

LAUGHTER MATTERS: A PLAYSHOP IN CELEBRATION OF OURSELVES

Contact:

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Denver, CO 80218
303-777-7997*

Speakers:

Donna Strickland, MS, RN, CS

Laughter Matters is a playshop designed to help those who are serious, dignified and professional to lighten up. This is a playful, high energy, participatory presentation that creates an atmosphere of fun in order to solve our human problems. It offers you a new freedom of taking yourself lightly while taking your work in life seriously. We will explore techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations and all that not-so-funny stuff.

This playshop will also explore myths regarding laughter and tears, the neurophysiology of laughter, and the process of healing ourselves as we heal others. This playshop is experiential, cathartic and full of surprises.

Following this fast-paced, practical and entertaining session, participants will be able to:

- Develop a systematic program of personal humor enhancement.
- Identify laughter, humor and play techniques to improve one's ability to deal with adversity and change.
- Learn a variety of skills and ideas for tapping one's own laughing place.
- Apply use of humor and creativity in business, healthcare and education.
- Explore the use of laughter as a way to get to tears and grief in the healing process.

C.12, #42, R

ADVANCING COMPETENT CPS PRACTICE: COMPUTER TRAINING

Contact:

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Speakers:

*Patrick Leung, PhD
Kay Stevenson, PhD*

For the past two years, the University of Denver, in conjunction with the Colorado Department of Social Service (CDSS), has been developing and testing state-of-the-art computer- and video-based training and evaluation for entry-level CPS caseworkers. This federally funded project, the only one of its kind nationally, is being examined by many states faced with problems of unskilled workers who must demonstrate competency to both their communities and court systems.

A total of 157 beginning CPS workers participated in the computer-based training (CBT). Computer-based testing was developed to determine the impact of training. Pre and post tests were conducted. Findings suggest that CBT is effective in increasing the knowledge base of CPS workers in the areas covered by the curriculum. These areas include: rules and regulation; investigation; procedures and interviewing skills, ability to document and reflect familiarity with requirements for reasonable efforts to prevent out-of-home placements.

The video-based training included 121 CPS workers. The focus of the three-day training seminar is on interviewing skills training in child sexual abuse cases. Pre and post simulated interviews were conducted and evaluated, using an instrument developed as part of the project. Results indicate that trainees demonstrate significant improvement in initial interviewing skills in post test evaluation.

The presentors will: 1) Describe computer- and video-assisted instruction and evaluation techniques developed in this project, highlighting significant strengths and limitations of the approaches; 2) Discuss the testing instruments and report findings from both training approaches; and 3) Explore the implications of strengthening on-the-job training and evaluation efforts for CPS agencies.

A.1, #43, PL

NATIONAL PTA CHILD PROTECTION AND SAFETY ISSUES: IMPACT ON POLICY PROTECTIONS OF CHILDREN AND FAMILIES

Contact:

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Speakers:

Sheri Williams
Yvonne Parker

The National PTA, with over 7 million members in more than 27,000 local units, has been involved in child protection efforts throughout its 94-year history. Each November the association observes National PTA Child Safety and Protection Month. The annual observance focuses on six priority issues: child care, domestic violence, fire safety, bus safety, sports safety and stress.

National PTA's prevention programs have a twofold purpose: 1) To equip parents with the skills they need to raise and protect their child; and 2) to encourage parents and community leaders to speak out for adequate resources and policy protections for children, youth and their families. Indeed, we in the National PTA have had significant successes that we can point to: including the following:

- The National PTA and the Keebler Company developed a video called, "Leading Children to Self-Esteem," showing parents that every day, even in small ways, parents directly influence their children's self-image.
- The National PTA helped design a shopping mall display/ride to teach children traffic safety with the Henson Muppet Traffic Safety Program.
- The National PTA worked with the National Youth Sports Coaches Association to establish standards for youth sports, and to provide training for volunteer coaches and parents involved in youth league programs.

In addition to these cooperative efforts, the National PTA also adopts legislative directives and resolutions. In 1990, members reaffirmed their support of prevention programs for victims and families. In 1989 delegates adopted a resolution opposing corporal punishment and urging school districts to develop positive discipline policies and procedures. Other recent resolutions concern such critical issues as: school violence, environmental hazards, and school bus safety.

National PTA's advocacy efforts are founded on the belief that parents and schools working together, with the assistance of government and private industry, can help prevent abuse and neglect and make a powerful difference in the lives of all children, youth and their families.

A.15, #44, PP

SCHOOL AND FAMILY MEDIATION STRATEGIES FOR FAMILY AND CHILD ABUSE PREVENTION

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Speakers:

Melinda Smith

This session will present two program approaches to violence and child abuse prevention which use the process of mediation to teach and model non-violent and constructive expression and resolution of conflict. Mediation is a method of dispute resolution that enables people involved in a conflict to reach a mutually acceptable agreement with the help of a neutral third party mediator. The programs school mediation and parent/child, are currently being implemented by the New Mexico Center of Dispute Resolution.

The goals of school mediation are to teach children the skills of conflict resolution, anger management and problem solving for positive expression and resolution of conflict through curriculum introduced in the classroom; and to establish a school climate committed to the mediated resolution of conflict through peer mediation programs. Students and teachers are training as mediators to mediate conflicts that arise in the school setting. The ultimate goal of this program is to create new norms for appropriate behavior in social interactions in the environments of school, the home, and community. It is a long term violence and abuse prevention strategy.

The second program uses the mediation process to help families in crisis negotiate rules and expectations for daily living. Mediation models negotiation and communication skills for parents and kids and helps them build trust for resolving larger issues in the future. The process empowers both parents and children and can prevent maltreatment of kids in family conflict situations.

The proposed session will demonstrate the mediation process used in both programs through role play and video tape and present program implementation and evaluation information. Both programs serve a diverse cultural and ethnic population in New Mexico, which will be addressed in the presentation.

C.18, #47, R

FINDINGS FROM A SCHOOL-BASED, PUBLIC-PRIVATE PARTNERSHIP PROGRAM FOR TEEN PARENTS

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Speakers:

*Dinae Fuscaldo, MSW
Yvonne Duncan*

There has been a growing concern regarding teenage pregnancy and its pervasive and enduring social, economic and educational consequences. The economic costs alone are staggering with estimates of the federal government spending almost 20 billion dollars in 1988 for AFDC, foodstamps, and medicaid for families in which the mother first became pregnant as a teenager. These figures do not include the potential long range costs which have been correlated with teenage pregnancy such as child abuse and neglect, unemployment, underemployment, ongoing health problems, remedial education costs, juvenile delinquency, substance abuse, and out of home placement to name a few. In an effort to effectively combat the consequences of teenage parenthood in Plainfield, N.J., the Plainfield School Based Youth Services Program, the AT&T Foundation and the New Jersey Chapter, National Committee for Prevention of Child Abuse, developed a partnership to provide comprehensive school-based child care, parenting education and life skills training to teen parents and their children. This presentation will discuss the first-year research findings from a three-year federally funded study designed to: 1) Test the utility of this corporate/public/private partnership; 2) improve evaluations of programs of this kind by including control groups and follow-up of teen mothers and their babies; and 3) measure specific program outcomes including, parenting attitudes and beliefs, quality of parent-child interactions, school performance, level of social support, progress in job and life skills, and developmental progress of the children.

D.5, #48, R

PREVALENCE AND SEVERITY OF CHILD MALTREATMENT BY FAMILY FOSTER CARE PROVIDERS

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Speakers:

*Mary I. Benedict, MSW, DrPh
Susan Zuravin, PhD
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Since the mid-1970's the foster care system has been under increasing scrutiny by a variety of professional groups. As a result of this attention permanency planning legislation has been implemented, and many jurisdictions have proposed standards for reform in the provision of essential health and welfare services to foster children.

Despite these accomplishments, there is concern that children placed in foster care for their own protection may not be receiving the care that the state has an obligation to provide. These children already at risk because of their experiences with their biological families may be further harmed, physically and emotionally, while in out-of-home care. Very little systematically collected information is available to understand and characterize maltreatment by foster care providers as compared to maltreatment in the general population.

To address this issue, a three-year in-depth record study is in progress to investigate factors associated with child maltreatment by family foster care providers in an urban jurisdiction. Data collection using Protective Services report information (the first study phase) is complete and analysis is in progress. This report will present data on the reports related to all 300 foster homes in Baltimore City, MD, that had an allegation of maltreatment between 1984-1988. Those reports will be characterized by type and severity of maltreatment and compared with reports received from the general community. Prevalence figures for maltreatment in foster homes as compared to the community will also be present.

A.9, #49, PP

POST-TRAUMATIC STRESS DISORDER IN CHILDREN

Contact:

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Speakers:

Mindy F. Mitnick, LP

For child sexual abuse victim, Post-traumatic Stress Disorder (PTSD) often goes unrecognized and, therefore, cannot be treated. The signs of PTSD in children can both resemble and differ from those seen in adults. This presentation will focus on identifying PTSD in children and on intervening effectively to eliminate these complex and persistent set of problems associated with PTSD.

The workshop will address the use of specific play, art, and cognitive therapeutic techniques to help children describe and overcome the sources of trauma. Developing pragmatic strategies to deal with specific fears, traumatic reminders, re-enactments, distressing memories and dreams, and heightened anxiety will be addressed. The workshop will also deal with how to assist parents in dealing with their own reactions to the child's trauma and they can help resolve the child's symptoms effectively.

B.13, #52, R

FINDINGS FROM THE SECOND NATIONAL INCIDENCE STUDY

Contact:

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Speakers:

Jane Powers
John Eckenrode
Shelia Ards
Adele Harrell
Andrea Sedlak
Karen McCurdy, MA

This session will include presentations from a panel of researchers who have conducted secondary analyses with data from the Second National Incidence Study (NIS-2). Mandated by Congress in 1984, the purpose of NIS-2 was to assess the current national incidence of child abuse and neglect, and to determine how the severity, frequency, and character of child maltreatment changed since 1980 when the First National Incidence Study (NIS-1) was completed.

NIS-2 followed a similar design to NIS-1: From findings obtained in a probability sample of 29 counties throughout the United States, national estimates were derived of the numbers and characteristics of abused and neglected children who were recognized and reported to the study by "community professionals" including local Child Protective Services (CPS), staff as well as staff from a variety of other non-CPS agencies (such as schools, hospitals, police departments, probation authorities, etc.).

After a brief overview which describes the basic design and methodology employed in NIS-2, the four presentations will address questions raised in the following substantive areas:

- CPS awareness of child maltreatment: What proportion of all cases are known to CPS? How do cases which are known to CPS differ from cases which are not known to CPS? What factors predict whether a case will be known to CPS?
- Reporting patterns of child maltreatment: Do agencies differ in the types of cases which they report? Are certain victims known by agencies and not reported to CPS? Do certain agencies disproportionately underreport certain types of children?
- Demographic predictors of maltreatment: What factors contribute to the likelihood that a child will experience on type of abuse versus another?
- Gender and age differences: Is there a relationship between age, gender, and type of maltreatment?

Additionally, a discussant will be on the panel who will evaluate and synthesize the themes and issues raised by the presenters.

S.8, #53, PP

CHILD ABUSE: TAKING THE STAND -- PHYSICIANS TESTIFY IN FAMILY COURT

Contact:

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Speakers:

*Brian Quinn
Howard S. Schwartz, MD
Susan Kaplan
Mary Tavon*

Child abuse! In a unique collaborative endeavor between the Medical Society of the State of New York and the New York Bar Association, an educational video and manual have been produced to guide physicians and other health care professionals through child abuse Family Court proceedings.

The objective: to help physicians become more effective participants in the legal system that safeguards the rights and interests of children who have been abused sexually, physically or emotionally.

The 30-minute video provides a dramatic look at three types of child abuse cases, demonstrating the crucial role physicians play in Family Court proceedings, where the best interests of the child are always at issue before the court.

The accompanying manual which parallels the video offers additional background information including a glossary of terms, as well as practical exercise.

"Child Abuse: Taking the Stand" will be distributed through medical schools, medical societies, medical academies and legal organizations as an educational tool. The videotape and manual will serve as a basis for continuing education courses which will both encourage physicians to come forward and testify, and give them the knowledge to testify fully and forcefully. It is also hoped that these materials will ultimately motivate physicians to report cases of child abuse in the first place.

B.1, #55, PP

HUMAN PAPILLOMA VIRUS IN CHILDREN

Contact:

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Speakers:

*Elizabeth E. Gilles, MD
Barbara S. Hitchcock, MA, MFCC
Sandra L. Elvik, RN, MS, CPNP*

The frequency of Human Papilloma Virus (HPV) in children and adolescents is unclear. Transmission routes include vertical transmission from the mother, sexual and nonsexual contact. The latency phase for HPV is controversial.

Prior to the study period, 2-3 children/600 sexual abused evaluations per year were identified with HPV infection. During the 6 month study, 13/268 children evaluated for sexual abuse were identified with HPV; a 12-fold increase in frequency.

Ages range from 13.5 months to 17 years. 84% were female. Team entry point was most often physicians or law enforcement. Children disclosed sexual abuse in 71% of cases. Cases not referred to the team (4/13) were noted for being problematic.

Fifty-five percent of cases were symptomatic including bleeding and itching (66%), burning (50%) and pain (33%). Children with HPV had a higher incidence of physical findings consistent with sexual abuse (46%) compared to all children evaluated for alleged sexual abuse during the study (24).

Nine of 13 cases received treatment. Treatment methods included podophyllin (44%), trichloroacetic acid (TCA) (22%) and laser surgery (33%). All children treated with podophyllin or TCA improved. Consultative services included gynecology (76%), dermatology (38%) and gastroenterology (15%).

The increase in prevalence is notable as population demographics and referral base remained stable. A finding of HPV lesions was associated with increased likelihood of abnormal genital findings. Lastly, multi-disciplinary team approach was essential in optimizing evaluation and treatment.

D.9, #56, R

OPTIMIZING OUTCOMES AND RESOURCES FOR EFFECTIVE CHILD PROTECTIVE SERVICES

Contact:

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Speakers:

*John D. Fluke
Homer Kern
Patricia England*

This presentation will describe a project initiated by a large state Department of Human Services to relate the management of protective services resources to outcomes resulting in a resource decision support system that optimizes service delivery. The presentation will report on the research and development of a model which integrates workload, unit costing and outcome data. All CPS services carry a "load" consisting of three key components: 1) Worker time; 2) cost of delivery (unit cost); and 3) service outcome. Given an established level of staffing and budget, an effective CPS service delivery system is one that maximizes beneficial outcomes and utilization of worker time, while simultaneously minimizing costs of service delivery.

This model building approach is based on linear programming techniques which provide targets specifying the number and type of services that are an optimal use of resources. For example, the optimization model might recommend that an agency provide roughly 300 family reunification service units and about 150 temporary substitute care service units. Ideally, such a model could be used by agency managers to guide the development of a resource utilization and implementation plan. Another use of the model would be to evaluate the relative success of the resource utilization planning in order to modify planning targets and implementation plans. In particular, the model could be used to predict the likely impact on the capacity to provide services if targets aren't met.

Despite the obvious utility of the models for planning, the presenters will also discuss the challenges of using such models in complex child protective service delivery systems.

C.12, #57, R

MEASURING COMPETENCY TO CONDUCT INVESTIGATIONS

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Speakers

*Larry J. Wright
Kay Stevenson*

Presentation describes a three day skill based training for entry level Child Protection Service (CPS) staff designed to enhance trainee's ability in conducting a developmentally appropriate and legally sound investigation of child sexual abuse. Training includes a half-hour video taped mock interview between the trainee and a trained model using standardized CPS case scenarios. Dual feedback, both impressionistic from the trainer and fellow trainees and statistical from trained professional raters, is provided to the trainee. A two year joint project between Denver University Graduate School of Social Work and the Colorado Department of Social Services Office of Staff Development refined existing training and developed competency measurement tools, including a 50 item three point Likert rating scale.

The presentation will: 1) Provide an overview of the training content, process, environment and target group; 2) describe the development of competency measurement and trainee feedback reports as well as the validity and reliability testing applied to the instrument; 3) explore the dual feedback process, both immediate (i.e. from child model's, trainer's, and fellow trainee's perspective) and substantive (i.e. from video raters using the Likert evaluation); and 4) discuss the development of additional training (models and video raters) and technical aspects video raters guide.

B.11, #58, PP

COMMUNITY RESPONSE TO CHILD VICTIMS AND THEIR FAMILIES

Contact:

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Speakers:

M. Elizabeth Ralston, PhD

The Child Protection Act and the resulting state laws mandate the protection of children from abuse and neglect. These laws reflect an intent to protect children but their implementation often falls short. A focus on adult needs or agency procedure often protects us but may fail the child and his/her family. The LCC effort prioritizes the child and is child focused and family centered. This community program is a result of the entire response community uniting around the conviction that these children can only be served effectively through total integration of child protective services, law enforcement, medical, legal and mental health agencies.

The development of a central facility was recommended by the Charleston County Delegation. The Junior League of Charleston, Inc. provided the initial financial and volunteer support for the implementation of this recommendation. The City of Charleston has provided space for the facility for \$1 year. Local businesses, civic clubs and individuals have provided the supplies, labor and funds for renovation of this 7000 square foot space. Each agency has assigned staff to co-locate in this facility in support of this community program. Funds for the operational costs come from foundation and government grants, as well as, from the participating agencies. This effort truly Affirms the Root of the purpose of the initial Child Protection Act.

C.10, #59, R

PREDICTING TREATABILITY OF ACKNOWLEDGED NAVY INCEST PERPETRATORS

Contact:

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Speakers:

*M. Elizabeth Ralston, PhD
Nancy G. Harley
Rubin Greenburg*

The subjects of this study were 143 men on active duty in the United States Navy who acknowledge sexually abusing children within their family. The subjects were evaluated for admission into the Navy's Family Advocacy Program (FAP). The FAP provides a treatment option for incest perpetrators who meet the criteria of the program. The purpose of this study was to determine if variables found in the subjects's FAP records could be used to discriminate between those service members identified as incest perpetrators who were formally accepted in the FAP and successfully completed treatment (n=64), those who were formally accepted and failed to successfully complete treatment (n=33), and those who failed to be accepted into the FAP (n=46).

Variables were identified that discriminated between treatment success and treatment failure. Subjects were more likely to succeed in treatment if they abused a female child, did not have a history of violence, did not physically injure their victim, stopped if the child reported pain or asked that they stop, acknowledged their behavior immediately upon disclosure of the abuse, were court ordered via a child protection agency into treatment, participated in treatment focused on the family and had treatment that involved multiple components.

D.1, #60, PP

**CHILD ABUSE AND THE VULNERABILITY OF CHILDREN WITH DISABILITIES,
BIRTH - 5**

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Speakers:

Deb Jones

Research indicates approximately 75% of fatalities reported due to child maltreatment involve children that are under the age of five. Children with disabilities are found in alarmingly high proportions among the victims of abuse and 98% of these special needs children know their offender as a trusted adult. Children with disabilities may have behavioral problems or extenuating needs which put increased stress on parents, caregivers, and educators. Because of their disabilities, these children are vulnerable for abuse due to unrealistic and unfulfilled expectations by those in charge of their care, especially children who have invisible disabilities.

In addition to their increased vulnerability for physical and emotional abuse, children with disabilities may be more readily victimized by sex offenders due to factors surrounding isolation and their inability to tell others about maltreatment, in any culture. Also, social factors such as low self-esteem and the desire to please further increase their vulnerability and problems of impulsivity, or misunderstandings on non-verbal signs can place children with disabilities in situations beyond their control.

This workshop will include: special vulnerabilities in infants, toddlers and preschool age children who have disabilities for maltreatment, empowerment strategies for non-traditional family units and communities who are culturally diverse, how a child's development can impact maltreatment, strategies for prevention of child maltreatment in child care facilities, including child abuse prevention check lists.

This presentation will be presented through the use of lecture and handouts and is appropriate for people working in the area of education, social workers, therapist, nurses and caregivers. We believe it will be an important, timely inclusion in your conference.

A.8, #61, R

THE EXPERIMENTAL NATURE OF CHILD SEXUAL ABUSE PREVENTION TRAINING

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Speakers:

Jill Duerr Berrick, PhD

Data from various studies suggest that parents are highly supportive of child sexual abuse prevention training programs. While evidence from over 20 evaluations point to the limited effectiveness of this approach, it is not entirely clear what accounts for parent's enthusiasm.

Perhaps parents really have greater knowledge about the curricula than the data infer. There is also a reasonable possibility that parental judgements in this instance are influenced by both the positive goal of sexual abuse prevention training and faith that the public institutions which support these programs have good evidence that this purpose is being met. Indeed, many States tacitly endorse prevention training programs for children by funding or encouraging their organization. As programs become more firmly established in schools across the country, parents may believe that no harm and, in fact, some good may come from these efforts.

However, there is mounting evidence which suggest that the programs may not be entirely innocuous. Although the research is not conclusive in determining the degree to which negative outcomes will occur in children as a result of participation in training programs, the findings do contribute to misgivings about the potential for unintended consequences.

Reviewing a growing body of literature and presenting data from two surveys conducted by the author which examine parental knowledge of and satisfaction with child sexual abuse prevention training programs, parental responses will be examined in some detail. Further, a review of the potential strengths and weaknesses of prevention training as well as the intended and unintended consequences of such participation will be presented. In light of this research, it will be argued that the programs are in fact, in an experimental phase of development; not thoroughly tested, and with undetermined side effects for children and families. Moreover, new standards for establishing rules for obtaining informed parental consent before participation in these programs may be granted will be encouraged as a policy response for all States.

C.9, #63, PP

ATTRIBUTED RESPONSIBILITY IN CHILD WELFARE DECISION MAKING

Contact:

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Speakers:

*James R. McDonell, DSW
Elizabeth M. Tracy, PhD*

Increasing attention to the problem of child abuse has led to the development of national policy and program efforts aimed at reducing the risk of child maltreatment. Despite gains, however, there is evidence suggesting that the number of children who are abused continues to rise (Justice & Justice, 1990; Mayhall and Norgard, 1983). The magnitude of the problem has led to criticisms of child welfare workers' ability to adequately identify risk factors and make sound out-of-home placement decisions.

The decision making process is complex, affected by many different worker, agency, and family variables. Among the influencing factors is the worker's attribution of responsibility for the parent's behavior; scant attention, however, has been given to this issue. In addressing responsibility, workers consider the extent to which the parent's behavior is the cause of the child being placed at risk, the extent to which the parent knew or should have known that their behavior placed the child at risk, the extent to which the parent intended to engage in the behavior, and the extent to which factors over which the parent had little or no control might have influenced the behavior. These four dimensions of responsibility have been discussed extensively in the theoretical and empirical literature on attribution theory (Fincham & Jaspars, 1980; Shave, 1981, 1985) and have been suggested in studies of child welfare decision making (Alter, 1985; Medlin, 1984; Pecora, 1988).

This paper will analyze child welfare decision making in the context of attribution theory. Current risk assessment tools fail to consider the degree to which workers are making social judgements of parents' behavior. Thus, risk assessment and decision making tools will be examined, and the role of attributions of responsibility as they influence decision making will be presented. A research methodology for evaluating the role of responsibility attributions in decision making will be described. Finally, implications for educating and training child welfare workers, and for agency intake procedures will be drawn.

D.22, #64, PP

SYSTEM CHANGES AS A RESULT OF FATALITY REVIEWS - A THREE YEAR PERSPECTIVE

Contact:

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Speakers:

Pamela Schirner

In 1988 the national infant mortality rate was 9.9 per 1,000 live births, with the United State ranking twentieth in the world in infant survival. Although the infant mortality rate in Ohio was slightly lower at 9.7, Franklin County's rate of 12.2 was dramatically higher, showing an increase of 3.4 percentage points over the 8.8 rate in 1987. In 1989 the county infant mortality rate went back down .8 of a percentage point to 11.4 - still 30% higher than the 1988 rate.

Faced with the growing national and local concern about child fatalities due to maltreatment, Franklin County Children Services (FCCS) made the decision in January, 1988 to develop and implement a bi-level, community-based, multi-disciplinary process to review all deaths of children on its open caseload, as well as deaths where Agency had contact with the child/family in the 12 months preceding the death.

The Franklin County Deceased Child Review System was developed as a fact-finding, data collection and systems analysis/change process involving five components: 1) FCCS specific case staffing; 2) database establishment; 3) county level reviews; 4) ongoing community education; and 5) system redesign.

The presenter will discuss briefly the development, implementation and findings of the review process, and focus on specific system and program changes that have resulted from the commitment of the multi-disciplinary review participants, including: High Risk Infant Prevention Project, Great Start Pilot Program, High Risk Screening Protocol Development; Social Worker-Public Health Nurse case collaboration and co-location.

To reduce risk and help parents better care for these fragile children, it is imperative that agencies share resources and collaborate regarding mutual clients to assure that the use of their resources is maximized and that families with high risk infants do not fall through the cracks.

D.9, #65, R

SINGLE-CASE EVALUATION DESIGN: DOCUMENTING CHILD PROTECTIVE SERVICES OUTCOMES

Contact:

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Speakers:

Thomas Cruthirds, DSW

Recent gains have been made in developing and employing improved techniques that enable competent practitioners to provide reasonable evidence of the extent to which CPS clients have benefitted from agency services. Of special importance are single-case evaluation/monitoring designs that recognize and reflect the unique imperatives associated with child protection services delivery.

The workshop will demonstrate the practical utility of selected new measures tailored to the specific context of CPS agency practice. Emphasis will be on several rapid assessment instruments that reflect changes in family adjustment through time. Measures of individual change, interpersonal change, and change in family/environment linkage will be presented and discussed. Focus will be on relatively uncomplicated monitoring designs and non-standardized measures that have practical/clinical significance.

Workshop discussion will include ideas on how such techniques may be helpful in service quality assurance and organizational accountability.

A.7, #69, PP

KEEPING FAMILIES TOGETHER - AN INTENSIVE PARENT TRAINING AND THERAPEUTIC PRESCHOOL PROGRAM

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Speakers:

Jean Phelps
Valerie Oldham, MEd

The purpose of the presentation is to discuss an early intervention model designed to work effectively with families exhibiting a number of risk factors, including: poverty, substance abuse, homelessness, unemployment, mental illness, and teen parenthood, among others, and to explore strategies that address the needs of this growing population. An intensive parent training program called Families Together, and a therapeutic preschool for high-risk children ages 6 weeks to 6 years are two of the programs that will be examined. Approximately 150 children and families are served each week in these programs. The goal of the programs is to assist parents in retaining their children in their own homes in a safe and secure environment. Intervention with families focuses on the strengths of the family as well as the needs, and staff work closely with families to ensure that the strengths are being built upon while the needs are being addressed.

Both programs are currently being replicated throughout the State and replication materials will be available to those attending the workshop.

The programs have documented their success through; lowering the need for foster care placements, decreasing child abuse reports, parent satisfaction surveys and child assessments.

Learning objectives: As result of this session, participants will be better able to understand the needs of high risk families and thereby work more effectively with this population. Participants will be given information on how to start programs, how to make existing programs more effective and how to access funding and gain community support.

D.1, #71, PP

MEDICALLY FRAGILE CHILDREN: HOLISTIC APPROACH

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Speakers:

*Jeanne Landdeck-Sisco, MSW
Rosie Dyer, RN
Nancy Davis Booth, MS
Anna Binkiewicz, MD*

The challenge of the 1990's and the decade ahead will be the impact of infants prenatally exposed to drugs and alcohol, the medically neglected and malnourished child, and society's ability to provide medical, social and educational services. Quality intervention services are crucial to later development, mediating and potential for disabilities. Since research has established the direct correlation between poverty and poor health, it is critical to implement holistic strategies and services which promote respect for the family's integrity, competence, individuality, and cultural diversity.

Casa do los Ninos in Tucson, Arizona, the oldest private crisis nursery in the United States, has implemented an holistic treatment program for medically fragile infants and children who also are victims of child abuse and neglect. Begun in 1973, Casa de los Ninos presently operates a 40 bed crisis nursery for infants and toddlers through age five, and a second 18 bed facility for children aged six through eleven.

The content of this presentation will focus on the specialized treatment approach for medically fragile children including medical screening and treatment, individualized diet and nutrition, developmental screening, recreational therapy, and a "cuddler" program. The "Adlerian-Based Primary Care Model" utilized by child care staff also will be discussed. A variety of specific cases will be reviewed via a slide show presentation.

This seminar will emphasize the need for out-of-home treatment programs to begin to address the physical and psychological components on intervention and the impact of the drug culture, violence, and poverty, in order to create a truly health therapeutic milieu.

B.17, #72, PP

INTENSIVE CRISIS INTERVENTION AND IN-HOME SERVICES WITH LOW INCOME, SINGLE, BLACK PARENTS WITH HISTORIES OF COCAINE AND CHILD ABUSE

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Speakers:

*Walter H. Smith, Jr.
Caroline (Graham) McGuire
Madeline Sample*

Family Resources is a private non-profit provider of a wide range of prevention, support, education and treatment programs for families experiencing risk of some form of child abuse. One of its programs, the Placement Elimination Program (PEP), provides crisis intervention services to eliminate the need for the removal of children due to child abuse. PEP only accepts families where the primary care taking parent is addicted to drugs or alcohol.

During the first eight months of operation, the program served 23 families with a total of 69 children. Each of these families has an addicted parent and each were involved with Children and Youth Services (CYS) of Allegheny County because of child abuse.

Sixteen of the 23 families (including 44 children) were low income, single Afro-American parents addicted to cocaine. All of these families received living skills training, emotional support, and concrete services from PEP. Fourteen of the parents received intensive inpatient drug and alcohol treatment while their children were safely supported without placement by PEP. One parent received outpatient treatment.

None of the children had to be placed by CYS although all children were at high risk of placement at intake. Two children were placed in relative's home by CYS at the family's request. Utilizing extended family resources, common in Afro-American families, proved quite effective.

The factors which have led to the program's success include: 1) PEP and CYS have established a high degree of cooperation, yet sustain distinct roles and function; 2) Cocaine addiction (versus alcohol) produces acute crises which are more readily identified by the user and family; 3) PEP mixes concrete services (cleaning, shopping, transportation) with counseling and support services; 4) PEP found a means of integrating family based treatment approaches which protect children and reduce placement with drug and alcohol treatment approaches; and 5) The client dictates the nature and course of services.

S.8, #74, PP

FORENSIC MEDICAL EVALUATION FOR THE MEDICAL PROFESSION

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Speakers:

*Martin A. Finkel, DO
L. Ricci*

This workshop will provide a comprehensive overview of the essential components of evaluating the sexually abused child. The presentation will detail the how to's of examining these children and the recognition of the acute and chronic residual to anogenital trauma and disease entities which may mimic sexual abuse. A current understanding of normal variations of anogenital anatomy and the dilemmas of the retrospective interpretation of changes in such will be highlighted. Clinical pearls will be presented to guide the clinician in examining the difficult child, collecting evidence and evaluating for sexually transmitted diseases. Extensive colpophotographic case material both in the form of slides and colpovideo photography will be utilized to illustrate 1) a full spectrum of normal variations of anogenital anatomy; 2) acute nonaccidental genital and anal injuries; 3) chronic residual to nonaccidental anogenital trauma; 4) variability of appearance to genital anatomy as effected by position and relaxation; 5) clinical appearance of all forms of sexually transmitted diseases; 6) anogenital diseases mimicking sexual abuse.

Formulating a diagnostic impression and the how to's of writing a report will be covered. This workshop is designed for physicians and nurse clinicians.

B.9, #81, PP

WHAT'S HAPPENING WITHIN THE CRISIS NURSERY NETWORK

Contact:

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Speakers:

*Mary Lynn Vaughan
Angie Fogel
Barbara Menzel, PhD
Jean Phelps*

The U.S. Department of Health and Human Services, Office of Human Development Services, awarded demonstration grants at the end of fiscal years 1988 and 1989 to selective states for the purpose of establishing full-time crisis nurseries for preventing child abuse and/or neglect. Additional grants will be awarded in 1991. The grants stimulated that the following components should be included in the crisis nursery programs: 24-hour service; referral to counseling/therapy services; access to primary medical service; staff training; and a public awareness program. This presentation will summarize the experiences of four of the agencies involved in implementation of the grant in the States of New Jersey, Ohio, Oregon, and Pennsylvania. Discussion will center around the programmatic offerings of the programs, evaluation of the goals and objectives of the programs, and results to date.

Discussion will also be directed toward the various approaches of the programs in providing crisis nursery services within the context of their own culturally, racially, and ethnically diverse communities. The four states utilize best practice prevention programming within a crisis nursery setting to accomplish the common goal of supporting children and families in the prevention of child abuse and/or neglect.

A.10, #83, PP

GROWING UP AGAIN: PARENTING OURSELVES, OUR CHILDREN

Contact:

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Speakers:

*Ruth Harms, EdD
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This workshop will give participants an opportunity to experience a video-based child abuse prevention program which focuses on developing/enhancing parenting skills. The series consists of 4 half hour video segments based on the book Growing Up Again by Jean Illsley Clark and Connie Dawson. The series and accompanying training materials can be used by trainers who work with parents, child care providers, educators and other professionals and volunteers who work with children.

Participants in this workshop will view segments of each video and take part in the accompanying training activities.

The following five components are the focus of the program:

1. Ages and stages - reviews major tasks for each stage of growth and discusses how children and adults recycle unmet developmental tasks over time and how this effects our interactions with children.
2. Nurture and structure - looks at needs of both the children and the adult caretaker, contrasts abusive and appropriate styles.
3. Legacy - examines the impact of your own family history on your interactions with children, focus given to uneven parenting.
4. Discounting and denial - acknowledges patterns and empowers change.
5. Self-care - integrated throughout the series and in the accompanying training materials.

A.13, #84, PP

EMPOWERING FAMILIES FOR PERMANENCY: A TEAM RESPONSE TO EXTENDED FAMILY CAREGIVERS

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Speakers:

*Helen B. Dennis
Angela N. Bau, MSW, LSW
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Communities nationwide have cited escalating needs to have extended family members assume parental responsibility for children victimized by drug addicted parents. The PA Department of Public Welfare reported a 30 % increase in child abuse in 1988, 70% of the cases involved parental substance abuse. Children of substance abusing parents, are at risk for medical complications, environmental neglect, and developmental delays.

All children, are entitled to a permanent, nurturing family, a family committed to providing a sense of security and belonging, a family committed to promoting the child's wholesome development. However, these children often remain institutionalized or drift in foster care while a potentially viable albeit underresourced extended family member could provide permanent homes with needed supports. Some children live with family without legally binding agreements which creates barriers to needed financial resource not to mention immeasurable emotional and psychological harm to the child. Grandmothers (and other extended family) do not receive the financial and social supports provided to foster families. Without access to legal advocacy many never get the resources to which they are entitled.

"Empower Families for Permanency" is a 15 month demonstration project funded by Pennsylvania Developmental Disabilities Planning Council. Philadelphia Society for Services to Children teamed with the legal services of the Support Center for Child Advocates, and obtained the supportive services of a family therapist and volunteer peer-providers to offer an array of supportive social and legal resources for the purpose of sustaining permanent homes for children with developmental disabilities. The concept of empowering extended family as caregivers is relevant to all children.

Workshop will delineate the effectiveness of a team approach, and the need to obtain legal advocacy and sensitize the participants as to the emotional and social issues for the child and extended family in stabilizing the home. The focus will be on urban, minority families, who historically have always been a resource for vulnerable children.

B.13, #85, R

FUNDING FOR RESEARCH ON CHILD ABUSE AND NEGLECT

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Speakers:

Malcolm Gordon, PhD

This presentation will discuss Federal and non-Federal sources of funding for research on child abuse and neglect. Differences among funding sources in how research is supported will be described, e.g., how funding sources communicate interest in particular research topics, how applications are solicited, and what are the conditions on support and for how long are research projects typically supported. Application procedures of these different sources will also be described, e.g., application forms, deadlines, and contacts within the funding sources. Depending on the number of potential funding source representatives able to attend the conference, more detailed discussion of application procedures, review criteria, and funding procedures will be described for the primary Federal funding sources for research on child abuse and neglect. Comments on how to plan research studies and to write an application to improve the researcher's chances of receiving funding will be given.

S.8, #86, PP

A MODEL PROTOCOL AND TRAINING PROGRAM FOR MEDICAL PRACTITIONERS ON CHILD SEXUAL ABUSE

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Speakers:

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Margaret McHugh, MD
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This paper describes a protocol, model curriculum and training program on child sexual abuse for medical practitioners in New York City hospitals.

Reports of suspected child sexual abuse in New York State have significantly increased over the last several years, i.e. 31% from 1986-89. Although these reports represent less than 5 percent of the total number of reports in New York State, the hospital and health systems are overwhelmed by the complex demands these cases create for medical, social and therapeutic services. To assist medical professionals in meeting their responsibilities pertaining to sexual abuse, the New York State Departments of Social Services and Health and the New York City Health and Hospitals Corporation issued protocols and sponsored a six hour training program which reached over 900 physicians, interns, residents, nurses, social workers and other medical practitioners and administrative staff from New York City hospitals and Health Department programs.

Case studies with slide and videotape illustrations will be used to demonstrate the protocol guidelines and training techniques for interviewing children from multi-ethnic and multi-cultural backgrounds and conducting a medical evaluation.

The major findings of a formative evaluation study of the training program will be presented. The most significant finding in this study is that the participants thought they needed further training to effectively meet the needs of children who may be sexually abused. The evaluation results indicate that the training program was successful in targeting health care personnel who are critical in the assessment and treatment of child sexual abuse. The overwhelming majority of participants highly rated the training program and said that it increased their sensitivity to the problem of sexual abuse of children as well as their skills in interviewing, diagnosis and assessment. Over one-third said as a result of the training they felt prepared to give in-service training in their respective institutions and programs. The study's findings have significant implications for designing future training programs for medical practitioners who must identify, assess and treat children who have been sexually victimized.

B.17, #87, R

AN EVALUATION OF HOME-BASED INTERVENTIONS: SERVICE DELIVERY RESEARCH METHODS AND RESULTS

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The programs under evaluation provide in-home family support services to ethnically and racially diverse low income communities in Los Angeles. The families served are referred to the private sector agencies by the public child welfare agency after they determine that intervention due to child abuse and/or neglect is necessary. One agency provides services in a largely African-American neighborhood; the second provides the same services to an area with one of the fastest growing Hispanic populations in the country. Preventive, early intervention, and ameliorative services are provided to families who face complex social, personal, interpersonal and parenting problems. Families are typically served in their own homes over a three month period, with frequency of contact ranging from one to seven hours per week depending on need and intervention phase.

The three-year evaluation, now in its second year, uses an experimental pre-test/post-test design and includes a follow-up six months after the close of treatment. Approximately 300 families are randomly assigned to either service or comparison groups, with comparison group families receiving "normal" public agency interventions. Major data collection instruments include: 1) Both worker and research interviewer completed Family Assessment Forms (FAF), a practice based instrument developed in one of the agencies which measures ten domains of family functioning; 2) both the parent and teacher versions of the Achenbach Child Behavior Checklist; 3) the HOME Inventory for families with pre-school children; 4) the Brief Symptom Inventory for parents; 5) information from the public sector's management information system; and 6) case record data.

The presentation will include a description of the service program; the design and execution of the study; descriptive data of the families at intake as well as other time 1 data, including agreement of social workers and researchers in the assessment of the family using different versions of the FAF, and agreement between parents and teachers on the behavior and performance of elementary school children; and preliminary data regarding service effectiveness at the close of service.

C.7, #90, PP

PRO BONO CHILDREN'S PROJECT: MENTAL HEALTH NEEDS

Contact:

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Speakers:

*Marsha Porter, MSW
Jim Lauer, MD
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In an era of budget deficits, and increased mental health care costs, communities across the nation seem to be looking for ways to better serve children and families unable to pay for services. In existence since 1988 and coordinated by the Mental Health Association of Colorado, the Pro Bono Children's Project employs a unique model to address this problem by utilizing volunteer licensed mental health clinicians to provide services for low-income children under 12. Through the project, mental health practitioners from the fields of psychiatry, social work, psychology, psychiatric nursing, licensed professional counseling, and marriage and family therapy are recruited to provide "pro bono" or free mental health services in six agencies that serve low-income children. The project specifically addresses the needs of a growing segment of Americans - the working poor. These are children and families that do not qualify for Medicaid, yet do not have sufficient income to pay for private treatment.

The Pro Bono Children's Project also targets children under 12 since very few mental health resources are available for the group. Additionally, the focus of the program is on early identification and treatment of children with mental health problems stemming from abuse and neglect, family problems, and myriad of other mental and behavioral disorders.

The Pro Bono volunteers all carry their own mal practice policies and provide a variety of mental health services including: one-to-one, group, and family therapy, evaluation and assessment, crisis intervention, information and referral, case consultation, and staff training and inservices. Although still relatively new, the project has been able to recruit 30 clinicians to serve 409 children and their families.

The project was developed by an interdisciplinary task force including representatives from six state-wide clinical societies: The Colorado Psychiatric Society, the Colorado Psychological Association, the Colorado Society for Clinical Specialists in Psychiatric Nursing, the Colorado Society for School Psychologists, the Colorado Society for Clinical Social Workers, and the Child and Adolescent Psychiatric Society.

Participants in this workshop will have the opportunity to learn about all facets of the Pro Bono Children's Project meet Pro Bono volunteers who will share their clinical experiences at their particular placements, and learn how to initiate a Pro Bono program in their community.

C.14, #92, PP

DRUG EXPOSED NEWBORNS: A COUNTY ATTORNEY-CHILD PROTECTION TEAM APPROACH

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Speakers:

Ann Stiehm Ahlstrom

In Hennepin County, Minnesota, innovative legal and social service strategies have been implemented to address wide-spread community concerns about drug use by pregnant women and the risk this may pose to their unborn or newborn children. These strategies provide for early intervention by a multi-disciplinary team and are designed to encourage corrective action while keeping the parent in the community and the newborn in the mother's care. We propose a three-part presentation by key members of the program design team:

Legal Perspective Minnesota statutes will be examined from the viewpoint of their intent to reduce risk to drug-exposed infants by providing for early detection. Mandatory reporting and toxicology testing will be explored as will legal definitions of neglect, authority for intervention, and legal protections for the child's ethnic and racial heritage. Probate Court commitment during pregnancy and Juvenile Court action after birth will be highlighted along with details of court-ordered case plans and outcomes.

Community Issues We will discuss community efforts by our office which resulted in a coalition of professionals and the legislature. Specific agency and community initiatives which resulted in changes in policies and practice will be cited.

Program Features Assessment and treatment effectiveness depends upon timely coordination among involved agencies including culturally appropriate treatment facilities to remove intervention barriers. Members of Child Protection, Public Health Nursing, Chemical Health, and the County Attorney's Office have formed a team which meets regularly to share information and decide strategies for intervention both on an individual case and policy basis. Referral, assessment of risk to child, intervention and evaluation issues will be discussed as well as how this treatment model might be adopted to other areas of the country.

C.8, #97, PP

A COMMUNITY RESPONSE TO FAMILY ABUSE

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Speakers:

*Susan Klein-Rothschild, MSW
Lenore Walker, PhD
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How does one implement a program to prevent and address child abuse and neglect in a community which continues to deny or ignore the existence of family violence among its members? This was one of the key questions of the Denver Task Force, "A Jewish Response to Family Abuse."

The task force began in the Spring of 1990. The group sought participation of individuals representing key community components who would be able to identify and provide services to abusive families. The involvement of lay community members and the Allied Jewish Federation were essential elements in developing a credible, recognized task force. The task force developed a plan to educate itself, educate others and provide a service delivery network that would work in conjunction with the public system. It was recognized that the current system was not able to effectively meet the needs and a Jewish connection would be more readily consulted by those in the Jewish community. Three key goals of the task force were: 1) The group would focus on all types of family abuse and take an integrated approach; 2) There must be a hub of information and referral from within the Jewish community which could be accessible to all members of the community; and 3) there must be an integrated training program to educate Rabbis, mental health professionals, physicians, attorneys, educators, victim advocates and the Jewish establishment.

The Jewish population of the United States is approximately 2-3% of the total population. Like any culture, ethnic or religious community, there are issues or concern which are particular to the Jewish culture. The process of identifying the necessary considerations and developing a strategy sensitive to those unique concerns are central to sufficiently implementing that strategy.

We are presenting our program which may be used as a model for many different communities. The presentation will include a variety of presenters and written materials which define the process and progress.

D.10, #98, PP

AN AUTOMATED INVESTIGATION AND RISK ASSESSMENT SUPPORT SYSTEM

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Speakers:

Louis F. Cicchinelli, PhD

Decreasing resources, high worker turnover rates, and an increasing number of child maltreatment reports are trends which are challenging social services agencies to find innovative ways to deliver effective child protective services more efficiently.

The purpose of this project is to design and develop a computer-based job aiding system (IRASS) to assist CPS workers in planning and conducting case investigations, managing the information collected, summarizing the case status, and suggesting possible courses of action based on an assessment of a child's current level of safety and risk of future harm. Phase I of the project focused on the development of the functional specifications for IRASS and the completion of a limited computer-based demonstration. During Phase II, a complete prototype is being developed and field tested.

IRASS addresses the need for simplified risk assessment methods, automated case management support, on-the-job training, and on-demand technical assistance to workers while providing improved accountability and productivity within CPS agencies.

A.8, #101, R

CHALLENGE: EVALUATING THE EFFECTIVENESS OF A NEW PROGRAM FOR AT RISK YOUTH

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Speakers:

*Sherryll Kraizer
Susan S. Witte
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Recognizing the overall interrelatedness of many of the problems facing children, and the pervasive role of low self-esteem and a lack of basic life skills in virtually all areas of social dysfunction, the viability of broadening prevention resources to more effectively address this range of problems and deficits needs to be explored.

This project included the development and formative evaluation of a curriculum for elementary school age children which sought to increase the children's ability to prevent abuse, to develop communication, decision-making, and problem-solving skills, and to enhance self-concept and self-esteem. The Program is a group program using a standardized curriculum of instruction with a strong emphasis on role-playing and application of the range of skills being taught. The Program is designed for use in the classroom or in small groups in another setting.

Treatment (n=99) and control (n=75) groups of children (age 5-9) from urban, suburban and rural schools participated in the program evaluation. A "measure of risk" instrument was piloted using environmental factors of risk such as child abuse, death in the family, poverty, etc. and personal school-related risk factors such as disruptive in class, withdrawn, poor concentration, specific academic problems, etc. This resulted in a rating score of relative risk ranging from 1 to 76 in the total group of children. Quantitative measures of child performance included behavioral change associated with reduction of risk to abuse as measured by role play and level of self-esteem in pretest and post-test. Qualitative measures included teacher and parent reports of child response and behavioral changes.

Following the intervention, treatment group children demonstrated a significant increase in behavioral skills across all groups. More importantly, however, the intervention had the greatest positive impact for those children identified as being at greatest risk. The importance of this finding cannot be stated too strongly in a time when allocation of inadequate resources must reflect attenuation of need.

B.4, #105, R

IMPACT OF RESIDENTIAL TREATMENT ON BEHAVIOR AND EMOTIONAL PROBLEMS OF ABUSED CHILDREN

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Speakers:

William A. Shennum, PhD

Abused children frequently develop behavioral and emotional problems requiring professional intervention. In cases where a child's behavior becomes severely violent or self-destructive, placement in a residential treatment center (RTC) may be made to provide 24-hour care. However, systematic research on the effectiveness of RTC's is only just beginning. Empirical data tell us neither the types of problems most amenable to residential treatment nor the effectiveness of specific therapeutic interventions within the RTC milieu. In order to generate such data, RTC's need to study improvement rates of various behavioral/emotional problems and to perform controlled investigations of specific interventions. Two research studies will be presented here which attempt to do this.

The first study included 80 ethnically diverse children (average age = 8 years) placed in a RTC in Southern California (average length of stay = 22 months). Pre- and post-treatment measures of behavioral and emotional problems were collected, along with background/demographic and follow-up data. Statistical analyses focused on differential improvement rates for aggressive and non-aggressive problems, and on predictors of treatment outcome. Results indicated that history of physical abuse and aggressive behavior were significant risk factors in treatment, predicting only moderate improvement and relatively poor post-treatment adjustment. Success rates were higher for non-aggressive problems such as depression and anxiety.

A second study was carried out in the same RTC to evaluate a specific treatment modality, expressive play therapy (art and movement therapy). The goal of expressive therapy was to provide children with opportunities to express their emotions in a play-oriented therapeutic setting. Forty-two children were randomly assigned to receive varying amounts of art and/or movement therapy for a test period. Progress was measured via standardized behavior scales. Results indicated that, if provided in adequate amounts (2 times per week), expressive therapy was effective in reducing aggressive acting-out and improving emotional responsiveness.

Both studies were conducted by the RTC's internal research department and attempted to add to the general body of knowledge about treatment of abused children. Perhaps more important, however, was the fact that program staff also became involved in the research process and were encouraged to utilize findings to improve their programs. A healthy working relationship developed between researchers and treatment staff which enhanced the level of professionalism in the RTC's work with abused children.

C.4, #107, PP

THE UTILIZATION OF ART FOCUSED GROUP THERAPY IN THE TREATMENT OF SEXUAL ABUSE

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Speaker:

*Cynthia Carey, MSW
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It is estimated that 250,000 to 300,000 children in the United States experience some form of sexual abuse. The sexual abuse experiences range from exposure to exhibitionists and voyeurs to sexual contact. Commonly used figures in 1985 are that one-third of adult American women and one-sixth of adult American men have experienced some form of childhood sexual abuse or sexual exploitation.

In Colorado 27% of the 1984 reported child abuse and neglect cases were sexual abuse. With the dramatic increase in the reported cases of sexual abuse a dilemma became apparent; that of limited treatment resources for sexual abuse victims.

Art-focused therapy has several goals for the time limited group. One difficulty many sexual abuse victims encounter is that of feeling different or that everyone will "know" what has happened to them. Group therapy helps these children recognize they are not alone and provide a safe environment to express themselves.

Through a variety of art media the children address such issues as trust and safety; recognition and verbalization of their feelings; self-esteem; socialization skills and relationships; and mastery over their environment. In these groups the different art projects can elicit children's feelings regarding the abuse without being significantly intrusive.

The art-focused group therapy techniques discussed can be adopted and used with clients in many different treatment modalities.

A.3, #108, R

GENITAL INJURIES RESULTING FROM SEXUAL ABUSE: A LONGITUDINAL STUDY

Contact:

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Speakers:

John McCann, MD
Joan Voris, MD
Mary Simon, MD

Three children who incurred genital injuries as a result of a sexual assault were followed on a longitudinal basis in order to document the anatomical changes which ensued. The subjects, who were 4 months, 4 years 5 months and 9 years of age, were followed over periods of time ranging from 14 months to 3 years. A multimethod examination approach and a 35 mm camera mounted on a colposcope were used to examine and record their injuries. Signs of the acute damage disappeared rapidly and the wounds healed without complications. Following the resolution of the acute injuries, the changes created by the trauma remained relatively stable throughout the prepubertal years. The size of the hymenal orifice remained small and constant with the most persistent findings being irregular hymenal edges and narrow rims at the point of injury. Over time the jagged, angular margins smoothed off. Disruption of the hymen exposed underlying longitudinal intravaginal ridges whose hymenal attachments created mounds or projections. There was little apparent scar formation. With the onset of puberty, the hymenal change in the oldest subject were obscured by the hypertrophy of this membrane. An examination technique which used a Q-tip to separate the redundant tissue demonstrated that the signs of trauma had survived. The posterior fourchettes injuries healed with minimal scar tissue and little evidence of the trauma. A multimethod examination approach and the use of magnification proved to be helpful in detecting the hymenal changes.

C.15, #109, PP

"DADDY TIME" FINALLY! A PROGRAM FOR US (ADOLESCENT FATHERS)

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Speakers:

*Jean Spicer
Sidney Reed*

Young fathers have long been overlooked in the social services arena. Realizing the overwhelming crises that often loom in the future of adolescent mothers, programs targeting this population have increased greatly across the nation. In contrast, society has not addressed the very real, and also overwhelming, needs of the adolescent father. There are many justifications for this disregard: teen fathers are sometimes hard to identify and locate; they are often unemployed and under-educated; they are often no longer involved with the child's mother; and perhaps most tragically, they often do not have a sense of the importance of the paternal role. These factors make it all too easy for young men to equate fatherhood with procreation. Many children to teen mothers are growing up without the benefit of a caring paternal relationship, and many young men are missing out on the joys of active fatherhood.

In Lee County, Alabama, a child abuse coalition and a mental health center have teamed up to provide a program for young fathers. "DADDY TIME" is a 10-week program which addresses such topics as employment readiness, communication, child development, and fathering skills. The program rotates among 4 county areas and also provides an on-going bi-weekly support group. Participant feedback indicates that the program is very helpful in meeting the needs of this very special population.

Funding, recruitment, curriculum, and evaluation will be discussed.

A.13, #110, PP

FAMILY PRESERVATION - AN ALTERNATIVE TO OUT-OF-HOME PLACEMENT

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Speakers:

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Palmer Johnson, BSW
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The El Paso County Family Preservation Program is a new program designed to prevent the out-of-home placement of at-risk children through intensive, in-home crisis intervention and family education.

The El Paso County Family Preservation Program is utilizing the psycho-educational model developed by Homebuilders which began in Tacoma, Washington, in 1974. Since that time, homebuilders have experienced tremendous success and has expanded to include several other sites around the country.

Bringing this program to El Paso County was achieved through the determination and commitment of many people. The Joint Initiatives for Youth and Families (whose members include top-level executives from the Department of Social Services, Division of Youth Services, JTPA, Mental Health Center, four local school districts, District Attorney's office, Health Department and Juvenile Court) together with the Colorado Trust made the creation of this program become a reality.

Our program is relatively unique in the intensity of services provided and the philosophical base from which we operate. Our therapists work with only two families at any given time enabling them to spend 15 - 20 hours on each case, meeting with the families in their natural environment -- their homes. We are also available to clients 24 hours a day, seven days a week.

While safety is our primary concern, we also believe that children and families belong together unless the risk of violence is such that, even with intensive intervention, the children are at risk of harm. Our other beliefs are: 1) No family is hopeless -- we are unable to predict who will and will not experience success; 2) It is our job to instill hope; 3) Our clients are our colleagues -- we actively involve them in problem identification, prioritization and resolution; and 4) People are usually doing the best that they can, given their knowledge and life experiences.

Our program services the families of children from 0 - 18 who are identified as being at imminent risk of out-of-home placement. Referrals come directly from the Department of Social Services, the Division of Youth Services and three local school districts, all of who contract with us.

One year data will be presented as well as detailed accounts of our intervention with two families.

B.3, #111, R

COMPARING ADULT SURVIVORS OF EMOTIONAL, PHYSICAL AND SEXUAL ABUSE

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Speakers:

*Louise Silvern, PhD
Tiffany Wind
Jane Karyl
Lynn Waelde
Avigail Moor
Ann Shields
William F. Hodges*

There is currently debate about the extent to which physical, sexual, and emotional abuse have distinct versus similar psychological consequences for victims. Moreover, little is known about whether different or similar mediators contribute to individual differences among victims of each type of abuse. This workshop addresses these issues in terms of the results of two retrospective studies. Participants were, first, a community group of 259 women (ages 19-70) and, second, 813 college student men and women. The findings demonstrate that, with some exceptions, participants who reported any type (or combination) of severe abuse were distinguished from non-abused participants by a surprisingly similar pattern of psychological difficulties. Elevations in this pattern were associated with indices of severity within each abuse type. In regard to mediators of relationships between abuse and adjustment, women appeared more vulnerable to the effects of physical (but not sexual) abuse. Additional mediators addressed include: parenting practices, non-abusive childhood stressors, and the nature of adults' responses to children's disclosures of abuse. Some mediators of the consequences of abuse also provided to elevate the risk of its occurrence (e.g., parental divorce). Finally, there will be discussion of the implications for research methods and for developing intervention programs.

C.10, #114, PP

REACHING OUT FROM WITHIN: SELF HELP PROGRAM

Contact:

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Speakers:

SuEllen Fried

The correlation between child abuse and incarceration has been widely documented. A self help program in Kansas prisons encourages male and female inmates to work through their own history as victims and perpetrators, and then enables them to atone, and heal through a Speaker's Bureau that speaks to students at schools, juvenile detention centers, and to religious youth groups.

The program, in its eighth year, has involved over 500 inmates in developing a curriculum that is used as the basis for weekly discussion groups. The chapters include topics of Anger, Child Abuse, Spouse/Partner Battering, Communication Skills, Parenting, Loving, Racism, and Conflict Management.

The benefits of the program are exciting. The Department of Corrections is impressed by the reduction of tension, and violence in the prison. The inmates feel empowered to control their emotions and return to society with a new set of behavioral skills. The families of inmates feel safer because of the non-violent commitment the inmates make to themselves. The students who experience the inmate panels can identify with many of the feelings the prisoners express and share intimate information that is frequently a breakthrough for them. The community volunteers are inspired by the inmates' growth and receive financial support for child abuse prevention programs from inmate fund raising activities.

The presentation will include a videotape, a sample copy of the curriculum, and information about replicating an innovative program that reaches victims, perpetrators, and prevents abuse.

C.11, #115, PP

REAFFIRMING PHYSICAL PUNISHMENT IN CHILDREARING AS ONE ROOT OF PHYSICAL ABUSE

Contact:

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Speakers:

Adrienne A. Haeuser, Professor

The societal, community and family standards which sanction use of physical punishment in childrearing are gradually responding to research based advocacy opposing all physical punishment. My research on Sweden's ban of all physical punishment has been presented at prior NCCAN conferences, but six other European countries have since adopted or are considering such a ban. In the U.S., where public education is the preferred strategy, the number of professional and parent organizations adopting anti-physical punishment policy statements is gradually growing. This includes, among other, the National Association of Social Workers, National Parents Anonymous, and the National Committee for Prevention of Child Abuse. The numerous state or local affiliates of these organizations nationwide also should adopt and give visibility to an anti-physical punishment position since it is probably at the local program level that parenting practices can be most effectively influenced. In 1990 the Wisconsin Children's Trust Fund passed a policy statement opposing parental use of physical punishment, a pioneering action the other Children's Trust Funds should consider emulating.

After briefly reaffirming the research and rationale for anti-physical punishment advocacy, this presentation will offer technical assistance in the development of policy statements opposing parental use of physical punishment, including how to present the most convincing arguments and alternatives, and how to minimize the position. Handouts of sample statements will be provided. Among other issues, the presenter will describe how a local Family Service agency resolved concern about acceptance of physical punishment in Afro American families before adopting a statement.

The presentation will also briefly note recent progress in abolishing physical punishment in schools, foster care and institutions; gradually changing parental attitudes per recent surveys; recent additions to the professional literature on this subject; examples of increasing media interest in the topic; and the evolution of EPOCH-USA (End Physical Punishment of Children).

B.5, #116, R

EFFECTIVENESS OF COMMUNITY BASED PRIMARY PREVENTION IN URBAN SETTINGS

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Speakers:

Elizabeth D. Jones

This paper discusses the effectiveness of child abuse prevention strategies specific to urban areas. It reports the preliminary evaluation findings from a three year child abuse prevention initiative funded by the William Penn Foundation in Philadelphia. Fourteen child abuse and neglect prevention programs were part of that initiative. These programs varied with regard to the type of prevention services offered, length of these services, outreach methods and the types of participants served. Some offered "one shot educational sessions" while others provided long-term comprehensive service, including home visits and parent education groups. Unlike other prevention initiatives which focuses solely on new parents or teens, the William Penn initiative provided services to all families who were not currently involved with protective services. As a result, while there are some first time parents, the participants in this study are somewhat older and have larger families than in other studies. Additionally, some of the programs served a racial mix, while others targeted specifically African Americans or Puerto Ricans.

A non-equivalent comparison design was used to assess the effectiveness of services. However, because the programs differed in their service delivery strategies, two data collection schemes were used, time series and pre-test/post-test. The types of information gathered included clients' demographic and family characteristics, initial risk factors, initial family strengths, detailed service information, referral services, and termination information. The outcome measures include changes in the likelihood of abuse and neglect as measured by Milner's Child Abuse Potential Inventory and staff assessments of the potential for abuse. Multivariate regression analysis is used to examine the following questions: 1) What prevention strategy is most effective with what type of participant? 2) Are long term services more effective than short term services? and 3) Did these programs reach the most at risk?

This evaluation provides a unique opportunity to increase our knowledge of prevention planning and implementation because of the wide variety of strategies used and the range of participants served. Further, the variety of approaches present specific challenges to evaluation which will be discussed.

D.8, #118, PP

THE IN-HOME PROGRAM FOR DEVELOPMENTALLY DISABLED CHILDREN

Contact:

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Speakers:

*Susan Gallagher
Vyonda Martin*

The In-Home Placement Program provides an alternative to out-of-home placement for developmentally disabled children and their families. This group of children is at high risk for abuse/neglect due to their extensive needs and the high level of stress that their care places upon their families.

The program's purpose is to allow successful return to the home or prevention of placement for developmentally disabled children who may also have severe emotional/behavior problems, autism or autistic-like mannerisms, and/or physical handicaps.

This agency provides a caseworker who is the liaison with the local Community Center Board from which this program is purchased. There is one full time CCB employee, the family support specialist who works intensively with each of the families in providing ongoing support, behavior management training, and counseling. This worker identifies and coordinates the provisions of a wide variety of purchased services which may include respite, specialized child care, recreation, one-to-one training, behavior consultants, marital/family therapy, family outings, clothing and supplies.

Consistent with our belief that each family is unique, the program allows for mutually developed service plans which are flexible depending on family needs. The family support specialist monitors each family closely and updates the service plan promptly when changes are indicated. She maintains close contact with the county caseworker who monitors the status of each family.

Our presentation will include a video tape of families served, as well as a presentation of client outcomes and cost savings. It will include a description of program organization and handout materials which will aid participants in establishing similar services in other communities.

A.14, #119, PP

SENSITIZING PROFESSIONALS TO THE IMPACT OF THE SYSTEM ON CHILDREN

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Speakers:

Joseph A. Miller, MSSW, LCWS

For those of us working within the child protection system, we often lose sight of the impact that the "system" has on children. Through the eyes of a child, policy, practice, and procedure have very little meaning or importance. To children, the system of social workers, therapists, attorneys, law enforcement, judges, and foster care appear omnipotent. The experience that children face when they become involved in the system can be almost as traumatizing as the actual abuse itself. As professionals, we need to be keenly aware that we can cause harm to children through our interventions, despite our "good" intentions. It is our responsibility to increase our sensitivity to the issue that these children face and to approach children in a less harmful way.

Having grown up on the child protection system and now being one of the many professionals, I have conducted this training as a means of sensitizing professionals to their interactions with children in the system. The purpose of this training is to provide practical means for professional interactions with children, in order to lessen the trauma that children experience. The training is experiential in nature; giving the participant practical "how to's" and "what not's". The training is given in the language of the professional with the messages of the child in mind.

The topic areas covered in this training will address communicating honestly with children regarding their involvement in the system. This will address issues of legal involvement and what are "real" permanency plans for children. I will be addressing the importance of culture and ethnicity as it relates to the child's family of origin and out-of-home placement. This will also look at the impact the system has on the child's need to blend-in within the school, out-of-home placement, their biological family, the system in general and what practical steps can we take to assist them in normalizing their lives in such an abnormal context.

Specific examples will be given from personal and professional experiences as they relate to sensitivity to the child. The audience will be encouraged to become familiar with their own child within to assist them in being more sensitive to the children they come into contact with on a daily basis. The professional as a person is the number one resource when it comes to understanding children, if only we tap into our own memories of childhood. We need to constantly question ourselves, whether the needs of child are coming first or our need to be orderly, timely, or efficient are first. It seems that the answer to this question will have a direct impact on our ability to lessen the trauma children experience within our system.

D.15, #121, PP

PREVENTING FAMILY DYSFUNCTION IN FOSTER AND ADOPTIVE FAMILIES

Contact:

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Speakers:

*Stephen J. Bavolek, PhD
Kathryn A. Drarage*

The Nurturing Programs are validated approaches for working with parents, infants, children and adolescents in reducing dysfunction and building healthy, positive interactions. Nurturing Programs are based on the philosophy that parenting is learned. The way we raise our children is directly influenced by the way we were raised. All Nurturing Programs address the parent's needs for nurturance and re-parenting as well as provide concurrent nurturing learning experiences for children. Similar skills and attitudes are taught to parents and children to maximize learning and maintenance of new knowledge.

The Nurturing Program for Foster and Adoptive Families is a 12 session program designed to be implemented for foster families, adoptive families only, or a combination of foster and adoptive families. It helps adults, adolescents and children develop their self-concept and self-esteem, deal with attachment, separation and loss issues, learn ways to integrate foster and adoptive children into the family, understand the importance of bi-racial and bi-cultural placements and learn nurturing, non-violent parenting attitudes and skills. It has been used as an effective screening program for adoption and foster placements, as well as a program to facilitate a child's transition from an out-of-home placement back into the home of origin.

The Nurturing Program was extensively field tested in three sites: Utah, Wisconsin and New York. A total of 76 families enrolled in the program during a two year period with 71 families completing all 12 sessions for a participation rate of 93%. Data generated from the administration of the Adult-Adolescent Parenting Inventory found a significant increase in an empathic awareness toward children's needs.

C.11, #124, PL

CAN WE PREVENT CHILD ABUSE: THE PROBLEM OF PUNITIVENESS IN AMERICA

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Speakers:

*Ed D. Hyman
Mariann Pokalo, PhD*

Alcoholism, drug abuse, economic stress and transgenerational patterns of child rearing have all been implicated in the high rates of child abuse and neglect in America. The presenter proposes that a root cause of the abuse is acceptance of the belief that hitting children is an appropriate, desirable method to change their behavior. This presentation is based on extensive research on the use of overly severe discipline in schools and attempts to change public policy over a period of 14 years. Analysis of the presenter's own research and other sources indicate that approximately 30% to 40% of Americans have deeply rooted religious convictions and conservative political ideology which support and encourage the use of punitiveness to remedy individual, family and societal deviance. Their influence is disproportionate in terms of public policy and their incorrect beliefs must be neutralized in order to reduce punitive attitudes and violence towards American children. Various polls indicate that around 90% of Americans still support the use of corporal punishment in the home, while about 54% are against its use in schools. The presenter offers a wide range of historical, sociological, political, and psychological data to support the contention that this punitiveness is a root cause of our continued high rates of abuse. Models for decreasing punitiveness towards children are discussed and supported by the presenter's successful efforts in the political, media and public policy arena are offered.

A.17, #127, PP

BURN OUT: APPROACHES FOR HEALING HEALERS

Contact:

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Speakers:

Dixie van de flier Davis, EdD

Remember when your job was fun? Remember those days when you could hardly wait to begin your work day? When you ended your work day on a natural "high"? Why don't you still feel that way?

Burn-Out can be described as mental, emotional, spiritual, and physical exhaustion and usually presents as clinical depression. People who are at high risk for burn-out are clinicians; service professionals; middle manager; charismatic, result-driven people (rather than clock-watchers); parents of pre-schoolers and parents of adolescents. (Heaven help those of us who fit in more than one category!)

Re-discover your creativity and put the magic back in your life. When and how do you "play"? Can you even remember? Learn tools for healing the healer developed from research from clinicians. Apply those tools in all aspects of your life.

This workshop uses didactic presentation combined with group discussion, cartoons, humor, and overhead transparencies.

D.14, #128, R

CHRONIC NEGLECT IN PERSPECTIVE

Contact:

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Speakers:

*Kristine E. Nelson, DSW
Edward J. Saunders, PhD
Miriam J. Landsman, MSW*

Compared to other types of child maltreatment, few studies of child neglect have been conducted. Although the concept of chronic neglect is used in child welfare practice, studies have not attempted to differentiate chronic cases of neglect from those of more recent onset. This study examines differences among three groups of caregivers referred to a large metropolitan county child welfare agency for child neglect: substantiated cases known to the agency for three years or more (chronic group), cases more recently referred and substantiated (newly neglecting group), and unsubstantiated cases (unconfirmed group).

The study included three in-home interviews with 182 caregivers conducted at six-month intervals, pre- and post-service reviews of case records, and comparable data from census tracts in which the families lived. Several standardized research instruments were administered. This paper focuses on information obtained in the first interview with the families.

Significant differences found among the three study groups included family size and composition, number and kinds of problems, neighborhood characteristics, family relationships, parenting knowledge and expectations, and mental health. Findings confirm that chronically neglected families are significantly different from newly neglecting families in a number of areas. Significant differences were also found between black and white families. Implications include the need for changes in social policy and social service delivery systems in addition to intervention with individual families.

C.15, #129, R

IMPACT OF PREVENTIVE SERVICES ON TEEN MOTHERS

Contact:

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Speakers:

*Linda Barbera-Stein, PhD
Michelle Upsal Breen, MHS*

The impact of educational-support services on correlates of child abuse and neglect was assessed between the years, 1987-1990, for a sample of 475 teen mothers. A quasi-experimental design, employing both quantitative and qualitative methods, was used to assess the impact of services and programmatic implications of the findings.

The actual delivery of services to individual teen varied in terms of the following specific components of service: term of service (short- vs. long-term services); frequency and intensity of individual, group and telephone contacts; and substance of services (singular focus on teens as parents vs. dual focus on teens as parents and as individual members of society). The correlates of child abuse and neglect, measured before and after the delivery of services, are self-report measures of social support, parenting style, knowledge and expectations of child development and social competence. Important social statuses (e.g., school and employment statuses) also were used as outcome measures of programmatic impact.

Major findings, based upon regression and logit models of analysis, include the following: Long-term services demonstrate greater impact on measures of social support than short-term services. Individualized services (predominantly, home visits) demonstrate greater impact on measures of parenting style than group and telephone services. And a dual programmatic focus on teens as parents and individuals demonstrates greater impact on measures of social support and school status than a singular programmatic focus on teens as parents. A covariate analysis on age-specific subsamples of Black teens indicates that the educational-support services are particularly ineffective with teens 16 to 17 years old.

B.1, #130, R

A ROLE FOR VIDEOCOLPOSCOPY IN GENITAL EXAMS

Contact:

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Speakers:

Lori D. Frasier, MD

The diameter of the hymenal orifice is routinely measured in prepubertal girls during physical examinations for suspected sexual abuse. Limitations of still photocolposcopy is its inability to demonstrate the dynamic quality of muscular tissues surrounding the hymen. The orifice size can vary with position of the child, degree of relaxation, and technique used to separate the labia. Marked variation can also be observed during a single examination. The purpose of this on-going study is to evaluate the role of videocolposcopy in documenting these dynamic changes in the hymenal orifice.

Videocolposcopy is used as a standard procedure in patients examined for suspected sexual abuse in the Forensic Pediatric Clinic at the University of Iowa Hospitals and Clinics (UIHC). Videotaped genital examinations of Tanner stage 1 girls were randomly selected from patients seen at the clinic from March 1, 1990 onward. Four measurements of the hymenal orifice in both the anteroposterior and horizontal plane are taken from video recordings. Time to maximum diameter is also recorded.

Preliminary results from 19 patients demonstrate a mean horizontal variation of 2.3 mm (range 0-5 mm), and mean anteroposterior variation of 2.5 mm (range 0-8 mm). The mean duration to maximum hymenal diameter is 1 minute 23 seconds.

This study demonstrates that the diameter of the hymenal orifice may vary greatly during genital exams. Caution in the interpretation of hymenal orifice size must be exercised as standards reflecting the dynamic nature of genital anatomy have not been established. Further research is needed to determine if videocolposcopy can provide important new information in forensic genital examinations.

A.11, #131, R

MORAL DEVELOPMENT IN MALTREATED PRESCHOOL CHILDREN'S NARRATIVES

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Speakers:

*Robert B. Clyman
Helen K. Buchsbaum
Robert N. Emde*

Research has revealed the deleterious effects of child maltreatment in every development of future psychopathology. In particular, the linkage between early child maltreatment and later delinquency suggest the value of studying moral development in young maltreated children. In this study, it was hypothesized that maltreated preschool children would show impairments in moral development, including the internalization of moral standards, prosocial behavior, and aggression. Thirty maltreated five year old children from lower SES backgrounds and thirty non-maltreated children matched for sex, age, race, and receptive language (PPVT-R) were studied employing a new technique which elicits narratives from children after an experimenter enacts the first part of a story with a doll family. The narratives are videotaped, transcribed, and rated by blind coders using reliable scales. Preliminary analyses demonstrate that the children can represent and struggle with moral conflicts. Further, their narratives reveal strikingly coherent themes, including the representation of inappropriate relationships which are often intruded into the narrative. Common themes include harsh punishment, inappropriate aggression, and physical and emotional neglect. Implications for the developmental psychopathology of maltreated children as well as for the ontogenesis of morality in normative populations will be discussed.

C.19, #132, PP

PRIVATE PLUS PUBLIC EQUALS FINANCIAL SUCCESS

Contact:

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Speakers:

*J. Anita Grissen, MA
Gerald W. Moore*

Families First, Inc. is a short term residential center for children, ages 3 years through 12 years. Services include crisis intervention, respite and full service residential treatment, as well as some prevention and outreach components. The Center has been open for almost five years. Money for the operating budget comes from public funds of social services, government and corporate grants and donations raised by the Families First Board of Directors and the supporting Guild.

The presentation will focus on: 1) Description of the financial structure of Families First and the evolution of the operating budget; 2) Discussion of possible difficulties and constraints with strategies to address them; and 3) Brainstorming with audience for ways to begin in one's own community.

D.10, #134, R

TEXAS RISK ASSESSMENT PROJECT EVALUATION

Contact:

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Speakers:

*Judith S. Evans, PhD
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The Texas Department of Human Services CPS program implemented the Child At Risk Field (CARF), a risk assessment model, in one of its ten administrative regions in March, 1990 for a one-year pilot test. A comprehensive evaluation, to be performed by an administratively separate research unit with DHS, was begun at the same time.

The evaluation has a two-group, pre/post design, although some components have only an experimental/comparison or pre/post design; the choice was dictated by data availability. The comparison site is a region similar in size and demographic makeup to the CARF region.

The evaluation was guided by R&E staff, working closely with CPS, and by two other groups - an evaluation work group (R&E, CPS, and regional representative) and a national advisory group (experts in risk assessment and/or research, well-known in their fields).

The following are the components of the evaluation; some are already complete while all others will be complete by May 1991:

- Validity - Reabuse occurrence; prediction of reabuse by risk rating;
- Reliability - interrater agreement; degree of instruments' internal consistency;
- Workload - effect on workload; workers' ability to handle current caseload;
- Process - training evaluation and recommended changes;
- Case Flow - time required for each case activity;
- Client Satisfaction - survey of clients;
- Employee Satisfaction - survey of employees;
- Community Satisfaction - survey of appropriate groups within the community.

A main focus of the presentation, in addition to results, will be a discussion of the interaction between program decision making and the evaluation data - how key policy decisions were made as data became available.

C.3, #135, PP

VICTIMS RAISING VICTIMS/BREAKING THE CYCLE

Contact:

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Speakers:

*Pam Chauvin
Roger Esquibel
Jean Butcher*

Intensive Family Intervention Team is a multi-disciplinary unit composed of eight caseworkers and two case-aides who provide intensive, home-based services to children ages 6-18, and their families. This program has been in operation since May, 1988, and has served over 511 children and 179 families. During the calendar year 1990, IFIT-IV achieved a success rate of 91 % in terms of preventing long-term out-of-home placement. This success was achieved through a "back to basics" approach of individual and family casework and group-work services, which emphasized the concepts of systems theory, family preservation, self-sufficiency, utilization of community resources, and permanency planning for children. The primary problems addressed by the team included parent-child conflict, physical and sexual abuse, drug and alcohol addiction, delinquency, parenting issues, truancy, financial concerns and communication among family members.

In its presentation, the Intensive Family Intervention Team will utilize both lecture and small group discussion to share its methods, techniques and research findings to illustrate how they feel they are breaking the abuse cycle of "victims raising victims." Emphasis will be placed on the impact which past or present abuse and neglect of the parents and children have on the current dysfunction of the family, and the future prognosis in terms of the parenting strengths and weaknesses of the children. They will use case examples to illustrate how improving family functioning through intensive services can break the cycle of abuse and neglect, which creates the dysfunction. All of these aspects will be addressed within the context of how specific cultural and ethnic characteristics of families affect their functioning.

A.24, #136, PP

THE IMPACT OF DIVORCE ON CHILDREN - IS THERE A SECOND CHANCE FOR KIDS?

Contact:

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Speakers:

*Pam Hinish, MSW
Pam Surratt, LSW*

The presenters have been giving professional workshops about treatment considerations in stepparenting for the past ten years. Inquiry persisted in these groups, "What is the in-depth impact of divorce upon children?" And, "Why do we see stepkids in the classroom, the court, placements and psych wards, so undone by the experience or later victims and perpetrators of domestic violence?" "Don't children and parents gradually recover as from any temporary crisis?"

"No," according to findings of the landmark research study by Dr. Judith Wallerstein, profiled in her 1989 book Second Chances. According to statistics: Children in the mid-eighties stood a 38% chance of experiencing their parents' divorce before 18. And, all divorce children are potentially at risk.

According to Wallerstein, this is governed by the nature of the post divorce relationship. Even the best of parents seem to falter. We will explore some of the powerful indications that people have a diminished capacity to parent and are harmful to their children through their scrambled needs, that there are certain gender distinctions in response of young children and that adolescents are virtually abandoned from needed support. We intend to link the dynamics of divorce to the surge of domestic violence in our society. We will discuss how severely imperiled these children are for their own love relationships. Critical focus will be upon the challenges faced by children and how adults can help them to heal, to handle the experience and how and why to communicate with children. Very current information about joint custody will be shared.

A.6, #138, PP

UNDERSTANDING AFRICAN-AMERICAN CULTURE: KEYS TO ABUSE PREVENTION FOR BLACK CHILDREN

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Speakers:

John K. Holton, PhD

Three decades of promoting awareness, conducting research, and implementing prevention programs have helped shape public responses to child maltreatment, yet attempts to stimulate African-American participation in child abuse prevention have fallen short. Often the observed behaviors of Black parent and their treatment of children have been misinterpreted as "cultural" (e.g., use of corporal punishment), which shields practitioners and researchers from understanding the complexities of the African-American family and its rules for raising children. Further, ignorance of cultural adaptations responding to environmental stresses have fostered inappropriate programs and expectations for Black participation. This paper pulls together five years of prevention programming in an underclass Black Community, and 25 years of research on the Black family to introduce a cultural-ecological prevention model for African-Americans. Concepts covered include:

- Key components of African-American culture with an emphasis on the status of the child within the culture;
- Ecological and internal barriers to participation and program effectiveness, e.g., child welfare institution, intra-group competition, poverty, etc.;
- Leadership, partnership, and intergroup collaboration;
- Utilizing culture for outreach, engagement, and prevention program ownership.

C.5, #140, PL

EMPOWERING LEADERSHIP AND COLLABORATION IN OUR PREVENTION EFFORTS

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Speakers:

January H. Scott

The 90's have been declared by some as the "Decade of Partnerships." Certainly with the shrinking of resources and the tremendous increase of need, our only responsible response as leaders must be a sincere effort in the development of cooperation and collaboration with others.

This workshop will explore the essence of leadership by identifying ten characteristics of an effective leader. Also, it will identify a process whereby an effort can reach "empowerment"; that is, when all individuals, organizations, agencies, and the community are inspired to work toward a common end - the prevention of child abuse. Good leadership skills and empowerment of a mission is critical to successful collaboration.

The workshop will provide an overview of the different types and advantages of collaboration. The session will include how to develop a structure for collaboration and identify methods of problem-solving and decision-making that enhance collaboration. As direction is identified through the setting of goals and objectives, mutual trust becomes crucial. Therefore, a major focus will be on approaches for developing the trust and openness that is necessary to ensure success, including sensitivity to cultural and ethnic differences. Barriers to successful collaboration and strategies for overcoming the barriers will be presented, including the development of a process for resolving conflict. The importance of an evaluation process to provide an opportunity for feedback will be emphasized and examples will be given.

The workshop will be interactive and will include handouts that are didactic as well as worksheet oriented. An opportunity for attendees to problem-solve current issues surrounding their own attempts to collaborate will be provided.

B.3, #143, R

ADULT SURVIVORS OF CHILD SEXUAL ABUSE: "RELATIONSHIPS AND INTIMACY"

Contact:

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Speakers:

*Anthony J. Arquiza
Nancy Woodbury*

During the last ten years, the area of adults molested as children has begun to receive empirical interest and support reflective of a social and personal problems of major significance. Because of the importance of this problem, clinical programs have begun to be developed to provide interventions for these individuals. However, only recently has empirical research attempted to identify and outline the parameters of problems these adult survivors encounter. This study focuses on a broad spectrum of issues related to young adults and their capacity to initiate, develop, and maintain intimate relationships. Approximately 100 male and female young adults who have experienced sexual abuse during their childhood and a non-abused comparison group were administered a battery of instruments concerning their current relationships (i.e., marital, boyfriend/girlfriend, cohabitating partner, etc). These instruments include two standardized martial assessment measures (Marital Satisfaction Inventory and the Dyadic Assessment Scale; adapted for cohabitating partners), a description of current sexual functioning and satisfaction (Wyatt Sexual History Questionnaire), and an extensive history of dating and courtship. These data identify differences between the abused and non-abused subjects in this non-clinically defined sample of young adults. Additional analyses will be presented describing ethnic differences, sex differences, and specific abuse-related characteristics (e.g., presence and type of coercion, parental response to disclosure, type of abuse, frequency of abuse). Recommendations will be made about alternative methods to identify and intervene with young adults molested as children to address problems in their current relationships.

C.15, #146, PP

"LUNCH AND LEARN" PRIMARY PREVENTION WORKSHOPS FOR TEEN PARENTS RETURNING TO SCHOOL

Contact:

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Speakers:

*Elaine T. Kisisel, PhD
Donelle Weiss*

"Lunch and Learn" is a series of fourteen lunch hour workshops geared toward teen parents who returned to school after the birth of their children. Funded by the Indiana Department of Human Services (IDHS) and Education (IDOE), the program stresses effective primary prevention skills based on child/parent developmental states as well as teen issues, career/job planning and nutrition. These lessons demonstrate how a parent's sense of confidence, competence and self-worth is not only important to his/her well-being, but essential in raising a healthy child. Sessions include discussions facilitated by professionals selected for their expertise on the topic of the week and hands-on activities to facilitate parent/child interaction.

Also, the participants, all of who voluntarily enrolled, chose to incorporate a volunteer speakers' bureau to make presentations in the school and in the community, describing their lives as parenting teens, thus hopefully becoming effective spokespersons for:

- Delayed pregnancy among their peers;
- A clearer concept of the role and responsibility parenting teens;
- A response to questions of whether programs such as "Lunch and Learn" actually "glorify" teen parenting; they do not, and parenting teens themselves, are the best and most vocal spokespersons regarding this issue.

Thus, "Lunch and Learn" is geared to deal with the exiting circumstances of teen parenthood, to ameliorate neglect and abuse with young families and to reinforce the message of teen pregnancy prevention. Evaluation procedures of the program in meeting its mission will also be presented.

D.14, #151, PP

REDUCING CHRONIC NEGLECT

Contact:

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Speakers:

Gary B. Mugridge, Jr.

The Family Support Center of Ogden, a private non-profit 501(C)3 child abuse prevention agency, began a one-year pilot project in conjunction with the Utah Division of Family Services on July 1, 1989. This project targeted families that had received three or more child abuse/neglect referrals in the past year, one of which resulted in court intervention and protective supervision. The goal of the project was to reduce the number of founded complaints made against the parents while enhancing their parenting skills. The project was an astounding success! No family involved in the project had a single founded complaint or CPS referral made during the project's duration, or one year following termination. This pilot project has advanced to an ongoing prevention program in our agency.

The content of the workshop will focus on empirical data describing major characteristics of chronic neglect families (both national and Utah statewide). In addition, the workshop will focus on the planning, development, and implementation of a similar project in other areas of the county. Empirical data will be presented documenting the enhanced parenting skills, nurturing skills, improved child discipline, and reduction of child abuse/neglect referrals. This data will include statistical analysis from the inception of the project to the present date. A similar workshop was presented at the NCPA Leadership Conference in Chicago, Illinois, this past Fall, and was well received. The current workshop will present further findings, and program modifications that have enhanced the program.

C.18, #153, PP

COMBATting TEEN PREGNANCY: A FREE EDUCATION PREVENTION PROGRAM FROM THE MARCH OF DIMES

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Speakers:

Carla Carlson, RN, BSN

Rockabye, a current, free educational program from the March of Dimes, will be introduced. The program consists of a 16 minute video, discussion guide, posters and promotional brochure. The discussion format is designed to increase adolescent understanding of the implications of teenage pregnancy. It can be used in high school classrooms, peer education groups, community centers, church groups, and other youth-related recreational and service organizations. Previous presentations have been well received by both adolescent and adult groups, due to its credible, contemporary format. This workshop will prepare participants to implement the Rockabye program utilizing an interactive training model.

An overview of a public school-based, operationally effective Teen Mother program will also be included.

B.14, #154, PP

PUBLIC SCHOOL PROGRAMMING FOR PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Contact:

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Speakers:

*Jeanne Teske, MSW
Carla Carlson, RN, BSW
Joanne Johnson, MSW*

In order to meet the ever-increasing needs of District staff and students having to deal with abuse and neglect, a unique District resource position, Student Advocate/Community Liaison, was created. It is funded with Victim Witness monies from the Judicial system. The grant includes a scholarship allocation to subsidize counseling expenses for abused children.

This presentation will include historical development of the program, including a video, "Abuse Blocks Children, Communities and Communication." The current program will be described, including: training of staff and Child Abuse Building Representatives, liaison with community agencies, and administration of therapy scholarship fund. A classroom teacher will present a segment of the elementary school prevention curriculum via demonstration with a small group of age-appropriate students.

D.19, #155, PL

THE NCCAN INTERDISCIPLINARY TRAINING INITIATIVE - WHERE ARE THE STUDENTS NOW?

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Speakers:

*Terri M. Gallmeier, PhD
Barbara L. Bonner, PhD*

In 1987 the National Center on Child Abuse and Neglect (NCCAN) initiated a national effort to institutionalize interdisciplinary graduate training in child maltreatment. The goal of the NCCAN initiative was to establish interdisciplinary programs that would train new leaders in administration, clinical practice, policy formation, and research in the field of child abuse and neglect. Ten universities were selected by NCCAN to receive \$150,000 per year for three years to establish interdisciplinary graduate training programs in child abuse and neglect. To date, a total of 418 students from social work, psychology, law, medicine, nursing, education, and other disciplines have completed interdisciplinary training in child maltreatment at the ten universities

This paper will present the findings of a follow-up survey of those students who have completed training over the past three years. The survey assesses the students on the following: 1) Current level of involvement in the field of child abuse and neglect, both professional and voluntary; 2) The capacity within which they are working (i.e., clinical practice, administration, research, prevention); 3) The specific leadership roles they have assumed at the local, state, and national level; and 4) Their leadership activities such as publishing in referred journals or presenting at professional conferences.

C.2, #156, R

AN ANALYSIS OF THE CHILD MALTREATMENT PREVENTION LITERATURE

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Speakers:

*Lula Beatty, PhD
Jacqueline Booth*

In recent years, there has been increased support of community-based child maltreatment efforts. With support from the National Center on Child Abuse and Neglect, a study is underway to examine the prevention literature and experiences and outcomes of prevention efforts for the purpose of providing specific programmatic information. The purpose of this presentation is to describe the publicly accessible prevention literature and discuss the guidance it can provide to organizations and agencies interested in developing prevention programs.

Trained reviewers coded 250 articles and reports on maltreatment prevention published during 1979-1989. Data will be presented on selected categories from the 19 coding factors used. Major review categories include the following: volunteers, sponsoring organizations, program strategy, minority participation/involvement, staffing, target audience, evaluation, problems and recommendations. Analysis is underway.

The presentation will be done in two parts. The first part will present a general overview of the findings and the second part will present an analysis of the data on minority issues, in particular, supplemented by a qualitative analysis of the pertinent, reviewed literature. In addition, expert opinion papers on minority issues in child maltreatment prevention which are being developed by members of the project's Advisory Board will be used to guide analysis and discussion.

Preliminary descriptive results for 235 cases show that empirical reports comprise about 21 percent of the articles followed by evaluations (18.7%), program descriptions (16.6%) and commentaries (15.7%). In approximately half of the cases (51.1%) the type of maltreatment was unspecified. In 45 percent of the cases, sexual abuse was addressed followed by physical abuse (15.3%), emotional abuse (5.5%) and neglect (5.1%). High risk groups were the target audience 35.7% of the time; the most frequently targeted groups were teen mothers and low income families followed by persons with a history of abuse. A large variety (over 14) of the program strategies were used; the most popular was parent education followed by educational/awareness approaches for children.

D.8, #158, PP

EFFECTIVE CHILD ABUSE PREVENTION SERVICE DELIVERY FOR INDIVIDUALS WITH VARIOUS DISABILITIES

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Speakers:

*Christine E. Pawelski, EdD
Richard M. Cohen, PhD
Marion White*

Implementation of effective child abuse prevention and treatment strategies is the right of all individuals regardless of cultural differences or special needs. These issues have been accentuated when the focus of service has involved individuals with disabilities. Adapting materials or programs to their specific needs, or being sensitive to the issues of a "disability culture", let alone added ethnicity, have greatly challenged developers and service providers in this area.

The intent of this workshop is to provide participants with models of three programs that have attempted to design materials and services in child abuse prevention and treatment involving individuals who are blind or visually impaired; deaf or hearing impaired; and developmentally disabled. These programs have been implemented in rural and urban areas, including preschool through adult age groups in various school and residential settings. Materials/strategies used are varied, given the sensory, physical or cognitive issues unique to each group of individuals.

Presenters will identify the critical factors that must be included in order to effectively implement these programs for diverse populations. Discussion will also include areas of on-going "challenge" if child abuse prevention and treatment is going to be maximized for this oftentimes "left out" group of citizens.

D.18, #159, R

EFFECTS OF CHILD MALTREATMENT ON SCHOOL PERFORMANCE AND SOCIAL ADJUSTMENT

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Speakers:

Molly Laird, PhD

Numerous studies have documented the deleterious effects of maltreatment on the development of the child's cognitive, emotional and social functioning. Few studies have used entire population samples or focussed on the academic performance of school children.

In this session, the impact of child maltreatment on the academic performance and social adjustment of school children will be examined, using data derived from a population of 8600 children attending public school in up-state New York. Names and other identifying elements from the 1987-1988 school list were cross-referenced with the New York State Child Abuse and Maltreatment Register to identify substantiated cases. This search process yielded a group of 1240 children who had at least one known incident of maltreatment at some point in their lives. A systematic sample of 420 maltreated children in regular classrooms was matched to children with no maltreatment history, but who were of the same age, gender, grade in school, and residential location.

Findings to be shared with participants in this session include an analysis of the variation in performance and adjustment by types of maltreatment, by major subjects and grade levels in school, gender differences, and mediating processes. This study represents the largest, most well controlled study on the effects of maltreatment on academic performance to date. It provides unequivocal evidence that maltreated children perform more poorly in school than non-maltreated peers. The result have policy implications for those who serve maltreated children within public school systems.

B.6, #160, PR

"DON'T SHAKE THE BABY": PROGRAM DESIGN AND EVALUATION

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Speakers:

Jacy Showers, EdD

During the past two decades, evidence about the dangers of shaking babies has mounted. Head trauma is now known to be the most frequent cause of permanent disability or death among abused infants and children. Babies are extremely vulnerable to head injury because their heads are disproportionately large and they do not have strong enough neck muscles to withstand whiplash motions. Mortality from hard shaking is high, and morbidity can include brain damage, partial or total blindness, and /or mental retardation. In spite of these facts, until recently there has been no comprehensive attempt to remediate a documented lack of knowledge among the general public about the dangers of shaking a young child.

In this session, the literature regarding "Shaken Baby Syndrome" will be reviewed. Findings from five studies documenting knowledge deficits about the dangers of shaking infants among pregnant and parenting teens, high school students, college students, adults, and female inmates will be summarized.

In 1989, a "Don't Shake the Baby" campaign was initiated in one county in Ohio. Informational packets were given to parents by six hospital maternity units at the time of birth of an infant. Follow-up data were collected from more than 3,000 recipients. Results of this study, and of subsequent replication efforts in 17 additional Ohio counties and several other states will be described. Participants will receive sample copies of the materials used in the model. Details about feasibility, cost, and possible funding sources for replicating the program at new sites will be given.

B.2, #161, MD

**LONGITUDINAL FOLLOW-UP WITH FAMILIES OF INFANTS WITH
NONORGANIC FAILURE TO THRIVE**

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Speakers:

Maureen Black, PhD

D.11, #178, PL

Failure to thrive is a clinical condition that may serve as an early marker of dysfunction within the child, family, or parent-infant interaction system. It is associated with long term developmental, behavioral, and emotional problems. Using a transactional model, this paper describes the development and evaluation of a family-focused follow-up program.

The sample includes 72 infants recruited from pediatric clinics serving an inner city, low income population. The mean age of referral was 13.69 months and the infants were experiencing mild developmental delays (Bayley MDI = 94, PDI = 94). The primary caregivers were often young (30% teens), unmarried (81% single), female (98%), and poor (68% receive AFDC).

Six months after referral children's weight for age improved 3.57 percentile points and their weight for height improved 4.05 percentile points, modest yet significant gains ($F = 10.42, p < .002, F = 5.42, p < .02$, respectively). When initial weight percentile and age were removed, a temperamental factor (parental assessment of child's adaptability) was significantly related to weight change, and together the three factors explained 49% of the variance associated with weight for age changes and 32% of the variance associated with weight for height changes. These preliminary results suggest that since children's temperament influences growth, presumably through caregiver interaction, intervention should be directed at parent-infant interaction and reciprocal behavior. Findings are related to both practical and theoretical recommendations for intervention programs.

D.3, #163, PL

NEIGHBORHOOD BASED APPROACHES -- WHAT DO THEY MEAN?

Contact:

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Speakers:

*Alexandria Douglas
James Garbarino, PhD
John Holton
Frank Barry*

There is growing interest in the concept of neighborhood based approaches to preventing and treating child abuse and neglect. It is becoming increasingly recognized that the neighborhood forms the environment within which families function. A socially impoverished neighborhood makes child rearing difficult, and because of the added stress, it can make child maltreatment more likely than in a more benign neighborhood (Garbarino, 1980). Adopting neighborhood based strategies is an important recommendation of the US Advisory Board on Child Abuse and Neglect, and related recommendations are being proposed by the Association of Public Welfare as well. The neighborhood based concept is the focus of several long term prevention demonstration projects now funded by the National Center on Child Abuse and Neglect. Finally, New York and various other states have developed approaches with a neighborhood based focus.

Despite the interest, it is not always clear what the neighborhood based concept embraces. Does it mean simply locating more services in neighborhoods instead of at a central point? Does it mean creating or working with neighborhood associations and organizations to provide services? Does it mean actually organizing people in neighborhoods? Or does it really mean changing federal and state policies which are believed to affect neighborhoods negatively?

This panel will address the following:

- Definition--what does neighborhood based approach mean?
- Likely impact of different strategies.
- Examples of neighborhood based approaches now being attempted.
- Trends, regarding neighborhood based approaches.

Presenters are involved in state and federal policymaking, research and neighborhood level intervention. Special attention will be given to cultural and racial issues, inasmuch as cultural factors are often critical in defining the characteristics and boundaries of neighborhoods.

D.2, #164, PP

ADVOCACY FOR WOMEN AND KIDS IN EMERGENCIES (AWAKE): PUBLIC HEALTH INTERVENTION

Contact:

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Speakers:

*Lisa Tieszen Gary, MA, LICSW
Emily Davern, MSW*

Abused women comprise 22-35% of women presenting with injury to hospital emergency services. (Stark, E. and Flitcraft, A., 1979; Goldberg and Tomlanovich, 1984; McLeer and Anwar, 1987).

Another population of victims seen in medical settings are abused and neglected children. In the United States in 1989, child protection agencies received 2.4 million reports of child abuse and neglect; many of these reports came from medical settings. That same year, over 360,000 children were placed in out-of-home care with approximately 71% in foster care. The numbers continue to rise and the projection for the year 2000 of children placed out of the home is 700,000 (NCPA, 1990).

A study done by McKibben, et. al (1989) at Boston city Hospital demonstrated that the overlap if child abuse/wife abuse in the same home is as high as 59%.

Each year, thousands of women and children seek help, both medical and social, from medical settings. However, these settings are often ill-equipped to respond. While most public hospitals have child protection teams, many facilities have allocated few, if any, resources to these teams. Almost none have women's advocates as members of the team. It is essential that medical settings take seriously the Surgeon General's Report on Family Violence, which in 1985 recommended that health care facilities identify victims of abuse, assess their physical and psychological needs, and develop plans for their care. Children's Hospital, Boston, has responded through the development of programs for both battered women and their abused children.

Advocacy for Women and Kids in Emergencies (AWAKE) is a unique model of mother-child public health intervention in cases of family violence. The basic premise of the AWAKE project is to broaden the view of child abuse to include intervention on behalf of potentially battered women and to unite the services offered separately and sometimes conflictually to women and their children. At Children's Hospital, an advocate (a survivor of family violence herself) works with a woman to prevent further and more serious abuse, to keep children out of unnecessary foster placement and to refer mother and child to resources where they can receive help together. Services include court, police, housing and welfare advocacy, support, and referrals.

Working closely with hospital clinicians and community providers, AWAKE staff collaborate to meet the many needs of both mother and child. Further, AWAKE is working within other systems to create a more integrated approach to domestic violence. This work is with other hospitals (in Boston and outside of Massachusetts), community agencies, and the Massachusetts Department of Social Services (DSS).

This workshop will describe the AWAKE model and utilize the project's experience, as well as current research and literature to discuss domestic violence. The focus will be upon the overlap of violence against women and children: assessment and intervention.

B.12, #166, R

TEACHERS: WHERE DO THEY FIT IN THE CHILD PROTECTION FORMULA?

Contact:

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Speakers:

JanaLee Sponberg, PhD

Child maltreatment situations cover a very broad range of actions and failures to act differing greatly in their nature and severity. The effects of maltreatment cover a wide range. Child maltreatment is a complex issue for those attempting to protect these children. Professionals such as social workers and educators, required by state law to report abuse, need to improve their communicating, cooperating, or collaborating to protect children.

Method: This research study examines areas of similarity and differences in responses to maltreatment severity. In May and June of 1987, 843 elementary school teachers and specialists working in DoD Section 6 Schools returned mailed surveys. Teachers provided information concerning their perceptions of and decisions to report maltreatment for 78 vignettes. Teachers confirmed the need for additional teacher preparation and training in order to recognize and report. Since teachers observe, interact with, and teach abused children, more information regarding the effects of maltreatment may help educators to recognize and differentiate types of maltreatment and to make appropriate decisions in order to protect children.

Results: The author examined maltreatment severity rating perceptions between responses of social workers and teachers. There was high rank order agreement about 25 vignettes considered most severe. The Spearman's rho correlation was .797.

DoD Schools, that blend culture and ethnicity, are attempting to meet the requirements of educating children who suffer from the effects of maltreatment. Teachers who have expertise in children's development, are also knowledgeable about maltreatment and its interference with learning. A maltreated child may suffer serious physical, cognitive, social, and emotional impairment. Schools must meet the educational needs of maltreated children in more vigorous ways. Early intervention to protect children, before maltreatment has escalated to levels that can cause permanent damage, improves the opportunity for children to reach their full potential. Teachers, who spend many hours with maltreated children, play a very small role in child protection. Closer communication and collaboration between teachers and social workers may improve the opportunity for providing maltreated children with the supportive approaches they require.

D.22, #169, R

CHILD ABUSE AND NEGLECT FATALITIES IN OKLAHOMA: A FIVE YEAR STUDY

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Speakers:

*Terri M. Gallmeier, PhD
Sheila M. Thigpen
Barbara L. Bonner, PhD*

Homicide is the only leading cause of childhood death that has increased in the past 30 years. In Oklahoma, child abuse deaths have more than doubled since 1981. Consequently, the Oklahoma Department of Human Services (DHS) requested that the University of Oklahoma Department of Pediatrics study the factors surrounding child abuse and neglect fatalities in Oklahoma from 1987 through 1991.

The Child Death Study form, a 46-item questionnaire, was developed to collect data on the deceased child, the parent(s) and other family members, the perpetrator, and specific social factors such as history of substance abuse. Data were obtained from a review of the Department of Human Services case records. The cause of death as determined by DHS was compared with that listed by the Oklahoma Medical Examiner's Office. When complete data were not available, additional information was obtained through a telephone interview with the County Child Protective Service (CPS) worker.

This presentation will include a discussion of the first four year's findings and will focus on the following:

- child factors such as age at time of death, race, gender, birth order, history of involvement with CPS, and prior removal from the home;
- family factors such as age and employment of parent(s), number of siblings, number of adults in the home and their relationship to the child, history of family violence and/or substance abuse, and utilization of social and/or mental health services; and
- perpetrator factors such as age, race, gender, prior child abuse and neglect or felony charges, and relationship to victim.

The discussion will also include information on whether or not criminal charges were filed in the child's death. Additionally, a comparison of the manner of death as determined by CPS and the Medical Examiner's office will be discussed.

B.7, #172, PP

ADOLESCENT SEX OFFENDERS: FROM RESEARCH TO CLINICAL PRACTICE

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Speakers:

Barbara L. Bonner, PhD

Recent studies of adult sex offenders have documented that a significant number began their history of assaultive behavior as adolescents. Over the past five years, the number of adolescents being adjudicated delinquent due to sexual offenses has risen significantly. One method of preventing repeated sex offenses by these adolescents is to offer early intervention and treatment. With this increased focus on intervention, the demands of psychological research and treatment have also risen. Clinical experience has shown that adolescent sex offenders often need multiple psychological intervention, including individual psychotherapy, group treatment, and family counseling and education.

This paper will present a review of current research on adolescent sex offenders, including information on the type of sex offenses committed by juveniles, characteristics of the victims, characteristics of the offenders, recidivism rate, and current modalities of treatment. Based on this research, a comprehensive assessment of an adolescent sex offender will be described. The final section of the paper describes three community-based treatment programs: (a) multi-component behavioral program developed by Becker and Abel, (b) a 5-step treatment program used by Smets and Cebula, and (c) group therapy model developed by Bonner and Walker.

C.6, #176, PP

STRUCTURED FAMILY INTERVIEW: GIVING FAMILIES HOPE FOR CHANGE

Contact:

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Speakers:

Marcia Allen, MSW

Children, regardless of age or cultural background, want to live with their families. When a child's removal from the home is considered because of abuse or neglect, that child's desire to remain with his/her family is only mitigated by hope for change in the family situation. The following are some quotes from kids at a 1988 conference for 100 youth in foster care:

- "Change the system policy so reporting abuse doesn't mean drastic immediate break-up of the family."
- "Check out counseling first, before throwing a kid in a foster home."
- [Give us] "in-house family counseling."

The first post-investigative interview with the family can provide children with that necessary hope.

The Structured Family Interview was originally adapted by the Oregon Children's Services Division from the work of Paul Watzlawick and has four stages: 1) joining with the family, 2) individual interviews with each family member, 3) a family discussion, and 4) feedback to the family. It is now used by child protection agencies in many states as one method of conducting an initial intervention interview with a whole family. The entire process can be completed in 1-1/2 to 2 hours, depending on the size of the family and the number of workers, and provides an excellent assessment of family functioning. The Interview can also be adapted to a variety of cultural contexts.

This workshop will detail the theory and practice behind each stage of the Structured Family Interview and present a role-play demonstration of the Interview. Handouts will be provided and a videotape will be used if available.

D.24, #177, PL

DEALING WITH CHILD ABUSE ALLEGATIONS AGAINST SCHOOL STAFF

Contact:

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Speakers:

Ruth Harms, EdD

The workshop will provide an overview of issues that school administrators and staff need to consider when dealing with child abuse allegations against school staff. In order to provide appropriate response to accusations, administrators need to understand the dynamics and impact of different types of child abuse which may occur in the school setting. An overview of these issues will be provided and the need for a school policy to guide response to allegations will be discussed. Included in this workshop will be the following topics:

- Defining the problem
- Scope of the problem
- Sexual abuse grooming video--"Grooming from a Personal Perspective"
- Responding to allegations
- Diffusion listening
- Identifying/Clarifying appropriate student-teacher boundaries

D.11, #178, PL

A MULTIFACETED APPROACH TO CHILD SEXUAL ABUSE

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Speakers:

Cabell Cropper
Francine Ecker
Ed Fryer

Through the Children's Justice Act, states can receive funding to implement programs to improve the investigation and prosecution of child sexual abuse. These funds have supported a variety of programs for improving local communities' responses to child sexual abuse through assessments of current procedures with recommended changes or specialized training for child protective services workers and law enforcement investigators. The Commonwealth of Virginia developed a unique approach at the statewide level.

The Virginia Department of Criminal Justice Services made the strategic decision to address the issue of child sexual abuse through policy development and improved practitioner skills. To accomplish this goal, the Department is pursuing a four part program:

Policy Analysis and Coordination: At the state level, program staff monitor legislative initiatives, provide analysis of proposed legislation and through a high-level advisory committee identify legislative or administrative changes which will strengthen the state's response to child sexual abuse.

Multidisciplinary Training: Through a subcontract with the American Prosecutors Research Institute's National Center for Prosecution of Child Abuse working in collaboration with the C. Henry Kempe National Center a series of regional training conferences have been held to train prosecutors, CPS workers, law enforcement investigators, medical personnel, mental health treatment providers and victim/witness advocates in the legal and social services aspects of child sexual abuse cases.

Technical Assistance in Protocol Development: Jurisdictions are selected to receive intensive technical assistance provided by staff of the National Center for Prosecution of Child Abuse in developing and implementing interagency agreements to improve the investigation and prosecution of child sexual abuse. This technical assistance is provided to interagency teams made up of representatives from CPS, law enforcement, prosecution and other agencies responsible for responding to these cases.

Data Collection and Evaluation: The Department of Criminal Justice Services is building a database to track child sexual abuse cases as they move through the social services, law enforcement and judicial systems to determine the involvement of the child victim and the effects of improved practices on case outcome. In addition, data are collected from trainees and participants in protocol development teams to evaluate the impact of these interventions on agency policies and procedures.

The presentation will describe the process of implementing this program from the points of view of the program coordinator for the Department of Criminal Justice Services, the project director for APRI's National Center for Prosecution of Child Abuse and the project evaluator. In addition, the evaluation findings pertaining to the effects of program on the investigation and prosecution of child sexual abuse will be discussed.

C.9, #179, R

PREDICTING RISK AT CPS INTAKE

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Speakers:

Susan J. Wells

Child Protective Service agencies are increasingly seeking ways to identify reports that are likely to be unsubstantiated before an investigation is made. This paper reports on secondary analysis of information gathered in a study of 2,500 cases reported to CPS in 12 sites from 5 states. This analysis will identify factors known at the time of the report which are associated with later case substantiation. In addition, characteristics of the investigation, such as number of contacts, will be examined in light of type and perceived severity of report made. Finally, initial worker judgements of severity at the time of the report will be examined to determine the ability of workers to identify reports most likely to be substantiated. Implications of these findings for CPS practice and policy will be outlined.

A.13, #181, PP

INTENSIVE FAMILY INTERVENTION: HOME-BASED SERVICES IN A PUBLIC CHILD PROTECTION AGENCY

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Speakers:

*Mary Anne Nelson
Jim Murphy
Shirley Sanders*

Intensive Family Intervention has been designed to intervene with families presenting to CPA for the first time. It targets families in which there is 1) a crack-exposed infant or 2) substantiated abuse or neglect. All families have been determined at imminent risk for the removal of one or more children.

The goal of the program is to strengthen and preserve families while protecting the children from (re)abuse or neglect, thereby preventing out-of-home placements. All services are provided in the family home and community by a team consisting of a professional social worker and a paraprofessional (non-degreed) staff. A nurse is attached to the program to provide developmental assessments, instructions on health care utilization, and advocacy with health systems. Staff are available 24 hours per day, 7 days per week, through both the provision of home phone numbers and an "on-call" beeper rotation.

Services are initiated within 24 hours of referral through direct contact with family members. Families are offered Intensive Family Intervention as an alternative to general CPS and must voluntarily sign a contract to enter the program. Services are intense (10-15 hours per week), and brief (60 days). A transition period of 30 days is provided to insure that families are maintaining the necessary contacts with community providers which will assure the family's on-going stability. For crack-exposed families, an After-Care team follows the family for 9 months to support recovery efforts and assure that the developmental needs of the infant are met.

The program is based on a family systems model. Family members, as defined by the family, develop the case plan with the team, focusing on strengths and enhancing problem-solving skills of family members. The family establishes goals and targets utilizing Goal Attainment Scaling to determine outcome. In addition, Family Risk Scales are completed at the initiation and completion of services and at 6 months after termination. Services include provision of concrete resources, crisis intervention, communication and problem-solving skill-building and advocacy with community systems.

The program, which has been operational since July, 1990, has had 4 out-of-home placements of a population of 50 families.

C.3, #182, PP

SURVIVORS AS PARENTS: THE CYCLE CONTINUES?

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Speakers:

*Jan M. Johnson
Loraine J. Czarneke, MSW, CSSW*

Information for this presentation has been gathered from clinical/educational practice in an ethnically and racially diverse community. Case material is based on the presenter's work in an urban school and from the resources of the Council on Child Abuse. The workshop will address issues survivors face as parents, both from the survivor and the clinician point of view.

The session will focus on:

I. Identification of the Parent/Survivor: We will discuss the effects of dissociation and the dynamics involved in family relationships, especially between parent and child. The presentation will include videotaped interviews with survivors who will share their perceptions of their experiences as parents and how issues of their own childhood abuse either aided or complicated the parenting process.

II. Intervention and Support: Working with a parent who is also a survivor is a lot like working with someone who is chemically dependent. Intervention needs to address the core issues before there is any hope of growth or change on the part of the individual. The basis of the clinical work to be presented has been the Infant Mental Health model: removing the "ghosts in the nursery" and replacing them with positive perceptions about self and child. The clinical work was done in a combination therapeutic and educational setting, and included returning to developmental milestones which had been missed by both parent and child, and in effect "re-parenting" the parent to help facilitate a growing healthy relationship between parent and child.

III. Implication for Interdisciplinary Cooperation: Participants will explore one community's way of meeting the needs of a diverse cultural and socioeconomic population; share ways of identifying and engaging parents in working toward whole, healthy family relationships; consideration of the needs of families with delayed or handicapped children; ways of facilitating interagency and school/community/agency cooperation in helping to meet family needs.

C.8, #186, PP

INCLUDING THE CHURCH IN THE CRUSADE AGAINST CHILD SEXUAL ABUSE

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Speakers:

Ann Marie Tucker, JD
Daniel Wasson, MSW

Child sexual abuse is an issue whose resolution depends upon an informed and dedicated community to eradicate its continuing conspiracy with denial. Achieving an acceptable level of success in this effort requires a broader, stronger, more determined human and institutional alliance. Forming such an alliance demands development of practical strategies to harness the community's moral potential.

Conspicuously absent has been an informed and active Church. This workshop describes a program stepping into this void. Its setting is a large Catholic diocese spanning urban, suburban, and rural communities, with the program targeting over 5,000 clergy, staff and volunteers. The overarching purpose of this intervention is to identify and prevent child sexual abuse committed within and outside the Church community, as well as to promote the healing of both perpetrators and victims. A complementary goal is to clarify and reinstitutionalize the Church's responsibility to this persistent social problem.

Highlighted in this workshop will be methods with regard to:

- The sociological issues impacting the Church's role in child sexual abuse cases;
- The use of collaboration among priests, social workers, educators and child advocates to facilitate Church policy and practice;
- Integrating the spiritual and moral orientation of the Church with the legal rights and psychological needs of abused children and families, addressing the role of priest as confessor and counselor, as well as the roles of Church staff and volunteers;
- The interface of Canon and Civil law;
- Designing a curriculum that both unifies and speaks to the differing vantage points and educational needs in a complex religious organization;
- The Church's role in preventing and responding to sexual abuse by Church personnel.

D.19, #187, PL

DEVELOPING TIES BETWEEN SCHOOLS OF SOCIAL WORK AND PUBLIC CHILD WELFARE AGENCIES

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Speakers:

David G. Shaw, MSS

Public child welfare agencies are in the midst of a staffing crisis. Poorly trained and underpaid workers are reducing the ability of these organizations to protect children. Further, high staff turnover forces agencies to spend precious resources in the recruitment and training of staff.

Historically, child welfare agency staff were products of schools of social work, where they received specific training to prepare them for work in the child welfare field. Recent years have seen a decline in both the number of social work schools preparing their students for this work, and the number of social workers entering the field. Thus, trouble families often receive child welfare services from underqualified and inexperienced staff.

This presentation focuses on increasing the quality of child welfare agency staff by building ties between child welfare agencies and schools of social work. Through these relationships, agencies have the opportunity to increase the number of trained social workers joining their staff's. This presentation covers the following areas:

- A review of current salaries and educational levels of public child welfare agency staff;
- The areas of competency that public child welfare administrators identified as necessary to begin work in child welfare agencies;
- How ties between child welfare agencies and schools of social work can help agencies increase the number of qualified staff;
- Strategies for developing these relationships.

This report draws from two surveys of public child welfare agencies, a survey of schools of social work, and a symposium of social work school deans and public child welfare agency administrators.

C.5, #188, PP

MAKING THE MOST OF COMMUNITY RESOURCES: DEVELOPING NEW CONSTITUENCIES IN PREVENTION OF CHILD ABUSE AND NEGLECT

Contact:

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Speakers:

*Maureen Donohue-Smith, PhD, RN, CNS
James S. Cameron, MSW*

Maximizing local resources is critical to the long-term success of comprehensive child abuse and neglect prevention efforts. This presentation described a model approach which brought five new constituencies into child abuse prevention activities in a semi-rural community.

Under an initiative of the New York State Citizens Task Force on Child Abuse and Neglect and the Federation on Child Abuse and Neglect, five groups who had not typically identified themselves as part of the child abuse prevention effort were brought together for a day-long "Community Conversation" on state and local issues related to child abuse and neglect. Representatives from business, labor, clergy, elected officials, and the media participated in small workgroups with the specific goal of defining for their constituency some specific child abuse prevention initiatives which each of their groups could implement. A mechanism for follow-up was identified, and staff of a federally supported child abuse prevention demonstration project were assigned the role of maintaining the momentum generated by the participants.

The presentation addresses the utility of such a "Community Conversation" approach in mobilizing interest among different community groups and institutions. Additional strategies used in approaching and engaging each of these groups in a long-term commitment to prevention of child abuse and neglect in this community will also be described.

Presenters include:

- The Executive Director of the event's co-sponsoring agency and a key figure in child abuse prevention in New York state;
- The community coordinator of the federal child abuse prevention project who is responsible for on-going coordination of constituency development.

B.5, #191, PP

SECOND GENERATION PUBLIC AWARENESS IN CHILD ABUSE PREVENTION

Contact:

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Speakers:

*Thomas Hanna, BA
Mary Jane Swan Belinky, MA*

One ingredient in preventing child abuse and neglect is the public awareness campaign. The first generation in public awareness building involved two objectives: 1) To make people aware of the problem and how to report suspected abuse and neglect; and 2) To change the abusive and neglectful behaviors of parents. The full range of national public service advertising from the National Committee for the Prevention of Child Abuse (NCPA) has established the standard for such awareness building.

The second generation campaigns will aim explicitly at mobilizing the wider community in direct involvement in the prevention effort. NCPA's public opinion polls have already shown that a high percentage of U.S. families are motivated to do something to help solve the problem of child abuse and neglect. But a fully developed public communication campaign has yet to be demonstrated.

By its nature, such a campaign has its highest chance of success in the community context. As one part of its efforts in implementing a comprehensive community-based prevention program, Cornell University's Community Lifelines is integrating its public awareness efforts with a major focus on helping neighborhoods become stronger and safer places to raise families. Beginning with focus groups with low-income and middle-income families in April, 1989, Community Lifelines has been developing parent-defined approaches to creating and dissemination an awareness campaign. A specific goal of the campaign will be to encourage direct involvement of parents, neighbors, local business people, public officials and other who can, by their volunteer efforts, contribute to community prevention effort. The campaign combines: 1) A structured media approach; 2) input on prevention messages from the recipients of services; 3) increased utilization of a local resource and referral call in system; 4) a coordinated and comprehensive agency response system; and 5) paid sponsorship from local businesses and organizations. The goal is to provide positive, prevention-orientated messages in a structured campaign over a three year period. The project design includes effective evaluation of the campaign.

The presenters include a communication professional with ten years direct experience in public information programming, and the project' prevention education coordinator.

C.23, #192, PP

USING COMPUTER NETWORKS IN CHILD ABUSE PREVENTION

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Speakers:

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Prevention workers need the most effective resources possible to solve problems on a day-to-day basis. Problem solving usually entails seeking out expertise from a natural network of professional colleagues. Unfortunately, these networks have their limits: one often runs out of contact - or time - before the problem has found its best solution. Under such circumstance, the worker must make a decision and go onto the next problem. Hence, "local problems tend to persist". No doubt, the solution to the problems was present someplace beyond the natural network. It has not reached the entire prevention community for similar reasons: the channels of communication are not complete enough to move the information to where it is needed. Hence, "local solutions tend to remain local".

Efforts have been made to overcome these limits through the development of national and international computer networks. These networks are now up and running, and are being used by parts of the child abuse prevention community.

This workshop will provide participants with computer-based problem solving strategies in services, advocacy, resource identification, funding strategies, and national and international team-building. The workshop will go "on-line" with at least three networks: HandsNet (1,200 housing, rural and urban poverty, nutrition, child abuse prevention, community organizing, homelessness and legal services experts), MCHnet (Maternal and child health, development disabilities, and special education) and PeaceNet's Child Abuse Conference. Participants are asked to bring examples of persistent problems for trail in the networks.

C.4, #197, PP

NON-OFFENDING PARENT'S GROUP

Contact:

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Speakers:

*Denise Pintello, LCSW
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The non-offended parent's group is divided into an orientation and an on-going group. The orientation group is for mothers who have recently become known to the CPS system and are confronting the painful trauma of child sexual abuse within their family. The beginning group meets for six weeks and provides support to mothers facing this crisis and prepares them for the clinical climate of group therapy. The orientation group focuses on: education of intrafamilial child sexual abuse; universalization of non-offending parents' reactions; behavioral indicators of victims/offenders; members' perception of CPS; information of police/court involvement; and significance of therapy for all family members.

Successes included mothers' working through the process of believing their children, disclosing their own abusive history while receiving support for their survival, development of relationships with other members and the realization that the responsibility of the abuse is with the offender.

The ongoing group is designed for the mothers who have worked through the crisis stage, have experienced some Court involvement and the members believe their children's stories. This group offers clinical intervention in a group therapy setting, and it is "ongoing" (offered throughout the year and accepts new members approximately every other month). The focus includes: how all family members can heal from this trauma; relationships with victims and offenders; breaking the cycle of abuse for mother/child and family; confronting shame and guilt; reframing mothers' role in intrafamilial sexual abuse; and encouraging a sense of hope for self and family.

Some problems encountered were religiosity, minimizing of pervasive impact of sexual abuse on all members of the family and blaming the system instead of the offender for the abuse. Successes that have been savored include mothers regaining their sense of trust, developing health relationships with men and women, recognizing their own needs and the members stating that they feel more in control of their lives.

A.15, #199, PP

PROJECT CHARLIE'S SAFE PROGRAM

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Speakers:

*Judy Halper, LP
Marion London, MEd*

Project Charlie's SAFE Program is a first-of-its kind prevention program for children ages 5-12. It is a comprehensive program designed to teach school children physical and sexual abuse prevention in an upbeat, non-threatening manner.

Teachers and school administration receive complete training to implement this program in classrooms. The SAFE curriculum may not be purchased without this training thereby assuring quality control of the program and professional adaptation of the curriculum.

Following two years of pilot training of the SAFE program in over 20 Minneapolis school classrooms, SAFE was refined and revised accordingly and became available on a national level in January, 1990. The communities included in the pilot studies included culturally diverse families from varying income levels and many identifiable high risk factors. The data outcome suggested initial success and satisfaction among student and staff.

Presently, Haverhill, Massachusetts and Slaytor, Minnesota are piloting the SAFE program. Both communities are distinct with regard to population and resource. We look forward to their results.

SAFE includes lessons in the following areas: self-esteem, assertiveness, good, bad, confusing touch and support systems. When implemented as a whole, children are hopefully better skilled and more comfortable in the knowledge they are important and worth protecting.

B.16, #202, R

FAMILY STRUCTURE & FUNCTIONING

Contact:

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Speakers:

*James M. Gaudin, Jr., PhD
Norman A. Polansky, PhD
Allie C. Kilpatrick*

Preliminary results from a three year NCCAN-funded study of family structure and family dynamics in neglectful families will be presented. The research methodology includes: 1) Assessments of family functioning by CPS workers using Beavers-Timerlawn measures, Polanky's Maternal Characteristics Scale, and Magura & Moses' Child Well Being Scale; 2) In-home interviews with family using structured interview guides and standardized self-report measures of depression, informal support network characteristics, and Beavers' Family Self Report Family Inventory; 3) Videotaped sessions with the families rated with Beavers Family Competency and Family Style scales and Wampler et al's Georgia Family Q-Sort measure; and Review of case records by researchers.

The presentation will report the results from assessments, interviews and videotaped sessions from 75 neglect and 75 non-neglecting control families. Focus will be upon similarities and differences in family structure and family interactions in neglect and control families, who are similarly low in SES. Differences in family structure and family competence, i.e. family cohesion, problem solving/adaptability, leadership, communication, and conflict resolution will be examined.

Attention will be given to differentiating "new" vs. chronic neglect, and various patterns of physical vs. psychological neglect. This research will provide direction for more effective interventions with neglectful families.

A.5, #205, PP

INVESTIGATIONS INVOLVING CHILDREN WITH DISABILITIES: A TRAINING MODEL

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Speakers:

Michael M. Crocker

There is concern in the field, that in some cases of child abuse, the investigative process can potentially be as victimizing as the actual abuse which initially brought the child into the system. This can be the experience of any child who must enter a child welfare system in order to be protected. However, what is most disturbing is how this "systemic dilemma" becomes compounded when the child involved happens to have cerebral palsy, or is severely mentally retarded, or is perhaps profoundly deaf. The difficulty lies not only in adjusting procedural aspects of the system, but also encountering attitudinal barriers as well.

The intent of this workshop is to provide participants with an effective training model that has resulted in sensitizing personnel within investigative systems (i.e. child protective, law enforcement, medical and district attorneys) regarding the issues of children with various disabilities. These development efforts occurred in two large urban areas of the country, spanning various age and disability groups. The model provided both basic information and awareness of the "world of a child with a disability". As a result, investigations were enhanced, while decreasing trauma to the child.

Presenters will review the components of such a training model, and the process involved in implementing such a program within these systems. Discussions will also focus on the necessity for continued training efforts regarding sensitization to children with special needs within these systems, and the collaboration needed to achieve positive results for the child and the investigator.

A.2, #206, PP

DEVELOPMENT OF A RURAL COMMUNITY-BASED MODEL FOR FAMILY STRENGTHENING

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Speakers:

*JoAnn Farnsworth
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Jan Marrack*

The area defined as West Hawaii on the Big Island of Hawaii, is comprised of many ahupuaas - land areas that are measured from the 150 miles of coastline up the slopes to the central volcanoes. The population of this area is concentrated in several distinct pockets; each of these is unique and separated from the other by distance and cultural differences. There is one road which connects all the communities, but there is no effective means of public transportation to the central commercial area. It has been a challenge to establish a family resource and support program that meets the needs of families in this multi-cultural, multi-ethnic, geographically diverse rural environment.

West Hawaii Family Support Services was established in 1979 as a response to the community's concern for the victims of child abuse and neglect. The agency has implemented community-based programs that promote family functioning and healthy parenting skills, child health and development, and utilization of community resources. Partnerships have been developed with resources within the communities in order to provide local facilities where staff and volunteers, who are themselves members of the communities, can provide services on a regular and consistent basis. Public/Private partnerships have led to a wide range of services including prenatal classes, perinatal Home Visitors, respite care, parent support and education groups, parent/child activities, a toy-lending library and a warm line for consultation on normal child development.

The West Hawaii Family Support Services Family Center is the centralized support for these wide-ranging community-based programs and their staff. Located in the largest shopping center in West Hawaii, it is a centralized information and referral service where all members of the West Hawaii can go to get connected with events, activities and services available to families. The Center provides the opportunity for agency networking and coordination, tracking for gaps and duplications of services and advocacy for services needed by individual communities. The Center also provides the facility for centralized weekly staff and volunteer training and development activities. This allows for the sharing of concerns faced by individual communities as well as the networking ability to begin to address those concerns as a unified community which is able to strengthen families through its culturally sensitive, caring response to the stresses they are experiencing.

B.7, #208, R

SEXUALLY AGGRESSIVE YOUTH SERVED IN A PUBLIC CHILD WELFARE AGENCY SETTING

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Speakers:

*Diana J. English, PhD
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This workshop would provide an overview and preliminary findings on research currently being conducted in Washington State on children who sexually abuse other children and are served in a public child welfare agency setting. In 1987 an exploratory research project on sexually aggressive youth was conducted to determine descriptive demographics, offender and offense characteristics and service outcomes for children who sexually abuse other children in 1 region of the state. 75 sexually aggressive youth were identified in the first study. These youths were known to have sexually abused at least 150 children. The majority of victims were between the age of 3 - 5, and known to the perpetrator. Less than 50% of the perpetrators were prosecuted, primarily because the victim was too young to testify.

Based on research findings, training and monitoring of this population was instituted. A follow-up study in 1988/89 tracked the outcomes for the original study sample and newly identified sexually aggressive youth.

As a follow-up to the first two studies, a statewide case count was conducted to determine how many children who sexually abuse other children were currently being serviced in a public welfare agency setting. To date, 691 sexually aggressive youth have been identified with potentially 400 child victims. Approximately 1/3 of the identified youth were children of color. The third study examines the characteristics, problems, risk factors, victim data and outcome for a random sample of these youths statewide. The evaluation also examine service provision and service needs.

The workshop will conclude with a discussion of the implications for early intervention prevention with this population of sexual abusers, methods for assessing risk and a discussion of findings related to treatment.

C.9, # 211, R

PREDICTION IN CHILD PROTECTION: RESEARCH RESULTS FROM TWO STUDIES

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Speakers:

*Diana J. English, PhD
Stephen Aubin*

The ability to accurately predict risk in child abuse and neglect cases is a critical issue for both public and private agencies. This workshop will present findings from two major studies on prediction of risk in child abuse and neglect referrals. The first study examined the accuracy of risk classifications at intake in child protective services and the impact of the investigation for 1600 children classified as low risk at intake. Outcome measures were re-referral reoccurrence of child abuse and neglect including actual harm to the child. The study also included an analysis of characteristics that are predictive of risk classifications, looking at differences between cases initially classified as low risk compared to moderate/high risk. The second study focuses on the accuracy of identifying high risk child abuse and neglect. The study examines demographics, problems and the relationship of 32 risk factors to overall ratings of risk. Included in the analysis of both studies is a review of specific cultural assessment of risk for different ethnic populations.

The workshop will conclude with a discussion on the implication of these findings for child welfare practice with abuse and neglected children.

B.15, #212, R

A NEEDS ASSESSMENT OF MULTI-CULTURAL POPULATIONS FOR CHILD ABUSE AND NEGLECT

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Speakers:

Linda L. Dunphy, MSW

The findings from a needs assessment of several limited-English speaking ethnic groups in Fairfax County, Virginia to explore child abuse and neglect prevention needs will be presented (scheduled to be completed by June, 1991). The seven targeted communities include Afghanistan, Cambodian, Ethiopian, Hispanic, Korean, Lao and Vietnamese.

Discussion will focus on the research methods and techniques - key informant interviews, social indicators data, and community forums - employed to gather data from the target communities. Emphasis will be placed on citing the limitations to conventional needs assessment surveying of cultural communities, the barriers and problems encountered in carrying out the assessment, the adaptations of surveying techniques, and recommendations for future needs assessment endeavors.

The findings will be shared as well as the recommendations for implementing child abuse and neglect prevention strategies within each community. As time permits strategies already underway will be shared.

The project is undertaken in collaboration with the Child Abuse prevention Grant staff of Fairfax County Department of Human Development which is one of the nine five-year demonstrations projects under the National Center Against Child Abuse and Neglect of the U.S. Department of Health and Human Services.

B.2, #214, R

MEDICAL HISTORIES OF MALTREATED CHILDREN

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Speakers:

*Richard Famularo, MD
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The authors describe three groups of children, ages 5 - 12, and examine them across their newborn, delivery, temperament and school histories. The three groups are children: 1) Diagnosed with Posttraumatic Stress Disorder by DICA-R criteria; 2) abused, but not meeting DICA-R criteria for PTSD; and 3) a matched control group of children.

The results in Table I reveal the respective percentages for the three groups. Compared to matched controls, maltreated children show histories of:

- School suspensions, retention and truancy;
- special academic and education services;
- premature birth and low birth weight;
- unusually long labor; and
- trouble with feedings (solids and formulas) and slow weight gain.

Of particular interest, our preliminary frequency observations reveal interesting differences within the maltreated group. Compared to abused children who do not develop PTSD, children who develop PTSD show higher newborn (early life) frequencies of:

- Irregular sleep;
- irregular eating;
- fussiness;
- inability to smile and engage socially;
- whinniness;
- being easily scared;
- inability to be comforted;
- being easily distressed; and
- difficulty paying appropriate attention to their environment.

In addition PTSD children reveal a remarkable history of being psychiatric hospitalized (41% vs. 10% abuse vs. 0% control) and medically hospitalized (34% vs. 20% abused vs. 12% control).

These preliminary results suggest that childhood maltreatment in general and Posttraumatic Stress Disorder in specific, may have origins in the very earliest stages of life, even prior to the first clear traumatic event(s) suffered by the child.

B.7, #215, PP

ADOLESCENT SEXUAL ABUSE PREVENTION PROJECT

Contact:

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Speakers:

*Robert P. Hall, M.Div.
Joanne M. Kassees, MD, EdC, NCC*

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 children often begin 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 for adolescents. Selected programs were implemented by the sponsoring agency for study and factor important to the effectiveness of service 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. The program can be implemented at low cost by any child abuse prevention or youth serving agency. Five independent agencies across the country 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, including counseling, education, and social work. The completed program has been utilized successfully in both primary prevention and early intervention situations, ranging from public secondary schools to juvenile corrections facilities.

The materials include an extensive curriculum with guides for facilitator, a training package on adolescent sexual abuse and its prevention, and catalogue of resources serving adolescents, one for parents and one for professional. There are also two booklets presenting anecdotal accounts of cases which serve as catalysts for guided discussions among the program beneficiaries.

The presentation will include an overview of the problem of adolescent sexual abuse, comments on the nature of services to high risk adolescents, and the hypotheses and finding of the Adolescent Sexual Abuse Prevention Project. The presenters will also display and discuss the Adolescent Sexual Abuse Prevention Project program materials.

D.6, #216, PP

ADOLESCENT PARENT ADVOCACY PROJECT

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Speakers:

*Robert P. Hall, M.Div.
Conee P. Nelson, CFLE*

The Adolescent Parent Advocacy Project is an innovative and preventive program of support and training for first-time, teen-aged parents, operating in collaboration with a major medical center and utilizing well trained and highly skilled volunteers. The project has grown out of extensive work by the sponsoring agency - a private child abuse prevention organization - with adolescent parents and an exhaustive review of programs implemented for this population in other communities. Based on these experiences and findings, agency staff and advisors, including representative of the medical and social services fields, developed the Adolescent Parent Advocacy Project.

The project serves expectant mothers who are sixteen years of age or younger who are pregnant for the first time. It is based at the obstetrical clinic of a major medical center, which is one of the largest facilities of its kind in the country. Teen-agers undergo pregnancy tests on a specified day at the hospital and return the following week for the results. Those who are pregnant see a physician or resident and receive their first examinations and consultations. As part of the consultations, the girls are introduced to the Adolescent Parent Advocacy Project Coordinator, who interviews them, explains project services, and performs basic intake functions. The girls are then matched with Parent Advocates, who are carefully trained adult volunteers. The Parent Advocates function as companion counselors and mentors prior to the babies' birth, offering support and lay counseling. They also promote appropriate prenatal health practices, chiefly by encouraging the girls to keep their scheduled clinic appointments.

When the girls deliver, they are visited in the hospital by their Parent Advocates. The Parent Advocates provide support and help to reduce the isolation and anxiety experienced by new mothers, especially young mothers. The Parent Advocates continue their contacts with the new mothers post-natally, gradually decreasing the frequency and intensity of the contacts as the new mothers become more confident of their parenting skills. While the Parent Advocates are in contact with the new mothers, they serve not only as companion counselors and in-home parent educators but also as referral agents, linking the new mothers with other community services. The professional Project Coordinator is always available to the Parent Advocates if particular difficulties are detected and additional services or interventions indicated.

Project services are evaluated through the use of formal inventories which assess parenting aptitude and skills and also personal health practices. Critically important to project evaluation are case conferences held by the Project Coordinator and medical personnel who work with the adolescents and their babies.

D.7, #217, PP

FIRST STEPS: A VOLUNTEER PREVENTION PROGRAM OF SUPPORT, EDUCATION, REFERRAL AND FOLLOW-UP

Contact:

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Speakers:

Carole Orkin Steele, MA

The birth of a baby is a time of adjustment and rapidly changing interpersonal roles and relationships for all new parents. All parents can benefit from increased support during the prenatal and perinatal periods. Programs that offer parenting education, skill development and, most importantly, personal supportive relationships enable expectant and new parents to begin coping independently with the demands of parenthood, to feel secure as they adjust to their new roles, and to begin interacting successfully with their baby - all important foundations for a positive pregnancy outcome, nurturant parenting experience and the prevention of child abuse and neglect.

All parents have general needs for support and information on infant behavior and development and available community resources. First time parents, single or adolescent parents, or parents coping with additional stress may be in need of more intensive intervention and support in order to develop nurturing relationships with their infants. Locating, effectively using, and understanding, a multitude of services is overwhelming for anyone, and can be more so for families with limited social, intellectual and financial resources - families who tend to be isolated and already at greater risk for child abuse.

First Steps, a child abuse prevention program of the Georgia Council on Child Abuse, uses trained volunteers to offer emotional support, parenting education, referrals to community services and follow-up contacts to expectant and new parents. Volunteers are trained to provide specialized services to different parent population (i.e. teen parents, parents of medically at risk infants). The volunteer contact is usually initiated in a medical setting during pre-natal or immediately post partum period and continues for a minimum of three months after the baby is born. It is assumed that parents who have this type of support and education are more likely to establish parent-child relationships and environments that promote healthy growth and development of children.

Communities all across the country and in Europe are developing the First Steps program to help new parents through the critical first year of their children's lives. The comprehensive First Steps Operational Manual and Training Guide is available to aid in the replication of this program.

D.18, #218, R

CHILD SEXUAL ABUSE PREVENTION: TEACHER AND CHILD VARIABLES AFFECTING THE LEARNING OF CONCEPTS AND SKILLS IN PREVENTION PROGRAMS

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Speakers:

Alan G. Nemerofsky, EdD

The purpose of this study was to examine the efficacy of child sexual abuse prevention training for preschool teachers and preschool age children 3 to 6 years of age. The study was designed to address two questions regarding child sexual abuse prevention:

- Can preschool teachers benefit from training in child sexual abuse prevention and child abuse detection and reporting?
- Can preschool age children learn primary prevention concepts, skills and behaviors?

The teacher sample consisted of 153 teachers from preschool childcare programs who underwent a child sexual abuse prevention training program. The children's sample consisted of 1,044, ages 3 to 6 years, who underwent the Children's Primary Prevention Training Program, and 295 3 to 6 year old wait-list controls.

Results of the teacher study indicated that preschool teachers demonstrated increased knowledge of child sexual abuse prevention skills and concepts following completion of the Teacher Prevention Training Program. This finding has implications for preschool teachers taking a more active and direct role in sexual abuse prevention programs for preschool age children.

Results of the children study indicated that 3 to 6 year olds, who were trained in the Children's Primary Prevention Training Program scored significantly higher on a posttest measure of child sexual abuse prevention skills and concepts than did untrained children of the same age grouping. However, a significant difference in performance due to age was found for children who had completed the training program. Trained 4, 5 and 6 year old children scored significantly higher than trained 3 year olds. Previous research findings had cast doubt over the feasibility of teaching preschool age children prevention skills and knowledge. Additionally, it is suggested that implementation of child sexual abuse prevention programs can be effective with children 4 years of age and older.

Implications for policy and practice were presented. Further, as this study provided a framework for future child sexual abuse prevention research with both preschool teachers and preschool age children, areas for prospective investigation were recommended.

B.9, #219, PP

FAMILY RESOURCE CENTER: EVALUATION OF A CHILDREN'S RESPITE NETWORK

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Speakers:

*Catherine Ayoub
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The Family Resource Project aims to prevent the development of more extensive problems that impact on the quality of life for children and their families by offering respite day care service to children, educational information, social support, and networking interventions to families at a time of increased stress and crisis.

Based on this goal, the research and evaluation component focused on the following questions: 1) What are the characteristics of the families that contact the Family Resource Project?; 2) What role does the Project play in reducing stress and assisting families in the problem-solving necessary to positively weather a crisis?; and 3) How does the organization of the project and the roles of the professionals within it impact on the delivery of effective services?

A longitudinal component exploring background characteristics, life crises, and stress levels and how the project mediates these factors over time delineates several different pathways in the management of stress in families. Based on this analysis families can be separated based on their present problems (marriage problems 7%, domestic violence 7%, employment issues 15%, health problems 18%, mental health problems 7%, chemical dependency 7%, homeless or problem with living arrangement 4%). These problem groups are presented and discussed, particularly in terms of the patterns of change in family stress. Secondly, these family patterns are analyzed in relationship to services requested and utilized by the family. Finally, a cost effectiveness component is addressed by comparing the costs of this program to costs expected in other respite programs that do not use a community networking approach and are not part of a larger organization that offers multiple services in primary and secondary prevention of problems in parenting, child abuse and neglect.

D.14, #220, PP

PERSPECTIVE OF FAMILY MEMBERS IN NEGLECTING FAMILIES

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Speakers:

*Kathleen D. Paget, PhD
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Recent estimates suggested that neglected children comprise the largest group of reported maltreated children, with the Association for Child Protection estimating that 20% of the children in the United States are neglected. Research attention is increasingly focused on neglected children and their families in an effort to distinguish the antecedents and consequences of child neglect from those surrounding other forms of maltreatment and from the environmental factors associated with poverty (Egeland, 1988; Pelton, 1981). Researchers, policy makers, and practitioners alike recognize that child neglect is a complex problem in need of much empirical examination (Giovannioni, 1988).

The major purpose of this presentation is to disseminate empirical data from a large, three-year, interdisciplinary research project on child neglect funded by The National Center on Child Abuse and Neglect. The primary objectives of the project have been: 1) To examine the perspectives of caregivers and children regarding the functioning of families in poverty where child neglect has occurred; and 2) To contrast these perspectives with families in poverty who do not evidence neglect and families who evidenced neglect at an earlier time but no longer do so. An important belief guiding this study is that researchers can not fully grasp the complexity of child neglect simply by viewing it as outsiders; rather, the perceptions of individuals who have experienced it are essential to our understanding. Thus, the study is driven by Personal Constructs Theory (Kelly, 1955), which views every individual as a "scientist" who makes efforts to understand events by placing them within some framework that explains them.

Subjects were drawn from existing recipients of AFDC in Richland County, South Carolina. In-depth interviews were conducted with primary caregivers and children in their homes. The interviews were designed to capture the perceptions of these individuals regarding: 1) Family functioning (with an emphasis on family strengths); 2) social support networks; 3) housing and neighborhood characteristics; 4) perceived competency, well-being, and sense of control; 5) social problem solving skills; 6) caregiver attitudes toward childrearing; and 7) children's attitudes toward parenting behaviors. Data from these interviews are discussed in this presentation, with implications drawn for direct service to families, future research with families in home settings, and an additional research study that is underway.

C.13, #223, R

SENTENCING ALTERNATIVE FOR SEX OFFENDERS: THE DECISION MAKING PROCESS

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Speakers:

*Lucy Berliner, MSW
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There is considerable interest in and concern about sentencing alternatives for convicted sex offenders, particularly offenders against children. Decision making criteria have important social policy implications both for the protection of the community and for the victim's perception of the legitimacy of the process. Many areas provide a community based treatment alternative to incarceration. However, there is continuing debate about the effectiveness of sex offender treatment as well as the process by which eligible offenders receive this treatment.

This study concerns the identification of characteristics of eligible offenders who receive a community based treatment alternative to incarceration and those who do not, and compares recidivism rates of the two groups. Data has been collected on 641 convicted sex offenders eligible for the community treatment alternative in 1985 and 1986. About half of the offenders received the treatment alternative. Characteristics which discriminate the two groups will be presented. To further explore the decision making process a survey was conducted with probation officers, mental health practitioners specializing in offender treatment and Superior Court judges. Data will be presented on variables considered important by the involved professionals. By June, data will also be collected and analyzed on the recidivism rates of the two groups. Variables correlated with recidivism will be identified.

The implications for social policy in this important area will focus on issues such as preliminary results indicating that offenders from lower socio-economic and minority groups are less likely to receive such alternatives and that relationship of the victim to the offender appears to override many other considerations. Although this is not a treatment outcome study since the treatment programs themselves could not be evaluated, identification of variables associated with recidivism will provide important information for professionals involved in making recommendations and decisions.

C.14, #225, PP

A COMMUNITY RESPONSE TO DRUG AFFECTED BABIES: A COOPERATIVE EFFORT

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Speakers:

*Sidni Reddick
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It is estimated that more than 11% of pregnant women are using illicit drugs. This results in approximately 375,000 drug affected infants born in the United States each year. Most professionals recognize the problem and the need for action in dealing with the pregnant mother and her drug affected child. However, use of drugs during pregnancy presents professionals with a vast array of medical, ethical, political and legal dilemmas.

Many solutions are proposed for the pregnant addicts and their children, but often times the solutions are tainted by emotional and moral concerns. Therefore, the debate grows at the government level, in hospital administrations, at health and social services agencies, and at the policy and district attorney level. Unfortunately, the problem of pregnant addicts grows as the debate grows. Because of the growing numbers and the inability of our current social services and health systems to deal with the problem alone; it has become more and more apparent that a community effort is necessary to combat this problem.

The authors conclude that a cooperative effort using the vast amount of resources in the public and private sectors must be developed at the community level to best serve the needs of both the addicted mother and her child. The agencies involved in the debate must come together with established public drug treatment programs to take the lead in providing outreach, intervention and treatment.

The authors are part of a community response to drug affected babies in Jefferson County, Colorado. They are developing an inpatient drug treatment program for pregnant mothers. The program provides food, lodging, day care and health care for both mother and child. Along with parenting skills and ongoing therapy for the mother and her children. The program utilizes an established drug treatment facility and county agency resources to provide for the needs of these families.

B.8, #227, PL

**DESIGNING A BLUEPRINT FOR CHANGE: TRANSLATING POLICY
RECOMMENDATIONS INTO AN EFFECTIVE MODEL FOR SERVICES**

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Speakers:

*Nancy McDaniel, MPA
To Be Announced*

Recently, the U.S. Advisory Board on Child Abuse and Neglect issued a preliminary report pointing to a national emergency in the current system of child protective services in our country. Similar policy documents and recommendations have been issued by other bipartisan, government, and private groups.

In response to these reports and the resultant need to disseminate the numerous policy recommendations and translate the common elements into an implementation design, our organization is synthesizing the recommendations into a framework for the design of a community based system of response to abused and neglected children and their families. We will subsequently host a Policy Leadership Conference in June of 1991 to bring together an invited group of individuals from state and national agencies and researchers who will collaboratively review, respond to, and refine a draft design for specific areas of needed reform.

The purpose of the workshop at the Ninth National Conference will be to present and disseminate: 1) The results to date of efforts to design a system of response based upon the numerous policy documents and the related implications in terms of federal, state, and local laws and regulations; funding streams; accountability; data collection; and interagency and community coordination; and 2) The results of the Policy Leadership Conference in terms of those strategies for implementation which are relevant for policy makers/administrators who are facing the challenge of reforming or redirecting the services to abused and neglected children in their state.

A.10, #232, PP

CHANNELING PARENTS' ANGER: PREVENTING CHILD ABUSE

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Speakers:

Suzanne Stutman, MA, MSW, BCD

Anger is a common, natural emotion, beginning in infancy and continuing throughout life. Because of its complexity, and particularly because of its potential for destructive consequences, it has stimulated extensive research. The research has shown that unresolved anger has been implicated in mental and physical disorders and stress. A consequence of chronic hostility in children may be school difficulties as well as drop-outs. It is a prime factor in violence generally and child abuse in particular. In its most extreme, and unfortunately most familiar form, anger leads to violence occurring between close acquaintances and family members. With families, parents' uncontrolled anger results in child abuse.

But these do not have to be the only outcomes. Research has shown that anger can be managed using skills - skills that can be learned and, once acquired, can lead to improved family relationships. The "Channeling Parents' Anger" workshop, developed by the Institute for Mental Health Initiatives, Washington, DC, introduces practitioners to these skills, termed "RETHINK" skills. Channeling Parents' Anger through RETHINK anger management skills will decrease the number of violent flare-ups in families and reduce the incidence of child abuse.

In this workshop, participants will become familiar with the literature on anger and anger management program. The literature supporting anger management programs for parents-at-risk for abusing children derives from a number of sources including cognitive-behavioral, psychotherapeutic, and developmental theories. The contributions and limitations of the literature will be discussed. The literature on needed supports for parents-at-risk for child abuse will also be discussed so that parents are seen within an ecological, transactional field.

Discussion will center on: 1) What anger is; 2) how and when children's anger develops, using Erik Erickson's psycho-social developmental model; 3) the changes that occur in children in different stages that trigger parents' anger; and 4) how to help parents learn to manage their anger and in turn, teach their children how to change their anger. Seven skills for managing anger, known by the acronym RETHINK, will be taught to participants using a specially prepared training video and discussion guide.

The workshop will concentrate on strategies that will enable parents to acquire a sense of empowerment over their emotions (and lives) and their relationships with their children. The RETHINK skills will be learned and practiced in role-plays, giving participants opportunities to respond to provocative situations and identify what adds to a parent's feeling of empowerment and what detracts. Participants will identify the relations between specific RETHINK anger management skills and reducing the potential for child abuse.

C.6, #233, PL

FAMILY-CENTERED SERVICES: MISSOURI'S CASE MANAGEMENT MODEL FOR CHILD WELFARE

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Speakers:

*James C. Harrison
Richard L. Matt
Marcia Allen*

This panel presentation will describe a newly implemented case management model for protective/preventive services provided statewide by a public child welfare agency.

The Family-centered Services model represents a discrete philosophical approach for the provision of time-limited services to families. This approach underscores the importance of conceptualizing the family as a system which is constantly interacting with other systems in its environment. Assessment, case planning, and treatment strategies are addressed from this vantage point. The panel's presentation will address the:

- Policy development process and issues relating to this project. The project was initiated in March, 1988 with the appointment of a task force consisting largely of field staff;
- Development of the Family-centered Services Manual that introduces the social work practice and policy of the model;
- Training of nearly 1500 staff. Training was provided by public agency staff in conjunction with practitioner/trainers from the National Resource Center on Family Based Services;
- Family assessment and case planning packet. The packet provides for a system-oriented assessment of family risks and service needs. Its completion facilitates family involvement in the treatment process. Most of the significant documentation related to a specific treatment period is included in the packet for quick access and review;
- Active case manager concept. The social worker is required to be the treatment team leader when contracted services are used. Staff are provided guidelines for a more "consumer minded" approach in their use of contracted treatment services; and
- Results and observations since the statewide implementation was phased in.

A.12, 234, PP

PATERNAL ABSENCE, BONDING AND THE RISK FOR INCESTUOUS ABUSE

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Speakers:

Linda Meyer Williams, PhD

Does a father's involvement in child care reduce the likelihood of incest? This presentation will focus on the hypothesis that vulnerability to incest may be directly correlated with the amount of time spent by the father in early close child care. Parker and Parker (1986) found that sexually abusive fathers and surrogates were more likely to have been out of the home during the first three years of their daughter's life. They also found that among those father who were present in the home, sexual abuse was highly correlated with non-involvement in early nurturing and child care activities. This suggests incestuous abuse may be related to bonding and empathy failure. The data from our study of 236 fathers provided a more exact test of this hypothesis by focusing only on biological fathers. This session will report on how incestuous and non-incestuous fathers differ in their participation in child care activities and in duration and number of separations from the daughter during childhood. Detailed information on the timing and sequencing of father's absence will help identify if there is a crucial time period when bonding occurs. Implications for prevention of incest will be discussed.

One hundred eighteen men who sexually abused their biological daughters were interviewed at length in this nation-wide study along with a matched comparisons group of 118 non-incestuous fathers. The research examines questions such as, do incestuous fathers abuse because they were abused as children and what is the role of substance abuse, problems related to male socialization, and bonding and empathy failure in the etiology of incestuous abuse?

C.1, #237, R

THE HEALTH STATUS OF CHILDREN PLACED WITH RELATIVES

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Speakers:

Howard Dubowitz, MD
Susan Feigelman, MD
Susan Zuravin, PhD

Health care providers have primarily focused on the diagnosis of child maltreatment and less attention has been paid to the ongoing health problems of these children. Placement with relatives is generally the first option of public agencies seeking substitute care for children, mostly due to child abuse or neglect. This is the first evaluation of the health care, prevalence of chronic health problems, and need for further treatment of children placed in this type of foster care.

Method: Subjects were all (524) children living in relative placements in Baltimore in April, 1989. Data were gathered from three sources: review of medical records, mailed questionnaires to health care providers, parents, relatives caretakers, caseworkers, and the adolescents, and by a history and physical exam.

Results: The median age of the children was 7 years, 54% were female, 90% were black and 10% were white. The majority of children had been placed following neglect; almost half were placed with a grandmother. The mean duration of placement was 34 months.

Primary care had clearly been received by about 25% of the children, with uncertainty accounting for another 66% of the children. About 50% of the children were adequately immunized; most of the remainder had uncertain status. Over 40% of the children had not seen a dentist in the prior year. The salient medical findings included poor vision (15%), poor hearing (9% of 6 - 11 year olds), failure to thrive (10% of 0 - 5 year olds), obesity (20% of teens), dental caries (22%) and asthma (18%). Only 10% of the children had no medical problem; 52% had 1-2 problems and the remainder had greater than 2 diagnoses. Many of the problems had not been previously identified, evaluated or treated. Over half the children had equal to or greater than 1 health problem that definitely needed follow-up.

Few background variables predicted the number of health problems. However, children with more health problems were more likely to have a caretaker who made frequent contact with the caseworker ($p=.04$), was unemployed ($p=.004$), and received more services ($p=.009$). Children who were older at placement ($p=.001$), and had less educated caretakers ($p=.04$) who were non-complaint with keeping appointments ($p=.04$) had a greater number of untreated health problems.

Implications: Children placed with relatives appear to have substantial health care needs. However, their problems are similar to those of poor and other foster children. Nevertheless, greater responsivity to their needs by families, health professionals and the social service system is indicated.

D.15, #241, R

CHILD MALTREATMENT BY FAMILY FOSTER CARE PROVIDERS: IS IT PREDICTABLE?

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Speakers:

*Susan Zuravin, PhD
Mary Benedict*

Currently, there is widespread concern about the quality of care being received by children placed in family foster care. Child welfare professionals speculate that foster children - removed from their own natural families because of child maltreatment are being further harmed by the same type of behaviors perpetrated by foster parents. Despite the concern, little research attention has been focused on maltreatment by family foster care providers. Review of the literature identified six relevant studies, only two of which addressed the very important issue of identifying foster parent characteristics that are predictive of abuse and neglect. One of the studies was unable to identify any significant predictors and the other found only three. Given the importance of identifying prospectively which foster parents are likely to maltreat, this study sought to determine what, if any, (1) foster parent characteristics typically gathered during the foster care application process and (2) caseworker impressions of the foster parents are predictive of subsequent maltreatment?

The aim of the study was carried out through the implementation of a prospective case-control study. Sixty-one Baltimore City Department of Social Services' (BCDSS) foster families with a substantiated report of child maltreatment were compared to 229 randomly selected foster homes that had never been reported for child maltreatment. Information on relevant variables was abstracted by trained research assistants from the home study completed on each family at the time of application to be a foster parent.

Preliminary analyses revealed that of the 16 variables that were examined only four were associated with subsequent maltreatment: foster father and mother's educational status, reason for becoming foster parents, and the status of caseworker reservations with respect to the applicants becoming foster parents. Foster parents who had less than a high school education and wanted to foster parent for any reason other than to care for a related child who was already living in their home were at increased risk for maltreatment. And surprisingly, homes that the caseworker recommended without qualification were at greater risk for maltreatment than those that were recommended with qualifications.

A.15, #242, PP

PROMOTING NON-ABUSIVE BEHAVIOR: A CURRICULUM FOR HIGH SCHOOL STUDENTS

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Speakers:

*Emily N. Herbst, LMSW
Sandra P. Wood, MEd
Hazel Huffman, CHE*

Men and women spend countless years training for various professions and careers but rarely receive instruction in the most important and difficult job -- parenting. The "Promotion Non-Abusive Behavior" Curriculum was developed to assure that high school students receive at least an introduction to child rearing. Developed jointly by the Home Economics Department of the Fulton County (Georgia) School System and the Georgia Council on Child Abuse and funded in part by the Georgia Children's Trust Fund, the curriculum was incorporated into the academic structure of the Home Economics course "Personal, Child and Family Living."

The program was piloted during the fall of 1990 and will become a permanent part of the Family Living Unit of the Home Economics 401 Course which all Fulton County students must take before graduation. Evaluation of the pilot program included pre and post assessment of child rearing attitudes as measured by the AAPI as well as a knowledge test on child abuse.

Through classroom discussion, video taped scenarios, and special student projects, high school students are taught how to identify abusive behaviors toward children, how to distinguish between abusive and nurturing behaviors toward children, skills to support nurturing parenting, and how to help themselves or others who may be victims of abuse.

The 10 day curriculum includes special emphasis on the following topics: Examination of Social Issues of Abusive Behavior; Recognition of Abusive Tendencies and Behaviors; Awareness of Prevention and Treatment Services for Victims and Abusive Parents; The Relationship of Money Management Techniques; Self-Esteem, and Nutritional Practices to Abusive Parenting; and Appropriate Parenting Styles, Roles and Discipline.

B.15, #243, R

SYSTEMATIC APPROACH TO COMPLETING A CHILD ABUSE AND NEGLECT NEEDS ASSESSMENT IN COMMUNITIES OF COLOR

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Speakers:

*Jamila Rashid, MPH
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A major hurdle in achieving the first year goals of the Greater Chicago Council's NCCAN project was the completion of a comprehensive Child Abuse and Neglect needs assessment for its target community. The target community (95% African-American, 4% Hispanic and 1% White) ranks high among those community areas most in need of programs and solutions to problems such as child abuse and neglect, infant mortality, poverty and unemployment, and crime and drug trafficking. This presentation will demonstrate methodologies necessary for completing a needs assessment in communities of color, with emphasis on the following:

- Identifying and gaining access to key players/informants in culturally sensitive community based organizations;
- Maximizing the return of surveys and questionnaires in communities of color;
- Promoting forums and town meetings in communities of color;
- Assessing and communicating the needs of culturally sensitive communities to decision makers, professionals, and other concerned individuals;
- Utilizing the five steps of needs analysis in assessing child abuse and neglect in culturally sensitive communities: 1) Identifying users and uses; 2) Describing target population and service environment; 3) Identifying needs; 4) Assessing child abuse prevention needs; and 5) Communicating needs to key players.

The presentation will also discuss the importance of developing a listing of key informants within the communities of color, as well as a selection process for ensuring the inclusion of most critical key informants. Additional information will address the complexities and difficulties of collecting service and outcome data from various local institutions and communities agencies.

B.15, #245, PP

CREATING A CULTURALLY RELEVANT ENVIRONMENT

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Speakers:

*Lessie L. Artis
Fran Kaplan, MSW
Barbara Naki
Howard Himes*

The presenters will demonstrate the culturally adapted model of the Nurturing Program for Parents and Children. In Maryland and North Carolina African-Americans experience the raising of self-esteem for parents and children in culturally appropriate ways. In Caracas, Venezuela Spanish speaking parents and children experience El Programa de crianza con carino. In Fresno the Nurturing Program for Hmong is being constructed from the ground up. In Hawaii the culturally relevant Keiki play mornings are adapted to the multi-cultured participants.

The culturally adapted *Nurturing Program for Parents and Their Children* is a comprehensive, innovative approach to educating parents to the most important form of human interaction, the parenting process. In remediating dysfunctional and abusive parent-child interactions we must understand what constitutes ineffective parenting, the cultural implication of the behaviors and the contributing influence to risk of maltreatment as an initial prerequisite to assessment, prevention or treatment.

In order to create a culturally relevant environment, parent educators learn:

- 1) The role culture plays in a person's behavior
- 2) To be aware of personal biases, beliefs, words, symbols and values
- 3) How to bring forth a person's cultural background
- 4) Recognize parent and child behavior that may be culturally motivated

All brown, black, yellow or red people are not alike in the cultures in which they live. The understanding of the culture of another demands our knowledge of varied elements within a culture. This presentation is designed to help parenting educators adapt parenting educational programs to different cultures.

PROVIDING PARENT EDUCATION SUPPORT IN A NON-TRADITIONAL SETTING

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Speakers:

Linda Braun
Jeri Robinson

Introduction

In unprecedented numbers, American families are taking on different styles and shapes: both fathers and mothers working away from home; single parent households; second marriages bring children from unrelated backgrounds together; gay and lesbian parents; interracial and interfaith families by marriage or adoption; and more. Three years ago, The Children's Museum in Boston collaborated with the Center for Parenting Studies at Wheelock College to create Families First, a place for learning and support for parents of young children.

Housed at The Children's Museum, Families First helps parents develop positive, appropriate, non-abusive and satisfying relationships with their children. The program:

- Provides parents with an opportunity to share their questions and concerns about parenting with others.
- Helps parents gain information about current thinking on childrearing.
- Learn new parenting and problem solving skills that will be valuable in creating satisfying family relationships.
- Reduces parental feelings of isolation and stress and increases feelings of competence and confidence in the role of parenting.
- Help families explore new ways of spending family time and having fun together.

Program

Families First reaches a broad cross-section of parents through a range of formal and informal programs. Programs include:

Playspace, an indoor "drop-in" play area where parents and children can interact.

Parent-Child Activities provide an opportunity for parents to interact with their children in a structured setting designed for fun.

Parent Education Seminars allow small groups of parents to meet with a trained leader and gain information about important childrearing topics such as discipline strategies, fostering self-esteem, communication, sibling issues, toilet training, and handling anger in both parents and children.

Special Interest Support Groups for parents in similar life situations such as new mothers, single parents, and parents in multiracial, interfaith and dual career families. These groups, led by trained professionals, respond to the challenges and concerns unique to each.

Parent Consultations are offered to parents who wish to discuss a specific childrearing dilemma individually with a parent counselor.

Parent Resource Room and Library is staffed by a qualified parent educator, and contains a collection of current books, periodicals, and articles about child development, parenting, child care, creative activities and special family issues.

Collaborative programs with community agencies initiated in order to provide accessible programming for parents outside of the immediate Boston area.

Presentation

Using slides, this workshop will give an overview of the development, implementation and evaluation of Families First at The Children's Museum. Using experiential exercises to "model the model", the workshop will focus on the parent education curriculum that has proven to be the most helpful to parents.

D.13, #249, R

THE RELATIONSHIP OF EARLY CHILDHOOD ABUSE AND NEGLECT TO ADOLESCENT DEVIANCE

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Speakers:

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Four hundred fifty-seven abuse, neglected and comparison preschoolers and their families were initially studied in 1976. they were recontacted and evaluated in 1980, and are currently being assessed in a third evaluation. The focus of the current evaluation is the social, emotional and academic achievement level of these 16 to 21 year olds, and the extent of their delinquent behavior and substance abuse. In addition, data is being gathered on teenage pregnancies among the adolescents studied.

To date (1/21/91), data have been gathered on 157 adolescents and their families, and the data collection process is proceeding. Preliminary results indicate the following:

- 1) Abused and neglected children drop out of school to a greater extent than comparison children, and at an earlier age than their comparisons.
- 2) Abused and neglected children have a higher rate of teenage pregnancy and parenthood than comparison children.
- 3) Abused and neglected children have a higher rate of status offenses and delinquent behaviors than their comparisons.

These results are reflective of multiple levels of coping problems in abusive and neglecting families.

B.6, #250, PP

EMPOWERING FAMILIES: COMMUNITY BASED SELF-HELP PROGRAMS

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Speakers:

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One of the basic tenets of mutual aid support is that individuals and families usually can, through sharing in a confidential, non-stigmatizing atmosphere, find the strength and resources they need for survival. Community-based self-help groups empower families by recognizing the inherent strengths and resources of individual members. Unfortunately, these groups are often an overlooked and underutilized resource.

Community organization and coordination of local resources are important components of all community-based self-help programs. Leaders interested in volunteering help families to form new groups and provide ongoing information on local resources to members. Including these residents of local communities and neighborhoods as leaders has several advantages: they are not as likely to be viewed as outsiders, they have a vested interest in seeing the group work, they translate their concern for their neighbors into actions, and they network with others who have similar concerns about helping families in their area. Also, this approach enhances the group's credibility among those in the helping professions, the news media, and others who can provide much-needed publicity and support.

The community-based self-help model meets the needs of geographically, socioeconomically, and culturally/ethnically diverse populations. Groups meet in urban, suburban, and rural areas and in homeless shelters and prisons. There are bilingual/bicultural groups for Native Americans, Hispanics, and Southeast Asians.

Moving into the 90's, we must look to approaches that help families find the strength and resources to survive and simultaneously help the overburdened child protection system. Community-based self-help groups must be a vital part of this effort.

INTERVENTION PROGRAMS FOR FAMILIES AT RISK OF PARENTING PROBLEMS

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Speakers:

*Catherine Ayoub, EdD
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The content of this presentation will be grounded in the concept that community-based prenatal assessment, early intervention, and crisis respite care for families at risk of problems in parenting can influence the reduction of the incidence of child maltreatment among such families and lead to improvement in parenting. The basic questions to be explored are: "Which children and their families can improve their functioning through these types of programs and what kind of services, for how long are usually needed to create such a change?" Additionally, the organizational development of prevention programs will be presented as will clinical and research findings of the basic concepts which comprise the field of secondary prevention.

Description of heterogeneous populations of families at risk of maltreatment will be delineated, particularly in light of new research which examines changes in families over time. These findings raise issues about screening for risk factors, treatment approaches, and length of treatment. Two specific prenatal intervention programs, one medical and one social services program will be used as clinical examples. Additionally, a crisis respite daycare program for children of families in stress will be discussed as a model that bridges primary and secondary prevention efforts within a neighborhood concept. Both the organizational structure and the clinical work within these models will be compared and contrasted in terms of client recruitment, services delivery, length of treatment, and evaluation of effectiveness. Issues including professional expertise, program structure, approach to service delivery, continuity of care for the family, length of preventive intervention, and the limitations of intervention will be explored. Common considerations in program implementation and evaluation will be discussed and applied to each model.

Significant attempts will be made to discuss modifications which make this type of intervention relevant to a number of different settings and social systems. A portion of the workshop will be spent in discussion with participants in an effort to help them modify and apply concepts to their own settings. The informed planning and special expertise required for initiating intervention will be presented through clinical vignettes. Examples of organizational and administrative systems that support such programs will be described through actual program information.

B.24, #254, R

CONSIDERATIONS OF ATTACHMENT CAPACITY IN ADULTS ABUSED AS CHILDREN

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Speakers:

*Elizabeth Elmer, MSS
Judith A. Martin, PhD*

The long-lasting effects of attachment disorders that result from child maltreatment have been extensively documented in the literature. Egeland and his colleagues have also confirmed the importance of assessing attachment in order to determine whether or not mothers who are at risk of child abuse subsequently refrain from harming their children. Building on this literature, this report focuses on the attachment capacity of a group of adults, now in their 30's, who were severely maltreated as young children. The ability of these adults to capture realistic memories of their early family life and capacity to reintegrate these experiences into a healthier "world model" are described.

Results of this study have important implications for intervention. They suggest the need for assessment not only of the disabling experience itself but also the special vulnerabilities and recuperative capacities of traumatized children such as these.

A.1, #256, PL

MINNESOTA EARLY CHILDHOOD FAMILY EDUCATION POLICY; IMPLICATIONS FOR CHILD ABUSE AND NEGLECT PREVENTION EFFORTS

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Speakers:

*Marilyn Larson
Lois Engstrom*

In 1974, the Minnesota Legislature funded six pilot Early Childhood Family Education (ECFE) programs. The initial \$230,000 and six pilot programs grew to \$1.8 million and 36 programs by 1981. Intensive evaluation efforts convinced legislators that the programs responded to community needs and diverse populations, included parents in the planning and implementation, and supported parents in meeting their children's developmental needs.

In 1984, the Minnesota Legislature expanded ECFE statewide. Offered through Community Education and funded with a combination of state aid and local levy, the programs are now offered in 360 out of 435 school districts and serve 175,000 or more participants each year.

This workshop will trace the policy development of this statewide, universally offered family support and early education program. Presenters will provide a framework for the effort including statewide legislation, quality criteria, local designs, and basic guiding principles developed by staff who work in racially, culturally, and economically diverse regions of the state.

The guiding principles can be successfully applied to any child abuse prevention effort. They will be discussed in light of their effectiveness, their bases in the latest research, and their implications for future service models.

Several local program models will be described to illustrate the attempts to diversify services to meet a variety of family needs in order for workshop participants to understand the methodology that has been developed for working with harder-to-reach populations such as full time working parents, adolescent parents, single parents, homeless parents and children, immigrant parents, Native American families, and court-ordered parents.

C.12, #258, PP

BUILDING "PROFESSIONALISM" IN CHILD WELFARE STAFF

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Speakers:

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This workshop will present an approach to building professionalism among child protective services staff that builds and measures specific knowledge and skill competencies to support effective and sensitive intervention with vulnerable children and their families. This approach evolved in response to needs identified by states who face the challenge of recruiting professionally trained staff given decreased training dollars and resources to serve families, increased caseloads, high turnover, and low morale among child protection staff.

The presentation will report on a national non-profit agency's approach to the development of training curricula, valid and reliable testing, and a certification process for workers. Products include a basic comprehensive core curriculum and a more advanced curriculum in child sexual abuse, each of which may involved up to 60 classroom hours and testing on content knowledge and skills in interviewing and in design and negotiation of the case plan. Test development included the analysis and refinement of items based on a national sample of participants. A train trainers component is also available to states who wish to develop their own ongoing capacity to provide this training and reduce the cost of using outside trainers.

Certification is provided jointly by the national agency and the state and is based on the successful completion of training sessions and demonstrated mastery of content and skills.

D.7, #259, PP

USING PARENT AIDES

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Speakers:

George M. Bryan, Jr., 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. Parent Aides have become a major factor in the prevention and treatment of child abuse in the United States. The National Parent Aide Association has identified over 300 programs nationwide. The National Committee for the Prevention of Child Abuse has found that one third of community based agencies working with families now offer in-home, parent aide services. Results of a new survey of parent aide programs in the U.S. will be shared to provide prospective on the diversity and use of Parent Aides.

An example of parent aide programs which is representative of the majority of the programs in the U.S. is Exchange/SCAN. Exchange/SCAN has provided parent aide services since 1981. Parent aides are used for a variety of interventions from prenatal support of new moms to remedial treatment of families where there has been serious abuse or chronic neglect. Exchange/SCAN provides parent aide services to over 90 families at one time. Services are provided in both urban and rural areas to black and white families using volunteers. Parent aides are used in both long term (over one year) and short term interventions.

Exchange/SCAN has maintained a database on families served. Over 225 families have been studied and evaluated over a nine year period. 93% of the families served have not been resubstantiated for abuse or neglect. Other results of this study will be shared and used to provide perspective on program development and the diverse use of parent aides.

In 1990, Exchange/SCAN added a "Welcome Baby" component to its parent aide services. Volunteer parent aides are used to intervene with parents prenatally or immediately postpartum to provide support and early intervention. Original assessment tools were developed to enable volunteer parent aides to help assess needs so families could be triaged to longer term or more intensive services. Approximately 400 parents are served with Welcome Baby each year. Welcome Baby functions as an early intervention program, a case management program, and a referral source for intervention to prevent child abuse.

C.19, #261, PP

INNOVATIONS IN RESOURCE DEVELOPMENT

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Speakers:

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The focus of this workshop will be the presentation of at least 12 specific resource development activities for state or community based agencies and programs that have demonstrated success. Major emphasis will be placed on how organizations can approach and cultivate a broad base of existing resources including the corporate, private and public sectors. Clearly, strategies that forge progressive "partnerships for prevention" enables agencies and organizations to expand and diversify their available resources for child abuse prevention. These increased networking opportunities broaden an agencies operational foundation while allowing others maximum opportunities to share in a common mission on behalf of children.

A principal consideration in this approach to resource development is the enlistment of corporate and other entities not necessarily directly involved in child abuse prevention activities. It is important to focus on their unique abilities and resources which, if applied creatively, can have a major impact on a state or communities overall effectiveness in the prevention area. This program will also present proven approaches that build innovative bridges to achieve long term goals.

C.16, #265, R

A NEED FOR RE-INTERPRETATION: TRAUMATIC EXPERIENCES AMONG LATINA MOTHERS

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Speakers:

*Eleanor Lyon, PhD
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Little is known about effective interventions with Latino families in which child abuse has been alleged. The literature on mental health issues has not been applied to child abuse cases. Latino mothers have often been seen by child protection workers as unfit, and their behavior as self-focused, non-empathic, and neglectful. Workers and involved therapists, however, have not commonly investigated the mothers' own prior histories and current experiences of abuse and other traumas, to gain an understanding of their parenting.

This paper provides data from a study of 100 Latina mothers referred to an urban child guidance clinic because of reported child abuse and neglect. We created a simple stress and trauma inventory to document the mothers' experiences, including current and past physical abuse, sexual assault, abortion, divorce or separation, immigration within the past year, death of a family member or close friend, eviction, residential fire, debilitating accident to self, family, or close friend, and others. Each experience was recorded with information about when it had occurred and the client's relationship to the person(s) involved. Records for each case included demographic data, the type of abuse alleged, the number and types of interventions, and the case outcome. Data was collected over a two and a half year period.

The extent of traumatic experiences documented in this way among these mothers was enormous. Their struggles to survive under difficult circumstances of urban poverty and to cope with their own victimization often interfered with effective parenting and led to misdiagnosis of "borderline", and assessments that they were uncaring.

When culturally-sensitive therapists helped the mothers to explore and understand their own past trauma they were able to change their relationships with their children. Video tapes of the mothers describing their experiences were especially empowering when the tapes could be reviewed and embellished over time.

The study offers a basis for hope for interventions with Latina mothers and their children affected by language barriers, extreme stressors, cultural uprootedness, and urban poverty. Parenting skills can be enhanced greatly, and abuse overcome by strategies which focus on respect and empowerment, and emphasize responding to these mothers as survivors.

A.3, #267, R

STATISTICAL EVALUATIONS OF THE USE OF HYMENAL OPENING DIAMETER TO DIAGNOSE SEXUAL ABUSE

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Speakers:

Carole Jenny, MD

The horizontal diameter of the hymenal opening of prepubertal females has been used as an indicator of penetrating vaginal injury and sexual abuse. Any "diagnostic test" for a pathological condition can be evaluated by well-established statistical measures of reliability, including sensitivity, specificity, and positive predictive value. In this paper, data from several studies of hymenal diameter size were evaluated using these measures.

Using the data collected by Cantwell (Child Abuse and Neglect 7:171-6, 1983), the sensitivity of the hymenal diameter to diagnose sexual abuse is 84%. The specificity is 93%.

Positive predictive value is defined as the probability of disease in a patient with a positive test; in this case, with a hymenal diameter greater than 4 mm. Positive predictive value depends on the sensitivity and specificity of the test, as well as on the prevalence of the condition in the population being tested.

Using Cantwell's data, the positive predictive value of hymenal diameter for the entire sample is 85%. However, when her data is stratified by the reason for the evaluation at her facility, the predictive value is substantially lower for lower risk groups of children. Table 1 lists the positive predictive value of hymenal diameter > 4 mm. by reason of evaluation:

REASON FOR EVALUATION	TABLE 1. PREVALENCE OF SEX ABUSE	POSITIVE PREDICTIVE VALUE
All children	.33	.85
Physical abuse	.28	.82
Abandoned	.19	.74
Needs shelter	.12	.62

In a normal, low-risk clinic population, a reasonable prevalence of sex abuse might be 2%. The positive predictive value of a hymenal diameter > 4 mm. would be 0.20. That is, only one fifth of the girls with this physical finding can be expected to have been abused.

In this paper, similar evaluations will be presented of studies of hymenal diameter previously published by McCann, et al, Adams, et al, Ingram, et al, and Emmons, et al. Statistical concepts including sensitivity, specificity, positive predictive value and relative risk will be explained.

The data presented indicates that the use of hymenal diameter as a diagnostic test for sexual abuse is likely to cause some "false positive" diagnoses, especially when the test is applied to low-risk populations.

B.1, #268, R

VAGINAL DISCHARGE AS A MARKER OF STD'S IN PRE-PUBERTAL FEMALES

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Speakers:

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The presence of a sexually transmitted infection in the young child who is alleging sexual abuse is a powerful adjunct to the diagnosis and ultimate protection of the child. Current policy at Children's Hospital Medical Center (CHMC) is to culture all children who allege sexual abuse for genital, rectal and pharyngeal *N. gonorrhoea*, and genital and rectal *C. trachomatis*. However, the cost of obtaining these cultures is high and can be stressful for the child. At our institution, the cost of each GC culture is \$25.00 and each chlamydia culture is \$37.00, totaling \$149.00 for the set of 5 cultures. If children who are at high risk for an STD could be identified at the time of the evaluation, the number of STD cultures would be kept to a minimum.

The evaluation of alleged sexual abuse at CHMC includes an interview by the CHMC Child Abuse Team (CAT) social worker or by the Department of Human Services social worker. Children are examined by the CAT physician or by a pediatric resident who obtains the cultures described above. Specimens for GC were plated on Thayer-Martin media and isolated using standard techniques. The Chlamydia specimens were cultured in McCoy Cell Tissue cultures. A standard CHMC form is used to report the alleged sexual abuse which describes the history that was obtained, the exam findings and the cultures obtained.

We retrospectively reviewed the charts of all pre-pubertal females (age < 10 yrs) who were seen at CHMC for evaluation of alleged sexual abuse between 1/28/89 and 10/1/90 and who were diagnosed with an STD. The items that we reviewed included the child's age, Tanner stage, chief complaining, history of abuse (if any), exam findings, the presence of vaginal discharge, and a history of vaginal itching or dysuria.

During the study period, 12 children were found to have STDs. All 12 children had a vaginal discharge or presented to the emergency room with a chief complaint of vaginal discharge. Their ages ranged from 1 to 9 years old, with an average of 4 years old. Ten children were diagnosed with vaginal GC, 2 with vaginal chlamydia, 2 with rectal GC, 1 with rectal chlamydia, and 1 with pharyngeal GC. In 8 children, no history of child abuse was ever illicit. All 12 children with STDs were later examined by a physician on the CAT. Eight of the 12 children had normal genital exams. 644 other pre-pubertal female children were evaluated for alleged sexual abuse and were cultured as described above. Their STD cultures were all negative. The incidence of STDs in our group of prepubertal females who were evaluated of sexual abuse was therefore 2%.

It is well known that asymptomatic infections are common in the adolescent population, but little is known about the presentation of STDs in the pre-pubertal age group. Our review suggests that in the pre-pubertal female, STDs may always be symptomatic. In addition, we believe that all pre-pubertal children who present with a complaint of vaginal discharge should be cultured for STDs. Further research concerning the presence of STDs in pre-pubertal children needs to be done.

B.6, #269, PP

MELD - PRIMARY PREVENTION THROUGH PARENT EDUCATION

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Speakers:

Sue LeTourneau
Joyce Hoelting

MELD promotes wellness and prevents incidents of child abuse and neglect in a long-term self-help group format. MELD's mission is, in essence, to never let the problem of child abuse begin. Working toward that goal, MELD provides the most useful information available to new parents in a culturally sensitive, supportive environment appropriate to the needs of groups of parents with common concerns.

The program demonstrates that if participants are supported in their efforts to be good parents and if they are exposed to good information and alternative ways of addressing childrearing issues, they will be able to make the choices that enhance both their children's well being and their own. Experienced parents, empathic with 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 children with special needs, deaf and hard of hearing parents, and newly immigrated Mexican-American parents. MELD is developing new programs for teen dads and Hmong parents.

MELD's Young Moms (MYM) is a primary prevention program that intervenes in the life of teen mothers during pregnancy and throughout the first two years of the child's life. The MYM program reaches into the heart of the family system and equips the mother with needed and timely information and decision-making processes that will encourage not only responsible reproduction but responsible parenthood.

Recent evaluation data reinforce earlier findings about the effectiveness of MELD's programs of information and support. Specifically, data from the MYM program shows significant impact in lifestyle and health for the mother, including reduced second pregnancies and increased school attendance.

MELD will offer a presentation that describes its parent program and variations, including our experiences in different locations with different populations. The presentation will include recent research findings. Our participant recruitment strategies and volunteer management and training methods may also be of particular interest to professionals working in the area of family support and enrichment.

AN OUNCE OF PREVENTION FOR RURAL AND MIGRANT FAMILIES

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Speakers:

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Maria Theresa Jimenez
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The Redlands Christian Migrant Association (RCMA) is a private, non-profit voluntary organization which has served mainly farmworker children in rural Florida. RCMA currently serves over 5,000 children statewide. This paper will focus on one of RCMA's programs located in the Homestead labor camp.

The South Dade Ounce of Prevention program was conceived under the auspices of The Ounce of Prevention Fund of Florida. The program currently serves forty Mexican-American young adolescents aged eight to sixteen and their parents. It is felt that a program that utilizes prevention strategies rather than rehabilitation will empower and enable families to deal with the demands and challenges of adolescents in a healthy constructive and socially beneficial way. The program sees the families in the context of family/culture and community. It is accessible to families with adaptable hours of operation. This flexibility helps in reducing the probability of child abuse and neglect and also helps to promote positive self-concept building among the teens and greater communication and understanding between youth and their parents.

The program employs several strategies to reduce the probability of child abuse and neglect.

I. Home Visiting

Home visits serve as a family support strategy in which staff develop a partnership with families through outreach in the family home. Activities may include information sharing, emotional support, assistance and crisis intervention.

II. Parent Support Groups

This component provides parents with the opportunity to know other parents, to share concerns, support each other in the process of learning more about themselves and their children and to develop skills which will enable them to strengthen their families. The support groups are a family effort, targeting fathers, mothers and children to intervene in the best possible way while respecting cultural values and traditions.

III. Youth Support Groups

This component provides the youth with an opportunity to share their concerns and feelings in a safe environment. In addition, youth learn more about themselves, build self esteem, learn problem solving skills, and how to manage peer pressure. These groups are held in a relaxed atmosphere where youth have a key role in determining the content of the group. As a point of reference the groups are divided by age and are facilitated by a social worker. When a group participant's behavior indicates that he or she may have been abused appropriate interventions are made.

A.9, #278, PP

POST TRAUMATIC STRESS DISORDER IN SEXUALLY ABUSED YOUNG CHILDREN

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Speakers:

Patrick Bacon, MD

This workshop will focus on the manifestations of post traumatic stress disorder as seen in preschool aged children who have suffered sexual abuse. The diagnosis of post traumatic stress disorder (PTSD) has gained increasing acceptance and interest over the past ten years. Understanding this disorder can lead to valuable insights into the damaging effects of sexual abuse, and can help in guiding treatment, social services and legal interventions. This disorder can be difficult to fully recognize and diagnose in young children.

This workshop will present basic concepts about PTSD, including the actual psychological impact on the child who is suffering from PTSD, and the primary symptoms of PTSD. The theoretical reasons why PTSD occurs, as well as research findings on the causes of PTSD will be explored. I will also present research findings and explanations on why sexually abused children often suffer from PTSD, and how the trauma of sexual abuse is similar to other very serious traumas. Video tapes of the Kempe Center evaluations of at least two sexually abused preschool aged children suffering from PTSD will be presented. One child will be a 4 year old American Indian girl who suffered sexual and physical abuse from her natural father. The other child is a 4 year old girl sadistically abused by her mother's boyfriend.

I will analyze the video tapes in some detail, pointing out the various symptoms of PTSD as they are typically seen in an individual evaluation, with particular emphasis on the child's behavioral re-enactments of the trauma. The Indian child will also be shown with her family, where some of the same behaviors will be displayed as she interacts with her father. We will also discuss how specific behaviors seen in the evaluation can be followed to help in treatment decisions, and in decisions regarding the family and abuser of the child.

One of the cases presented on video tape will be briefly followed through 2 years of psychotherapy, child welfare interventions, and the successful prosecution of the perpetrator. How the presence of PTSD influenced decision making and the therapy throughout this case will be discussed.

CHERNOW HOUSE: ENRICHING THE LIVES OF HOMELESS CHILDREN

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Speakers:

Jeffrey S. Farber, MSW

Families are the fastest growing segment of the homeless population and the proportion of children in the homeless population is increasing more rapidly than any other age group. The effects of homelessness for families, especially children, are devastating. Homeless children rarely attend school on a regular basis; if they do, the lack of sleep, proper nutrition and a sense of security jeopardize their ability to learn. Malnutrition and exposure threaten physical health and the emotional trauma created by fear, poor living conditions and deprivation can cause lifelong damage.

Nationwide over 450,000 children are now homeless and another two million children are "precariously housed" and at imminent risk of homelessness (National Center on Homelessness and Poverty, May 1990). In Los Angeles County there are an estimated 12,500 homeless children who sleep on the streets, in cars, in parks, under overpasses, in illegally occupied garages, on schoolgrounds, and in shelters.

Chernow House Family Shelter, located in East Los Angeles, provides 60 days of shelter for homeless families in a supportive housing environment. Comprehensive case management services provide shelter residents with independent living skills training, employment assistance, money management/budgeting services, community referrals, housing relocations assistance, and a six month follow-up program designed to provide families with transitional support services as they return to mainstream life and become socially and economically self-sufficient.

The goal of the Chernow House program is to enrich the lives of homeless families, especially children. The Children's Enrichment Program component of Chernow House has developed a unique screening program to identify abused and high-risk children. Each child participates in an intake process and receives both a medical and mental health screening. All school-age children are enrolled in local schools within 72 hours of the family's arrival at the shelter. Appropriate activities and exercises are designed for each child based on their age and physical and emotional development. The wide range of enrichment activities offered at Chernow House provides homeless children and their parents with the opportunity to interact in a positive manner, gain self-awareness and increase their self-esteem. As parents and children interact, they are guided by professional staff towards positive exchanges and relationships. Weekly parent education groups further reinforce the skills developed through parent-child interactions and enable families to utilize self-help mechanisms as they broaden their support systems.

C.17, #292, PP

POLICIES AND TREATMENT PLANS FOR WORKING WITH THE NEGLECTFUL FAMILY

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Speakers:

Hendrika B. Cantwell, MD

Child neglect remains neglected. It is especially noticeable when one reviews the programs of meetings, presenting issues of child abuse and neglect, at which very little is offered concerning neglect.

This workshop proposes to discuss with participants, areas which they feel are of concern. Every county seems to have very difficult child neglect cases for which discussion and new ideas are very welcome.

Consideration needs to be given, probably earlier rather than later, about court involvement.

Devising a treatment plan often is an exercise in ingenuity and innovation because the Neglectful Family is infinitely varied and resources are limited.

What might be a preventive strategy? How shall we find the potentially neglectful family? What can we offer?

A handout will define forms of neglect. It will specify what information in each area of neglect should be presented in court. To facilitate review of the progress being made by the family (or the lack thereof) and for presentation to the court, it is imperative that meticulous documentation of the case be maintained throughout.

B.10, #293, PP

UNDERSTANDING AND ASSISTING CHILDREN IN THE COURTROOM

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Speakers:

Nancy Copelan-Aldridge, LCSW

Children are abused in very similar ways to adults. In fact, any crime that can be committed against an adult can more easily be perpetrated upon a child.

When a child becomes a victim of sexual abuse or other types of violence, that child is often thrust into an adult system. This system traditionally does not differentiate between children and adults. A child victim's immaturity with regard to physical, cognitive, and emotional development renders them particularly vulnerable and handicapped in the legal arena. Also due to the uniqueness of the crimes committed against children, children's inability to conceptualize and articulate the trauma perpetrated upon them, the child often times does not understand the crimes or the consequences.

Children often come into the courtroom with many fears and misunderstandings. Innovative techniques and procedures have been suggested and implemented in child sexual abuse cases where children have to testify.

Child sexual abuse cases can be difficult to prove. Frequently there is only the word of a child against that of an adult. With adequate emotional and psychological preparation children have done quite well in relating the events surrounding the abusive incident and the actual recounting of the event.

This program was developed where children are seen at least six weeks prior to the court date to conduct a thorough assessment. Courtroom preparation procedures include familiarization of the courthouse, courtroom, and court process. Court preparation also includes an educational component, books relating to the court experience and a replica of the courthouse. Anxiety management techniques and cognitive behavior therapy components are designed to help the child view the courtroom experience as something to be mastered rather than dreaded or avoided.

B.11, #294, PL

INFLUENCING PUBLIC POLICY

Contact:

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Pennsylvania State Senate
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Harrisburg, PA 17120
717-783-1214*

Speakers:

Senator Michael A. O'Pake

Objective:

The concrete realities of child abuse and neglect relate directly to the abstract which is public policy. Children and their families are affected by public policy decisions made at all levels of government, impacting on such diverse matters as respite and day care, nutrition, medical attention, psychological counseling, addictions treatment, pre- and post-natal care, college expenses and nursing homes.

Public policy tends to be very democratic: it impacts on us all without regard to income, race or religion. At some point, therefore, any family may be frustrated and stressed because their ability to access needed services has been determined by a public policy on which they had no voice, about which they have no knowledge, and over which they have no control.

The shaping of public policy should be a public process; too frequently, however, the public is not involved at all. The truth is, public policies which affect children and their families are often determined by unseen, unknown, unelected public policies which affect children and their families are often determined by unseen, unknown, unelected public policymakers, who consider competing and unrelated interests when determining how public funds will be expended. In fact, because fiscal constraints drive government every bit as much as financial realities determine family expenditures, policy-making frequently has little to do with tradition, experience, empirical evidence or common sense.

This state Senator was inspired by a county medical society auxiliary program on child abuse. His subsequent legislation on the issue was vetoed on the advice of the Governor's wife, a marriage counselor, thus requiring a legislative re-write by a team of attorneys, social workers, medical professionals and child advocates. The result, Pennsylvania's Child Protective Services Law, became a national model. By influencing public policy, and by acting on that knowledge, professionals and lay advocates alike did effect change and reaffirmed their roots, all to more effectively help families maximize their strengths and prevent child abuse and neglect. Those who work today with children and families, those who know how public policy impacts on the health and strength of families, need to know how to influence public policy -- and in fact, have an obligation to do so.

B.4 #295, PP

CHILDREN IN PLACEMENT: SPECIAL CONSIDERATIONS FOR THE BIRACIAL CHILD

Contact:

*Gail Folaron, MSW, ACSW
Marion County Department of Public Welfare
145 S. Meridian Street
Indianapolis, IN 46225
317-232-3680*

Speakers:

*Gail Folaron, MSW, ACSW
Peg Hess, PhD, ACSW
Ann Jefferson*

Biracial children in Placement are found to be high risk along several factors including poverty, parental rejection, identity confusion and social rejection. Biracial children in foster care present unique problems to social workers and caretakers due to the complex social issues surrounding their mixed heritage and social acceptability. In a culture that is dualistic in racial recognition the biracial child entering placement from a white single parent birth home presents dilemmas for case managers particularly in regard to placement decisions, supportive services, and expectations for community involvement.

This workshop describes the findings of a three year intensive review project as they relate to children involved in the child welfare system. Selected findings regarding characteristics, problems, needs and concerns of 50 children who were unable to remain at home following reunification will be described and illustrated. Emphasis will focus on the special considerations brought by the biracial child, including series of racial identity development, the perception of the biracial child's sense of heritage, and the question of which culture to emphasize when placing the child in a foster home. The impact on a child of faulty placement planning will be emphasized by case illustrations.

C.1, #300, R

HEALTH PROBLEMS AND NEEDS OF MALTREATED CHILDREN

Contact:

*Terri Combs-Orme, PhD
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624 N. Broadway
Baltimore, MD 21205
301-955-3555*

Speakers:

*Terri Combs-Orme, PhD
Christina Risley Curtiss, MSW
Robin G. Chernoff, MD*

Maltreated children who are placed in foster care are at high risk of physical and mental health problems; estimates of proportions of foster children with serious health problems have ranged from 6 to 86 percent. This excess risk grows not just from the maltreatment that has led to placement, but from the complex interplay of family dysfunction and social deprivation that frequently exist in maltreating families.

Although the health care problems of foster children have been recognized for some time, only recently have foster care agencies begun to address these needs systematically. Indeed, the development of policies protecting the health needs of foster children has only recently begun; in most cases this has occurred in response to litigation. Still to be developed are broad-based guidelines for assessing foster children's health problems early in placement, and methods for assuring that health problems are treated when they are detected.

This presentation is based on research conducted by the Foster Care Health Program, which provides pre-placement health screenings of all children enter foster care in Baltimore, and more extensive multi-disciplinary second-level health assessments of children who remain in care for at least 60 days. The program was the result of a class action law suit (L.J. v. Massinga, 1987), and is conducted through a contract between the Maryland Department of Human Resources and the University of Maryland. Since inception of the program in April of 1989, nearly 2,000 children have received pre-placement screenings. Approximately half have received the second-level assessment.

This presentation will consist of an overview of the health status and health problems of maltreated foster children, followed by more specific information regarding health problems and needs of children according to type of maltreatment suffered. Information on the immediate health problems of maltreated children should be useful to foster care agencies as they promulgate policies and create programs to protect the health of maltreated children.

D.4, #303, PL

FROM GOOD IDEAS TO IMPLEMENTATION: THE PROCESS OF TRANSLATING NEW APPROACHES TO CHILD ABUSE IN WIDESPREAD PRACTICE

Contact:

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Youth Resource and Analysis Center
University of New Mexico
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Albuquerque, NM 87131
505-277-4257*

Speakers:

*Paul D. Steele, PhD
Robert M. Aurbach, JD*

As awareness of child abuse has grown, committed individuals and groups have called for changes in prevention, investigation and intervention procedures and policies. However, many efforts to change the response to child abuse are met with resistance or otherwise fail to be implemented. Frustration experienced by child abuse practitioners and advocates is a significant cause of burnout and a major reason why good program plans are not implemented.

Change and implementation of social policy is a complicated process that must be separately considered if good ideas and intentions are to find their way into practice. This presentation focuses on ways in which good ideas become policy and policy becomes implemented. Grounded in social theory, the resulting model of change suggested presents practical recommendations and procedures for promoting positive change concerning child abuse.

The process of change can be divided into two general stages: The steps by which calls for change are developed into legislation and agency policies, and The steps involved in the implementation of formal statutes and policies.

Steps in the successful development and adoption of policies and legislation include developing shared confidence in a common data base, analyzing shared values for consensus building, and understanding the process by which government adopts policy. Influences such as individual and governmental leadership and stability in the face of personnel changes are considered.

Steps involved in the implementation of legislation and policies, based on the model suggested by Trice and Beyer, include diffusion, receptivity and utilization. These are influenced by traditional practitioner characteristics, other organizational policies and interdisciplinary relations in the community.

The general process of change is traced with the examples of innovations developed by a multidisciplinary task force in a southwestern state. In 1988, the task force commissioned a survey as a part of developing a statewide plan to address child abuse and secure Children's Justice Act funds. From scores of ideas, eight recommendations made it to the stage of being introduced as legislation, and six were passed into law in 1989. The history of these six pieces of legislation is used to illustrate the processes by which formal policies and statutes become fully or partially implemented, or blocked from implementation.

This model of the process of change has applicability in analyzing the success and failures of attempts at change in other jurisdictions, and in suggesting a step by step process for effective and efficient policy development and implementation.

D.7, #305, PP

HEALTHY START -- IDENTIFYING AND INTERVENING WITH HIGH RISK FAMILIES

Contact:

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Honolulu, HI 96826
808-732-0000*

Speakers:

Betsy Pratt, MEd

Three topics will be covered in detail during this workshop. The early identification or case finding process will be reviewed, covering the development of workable hospital agreements, screening, risk assessment using the "Family Stress Checklist," consent issues, protective services referral protocols, and other procedures. Participants will have the opportunity to rate a family using items of the "Family Stress Checklist."

The second topic will be the working within a multi-cultural population. Discussion will focus on definition of a case plans and case management, supervision of paraprofessionals, staff caseloads, creative outreach, and length of service.

Finally, staff selection, retention and training will be discussed, with emphasis on qualities to look for in hiring staff, incentives for staff, and the three phase training schedule for all.

D.16, #307, PP

DEVELOPING A CULTURALLY RELEVANT TRAINING CURRICULUM FOR CHILD WELFARE WORKERS ON INDIAN RESERVATIONS

Contact:

*Carole Cochran, MSW, LCSW
Children and Family Services Training Center
University of North Dakota
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Grand Forks, ND 58203
701-777-3442*

Speakers:

*Carole Cochran, MSW, LCSW
Tara Lea Muhlhauser, LSW, JD*

Disturbing patterns have been documented among American Indian youth and families that require strong child welfare services network on the reservation. There is a high rate of high school dropouts, a growing number of adolescent pregnancies, and alarming rate of accidental and suicidal deaths, and a high rate of both victimization and arrest for serious crimes and a high rate of substance abuse. These patterns can be traced to the changing family structure within Indian communities due to forced assimilation by the dominant culture. In dealing with these changes and the resulting disruptive patterns, social workers on reservations find they have limited resources available for both training and intervention and large caseloads to service in vast and isolated areas. This is coupled with the tangled web of relationships (or lack of) between tribal agencies, county, state and federal entities. It is often unclear how to provide needed services to clients when there are overlapping legal jurisdictional authorities. Along with tribal community colleges and social services agencies are developing culturally relevant training curricula that will provide information, training, support, a creative environment for problem solving, and motivation to address these sometimes overwhelming systemic issues.

This presentation will review the curriculum and training components developed to address the major knowledge and skill areas of practice in child welfare services. The training provides a unique opportunity to use the multi-disciplinary training approach to provide trainees (e.g. law enforcement, health care and social services workers) with uniform philosophy, consistent practice standards, and a uniform set of skills. In addition, the training will help to foster linkage among the reservations and identify common practice problems and solutions in the local communities, with tribal and state government entities, and tribal educational institutions.

The goal of training will be to increase activity, both reporting and investigating child abuse and neglect cases, greater accuracy of the reports, and help for families by enhancing the skills of the child welfare workers. This training will also emphasize a model of services to children built along a "continuum of care" to assist with early identification and treatment of problems and needs. A secondary goal is to have an impact on the retention and recruitment of Indian child welfare workers.

S.8, #309, PP

THE NURSES' ROLE IN PREPARING CHILDREN FOR A SEXUAL ABUSE EXAMINATION

Contact:

*Kathi Wall, RN
Diagnostic Program for Child Abuse
Mid Maine Medical Center
Waterville, ME 04901
207-872-4286*

Speakers:

*Kathi Wall, RN
Dr. Lawrence Ricci, MD*

Child abuse represents a major pediatric health problem for the United States. Physical abuse, sexual abuse, and child neglect continue to rise at an alarming rate. A number of hospital and community based programs have developed around the country to evaluate and treat child abuse.

The Diagnostic Program for Child Abuse (DPCA) at the Mid-Maine Medical Center, Waterville, Maine, was designed to respond to the acute medical and emotional needs of abused children and their families. In addition to an expert medical examination, when indicated an evidentiary social service evaluation is done. Plans for medical follow-up, counseling, and recommendations to safeguard the child are also a part of our program. The Diagnostic Program is the only such program in the State of Maine, (population 1.2 million). There are 26,000 annual reports made to the Department of Human Services regarding child abuse in Maine.

The central component of the DPCA is an expert medical examination. This examination is often anticipated with anxiety and misunderstanding by both parent and child.

The crucial role that a well-trained nurse plays in preparing children and families for the medical examination has become increasingly apparent. Often the success or failure of an examination (success meaning the child allowing the examination) is determined by this preparation.

During an eight-month period, 311 children were brought to the clinic for evaluation. Assuming that refusals are an indicator of adequate preparation, there were 7 refusals for examination (0.02%). Five of the seven refusals were children in the age range of 3-5. Developmentally, this is a time of acute body awareness and therefore, probably a time for higher anxiety surrounding all body parts.

This paper will focus on the role of the nurse working in the outpatient setting as she prepares patients and their families for the medical examination and subsequent follow-up.

Necessary components of this preparation are developmental screens, observations of parent-child interactions, and behavioral assessments followed by actual child and parent preparation. The impact of developmentally sensitive preparation. The impact of developmentally sensitive preparation for both parent and child will be discussed, as well as case discussion of typical scenarios.

Unusual cases such as the preparation of patients with Multiple Personality Disorder, mental retardation, and developmental delays will be presented.

The paper will also discuss practical techniques of dealing with dysfunctional, and often angry, families in a clinic setting.

D.17, #310, PP

IS IT CHILD ABUSE OR IS IT OSTEOGENESIS IMPERFECTA?

Contact:

*Rosalind A. James
Osteogenesis Imperfecta Foundation, Inc.
Clearwater, FL 34629*

Speakers:

Rosalind A. James

Unexplained fractures are not only characteristic of child abuse, but also of a bone disorder known as osteogenesis imperfecta (OI).

This disorder is evident in every race and nationality, and affects between 20,000 and 50,000 persons in the United States.

Osteogenesis Imperfecta is characterized by brittle bones that fracture easily. Other symptoms include small stature, blue sclera (whites of the eye), discolored teeth and a tendency to bruise easily. Not all of these symptoms are present in every case.

There are four distinct forms of the disease representing an extreme variation in severity. It is the mild form that is most difficult to diagnose and most likely to be erroneously diagnosed as child abuse.

The OI Foundation is aware of numerous cases where a parent takes a child to a hospital in extreme pain. X-rays reveal a fracture as well as perhaps other healed fractures and bruises. The story told by the parent seems totally inconsistent with the explanation of how the fracture occurred. Suspected child abuse is reported. Often the child is removed from the home. It may take months or years of devastating distress to the child and family, as well as thousands of dollars in legal expenses before a true diagnosis is made.

OIF supports all the efforts being made to stop child abuse. An accurate diagnosis however is imperative. Any child with the above symptoms should be examined at a large medical center experienced in the treatment of OI before a child abuse charge is filed.

Please ask the question. . . "Is it child abuse or is it osteogenesis imperfecta?"

C.26, #311, R

FAMILY FUNCTIONING AND CHILD ABUSE POTENTIAL

Contact:

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HQ AFOMS/SGPS
Brooks AFB, TX 78235
512-536-2031*

Speakers:

*Willard W. Mollerstrom, PhD
Michael A. Patchner, PhD
Joel S. Milner, PhD*

Social interactional models and research suggest that certain family interactional patterns are related to physical child abuse. Family conflict and the lack of family cohesion and expressiveness are believed to set a foundation for coercive interactional patterns that increase the likelihood of abuse. The present study investigated the relationship between measures of the family social environment (Family Environment Scale and Index of Marital Satisfaction) and physical child abuse potential, measured by the Child Abuse Potential (CAP) Inventory. The goals were to provide convergent and discriminant validity data for the CAP abuse scale, and to determine the relationship between measures used in a research protocol developed by the U.S. Air Force Family Advocacy Program. Five hundred and twenty-four maltreating ($n = 376$) and comparison ($n = 148$) parents were administered the measures. As expected, the strongest positive relationship was found between family conflict and abuse potential. The strongest inverse relationships were found between family cohesion, family expressiveness, marital satisfaction and abuse scores, indicating that the lack of positive interactional patterns is related to abuse potential. To gain a further understanding of the relationship between measures, the nine significant measures were entered into the stepwise multiple regression analyses with the CAP abuse scale as the dependent variable. Five measures were significant and collectively accounted for 38.2% of the variance ($r = .62$, $F = 41.96$, $p < .0001$) in the abuse scores. In order to determine the ability of the five measures to distinguish between individuals earning high and low scores on the CAP abuse scale, a discriminant analysis was performed. 76.8% of the subjects were correctly classified by the two FES predictor variables into the high and low CAP abuse categories. Results support the predications that family relationship measures are related to CAP abuse scores. However, regression analysis indicated that the measures of family interactional patterns alone did not account for the majority of variance in abuse potential.

D.23, #312, PP

USE OF PARENT SUPPORT TEAMS AS EARLY INTERVENTION

Contact:

*Sandra G. Rosswork, PhD
Family Support Program, U.S. Navy
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Annapolis, MD 21401
703-746-5938*

Speakers:

Sandra G. Rosswork, PhD

In July 1990, the U.S. General Accounting Office (GAO) released a report titled: Home Visiting, a Promising Early Intervention Strategy for At-Risk Families. Evaluation of a variety of early intervention programs showed that those employing home visitors plus community services produced a range of positive outcomes for families and children. The GAO report strongly supports prior recommendations of groups such as the National Committee for Prevention of Child Abuse and advocates establishment of more prenatal and postnatal home visiting services for high risk women and infants.

The U.S. Navy Family Advocacy Program has recently initiated a family support/child abuse prevention initiative modeled after several of the most promising home visitor programs in the United States. Ten 3 person teams have been formed at Navy bases across the United States; their goals are to provide support system to assist new parents in coping both with the demands of parenting and with the demands of Navy life, to increase parenting knowledge and skills, and to reduce the occurrence of abuse and neglect of children. Support services are particularly important for new Navy parents who must face the demands of frequent relocation, deployment, and now the fears associated with war.

Each New Parent Support Team will provide a set of core services to every expecting mother served by a Navy hospital. Core services include a prenatal hospital based visit and assessment, one prenatal home visit and education/support groups. Postnatal visits in-hospital and to the home will also be provided. Written and observational screening techniques will be used to assess parenting adequacy and family environment. Families with special needs and high risk families will receive additional services and will be referred for community services.

The New Parent Support Teams will be designed to offer basic support services to all parents who request services, while focusing more intensively on first time parents, young parents, single parents, handicapped or premature infants and bi-cultural or isolated families. An evaluation component will be built into the program and additional services, such as support groups for new fathers is planned for the future.

Showcase of Programs

Showcase of Programs

The Showcase of Programs offers conference delegates information about programs from around the country that serve abused and neglected children and their families. A set of criteria was established in order to guide nominations. Programs were not necessarily expected to meet all of these criteria but to demonstrate in general ways that they are effective, stable, and work in partnership with other community agencies to best serve families. NCCAN State Liaison Officers and conference committee members were asked to nominate programs to be included in the Showcase of Programs based on the criteria listed below. All nominated programs were accepted for inclusion in the conference Resource Book and invited to have a poster display.

Criteria for Nominations

1. *Program Effectiveness*

Does the program meet its purpose and goals?

Are outcomes for clients evaluated and if so, are the results most often positive?

Is the program perceived as accessible and appropriate by the client population?

2. *Community Integration*

Does the program have positive relationships with other community agencies, both public and private?

Does the program have a positive image in the professional community?

Does the program have a positive image with the general public?

3. *Financial Information*

Does the program/organization have stable and diverse funding sources?

In your opinion, is the program cost effective?

4. *Replicability*

Has this program ever been successfully replicated?

Does this program have the potential to be replicated?

The Showcase of Programs includes programs recognized as a Community Partnership: Example of Excellence (CPEE) which is a program of the American Association for Protecting Children, a division of The American Humane Association. The CPEE program seeks to identify excellent, replicable child abuse and neglect intervention programs which demonstrate effective partnerships between public and private agencies. Such programs often successfully leverage scarce public resources which are available to respond to the ever-increasing number of reports of abuse and neglect while broadening community involvement in protecting children and helping families. This select group of programs, twenty-two so far, represents a broad diversity of organizational settings, program types and services, all of which underwent a rigorous evaluation. The CPEE programs that submitted information for the Showcase of Programs are designated by "CPEE" beside the program name.

Child Abuse Network, Inc.
1503 S. Denver
Tulsa, OK 74119
918-599-7881

In operation since 1988

Brief Description: Activities focus on initiatives which promote systemwide communication and coordination of services for abused children, i.e., interdisciplinary team reviews of complicated cases, staffings involving all key participants to develop strategies to move children through the foster care system efficiently and effectively, skill-building trainings for investigators, joint interviews in a home-like environment, increased community awareness, and legislative advocacy.

Population of service area: 390,000

Focus of program: All types of abuse and neglect.
Serve child victims, nonperpetrating parent, nonperpetrating family members, community leaders/volunteers.

Clients include: 5% Native American, 25% Black, 70% Caucasian

Average length of service: Crisis intervention - Brief 1 or 2 visits, involvement may be intermittent up to 2 years.

Program purpose: To minimize trauma to children and families who enter the child abuse system in Tulsa County and to develop broad-based support for initiatives to increase the effectiveness of the system including resource development, comprehensive planning, problem-solving, and legislative changes.

Evaluation methods: Periodic group assessments involving co-sponsoring organizations (there are 23) provide feedback; Steering Committee meets bi-monthly; Task Force guiding prosecutorial activities meets monthly; outside evaluator will conduct evaluation on staff in process for Children's Justice Act Grant.

Community integration efforts: Professional Advisory/Steering Committee composed of 23 member organizations providing services or programs for abused children. Task Force composed of key member agencies provides guidance and sets policy. Board of Directors adds community leaders and volunteer component.

Cost per client per year: \$220

Number of Clients served in most recent year: Information not provided

Replication: Child Abuse Network, Inc. is working with Oklahoma City, Muskogee, Grady County, Sac & Fox Tribe to establish similar programs.

**Child Abuse Prevention Project
Nurturing Program
El Paso County Dept. of Health & Environment
501 N. Foote Ave.
Colorado Springs, CO 80909
719-578-3211**

In operation since 1987

Brief Description: Nurturing provides parents and children with a structured program in which to learn non-abusive ways of relating to themselves and others, to break the cycle of child abuse, teen pregnancy, substance abuse and ongoing violence toward others. It consists of a 16 week curriculum for both parents and children with a wide variety of therapeutic activities to assist in changing current family dysfunction. At least, three weeks of each 16 week program is devoted to helping both parents and children develop a sense of personal power to reduce the probability of continued victimization.

Population of service area: 400,000

Focus of program: Physical abuse, emotional or psychological abuse/neglect, neglect.
Serve child victims, child nonvictims, perpetrating parent, nonperpetrating parent, other family (perpetrating), other family (nonperpetrating).

Clients include: 2% Asian, 4% Hispanic, 4% Black, 2% Native American, 90% Caucasian

Average length of service: 16 weeks, 3 hours per session.

Program purpose: Goals to include: Developing positive self-concept/self esteem in all family members, to increase empathic awareness of needs of others, increase awareness of self-needs, to increase family communication, to substitute nurturing parenting behaviors or abusive practices, to assist children in developing personal power to make good choices.

Evaluation methods: Initially, all of the families involved were court-ordered to attend and that reduced success to about 70%. Since we now serve as many self-referred families as court-ordered, our success rate has been as high as 85%, but more commonly is between 78%-83%.

Community integration efforts: A mail out survey is done two months after class is completed to determine client's perception and degree of success from program involvement. Some DSS referred/PAC funded families require an additional 6 months. A random sample is done at one year as well.

Cost per client per year: Dependent on client income/family size and how they are referred.

Number of Clients served in most recent year: Information not provided

Replication: Nurturing is being utilized in almost every state in the US very successfully.

**Children's Home Society of West Virginia
WE CAN Volunteer Program
PO Box 2942
Charleston, WV 25330
304-346-0795**

In operation since 1987

Brief Description: The WE CAN Volunteer Program (Working to Eliminate Child Abuse and Neglect) is a specialized volunteer service operated through a contract between the Children's Home Society of West Virginia and the West Virginia Department of Health and Human Resources. Designed to augment the delivery of Child Protective Services, the volunteer program recruits, trains and assigns lay persons to serve as mentors to abused and neglected children, and parents in ten southern West Virginia counties. Volunteers become role models for children while building self esteem, providing tutoring, and social and recreational activities. Volunteers make a difference in the lives of abusive and neglecting parents, many of whom feel isolated and overwhelmed. Parents have received emotional support and understanding through friendship with a volunteer. Volunteers have assisted in better nutrition, health care, budgeting, and stress management, which have resulted in the elimination of child abuse and neglect in many families.

Parent Education Groups conducted by volunteers in several counties have proven to be an effective method of teaching parenting skills while building a supportive atmosphere. Volunteers have played other significant roles such as providing transportation, supervising visits between foster children and natural parents, and collecting clothing and household items for families. From July 1990 through 1991 children and parents received 14,800 hours of service from volunteers.

Population of service area: 670,360

Focus of program: All types of abuse and neglect.
Serve child victims, child non victims, perpetrating parent, nonperpetrating parent.

Clients include: 3% Asian, 16% Black, 81% Caucasian

Average length of service: 1 year, 2 months

Program purpose: To provide informal, supportive and nurturing relationships and practical assistance to family members with the ultimate goal of elimination child abuse and neglect in each family served.

Evaluation methods: A written evaluation of each placement is completed every 6 months by the parents, child (when applicable), volunteer, Child Protective Services worker, Program Coordinator. Evaluations are utilized as a means of establishing new placement goals, identifying conflicts, and soliciting suggestions regarding program improvement. Evaluations are filed in volunteer and client records.

In September 1990, a survey designed to measure the effectiveness of the WE CAN Program was distributed to Child Protective Service staff. Fifty percent of the CPS workers rated volunteer services as "excellent", while forty percent considered the program to be "good", and ten percent rated the program as "fair".

The Council on Accreditation, which recognized the Children's Home Society as an accredited agency in October 1990, will review the operation of the WE CAN Program every two years beginning in 1992.

Community integration efforts: The utilization of lay persons as volunteers ensures the program's link to the community. The WE CAN Advisory Council and Advisory Groups in each county include members of the business and religious communities as well as representatives from the educational and social service systems. Numerous businesses and organizations have provided financial support and contributed in-kind donations such as clothing, tickets for various social events, children's books, and tutoring materials.

Cost per client per year: \$328.00 per client

Number of Clients served in most recent year: Information not provided

Replication: Information not provided

Colorado Christian Home
4325 West 29th Avenue
Denver, CO 80212
303-433-2541

In operation since 1970

Brief Description: Colorado Christian Home is a treatment center dedicated to serving the most severely disturbed victims and families of child abuse and neglect. Colorado Christian Home provides a full range of services from advocacy and prevention to intensive treatment for the children and families served, utilizing the least restrictive, most appropriate service possible and to maintain and build upon therapeutic gains.

Population of service area: Colorado and Rocky Mountain Region

Focus of program: All types of abuse and neglect

Clients include: 65% Caucasian, 15% Hispanic, 15% Black, 2% Native Americans and 1% Asian

Average length of service: 16 months

Program Purpose: The purpose of the program is to prevent or break the cycle of abuse in the most severely dysfunctional families, teaching parenting and bringing about systemic changes.

Evaluation methods: One year follow-up study which measures effectiveness and client satisfaction as well as referral agents satisfaction. Success is measured by less restrictive environment, reduction in placements, and enrollment in public school.

Community Integration efforts: We use our after-care program, which works with schools, mental health and other community resources to assure a smooth transition back into the community. Therapy continues with problem solving throughout this time period (1-6 months).

Cost per client per year: Assessed by Department of Social Services

Number of Clients served in most recent year: Information not provided

Replication: Information not provided

Community Infant Project (CPEE)

1333 Iris

Boulder, CO 80304

303-443-8500

In operation since 1984

Brief Description: The Community Infant Project is a tri-agency, home-based program designed to support high risk families in their early parenting experience. A prevention, early intervention program, CIP is geared toward the prevention of abuse and neglect during the prenatal period through the first three years of the infant's life.

Population of Service Area: 227,544

Focus of Program: All types of abuse and neglect.
Serves child victims and nonvictims and the infant's family.

Clients include: 80% Caucasian and 20% Hispanic.

Average length of Service: 18 months

Program purpose: 1)To ensure the health, safety and developmental progress of infants zero to three. 2)To strengthen family development during the early parenting experience, and 3) to engage in community education concerning the importance of primary prevention for children zero to three.

Evaluation Methods: An ongoing evaluation component has been in place since the beginning of the program. In addition to demographic data, specific outcome data are compiled. Assessments of both infants and families are a part of this data.

Community Integration Efforts: Regular meetings with other agencies' staff, across all levels, as well as nurturing close relationships with referral sources are a part of ensuring effective community integration. Additionally, an advising board serves this purpose.

Cost per client per year: \$1,709 per family

Number of Clients served in most recent year: Information not provided

Replication: Information not provided

Covenant to Care, Inc.
26 Wintonbury Avenue
Bloomfield, CT 06002
203-243-1806

In operation since 1987

Brief Description: A small non-profit agency recruits churches and synagogues to be "matched" with child protective service workers for the purpose of accessing goods such as food, clothing, furniture for families on social workers caseload. A church liaison is identified. An agreement for 1 year period is signed by the worker and church liaison. CTC provides recruitment of churches, facilitates the matching, trouble shoots in problem areas, provides support to program participants through regular regional meeting, quarterly newsletter, annual training, and encourages development of new programs in response to child maltreatment.

Population of service area: State of Connecticut

Focus of program: All types of abuse and neglect
Serve families in which children are abused, neglected or at risk and foster families.

Clients include: Information not provided

Average length of service: Usually only as long as it takes to deliver goods.

Program purpose: To provide a mechanism for church communities to become aware of needs of families in which children are abuse and neglected and to respond to concrete needs of families that cannot be met by other resources.

Evaluation methods: Over a 4 year period over 100 churches have been recruited. Goods totaling \$300,000 in value have been delivered to families in need in the past year. Ongoing feedback is provided by DCYS workers participating. Program is evaluated in terms of cost effectiveness and outcomes of new program developments such as new food banks, Christmas programs for foster care children that have been developed as a result of the involvement of religious communities in child welfare system.

Community integration efforts: Involvement of religious organizations, councils of churches etc., ongoing coordination with statewide CPS coordinator and regional administration in CPS offices; active public relations efforts on all participant levels; use of church bulletins, newsletters and involvement of program in child abuse prevention month activities.

Cost per client per year: \$71 per family or \$18 per child

Number of Clients served in most recent year: Information not provided

Replication: This program is actually a replication and expansion of The Adopt a Social Worker Program in Corpus Christi, Texas initially funded as a second demonstration site.

Denver Parenting Center
1400 Lafayette
Denver, CO 80218
303-423-1179/831-0223

In operation since 1989

Brief Description: Our Drop-in Center offers an indoor park bench atmosphere for parents to relax and talk with staff and other parents, while children play. Classes and support groups are planned during the year. Our Warmline provides a telephone line to someone who will listen, support and offer suggestions and resources when needed. We also have programs such as our parents as teachers and outreach programs.

Population of Service Area: Metropolitan Denver

Focus of Program: Education and support to all parents.
Serves families looking for support to enhance their parenting or prevent stress that leads to abuse.

Clients include: Data not available at this time

Average length of service: From one phone call to months of weekly visits to drop-in center.

Program Purpose: The Denver Parenting Center's Drop-in Center, Warmline and Education programs are designed to decrease parenting isolation and anxiety, and to increase parents' knowledge, self-confidence, understanding and support around parenting and parenting issues.

Evaluation Methods: Effectiveness is evaluated by participant's opinions and comments, plus continued participation, or with the Warmline, the number calls and comments on return calls.

Community integration efforts: Information not provided

Cost per client per year: Not available at this time

Number of clients served in most recent year: Not available at this time

Replication: There are 40 warmlines across the United States. Many more drop-in centers.

Eastside Sexual Assault Center for Children (CPEE)
925 116th N.E.
Bellevue, WA 98004
206-462-5130

In operation since 1985

Brief Description: ESACC provides a prompt, local response to child victims of sexual abuse and their non-offending family members. The agency offers early intervention and crisis counseling to assist in countering the effects of abuse and to protect children from further abuse. Direct clinical counseling services include: assessment and evaluation of abused children and of children where abuse is suspected; individual and family recovery counseling; coordination of specialized medical exams; medical and legal advocacy information and referral. Indirect community coordination and consultation services include: community education; coordination of a clinical consultation group for community clinicians; general coordination of sexual abuse treatment services in the programs catchment area.

Population of Service Area: Eastern portion of the County - Approx. 500,000

Focus of Program: All types of abuse and neglect
Serves child victims and nonvictims and nonperpetrating parents

Clients include: 60% Caucasian, 35% not reported, 2% Black, 1% Asian, 1% Hispanic, 1% Native American

Average length of Service: Data not available

Program Purpose: To provide early intervention in cases of child sexual abuse including crisis counseling and immediate access to assessment and recovery counseling services. The goal is to help stop the abuses, prevent repeated or continuing abuse and prevent serious long-term consequences.

Evaluation Methods: The program receives several sources of public funding and we are required to monitor accomplishments in areas including numbers of clients for whom services were provided and in what categories. Clients are asked to complete a satisfaction survey, also.

Community integration efforts: The program is supported by a 20-member community Advisory Board which meets monthly and works to ensure the program continues to meet the needs of sexually abused children and their families in East King County. The program receives funding support from the state, county and five local municipalities which also provide oversight to the project in meeting community needs.

Cost per client per year: Unavailable

Number of clients served in most recent year: Information not provided

Replication: Information not provided

Families First, Inc.
Box 14190 1760-R S. Havana Station
Aurora, CO 80014
303-337-0627

In operation since 1986

Brief Description: Families First, Inc. mission is to provide a haven for abused and neglected children, to heal them and to counsel and treat their parents. Our crisis intervention center is a remodeled 1890's ranch house where up to 10 abused children in crisis, ages 3 - 12 are sheltered, immediately design a therapy program for the individual child, and begin the healing process in a loving, home-like atmosphere. We involve redeemable parents in monitored calls and visits, and counsel them in parenting skills, channeling anger, etc. We also have seven Parents Anonymous groups in the Metro Denver area, and a crisis hotline for troubled parents. Our HHS-sponsored respite program provides short-term shelter for children and in-home parent counseling.

Population of service area: Over one million.

Focus of program: All types of abuse and neglect. serve child victims,
Serve child victims, perpetrating parent.

Clients include: 2% Asian, 10% Hispanic, 18% Black, 70% Caucasian.

Average length of service: 45 days

Program purpose: To take frightened, confused abused children, allow them to feel safe and comfortable, and repair the damage done to them: restore their self-esteem, teach them to accept limits, improve their perceptive and problem-solving abilities. To counsel parents so that families can be reunited when safely possible. to provide emergency counseling and on-going peer counseling for parents through Parents anonymous chapters.

Evaluation methods: The program is effective if: A. The family can be safely reunited after our treatment (This occurs about 50% of the time.) B. In cases of sexual abuse, substance-abusing parents, abandonment or irretrievable dysfunctional parents, the child can be restored to a condition of functioning with self-esteem so that long term foster care can be successfully pursued. C. Social Services, the courts, and mental health professionals continue to determine that our treatment is beneficial to abused children. (We currently have a waiting list of children requiring treatment in our program.)

Community integration efforts: Families First has over 300 active community volunteers. We have a speaker's bureau which advocates for our program and against child abuse before service clubs, education organizations, social clubs and other groups. We conduct regular training programs on the dynamics of child abuse, attended by hundreds of volunteers, teachers, school counselors and nurses, policemen, firemen, mental health workers, and other people in child-abuse-related fields. Our advocacy group works on legislation at the state and national level. We are in constant interaction with Social Services in the Denver area, school personnel, mental health professionals, and judicial and law enforcement agencies. Our community reputation is outstanding.

Cost per client per year: \$5,500 per child

Number of Clients served in most recent year: Information not provided

Replication: The Denver PAC requested this program be replicated in Denver County, but was not able to do so because of the lack of funds.

Family Advocate Inc. (CPEE)
716 N. Church Street
Rockford, IL 61103
815-965-5172

In operation since 1975

Brief Description: Family Advocate, Inc. is a private, not for profit, community based agency specializing in treatment responsive to child sexual victimization. Programs are operated for active families in which intrafamilial parental abuse of children has been identified, for individual children sexually abused by perpetrators outside, for individual men and women who are adult survivors of childhood sexual abuse and for adolescents and adults identified due to offensive behavior against children.

Population of service area: 500,000

Focus of program: Sexual abuse

Serve child victims, child nonvictims, perpetrating parent, nonperpetrating parent, perpetrating family members, and nonperpetrating family members.

Clients include: 5% Hispanic, 20% Black, 75% Caucasian

Average length of service: Dependent upon program: Each program is different average length of services.

Program purpose: Each program within the agency is different population so purpose vary. Overall purpose is to prevent continuation of sexual abuse/assault against children.

Evaluation methods: Each program has established objectives negotiated with the funding source of that program. Objectives are and reports are submitted as to objective accomplishment each year.

Community integration efforts: Family Advocate, Inc. is part of a specific interagency network involving the IL DCFS, the state attorney's office, and local law enforcement agencies which focuses on investigation, validation, and treatment for child sexual abuse/assault cases.

Family Advocate, Inc. is also a member of Youth Services Network and the Winn County Child Protection Association.

Cost per client per year: \$750.00

Number of Clients served in most recent year: Information not provided

Replication: The Rehabilitation program has been replicated by the Lutheran Social Services, Dixon, Illinois

Family Ties
Waterbury Youth Services
95 N. Main Street
Waterbury, CT 06702
203-573-0264

In operation since 1990

Brief Description: Through funding provided by the Children's Trust Fund, the Family Ties Parent Education and Support Center developed an intensive outreach program to serve parents who are deemed most at-risk of child abuse and neglect. Ninety percent of all parents who join the SOS Help for Parents groups run by the center complete these groups and 65% of these parents continue to participate in prevention orientated center activities after completing these groups.

Population of service area: 110,900

Focus of program: Parent education and support service to prevent child abuse and neglect. Serve at-risk and high need parents.

Clients include: 20% Hispanic, 40% Caucasian, 40% Black

Average length of service: 50% of all parents served in the program stay 8 weeks, 50% of all parents served in the program from the beginning are still currently involved.

Program purpose: Information not provided

Evaluation methods: Information not provided

Community integration efforts: The request for proposal for the outreach programs required collaborative programming with both the local Department of Children and Youth Services and service providers. Family Ties far exceeded that requirement by actually conducting a needs assessment with DCYS protective Service Workers. From the start, the program design has been a collaborative venture with DCYS and other local providers, forging a commitment to create services to best meet the needs of undeserved families in Waterbury.

Cost per client per year: \$140.62

Number of Clients served in most recent year: Information not provided

Replication: Information not provided

Family Visitor Program (CPEE)
P.O. Box 1845
Glenwood Springs, CO 81602
303-945-1234

In operation since 1983

Brief Description:

A) Homebased support, education, and advocacy program provided to all families prenatally until their child is one year old, by professionally supervised and trained lay visitors.

B) "Being Better Parents" workshops - six series program which is designed to teach techniques of non-physical discipline to parents of children 0 - 10 years old.

Population of Service Area: 49,213; 3,500 square mile area

Focus of Program: All types of abuse and neglect and primary prevention of child abuse and neglect. Serves perpetrating and nonperpetrating parents, perpetrating and nonperpetrating family members, new parents of children 0 - 1 year old, and parents with a history of violence with children 0 - 10 years old

Clients include: 60% Caucasian, 39.5% Hispanic and .5% Asian

Average length of service:

A) Long term families - (in program for 3+ months) average length of service - 11.3 months

B) Short term families - average length of service was 2.4 months

C) "Being Better Parents" workshops - nine hours

Program purpose: The mission of the Family Visitor Program is to prevent child abuse and neglect, and promote healthy families through the provision of education and support programs designed for parents residing in Garfield, Pitkin and the southern portion of Eagle County.

Evaluation methods:

Productivity - # of families served, type of service. Demographic breakdown. High risk factor scoring

Participant Outcomes - Home Visitor Program uses the scale of family functioning developed by Janet Dean which evaluated successfulness of service in eight areas. Ratings done initially and every 6 months.

Efficiency - Cost of providing services

Resource Acquisition - Amount of financial support from: the community, government, and foundations.

Community integration efforts:

Attend human service directors meetings monthly. Offer speaker service to service clubs and the general public. Service on committees and task forces on children/parenting issues, Meeting with medical care providers on an as needed basis. Community representation on the board of the program. Member of school/community action team. Meet with DSS monthly

Cost per client per year: \$461 (homebased program), \$50/series/person ("Being Better Parents")

Number of Clients served in most recent year: Information not provided

Replication: Baby Bear Hugs
215 South Ash
Yuma, Colorado 80759

First Steps
1401 Peachtree Street
Suite 140
Atlanta, GA 30309
404-870-6565

In operation since 1984

Brief Description: First Steps, a child abuse prevention program of the Georgia Council on Child Abuse (GCCA), uses trained volunteers to offer emotional support, parenting education, referrals to community services and follow-up contact to expectant and new parents in hospital/clinic settings. In addition, First Steps uses paid paraprofessionals to provide intensive parent education services to high-risk families in the home setting. It is assumed that parents who have these type of support and information programs are more likely to establish parent-child relationships and environments that promote healthy growth and development of children.

Population of service area: Statewide in Georgia, nationally and internationally through European military installations.

Focus of program: All types of abuse and neglect.
Serve parents and families in general and high-risk families.

Clients include: 3% Asian, 3% Hispanic, 38% Caucasian, 55% Black, 1% Other

Average length of service: Core program - 3- 6 months
Home visitor program - 6 months - 1 year minimum

Program purpose: The goal of First Steps is the prevention of child abuse through early intervention with families. The program offers: 1) personal support for new families, 2) reinforcement of the skills and strengths needed for quality parenting, 3) facilitation of emotional preparation for parenthood, 4) increased awareness and use of available community resources, 5) reducing isolation of new families, 6) identification of families with the potential for problem parenting and early referral, and 7) home visitation services to high-risk families.

Evaluation methods: Evaluation occurs both on a formal and informal basis. Evaluation of the training program is ongoing, volunteers are also asked to complete a measure of volunteer satisfaction within the program.

Evaluation of program delivery occurs in several ways. A record of volunteer hours provides the program with information about the number of hours given to the community. The number of referrals and to which community agencies contributes to an assessment of how the program helps families connect with available resources. A demographic survey is given to each parent to help determine our service population. A client satisfaction survey evaluates the impact of the distributed materials and referrals, and the family's perception of their volunteers role and effectiveness. A formal evaluation is ongoing in our home visit program, measuring increases in knowledge, behavior changes, self-esteem community support, etc.

Community integration efforts: The GCCA provides consultation, technical assistance and training to any community group or medical institution interested in replication the program. Consultation is provided on all aspects of program operation including development, implementation and long-term maintenance of a program. Formal tools and replication criteria exist to assist with planning and monitoring of programs. In addition, GCCA helps communities identify local community funding sources and ways to institutionalize a program and/or integrate program services into existing community services.

Cost per client per year: \$10.00 per family

Number of Clients served in most recent year: Information not provided

Replication: This program has been successfully replicated in 30 programs across Georgia, 10 states and 5 military installations.

Fostering Family Strengths: Prevention of Child Abuse Program
503 Remington St.
Fort Collins, CO 80524
303-484-5955

In Operation Since 1985

Brief Description: Prevention of child abuse program offers services to all families with children 12 years of age and under through:

- In-home family support by a Visiting Friend, a trained volunteer who spends 3-4 hours of direct service to the family per week.
- Crisis Counseling to participating families as well as families on wait lists for groups and Visiting Friend.
- Groups for families;
 - * Nurturing program: 14 week structured education/support group for parents with accompanying groups for children, (Terrific Toddlers Nurturing Program
 - * Parents coping with stress: 8-week parent support group for families with children 3 and under

Population of Service Area: Larimer County

Focus of Program: All types of abuse and neglect
Assists families to build on their strengths Community Awareness
Serves child victims and nonvictims, perpetrating and non-perpetrating parents and other family members.

Clients include: 90% Caucasian, 10% Other minorities

Average length of Service: Two months to one year

Program Purpose: Fostering Family Strengths is committed to the prevention of child abuse and neglect by helping families learn to live together in healthy, non-violent ways. The goal is to break the multi-generational cycle of abuse and prevent ongoing family violence as well as to empower victims in increasing self-esteem, assertiveness skills and instilling confidence.

Evaluation Methods: 1) Through pre and post instruments in all groups and Visiting Friend 2) increased community awareness resulting in increase in agency referrals, request for services from community families, inquiries by community persons wanting to serve as volunteers with families, 3) inquiries and requests for collaboration with other agencies and organizations, and 4) requests for staff to serve on agency/organization and community committees, boards and projects.

Community Integration Efforts: 1) To send quarterly newsletter to agencies, organizations, donors and grantors; 2) maintain weekly to quarterly contact with community agencies/organizations; 3) maintain contact with faith communities who assist in serving families by providing space for groups, volunteers, donations for scholarships and supplies; 4) present program information through newspapers in county and radio station interviews on a yearly basis, and 5) have extensive community awareness campaign for Prevention of Child Abuse Month.

Cost per client per year: N/A

Number of clients served in most recent year: Information not provided

Replication: Not at present time

GA Prevention of Unnecessary Placement Program (PUP)
Division of Family and Children Services
878 Peachtree Street
Atlanta, GA 30309
404-894-2748

In operation since 1985

Brief Description: PUP was developed to provide family preservation services to families with children at risk of imminent placement out of the home. PUP was developed to meet several needs. PUP can meet a family's concrete needs for emergency housing, rent, food, clothing immediately. A total of nine services are available to families in crisis. PUP helps ensure that no child is placed into foster care for chiefly a temporary family financial crisis. PUP can meet a family's emotional needs through Intensive Family Services, a group of assessment, counseling and support services. PUP helps reduce the rate of increase in foster care. PUP is very cost effective, saving a average of 20 dollars for each dollar spent.

Population of service area: State of Georgia

Focus of program: All types of abuse and neglect.

Serve child victims, child nonvictims, perpetrating parent, nonperpetrating parent, and nonperpetrating family members.

Clients include: 41% Caucasian, 57.5% Black, .5% Other

Average length of service: 3 months.

Program purpose: PUP was initiated to provide family preservation services to families in Georgia. PUP helps insure that at least as much energy and resources are invested in preserving and strengthening a child's own family as would be used in providing foster care for the child. PUP helps reduce the amount of increase in the number of children entering foster care. PUP saves more than 20 dollars for each prevention dollar spent in PUP.

Evaluation methods: PUP is evaluated several ways. Informally, PUP is tremendously successful with the families served and agency staff. In individual case reviews PUP prevents foster care in more than 90% of cases. The financial savings are clear in that the average PUP case is open 3 months and invest 900.00 dollars in a family. The average foster care stay is 30 months at a cost of more than 11,000.00 dollars per child in board rate alone. Lastly, PUP is the only program that has the flexibility to meet a family's varied financial and emotional needs in a crisis rather than a family having to meet a program's inflexible eligibility criteria.

Community integration efforts: PUP is part of every Department of Family and Children Services office in Georgia. Through that office PUP is available state wide. PUP is part of the Child Protective Services Unit in that office. Each county has a child abuse protocol committee and that group ensures that all agencies coordinate their programs in that local community. PUP is also part of new worker training.

Cost per client per year: \$900.00 per family.

Number of Clients served in most recent year: Information not provided

Replication: Other states have used part of PUP in their family preservation programs.

Home Based Family Service of Klingberg Family Center
370 Linwood Street
New Britain, CT 06052
203-224-9113

In operation since 1988

Brief Description: Program provides intensive, home-based, family-focused services families who are at imminent risk of having a child removed into out of home care (foster car, residential, psychiatric, group home, etc.) Services area brief and responsive available 24 hours a day, seven days per week to provide a viable alternative to out of home care, and to teach families the skills necessary to remain living together.

Population of service area: 22 towns/Hartford

Focus of program: All types of abuse and neglect
Serve families with children at imminent risk of placement.

Clients include: Information not provided

Average length of service: 6 weeks.

Program purpose: To improve family functioning in order that the out of home placement of children into foster group or residential care can be prevented. Services are family focused, home based, responsive and available 24 hours a day, seven days a week.

Evaluation methods: Highly effective, as determined by an external program evaluation conducted by a nationally-known research firm that has evaluated program performance and tracked families served for up to one year following the intervention. Research showed 70% of families intact for one year and significant changes in Child Well-Being Scale measures conducted at intake and termination.

Community integration efforts: Service agreements with follow up agencies; Program Director sits on Regional Advisory Council; workers trained in effective community linkages and networking; trainings and other in service are opened up to staffs of community agencies.

Cost per client per year: Approximately \$4,500 per family

Number of Clients served in most recent year: Information not provided

Replication: This program has been replicated statewide throughout Connecticut in five additional service regions.

**Iowa Department of Human Services
Family Preservation Services
Adult, Children, and Family Services
Hoover State Office Building, 5th Floor
Des Moines, IA 50319
515-281-3502**

In operation since 1987

Brief Description: highly intensive and time-limited in-home service interventions that were developed to prevent out-of-home placement of children. Services are tailored to meet the individual needs of families in crisis and consist of one or more of the following components: parent skill development, therapy, community assistance, leisure time and recreational services.

Family preservation services are designed to complement an existing array of family-centered services and are distinguished by: brief (45 day average) service duration; small caseloads with staff-client ratios from 1 to 2-4; 24 hr. per day service response capabilities; availability of funds that workers can use to purchase "hard" resources, such as food, clothing, emergency shelter and other time-limited assistance when such assistance would directly help prevent placement of the child.

Family preservation services were initiated in November of 1987 and were provided in three of the eight state districts. By September, 1990, family preservation services were available state-wide. These services are state funded and are provided in part by private agencies and in part by state-employed family preservation workers.

Population of service area: Statewide, state population 2, 834,000.

Focus of program: All types of abuse and neglect.
Serve families to prevent out of home care

Clients include: Information not provided

Average length of service: 45 days.

Program purpose: Information not provided

Evaluation methods: For the past 3 years, DHS has contracted with Iowa State University to Evaluate the impact of family preservation services. Evaluation activities include an exhaustive data collection effort, a special family risk/assessment tool, and long-term follow-up efforts.

Community integration efforts: Formal training

Cost per client per year: \$2,400 per family

Number of Clients served in most recent year: Information not provided

Replication: Homebuilders, Tacoma, Washington is the originator of this program. Similar services are being provided across the country.

Kentucky Family Preservation Program
Department for Social Services
275 E. Main Street
Frankfort, KY 40621
502-564-6852

In operation since 1988

Brief Description: The Family Preservation Program (FPP) is an intensive in-home, crisis intervention service within Kentucky's Department for Social Services. The Family Preservation Program is designed to prevent family disruption and out of home placement by meeting the needs of the family in the time of crisis. The Family Preservation Program offers the family an opportunity to solve problems which have resulted in the imminent risk of removal of one or more of its members. Family Preservation Services are consistent with the positive and fundamental goals of Family Based Services: Strengthening and maintaining the integrity of families and promoting the healthy development of children. A limited amount of funds, "flexible dollars", are available to assist each family with concrete needs. Generally, staff in this program do not work with more than two families at any given time. KRS 200.575 to 605 requires the Family Preservation services be made assessable to 40% of children at imminent risk of removal by 1995.

Population of service area: 1,500,000

Focus of program: Physical Abuse, Emotional or psychological abuse/neglect, neglect, multi-problem families, behavioral problems, emotional problems.

Clients include: .1% Native American, .3% Asian, .6% Hispanic, .9 % Biracial, 19.9% Black, 72.2% Caucasian.

Average length of service: 6 weeks

Program purpose: The Family Preservation Program is designed to provide an intensive resource to families who have a child at imminent risk of placement due to abuse, neglect, emotional disturbance or juvenile services issues.

Evaluation methods: KRS 200,600 requires an annual evaluation of the program to include: Number of families/children served; number of children placed outside the home; average cost per family receiving services; estimate cost savings through avoidance of out-of-home placements and cost of placement made during/after services were provided; number of children who remain with their families at six month and 1 year after provision of services; an overall progress of families receiving services; recommendations for improving services; and, the plan for continued development of services to ensure statewide expansion.

Community integration efforts: Each Family Preservation Program is implemented on a local level by a management team comprised of referring agency staff and Family p Preservation staff. Issues, needs, or problems are handled at this level. Staff of both agencies are trained jointly on an ongoing basis. Further, judges, attorneys, and other relevant community groups are informed about the program.

Cost per client per year: \$2,700 - \$3,500

Number of Clients served in most recent year: Information not provided

Replication: Kentucky is replicating the Homebuilders Model of Intensive in-home Crisis Intervention. Many other states have replicated this model.

Le Bonheur Center for Children in Crisis (CPEE)
2400 Poplar Avenue
Suite 318
Memphis, TN 38112
901-327-4766

In Operation since 1977

Brief Description: As a department of a children's medical center, diagnostic services utilizing a multidisciplinary team (social work, psychology, psychiatry, pediatrics) are provided to families referred by child protective service workers following a report of child maltreatment. Follow-up treatment services including individual, family and group psychotherapy for victims and family members are also provided. Additionally, the Center's pediatricians offer consultation/expert opinion on suspicious/non-accidental injuries found on hospitalized children.

Population of service area: 900,000

Focus of Program: All types of abuse and neglect
Serves child victims and nonvictims/perpetrating and
nonperpetrating parents and other family members

Clients include: 59% Black, 40% Caucasian, 1% Asian

Average length of service: Evaluation = 4-6 weeks, Treatment = 6-12 months

Program Purpose: Reducing the incidence of child maltreatment through the use of a multidisciplinary team for diagnostic and treatment purposes

Evaluation methods: External evaluation by child protective service agency monitors is conducted quarterly to review records, policies and procedures, service delivery and verification of client participation

Community integration efforts: Monthly meetings with representatives of the local child protective service agency are held to review new referrals and handling of specific cases

Cost per client per year: \$560.00 per child seen for evaluation (no charge for adults), \$80.82 per child or adult for each treatment visit

Number of Clients served in most recent year: Information not provided

Replication: Not to our knowledge

Linkage Project
Division of Family Services
PO Box 88
Jefferson City, MO 65103
314-751-2882

In operation since 1990

Brief Description: The Linkage Project is a cooperative agreement between the Division of Family Services, the Jackson County Juvenile Court, Truman Medical Center, Children's Mercy Hospital and the Visiting Nurse's Association of Kansas City, Missouri. The purpose of the project is to identify, treat and provide needed services to pregnant women, mothers and newborns involved with alcohol abuse and/or abuse of illicit drugs. The project is being funded by Part II funds of the Child Abuse/Neglect Basic Grant.

Population of service area: 435,146

Focus of program: Children at risk of abuse or neglect due to drug involvement or their mothers.
Serve child nonvictims and nonperpetrating parents

Clients include: 1% Caucasian, 99% Black

Average length of service: unknown

Program purpose: The Linkage Project is a cooperative program linking four systems with a fast track for identifying, treating, providing services and interventions to ensure that identified pregnant women participate in substance abuse treatment, postpartum care and parenting education.

Evaluation methods: The program effectiveness will be evaluated through the following:

- A tracking system between the two hospitals, the Division of Family Services (DFS) and the juvenile court to determine the number of clients who are successfully averted from juvenile court of DFS involvement.

- Project benchmarks were developed by the Multidisciplinary Task Force to evaluate the results of the coordinated efforts within the first month of implementation.

- The juvenile court supervises the coordinator and provides semi-annual written reports. The reports include statistical and other information which indicates the impact of the services on recipients.

Community integration efforts: This program was developed in May 1989 as a result of a multidisciplinary task force of professionals in Kansas city, MO, who work with illicit drug exposed newborns and their mother. The task force met to identify their common concerns related to this medically and socially high risk population. The task force was composed of physicians, hospital social workers, child welfare and juvenile court personnel, prosecutors, and substance abuse treatment providers.

Cost per client per year: unknown

Number of Clients served in most recent year: Information not provided

Replication: Information not provided

Mt. Hope Family Center (CPEE)
187 Edinburgh Street
Rochester, NY 14608
716-275-2991

In operation since 1980

Brief Description: The Mt. Hope Family Center focuses on at-risk populations with an emphasis on clinical service, education and research. The Center serves approximately 500 children and families each year, most of whom have been, or are at risk and being maltreated, physically, sexually and/or emotionally. We utilize a comprehensive family approach. We begin with families of preschool children, who are in intensive, 5 day/week, therapeutic programming. Their parents are also seen for weekly therapy. We continue to provide services to our families and follow up their progress in the form of after school programs and summer camp for 6-13 year olds. Parent therapy, parent skills training, parenting groups, play therapy, play therapy groups and speech and language therapy are provided where appropriate.

Population of Service Area: 300,000

Focus of Program: All types of abuse and neglect

Clients include: 42% Black, 43% Caucasian, 5% Hispanic, 10% Bi-racial

Average length of Service: For Preschool Day Services - 2 years
For follow up in ongoing services, it can be up to 6 years, although this is less intensive

Program Purpose: To reduce the incidence and/or recurrence of child maltreatment, while providing quality research to evaluate outcome and influence policy. Coming from an attachment framework, we attempt to facilitate parent child attachment (as we know it is disturbed in maltreating populations) via parent & child therapy, social skills training and decision making, problem solving models. We also attempt to build self esteem, reduce isolation and empower families.

Evaluation Methods: We evaluate quality of attachment at intake via strange situations, adult attachment inventories and parent attachment inventories. We re-administer the parent child attachment inventory at discharge to see if we have affected any change. We also do a host of moral and social development measures, pre and post as well as following these children over time to assess the long term effects of intervention. We are also conducting a study on parents perception of the quality and benefit of services to themselves and their children.

Community integration efforts: We have a speaker's forum who present to schools, the Department of Social Services and Mental Health Agencies. We have representatives on several area boards and coalitions, most notably the Preventive Coalition which is comprised of 14 Preventive Agencies who engage in Advocacy Training and Program Development. We have representatives on Community Boards as well as local Councils on Alcoholism, Preschool Program Providers and early childhood steering committees. We continue our Public Relations and Fund raising efforts to increase community knowledge and support.

Cost per client per year: (\$29,500 for 12 month Preschool)
There is no fee to parents for any services.

Number of clients served in most recent year: Information not provided

Replication: Not that we know of

Parent Aid Program (CPEE)
Family Focus, Inc.
1649 Downing Street
Denver, CO 80218
303-860-0023

In operation since 1975

Brief Description: The Family Focus Aid program is designed to provide home based prevention and treatment services to parents with children age birth to 12 years. Parents Aides make weekly visits of 3 or more hours for three to twelve months.

Population of service area: Approximately 1.7 million

Focus of program: All types of abuse and neglect.
Serve child victims, child nonvictims, perpetrating parents, and non-perpetrating parents

Clients include: 1% Asian, 16% Black, 27% Hispanic, 56% Caucasian

Average length of service: Three to twelve months

Program purpose: To provide services that prevent or intervene in abuse and neglect by teaching parenting skills, building parents' self esteem and support systems and reducing parental stress and isolation.

Evaluation methods: Risk factor Matrix tool is used to conduct pre and post test evaluation. Results indicate substantial impact in factors related to decreased frequency and severity of abuse, and improved parent/child relationships and home environment.

Community integration efforts: Family Focus has formal referral relationships with departments of social services, hospitals and a number of community agencies. Additionally, case staffings are frequently used to communicate with professional and community representatives who are also providing services to families.

Cost per client per year: \$1,857.14 per family

Number of Clients served in most recent year: 105 families with 140 parents and 235 children.

Replication: Family Focus developed the first Parent Aide program in the United States. It has served as a model for hundreds of programs across the country

Parent Aide Support Service
Nebraska Department of Social Services
1001 "O" Street
Lincoln, NE 68508
402-471-7000

In operation since 1978

Brief Description: The goal of the Parent Aide Support Service is to strengthen the family's support system by providing nurturance, advocacy, acceptance and the feeling that someone truly cares for them unconditionally. Volunteers act as friends and community resource advocates through personal visit/outings and phone contact. A volunteer parent aide provides a supportive relationship to a needy parent, thereby lessening the problems of isolation, distrust, poor self image, inadequate parenting skills and surviving day-to-day crises. Parent Aide volunteers work as part of a team with virtually every agency in the city and county. An additional but not separate component is the use of senior volunteers as parent aides. In addition to parent aides the program also offers a network of supportive services: 1) free crisis child care;; 2) Mothers Support Group; 3) Project Kids Volunteers; 4) SPEAKERS Bureau; 5) Informal information and referral service. These resources are available to anyone in the community. Agency and/or self referrals are accepted to any or all components.

Population of service area: Lancaster County - primarily serve families with the Lincoln City limits - Population 200,000

Focus of program: All types of abuse and neglect, prevention, focus on families at risk. Serve child victims, child nonvictims, any parent experiencing the circumstances that can result in neglect or abuse of their children.

Clients include: 1% Black, 1% Hispanic, 3% Native American, 95% Caucasian.

Average length of service: Minimum - 1 year. Average - 18 months.

Program purpose: To establish a volunteer based Parent Aide, 1 - 1 intervention program for families where actual abuse/neglect or potential for abuse/neglect has been identified. Focus is also on community education awareness and coordinating services for families in crisis. The program uses talent and trained paraprofessional volunteers and continues to draw extremely skilled and committed volunteers. The whole concept of using volunteers with abusive families is still novel. The power in these relationships is the non-paid, non-threatening station of the volunteer. It is the family's decision to accept services. Volunteers work from the strength perspective. Positive, hopeful approaches help the families maintain control over their lives and stay intact.

Evaluation methods: Assessments are sent to parents and volunteers at 3, 6, 9, 12, and 18 month intervals to document improvement in family functioning. The vast majority of our parents return to school, job training programs and/or secure full time employment. Volunteers help by expanding the family's support systems and advocate counseling, support groups and rejoining the community

The recidivism rate to Protective Services for re-referrals averages 2%. In many families incidents of abuse are completely stopped. Several parents have returned to the program as volunteers to work with families as they are empathetic to the families situations and crises.

Community integration efforts: The project was originally recommended and funded by the Junior League of Lincoln with Count Welfare and the State Department of Social services taking eventual 100% funding responsibility. As a unit of NDSS, PASS volunteers work closely with all agencies while encouraging positive perceptions of the social service system to their families. One focus of the program is public awareness of child abuse/neglect by presentations at schools, churches, social and professional groups. Several newspaper and magazine articles have been written on both the program and individual volunteers along with television and radio programs. Volunteers are recruited from all areas of the community to participate in tri-annual training sessions. Our reputation within the city has elevated our self referral rate to almost 50%. Other sources of referrals encompass the spectrum of social service agencies. We work closely with the Indiana Center and Malone Center to supplement the support that these centers offer their minority families.

Cost per client per year: Information not provided

Number of Clients served in most recent year: Information not provided

Replication: Parent Aid Support Service helped found the National Parent Aid Association in 1985, which currently networks for hundreds of parent aide programs across the country.

Parents Anonymous of Colorado, Inc.
501 North Foote Avenue
Colorado Springs, CO 80909
719-578-3211

In operation since 1989

Brief Description: Parents Anonymous of Colorado, Inc. is a private, non-profit, self-help support/education program established to prevent, alter or eliminate potentially abusive parenting behaviors. It is professionally co-facilitated by one or two mental health professionals who volunteer from the community. Groups meet weekly on an open group concept. Churches are utilized because of the child care component and space is donated.

Population of service area: 400,000

Focus of program: Physical abuse, sexual abuse, neglect, emotional or psychological abuse/neglect.

Clients include: Do not have breakdown.

Average length of service: 6 months of regular attendance in Parents Anonymous has shown statistically significant results in lowering potential for abuse in families.

Program purpose: To prevent, alter or eliminate potentially abusive parenting behaviors by providing a supportive group environment where more nurturing and functional parenting skills can be learned.

Evaluation methods: Social demographics are collected along with a parent approval effectiveness survey. As a regional affiliate of Parents Anonymous national, we are required to collect statistics for National's data-base survey of chapter activity.

Community integration efforts: Presently, Parents Anonymous of Colorado, Inc., as a PSA airing on 3 television stations, does individual referrals by phone and mail outs to agencies/organizations Parents Anonymous brochures. October 18, 1991, Parents Anonymous of Colorado will co-host the Fifth Annual Fall Forum with the RAP Coalition (Reduce Adolescent Pregnancy) with a theme of: "Looking For Live In All The Wrong Places: Teens and Esteem."

Cost per client per year: - 0 -

Number of Clients served in most recent year: Information not provided

Replication: It is a nationally known program.

Project SAFE
Riverside Treatment Center
2701 17th Street
Rock Island, IL 61201
309-793-2031

In operation since 1986

Brief Description: Project SAFE is a combined program of the state departments of substance abuse treatment and child welfare. It is a comprehensive treatment program focusing on abusive or neglectful parents, usually single mothers, who also are experiencing substance abuse involvement. Program components include in-patient (if necessary), intensive out-patient, and aftercare. Two critical pieces of the program, in addition to the abuse treatment are intensive outreach from paraprofessionals and direct involvement of child welfare staff in the on-going treatment. The attempt is to encompass the mother with both substance abuse and child welfare treatment at the same time in an effort to utilize the separation or potential separation from her children as the therapeutic crisis to create change in the family. Parent Training classes, children of alcoholics groups and day care are other program components.

Population of service area: 200,000

Focus of program: All types of abuse and neglect
Serve child victims, child nonvictims, perpetrating parent, and nonperpetrating parent.

Clients include: 5% Hispanic, 35% Caucasian, 60% Black

Average length of service: 8 - 10 months.

Program purpose: To effectively end substance abuse by mothers (parents) who are also abusive and/or neglectful of their children as a result of their substance misuse. Through successful treatment in the SAFE program families are able to be reunited or remain united without further threat to the welfare of the children.

Evaluation methods: During the first five years of the program 79% of the clients who have graduated continue to be substance abuse free and are parenting their children. There are three main areas that we look at to evaluate the effectiveness of the program. One is the point of graduation which occurs once the mother has completed all of the substance abuse treatment and the parenting training. Secondly, we monitor the unity of the family. Thirdly, we monitor the clients reinvolvement in the program when she/he experiences a setback in their substance abuse. Often the abusing parent needs 2 or 3 times going through the program before there is complete success. Additionally, Lighthouse, Inc., of Bloomington, IL, has conducted an intensive evaluation of the entire Project SAFE program in the state including client interviews, site visits, and reports back to the program for modifications. Copies of these evaluations are available upon request.

Community integration efforts: This program is jointly sponsored and funded by two state departments; Department of Alcohol and Substance Abuse and Department of Children and Family Services. Community orientation meetings are held periodically with other service providers which may or could be involved with the clients. The program itself is part of a local community mental health agency which facilitates linkage for mental health communication. It is also connected to a hospital for health services. The local child welfare office has an appointed liaison who meets weekly with SAFE staff and supervisor to monitor treatment.

Assigned child welfare staff are involved in the treatment staffings that are held monthly in the SAFE program. When appropriate, client families are handled through the case coordination program which assures integration of all required services. This is provided by an independent community agency.

Cost per client per year: \$2,500 - \$3,500

Number of Clients served in most recent year: Information not provided

Replication: This program has been replicated in over a dozen sites across IL. The statewide coordinator for SAFE is Nancy Roncancio, Springfield, IL. Her telephone number is 217-785-2459. She can provide further information on development of the other sites for Project SAFE in Illinois.

SAFE (Sexual Assault Finding Examination) Network
Division of Family Services
PO Box 88
Jefferson City, MO 65103
314-751-4329

In operation since 1988

Brief Description: The SAFE Network is a group of 100 physicians and nurse practitioners who have united into a Statewide network and are committed to the performance of high quality examinations for child victims of sexual assault. The unique features of the network include its representation from both rural and urban areas: primary and tertiary care settings; pediatricians, family physicians, nurse practitioners and gynecologists; the utilization of a 7 page uniform data report form, uniform protocol, and mandatory attendance at an annual SAFE Network meeting.

Population of service area: State of Missouri

Focus of program: Sexual abuse
Serve child victims

Clients include: .19% Native American, .22% Asian, .63% Hispanic, 30.43 % Black, 68.05% Caucasian, .43% Others.

Average length of service: 1.5 to 2 hours, additional time needed by provider if required to testify in court.

Program purpose: The SAFE network was formed to provide quality examinations for child victims of sexual assault. The results of the examination aid in treatment of the victim, determination of child abuse and decisions regarding referral for prosecution of child abuse.

Evaluation methods: The SAFE Network is a joint effort among three state agencies:

The Division of Family Services (child abuse/neglect investigations), Division of Medical services (Medicaid) and the Department of Health (Rape Examination Program).

Effectiveness is measured by quality examinations performed and by increased participation among physicians around the state who have joined the Network and are working to improve treatment plans for victims of sexual assault.

Community integration efforts: SAFE providers are required to attend annual training. Local staff who conduct child abuse/neglect investigations are encouraged to meet with SAFE providers and work together for the best treatment plan for a victim of sexual assault.

Cost per client per year: \$175.00 per client per examination plus laboratory charges.

Number of Clients served in most recent year: 1,515

Replication: Information not provided

Victim Sensitive Intervention Project
LaRabida Hospital
East 65th at Lake Michigan
Chicago, IL 60649
312-363-6700

In operation since 1986

Brief Description: The victim sensitive intervention project is designed to minimize the number of interviews of child sexual abuse victims during the investigation phase. By developing interagency agreements and protocols with local Child Protection, Law Enforcement and Prosecutorial Agencies, further traumatization of victims is reduced. Interviews are conducted by trained specialized personnel. The activities of investigative agencies are coordinated. Victims may be referred for immediate social services.

Victims receive thorough and specialized medical examinations.

Population of service area: Approximately 1.5 million

Focus of program: Sexual Abuse
Serve child victims and nonperpetrating parents.

Clients include: 2% Hispanic, 8% Caucasian, 90% Black

Average length of service: 1 week

Program purpose: To reduce further trauma to alleged child sexual abuse victims by minimizing the number of interviews to which they must be subjected while satisfying the needs of mandated investigative agencies.

Evaluation methods: Alleged victims were interviewed only once in 80% of investigations. In 50% of the cases not referred to VSIP victims were interviewed three or more times. Criminal charges were filed in 55% of VSIP cases (compared with 32% in non VSIP cases). Perpetrators were identified in 85% of VSIP cases (compared with 70% in non VSIP cases).

Community integration efforts: As interagency agreement and protocol has been developed to coordinate child victim interviews by the State Child Protection Agency (IL Dept. of Children & Family Services), the Chicago Police Department and the Cook County State's Attorney's Office. The program has been expanded to three other major hospital covering all of Chicago. Written agreements now include them. A city-wide Advisory Board meets regularly.

Cost per client per year: \$300.00 per family

Number of Clients served in most recent year: Information not provided

Replication: Yes

Visiting Nurse Service Family Connection Program
222 S. Downey
Indianapolis, IN 46219
317-236-0445

In operation since 1989

Brief Description: This program is a center that provides a neutral environment, for safe visitation. The center serves abused and neglected children who have been placed outside their family home. Visit Supervisors monitor the visit either for the full visit or intermittently depending on the individual needs of the case. This program is contracted with our local county Department of Public Welfare in order to provide services.

Population of Service Area: One million

Focus of Program: All types of abuse and neglect
Serves child victims and nonvictims, perpetrating and nonperpetrating parents and other family members

Clients include: 50% Black, 50% Caucasian

Average length of service: Six months - two years

Program purpose: This program allows children and their parents a neutral, safe place to visit as well as making sure consistent visitation occurs for the families.

Evaluation methods: There is not presently an evaluation in place for this program. We have measured our services in the volume of usage by the welfare department (we have presently served over 1000 children in the 2 1/2 years the program's been in existence). On a case by case basis our agency is aware of quicker movement in cases due to the consistent level of visitation offered.

Community integration efforts: The manager of this program staffs with the local welfare department on a weekly basis in order to promote good communication between our agencies. Our agency also participates on our local county child abuse and neglect council for the purpose of sharing information and helping improve community resources.

Cost per client per year: \$415

Number of clients served in most recent year: Information not provided

Replication: None

Visiting Nurses Service Family Life and Education Program (CPEE)
950 N. Illinois St.
Indianapolis, IN 46204
317-236-0445

In operation since 1984

Brief Description: This program is a home-based counseling program providing services to the families of abused and neglected children. The philosophy is to preserve the family while promoting change so children can be safe with their families.

Population of Service Area: Eight County Area

Focus of Program: All types of abuse and neglect
Serves child victims and nonvictims, perpetrating and nonperpetrating parents

Clients include: 60% Caucasian, 40% Black

Average length of service: Six months - One year

Program purpose: Through utilizing family therapy and supportive services as well as help with parenting skills, this program promotes successful reunification of families as well as prevention of placement outside the home

Evaluation methods: Evaluations are based on feedback from families after they've received services. Also results in successful reunifications as well as families who have been able to avoid placement out of the home

Community integration efforts: Staffings between referring county public welfare departments and our program staff take place once a month. Also written communication has been vital. A representative for this program attends monthly coalition meeting for child abuse and neglect council.

Cost per client per year: \$690

Number of Clients served in most recent year: Information not provided

Replication: There are several programs, as this is a IV B funded program. But most other programs do not contain all our components (i.e. levels of service)

Visiting Nurse Service Independent Living Program
950 N. Illinois
Indianapolis, IN 46204
317-236-0445

In operation since 1987

Brief Description: The Independent Living Program provides services to adolescents 16 years of age to 21 years of age who are or have been a ward of our 8 county area. The program teaches children emancipation skills they need in order to live on their own as well as emotional support through this difficult period.

Population of service area: 8 county area

Focus of Program: All types of abuse and neglect
Serves child victims and nonvictims

Clients include: 60% Caucasian, 40% Black

Average length of service: One year - four years

Program purpose: The program services children through individual counseling and educational classes to help them develop life skills and support the children in either finishing and/or furthering their education.

Evaluation Methods: The effectiveness is measured through pre and post testing as well as ongoing assessment of the child's skill level.

Community integration efforts: The manager of this program attends county staffings to promote communication and referrals. The manager attends monthly meetings in our immediate county with a coalition concerned about services of Independent Living for this population.

Cost per client per year:\$2,212

Number of Clients served in most recent year: Information not provided

Replication: None

Whitehall Family Resource Center
5903 Walker Avenue
Lincoln, NE 68504-0784
402-471-3700

In operation since 1990

Brief Description: A collaborative program focusing on prevention and early intervention has become a public/private cooperative venture. There are diverse funding sources. The department of Social Services has joined forces with multiple agencies and a neighborhood association to address concerns on a neighborhood basis.

Included in the program is parenting groups, support groups, self-esteem groups, counseling, and child development.

Population of service area: All of northeast Lincoln

Focus of program: All type of abuse and neglect.
Serve child victim, child nonvictims, perpetrating parent, and nonperpetrating parent.

Clients include: 1.6% Asian, 2% Native American, 3% Hispanic, 12% Black, 83% Caucasian.

Average length of service: 6 months.

Program purpose: The purpose of the program is to assure early intervention when issues arise for families. The program offers flexibility, outreach, and case coordination. Thus the Center is able to serve families that have tended to "fall through the cracks". Being neighborhood-based, the program is very accessible to participants.

Evaluation methods: Most programs have a pre-test and post-test. others have an evaluation form at the end of an 8 week or 10 week period. Schools and other professionals also provide input.

Community integration efforts: Four agencies, besides DSS, are located within the Center and participate in weekly case coordination sessions. Information and referral is another piece of what we do, so there is a lot of interaction with all agencies in the community.

Cost per client per year: \$830 per family

Number of Clients served in most recent year: Information not provided

Replication: Whitehall Family Resource Center is a pilot project.

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