

RESOURCE BOOK



SEVENTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT

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November 10-13, 1985
Chicago Hilton and Towers
Chicago, Illinois

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RESOURCE BOOK

SEVENTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT

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U.S. Department of Justice
National Institute of Justice

November 10 - 13, 1985

Chicago Hilton and Towers

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National Committee for Prevention of Child Abuse

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INTRODUCTION

This Resource Book unequivocally reveals a national commitment to end child abuse and neglect. The book identifies 240 programs and 138 researchers in forty-three states and Canada, 38 films, and 44 exhibitors, all focused on the prevention or treatment of child abuse and neglect. As a microcosm reflecting the vast spectrum of our nation's child abuse and neglect projects, programs, and services, this book presents the state-of-the-art. Information in the book derives from the research, program, and film applications submitted for presentation at the Seventh National Conference on Child Abuse and Neglect.

The purpose of the book is to identify resources and disseminate information about research, programs and films which those attending the Seventh National Conference on Child Abuse and Neglect - and others - may find useful in their own ongoing efforts to end child abuse and neglect. The book should also enable conference participants to select those research projects and programs of greatest interest for face-to-face discussions during the conference sessions.

To assist the reader in locating various kinds of child abuse and neglect research or programs, the entries have been categorized. Where a project or program overlaps categories, the category assignment was determined by what appeared on the application to be the primary thrust. However, the reader will recognize that this may be an arbitrary judgment and that some projects and programs are directed toward goals beyond the category under which they are listed.

The National Center on Child Abuse and Neglect and the National Committee for Prevention of Child Abuse extend sincerest thanks to all the researchers, program staff, film producers and exhibitors who submitted applications for conference presentations. Their willingness to share their expertise both at the conference and through this book is greatly appreciated. The National Center and National Committee also thank the hard working members of the Research, Program Forum, and Film Selection Committees. Special recognition is also due Kristine Benz who typed the manuscript for the book.

Yes, there really is a national commitment to end child abuse. You can see it here.

Adrienne Ahlgren Haeuser, Professor
University of Wisconsin-Milwaukee

Editor, Seventh National Conference on
Child Abuse and Neglect Resource Book

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R E S E A R C H P R E S E N T A T I O N S E S S I O N S

Major researchers present their findings and face the press

Monday, November 11, 1985

8:00 - 9:00 a.m.

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Tuesday, November 12, 1985

8:00 - 9:00 a.m.

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Special thanks to Irving Harris for support for the Research Presentation Sessions.

RESEARCH PRESENTATION SESSION
Monday, November 11 8:00 - 9:00 a.m.

IS VIOLENCE TOWARDS CHILDREN INCREASING? A COMPARISON OF 1976 AND 1985
NATIONAL SURVEY RATES

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Since the early 1960's, when child abuse became an issue of major professional and public concern, there has been a widespread belief that the rates of child abuse and violence towards children have been increasing. Numerous hypotheses have been put forward to explain the supposed increase. The hypotheses include: greater stress in society, increased unemployment, economic problems, rising divorce rates, increased numbers of single parent households, etc. The available empirical evidence -- official reports of child abuse -- confirms the hypothesis that the incidence of child abuse is on the rise.

One could also argue, on logical and theoretical grounds, that the opposite is also plausible -- that the rates of violence and abuse have gone down. Demographic data indicate that couples are marrying later, having fewer children, and are having fewer unwanted children (Bane, 1976). Since these factors have all been found to be related to lower rates of child abuse (Straus et al., 1980), these changes may be reducing the risk of violence for family members.

Finally, it is possible that the rates of child abuse have remained stable.

This paper presents data from a national survey which was designed to provide empirical data on whether the rates of child abuse and violence towards children are increasing, decreasing, or stable.

The study, The National Family Violence Resurvey, replicates the previous National Family Violence Survey which was carried out by the authors in 1976. The authors were able to compare the rates of reported violence for calendar year 1975 with the violence rates reported for 1984-85.

A national probability sample of approximately 6000 households comprised the National Family Violence Resurvey. The sample was drawn and interviews were conducted by Louis Harris and Associates. Violence and abuse were measured using a modified version of the Conflict Tactics Scales.

Preliminary analysis of the first half of the sample indicates that the rates of violence towards children may have declined somewhat from 1975 to 1984. However, these are unweighted raw data and must be treated carefully!

The data will be analyzed prior to the Seventh National Conference on Child Abuse and Neglect where the authors' presentation will report on the current rates of violence towards children, compare these rates to the 1976 National Family Violence Survey, and project the rates to the population of children under 18 years of age in the United States.

RESEARCH PRESENTATION SESSION
Monday, November 11 8:00 - 9:00 a.m.

**HALF FULL AND HALF EMPTY: THE EVALUATION RESULTS OF NINETEEN CLINICAL
RESEARCH AND DEMONSTRATION PROJECTS**

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RESEARCH CONTEXT

In response to a perceived lack of clinical success on the part of intervention programs working with a wide range of child maltreatment and the identification of specific subpopulations of maltreatment, the National Center on Child Abuse and Neglect launched a three-year research and demonstration effort in the fall of 1978. Nineteen projects were funded to demonstrate the effects of specialized clinical intervention targeted to five distinct abuse and neglect subpopulations (e.g., sexual abuse, adolescent maltreatment, substance-abuse-related maltreatment, child neglect, and remedial services to maltreated children). This paper reports on the findings generated by a comprehensive evaluation of this effort, conducted by Berkeley Planning Associates.

DATA BASE AND METHODOLOGY

The micro-level data base for the evaluation was drawn from the caseloads of these 19 projects from October 1979 to October 1981. Standard data collection instruments were used to record data on four different client groups (e.g., families, adults, adolescents, and children) at two different points in time (e.g., at intake and at termination). Detailed service data were collected at the time clients terminated. Overall, the performance of 986 families, comprised of 1,250 adults, 170 adolescents, and 975 children, were analyzed.

Initial analyses included univariate distribution of all key variables; bivariate analyses to explore the association between client outcomes and individual client and service characteristics; and multiple regressions to explain performance of the adult sample on the study's primary dependent variable (e.g., reincidence during treatment; clinician judgment regarding propensity for future maltreatment; and clinician judgment regarding the client's overall progress). Most recently, logistic regression techniques were employed on each of these dependent variables for all four client-level groups and a detailed cost-effectiveness analysis was conducted.

MAJOR FINDINGS AND POLICY IMPLICATIONS

The results of the national demonstration effort and other program evaluations reviewed by the author suggest that our knowledge base for effectively combating child maltreatment is growing. Among the most encouraging findings for service providers are:

- family and group therapy is a more successful intervention strategy than individual therapy for a wide variety of maltreating families;

- support services, such as educational and skill development classes, parenting classes, and therapeutic day care decrease reincidence rates and propensity toward future maltreatment;

- in general, intervention with families involved in sexual abuse is far more successful than intervention with families involved in other types of maltreatment;

- targeting services to a specific subpopulation of maltreatment produces a more homogeneous caseload only in cases of sexual abuse and child neglect;

- on balance, therapeutic interventions have far greater impact on cases of sexual abuse than other types of maltreatment while support services are most critical in cases of child neglect.

Among the most discouraging findings were an overall reincidence rate during treatment of 47% and the fact that over 50% of all adult clients were judged to be likely to maltreat their children in the future. While these findings suggest our knowledge of effective treatment strategies is partial at best, they should also suggest to policy makers that the point of intervention needs to be advanced. Eliminating child abuse will require not only implementing effective treatment strategies but also providing comprehensive prevention services.

RESEARCH PRESENTATION SESSION
Monday, November 11 8:00 - 9:00 a.m.

IMPEDIMENTS TO MANDATED REPORTING OF SUSPECTED CHILD ABUSE AND NEGLECT

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New child abuse and neglect reporting laws -- and the publicity generated to improve reporting -- have been overwhelming successes. Reporting has increased 123% since 1976. But full reporting has not yet been achieved. The National Incidence Study found that about two-thirds of the abused or neglected children known to mandated reporters were not being reported. The rate of non-reporting was lowest for hospitals (44%) and highest for schools (87%). Various impediments to reporting have been mentioned in the literature over the years, ranging from ignorance, to fear, to doubts about its effectiveness.

The failure of mandated reporting laws to achieve full reporting has been little studied. There has been no systematic attempt to measure the relative importance of the various impediments mentioned in the literature. In an effort to begin such a measurement, a survey was undertaken in New York City in the Spring of 1984. Responses were received from key individuals in schools (131), hospitals (26), and police precincts (50) responsible for making reports, usually from the person designated for this purpose. These three systems make most of the mandated reports in New York City and elsewhere.

The major findings indicate that:

- professional judgment, rather than the mandated reporting law, is the most decisive factor in reporting;
- most of the respondents (76%) have received training on the identification and reporting of child maltreatment and only 21% felt training of mandated reporters would improve reporting;
- 40% of the school personnel, 18% of the hospital personnel, and 8% of the police personnel acknowledged instances of non-reporting;
- the most potent impediment, especially among school personnel, is a combination of fear of reprisal against the child and doubts about the efficacy of child protective services intervention;
- most mandated respondents, especially the police, do not receive feedback on child protective service case determinations and case dispositions;

- more than half of the respondents experience recurring problems or issues in dealing with child protective services;

- most of these problems or issues concern the quality of the child protective services intervention or staffing.

Lack of adequate feedback, which promotes a belief that "nothing happens," undermines confidence in the protective intervention and may exaggerate feelings about the competence of protective agencies. Confidentiality rules, overburdened child protective staffs, lack of understanding of the role and the legal limitations of protective agencies, and general communication problems contribute to the impediments to mandated reporting.

The implications of these findings are important indicators of how to improve or increase reporting from mandated sources, which are about twice as likely as community reports to be substantiated after an investigation. It is clear, for example, that additional training of mandated professionals for the purpose of promoting greater reporting is not likely to be successful and may be counterproductive. Steps to improve the relationship between mandated reporters and child protective services, as well as perceived improvements in the quality of the program, are likely to be the most effective means of increasing reporting.

EVALUATING AND TREATING ADOLESCENT SEXUAL OFFENDERS

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Sexual assaults are among the most rapidly increasing violent crimes in America. The F.B.I. reports that rape is three times more common than murder. A recent probability sample (Ageton, 1983) indicates that each year between 195,000 and 450,000 juveniles commit sexual assaults involving force perpetrated against their victims. The highest rate was for 17 year olds. That study also indicated that between 40% and 50% of sexual offenses against children are committed by juveniles.

There are two means of reducing sex offenses:

- eliminating the causes;
- treating the offender early in his career of paraphiliac behavior.

The impact of allowing juvenile offenders to go untreated is startling. It has been found that the average juvenile attempts or completes 7.7 deviant acts while the average patient over 18, who first developed a paraphilia prior to age 18, attempts or completes 489.4 deviant acts.

Clinicians at the Sexual Behavior Clinic at the New York State Psychiatric Institute over the past seven years have been working with adult sexual offenders and more recently, with adolescent sexual offenders. Data will be presented on 61 adolescent sexual offenders who were seen on an out-patient basis for an evaluation and/or treatment at the Sexual Behavior Clinic. Adolescents were between the ages of 13 and 18 and volunteered to participate in either the evaluation or treatment.

At the Sexual Behavior Clinic adolescents are treated on an out-patient basis and receive 24 therapy sessions. Therapy is a multi-component treatment consisting of:

- mobilizing parents;
- covert sensitization, a cognitive behavioral treatment technique to reduce deviant sexual interest patterns;

- satiation, a treatment technique to reduce and/or eliminate deviant sexual fantasies;

- cognitive restructuring, a cognitive treatment intervention strategy which focuses on challenging the cognitive distortions which serve as permission-giving statements to engage in deviant sexual behavior;

- sexual values clarification;

- social skills training;

- assertiveness training.

Research findings will be presented on demographic information regarding the adolescents seen at the clinic and types of sexual and non-sexual crimes committed by the 61 subjects. Data will be presented on percentages of adolescent offenders who were themselves physically or sexually abused as children. The assessment strategy used at the clinic will also be described in detail in the presentation at the Seventh National Conference on Child Abuse and Neglect.

RESEARCH PRESENTATION SESSION
Tuesday, November 12 8:00 - 9:00 a.m.

THE IMPACT OF SEXUAL ABUSE ON CHILDREN: RESULTS OF AN EMPIRICAL
INVESTIGATION

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Other Author: Lucy Berliner

The paper presents the results of a large research project investigating the effects of sexual abuse on children. Funded by the National Institute of Mental Health, this study of 369 children, ages 4-17 is one of the largest carried out to date.

Three measures of effects were employed in the study:

- a 39 item symptom checklist completed by social workers;
- a 110 item parent completed behavior rating scale;
- a 60 item self report questionnaire completed by victims 12 years of age or older.

Sexually abused children were compared to a community sample of non-victimized children.

The paper reviews results describing the specific effects of sexual abuse and identifies aspects of the victimization experience (e.g., type of abuse), the family and child's handling of the disclosure, and other variables associated with differential impact.

Results from the social worker completed checklist indicate that victims in this sample exhibited over three symptoms of trauma. However, it should be noted that 20% of children were without symptoms at the point of disclosure of the abuse.

Results from the parent completed behavior checklist suggest that abused children are seen as different on each of twelve clinical dimensions of the measure. Victimized children are seen as having poorer concentration, and as more aggressive, withdrawn, antisocial, depressed, and fearful. They are also seen as more nervous and emotional, exhibiting more aggressive behaviors and body image and self esteem problems.

The study also identifies a series of variables associated with a more severe effect of childhood sexual abuse. Using the social worker completed measure as the measure of the impact of sexual abuse, variables in eight of the study domains explain 44% of the variance in impact.

The presentation at the Seventh National Conference on Child Abuse and Neglect will present results of the research, identify variables associated with differential impact, and suggest treatment and policy implications of these data.

RESEARCH PRESENTATION SESSION
Tuesday, November 12 8:00 - 9:00 a.m.

FALSE REPORTS OF CHILD SEXUAL ABUSE: DO CHILDREN LIE?

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False reports of child sexual abuse are considered to be uncommon. However, Renshaw in a recent article notes the high number of reports which are classified "unfounded" by local social services departments and suggests that many of these might be false. The media has questioned whether there is a "witch hunt mentality" among professionals and whether there may be numerous maligned adults resulting from false allegations. The aim of this study was to discover how often allegations were false and to describe their clinical characteristics.

METHODS

Two samples were used for this study: 576 reports of child sexual abuse reported to the Denver Department of Social Services in 1983 (Sample 1) and a series of false cases seen by the author at the C. Henry Kempe National Center (Sample 2).

Sample 1 reports were classified by the sex abuse team social workers into different categories. The categories included: false reports by children, false reports made by adults about children, false recantations by children, and verified cases of sexual abuse. The classification also allowed for the category insufficient information, and that of appropriate concern being made by an adult. All the cases of falsehood were then examined. Sample 2 provided detailed case material on a series of cases where there had been a false allegation of sexual abuse.

RESULTS: DENVER SAMPLE

	Number	Percentage
Founded	309	53.65
Unfounded	267	46.35
	576	100

Founded Reports: 92% of these were sexual abuse cases, while 8% were recantations of truthful accounts.

Unfounded Reports: A majority were dismissed due to insufficient evidence to make a conclusion or were investigated, considered to be unsubstantiated, yet the adult concern leading to the report was regarded as appropriate or not

vindictive. This latter group were randomly examined, and the researchers considered them appropriately labeled. Only a minority were false reports.

False reports as proportion of total reports (N=576):

	Number	Percentage
False report by child	9	1.56
False report by adult	36	6.25
	45	7.81

False Reports by Children: Five girls and one boy, aged 4-17 years, made nine false reports. Four were clearly false allegations made by the children and two were made by their parents. The latter were therefore recategorized as "false reports by adults." The remaining children were girls aged 12-17 years. All suffered from Post Traumatic Stress Disorder and had been victimized in earlier years.

False Reports by Adults: Thirty-eight cases formed a mixed group of cases. For many, not enough information was available, and the conclusion was uncertain. Some turned out to be true cases. Two themes emerged: post-traumatic stress disorder symptoms were present in some of the adults making the allegations, based upon their own victimization as a child, and two cases of maternal psychotic illness were seen.

Some cases were seen where parent and child had fused their accounts making the decision as to who created the falsehood impossible to decide.

RESULTS: AUTHOR'S SAMPLE

These cases were added to the Denver false cases (accusations and recantations) in order to provide a larger sample for clinical analysis. The results are preliminary at the time of writing this abstract, but the following themes emerge:

- Children of all ages were seen.
- There was a preponderance of girls.
- More cases were referred as false allegations than were diagnosed as such by the author.
- Most children appear to have symptoms of Post Traumatic Stress Disorder relating to prior assaults.
- Children did sometimes accuse the 'wrong' person.

Adults who made false allegations were also seen -- generally parents who were involved in acrimonious custody disputes, but one involved a professional. In the majority, preliminary analysis suggests that most of these adults were experiencing Post Traumatic Symptoms based upon their own victimization when children.

Implications and conclusions will be presented at the Seventh National Conference on Child Abuse and Neglect.

RESEARCH PRESENTATION SESSION
Tuesday, November 12 8:00 - 9:00 a.m.

EVALUATING SEXUAL ABUSE PREVENTION STRATEGIES

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As our nation's communities become more committed to providing sexual abuse prevention information to their children, they seek guidance from professionals in the fields of family services and education. In order to respond to the growing demand for prevention information, many new curricula and programs as well as audio visual, theatre, and reading materials have been developed. Most of these resources strive to teach children the basic concepts of personal safety, as follows:

- Children can say "No" to touching that makes them feel frightened or uncomfortable.

- Children should tell someone they trust about confusing/bad touch.

- A child is never at fault when (s)he is sexually abused.

With this rapid influx of prevention media come the following questions concerning the accomplishment of comprehensive, balanced child sexual abuse prevention education:

- How do the various modes of presentation (films, booklets, curricula) compare to one another in effectiveness?

- What prevention concepts and safety skills-building components are deficient in current resources?

- Do children who learn personal safety share the information with other children, thereby reaching even those children who are not directly taught personal safety?

- Can prevention education truly increase children's ability to protect themselves from abusive situations?

- Do children retain and practice personal safety skills?

The COMPASS program of Child and Family Services of Knox County, Inc. is a comprehensive, community-based sexual abuse prevention program funded by the National Center on Child Abuse and Neglect and serves the east Tennessee area. The COMPASS program includes a research component with the goal of

contributing to the knowledge base by providing insights into the above questions.

The COMPASS research program measured the effectiveness of two types of primary prevention methods which focus on teaching children personal safety skills. These were:

1) Personal Safety Instruction: A personal safety curriculum entitled "Talking About Touching," (TAT) produced by the Committee for Children in Seattle, Washington,

2) Personal Safety Education Material: A personal safety booklet, "Amazing Spider-Man and Power Pack," produced by the National Committee for Prevention of Child Abuse in cooperation with Marvel Comics.

The research involved approximately 4500 third through fifth grade students in Knox County who were randomly assigned to one of five groups. The experimental design is as follows:

- Group A: Thirty classrooms participate in three weeks of personal safety instruction (TAT).
- Group B: Thirty classrooms from same schools represented in Group A: Control Group to measure for spillover from curriculum.
- Group C: Thirty classrooms receiving booklets on personal safety ("Spider-Man").
- Group D: Thirty classrooms from same schools represented in Group C: Control Group to measure for spillover from booklet.
- Group E: Thirty classrooms: Complete Control Group

All students completed a pre-test measuring personal safety knowledge. The personal safety instruction was then instituted in Group A and the personal safety education material was distributed to Group C. The classroom instruction continued daily in 15-minute lessons for three weeks. The week following the completion of the instruction, post-tests were administered to all students in each of the five groups.

Analysis of the data for presentation at the Seventh National Conference on Child Abuse and Neglect will provide insights into the effectiveness and areas of weakness of each prevention approach; knowledge and skill retention of the students; and the impact of spillover information. The findings will enable educators, sex abuse prevention specialists, and child protective service professionals to effectively match specialized prevention measures with assessed prevention needs in their communities. It is also anticipated that the COMPASS research will corroborate the importance of wholistic policy measures that mandate ongoing prevention activities.

R E S E A R C H P O S T E R S E S S I O N

An opportunity for discussions with investigators of 40 significant projects

Wednesday, November 13, 1985

8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT RESEARCH

PREVENTION	19
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FAMILY MEMBER CHARACTERISTICS	28
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SEXUAL ABUSE RESEARCH

PREVENTION	34
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FAMILY MEMBER CHARACTERISTICS	39
MISCELLANEOUS	40

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

PREPARATION AND SUPPORT FOR PARENTHOOD: AN EVALUATION

Booth W-1

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Other Authors: Francine Ferland, Diane Ouellet

To evaluate the efficacy of primary interventions focusing on parents' preparation and support, randomized experimental and control groups were selected for prenatal and postnatal intervention. Results obtained at the one and three month's evaluations on maternal perception of her baby, family environment and adaptation, and the child's development are discussed.

PARENT EDUCATION RESEARCH AND NETWORKING PROJECT: THE EVALUATION
AND COMPARISON OF PARENT TRAINING PROGRAMS

Booth W-2

Alan R. Brown, Assoc. Professor
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Other Authors: Chris Soseous, Joe O'Haver

The effectiveness of a variety of prevalent approaches to parent training are evaluated for their success in reducing or preventing child abuse. Approximately 12 programs will eventually participate, consisting of both court-ordered and purely voluntary participants. The study's main goal is to identify which types of programs are most effective with which populations in mitigating child abuse.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

COMPARATIVE ANALYSIS OF PARENTAL ATTITUDES, EXPECTATIONS, AND
RESPONSE PATTERNS OF ABUSIVE AND NON-ABUSIVE PARENTS

Booth W-3

Peggy Pearl, Assoc. Professor
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This is a study of the correlation between the parental expectations, attitudes, and response patterns of parents with a history of abuse/neglect and parents with no known history of abuse/neglect and the implications in development of parenting education curriculum used for the prevention of reabuse.

PREVENTION OF CHILD ABUSE AND FAMILY VIOLENCE BY REFINING SOCIO-
MORAL REASONING AND EMPATHY AMONG FAMILY MEMBERS

Booth W-4

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Other Authors: Keith Widaman, Norma Feshbach, Morris Paulson

This study presents an empirically based rationale and some preliminary procedures for training prospective (and abusive) parents in civil and responsible interaction with their children. It is based on data from more than 200 abusing parents studied by collaborating research teams at California, Chicago, Columbia, Florida, and Harvard Universities, and the Village of CHILDHHELP as part of a national child abuse and family violence investigation sponsored by CHILDHHELP, U.S.A.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

BARRIERS TO CHANGE IN CHILD REARING ATTITUDES AND PRACTICES

Booth W-5

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Other Authors: Sharon Collins, Judith Musick, Janet Reis, Louis Rowitz

The authors focus on the child-rearing attitudes and behaviors of disadvantaged parenting teens involved in educational support services. While non-punitive attitudes are accepted intellectually by teens, those low in self-esteem and social supports fail to internalize the didactic lessons of service providers. Adolescent parents need nurturance, just as the children they bear. Programs must address the child-like needs of the adolescent mother herself.

EVALUATION OF HEALTH-BASED CHILD ABUSE AND NEGLECT PREVENTION
DEMONSTRATIONS

Booth W-6

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A collaborative research project was conducted to assess the process, impact, and cost aspects of six health-based abuse and neglect prevention demonstrations. The impact of efforts to reduce the incidence of child abuse and neglect through prevention will be, in large part, determined by the ability of research to suggest effective strategies for identifying at-risk families, appropriate services, and delivery environments. This study indicates that individual counseling/therapy and education services can be cost-effectively delivered to high-risk families in a health-based environment.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

EVALUATION OF NEW YORK STATE'S CHILD WELFARE REFORM ACT OF 1979

Booth W-7

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Other Authors: Constance R. Warden, Gaetan J. LePage

New York's 1979 Child Welfare Reform Act, a precursor to P.L. 96-272, is designed to reduce unnecessary foster care through the provision of preventive services to troubled families. This paper presents the results of a \$1.2 million, six year evaluation of the Act's impact on child welfare organizations, expenditures, and clients.

CHILD MALTREATMENT AND PERMANENCY PLANNING: A RESEARCH-POLICY-PRACTICE CYCLE

Booth W-8

Edith Fein, Director of Research
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Hartford, Connecticut 06115
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Data on child abuse and neglect and foster care are examined. They indicate the success of the permanency planning movement in decreasing foster care. Yet child abuse and neglect are increasing, and other unanticipated effects are also occurring. Findings and implications for policy and practice are discussed.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - IDENTIFICATION

**IMPEDIMENTS TO MANDATED REPORTING OF SUSPECTED CHILD ABUSE
AND NEGLECT**

Booth W-9

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Results of survey responses from 243 reporting sources in New York City (131 schools, 50 police precincts, and 26 hospitals) measuring impediments to reporting frequently mentioned in the literature are discussed. This study is the first effort to systematically obtain data on this issue.

**IDENTIFYING AT-RISK POPULATIONS: A RESEARCH STRATEGY FOR
DEVELOPING MORE SPECIFIC RISK INDICATORS AND SCREENING DEVICES**

Booth W-10

Sandra T. Azar, Asst. Professor
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The key to successful primary prevention is the identification of populations at-risk for targeting of interventions. This study outlines a strategy for developing more specific risk indicators and screening devices. The development and construct validation of a screening device for parental unrealistic expectations is described as an example of such research.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - IDENTIFICATION

THE PHYSICIAN'S ROLE IN CHILD ABUSE IDENTIFICATION AND REPORTING:
UNAWARE OR JUST DON'T CARE?

Booth W-11

Charles F. Johnson, Director
Columbus Children's Hospital
Child Abuse Program
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Columbus, Ohio 43205
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Other Authors: Jacy Showers, John Morris, Julio Apolo

Interviews of 58 urban physicians revealed that a variety of factors, including their own attitudes toward physical discipline, influenced their decision to report physical abuse. The results of this study guided the development of a self-instructional package intended to affect physician's attitudes, knowledge, and skill. This package is being piloted on emergency room physicians and nurses.

CHILD ABUSE AND NEGLECT REPORTING DATA

Booth W-12

Patricia Schene, Assoc. Director
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A Division of American Humane Association
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Other Author: John Fluke

The National Study on Child Neglect and Abuse Reporting collects data from all states on official reports of child maltreatment. The 1984 data analysis includes numbers of reports the characteristics of families and children reported, the decisions made by Child Protective Services and the types of services provided. Trends over time are presented along with analyses on sexual abuse cases and those involving out-of-home placement.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - IDENTIFICATION

IS VIOLENCE TOWARDS CHILDREN INCREASING? A COMPARISON OF 1976
AND 1985 NATIONAL SURVEY RATES

Booth W-13

Richard J. Gelles, Professor
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Department of Sociology & Anthropology
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Murray A. Straus, Professor & Director
University of New Hampshire
Family Violence Research Program
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This research answers the question, "Is the rate of child abuse and violence towards children in the United States increasing, decreasing, or stable?" The study, which replicates the authors' National Family Violence Survey, compares rates of violence and abuse reported in 1976 with those reported in the National Family Violence Resurvey of 1985. Data collected from a national probability sample of 6000 households is analyzed.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

**HALF FULL AND HALF EMPTY: THE EVALUATION RESULTS OF NINETEEN
CLINICAL RESEARCH AND DEMONSTRATION PROJECTS**

Booth W-14

Deborah Ann Daro, Vice President
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(415) 652-0999

In 1978 the National Center on Child Abuse and Neglect funded 19 clinical research and demonstration projects for three years to demonstrate the effectiveness of specialized clinical interventions targeted to five distinct maltreatment subpopulations. This paper reports on the major programmatic and policy findings generated by a comprehensive evaluation of this effort involving 1,000 families as conducted by Berkeley Planning Associates.

**THE EFFECTIVENESS OF THREE TYPES OF PERINATAL INTERVENTIONS TO
PREVENT CHILD ABUSE**

Booth W-15

Ellen Gray, Research Director
National Committee for Prevention of Child Abuse
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In this meta-analysis of three programs, multivariate techniques were used to determine what personal, environmental, and program characteristics determined outcome. No intervention showed effects on maternal parenting attitudes, but several socioeconomic and other characteristics were significant. Maternal perception of her infant was affected only by the most intensive intervention.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

MAXIMIZING THE EFFECTIVENESS OF A THERAPEUTIC DAY TREATMENT
PROGRAM ON THE CHILDREN AND FAMILIES BEING SERVED

Booth W-16

Rex E. Culp, Research Director
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The Children's Place
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Other Authors: Marilyn T. Richardson, Jane S. Heide

This study identifies specific subgroups of a population of maltreated children enrolled in a therapeutic day treatment program who made significantly greater developmental progress than other subgroups. Additionally, this study identifies certain family characteristics which are predictive of continuing abusive behavior while the family was involved with this therapeutic treatment program.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - FAMILY MEMBER CHARACTERISTICS

**A TYPOLOGY OF MALTREATING FAMILIES: PARENTING STYLES AND CHILD
COPING STRATEGIES**

Booth W-17

Patricia M. Crittenden, Assoc. Director
Child Protection Team
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Maltreating and adequate families with young children were investigated. The results indicate that: 1) family functioning differed greatly in abusing, neglecting, and adequate low socioeconomic status families; 2) all members of maltreating families were involved; and 3) children used a variety of coping strategies which varied in adaptiveness.

PSYCHOMETRIC PROPERTIES OF THE CHILD ABUSE POTENTIAL INVENTORY

Booth W-18

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This report provides a summary of published and unpublished research findings on the psychometric properties of the Child Abuse Potential Inventory. Recent construct and predictive validity research is reviewed. New cross-validation data (N=220) and internal and temporal consistency measures (N=2496) are presented.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - FAMILY MEMBER CHARACTERISTICS

**A COMPARISON OF CHILD WITNESSES AND CHILD VICTIMS OF FAMILY
VIOLENCE: A CONTROLLED STUDY**

Booth W-19

Alice J. Brown, Staff Psychologist
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Other Authors: David Pelcovitz, Sandra Kaplan

Twenty-four child witnesses of spouse abuse, 28 victims of child abuse and 24 control subjects were compared on presence of psychopathology. The witness group had the highest rate of separation anxiety disorder, depression, and somatic concerns on structured interviews and a behavior checklist. Implications for diagnosis and preventative treatment are discussed.

PERCEPTION OF OWN AND OTHER CHILDREN BY ABUSIVE MOTHERS

Booth W-20

Anthony J. Siracusa, Director
Northern Berkshire Mental Health Association
Family Treatment Project
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This study examines whether differences exist in abusive mothers' perceptions and attributions of unknown children compared to the perceptions of their own child. Findings indicate that abusive mothers generally see unknown children no differently compared to control mothers, but view their own child more negatively. Abusive mothers had a positive perceptual bias in the ratings of adult/child interactions, and still they tended to select more harsh disciplinary responses.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - FAMILY MEMBER CHARACTERISTICS

EFFECTS OF MALTREATMENT OF CHILDREN ON DEVELOPMENT AND LEARNING
ACHIEVEMENT

Booth W-21

H. Jane Sites, Asst. Director
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This study examined the relation between abuse and neglect of children (0-5) on subsequent development and school-related achievement. Significant findings in the maltreated children were found in the psycholinguistic areas of expressive language and reading. Recommendations for appropriate educational curriculum approaches for maltreated children are suggested.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - MISCELLANEOUS

DEVELOPMENT OF CRITERIA FOR NEGLECT OF CHRONICALLY ILL CHILDREN

Booth W-22

Linda Diamond, Social Worker
La Rabida Children's Hospital
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Other Author: Paula K. Jaudes

Neglect has been found to be more prevalent than physical abuse among chronically ill children. Results of this study illustrate the ways in which neglect affected 61 children. Twenty-six percent were physically abused; over half changed custody. All of these children suffered short-term morbidity and some suffered long-term morbidity due to neglect.

CEREBRAL PALSY AND THE BATTERED CHILD: A STUDY OF THEIR
RELATIONSHIPS

Booth W-23

Paula K. Jaudes, Chief, Medical Staff
La Rabida Children's Hospital
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Other Author: Linda Diamond

A clear set of relationships between cerebral palsy and the battered child syndrome have emerged in a two-year retrospective study of 162 children with cerebral palsy. Results have implications for prevention. Child abuse is a significant cause of cerebral palsy in the postnatal period and children with cerebral palsy are likely to be abused.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - MISCELLANEOUS

ALCOHOLISM & SEVERE CHILD MALTREATMENT

Booth W-24

Richard Famularo, Director
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Boston, Massachusetts 02115
(617) 735-6739

Other Authors: Karen Stone, Richard Barnum, Robert Wharton

The authors present data on the association between parental alcoholism and severe child maltreatment. Severe child maltreatment is defined here as physical abuse, sexual abuse or neglect of children requiring court-ordered removal from their parents' home. Compared to controls, the subject parent population revealed a statistically significant over-representation of alcoholism as defined by Research Diagnostic Criteria. The authors discuss the importance of recognizing parental alcoholism and the need to adequately treat this disorder prior to returning a child to an abusive family.

**UNEMPLOYMENT AND CHILD ABUSE IN A RURAL COMMUNITY: AN INVERSE
RELATIONSHIP**

Booth W-25

Joan C. Pare, Social Worker
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This study showed that there was no correlation between unemployment and child abuse in a Northern Idaho area studied. The reason for this finding appears to be that unemployment is anticipated yearly. The types of employment in the area, e.g. logging, are seasonal and during periods of unemployment, family stress is less. If these periods of unemployment became longer than anticipated and/or the economy was unstable, the figures changed.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

PHYSICAL ABUSE & NEGLECT - MISCELLANEOUS

WHAT ARE THE CHARACTERISTICS OF SUCCESSFUL VOLUNTEERS?

Booth W-26

Billie Joan Thomas, Assoc. Professor
Northern Illinois University
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Results of a year long research study of characteristics, training, and support systems for community volunteers who were successful and unsuccessful are reported. The volunteers were paired to an abusive parent in an attempt to help break the abuse cycle. The study includes input from abusive parents, social workers, and staff and volunteers. Results help to predict what works.

OPINIONS ON CHILD ABUSE: A SURVEY INSTRUMENT

Booth W-27

Karen J. Bordelon, Research Associate
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Other Authors: Ira Iscoe, Jeffrey Anderson, David Rudd

There is a disagreement among experts, practitioners, and citizens as to causes of and solutions to child abuse. Previous research focused on definitions but did not examine public and professional beliefs and attitudes. This study presents a child abuse opinion survey instrument and the results of its use with diverse professional groups.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

SEXUAL ABUSE - PREVENTION

EVALUATING SEXUAL ABUSE PREVENTION STRATEGIES

Booth W-28

Sally Cook Woods, Asst. Program Director
Kathryn Self Dean, Program Director
Child and Family Services of Knox County, Inc.
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This research evaluates the effectiveness of specialized methods of prevention education and addresses the strengths and weaknesses of current techniques. The findings will enable educators, child protective service professionals, and especially sexual abuse prevention specialists to effectively match specialized prevention measures with assessed prevention needs in their communities.

SEXUAL ABUSE PREVENTION: SUSTAINING AND EXPANDING PROGRAMS

Booth W-29

Carol A. Plummer, Outpatient Therapist
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Other Author: Geraldine A. Crisci

This study examines prevention programs in 25 communities two years or more after their initial implementation. A three-page questionnaire was mailed to contact persons at each site requesting information regarding the following: past experience, present activities, who is doing the work, funding, inter-agency efforts, materials utilized, local treatment resources, difficulties, and future plans.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

SEXUAL ABUSE - PREVENTION

**A CONTROLLED EVALUATION OF A SEXUAL ABUSE PREVENTION PROGRAM:
SHORT-TERM OUTCOME**

Booth W-30

David J. Kolko, Staff Psychologist
Western Psychiatric Institute & Clinic
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Other Authors: Joanne T. Moser, Judy Hughes, Pat Evey, John Litz

A child sexual abuse prevention program (Red Flag/Green Flag) directed at third and fourth graders is described. Pre/post questionnaires administered to children, parents, and teachers in the two experimental schools and a control school revealed significant improvements on measures of knowledge, beliefs, attitudes, and action.

**AN EVALUATION OF THE STUDENT OUTCOMES AND INSTRUCTIONAL
CHARACTERISTICS OF THE "YOU'RE IN CHARGE" PROGRAM**

Booth W-31

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Other Authors: Susan S. Cameron, Daryl C. Barrett, Perle L. Slavik

The basic concept of the "You're in Charge" (YIC) program is that children and their families who are provided factual information in a non-threatening manner and are then given an opportunity to discuss their feelings are less likely to become victims of sexual abuse. In two independent evaluations of the YIC program, similar and statistically significant positive effects have been demonstrated to be effective in equipping students with specific strategies and attitudes, which should make them better prepared to deal with a variety of potentially harmful situations.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

SEXUAL ABUSE - PREVENTION

PREVENTION MESSAGES FOR THE PERPETRATOR?

Booth W-32

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Other Author: Jon R. Conte

One hundred seventy-five perpetrators of sexual abuse were surveyed regarding their opinions as to whether a media message directed towards preventing them from offending or reoffending would have had impact while they were molesting children. These clients are in treatment at a community treatment center specializing in sexual offender treatment. The offenders' responses indicate the most effective use of media time would be to have an offender, or secondly, a child present information regarding the harmfulness of such behavior and concrete steps to deal with the problem. Television is the overwhelming choice as the medium for such a display. Part of this project includes videotaped sample messages made by the offender.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

SEXUAL ABUSE - IDENTIFICATION

**INTERACTIONS OF NON-ABUSED CHILDREN WITH "ANATOMICALLY CORRECT"
DOLLS**

Booth W-33

Abigail B. Sivan, Pediatric Clinical Psychologist
The University of Iowa Hospitals & Clinics
Child Development Clinic
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Other Author: David P. Schor

Interviews with "anatomically correct" dolls are often part of child sexual abuse investigations. Information about non-abused children's interactions with these dolls would strengthen conclusions derived from interviews with alleged victims. This research is designed to develop data collection techniques about such interactions in three to eight year old children.

FALSE REPORTS OF CHILD ABUSE: DO CHILDREN LIE?

Booth W-34

David P.H. Jones, Clinical Director
C. Henry Kempe National Center
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Denver's 1983 false report rate was 7.81%. Fifteen false reports of sexual abuse made by children, 40 initiated by adults, and 30 false retractions of truthful statements were examined. False reports were often made by children or adults who had been victimized previously and continued to exhibit symptoms.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

DIFFERENTIAL INTERVENTION WITH VICTIMS OF CHILD SEXUAL ABUSE

Booth W-35

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Massachusetts Treatment Center
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There is an urgent need to develop differential identification of high-risk victims of sexual abuse so that limited resources can be most effectively allocated. Research with a sample of offenders suggests that it is possible to identify a group of high-risk victims who are in need of treatment focused on the factors involved in their victimization.

EVALUATING AND TREATING ADOLESCENT SEXUAL OFFENDERS

Booth W-36

Judith V. Becker, Director
Sexual Behavior Clinic
New York Psychiatric Institute
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Other Authors: Meg Kaplan, Jerry Cunningham-Rathner

Between 40% and 50% of sexual offenses against children are committed by juveniles. This study reports data on the evaluation and out-patient treatment of 61 adolescent sexual offenders. The assessment strategy and various treatment components are described. The findings include demographic information about the adolescents, types of crimes committed, and the percentage of adolescent offenders who were themselves physically or sexually abused as children.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

SEXUAL ABUSE - FAMILY MEMBER CHARACTERISTICS

SEXUAL ABUSE BY PATERNAL CARETAKERS

Booth W-37

Kathleen Coulborn Faller, Asst. Professor
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Data are presented from 123 cases which delineate differences among cases where the perpetrator is a biofather married to the victim's mother, a stepfather or mother's living-together-partner, and a non-custodial father. Significant differences related to characteristics of the sexual abuse, the perpetrator, and victim's mother are described.

THE IMPACT OF SEXUAL ABUSE ON CHILDREN: RESULTS OF AN EMPIRICAL INVESTIGATION

Booth W-38

Jon R. Conte, Asst. Professor
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School of Social Service Administration
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Other Author: Lucy Berliner

This paper presents the effects of sexual abuse on over 300 children (ages 4-17) and identifies variables which account for differential effects. Three measures of the effects of sexual abuse were developed during the project; a parent completed child behavior rating scale, a therapist completed symptom checklist, and a victim self-report questionnaire. Sexually abused children are compared to a community sample of children who have not been sexually victimized. Variables which are associated with differential effects of sexual abuse are identified.

RESEARCH POSTER SESSION
Wednesday, November 13 8:00 - 10:00 a.m.

SEXUAL ABUSE - MISCELLANEOUS

PATHS LEADING TO CRIMINAL OUTCOME AMONG CHILD MOLESTERS

Booth W-39

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Other Authors: Raymond Knight, Daniel Carter

Knight, Prentky, Schneider, and Rosenberg (1983) reported the results of an exploratory causal model for sexual violence against children. The present study proposes to re-examine putatively important antecedent factors in the life history of a larger sample of child molesters, incorporating into the predictive model classifications from the taxonomy developed at the Treatment Center. The goal is to examine whether various types of child molesters differ in their developmental histories and whether different developmental histories lead to different adult criminal outcome.

**METHODOLOGICAL ISSUES IN LONGITUDINAL TRACKING STUDIES OF CHILD
SEXUAL ABUSE VICTIMS**

Booth W-40

Peggy Smith, Professor
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Long Beach, California 90840
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Other Authors: Marvin Bohnstedt, David Chadwick, Lesley Abelson

This study, conducted in collaboration with the Center for Child Protection at San Deigo Children's Hospital and Health Center, resumes tracking of 200 child sexual abuse victims identified in a study in 1976-1978 and 400 matched comparison subjects. Ultimately the study will identify indicators of long-term social adjustment. Methodoloical issues raised include: sampling, interagency agreements, human rights, data collection and processing, and results dissemination.

OTHER RESEARCH

Research of interest though not presented in the Research Sessions at the conference

PHYSICAL ABUSE & NEGLECT RESEARCH

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SEXUAL ABUSE RESEARCH

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PREVENTION

DOCUMENTING THE CURRENT STATUS OF PRIMARY PREVENTION OF CHILD ABUSE

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Other Author: Blair Justice

This study identifies and summarizes the status of current programs in primary prevention that can document their impact on child abuse. Information includes types of programs, service components, staffing and budgeting considerations, program evaluations (tools used and results) and program strengths and weaknesses as identified by program directors.

PERFORMANCE STANDARDS FOR CHILD ABUSE PREVENTION: DETERMINING NEED AND MONITORING PROGRESS

Deborah Ann Daro, Project Director
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Family Welfare Research Group
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This paper presents the results of an exploratory study to establish a set of normative performance standards and related indicators which county policy makers can use in (a) determining the current unmet need for child abuse prevention services in their community, and (b) monitoring their success in addressing this unmet need over time.

PREVENTION

MALTREATMENT PREVENTION AMONG CHILDREN WITH MULTIPLE DISABILITIES

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Other Author: Mary I. Benedict

This non-concurrent prospective study was designed to determine whether social, physical, demographic, or functional factors could be documented as placing some children with disabilities at differential risk for reported maltreatment. Data collection and results of family questionnaires, demographics and maltreatment status are presented with implications for prevention.

INADEQUATE KNOWLEDGE OF CHILD HEALTH AND CHILD DEVELOPMENT - EFFECTS ON DISCIPLINE APPROACHES IN COLLEGE, RURAL AND URBAN HIGH SCHOOL STUDENTS

Charles F. Johnson, Professor of Pediatrics
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Other Author: Jacy Showers

The Iowa Test of Child Development has been piloted on representative samples of high school students from a primarily rural state, urban high school students, and college students. Knowledge of child development and child health was inadequate among these students and a direct correlation was found with increased selection of abuse and punishment approaches to discipline in simulated behavior situations.

PREVENTION

**CORPORAL PUNISHMENT, CHILD ABUSE, AND THE APOCALYPTIC IMPULSE IN PROTESTANT
FUNDAMENTALISTS**

Philip J. Greven, Jr., Professor II
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The central goal of this research is to explore the experiential and emotional sources of the apocalyptic impulse in Protestants from the 17th century to the present. Focusing on individual life-histories, emphasis is placed upon the formative experiences of childhood, especially discipline. Corporal punishment, an act of physical violence against children, is the central factor shaping subsequent apocalyptic expectations of the imminent violent end of the world.

**LAY ATTITUDES REGARDING VIOLENCE TOWARDS CHILDREN: EFFECTS OF CONTEXT AND
CHARACTERISTICS OF THE PERCEIVER**

Sharon D. Herzberger, Assoc. Professor
Trinity College
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Other Authors: Cathy Greenblat, Janet Ruane

There exists an abstract disapproval of violence towards children. Yet some violent acts are condoned. This paper reviews previous and current research that suggests conditions under which abuse is tolerated and approved. The paper then discusses the implications of tolerance and approval for efforts to identify ongoing abuse and prevent further violence.

PREVENTION

FACTORS WHICH INFLUENCE THE SEVERITY OF ADVERSE EVENTS IN RESIDENTIAL FACILITIES

Nolan Rindfleisch, Assoc. Professor
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College of Social Work
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The purpose of this paper is to report the results of a study which examined the possible effects of a wide array of factors thought likely to influence the severity of adverse events in residential care. Two sets of factors were found to be associated with the seriousness of adverse events. Implications for programming are proposed.

SEVENTY-SIX FAMILIES: A POST-HOC STUDY OF THE EFFECTIVENESS OF AN INTENSIVE PROGRAM FOR THE SECONDARY PREVENTION OF CHILD ABUSE AND NEGLECT

Marion M. Jacewitz, Past Executive Director
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Seventy-six families assessed to be at high risk for seriously aberrant parenting were studied in order to evaluate the success of a well-established multi-disciplinary, comprehensive secondary prevention program. Several outcome measures were investigated, including: 1) family function over time, 2) extent of compliance and service utilization, and 3) number of abusive incidents during active program participation.

IDENTIFICATION

CHILD ABUSE REPORTING BY PHYSICIANS

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This study was designed to examine several aspects of child abuse reporting by physicians. It was found that physicians report the types of abuse they are in a unique position to encounter. They report virtually all cases of physical abuse and sexual abuse but a small percentage of physical neglect and emotional neglect.

HIGH RISK INDICATORS: FACT AND FICTION

Karen J. Hanson, Co-Principal Investigator
Vincent J. Fontana, Co-Principal Investigator
Mayor's Task Force on Child Abuse and Neglect
Child Fatality Study
HRA-PPD
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Other Author: Jose D. Alfaro

This fatality study utilizes a sample of approximately 500 reported cases (fatalities, indicated maltreatment, unfounded maltreatment) to examine medical, child protective, and socio-demographic variables and their usefulness in identifying families at high risk of childhood maltreatment deaths. Benefits include: elucidation of high risk indicators and a usable high risk profile.

IDENTIFICATION

**PRELIMINARY DATA FROM 379 HOSPITAL SCAN CHARTS: A COMMUNITY'S OPERATIONAL
DEFINITION OF ABUSE AND NEGLECT**

Marion M. Jacewitz, Past Executive Director
At Risk Parent-Child Program, Inc.
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Tulsa, Oklahoma 74104
(918) 560-5756

Other Author: Miriam M. Richardson

Hospital charts of 379 children suffering Suspected Child Abuse/Neglect (SCAN) from July 1978 through June 1983 were identified. Each was reviewed for presence of multiple items, including type of injury and physical location. SCANS on children documented and previously assessed "at-risk" were noted especially, as were those children active in the hospital's secondary prevention program.

ARMY CENTRAL REGISTRY ON SPOUSE & CHILD ABUSE

Arthur J. Carbonell, Jr., Lt. Colonel
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The Army Family Advocacy Program maintains a computerized index of army-wide cases of child or spouse maltreatment and assists hospital commanders in prevention, identification, reporting and treatment as well as with data retrieval on specific cases. Periodic reports for special studies are forwarded to installation commanders, major commands, Department of The Army and Department of Defense. A study for FY 1984 reports child abuse incidents by categories.

IDENTIFICATION

PROTECTION OF CHILDREN IN INSTITUTIONAL CARE

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(614) 466-2146

Other Authors: Nolan Rindfleisch, Virginia Colson

This study reports results of a program evaluation that looked at what would be the best method of case finding and investigating allegations of institutional child abuse and neglect. Results indicate that state statute must provide specific definitions of what constitutes institutional child abuse and neglect. Results also indicate that state involvement affects investigation outcome and institutional compliance with investigation recommendations.

INTERVENTION/TREATMENT

**CHILD ABUSE AND NEGLECT COORDINATION COMMITTEES AS A MECHANISM FOR ACHIEVING
COMMUNITY-WIDE COLLABORATION FOR MORE EFFECTIVE SERVICE DELIVERY**

Laura F. Skaff, Child Welfare Specialist
National Center on Child Abuse and Neglect
P.O. Box 1182
Washington, D.C. 20013
(202) 245-2856

Other Author: Mary Alicia Gaffney

Working upon the assumption that multidisciplinary, multi-agency coordination promotes more effective child abuse and neglect service delivery, this study has as its purpose the evaluation of the use of coordinating committees in effecting coordinated, community-wide service delivery. A nation-wide survey of thirty committees is now in progress to determine: how committees are formed, structured and operated; the overall effectiveness of this approach to coordination; and the relative effectiveness of various committee models in different community settings.

**INTERDISCIPLINARY DIAGNOSTIC TEAM RECOMMENDATIONS FOR THE SOCIALLY
DYSFUNCTIONAL FAMILY**

David P. Schor, Asst. Professor of Pediatrics
The University of Iowa
University Hospital School
Iowa City, Iowa 52242
(319) 353-8700

Other Author: Randell C. Alexander

This study presents the process used by one interdisciplinary developmental assessment team in providing recommendations for permanency planning and treatment services for children from socially dysfunctional or frankly abusive families. In addition, results obtained by team members in evaluating over 100 such children are discussed.

OTHER RESEARCH
PHYSICAL ABUSE & NEGLECT

INTERVENTION/TREATMENT

SERVICES ASSISTING FAMILY ENVIRONMENTS: PIONEERING MILITARY FAMILY ADVOCACY PROGRAMS

Kenneth W.Y. Lee, Manager
Project SAFE
Camp H.M. Smith
Hawaii 96861-5025
(808) 477-6318

Services Assisting Family Environment, Project SAFE, is a three-year (FY 83-85) joint services demonstration project funded by the Department of Defense. Treatment and prevention services developed by SAFE are unique in their emphasis on multi-disciplinary, home-based models. This research pioneers the development of baseline measures for cost and effectiveness of utilizing the treatment and prevention models developed by SAFE.

PHYSICIAN CONSULTATIONS IN CHILD ABUSE INVESTIGATIONS

David P. Schor, Asst. Professor of Pediatrics
The University of Iowa
University Hospital School
Iowa City, Iowa 52242
(319) 353-8700

Other Author: Randell C. Alexander

Pediatricians with training in child abuse diagnosis and case management are available for telephone consultations initiated by child protective service workers and others in a rural state. Over sixty consultations were provided in three months. This study provides data regarding this service.

INTERVENTION/TREATMENT

THE ENTITY CRISIS: A THERAPEUTIC CONJUNCTURE

Richard Galdston, Asst. Clinical Professor
Harvard Medical School
Parents Centre Project
31 Herrick Road
Newton Centre, Massachusetts 02159
(617) 527-5240

Research into treatment techniques for abused children has revealed the entity crisis, which is described in this paper, and its appropriate management to be a turning point towards the development of socialization among a sample of 175 children studied in the Parents' Centre Project for Study in Prevention of Child Abuse over the past 15 years.

FACILITATING PARENT-STAFF COOPERATION USING SIBLING SUBSYSTEM THERAPY FOR ABUSIVE FAMILIES

Jane Timmons-Mitchell, Psychologist
Beech Brook Children's Treatment Center
3737 Lander Road
Cleveland, Ohio 44124
(216) 831-2255

Sibling subsystem therapy to complement ongoing family treatment for abusive families at a residential treatment facility is explored. Comparison of these therapies with matched control treatments supports the conclusion that sibling therapy facilitates increased cooperation between staff and parents more quickly than without this treatment.

INTERVENTION/TREATMENT

TECHNIQUES FOR DEALING WITH CHILD ABUSE

Arlene Baxter, Instructor
Penn State University
Community College of Allegheny County
516 Greenleaf Drive
Monroeville, Pennsylvania 15146
(412) 372-6271

The purpose of the study was to develop a course of study on the subject of child abuse and neglect for the many professionals who work with children. The research questions addressed prior to the actual course design were to examine the need for such a course, to select the objectives, to select the appropriate content, and to select the teaching methods to best promote learning. The study was published by Charles Thomas, 1985.

FAMILY MEMBER CHARACTERISTICS

A STANDARDIZED ASSESSMENT OF AT-RISK MOTHERS: THE MATERNAL PERSONALITY INVENTORY

Nahman H. Greenberg, Executive Director
Illinois Masonic Medical Center
Child Abuse Unit for Studies, Education & Services
CAUSES
836 West Wellington
Chicago, Illinois 60657
(312) 472-6924

The Maternal Personality Inventory (MPI) is a self-administered standardized objective questionnaire that measures personality attributes in mothers whose behavior correlated with the development of atypical behavior in infants and older preschool children. Similar personality variables are also observed with adverse parental activity hostile to the care and protection of very young children.

"I WILL NOT BE LIKE MY MOTHER": ANALYSIS OF WOMEN WHO BREAK THE CYCLE OF VIOLENCE

Barbara A. Carson, Lecturer
University of New Hampshire
Department of Sociology
Durham, New Hampshire 03824
(603) 862-1800

As an investigation of the intergenerational transmission of child abuse, this work analyzes women who have been victims of child abuse who refuse to use any type of physical punishment on their own children. Using case studies this paper suggests that simply because a parent breaks the cycle of violence does not mean that she is a good parent or a person who has no consequences from having been a victim of child abuse.

FAMILY MEMBER CHARACTERISTICS

DEVELOPMENTAL STATUS OF ABUSED/NEGLECTED CHILDREN

Suzie Franklin, Psychologist
Milwaukee Children's Hospital
Child Development Center
1700 West Wisconsin Avenue
Milwaukee, Wisconsin 53201
(414) 931-4069/4143

Other Author: Susann Carter

The developmental status of 55 abuse/neglected/accident victim children was reviewed to determine functioning level and need for remedial programming. Findings suggest differences between the abused and other groups. Additional data will be collected and some families will be interviewed to determine if programming reduced the incidence of abuse.

SOCIAL PROBLEM-SOLVING SKILLS AND BEHAVIORAL ADJUSTMENT IN PHYSICALLY ABUSED AND AT-RISK CHILDREN: A STEP TOWARD BREAKING THE INTERGENERATIONAL CHAIN

Vivian Shaw Lamphear, Doctoral Candidate
State University of New York at Stony Brook
Psychological Center
Stony Brook, New York 11794
(516) 246-5970/6710

Other Author: Alan O. Ross

The similarity between the social cognitive styles of physically abused children and their parents has been noted (Newberger, 1979). As a step toward breaking the intergenerational cycle of abuse, this study assessed physically abused and at-risk children's social problem solving skills and behavioral adjustment. Results showed that physically abused children generated fewer effective and more aggressive solutions to social problems than normal. Poor behavior adjustment was related to poor problem solving. Family interaction patterns, marital discord and maternal child-rearing style predicted children's social problem skills and behavior adjustment. Implications for prevention and treatment are discussed.

FAMILY MEMBER CHARACTERISTICS

AFTER THE SHELTER: A FOLLOW-UP STUDY OF THE CONCERNS OF BATTERED WOMEN

Kay Freis, Project Coordinator
Washington County
Child Abuse Prevention Project
1308 Hillsdale Road
Bartlesville, Oklahoma 74006
(918) 336-2289

Results of a pilot follow-up study with women who made the decision to leave the abuser during a shelter stay revealed a hierarchy of financial, parenting and personal growth concerns during the first year. Implications for increased follow-up and parenting education for this at-risk group will be discussed.

MISCELLANEOUS

ABUSE AND NEGLECT IN FAMILIES AND THE ROLE OF ALCOHOL

Marianne Brauzer, Assoc. Professor
Barry University
School of Social Work
Miami Shores, Florida 33161
(305) 758-3392

Other Authors: Elane M. Nuehring, David F. Fike

The purpose of this paper is to elaborate upon the hypothesis that alcohol abuse contributes to or is associated with domestic violence and dysfunction, including child abuse and neglect and spouse abuse. Based on focused interviews with key informants as well as review of current literature, the following observations are derived: alcohol abuse is a causative factor in a minority of abuse situations, and periodic inebriation rather than chronic alcoholism or regular heavy drinking is the most likely correlate of abuse, particularly incest. Alcohol abuse is more linked with child neglect than child abuse, however. In some instances, the alcohol abuse is an aftermath rather than an antecedent of abuse and neglect.

WHAT DO WE KNOW ABOUT THE RELATIONSHIP OF ALCOHOL AND FAMILY VIOLENCE?

Jerry Flanzer, Professor
University of Arkansas at Little Rock
Graduate School of Social Work
10807 Crestdale
Little Rock, Arkansas 72212
(501) 569-3240

A review of studies concerning the alcohol and family violence relationship yields mixed results. Family violence is as likely to contribute to alcoholism as the often proclaimed alcoholism's contribution to family violence. Alternative intervention strategies are based on these findings.

MISCELLANEOUS

CHILD ABUSE SCREENING & TREATMENT SYSTEM

Robert M. Weigle, Chief Probation Officer
Santa Clara County
840 Guadalupe Parkway
San Jose, California 95110
(408) 299-2141

Child Abuse Screening & Treatment System (CASTS) is research directed to determining what percent of juveniles entering the Juvenile Justice System were victims of child abuse. What types and patterns of offenses do they commit? Current figures indicate that approximately 12% to 14% of delinquents coming into the system were physically and/or sexually abused. No significant clustering around certain types of offenses is indicated at this time.

INSTITUTIONAL CHILD PROTECTION: ISSUES IN PROGRAM DEVELOPMENT AND IMPLEMENTATION

Nolan Rindfleisch, Assoc. Professor
College of Social Work
The Ohio State University
300 Stillman Hall
Columbus, Ohio 43210
(614) 422-5532

This study reports the results of a telephone survey and site visits in which state bureaus of children's protective services were the respondents. The status of institutional child protection programs is described. The image of institutional child protection that emerges is that of a relatively unformed appendage of the more fully developed intrafamilial programs.

MISCELLANEOUS

**AN ANALYSIS OF CHILD ABUSE POLICIES IN SCHOOL DIVISIONS IN THE PROVINCE OF
MANITOBA**

Barbara Claridge, Principal
Riverside School
220 Riverside Drive
Thompson, Manitoba, R8N 0X2, Canada
(204) 677-3395

Other Author: David Marshall

In 1984 a survey of school divisions in Manitoba was undertaken to examine child abuse policies. Questions focussed on the existence and key elements of the policy. Results indicated that 17% of respondents had written policies, 71% had unwritten procedures and 12% had neither. Recommendations are made concerning policy development.

TOWARD A BETTER UNDERSTANDING OF "PARENTAL LACK OF SUPERVISION"

Mary Ann Jones, Director of Research
Child Welfare League of America
67 Irving Place
New York, New York 10003
(212) 254-7410

"Parental lack of supervision" accounts for nearly a third of all protective services complaints, and yet very little is known about it. This study draws upon a sample of 1000 cases from the New York State Central Register to compare lack of supervision cases to other categories of complaint and to develop a typology of lack of supervision cases linking case characteristics to the seriousness of the case.

PREVENTION

**THE MEASUREMENT OF SEXUALLY ABUSED AND NON-SEXUALLY ABUSED CHILDREN'S
RESPONSES TO EXPOSURE OF ANATOMICALLY CORRECT DOLLS**

Judy K. Gundy, Graduate Student
University of Arkansas at Little Rock
Graduate School of Social Work
51 Purdue Circle
Little Rock, Arkansas 72204
(501) 569-3240

This research measures children's responses to exposure to anatomically correct dolls. The responses measured are: fear, anxiety, avoidant behaviors, and the use of sexually explicit vocabulary. The subjects are female children, between four and five years of age.

IDENTIFICATION

**UPDATE ON VAGINAL INSPECTION AS IT RELATES TO CHILD SEXUAL ABUSE IN GIRLS
UNDER THIRTEEN**

Hendrika Cantwell, Pediatric Consultant
City and County of Denver
22200 West Alameda Avenue
Denver, Colorado 80223
(303) 893-6111

Vaginal openings exceeding four millimeters in girls under thirteen as a single finding confirm a positive history of sexual abuse in 80% of such examinations. Inspection of vaginal openings in all girls increased finding sexual abuse cases, doubling suspected cases. Vaginal openings decrease in size over time. In forensic cases this may be important to note.

INTERVENTION/TREATMENT

CHILD SEXUAL ABUSE TREATMENT: RELATING RESEARCH TO POLICY AND PRACTICE

Eleanor Lyon, Research Associate
Child & Family Services
1680 Albany Avenue
Hartford, Connecticut 06105
(203) 236-4511

Other Author: Edith Fein

Data are presented on over 90 cases treated by a multi-disciplinary child sexual abuse team. Client characteristics, worker activity and treatment variables are reported. Questions arising from the findings focus on allocations of worker time, treatment modalities, burnout, inter-system cooperation, offender treatment.

SHARED SECRETS: A STUDY OF GROUP WORK WITH SEXUALLY ABUSED GIRLS

Martha A. Haldopoulos, Psychologist/Therapist
Morristown Memorial Hospital
Family Enrichment Program
6 Heather Hill Way
Mendham, New Jersey 07945
(201) 540-5648

Other Authors: Barbara D. Wright, Laura Falerios

This research study poses the question: Does a group format facilitate the progress of sexually abused girls and do these adolescents recognize this progress? Emphasis is on the girls' own perception of their victimization and the process by which group messages are used individually to come to terms with abuse issues.

INTERVENTION/TREATMENT

TRACKING CHILD SEXUAL ABUSE CASES THROUGH THE WELFARE AND COURT SYSTEMS

Phyllis Solomon, Senior Research Associate
Federation for Community Planning
1001 Huron Road
Cleveland, Ohio 44115
(216) 781-2944

Other Authors: Donna Hamparian, Joseph M. Davis

As part of a community-wide planning effort to improve the handling of child sexual abuse cases, there emerged a need to determine the manner in which the major systems involved in sexual abuse cases, such as the welfare department and courts, handled these cases. A research tracking study was designed to assess the flow of these cases through the various legal and human service systems involved. This study reports on the characteristics of reported sexual abuse cases and the factors that are related to the handling of such cases.

FAMILY MEMBER CHARACTERISTICS

THE EFFECTS OF SEXUAL ABUSE ON VICTIMS

Kathleen Coulborn Faller, Asst. Professor
University of Michigan
School of Social Work
Social Work Center Building
1015 East Huron
Ann Arbor, Michigan 48109
(313) 763-3785

Data are presented on 201 victims of sexual abuse seen for diagnosis and treatment. The data indicate that trauma from sexual abuse varies by age, sex, and race of victim. Further, characteristics of the sexual abuse, the behavior of the perpetrator, and the mother-victim relationship affect the degree of trauma.

MISCELLANEOUS

**PATTERNS OF PHYSICAL AND SEXUAL VICTIMIZATION AND VICTIMIZING BEHAVIOR AMONG
CHEMICALLY DEPENDENT WOMEN**

Susan Schaefer, Psychologist
Certified Chemical Dependency Practitioner
2400 Blaisdell A.S.
Minneapolis, Minnesota 55404
(612) 870-0965

Other Author: Sue Evans

The authors conducted a study of 100 chemically dependent women to determine the following: 1) rates of physical and sexual abuse in their childhoods; 2) incidence of adult victimization including battery, sexual harassment and continued incest experiences; 3) proportion who acknowledge their own physical and/or sexual assault of a child.

CHILD SEXUAL ABUSE IN MARQUETTE COUNTY

Paul Knuckman, Staff Psychologist
Alger-Marquette Community Mental Health Center
1009 West Ridge Street
Marquette, Michigan 49855
(906) 225-1181

Other Author: Steve Loring

Demographic type data were gathered on all the Child Protective Services child sexual abuse cases opened in 1976 through 1984. Perpetrator and victim profiles are drawn and data about the judicial consequences are presented. Methodological issues are discussed with regard to the collection of accurate data and the comparison of such data across areas of the country.

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P R O G R A M F O R U M S E S S I O N S

An opportunity for discussions with staff of 55 outstanding programs

Monday, November 11, 1985

1:00 - 3:00 p.m.

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PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PUBLIC AWARENESS

"IT'S OK TO TELL" CHILD ABUSE PREVENTION CAMPAIGN

Booth M-1

Georgia Department of Human Resources
Division of Family and Children Services
878 Peachtree Street NE, Room 404
Atlanta, Georgia 30309
Ruthie Sheppard, Consultant
(404) 894-3859

This program represents a public/private partnership between the Georgia Department of Human Resources and the Medical Association of Georgia.

The goal is to stimulate community and professional action and commitment to accept child abuse prevention as a community responsibility. The objectives are to increase reports of child abuse, reduce the incidence of child abuse, portray doctors as caring people, correct misconceptions about consequences of reporting suspected abuse, and teach children to recognize abuse and reduce their fear about speaking out. The program features a puppet show, "Someone To Talk To," for children, TV/radio public service announcements, a slide show and handbook on "The Physician's Role," bus cards, bumper stickers, community forums, and a Governor's news conference.

No state funds are used. The Medical Association provided over \$21,000; other sources \$9,000. Donations include: song writer and film producer time and services, public bus space for bus cards, 150 billboards, and other donated creative services. Medical Auxiliaries purchased anatomically correct dolls for the program and donated time to make puppets and present puppet shows.

Thirty-three new community organizations to combat child abuse have been organized. Over 20,000 children have viewed the puppet show which has been presented in different schools over 300 times. "It's OK to Tell" coloring book has been distributed in public and private schools.

A survey showed a 43% increase in physicians' awareness. Newspaper coverage increased tenfold and the character/tone of the coverage changed dramatically from sensational to positive. The campaign has received numerous awards, including the "Silver Anvil," a national award from the Public Relations Society of America.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PUBLIC AWARENESS

FACT (FAMILIES AND CHILDREN IN TROUBLE)

Booth M-2

Family Stress Services of DC
DC Chapter, National Committee for
Prevention of Child Abuse
1400 21st Street NW, Suite B-100
Washington, DC 20007
Joan Cox Danzansky, Executive Director
(202) 965-1900

This program reaches the DC community with accurate, current information about issues of child abuse/neglect and its prevention in order to educate parents and other child caregivers and to develop an educated advocacy community by:

- Initiating programs to increase the public's awareness of the issues -- working with the media, providing technical assistance/consultation, news releases and locally directed public service announcements; participating in outreach events within the community; and networking with other agencies/organizations, etc.

- Responding to the community's interest and needs -- providing immediate response through a comprehensive 24-hour crisis/referral hotline; providing timely response to information requests with appropriate in-depth materials, information and validation of interest; and working with public/private organizations/agencies/community groups by providing speakers, materials, films, etc., and facilitating workshops and seminars.

From audited FY '84 figures, out of total organizational program expenses of \$273,878, only 25% (\$70,063) were actual cash expenditures; the remaining 75% (\$203,815) represents the documented, audited value of donated services, materials, facilities. The percentage would rise substantially if undocumented services were included. By serving all segments of the community by various means such as crisis-intervention, information & referral, educational services, materials and advocacy -- and with capable committed volunteers and significant networking support from local and federal governments -- it has been possible to provide quality programs with a relatively small amount of money.

The program has achieved significantly higher awareness of child abuse and neglect than comparable urban areas according to Federal Regional staff. FACT has reached the entire 15,000 staff of DC Public Schools with materials and 960+ on a face-to-face basis. FACT serves as a resource for the entire Metropolitan Police Department, estimated 500 on a face-to-face basis; and also for the day care community, other educators, parents and students, and concerned citizens in the DC metropolitan area.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

WHO - WE HELP OURSELVES

Booth M-3

Mental Health Association of Dallas County
2500 Maple Avenue
Dallas, Texas 75201
Jo Ann Martens, Program Director
(214) 871-2420

WHO represents a positive, workable effort toward the prevention of the victimization of children by training the at-risk group. It helps children learn attitudes, behaviors and strategies in taking responsibility for personal safety.

The program goals are to heighten awareness and recognition of the issues, to provide an environment for learning and practicing assertive positive behaviors and recognizing the system of social supports of the family, the school, and the community.

The WHO program has 5 distinctly different developmental levels (pre-school, K-3, 4-6, 7-9, 10-12) which use videotaped visuals and guided discussion to stimulate the child's discovery of new information and resources.

Content issues focus on the prevention of many variations of physical, emotional, and sexual abuse.

Particular attention is paid to methodology and developmental concerns as well as cultural, linguistic and geographic differences. Networking with parents and front-line professionals is addressed as well as guidelines for implementation in other communities.

The cost to implement the WHO program varies depending on the scope of the service and the numbers and kinds of materials used. For example, a volunteer program can use one level alone for as little as \$0.37 per child. Using the entire curriculum for all levels the cost would be approximately \$1.29 per child. In Dallas County the cost has averaged \$0.95 per child.

WHO has reached 40,000 school-age children in Dallas County. In three years WHO has been replicated across the nation for about 750,000 children.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

THE CHILDREN'S ADVOCATE PROGRAM

Booth M-4

C.A.A.N., Inc. - Child Abuse and Neglect
455 South Hill Road, Suite A
Ventura, California 93003
Brenda Hunter, Prevention Director
(805) 644-1555

The Children's Advocate Program is a fun, educational and informative program within the school system. The Children's Advocate is directed to elementary school children who are trained to tell the difference between discipline and child abuse; when to seek help and where; and how to avoid triggering abuse.

The program is also helpful for school personnel who know the laws regarding abuse but would like to know more about determining whether abuse has taken place. The program also helps school personnel answer pupils' questions and concerns.

The Children's Advocate Program is funded by private donations and is a free community service. Schools are not charged for this program so budget restrictions are not a consideration. The incidence of child abuse reporting is increased, which reduces the cost to the community in terms of reaching an abused child early before damage results in a child becoming violent toward society. Abuse is decreased as children discover where to seek help and how to avoid abuse.

Over 200 teacher evaluations and reports to CAAN have proved that the program is successful. Children have come forward to their teachers and reported abuse. Prior to this program, CAAN received many calls from teachers and school nurses requesting this kind of help and information. Often, out of insecurity and lack of knowledge, inappropriate referrals were made. Teachers are more aware of the extent of abuse. Children approach CAAN volunteer speakers to ask questions and report abuse. Their notes and comments are solicited for evaluations after each presentation.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

**A COMPREHENSIVE STRESS MANAGEMENT PROGRAM FOR ELEMENTARY
AND SECONDARY STUDENTS AND THEIR FAMILIES**

Booth M-5

Northeast Kingdom Mental Health Service, Inc.
Children's Services & Stress Management Programs
Box 724
Newport, Vermont 05855
Normand Ledoux, Facilitator
(802) 334-6744

This program focuses on primary prevention and comprehensive stress management for students, teachers, and parents.

The school-based program provides students with an eight session class dealing with topics which include: the nature of stress, decision making, goal setting, assertiveness, resisting peer pressure, relaxation skills, and other specific stress management/coping skills.

Parents and teachers attend stress management classes with a special emphasis on the family and the school setting.

The program is unique in that it focuses on developing a generalized set of skills and attitudes regarding stress and coping. The program impacts on children as individuals and also on others in their social environment, that is, their parents and teachers.

It is felt that decreasing the level of family stress and increasing coping skills will help decrease the incidence of child abuse.

The program has proven to be very cost effective as large numbers of students, parents, and teachers can be served at a very reasonable cost. Existing school personnel can be utilized to provide the student component following an 8-10 hour training program.

In 1985 over 500 students and their parents and teachers in northern Vermont will be served.

This school-based program is one of the very first, if not the first, of its kind in the country. The program has received considerable national attention.

The evaluations completed by program participants have clearly indicated that the program is very personally useful and of high interest and effective in imparting stress management information.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

OPENING DOORS FOR LATCHKEY FAMILIES

Booth M-6

Kansas Committee for Prevention of Child Abuse
435 South Kansas, 2nd Floor
Topeka, Kansas 66603
Bob Williams, Executive Director
(913) 354-7738

This project, initiated in 1980, develops and teaches self-care education courses for upper elementary-aged children and their parents.

The project includes a film, "Lord of the Locks"; a curriculum, "I'm in Charge"; and a Parent Guide.

The five-session self-care course includes:

- one session to improve parents' abilities to structure and monitor self-care situations;
- three sessions to instruct children in personal safety skills, emergency responses, and care of younger siblings;
- one session to assist parents and children together in negotiating rules and procedures.

The program, which is being expanded through state chapters of the National Committee for Prevention of Child Abuse network, is currently undergoing a national evaluation process.

In the past three years the program has been utilized by schools, social service agencies, the military, girls' and boys' clubs, businesses, and various other groups in 44 states and abroad.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

PERINATAL COACHING

Booth M-7

Oakland Family Services
132 Franklin Boulevard
Pontiac, Michigan 48053
Ruth Edelman, Coordinator
(313) 858-7766

This program recruits, trains, and supervises community volunteers as home interventionists for first time expectant families at risk for child abuse/neglect.

Over 450 people have completed this training. Ninety percent have become involved in some aspect of the program -- most as "perinatal coaches." Fifteen percent were former recipients of service.

Another aspect is the training of teen parents to become "coaches" to other teens. The program identifies and serves at-risk families who are "matched" with a trained volunteer for 15 months. The "coach" provides information, models effective parenting skills, and is available as needed for support in order to prevent the stress that can lead to child abuse/neglect.

One hundred thirty-five first time expectant at-risk parents who reside in Oakland County, Michigan, are served annually.

The recruitment and training of volunteers allows for the education of a large and broad segment of the community in awareness and identification of child abuse/neglect. Some of these participants have themselves been abused as children, others may be in the "at-risk" category and need strengthening for their own family life.

Volunteer "perinatal coaches" provide 30-100 hours of direct service with a cost of approximately \$1,000 per family for 15 months of service.

"Perinatal Coaching" was the winner of the 1982 Selma Fraiberg Award from the Michigan Association for Infant Mental Health as the finest program serving infants. In 1983, the program received the H. Barksdale Brown Voluntarism Award from the Family Service Association of America as an outstanding volunteer program nationally.

Research sponsored by the Children's Trust Fund of Michigan and the Foundation for Child Development indicates effectiveness using a control group. Subjective research is very positive.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

BIRTH TO THREE

Booth M-8

Birth to Three
3411-1 Willamette Street
Eugene, Oregon 97405
Minalee Saks, Director
(503) 484-4401

Initially funded by the National Center on Child Abuse and Neglect in 1978 as a primary prevention demonstration project, Birth to Three is an innovative and highly replicable model program.

Birth to Three offers: 1) neighborhood-based support/education groups for new parents; 2) special programs for teenaged parents, rural families, parent of toddlers, and parents under stress; 3) peer counseling/referral; 4) community resource information poster given at place of birth; 5) newsletter and regular education events; and 6) a volunteer program of 120 trained volunteers.

The Birth to Three program appeals to parents in that it offers positive experiences and personal support, is neighborhood-based, self-directing and educational.

With the assistance of 120 trained volunteers and a paid staff of only 3.75 full-time equivalent employees, Birth to Three manages a multi-faceted program that serves 700 families annually in support groups and groups for special populations. The program makes and receives 10,000 peer counseling telephone calls each year. Office space and other costs are low due to much community support and in-kind donations of services.

Birth to Three specifically addresses problems associated with abuse and neglect including deficits in parenting skills and self-esteem, isolation, and unrealistic expectations many parents have about children/parenting. It is not stigmatizing; it does not label participants.

According to Oregon Attorney General David Frohnmayer, "Birth to Three is a community investment of the most priceless kind: an investment in the preservation of nurturing family life which ought to be the birthright of every child."

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

LANE COUNTY RELIEF NURSERY

Booth M-9

Lane County Relief Nursery
P.O. Box 2712
Eugene, Oregon 97402
Jean Phelps, Administrator
Maria Rodriguez, Program Director
(503) 484-0702

Low-income parents with no time off from parenting pressures are assisted through six regularly scheduled hours of respite time per week, weekly parenting education and support group meetings, and individual skill-building sessions with a staff counselor/parent trainer.

Children with history or high-risk of abuse/neglect are provided six hours per week therapeutic pre-school program emphasizing education stimulation, building of self-esteem, behavior management, learning to avoid victimization, and prompt detection of continuing abuse/neglect.

Oregon Children's Services Division (physicians, public health nurses, hospitals, community health agencies) is offered an alternative to foster care placements. The Division is also provided twice weekly monitoring of children for physical or behavioral symptoms of abuse/neglect plus ongoing information about home situations of high-risk families.

One hundred percent of Relief Nursery families receive ADC. Ninety-eight percent of the clients are single parent families. The Relief Nursery is operating at capacity -- serving 72 children (six weeks to six years) per week; 60 children are currently awaiting services on an ever-growing waiting list.

Relief Nursery services are provided at no cost to clients. Keeping a child in the nursery for one month costs \$60. Placing the same child in a foster or group home would cost the state \$300-\$600. Vigorous fund-raising by the Administrator and Board insures wide-spread community support. Low costs are maintained by using donated facilities, materials, transportation, and 80 volunteer hours per week. Volunteers are screened and continually trained.

The program emphasizes the child's right to non-abusive treatment and builds trusting relationships between children and staff. Thus, staff members and volunteers have often been the first people to whom children disclose incidents of physical and/or sexual abuse. Diligent monitoring of children's behavior and physical appearance leads to suspicion of continuing abuse/neglect in 1 of 10 cases. Referral is then made to the Oregon Children's Services Division for further investigation.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

MADRE - PARENT EDUCATION PROGRAM TO PREVENT CHILD ABUSE

Booth M-10

Latino Mental Health Task Force
3815 West Fort
Detroit, Michigan 48216
Guadalupe G. Lara, Director
Catalina Herrerias, Researcher
(313) 494-5281

The "Parent Education to Prevent Child Maltreatment" project of Latino Outreach and Community Services is a prevention model which will help Hispanic one-parent families with pre-school age children develop parenting skills and knowledge which will change practices that have the potential of becoming abusive or neglectful.

The activities of the program are conducted both in the participant's home and at the program site and the lessons in the curriculum are available in Spanish.

The outcome of the project is to reduce problems in child-rearing which may be the result of ethnic cultural factors and/or a combination of isolation, misconcepts, or mistrust of single parents with limited English skills.

Fifty Hispanic single mothers are served annually in two cycles of 25 each.

The costs are dramatically reduced from what a similar program operating independently would cost. The project was funded by the U.S. Department of Health and Human Services for \$75,000 with an agency match of \$25,000. The program employs three full-time staff and a part time social worker. The program has an agreement with the Department of Social Services under the Work Community Placement Program to provide free drivers for mothers' transportation and free child care workers, who are trained by MADRE staff and provide respite care for the family.

The project is not an experimental design having a control group, but rather the project will demonstrate that by using the design, curriculum, and process developed for use with Hispanic single parent women, the specific objectives of the program will be achieved.

The goal of the project is to reduce by 50% the target group clients becoming a part of the Department of Social Services caseload for child maltreatment.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

PARENT AIDE PROGRAM

Booth M-11

Army Community Service
Building 55
Fort Bliss, Texas 79916-5116
Delores Johnson, Family Advocacy Coordinator
(915) 568-4614

This Parent Aide Program utilizes volunteers to provide support services to high-risk army families. The program is particularly directed toward young married couples with children, isolated wives and bi-cultural wives, as well as identified child abusing parents.

The program is based on the philosophy that parents in the military who have made successful adjustments to military life and child rearing can be helpful to other military parents by sharing their experiences.

The volunteer parent aides provide concrete help, advice, referral and hands-on experience in resolving parent-child relationship issues and discipline problems.

Additionally, the parent aides provide companionship and emotional support. They particularly encourage the parents and wives they contact to enlarge their social support networks.

The parent aides visit their assigned families one to three times per week. Contact by a parent aide is never made without the assigned parent's consent. Clients are assigned on a "matching basis"; the parent aide almost always works with a parent of the same sex.

The parent aides complete a 24-hour training program covering community resources, child abuse/neglect laws, family dynamics, and treatment. The training is conducted through both didactic and experiential modes.

The parent aide relationship with a client is a supplement to other formal treatment and reinforces goals in coordination with a treatment team.

The volunteer parent aides have proven effective in moving through barriers set up by families. They are also effective in establishing trusting relationships with these families and in creating a sense of confidence within the families.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

USE OF THE OLDER VOLUNTEER IN PARENT AIDE PROGRAMS

Booth M-12

American Association of Retired Persons
1909 K Street NW
Washington, DC 20049
Katherine A. Fisher, Project Director
(202) 728-4295

The American Association of Retired Persons (AARP) through a grant from the National Center on Child Abuse and Neglect has conducted a national survey and data analysis of 200 parent aide programs. Through the same grant, AARP implemented a project at five sites for ten families at each site to promote and expand the involvement of older Americans as volunteers in parent aide programs in an effort to prevent child abuse and neglect. The AARP survey showed that currently only 3% of parent aides are over the age of 65, which indicates that a valuable source of volunteers remains untapped.

The objectives of the Program Forum presentation are: 1) to provide an overview of the state-of-the-art of parent aide programs, using the data from the survey; 2) to increase the awareness of the child welfare network to the benefits of incorporating older volunteers in parent aide programs; and 3) to provide information on resources available to implement an older volunteer component. Significant findings revealed through the survey will be available. AARP representatives, parent aide program administrators, and older parent aides will be available to discuss how parent aide programs can locate and incorporate older volunteers effectively into parent aide programs.

Older volunteers demonstrate a high level of dependability; they consistently achieve impressive attendance records, low turnover rates and steady performance. By expanding to include older volunteers, parent aide programs and clients benefit by having a new source of reliable volunteers.

Besides developing linkages between the aging and child welfare networks, while creating a new role for older volunteers, the project has produced an annotated bibliography of literature about parent aides and training/resource material to assist programs in incorporating older volunteers.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

THE OUNCE OF PREVENTION FUND: DEVELOPING A STATEWIDE INITIATIVE

Booth M-13

The Ounce of Prevention Fund
180 North LaSalle, Suite 1820
Chicago, Illinois 60601
Judith S. Musick, Executive Director
(312) 853-6080

Thirty projects throughout the state of Illinois provide a mixture of services based on local need that can include:

- Educational services to increase parents' understanding of child development, health care, and nutrition.
- Supportive services, including home visits, drop-in centers, individual and group counseling, self-help groups, and "parent partners" to promote family functioning.
- Programs to prevent teenage pregnancy and to assist adolescent parents.
- Medical services (the prenatal, obstetrical, and well-baby care) through linkages to other facilities.
- Community outreach to inform all parents in the community about the needs of young children and how they can receive assistance as parents.
- Networking, to insure that all program participants receive a full array of services without duplication of efforts.

Ounce of Prevention serves 3,000 adolescent parents and 350 mothers working in factories.

While costs vary from project to project the majority spend less than \$1,000 per participant in ongoing services. Some spend less than \$750 per participant in ongoing services.

Ounce of Prevention is funded by the Illinois Department of Children and Family Services, The Pittway Corporation Charitable Foundation, various federal agencies, and other foundations.

The Ounce of Prevention programs have created interest in family support and positive parenting not only through the direct work with thousands of mothers and fathers, but through community outreach. Projects become catalysts for changing community attitudes and for making child rearing a concern of all members of the village, town or neighborhood.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

A RURAL MULTI-RACIAL COMMUNITY-BASED PROJECT TO DECREASE CHILD
ABUSE AND NEGLECT AMONG TEENAGE MOTHERS

Booth M-14

University of North Carolina
Department of Pediatrics
509 Burnett-Womack Building 229H
Chapel Hill, North Carolina 27514
Betty B. Compton, Clinical Asst. Professor
(919) 966-2504

An innovative approach has been utilized to reduce child abuse by teenage mothers. The program targets adolescents from grades 6-12 who are already a parent, currently pregnant, or at-risk of becoming so, and those who have dropped out of school due to stresses of unplanned pregnancy, poor environment, and inadequate day care.

The program promotes the development of parenting skills, a stable environment, completion of education, and child spacing. Special attention is given to male partners.

A nurse practitioner and a social worker, operating through existing agencies, have filled gaps in services to a high-risk adolescent population. Networking of services from school to home to clinic, use of volunteer groups in teaching parenting skills, day care, and return to school are major features of the project. This one-to-one team care has been a key factor in addressing child abuse and neglect problems in the teenage parent group.

One hundred eighty adolescents/families have been served over a three-year period.

Utilizing the resources, records, personnel, and space in existing institutions and agencies has provided the project with accessibility for clients as well as cost effectiveness while providing the community with needed services for its at-risk adolescent population.

Results of the project include decreased rates in school dropouts (to 64%) and in repeat pregnancies (to 15.8%), both rates being below the North Carolina average. There has been a 45% drop in violence in the project-assisted group.

The community involvement feature has made the project one which is easily replicated in other communities, and the present project staff has assisted in such efforts and will continue to give what support it can to other communities involved in similar efforts.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

PARENT LINKING PROJECT-III

Booth M-15

New Jersey Chapter, National Committee for
Prevention of Child Abuse
17 Academy Street, Suite 709
Newark, New Jersey 07112
Maureen Braun, Project Coordinator
(201) 643-3710

The New Jersey Chapter, National Committee for Prevention of Child Abuse recognized the high risk potential for abuse among teenage mothers and responded with a child abuse prevention program known as the Parent Linking Project. The Project provides free day care, parenting seminars, vocational workshops, classes to enhance the mother-child relationship, and counseling sessions for 20 teenage mothers and their 20 children.

These services enable these young mothers the opportunity to complete their education, receive training and practice in alternative parenting methods and work towards a more positive future for themselves and their child.

An adolescent father's component for 20 fathers will be operational in the Fall, 1985. The Project serves urban black youth from low-income families. The Parent Linking Project is replicable in urban and other locations.

From a long range perspective, The Parent Linking Project-III is a cost effective program. The funds utilized by the project at this time towards prevention can work to reduce the amount of future money needed for intervention and treatment of child abuse. The comprehensive nature of the project works to prevent child abuse and neglect and therefore saves future tax dollars.

This is one of the first prevention programs funded by the New Jersey Department of Human Services.

The efforts of the project have resulted in an increased display of nurturance between teen mothers and their children. Staff also observe that the teens display a more thorough understanding of children's behavior and appropriate discipline measures. In general, the teenagers' outlook towards the future has become more goal-oriented. The young mothers express an increased desire to make their lives better for themselves and their children and have begun to incorporate the tools needed to achieve these goals. A full-scale evaluation is underway.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

"PARENTING IS A MIXED BAG" DISCUSSION SERIES

Booth M-16

Resource Center for Parents and Children
809 College Road
Fairbanks, Alaska 99701
Diane Worley, Executive Director
Aileen McInnis, Community Educator
(907) 456-2866

"Parenting is a Mixed Bag" is a weekly, hour-long discussion group addressing parenting topics such as discipline, stress, and child development. It utilizes local professionals as discussion leaders and provides a safe atmosphere for parents of children under twelve years to learn positive parenting skills.

The informal environment encourages socialization and free child care gives parents respite from their children.

This cost-effective program is almost entirely volunteer and works well in smaller communities. Videotaping of the series will allow extended outreach into rural communities. "Parenting is a Mixed Bag" is primary prevention at its best, offering socialization, reducing isolation, providing education and respite care.

The "Parenting is a Mixed Bag" series is almost entirely dependent upon volunteers. The meeting room and nursery for child care are both donated by a church in the downtown area. Speakers are professionals and parents who offer their expertise at no charge. Two child care workers can be paid each week, though many donate their time. Advertising is done through public service announcements in the media, and printing and postage costs are limited to flyers every ten weeks of the series.

The program has reached close to 1800 parents in the last three years and provided child care for 1000 children in a community of 35,000 people. Its high visibility increases its acceptance and for many, the series serves as a pretreatment resource for parents who later enter into other Resource Center classes or counseling.

The series offers parents the opportunity to learn more on timely topics such as sexual abuse prevention, alternatives to physical punishment, and self-care.

The high demand for tapes of the series inspired an outreach program to rural areas through videotaping.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

AN EIGHT CURRICULA CONTINUUM: A VOLUNTEER MODEL THAT WORKS

Booth M-17

PACT (Parents and Children Together)
North Alabama Chapter, National Committee
for Prevention of Child Abuse
P.O. Box 119
Decatur, Alabama 35602
Naomi H. Griffith, Executive Director
(205) 552-1816

A continuum of diverse programs has educated a northern Alabama community to the goal of child abuse prevention.

The eight integrated curricula all impact various segments of the population to ensure that every citizen learns about child abuse prevention.

Accomplished with a trained cadre of volunteers, these programs are widely accepted throughout the community and locally funded. Included is a tri-level school program which reaches all children at three levels with child abuse prevention instruction. Other features of the continuum are a Newborn Program for all new mothers, Prenatal and Continuing Child Care Instruction, Parenting Education, and Self-Care Education for children and parents.

The project reached 8,335 people last year with direct child abuse prevention instruction on a \$50,000 budget, virtually all local money. Over 200 volunteers gave their time and expertise in this total community effort.

Recent program evaluations show that the knowledge base and attitude of school-age children were significantly changed after participation in these child abuse prevention programs. Children have also learned the skills necessary for sexual abuse prevention.

The community is acutely aware of the problem of child abuse as there is very successful networking with PTA's, school administration, hospitals, social services agencies, and the business community.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - PREVENTION

MIAMI COUNTY KANSAS PREVENTION AND AWARENESS PROJECT

Booth M-18

Miami County Child Protection Team
P.O. Box 352
Paola, Kansas 66071
Bart Whaley, President
(913) 294-2303

This project, funded by a Kansas Family and Children Trust Fund grant, provides primary prevention services in an east central Kansas county of predominantly rural population.

Services include parent education (STEP-Systematic Training for Effective Parenting); conferences/seminars on children's issues; training for children in the prevention of sexual abuse (Bubbylonia, Happy Bear); teaching children self-sufficiency while left in self-care (Latchkey, Phone-Friend); providing day care as a stress release for parents (MOMS-Morning Out for Mothers); helping family members adjust to changing family roles (Blended Family Workshop); and public awareness for the community and professionals. These services are coordinated by a project coordinator under the supervision of the local child abuse and prevention coalition.

STEP, offered semi-annually, draws approximately 10 participants each session. MOMS serves approximately 30 children at each of three attendance centers. Latchkey serves over 100 children via in-school programming. Happy Bear is performed at pre-schools in the three major communities in Miami County. A bi-annual children's conference draws approximately 25-30 parents. Networking with area professionals and agencies and community organizations is ongoing.

Besides the grant funding of \$15,000 the program is supported through donated space and services, contributions from community organizations and private donors, and some client fees for materials.

An evaluation is currently being developed to determine program effectiveness relative to abuse/neglect reports and confirmations in the county.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

CHILD ABUSE SCREENING & TREATMENT SYSTEM (CASTS)

Booth M-19

Santa Clara County Probation Department
840 Guadalupe Parkway
San Jose, California 95110
Robert M. Weigle, Chief Probation Officer
(408) 299-2141

CASTS screens all minors who enter the Juvenile Justice System to ascertain if they are or were victims of child abuse.

CASTS puts an end to the abuse that is occurring.

CASTS provides treatment for the minor and, when appropriate, the minor's parents.

CASTS brings to the attention of law enforcement and the courts the perpetrators of the abuse.

CASTS informs the Juvenile Court of possible causal connections between the abuse and delinquent behavior.

CASTS collects research data.

The program was initiated without added cost or additional staffing.

The program has screened over 12,000 minors. Approximately 12% - 14% of the total indicate abuse. Treatment is sought and/or provided for those identified as having been abused.

The program has heightened public awareness of child abuse problems and has let our juvenile clients know that they can turn to the Probation Department for help.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

COMPREHENSIVE EARLY INTERVENTION, TREATMENT, AND PREVENTION FOR
YOUNG CHILDREN AND FAMILIES

Booth M-20

The Rainbow Project
409 East Main Street
Madison, Wisconsin 53703
Sharyl J. Kato-Nilson, Director
(608) 255-7355

The Rainbow Project provides comprehensive early intervention, treatment, and prevention for pre-school and primary age children and families at-risk or those who have experienced abuse, neglect or domestic abuse.

Program components include comprehensive assessment/observation services and a therapeutic pre-school program focusing on social/emotional development and behavior; individual and family counseling services; parent education program; consultations to day care and school programs where Rainbow enrolled children are attending; training and technical assistance to foster parents, teachers, nurses, mental health specialists, and other professionals involved with direct treatment and support to children and families affected by child abuse, neglect, sexual abuse or domestic abuse. Extensive networking is conducted with other agencies involved with children and parents enrolled in the program. Home visits are also a part of program services. Service for one family averages 4-8 hours per week and 26 families are enrolled at any given time. One-third of enrollment is court ordered into the program.

The major purpose of Rainbow is to help break the often generational cycle of family violence, reduce recidivism, promote permanency planning for young children, and improve parent-child relationships.

Cost per child and family in the Rainbow Project is \$4,000 per year compared to \$30,000-\$50,000 per year per juvenile in a state correctional institution. Recent studies from New Directions in Mental Health highlights effectiveness of early intervention programs for children in multi-problem families. Also, the Highscope Longitudinal Study (Ypsilanti, Michigan) indicates positive impact of quality preschool environment carries over with children up through nineteen years of age.

Pre/post assessments completed by Rainbow staff on children and parents after a minimum of eight months in the Rainbow program indicate marked improvements in the child's social and emotional development and behavior (90.5% improvement for at least 52 children). Parent-child management skills and attitudes toward children are assessed as well and score results indicate parents on average score higher by 47.5% on post-assessments. Parent, teacher, staff and inter-agency feedback questionnaires yield positive data in the number of repeated abuse incidents and placements in foster care.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

HOMEBUILDERS

Booth M-21

Behavioral Sciences Institute
1717 South 341st Place
Federal Way, Washington 98003
David Haapala, Co-Executive Director
(206) 927-1550

Homebuilders is an intensive in-home crisis intervention and family education program designed for use with seriously disturbed families. The program accepts only clients for whom all other community efforts have failed to prevent the need for out-of-home placements in foster, group, or institutional care. Homebuilders helps families resolve crises, decrease violence, learn new skills, and remain living together.

The principal characteristics of the Homebuilders model include: intervening at the crisis point, treatment in the home setting, treatment tailored to individual family needs, therapist accessibility and responsiveness, provision of concrete services and life skills training, therapist and program accountability.

The program currently serves about 350 families per year, all referred by Children's Protective Services and Family Reconciliation Services in the Department of Social and Health Services.

Cost effectiveness of the Homebuilders model has been demonstrated by comparing costs of the services to costs of out-of-home placement. Comparison group studies have shown that Homebuilders does indeed serve a population which would have required placement without those intensive home-based services. Between 1975 and 1984 Homebuilders intervened in 578 child abuse and neglect cases at a total cost savings to the state of Washington of \$2,978,000.

Homebuilders' success rate in preventing out-of-home placement of children in families exhibiting problems of child abuse and neglect has been 98%. Success is measured as avoidance of placement three months following termination of Homebuilders. Homebuilders' overall success rate for all client groups is 90%. In cases of child abuse the most important achievements are that violence appears to be reduced considerably, the children remain in the home, and the parents are taught new behaviors and coping skills in the context where they will need to use them.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

CHILD PROTECTIVE SERVICES INTENSIVE SERVICES UNIT

Booth M-22

Department for Human Services
216 South Fifth Street
Louisville, Kentucky 40202
Ann Crumpler, Supervisor
(502) 581-5735

The goal of the Child Protective Services (CPS) Intensive Services Unit is to provide comprehensive services to families in which abuse and/or neglect has been validated. It is primarily a case management approach intended to maximize the caseworker's potential to provide supportive services to a family.

The provision of casework services to 75 families is facilitated by keeping caseload size to a minimum (no more than 15 cases) and allowing maximum contact through home visits and being on call to families 24 hours a day via a beeper.

The objective of the Unit is to enhance the teaching, role modeling, counseling, and supporting capabilities of CPS social workers thereby increasing the likelihood of long-range behavioral changes in abusive and neglectful families.

An evaluation is currently underway and the following outcomes are anticipated: 1) better response time in the application of crisis/intervention techniques; 2) reduction in total time required from case-open to case-closure; 3) reduction in the total number of children removed; 4) reduction in length of stay in foster care for children removed; 5) reduction in the level of court involvement; and 6) increased likelihood of long-range behavioral changes to lower the possibility of subsequent incidences of abuse or neglect.

The provision of Intensive Services to abusive and neglectful families has resulted in greater caseworker satisfaction and the Unit has remained relatively stable. Since the inception of the program in April, 1983, there has been only one staff change. The caseworkers can see positive outcomes due to their ability to implement timely and appropriate levels of intervention.

Prompt and effective provision of services reduces recidivism and there is an opportunity to identify and solidify existing family strengths and resources to prevent children from having to be placed in foster care.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

INTENSIVE INTERVENTION GROUP

Booth M-23

The Center for Children's Services
702 North Logan Avenue
Danville, Illinois 61832
Karen Aprill, Group Coordinator/Therapist
(217) 446-1300

This intensive intervention group is aimed at low-functioning, high-risk Department of Children and Family Services clients, primarily single female parents (mean age 24), for whom traditional outpatient counseling is seen as less effective than a concrete group approach. The program is particularly applicable to small communities with limited resources.

The group serves parents with young children (0-5), combining concrete parenting information with experiential bonding work, positive stimulation for high-risk children, and peer support and esteem building for isolated mothers. Additionally, the group provides diagnostic and referral services to assist these multi-problem families. The group meets twice weekly for 2.5 hours and is time limited.

This program offers 6+ hours of intervention for up to 10 client families per week. It can be operated with one part-time (20 hrs/week) therapist, a student or volunteer, and a babysitter (6 hrs/week). The program can be accomplished in two medium-large rooms with minimal materials. The total number of contact hours (including therapist and student time) per month is between 80-90. The total yearly program cost is under \$10,000 with most of this going to salary and fringes. This is an excellent program for limited budget/high productivity-oriented clinics.

Of 16 women enrolled, 9 completed the course with 85% attendance or better, 2 were dropped for poor attendance, 4 attended 50% or better, and 1 attended 25%. During the course of the group, 2 children were identified as "failure to thrive" and treated, 2 were removed from the home, 2 returned home, and 3 had goals changed by the Department of Children and Family Services to return home.

Due to program participation, previously undiagnosed service needs were identified and a great deal of referral and networking was completed. Three children were referred to the Health Department, 4 began remedial services at a Developmental Center, 5 parents began individual therapy for personal problems (including chemical abuse), 3 parents began job training, 6 families were given homemaker service. Twelve parents had an increase in parent knowledge measured by a parent knowledge test, 12 parents showed improvement in interacting with children, and 4 parents showed a significant increase in self-esteem scores.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

FAMILY STRESS CONSULTATION TEAM

Booth M-24

Southern Illinois University
Department of Pediatrics
Committee for Children, Inc.
P.O. Box 3926
Springfield, Illinois 62708
Mary Duda, Coordinator
(217) 525-0549

The Family Stress Consultation Team is a multidisciplinary community-based volunteer consultation team which consults on 70 selected child abuse and neglect cases a year with the Illinois Department of Children & Family Services. The team services 22 central Illinois counties.

The team's objectives are to offer a coordinated and comprehensive data investigation and evaluation, and recommend a plan of management in order to protect the best interests of children and their caretakers. Services of the 30 consultants from the medical, legal, child psychiatry and psychology, and social work fields are offered at no cost to the community or state.

The total budget of the Family Stress Consultation Team is \$85,000 a year, but almost 75% of this cost is donated through voluntary service and community donation of office space and utilities. The only costs, supplied by the Child Injury Prevention Study Group, are for the Team Coordinator, secretary, and office supplies.

The Family Stress Consultation Team has consulted on over 500 cases involving over 1500 children. It is evaluated regularly by the Illinois Department of Children and Family Services case managers. The evaluations have always given the Family Stress Consultation Team excellent ratings in their endeavor to end child abuse.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

**THE CHILDREN'S PLACE: THERAPEUTIC DAY TREATMENT AND PARENT
SERVICES FOR FAMILIES WHO HAVE EXPERIENCED ABUSE/NEGLECT**

Booth M-25

Child Advocacy Services Center, Inc.
7110 Wyandotte Street
Kansas City, Missouri 64114
John Ronnau, Director of Treatment Services
(816) 363-1898

The mission of The Children's Place is to interrupt the cycle of child abuse and neglect.

The three treatment program goals designed to fulfill that mission are:

- Remediation of the child developmental delays through therapeutic in-treatment for 6 week to 5 year olds, transportation service, diagnosis and treatment planning, food service, health screening/monitoring, volunteer services, psychiatric consultation, speech and occupational therapy, and play therapy.

- Increased stress coping and resource utilization by the parent through individual and group therapy, 24-hour crisis line, and case coordination.

- More appropriate and healthy parent-child interaction through parent-child interaction sessions and home visits.

The Children's Place serves over 60 families identified through the state's Protective Service System annually.

The Children's Place has a long history of continued funding by local, state, federal, and private sources.

Children experience two months developmental gain for each month enrolled. There is a high rate of parent participation and of family reunification.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

PARENTING PROGRAMS FOR SKILL DEFICIT CLIENTS

Booth M-26

University of Rochester
Mt. Hope Family Center
685 Mt. Hope Avenue
Rochester, New York 14627
Fred Eppsteiner, Director of Family Services
(716) 275-2991

This program develops and delivers parent training for abuse/neglect families with identified skill deficits.

Five components of the program are:

- Parent Training Program (PTP) - a behavior management course geared specifically to needs/abilities of the abuse/neglect population with sensitivity to cultural, minority, socioeconomic status, and cognitive issues. A training manual is being developed.

- Parent In The Classroom (PIC) - a course for parents of low normal intelligence. The course utilizes pre-school classroom experience.

- STRESS - a course for mentally retarded/developmentally disabled parents which uses state-of-the-art training methods.

- Time Together Group (TTG) - a socialization/social skills course for insular isolated parents.

- Women's Group - a group dealing with issues of relationship, conflict resolution, and personal violence.

The program annually serves 150 families active with Monroe County Child Protective Services and Preventive Services.

The program is cost effective by providing group rather than individual treatment. The outcome of increased parenting skills leads to a decrease in parent-child dysfunction and removes parents from costly Child Protective Service/Court Involvement.

An evaluation of the various components shows an increase in parenting and social skills, positive changes in parent/child interaction and increased social interaction.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - INTERVENTION/TREATMENT

BEFRIEND-A-CHILD PROGRAM

Booth M-27

Fairfax County Department of Social Services
Child Protective Services
4041 University Drive
Fairfax, Virginia 22030
Kevin Filbey, Volunteer Coordinator
(703) 385-8883

The purpose of the Befriend-A-Child Program is to provide a positive relationship experience for abused and neglected children. Children are matched with trained volunteers who spend at least four hours every other week engaging in recreational or educational activities with a child.

Children who benefit from Befriend volunteers typically have low self-esteem and are not getting their emotional needs met. Consequently, the volunteer's main objective is to make the child feel special. The volunteers also strive to provide a positive adult role model for the child and help the child learn how to develop satisfying relationships.

Volunteers are recruited using public service announcement appeals published by local newspapers and periodicals. Announcements are run in church bulletins, government and corporate newsletters as well.

The volunteer coordinator conducts four training sessions and utilizes Department staff and experienced volunteers for special presentations.

Approximately 20 abused or neglected children are served annually.

Within the last year almost 1,500 hours of direct service to children have been donated by 15 volunteers. In addition, during the course of their work, they have contributed over 2,000 miles of driving their personal vehicles to meet their child friends. In return, the Department of Social Services has provided a single staff person to work part-time coordinating the program.

Children can use a satisfying relationship with an adult role model as a basis for future positive relationships. This may break the potential cycle of child abuse and provide badly needed emotional resources to children growing up in an abusive/neglectful environment. On one occasion, a Befriend volunteer, who was supervised by a social worker, was the only link the parents would allow between their child and the outside world in their closed family system.

Child Protective Service social workers report they have observed positive behavioral changes in children served by Befriend.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - TRAINING

DAY CARE-BASED TRAINING FOR CHILD ABUSE DETECTION AND PREVENTION

Booth M-28

Family Resource Center
3930 Lindell Boulevard
St. Louis, Missouri 63108
Brian N. Odell, Executive Director
(314) 534-9350

The program objectives are:

- Development of standardized in-service training materials for day care personnel encompassing abuse detection and reporting;
- Presentation of this training package to a minimum of 200 day care staff;
- Implementation of individualized prevention programs for a minimum of 125 at-risk children and the provision of treatment services for a minimum of 75 newly identified abuse cases;
- Dissemination of project results through local and national media articles, presentations to professional groups, the production and dissemination of a standardized training curriculum;
- Replication of the project regionally and nationally to day care centers, schools, and residential treatment agencies.

The program annually serves 5,000 children in 50 day care centers.

The cost of six hours of local training in groups of 20 participants has been less than \$19 per trainee, despite the provision of significant resource materials. Identification of each new abuse or at-risk case is estimated to consume less than \$27 in project resources.

The program is half-way through its demonstration period yet has exceeded its training goals by 50%; estimates are that the project will eventually exceed goals by 150%.

The project is easily replicable and provides a low cost standardized detection curriculum which can greatly aid early identification through existing institutions.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - TRAINING

NORTHWEST INDIAN CHILD WELFARE INSTITUTE

Booth M-29

Parry Center for Children
Regional Research Institute
P.O. Box 751
Portland, Oregon 97207
Terry L. Cross, Director
(503) 229-3038

The Northwest Indian Child Welfare Institute (NWICWI) was developed in 1983 in response to the need for improved services for Indian children and their families.

The project has three main goals: 1) to increase the capacity of tribal Indian child welfare workers to serve children and families through the development of culturally appropriate training materials and training trainers to implement training at the local level; 2) to enhance the availability of information and networking for Indian child welfare programs; and 3) to increase the capacity of non-Indian social workers to serve Indian children and families and to promote ethnically competent services through cultural awareness training and publications.

The NWICWI has developed "Heritage and Helping: Curriculum for Indian Child Welfare Practice" which includes five training modules, five trainers' guides, and a training issues and methods monograph. NWICWI has trained fifteen Native American trainers to implement the training at the tribal level and has developed a directory of Indian child welfare services in the Northwest. NWICWI provides consultation, information, referral, and public speaking services on Indian child welfare issues and has provided cultural awareness training to over 225 non-Indian social workers.

The NWICWI has accomplished its objectives in line with its original two-year plan. All tasks have been completed by two staff with the aid of consultants and volunteers. The project has been funded by private foundations and by significant in-kind contributions from Northwest tribes and from Portland State University. The project has reached 80% of the Indian child welfare workers in the Northwest.

PROGRAM FORUM SESSION
Monday, November 11 1:00 - 3:00 p.m.

PHYSICAL ABUSE & NEGLECT - MISCELLANEOUS

PEDIATRIC DENTISTRY IN CHILD ABUSE AND NEGLECT

Booth M-30

U.S. Army Dental Corps
Walter Reed Army Medical Center
DENTAC
Washington, D.C. 20307
Gary R. Badger, Colonel
(202) 576-1810

Pediatric Dental Service within the military acts as the dental liaison with the Family Advocacy Case Management Team (FACMT). As the sole dental representative on the team, an additional source of information about the suspected cases of child abuse and neglect can be utilized.

By adding to the data base in suspected abuse or neglect cases such information as: soft tissue dental injuries, previous dental injuries both treated and untreated, dental neglect, enamel, root, and jaw fractures, an expanded data base can be evaluated.

Secondly, the pediatric dental representative acts as a primary identifier of child abuse and neglect making direct referrals to the FACMT.

Since 50% of injuries in physical abuse cases occur in the head and neck area, dentists must play an important role in the primary identification of such cases.

Finally, by coordinating dental and medical record observations (often separated), histories of abusive episodes, otherwise disregarded as isolated events, can be documented.

Serving on the FACMT, dental personnel have an expert with whom to consult about patients who may be suspected cases of child abuse and neglect.

The dental FACMT representative can educate the dental profession regarding suspected cases, their detection, treatment and prevention.

P R O G R A M F O R U M S E S S I O N S - continued

Tuesday, November 12, 1985

1:00 - 3:00 p.m.

SEXUAL ABUSE PROGRAMS

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PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - PUBLIC AWARENESS

"TEACH YOUR KIDS ABOUT SEXUAL ABUSE BEFORE SOMEBODY ELSE TRIES TO" Booth T-1

Massachusetts Committee for Children and Youth
14 Beacon Street, Suite 706
Boston, Massachusetts 02108
Jetta Bernier, Executive Director
(617) 742-8555

The Massachusetts Committee for Children and Youth has launched a statewide public education campaign for television whose goals are: 1) to increase awareness about how to prevent child sexual abuse, 2) to provide concrete prevention information to parents and children so that prevention skills can be taught in the home, and 3) to foster the establishment of prevention programs in schools.

Four 30-second public service announcements have been produced, three of which are targeted at parents and one at children.

Through the campaign's message, "Teach Your Kids About Sexual Abuse Before Somebody Else Tries To," parents are urged to call a special toll-free number (1-800-445-KIDS) to request a free Action Kit. The Kit contains a 10-page booklet for parents; a copy of the special edition "Spiderman" comic on sexual abuse; a listing of reporting, treatment and prevention resources in Massachusetts; and information about prevention films, booklets, curricula, etc., available across the country. The campaign has been described by the national ADS Magazine (March, 1985) as a "powerful and sensitive contribution to drawing attention to this national problem" and "one of the best campaigns of this nature."

The campaign is funded by grants from a variety of foundations and represents the efforts of over 30 local film technicians, cast and crew who donated time and services to the production. The campaign is being made available to other states.

In the two months following the release of the campaign, 3,500 phone calls were received from parents and children requesting the free Kit. Additionally, 30,000 "Spider-Man" comics were distributed to fulfill requests from schools, libraries, boys' clubs, girl scouts, etc. Publicity generated by the campaign is catalyzing other community efforts.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - PUBLIC AWARENESS

CHILD SEXUAL ABUSE TASK FORCE

Booth T-2

Allegheny County Department of Planning
Parental Stress Center, Inc.
1700 East Carson Street
Pittsburgh, Pennsylvania 15203
Carmen Anderson, Project Director
(412) 361-8848

The Child Sexual Abuse Task Force (CSATF) originated in Allegheny County, Pennsylvania in January, 1981 and received funding in 1984 to facilitate its efforts. It evolved from the premise that one coordinated, interdisciplinary approach was needed to confront the problem of child sexual abuse. The group is composed of representatives from 21 agencies directly involved with sexually abused children, their families and/or the offenders.

Through examination of the system, the CSATF works to design ways to strengthen community responsiveness to child sexual abuse cases. The Task Force focuses on the appropriate systems to develop an approach to minimize trauma for victims, yet deal with the offenders. The CSATF also provides training to various professionals and agencies directly involved in child sexual abuse cases.

Six work groups involving over 60 individuals were created. Examples of their projects and achievements are:

- Public hearing related to revisions in Pennsylvania's child abuse law;
- Intensive bookmark campaign aimed at school children;
- Speakers' Bureau establishment;
- Development of expert witness list for District Attorney;
- Local Police Chief training;
- FBI training collaboration.

The coordinated approach has significantly increased dialogue between the agencies and reduces the likelihood of duplication of services. The Task Force fosters a systematic approach for the community to address the many complex issues of child sexual abuse.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - PREVENTION

FAMILY TALKS (TALKING AND LISTENING TO KIDS ABOUT SEXUALITY)

Booth T-3

Community Health Clinics, Inc.
1503 Third Street North
Nampa, Idaho 83651
David Reese & Ellen Peach, Co-Directors
(208) 467-4431

Family TALKS evolved from Northwest rural parents' needs to be actively and positively involved in their young childrens' sexuality education. The parents were searching for the positive messages about sexuality to share with their little ones along with sexual abuse prevention messages. Family TALKS is a program series led by volunteer parent co-leaders for parents of young children in three 2-hour sessions. Program content blends sexuality education with preventive themes.

Trainers, selected by regional organizations, are enabled to train volunteer parent co-leaders for Family TALKS. Family TALKS is sponsored by churches, health and social service organizations and other community groups.

The program is extremely cost effective. The training of trainers reaches 60 trainers; the subsequent Parent Leadership Training reaches 300 volunteer parents who serve as co-leaders. The co-leadership of Family TALKS reaches from 2,000-2,500 parents of young children (11 years and under). The program has an annual training budget of \$65,000, including materials and travel, within Idaho, Oregon, and Washington.

An evaluation report of this three year demonstration (regional) project is forthcoming on December 31, 1985. A preliminary analysis of the project data from participant surveys and organizational reports (Girls Scouts, churches, Headstarts, etc.) already demonstrates the positive impact of the program. The program has been quite successful in involving fathers.

The program has been adapted for use with Native Americans in New Mexico and is called Family TALKS for Native Americans. Family TALKS is a highly visible program in rural communities and has acted as a catalyst for other programs.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - PREVENTION

"YOU'RE IN CHARGE"

Booth T-4

"You're in Charge," Inc.
1618 Yale Avenue
Salt Lake City, Utah 84105
Susan Cameron & Daryl Barrett, Co-Directors
(801) 582-2398

"You're in Charge" (YIC), recommended by the Utah State Board of Education and PTA, is a voluntarily elected educational program designed to provide yearly child sexual abuse prevention education to children and adults. Community education meetings are offered for concerned adults to acquaint them with the problem of sexual abuse and provide information about reporting laws, citizen reporting procedures, and how to best utilize available community resources.

To assure quality control, the program content is presented on a video tape. Community/school selected volunteer teams are trained to conduct role play/discussions that have been specifically written to reinforce the program content and gear it to the different maturity levels of participating children. Brochures, coloring books, and education packets further reinforce the preventive concepts presented in the program.

Since the program functions with trained grass root volunteer support, many children and adults are reached on a personal level with minimal time and expense from the sponsoring organization(s). During the 1982-83 school year, over 60,000 children and their families participated in the program. The eight sponsoring organizations involved indicated (as a mild estimate) that 33,340 volunteer hours were generated with the program implementation for that year. In 1984-85 approximately 100,000 children and their families were served.

The program was tested by the Utah State Office of Education in February of 1981 and in an Iowa Masters thesis in 1985. Both studies found the program effective in equipping students with specific strategies and attitudes which should make them better prepared to deal with a variety of potentially harmful situations. During a three-month observation, over 50% of the child sexual abuse referrals in one Utah county were viewed as a direct result of the YIC program being presented.

Perhaps the real impact is best illustrated by the experience of a child who was sexually abused. The child asked for help, the abuse was stopped, and treatment and support were provided. Praised for seeking help, the child answered, "'You're in Charge' taught me how."

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PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - PREVENTION

PERSONAL SAFETY PROJECT FOR CHILDREN

Booth T-5

Parental Stress Services
59 East Van Buren, Suite 1618
Chicago, Illinois 60605
Monica Weidmann, Project Coordinator
(312) 427-1161

The program objective is to provide children 3-12 years with information and practical skills to help them avoid sexual exploitation.

Classroom teachers are trained in the use of the curriculum before they present the program to their students. Parents are offered a workshop, prior to the children's training, and periodic informative newsletters that include tips on how to help reinforce the safety concepts at home.

Key training concepts are: decision making, identification of different kinds of touch, assertiveness skills, the importance of disclosing, and support systems.

Twenty-one lessons where the basic concepts are taught and reinforced by the use of hypothetical stories, role plays, and puppets are provided.

Since the program is presented to children by their teachers, the number of staff positions is kept to a minimum (one at the present time; two if the number of schools implementing the program so requires). The cost for materials is limited to one curriculum per school. Schools are given the option of either making their own copies to supply every teacher with a curriculum or purchasing copies at cost.

It is not possible yet to detect any direct influence that this type of program might have in decreasing the instances of child sexual abuse. Pre/post tests indicate knowledge gain concerning personal safety issues and behavior changes in children who have been exposed to the program.

There have been no reports of children experiencing anxiety or indiscriminate fear of adults.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - PREVENTION

SEXUAL ABUSE PREVENTION FOR CHILDREN IN LICENSED DAY CARE CENTERS

Booth T-6

Indiana Department of Public Welfare
Child Sexual Abuse Prevention
141 South Meridian Street, 6th Floor
Indianapolis, Indiana 46225
Barbara Bennett-McKnight, Project Coordinator
(317) 232-4467

In December, 1984, a federal grant entitled Child Sexual Abuse Prevention for Children in Licensed Day Care Centers was awarded to the Indiana Department of Public Welfare. Rather than reinventing the wheel, the comprehensive program "Talking About Touching With Preschoolers" by the Committee for Children in Seattle, Washington, was purchased for inclusion into this project. The program objectives are to help children strengthen their decision-making abilities and assertiveness skills, distinguish between types of touches, and inform them of a support system.

The key feature developed by this project is a supplemental lesson labeling the vagina, penis and buttocks as logically as an elbow or thumb. To further enrich this subject matter, a complementary script "I Can, You Can't" is being produced as an animated video. This video provides the teacher with a visual aid for introducing this subject matter and also effectively teaches the correct names for private body parts.

As a result of this project, at least 200 day care centers will have a staff trainer to introduce the curriculum to their staff.

During this grant period the Project Coordinator is responsible for developing this curriculum as well as providing training for day care staff. After completion of the grant period, the training module will be institutionalized. This project will provide seven trainer manuals and 40 "Talking About Touching With Preschoolers" curriculum guides for loan from the Child Welfare/Social Services library service.

In order for a preschooler to execute assertiveness skills, focusing on developing an empowering self-image is a major task. "Talking About Touching With Preschoolers" is a comprehensive source for teaching assertiveness skills to young children. However, the Indiana project puts further emphasis on private body parts with an age and content appropriate video.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - PREVENTION

A CHILD SEXUAL ABUSE PREVENTION PROJECT: CONNECTICUT CHILD
SEXUAL ABUSE TASK FORCE

Booth T-7

Connecticut Association for Prevention of
Child Abuse & Neglect, Inc. (CAPCAN)
60 Lorraine Street
Hartford, Connecticut 06105
Donna R. Davies, Executive Director
(203) 236-4868

The pervasive problem of child sexual abuse has prompted Connecticut child serving agencies to explore child sexual abuse prevention models. Through education children can be taught to use skills to prevent sexual abuse and to reach out for appropriate help should they need it. However, the education of children alone is not the answer. Parent education, protective legislation, adequate treatment services, and a general re-evaluation of society's commitment to children's rights must be part of the solution. To this end, CAPCAN and other child advocacy programs and individuals have joined to establish the Connecticut Child Sexual Abuse Task Force.

The Task Force model has created a forum for public and private groups to assess the conditions in the state, look at model approaches which are working well, identify respective roles, and make those recommendations which will fill the gaps in services and address systems problems which hinder the handling of cases and the use of prevention programs. In October 1985 a final report from the Task Force will be presented to the public. Included will be findings of the various committees: Public Awareness, Identification, Treatment, and Legal Interventions. Recommendations will be coupled with information on solutions which are working but need expansion.

The incorporation of sexual abuse prevention information into the existing Health and Safety Curriculum has proven to be the most cost effective way to reach children and teach skills children need to protect themselves. The curriculum has also been effective in establishing a network of services to respond to the identified cases in each school. The curriculum for elementary school age children was introduced into 10 pilot schools in 1983. In 1985 it will be used in 30 schools.

Pre/post test material is available. A full evaluation of the project will be available at the Program Forum.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

PROTOCOL FOR ASSESSMENT: INTERVIEWING YOUNG CHILDREN ABOUT
SEXUAL ABUSE

Booth T-8

Hennepin County Child Protection
15A Government Center
300 South Sixth Street
Minneapolis, Minnesota 55487
Ann Ahlquist, Principal Social Worker
Pat Batko, Principal Social Worker
(612) 348-6597

This program features a sexual abuse assessment protocol for young children to assist in the development of guidelines in the initial investigation of sexual victimization. It is designed for replication by those professionals interested in protection and prevention with particular emphasis on intra-familial sexual abuse.

Highlights of this program are: criteria for investigation using a multi-disciplinary approach, methods of interviewing children through use of anatomical dolls and/or drawings and workbook aids, and risk level criteria.

The program includes a videotape of an anatomical doll interview and a "Sexual Abuse Assessment Workbook."

In 1984 Hennepin County Child Protection assessed 1450 young victims of sexual abuse.

Through the development of the Assessment Protocol, the agency has obtained the following financial and social benefits: appropriate use of placements and resources based on definitive evaluation of sexual abuse and individual family dynamics; better staff time management due to the development of a service delivery system; predictability of outcome due to an intensive initial gathering of information on which to base short and long-term decisions; and professional validation due to a systematizing of the assessment process, which provides staff with a framework on which to base and define decisions.

The establishment of sexual abuse protocol, select risk criteria, and documented interviewing methods have achieved: prompt response to child victims who are at the most risk, less trauma for the child, uniformity of service delivery, immediate cessation of sexual abuse, and increased use of the juvenile and criminal courts to implement change on the victim's behalf.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

NURSE EXAMINER PROGRAM FOR SEXUAL ABUSE

Booth T-9

Sexual Abuse Treatment Center, Inc.
2214 East Henry Avenue
Tampa, Florida 33610
Lerea Goldthwaite, Executive Director
(813) 238-8411

Components of this program are:

- 24-hour crisis intervention with victims and secondary victims of adult or child sexual abuse, mostly staffed by volunteers with a minimum of 30 hours training. Crisis intervention serves 1100 individuals and families annually;

- Nurse Examiner Program with trained RN's performing the collection of evidence and court testimony in sexual abuse cases involving females 14 and older;

- Long-term treatment for individuals and families in groups for adult or child, male or female victims; offenders; spouses; siblings and adult rape and incest victims. The caseload for long-term treatment is 260 individuals or families;

- Public education and consultation with any individual or group about intervention and treatment in child sexual abuse.

The utilization of trained volunteers significantly reduces the cost of this program and greatly increases its quality both for victims and for the community.

The Nurse Examiner Program greatly increases the quality of this service and costs considerably less than exams performed by physicians.

This program has grown over eleven years because of greatly increased reporting and demand for service.

The Sexual Abuse Treatment Center, Inc. implemented the first and, at this point, only sexual battery examination program in Florida using nurses to collect evidence and testify in court proceedings.

PROGRAM FORUM SESSION
Tuesday, November 12, 1:00 - 3:00 p.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

INTERAGENCY INCEST PROGRAM

Booth T-10

State of Oregon
Children's Services Division
1665 Southeast Enterprise Circle
Hillsboro, Oregon 97123
Patti Bailey, Incest Treatment Coordinator
(503) 648-8951

The program objectives include: provision of community-based sentencing alternatives for the incest offender with probation supervision standards and specific treatment to reduce the risk of reoffense, early intervention services for victims thereby reducing risks of future criminal behavior, and treatment services to family members to lessen social/psychological adjustment problems.

The Incest Management Team staffing establishes written treatment goals with the therapist, agency representatives, and client present. This document, updated quarterly, becomes part of the probation record and provides a clear roadmap to monitor and regulate the family reunification process insuring the highest level of protection for the victim and community.

Annually the program serves approximately 75 adjudicated incest offenders (defined broadly to include adult sex offenders who are parent, relative, parent-surrogate) and their families.

Historically, a variety of agencies responded to the members of the family, often with little or no coordination. The perpetrator was either incarcerated with no hope of treatment or was ignored. Treatment provided was often not specific to incest cases. Victims could spend long periods of time out of the home and, in many instances, the family was never reunited. The cost of prison in Oregon is about \$45 per day, with stays between nine months and five years, at a cost of over \$12,000 minimum per offender. Foster care can cost \$295 per month. This program sets aside funds to partially pay treatment costs. This year the average cost for 11 offenders is \$500 with all other offenders now paying their own fees. Foster care stays are an average of eight days, if at all.

This program has treated more than 250 incest victims, 150 offenders, and 50 non-offending spouses, with only one repeat offense. At the same time 15 families have reunited, with most now in the process of reuniting through the supervision of the program. The program has gained the respect and endorsement of our local judiciary and achieved a high rate of success in getting offenders to plead guilty, thereby reducing the burden of testifying for victims. The program manual outlines criteria for treatment progress and is considered a model in Oregon.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

FAMILY SUPPORT TEAM: THE USE OF PARENT AIDES IN INCESTUOUS
FAMILIES

Booth T-11

Coalition for Child Advocacy
P.O. Box 159
Bellingham, Washington 98227
Lynn Batdorf, Coordinator
(206) 734-5121

Following disclosure of incest, the father is usually removed from the home and the family is thrown into a state of chaos. Helping the family cope with the trauma and stress and improve family relationships is critically important to the family's recovery.

Parent aides are trained to work on a one-to-one basis to reduce the potential for child abuse and neglect by assisting these families in assessing and resolving problems. Emphasis is on building sufficient strength in their naturally occurring support systems so that there will be no further need for services.

In 1984, ten volunteers were matched with ten families in which incest had occurred. Services to seven of the families have been terminated as no longer needed per agreement by the volunteer, Child Protective Services, program staff, and the family. The families received from the volunteers: help with learning parenting and coping skills, help breaking down isolation, help with budgeting and other home management skills, help with transportation and child care in emergency situations, and a non-judgmental source of support.

The use of parent aides with families in which incest has occurred may relieve the costs of foster care and reduce the cost of treatment. The services of the Family Support Team cost between \$300 and \$600 per year per family as compared to \$20,000 for treatment and \$14,000 for foster care for one year.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

ST. JOSEPH SERVICE LEAGUE CENTER FOR SEXUALLY ABUSED
HANDICAPPED CHILDREN

Booth T-12

Boys Town National Institute for
Communication Disorders in Children
555 North 30th Street
Omaha, Nebraska 68131
Patricia M. Sullivan, Clinical Director
(402) 449-6600

Handicapped children are at special risk to become victims of sexual abuse. A Center specializing in the evaluation, treatment, and referral of sexually abused handicapped children has been established at the Boys Town National Institute for Communication Disorders in Children (BTNI). The St. Joseph Service League Center for Abused Handicapped Children accepts children with all handicapping conditions from throughout the U.S.

Key program features include: a multidisciplinary team of professionals who conduct evaluations and design treatment plans to be carried out at the Center or in the child's home community, the development of new curriculum materials and the modification of existing curricula to teach handicapped children about sexual abuse and how to protect themselves from being victimized, technical assistance to make existing services accessible to handicapped children, a resource component to develop and disseminate methods and materials regarding prevention and treatment, and the sponsoring of a working conference of experts in August of 1985 to assemble and publish state-of-the-art prevention and treatment procedures for handicapped children.

The "Cat and Mouse Self-Protection Program" developed by Girls Club has been adapted for use with handicapped children and will be disseminated nationally.

The Center is funded by the St. Joseph Service League, Father Flanagan's Boys Home and private contributions. Children are accepted for evaluation and treatment regardless of ability to pay for services. Attempts are made to secure third party payments, where applicable. A major cost-effective feature of the Center is that children referred for evaluation and treatment have access, on an as-needed basis, to all existing clinical services offered by BTNI. These include professionals in the fields of medicine, psychiatry, psychology, counseling, and social work.

The Center has just completed a one year contract with a state department of education to provide psychotherapy to 27 children who had been sexually abused in a state institution. Both victims and victims who later became perpetrators were treated. The children report that the institution is now a safer place and they know how to protect themselves if necessary.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

A COURT SANCTIONED CLINICAL PROGRAM FOR CHILD MOLESTERS

Booth T-13

Human Effective Living Programs, Inc.
H.E.L.P.
185 North Wabash, Suite 1216
Chicago, Illinois 60601
Gabriella Cohen, Executive Director
(312) 332-2792

This program works in partnership with the criminal justice system. Evaluation and treatment are court ordered and recommendations are made regarding sentencing. Probation conditions are specific, ranging from "offender may not reside at home" to "he must satisfy all requirements of the program." The program's philosophy is that there is no cure, but molesting behaviors can be identified and changed.

Groups are the mainstay of the program, focusing on the molesting patterns both sexual and those which go beyond sexual abuse. The objective is to change those behaviors through therapy, including modules for socialization skills; through decision-making skills; and through sexual dysfunction remediation and techniques to change deviant sexual arousal patterns. Marital and family therapy is offered when appropriate.

The program serves 55-60 child molesting men and 35-40 families annually.

While in treatment the offender remains out of prison, saving the state \$15,000-\$20,000 a year. Furthermore, he remains employed, a taxpayer, and contributes to the support of his family. If he is a family member, he leaves home, allowing the victim to remain and further saving the state foster care support. Since child sexual abuse is known to be generational, treatment may end the cycle.

The program is primarily funded through fees for service from clients and the courts with some support from the Illinois Department of Children and Family Services.

There has been no recidivism since the program's inception. Abel and Becker found that the mean number of victims per child molester is 75.8. Since this is such a multi-victim, multi-incident crime, the program has succeeded not only in ending the current abuse but also in preventing further abuse during the term of treatment.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - INTERVENTION/TREATMENT

SPECIAL GROUP SERVICES FOR ADOLESCENT OFFENDERS AND VICTIMS

Booth T-14

Parents Anonymous of Delaware, Inc.
124-D Senatorial Drive
Wilmington, Delaware 19807
Robert P. Hall, Executive Administrator
(302) 654-1102

Adolescents are a pivotal age group in child abuse and neglect prevention and treatment efforts. Many of them are still being victimized or suffering from the effects of victimization, while others are beginning to act out as perpetrators. Some are in both categories. Recognizing the related roles of victim and perpetrator at this crucial age, this agency has developed a set of services using directed self-help groups which draw upon both the Parents Anonymous and Parents United models.

The overall goal of these services is to treat current abusive or neglectful conditions while preventing further incidents and more serious involvements with the juvenile justice or protective services systems. Adolescent victims who are incarcerated as well as those not incarcerated are served.

The program focuses both on offenses and assisting these adolescents to identify and understand themselves as victims. Emphasis is on achieving realistic self-perception. The program emphasizes communication and interpersonal relationship skills.

The self-help groups are open and as the adolescents progress they are expected to develop a capacity to help their peers and assist newcomers to the group.

The cost per person served is currently \$40.22. Prior to the initiation of these services, all adolescent offenders were incarcerated. The unit cost per incarcerated adolescent in Delaware is over \$20,000 for boys and \$30,000 for girls.

There has been no recidivism since the initiation of services. More youth are being served in the community as opposed to the institutional setting, while those being served in institutions are cooperating better with the authorities and enhancing their chances for successful discharge and reintegration into the community.

All components of the agency's project are replicable.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - TRAINING

INTRA FAMILY SEXUAL ABUSE PROJECT (IFSAP): PROFESSIONAL
TRAINING AND COORDINATION

Booth T-15

Federation for Community Planning
1001 Huron Road
Cleveland, Ohio 44115
Gerda K. Freedheim, Assoc. Director
(216) 781-2944

IFSAP is a county-wide project funded by three foundations. The project committee includes key decision makers from the Juvenile Court, Guardian Ad Litem Program, Rape Crisis Center, Children's Protective Services, County Hospital, Cleveland Police, and several mental health and child and family counseling agencies.

The IFSAP objectives are:

- to provide professional training throughout the county to the full spectrum of child-serving personnel (medical, legal, social work, child welfare and educational);
- to design and implement a plan for the coordination of systems responsible for reporting, investigation, prosecution, and treatment.

The IFSAP training manual includes sections on identification, interviewing, treatment, Ohio law and local court procedures, local service systems, medical evaluation and management, and an extensive bibliography. Two thousand professionals have been trained to date. Besides a vertical prosecution pilot project, a tracking study is underway.

The training program is designed to deliver quality treatment throughout the community utilizing existing resources. Clinical services available through the many agencies serving families is more cost effective than the establishment of a single service entity which is limited by the number of cases it can handle. This strategy can better survive funding cuts and shifting priorities.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - TRAINING

PREVENTING SEXUAL ABUSE AND EDUCATING FUTURE PROFESSIONALS:
AN INNOVATIVE, INTERDISCIPLINARY MODEL

Booth T-16

University of South Dakota
414 East Clark Street
Vermillion, South Dakota 57069
Barbara Brooks Johnson, Assoc. Professor
(605) 677-5401

This program serves a dual purpose: educating children to prevent sexual abuse and educating future professionals to initiate innovative programs in their communities.

The Theatre Department and Social Work Program at the University of South Dakota have worked cooperatively to present a play on sexual abuse prevention to several thousand students in rural schools. Both groups of university students studied the problem of sexual abuse. The theatre students combined it with their theatrical education in the presentation of the play "The Bubbylonian Encounter." The social work students conducted follow-up in the classrooms. They developed a question format with local professionals and carried it out with children in individual classrooms.

The labor was donated by faculty and students. The costs were limited to transportation, a few meals, and simple props.

School systems are now teaching sexual abuse prevention as part of their guidance programs since this university program opened the door to community acceptance.

Approximately 25 college students learned to discuss a subject, which had previously been a taboo, with grade school children.

Two diverse academic programs learned to work cooperatively and to find important and common ground to prevent child sexual abuse.

Over 3,000 students and their teachers were helped to understand sexual abuse and how to prevent/report it.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - TRAINING

TRAINING LAW ENFORCEMENT AND PROBATION AND PAROLE OFFICERS
IN A MULTIDISCIPLINARY APPROACH TO CHILD SEXUAL ABUSE

Booth T-17

Child Protection Team-Prevention Project
107 South Avenue
Fort Walton Beach, Florida 32548
Janice Davis, Education Coordinator
(904) 863-3109

Adequate intervention, including appropriate sanctions and treatment for the offender, is an important component of any coordinated program to ensure protection for victims of child sexual abuse.

A 108-page manual has been developed to supplement a three-hour training program for law enforcement. Contents include: rationale for involvement, guidelines for responding to crisis situations, procedures, statutes, statistics, indicators, and interviewing techniques.

To promote a multidisciplinary approach, contact persons, intake process and services are outlined for each agency involved in some aspect of child sexual abuse. A similar manual, specific to Probation and Parole, with associated training has been developed.

The manuals, familiar because of the accompanying training, place community-specific information on dealing with child abuse and neglect in the hands of line personnel in an organized, easily referenced format.

Reproduction costs are approximately \$3.00 per copy.

Approximately 150 law enforcement and probation and parole officers are trained annually.

Increased contact between law enforcement and probation and parole and other agencies has been observed following the training sessions.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

SEXUAL ABUSE - MISCELLANEOUS

"A RESPONSE TO AMELIA" - A COMPREHENSIVE STATE-WIDE COMMUNITY PROGRAM

Booth T-18

Georgia Council on Child Abuse, Inc.
250 Georgia Avenue, SE, Suite 203
Atlanta, Georgia 30312
Sandra P. Wood, Program Development Coordinator
(404) 688-0581

Since "Something About Amelia" took the lead in focusing public attention on child sexual abuse, reports and requests for information and resources have soared. The Georgia Council on Child Abuse has developed a comprehensive incest and child sexual abuse program focused on victims/survivors, prevention, and professionals.

Components include: 1) Incest Survivor Support Groups, Mothers of Victims Support Group, and Teen Victim Support Group; 2) Recruitment, screening, training, and supervision of volunteer professionals to facilitate survivor support groups; 3) Incest program brochure; 4) Incest Helpline providing support, information, crisis counseling, and referral for victims; 5) Prevention education/training through speaking engagements and training workshops for students, parents, and professionals; 6) The Georgia Professional Exchange for Prevention and Treatment of Child Sexual Abuse offering networking, support, and in-service training for Georgia professionals; 7) Resource library of sexual abuse audio-visuals, programs, and printed materials and consultation on use of the materials; 8) Technical assistance/training to facilitate replication of program components in Georgia; and 9) Incest Advisory Committee to offer guidelines for program policy and expansion.

Over 1,000 individuals have been served by this program since it was initiated in December, 1983.

The use of trained volunteers maximizes the amount of services for the dollars spent. By working cooperatively with many other agencies and centers, this program has been built with minimal funds. Program features are rapidly being replicated throughout the state at no or low cost.

The program has established five incest survivor groups with an additional five ready to begin. The increased number of calls to Incest Helpline from survivors and professionals indicates the program is meeting a need and is being offered in a way that feels accessible and approachable. By responding to the needs of survivors, the program is making an impact on prevention. Through the training and networking/support of the Georgia Professional Exchange, professionals are enhancing their skills, and clients are getting services from better informed clinicians.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

FOSTER CARE

BREAKING THE CHAIN - A DYNAMIC APPROACH TO PARENTING CHILDREN
IN FOSTER CARE

Booth T-19

New York State Child Welfare Training Institute
State University College at Buffalo
Bacon Hall, Room 117
1300 Elmwood Avenue
Buffalo, New York 14222
Michael Polowy, Director
(716) 878-6104

The process of instilling discipline and facilitating responsible behavior in children is a complex and challenging task for any parent. When children have been abused or neglected, which is generally the case in foster care, this task is even more difficult. Foster parents' responsibilities in the disciplinary process are compounded by the diverse and special needs of the children in their care. In addition, foster parents must be aware of and abide by agency policy.

Because of the importance of discipline in foster parenting, this training program devotes forty hours to this challenging and sensitive subject. Often, parents and educational programs alike address the topic of discipline from the perspective of changing unacceptable or problematic behaviors in children. In this program, foster parents are encouraged to view the process of discipline in relation to advancing the development of children and to respond constructively to the totality of behavior in children.

A framework for employing methods of discipline is provided as foster parents examine how children learn and the factors which may motivate unacceptable behavior. This framework, introduced via the "Parents' Intervention Scale," illustrates the range of disciplinary methods available to foster parents. The scale begins with techniques for building relationships and responding to positive (acceptable) behavior and continues through methods for reacting to unacceptable behavior. As important issues are explored and skills developed in great detail in this program, the foster parents' role and accompanying responsibilities as disciplinarians become clarified. Approximately 3000 foster parents of special needs children and adolescents are trained annually.

Although a comprehensive Training Impact Study will not be concluded until March, 1986, the foster parent trainers in New York State and New Jersey who have been using this advanced curriculum report that foster parents have a clearer understanding of their role, that there are fewer disrupted placements, that there is less turn-over of foster parents, and that there is a lesser incidence of reported abuse/neglect in foster family homes.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

FOSTER CARE

PREVENTING SEXUAL ABUSE IN FAMILY FOSTER HOMES

Booth T-20

Eastern Michigan University
Institute for the Study of Children & Families
National Foster Care Projects
Ypsilanti, Michigan 48197
Patricia Ryan, Director
Emily Jean McFadden, Assoc. Director
(313) 487-0372

Foster care staff can prevent sexual abuse in foster homes through careful practice in screening and assessing foster homes and through identifying and monitoring the highest risk children. Staff need to be aware of how foster care sexual abuse dynamics are different from those of the incestuous biological family.

Foster parents can prevent sexual abuse in their homes and protect themselves from false allegations by establishing new rules and routines and understanding the stresses which lead to sexual involvement of a family member with the foster child.

Prevention of sexual abuse in foster homes saves many hours of staff time now spent on disrupted placements and investigations. It minimizes losing foster homes as resources to serve children; it saves children from damaging long-term consequences; and it reduces the risk of costly liability litigation.

Approximately 3500 foster care administrators, practitioners, and foster parents are trained each year. The National Foster Care Education Project has trained trainers from all 50 states.

Twelve states now use the curricula, "Fostering Discipline" and "Preventing Abuse in Family Foster Care" to train foster parents and staff on a statewide basis. States report closing of inadequate foster homes, increased awareness by foster parents, and greater staff sensitivity to "red flags" in homes they are monitoring.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

FOSTER CARE

MEDICAL FOSTER CARE

Booth T-21

Children's Crisis Center, Inc.
655 West 8th Street
Jacksonville, Florida 32209
Patricia H. Foster, Consultant
J.M. Whitworth, Executive Medical Director
(904) 350-6666

Medical Foster Care, a demonstration project of the U.S. Department of Health and Human Services, serves to prevent inappropriate hospitalization of abused and neglected children, reduce the length of foster care placement, and improve parenting skills of biological families.

At-home nurses and their spouses are licensed as specialized foster parents to provide nursing care in nurturing home environments for children with complex health problems including those with burns, tracheostomies, failure-to-thrive, and diabetes. A multidisciplinary approach offers family therapy by the Child Protection Team psychologist, casework by foster care case managers and case coordinators, and medical supervision.

The program saves an estimated \$300 in patient care costs per day per child when compared to hospitalization. In one year, placement of seven children in Medical Foster Care saved an estimated \$245,116.

Medical foster parents receive the basic foster care rate of payment plus a range of \$400-\$1000 per month for nursing care. Payment is determined by the level of care required using a child care assessment tool.

This model offers a strategy for health care cost containment that can be replicated and easily adapted to meet community needs.

Medical Foster Care has decreased the number of days children spend in hospitals, provided therapeutic home environments, and reduced the risk of further abuse and neglect through counseling, case management, and close foster parent to biological parent interaction.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

FOSTER CARE

FOSTER PARENT TRAINING FOR CARE OF CHRONICALLY ILL CHILDREN

Booth T-22

La Rabida Children's Hospital
East 65th Street at Lake Michigan
Chicago, Illinois 60649
Mary Martone, Coordinator, Child Abuse & Neglect
(312) 363-6700

The Foster Parent Training Program was established to develop a pool of foster parents skilled in caring for abused and neglected children with chronic illnesses (asthma, sickle cell, rheumatological and respiratory problems).

The major objectives are:

- to prevent multiple foster placements,
- to increase parents' knowledge of medical issues,
- to prevent subsequent abuse of abused and neglected children in the foster care system.

The program offers a multidisciplinary eight-week training session which addresses the medical, psychological, and social caretaking needs of abused and neglected children with chronic illnesses. The training program format is a combination of didactic presentations and group discussions.

Over 100 parents have been trained in the program, approximately 40 parents annually.

The program has reduced emergency room use and inpatient hospital days for chronically ill abused and neglected children and decreased multiple foster placements and institutional placements.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

COMPREHENSIVE PROGRAMS

NEW YORK CITY SPECIAL SERVICES FOR CHILDREN GROUP SERVICES PROGRAM Booth T-23

New York City Special Services for Children
Queens Field Office, Group Services
165-15 Archer Avenue
Jamaica, New York 11433
Theartice Gentry, Director of Group Services
(718) 990-5406

Using the social group work approach to the problem of physical and sexual abuse of children, this program engages local churches, day care centers, Headstart programs, fraternal orders and PTA's as participants in a community consortium of child abuse prevention networks. These networks have destigmatized child abuse prevention while sensitizing the local community leaders to this problem.

The key program features are peer counseling, parenting training, community awareness through workshops and public forums, parent problem solving groups, children problem solving groups, foster children groups, and teen parent groups. The program facilitates 19 groups weekly within the agency and four community outreach groups.

Effective agency outreach efforts and community education techniques have resulted in lay networks of self-help groups that use the latest techniques for preventing child maltreatment at the neighborhood level.

Community participation on the part of local community institutions has tremendously reduced service costs. Participating institutions use member volunteers who have been trained by the Group Services Program staff.

Since its inception, the unit has averted unnecessary placement of over 500 children, trained over 300 parents, and established maltreatment prevention programs in over 17 local institutions. During the past year, the program experienced only two cases of recidivism while allegations of child abuse from the lay community increased sharply. The program serves over 180 abuse/neglect families annually.

As the only comprehensive child abuse group program in such a large municipal agency, the program has successfully bridged the gap between a large public sector agency and the community. The 17 participating local institutions work in partnership with Special Services for Children in the quest for eradicating child abuse and neglect in the community.

This program is especially effective in the minority community.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

COMPREHENSIVE PROGRAMS

A SPECTRUM OF SERVICES: BLENDING NATIONAL MODELS FOR CHILD
ABUSE PREVENTION AND TREATMENT

Booth T-24

Parental Stress Center, Inc.
1506 Madison Street
Madison, Wisconsin 53711
Frances L. Nelson, Executive Director
(608) 251-9464

The program objectives are to: prevent child abuse and neglect, intervene effectively where child abuse has occurred/is occurring, and diminish impact of stress on parents/children where stress is a continuing condition.

The program components include:

- 24 Hour Stressline: listening, understanding, and referring for parents, caretakers, and victims of abuse including 4800 callers annually;
- Parents Anonymous: guided, self-help groups for abusive parents including 100 families annually;
- Children Helping Children: treatment groups for abused children, co-facilitated by teen survivors of abuse;
- OASIS: group incest treatment, focusing on family dynamics and cessation of abuse for children, adolescents, and adults including 60 children, 80 teens, and 125 adults annually;
- Community Education and Coordination: public education and community networking.

Costs for serving individuals and families are kept at a minimum by use of trained volunteers. Trained laypersons, as well as professionals, are used to staff the stressline; to facilitate guided, self-help Parents Anonymous groups and children's groups; and in OASIS group treatment for incest family members. Linking these services under Parental Stress enables staff to train volunteers jointly, share administrative costs, use one facility, and network services. One volunteer board directs policies and programs.

Through increased community awareness and education this program has facilitated earlier intervention with families and changed generational patterns of abuse by decreasing stress and isolation for parents and children, restructuring family patterns, increasing reporting of ongoing abuse, and increasing self-esteem for parents and children.

PROGRAM FORUM SESSION
Tuesday, November 12 1:00 - 3:00 p.m.

COMPREHENSIVE PROGRAMS

**OKLAHOMA CHILD ABUSE PREVENTION PLANNING AND FUNDING:
A UNIQUE APPROACH**

Booth T-25

Office of Child Abuse Prevention
Oklahoma State Department of Health Guidance Service
1000 Northeast 10th Street P.O. Box 53551
Oklahoma City, Oklahoma 73152
Terri Gallmeier, Director, Special Projects Division
(405) 271-4477

The At Risk Parent-Child Program, Inc.
1120 South Utica
Tulsa, Oklahoma 74104
Susan Hudson, Executive Director
Marion M. Jacewitz, Past Executive Director
(918) 560-5756

Child abuse/neglect prevention has been a priority of the Oklahoma Legislature for two consecutive years, resulting in the Oklahoma Child Abuse/Neglect Act and the Oklahoma Child Abuse Prevention Fund. The Act establishes the Office of Child Abuse Prevention within the State Department of Health. It provides for public/private agency and citizen collaboration through 17 prevention task forces to address local needs and a statewide interagency task force to compile the local plans into a state plan. It further stipulates statewide professional training. The Fund will provide \$1,000,000 from general revenues for six months. However, it is anticipated that this is the forerunner of a Children's Trust Fund to be initiated on an annual basis with \$2,000,000 in earmarked funds. The fund requires a 10% local match.

Besides the 17 task forces involving 1200-1500 public/private community volunteers, Oklahoma's children's advocates efforts have produced: one rural multi-county primary prevention pilot; one public school child sexual abuse prevention pilot in a rural county; one secondary prevention pilot in a rural county; three secondary prevention pilots in metropolitan areas; one primary and tertiary pilot in a metropolitan area (evaluation of pilots in progress); two major statewide professional conferences; and multiple community training and in-service programs throughout the state.

In recent years, Oklahoma has had an average 21% increase in confirmed abuse/neglect reports. In 1985 an increase of 1384 confirmed reports is anticipated. At the conservative estimate of \$15,000 per family for services the increase in reports will cost an additional \$20,760,000 for the state and local communities in 1985. By contrast, a \$3,000,000 annual commitment would support one primary prevention program in each of the 17 districts and one secondary prevention program in each of Oklahoma's 77 counties.

O T H E R P R O G R A M S

Programs of interest though not presented in the Program Forums at the conference

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OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

PUBLIC AWARENESS

IN CASE (INFORMATION NOW: CHILD ABUSE STOPPED EARLY)

Junior League of Monmouth County, Inc.
P.O. Box 109
Rumson, New Jersey 07760
Linda Miller, Training Chairman
(201) 747-3028

PARENTS CAN PREVENT CHILD ABUSE

University of Florida
Pediatrics-Child Abuse Prevention Project
2512 Southwest 34th Street
Gainesville, Florida 32607
Elizabeth D. Drake, Asst. Project Director/CAPP
(904) 392-7286

CAPS - COMMUNITY AWARENESS PROGRAM

Child Abuse Prevention Services, Inc. (CAPS)
P.O. Box 176
Roslyn, New York 11576
Alane Fagin, Executive Director
(516) 869-8046

NUTS & BOLTS: CHILD ABUSE IS EVERYBODY'S BUSINESS

Camp Lejeune Dependents' Schools
Building 855
Camp Lejeune, North Carolina 28542
Pat Lawler, School Psychologist
(919) 451-2461

PROGRESS AND GOALS TO END CHILD ABUSE IN EL PASO COUNTY

El Paso Chapter
National Committee for Prevention of Child Abuse
6617 Burciaga
El Paso, Texas 79912
Ann Adams, President
(915) 779-7311

PUBLIC AWARENESS

NO HITTER DAY: A NATIONAL CAMPAIGN TO PREVENT FAMILY VIOLENCE

SHARE, Inc. - STOP VIOLENCE
4408 Warwick
Kansas City, Missouri 64112
SuEllen Fried, Founder
Jack Knapp, Executive Director
(816) 753-6268

CAA JO, CHILD ABUSE AWARENESS FOR JUVENILE OFFENDERS

C.A.A.N., Inc. - Child Abuse and Neglect
455 South Hill Road, Suite A
Ventura, California 93003
Lisa Newell, Peer Counseling Coordinator
(805) 644-1555

AWARENESS OF GIFTED CHILDREN: CHILDREN OFTEN AT RISK

Department of Defense Dependents' Schools
5705 Indian Court, 2B
Alexandria, Virginia 22303
Clyde Atkisson, Special Education Coordinator
(202) 325-7810

CHILDREN'S LEGAL RIGHTS TO MEDICAL CARE

Children's Healthcare Is a Legal Duty
Box 2604
Sioux City, Iowa 51106
Rita Swan, President
(712) 948-3295

A DISPLAY ON CHILD ABUSE: A REACHING OUT EXPERIENCE

Parents Anonymous of Quebec
c.p. 186
Succursale Place d'Armes
Montreal, Quebec, H2Y 3G8, Canada
Jocelyn Paiement, Executive Director
(514) 288-5555

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

PREVENTION

PERINATAL SUPPORT SERVICES

Children's Crisis Center, Inc.
655 West 8th Street
Jacksonville, Florida 32209
Nancy P. Nowlan, Family Systems Coordinator
(904) 350-6977

PERINATAL CHILD ABUSE PREVENTION PROGRAM

C.A.A.N., Inc. - Child Abuse and Neglect
455 South Hill Road, Suite A
Ventura, California 93003
Agnes Yambao, Project Coordinator
(805) 644-1555

PERINATAL POSITIVE PARENTING

Michigan State University
Institute for Family & Child Study
Home Management House, Unit 2
East Lansing, Michigan 48823-1030
Robert P. Boger, Director
(517) 353-6617

THE STAMFORD HOSPITAL PERINATAL SUPPORT PROGRAM

The Stamford Hospital - Social Work Department
Shelburne Road at West Broad Street
P.O. Box 9317
Stamford, Connecticut 06904
Carol Greenberg, Director
(203) 325-7447

SOCIAL SERVICES/PARENT INVOLVEMENT IN HEADSTART

Coastal Economic Development Headstart
800 High Street
Bath, Maine 04530
Susan Keely, SS/PI Coordinator
(207) 442-7963

PREVENTION

**"ISLAND OF SAFETY": THE CRISIS NURSERY-A WAY OF PREVENTING
CHILD ABUSE**

Crisis Nursery of Champaign County
P.O. Box 582
Champaign, Illinois 61820
Deborah Lowen-Klein, Executive Director
(217) 337-2730

HEALTHY START PROGRAM: HOME VISITORS FOR FIRST TIME PARENTS

Fort Riley Family Advocacy Program
HQ, 1st Infantry Division (Mech)
AFAN-CA-FP
Fort Riley, Kansas 66442-6412
Janice Denning, Family Advocacy Coordinator
(913) 239-3415

EXCHANGE CLUB CHILD ABUSE PREVENTION CENTER - PARENT AIDE PROGRAM

The National Exchange Club Foundation
for the Prevention of Child Abuse
3050 Central Avenue
Toledo, Ohio 43606
Connie Dimtroff, Field Consultant
Mila C. Guese, Director Technical Services
(419) 535-3232

PACE OF ERIE COUNTY (PARENT-AIDE COMMUNITY EFFORT)

Allentown Community Center, Inc.
111 Elmwood Avenue
Buffalo, New York 14201
Sabina Zolte, PACE Director
(716) 885-6400

CHILD HOPE PROJECT: PARENT/GRANDPARENT AIDES

Village of CHILDHHELP, U.S.A.
14700 Manzanita Park Road
Beaumont, California 92223
John H. Meier, Director of Research
(714) 845-3155

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

PREVENTION

A HOME-BASED FAMILY NURTURING PROGRAM

Family Development Resources, Inc.
767 Second Avenue
Eau Claire, Wisconsin 54703
Stephen J. Bavolek, President
(715) 833-0904

PARENT RESOURCE PROGRAM

Family Resources, Inc.
P.O. Box 983
407 East Main Street
Collinsville, Illinois 62234
Sandra Becker-Warden, Executive Director
(618) 345-7732

FAMILY OUTREACH

Family Outreach of America, Inc.
3101 35th Street
Lubbock, Texas 79413
Gayle Cunningham, President
(806) 792-9908

NURTURING PROGRAM FOR PARENTS AND CHILDREN

University of Wisconsin-Eau Claire
Department of Special Education
Eau Claire, Wisconsin 54701
Stephen J. Bavolek, Assoc. Professor
(715) 836-5511

CHILD ABUSE PREVENTION THROUGH CRISIS INTERVENTION

Cincinnati Family Center
Beech Acres - G.P.O.H.
Parents Anonymous of Southwest Ohio
6881 Beechmont Avenue
Cincinnati, Ohio 45230
Richard Sorg, Director, Community Based Services
(513) 231-6630

PREVENTION

EFFECTIVE PARENTING INFORMATION FOR CHILDREN

State University College at Buffalo - EPIC
1300 Elmwood Avenue
103 Bacon Hall
Buffalo, New York 14222
Sandra B. Rifkin, Executive Director
(716) 884-4064

PROTECTIVE BEHAVIORS: ANTI-VICTIM TRAINING FOR CHILDREN

Protective Behaviors, Inc.
1005 Rutledge Street
Madison, Wisconsin 53703
Peg Flandreau West, Director
(608) 257-4855

**TAKING CARE - A PROJECT TO BREAK THE VICIOUS CYCLE OF CHILD ABUSE
AND VIOLENCE IN YOUNG MALES THROUGH PARENTING EDUCATION**

Interstate Consortium on Residential Child Care, Inc.
P.O. Box 1714
Trenton, New Jersey 08607
Marc Mercer, Executive Director
(609) 396-6845

**PRE-PARENTING EDUCATION FOR INSTITUTIONALIZED AND HIGH-RISK
ADOLESCENTS**

YMCA Family Stress Center
571 Third Avenue
Chula Vista, California 92010
Linda V. Walker, Director
(619) 691-1331

PEER COUNSELING

C.A.A.N., Inc. - Child Abuse and Neglect
455 South Hill Road, Suite A
Ventura, California 93003
Lisa Newell, Peer Counseling Coordinator
(805) 644-1555

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

PREVENTION

PARENTING ENRICHMENT PROGRAM

Child Crisis Center East Valley, Inc.
P.O. Box 4114
Mesa, Arizona 85201
Susan J. Schubert, Prevention Supervisor
(602) 969-2308

RESPONSIVE PARENTING

American Guidance Service, Inc.
Publishers Building
Circle Pines, Minnesota 55014-1796
Saf Lerman, Author
Bud Moravetz, Marketing Department
(800) 328-2560 or (612) 786-4343

**PARENTING GUIDANCE CENTER INC.: A COMMUNITY'S ANSWER TO THE PROBLEM
OF CHILD ABUSE AND NEGLECT PREVENTION**

Parenting Guidance Center, Inc.
2928 West Fifth
Forth Worth, Texas 76107
Dorothy St. John, Executive Director
(817) 332-6348

PARENTING SKILLS TRAINING

Center for Children & Parents
808 East Street, Suite 200
Anchorage, Alaska 99501
Linn A. Lenoir - Parent-Trainer/Clinician
(907) 276-4994

CALIFORNIA YOUTH AUTHORITY PARENTING SKILLS CLASSES

C.A.A.N., Inc. - Child Abuse and Neglect
455 South Hill Road, Suite A
Ventura, California 93003
Patsy Hulsey, Intervention Director
(805) 644-1555

PREVENTION

MELD: A PRIMARY PREVENTION PROGRAM

MELD
123 East Grant Street, Suite 612
Minneapolis, Minnesota 55403
Ann Ellwood, Executive Director
(612) 870-4478

**PARENTING EDUCATION: COORDINATION AND DELIVERY IN A FIVE COUNTY
URBAN AND RURAL AREA**

Family Resource Center
P.O. Box 5749
Jacksonville, Florida 32207
Anne B. Davis, Executive Director
(904) 354-1817

**HANDS-ON PARENT INSTRUCTION FOR PREVENTION OF CHILD ABUSE/NEGLECT
WITH SPECIAL HEALTH NEEDS CHILDREN**

Ranken Jordan and Washington University
10621 Ladue Road
St. Louis, Missouri 63141
Johann Ellerbrake, Administrator, Ranken Jordan
(314) 993-1207

CAPS - THE TEEN PREGNANCY PROGRAM

Child Abuse Prevention Services, Inc. (CAPS)
P.O. Box 176
Roslyn, New York 11576
Alane Fagin, Executive Director
(516) 869-8046

TEEN PARENT PROGRAM

Bellflower Center for Prevention of Child Abuse
11234 Bellflower Road
Cleveland, Ohio 44106
Geri Ash, Program Director
Oneida Levine, Program Assistant
(216) 229-2420

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

PREVENTION

TOTS 'N TEENS - PROMOTING POSITIVE PARENTING WITH TEENAGE PARENTS

Child Protection Team-Prevention Project
107 South Avenue
Fort Walton Beach, Florida 32548
Sheryl Ebeoglu, Prevention Project Coordinator
(904) 863-3109

PREVENTION OF ABUSE THROUGH A SCHOOL-BASED PROGRAM

Aurora Public Schools
1085 Peoria Street
Aurora, Colorado 80010
Joanne Johnson, Social Worker
Francene Wehrer, Health Services Supervisor
(303) 344-8060, Ext. 341

SCHOOL AND AGENCY CHILD ABUSE PREVENTION TEAMS

New York State Education Department
Division of Pupil Services,
EBA 360
Albany, New York 12234
Mary McCarthy, Project Director
(518) 474-1077

TAKE CARE WITH YOURSELF: A SCHOOL FOCUSED PROGRAM TOWARD PREVENTING CHILD ABUSE

Assault Crisis Center/Community Mental Health
4009 Washtenaw Avenue
Ann Arbor, Michigan 48104
Barbara Eagle, Project Coordinator
Laurie White, Project Coordinator
(313) 665-7371

THE KIDS ON THE BLOCK PROGRAM FOR ELEMENTARY SCHOOL-AGED CHILDREN

The Kids on the Block, Inc.
822 N. Fairfax Street
Alexandria, Virginia 22314
Barbara Aiello, President
Lucy Saxon, Public Relations
(703) 836-0550

PREVENTION

CAPS - THE HIGH SCHOOL PROGRAM

Child Abuse Prevention Services, Inc. (CAPS)
P.O. Box 176
Roslyn, New York 11576
Alane Fagin, Executive Director
(516) 869-8046

**PARENTS AND SCHOOL PARTNERSHIPS FOR THE PREVENTION OF CHILD
ABUSE AND NEGLECT**

Bronx Community School District Ten
and Cornell University
3961 Hillman Avenue
Bronx, New York 10463
Naomi Barber, Project Director
(212) 666-3408

TEXAS PARENT HEARTLINE

Parents Anonymous of Texas
4301 Russell Drive
Austin, Texas 78704
Deborah A. Phillips, Executive Director
(512) 440-8666

CHILD ABUSE HOTLINE

Waverly Childrens Home
3550 Southeast Woodward
Portland, Oregon 97202
Tess Fegel, Director, Parents Anonymous of Oregon
(503) 234-7532

PRIMARY PREVENTION IN RURAL COMMUNITIES -- A MODEL PROGRAM

University of Florida
Child Abuse Prevention Project
2512 Southwest 34th Street
Gainesville, Florida 32607
Karen L. Archer, Service Director and Secretary,
Florida Committee for Prevention of Child Abuse
(904) 392-7286

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

PREVENTION

PREVENTION OF CHILD ABUSE/NEGLECT THROUGH OUTREACH

Army Community Service
Building 2213
Fort McClellan, Alabama 36205
Martha D. Morrison, Community Service Director
(205) 238-4525/5309

**A STATE-WIDE COMMITMENT TO PREVENTION - RESOURCE OFFICES AND
CHARTERED COUNCILS**

Georgia Council on Child Abuse, Inc.
250 Georgia Avenue, SE, Suite 203
Atlanta, Georgia 30312
Bonnie B. Engle, Executive Director
(404) 688-0581

MULTI-CULTURAL CHILD ASSAULT PREVENTION PROJECT

Child Assault Prevention Project (CAP)
National Office
P.O. Box 02084
Columbus, Ohio 43202
Laura Kagy, Pre-School Coordinator
(614) 291-2540

JUNIORS AND ELDERS TOGETHER: AFTER SCHOOL RECREATION PROGRAM

Community Relations-Social Development Commission
161 West Wisconsin Avenue
Milwaukee, Wisconsin 53203
Janet Stenlund, Project Director
(414) 272-5600

INTERVENTION/TREATMENT

LA HACIENDA - D.E.S. VOLUNTEER PROGRAM IN TREATMENT OF CHILD ABUSE

La Hacienda Foster Care Resource Center
181 South Tucson Boulevard, Suite 109
Tucson, Arizona 85716
Anne Sankey, Director
(602) 628-5946

PRESCHOOL DAY TREATMENT AND PARENT SERVICES

Southwest Missouri State University
Home Economics Department
901 South National
Springfield, Missouri 65804
Peggy Pearl, Assoc. Professor
Linda Peacock, Supervisor, Child Development Laboratory
(417) 836-5880

**SERVICES ASSISTING FAMILY ENVIRONMENTS (PROJECT SAFE):
PIONEERING MILITARY FAMILY ADVOCACY PROGRAMS**

Project SAFE
Camp H.M. Smith
Hawaii 96861-5025
Kenneth Lee, Manager
(808) 477-6318

**PROJECT IMPACT (INTERVENTIONS TO MAINTAIN PARENTS AND CHILDREN
TOGETHER)**

The Children's Village
Dobbs Ferry, New York 10522
Arthur J. Swanson, Supervising Psychologist
(914) 693-0600, Ext. 216

FAMILY ENRICHMENT PROGRAM DIAGNOSTIC & TREATMENT SERVICES

Morristown Memorial Hospital
100 Madison Avenue
Morristown, New Jersey 07960
Sharon W. Ryan, Coordinator
(201) 540-5648

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

INTERVENTION/TREATMENT

**MT. HOPE FAMILY CENTER: COMPREHENSIVE TREATMENT FOR CHILD
ABUSE/NEGLECT**

University of Rochester
Department of Psychology
685 Mt. Hope Avenue
Rochester, New York 14627
Fred Eppsteiner, Director, Family Services
(716) 275-2991

ESTABLISHING NEIGHBORHOOD FAMILY CENTERS

Cedar House
605 Cedar Avenue
Long Beach, California 90802
Lynn E. Seiser, Clinical Director/Therapist
(213) 436-8276

STATE OF VERMONT FAMILY SUPPORT PROGRAM

Vermont Department of Social and Rehabilitative Services
University of Vermont
Psychology Department
Burlington, Vermont 05405
Ted Lane, Coordinator, Family Support Program
(802) 656-2680

FAMILY INTERVENTION NETWORK (FIN)

MacDill Air Force Base, Mental Health Clinic
Child Abuse Council, Inc.
418 West Platt Street
Tampa, Florida 33606
Kristian B. Millrose, Case Coordinator
(813) 251-8080

PACE (PARENT-AIDE COMMUNITY EFFORT OF ERIE COUNTY)

Allentown Community Center, Inc.
111 Elmwood Avenue
Buffalo, New York 14201
Sabina Zolte, PACE Director
(716) 885-6400

INTERVENTION/TREATMENT

FAMILY OUTREACH WORKER/PARENT AIDE VOLUNTEER

Morristown Memorial Hospital
100 Madison Avenue
Morristown, New Jersey 07960
Lorraine M. Simms, Supervisor, Family Outreach Unit
(201) 540-5648

OUTREACH FAMILY THERAPY: SUCCESSES AND CAVEATS

Youth Service System
2202 South 11th
Lincoln, Nebraska 68502
Kathy Dombrowski, Home-Based Services Director
(402) 475-3040

EMERGENCY FAMILY CARE PROGRAM (EFCP)

Children's Home Society of California
3200 Telegraph Avenue
Oakland, California 94609
Lou Fox, Director, Program Operations
(415) 655-7406

HOME-BASED INTERVENTION: A FIGHT FOR FAMILIES

Texas Department of Human Resources
and DePelchin Children's Center
4040 Milam
Houston, Texas 77006
Suzette Marshall, Program Director
Twila Ross, Supervisor, Home-Based Intervention
(713) 526-5701

CHILD ABUSE PREVENTION AND TREATMENT (CAPT): IN-HOME SERVICES

Arizona Department of Economic Security
4750 North Black Canyon, Suite 302
Phoenix, Arizona 85017
Kathy Phillips, Supervisor
(602) 242-1555

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

INTERVENTION/TREATMENT

HELPING PARENTS REACH: A SHORT-TERM FAMILY BASED PROGRAM

Wayne State University
Parents and Children Together (PACT)
71 East Ferry, 45 Knapp Building
Detroit, Michigan 48202
Dorothy Kispert, Project Director
(313) 577-3519

HOME BASED INTERVENTION BY SENIOR NURSING STUDENTS

College of Nursing, Downstate Medical Center
Box 22, 450 Clarkson Avenue
Brooklyn, New York 11203
Arlene Hurwitz, Assoc. Professor
(718) 270-2453

FAMILY TREATMENT PROJECT

Northern Berkshire Mental Health Association
85 Main Street, Suite 500
North Adams, Massachusetts 01247
Anthony J. Siracusa, Director
(413) 664-4541

HUGS

North Shore Child and Family Guidance Center
480 Old Westbury Road
Roslyn Heights, New York 11577
Kate Kane, Coordinator
(516) 627-6671

CHILD ABUSE CARE & TREATMENT PROGRAM

Childhaven
316 Broadway
Seattle, Washington 98122
Laura M. Sheehan, Program Director
(206) 624-6477

INTERVENTION/TREATMENT

GUIDELINES AND PROCEDURES FOR CHILD PROTECTIVE PRACTICE

Human Service Consulting
1803 West Freeman
Carbondale, Illinois 62901
Barbara J. Meddin, Child Protection Specialist
(618) 549-1240

CASTOFF TO OUTCAST: THE NATURAL HISTORY OF CHILD ABUSE

Illinois Masonic Medical Center
Child Abuse Unit for Studies, Education and Services
CAUSES
836 Wellington
Chicago, Illinois 60657
Nahman H. Greenberg, Executive Director
(312) 472-6924

MULTI-DISCIPLINARY REVIEW TEAM

Santa Barbara County Department of Social Services
509 West Morrison
Santa Maria, California 93454
Robert T. Montgomery, Supervisor
(805) 925-0911

WINNIPEG MULTIDISCIPLINARY INTERAGENCY CHILD ABUSE COMMITTEES

Northwest Child & Family Services Agency
1386 Main Street
Winnipeg, Manitoba, R2W 3V1, Canada
Alexandra Lawrence, Child Abuse Coordinator
(204) 945-5231

UNIFIED SERVICES PLAN

Community Mental Health Board
946 North Boulevard
Oak Park, Illinois 60301
Steven Prepelica, Case Coordinator
(312) 386-8417

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

INTERVENTION/TREATMENT

PEDIATRIC ECOLOGY PROGRAM

Mount Sinai Hospital Medical Center
Department of Pediatrics
California at 15th Street
Chicago, Illinois 60608
Howard B. Levy, Chairman of Pediatrics
(312) 650-6474

STEPS TO CORRECTION OF THREE ELEMENTS OF ABUSE

Parents Anonymous
507 Tremont Court
Middletown, Ohio 45044
Adriane Scherrer, Sponsor
(513) 423-2131

A THERAPEUTIC COMMUNITY FOR ADOLESCENT FEMALES

Ionia P. Whipper Home, Inc.
2000 Channing St., NE
Washington, D.C. 20018
Joan P. Hurley, Executive Director
(202) 269-0347

ANGER CONTROL/PARENT TRAINING PROGRAM

State University of New York at Stony Brook
Psychological Center
Stony Brook, New York 11794
Vivian Shaw Lamphear, Doctoral Candidate
(516) 246-5970/6710

HELPING YOUNG CHILDREN DEAL WITH SEPARATION AND LOSS

Southwest Missouri State University
Department of Home Economics
901 South National
Springfield, Missouri 65804
Linda Peacock, Supervisor,
Child Development Laboratory
(417) 836-5880

TRAINING

TRAINING VOLUNTEERS IN CHILD WELFARE SERVICE

Alberta Social Services & Community Health
6715-8 Street NE
Calgary, Alberta, T2E 7H7, Canada
Harvey Finkelberg, Casework Supervisor
(403) 297-7162

CHILD ABUSE/SPOUSE ABUSE - PARAPROFESSIONAL TRAINING

United States Coast Guard
Commandant (G-PS-2) Coast Guard Headquarters
Washington, D.C. 20593
Rosemary Pezzuto, Chief, Family Programs
(202) 426-2665

PARENT EDUCATOR TRAINING

Arizona State University
Department of Psychology
Tempe, Arizona 85287
Alan Brown, Director
(602) 965-4969

THE URBAN CENTER FOR PARENTING RESOURCES

New York Foundling Hospital
Center for Parent & Child Development
1175 Third Avenue
New York, New York 10021
Judith L. Elkin, Director, Parent Education
(212) 472-2233, Ext. 395

THE PARENT AIDE TRAINING PROJECT

Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02161
Catherine Cobb Morocco, Project Director
(617) 969-7100, Ext. 270

TRAINING

CONTINUING EDUCATION FOR VOLUNTEERS AND STAFF

Child Protection Team-Prevention Project
107 South Avenue
Fort Walton Beach, Florida 32548
Sheryl Ebeoglu, Prevention Project Coordinator
(904) 863-3109

CHILD PROTECTIVE SERVICE TRAINING PROGRAM

Western Washington University
Bureau for Faculty Research
Old Main 430
Bellingham, Washington 98225
Bill Clement, Director
(206) 676-3220

CHILD PROTECTIVE SERVICES TRAINING INSTITUTE

Cornell University
College of Human Ecology
Family Life Development Center
E-200 MVR Hall
Ithaca, New York 14853
Michael A. Nunno, Senior Extension Associate
(607) 256-7794

SUPPORT YOUR CPS WORKER - TRAINING EMPLOYEES AS CHANGE AGENTS

Adm. for Children, Youth and Families - HDS/HHS
Children's Bureau
601 East 12 Street, Room 384
Kansas City, Missouri 64106
Tom Mayer, Child Abuse and Neglect Specialist
Linda Lewis, Child Welfare Program Specialist
(816) 374-5401

A TEACHING HOSPITAL'S RESPONSE TO CHILD ABUSE: CREATING A TRAINING STRATEGY

Payne Whitney Clinic
525 East 68th Street
New York, New York 10021
Mary Hanrahan, Psychiatric Social Work Supervisor
(212) 472-8290

TRAINING

ALERTING PROFESSIONALS TO MUNCHASEN SYNDROME BY PROXY

Tennessee Department of Human Services
P.O. Box 188
Rutledge, Tennessee 37861
Glenna Daniels, Human Services Supervisor I
(615) 828-5251

ALCOHOL AND FAMILY VIOLENCE: TRAINING HELPING PROFESSIONALS

University of Arkansas at Little Rock
Graduate School of Social Work
33rd and University
Little Rock, Arkansas 72204
Jerry Flanzer, Professor
(501) 569-3240

**AN IN-SERVICE TRAINING PROGRAM TO PREVENT MALTREATMENT
IN FOSTER CARE**

New York State Child Welfare Training Institute
1300 Elmwood Avenue, Bacon Hall 117
Buffalo, New York 14222
Michael Polowy, Director
(716) 878-6104

**A TRAINING PROGRAM FOR EFFECTIVE CHILD ABUSE AND NEGLECT MANAGEMENT
IN SCHOOLS**

University of Florida
Pediatrics-Child Abuse Prevention Project
2512 Southwest 34th Street
Gainesville, Florida 32607
Randi Cameon, Education/Training Specialist
(904) 392-7286

TRAINING PHYSICIANS FOR INVOLVEMENT IN CHILD ABUSE AND NEGLECT CASES

University of Florida
Pediatrics-Child Abuse Prevention Project
2512 Southwest 34th Street
Gainesville, Florida 32607
E. Thomas Weber, Project Medical Director
(904) 392-4086

OTHER PROGRAMS
PHYSICAL ABUSE & NEGLECT

MISCELLANEOUS

"JUST TELL THE TRUTH": PREPARING CHILDREN TO TESTIFY

Van Buren Council for Prevention of Child Abuse & Neglect
P.O. Box 23
Paw Paw, Michigan 49079
Connie Harrison, Vice President
(616) 657-2581

MARION COUNTY GUARDIAN AD LITEM PROJECT

National Council of Jewish Women-Indianapolis Section
2451 North Keystone Avenue
Indianapolis, Indiana 46218
Michael A. Fleener, Project Director
(317) 924-7539

FLORIDA GUARDIAN AD LITEM PROGRAM, EIGHTH JUDICIAL CIRCUIT

Florida Supreme Court
Alachua County Courthouse
201 East University Avenue
Gainesville, Florida 32601
Audrey L. Schiebler, Director
Carole E. Zegel, Coordinator
(904) 374-3656

VOLUNTEER ADVOCATING FOR ABUSED/NEGLECTED CHILDREN

Court Appointed Special Advocates
2019 Northeast Russell Rd.
Kansas City, Missouri 64116
Sydney Karr, Consultant
(816) 455-2875

**MEDIATION SERVICES AS AN ALTERNATIVE TO LITIGATION RELATIVE
TO CHILD ABUSE AND NEGLECT**

Clark College
Social Welfare Program
240 James P. Brawley Drive
Atlanta, Georgia 30314
Anita Curry-Jackson, Project Director
(404) 681-3080, Ext. 352

MISCELLANEOUS

PROTECTING CHILDREN THROUGH DIVORCE MEDIATION SERVICES

McLean County Divorce Mediators
Illinois State University
Home Economics Department
Normal, Illinois 61761
Lynelle C. Hale, Assoc. Professor
(309) 438-3256

CHILD FATALITY COMMITTEE - COMMUNITY RESPONSE

San Diego Community Child Abuse Coordinating Council
6950 Levant Street
San Diego, California 92111
Elizabeth Lennon, Law Enforcement Liaison
(619) 560-2121

JOINT LOUISIANA/ILLINOIS CHILD FATALITY PROJECT

Illinois Department of Children and Family Services
One Old North State Capitol Plaza
Springfield, Illinois 62706
Tom Villiger, Deputy Director, Child Protection Division
(217) 785-2513

ALBERTA, CANADA CHILD WELFARE

Alberta Social Services & Community Health
6715 - 8 Street NE
Calgary, Alberta, T2E 7H7, Canada
Harvey Finkelberg, Casework Supervisor
(403) 297-7162

WORKING WITH MEXICAN-AMERICAN FAMILIES IN THE PREVENTION
AND TREATMENT OF CHILD ABUSE

Texas Migrant Council - AVANCE;
Cameron and Willacy Counties Projects, Inc.
Region VI OHDS/HHS
1200 Main Tower Building, Room 2025
Dallas, Texas 75202
William Acosta, Regional Administrator
(214) 767-4540

MISCELLANEOUS

DISSEMINATION OF EFFECTIVE PROGRAM MANAGEMENT SYSTEMS TO TRIBAL ORGANIZATIONS

American Indian Law Center, Inc.
Box 4456 - Station A
Albuquerque, New Mexico 87196
Charlotte Goodluck, Child Welfare Specialist
(505) 277-5462

GROUP SUPPORT AND TRAINING FOR THE DEVELOPMENTALLY DISABLED

Parents Anonymous of Delaware, Inc.
124-D Senatorial Drive
Wilmington, Delaware 19807
Robert P. Hall, Executive Administrator
(302) 654-1102

PARENT & CHILD SUPPORT PROGRAM FOR CHRONICALLY MENTALLY ILL PARENTS

Community Support System of Oneida County
Division of Catholic Charities of Utica/Rome
401 Columbia Street
Utica, New York 13502
Joann Cavo Campbell, Case Management Supervisor
(315) 337-5260

DEMOGRAPHICS OF FAMILY VIOLENCE IN THE NAVY AND MARINE CORPS

Department of Navy Family Support Program
Commonwealth Building, Room 828
1300 Wilson Boulevard
Arlington, Virginia 22209
Sandra Rosswink, Technical Director
(202) 694-1006

GUIDELINES FOR RESOLVING MILITARY-CIVILIAN JURISDICTIONAL ISSUES IN RESPONDING TO FAMILY VIOLENCE

Office of the Asst. Secretary of Defense/Health Affairs
Military Family Resource Center
4015 Wilson Boulevard, Suite 903
Arlington, Virginia 22203
Suzanne J. Awalt, Supervisor, Special Projects
(800) 336-4592

MISCELLANEOUS

**EXCEPTIONALITIES IN OVERSEAS ASSIGNMENTS: REDUCING THE RISKS FOR
HANDICAPPED CHILDREN**

Department of Defense Dependents' Schools
2461 Eisenhower Avenue
Alexandria, Virginia 22331-1100
Clyde Atkisson, Education Program Specialist
(202) 325-0660

Military Family Resource Center
4015 Wilson Boulevard, Suite 911
Arlington, Virginia 22203
JanaLee Sponberg, Program Analyst
(800) 336-4592

**CHILDREN'S TRUST FUND - A PARTNERSHIP WITH GOVERNMENT AND THE
PRIVATE SECTOR - THE ALABAMA STORY**

Children's Trust Fund
P.O. Box 4251
Montgomery, Alabama 36103
Myra J. Schmidbauer, Executive Director
(205) 261-5710

OTHER PROGRAMS
SEXUAL ABUSE

PUBLIC AWARENESS

**COMMUNITY COORDINATION OF SEXUAL ABUSE AWARENESS PROGRAMS
FOR CHILDREN**

Child Protection Team-Prevention Project
107 South Avenue
Fort Walton Beach, Florida 32548
Sheryl Ebeoglu, Prevention Project Coordinator
(904) 863-3109

THE MUCKMONSTER AND BODER THE DOG SAY, "IT'S OK TO SAY NO!"

Stark County Department of Human Services
220 Tuscarawas Street
East Canton, Ohio 44702
J.E. McCall, Program Supervisor
(216) 452-4661, Ext. 431

PROMOTING PUBLIC AWARENESS OF SEXUAL ABUSE OF YOUNG CHILDREN

Chapel Hill Training-Outreach Project
Merritt Mill Road - Lincoln Center
Chapel Hill, North Carolina 27514
Irene Zipper, Project Coordinator
Shelley Heekin, Co-Coordinator
(919) 967-8295

**LIVE THEATRE FOR PUBLIC AWARENESS AND PREVENTION OF CHILD
SEXUAL ABUSE**

Oceana County Department of Social Services
535 Russell Road
P.O. Box 70
Hart, Michigan 49420
Vicki Weaver, Project Coordinator
(616) 873-7202

PREVENTION

HOME & SCHOOL TOGETHER PREVENTING SEXUAL ABUSE

Cardinal Spellman Headstart
137 East 2nd Street
New York, New York 10009
Anne-Elizabeth W. Straub, Social Work Consultant
(212) 677-7766

USING ANATOMICAL DOLLS IN SCHOOL PREVENTION PROGRAMS

Migima Designs
P.O. Box 70064
Eugene, Oregon 97401
Marcia Morgan, Sexual Abuse Prevention Specialist
(503) 726-5442

"HAPPY BEAR" FOR PRESCHOOLERS

Kansas Committee for Prevention of Child Abuse
435 South Kansas, 2nd Floor
Topeka, Kansas 66603
Bob Williams, Executive Director
(913) 354-7738

**"TAKING CARE OF LITTLE ME": CHILD SEXUAL ABUSE PREVENTION FOR
PRESCHOOL CHILDREN**

C.A.A.N., Inc. - Child Abuse and Neglect
455 South Hill Road, Suite A
Ventura, California 93003
Brenda Hunter, Prevention Director
(805) 644-1555

**PREVENTING SEXUAL MOLESTATION OF PRESCHOOL TO THIRD GRADE CHILDREN:
SCHOOL, CHILD AND HOME UNITED**

Champaign County Mental Health Center
Counseling Institute
600 East Park
Champaign, Illinois 61820
Arnold Miller, Director
(217) 351-8811

OTHER PROGRAMS
SEXUAL ABUSE

PREVENTION

**RED FLAG GREEN FLAG PEOPLE PROGRAM FOR KINDERGARTEN THROUGH
THIRD GRADE**

Rape and Abuse Crisis Center
P.O. Box 2984
Fargo, North Dakota 58108
Carol Grimm, Public Education Coordinator
(701) 293-7273

CHILD SAFETY FOR THIRD GRADERS: "BETTER SAFE THAN SORRY"

Allegan County Health Department
2233 33rd Street
Allegan, Michigan 49010
Mary Shockley, Public Health Nurse
Lorraine Brindley, Public Health Nurse
Myrna McNitt, Juvenile Court
(616) 673-5411

CHILD SEXUAL ABUSE PREVENTION PROGRAM FOR CHILDREN 4-8 YEARS

Massac County Mental Health & Family Counseling Center, Inc.
P.O. Box 901
206 West 5th Street
Metropolis, Illinois 62960
Yvonne Douglas, Youth Program Director
(618) 524-9368

EDUCATION FOR THE PREVENTION OF SEXUAL ABUSE: CHILDREN 4 - 15 YEARS

The Bridgework Theater, Inc.
113 1/2 East Lincoln Avenue
Goshen, Indiana 46526
Don Yost, Director
(219) 534-1085

**CHILD ABUSE RESEARCH & EDUCATION (C.A.R.E.) PROGRAM FOR
CHILDREN 5 - 9 YEARS**

Child Abuse Research & Education Productions
P.O. Box L #8 - 12th Street
Blaine, Washington 98230
Russ Angus, Representative
(604) 581-5116

PREVENTION

"TAKING CARE OF ME": CHILD SEXUAL ABUSE PREVENTION FOR GRADES K - 6

C.A.A.N., Inc. - Child Abuse and Neglect
455 South Hill Road, Suite A
Ventura, California 93003
Sally Newell, Executive Director
(805) 644-1555

THE BUBBYLONIAN ENCOUNTER PROJECT: GRADES K - 6

Mid Nebraska Community Mental Health Center
914 Bauman Drive
Grand Island, Nebraska 68801
Dori Bush, Chair, Bubbylonia Advisory Board
Linda Rehovsky, Staff Psychologist
(308) 381-5250

GOOD TOUCH: GRADES K - 6

Child Abuse Prevention Services, Inc. (CAPS)
P.O. Box 176
Roslyn, New York 11576
Alane Fagin, Executive Director
(516) 869-8046

CHILDREN NEED TO KNOW - THE SAFE CHILD PROGRAM FOR ELEMENTARY SCHOOL STUDENTS

Health Education Systems, Inc.
Box GG, Highland Avenue
Palisades, New York 10964
Sherryll Kerns Kraizer, Director
(914) 365-1120

BUILDING BRIDGES WITH SCHOOLS TO PROTECT ELEMENTARY SCHOOL CHILDREN

Illinois Department of Children and Family Services
One North Old State Capitol Plaza
Springfield, Illinois 62706
Phyllis Rominger, Project Director
(217) 785-8706

PREVENTION

**STOP SEXUAL ABUSE PROJECT: A PARTNERSHIP MODEL FOR COMMUNITIES
AND ELEMENTARY SCHOOLS**

Trumbull County Children Services Board
2282 Reeves Road, NE
Warren, Ohio 44483
Warner D. Bacak, Supervisor
Robert A. Kubiak, Supervisor
(216) 372-2010 or 399-8911

**CHILDREN'S SELF-HELP PROJECT: SEXUAL ABUSE PREVENTION FOR
CHILDREN 2 1/2 - 15 YEARS**

Children's Self-Help Project
170 Fell Street, Room 34
San Francisco, California 94102
Pnina Tobin, Executive Director
(415) 552-8304

PREVENTING SEXUAL ABUSE SCHOOL-BASED PROGRAM: GRADES K - 12

"Preventing Sexual Abuse"
P.O. Box 421
Kalamazoo, Michigan 49005-0421
Carol A. Plummer, Author/Consultant
(616) 657-5574

**IMPLEMENTING A CHILD SEXUAL ABUSE PROGRAM IN MIDDLE AND JUNIOR
HIGH SCHOOLS**

North York Board of Education
5050 Yonge Street
North York, Ontario, M2N 5N8, Canada
Betty Lamont, Consultant
(416) 225-4661, Ext. 396

**"SHATTER THE SILENCE" - A PERPETRATION PREVENTION CURRICULUM FOR
ADOLESCENTS**

Cooperative Educational Service Agency #11
P.O. Box 728
Cumberland, Wisconsin 54829
Barbara Wehman, Project Coordinator
(715) 822-4711

PREVENTION

EDUCATION AND PREVENTION OF CHILD SEXUAL ABUSE IN A RURAL COMMUNITY

Caribou County Task Force on Child Sexual Abuse
160 North 1st East
Soda Springs, Idaho 83276
Sharman Kay Snow, Facilitator
(208) 547-2581

COMPREHENSIVE VOLUNTARY YOUTH AGENCY PROGRAM TO REDUCE SEXUAL ABUSE

Camp Fire, Inc.
4601 Madison Avenue
Kansas City, Missouri 64112
Karen Bartz, Director, Program Services
(816) 756-1950

CHILD SEXUAL ASSAULT PREVENTION

Outreach - A Women's Action Group (Durham)
P.O. Box 1271, Station "B"
Oshawa, Ontario, L1J 5Z1, Canada
Trudie Zavadovics, Vice-President
(416) 728-3163

WASHINGTON COUNTY ADOLESCENT SEXUAL OFFENDERS GROUP

Washington County Juvenile Department
Children Services Division
232 W Northeast Lincoln Street
Hillsboro, Oregon 97124
Jim Hamer, Counselor
(503) 640-3487

INTERVENTION/TREATMENT

THERAPEUTIC PRESCHOOL AND MEHARRY CHILD SEXUAL ABUSE PROJECT

Meharry Medical College
Community Mental Health Center
1005 D.B. Todd Boulevard
Nashville, Tennessee 37208
Maureen Hart, Project Director
(615) 327-6255

ORANGE PLAYHOUSE THERAPEUTIC NURSERY AND PARENTING PROGRAM

Child Protection Team
85 West Miller Street, Suite 304
Orlando, Florida 32806
Christina Magaz, Treatment Coordinator
(305) 841-5111, Ext. 5940

CLINICAL SERVICES AND ISSUES FOR DAY CARE SEXUALLY ABUSED PRESCHOOL CHILDREN AND THEIR FAMILIES

Illinois Masonic Medical Center
Child Abuse Unit for Studies, Education & Services
CAUSES
836 West Wellington
Chicago, Illinois 60657
Nahman H. Greenberg, Executive Director
(312) 472-6924

LONG BEACH YOUNG CHILD SEXUAL ABUSE TREATMENT PROGRAM

Sarah Center
1401 Chestnut Avenue, Suite 305A
Long Beach, California 90813
Clara Lowry, Executive Director
(213) 599-5256

INTERVIEWING THE SEXUALLY ABUSED CHILD WITH THE AID OF ANATOMICAL DOLLS

Migima Designs
P.O. Box 70064
Eugene, Oregon 97401
Virginia Friedemann, Managing Partner
(503) 726-5442

INTERVENTION/TREATMENT

"A CRY FROM THE WILDERNESS": VICTIM ADVOCACY

State of South Dakota
P.O. Box 707
Yankton, South Dakota 57078
Michelle Tapken, Psychologist
(605) 665-7507

INCEST SURVIVORS RESOURCE NETWORK

Incest Survivors Resource Network, International, Inc.
20 August Lane
Hicksville, New York 11801
Anne-Marie Eriksson, Information Specialist
Erik A. Eriksson, Information Specialist
(516) 935-3031

THE INCEST SURVIVOR PROGRAM

Face to Face
730 Mendota
St. Paul, Minnesota 55106
Pat Olson, Counseling Director
Joanne Mooney, Health Education Director
(612) 772-2539

DEVELOPMENTALLY FOCUSED GROUP FOR SEXUALLY ABUSED LATENCY-AGED GIRLS

Kiel Clinic,
1100 Commerce Building
St. Paul, Minnesota 55101
Sandra Hewitt, Staff Psychologist
(612) 227-3688

PROACTIVE IDENTIFICATION OF CHILD EXPLOITATION

Chicago Police-Child Exploitation Unit
1100 South Hamilton, Room 25
Chicago, Illinois 60612
Brian Killacky, Youth Officer
Samuel Chrishan, Youth Officer
(312) 738-7007

OTHER PROGRAMS
SEXUAL ABUSE

INTERVENTION/TREATMENT

OPTIONS PROGRAM: COUNSELING CHILD PROSTITUTES

Multnomah County Juvenile Court
1401 Northeast 68th Avenue
Portland, Oregon 97213
Adrian Navarro, Juvenile Court Counselor
Penny Bartemus, Juvenile Court Counselor
(503) 248-3460

**OUTPATIENT TREATMENT OF ADOLESCENT SEXUAL OFFENDERS:
THERAPEUTIC ISSUES**

Wyandot Mental Health Center
36th at Eaton
Kansas City, Kansas 66103
Michael Boniello, Program Manager
(913) 831-9500

**MEHARRY CHILD SEXUAL ABUSE PROJECT - SEX OFFENDERS TREATMENT
COMPONENT**

Meharry Medical College
Community Mental Health Center
1005 David B. Todd Boulevard
Nashville, Tennessee 37208
Delores Butler, Mental Health Specialist/CPS Liaison
(615) 327-6858

SPECIALIZED TREATMENT PROGRAM FOR VICTIMIZED/VICTIMIZING YOUTH

Valley Community Counseling Services
1335 North Hunter Street
Stockton, California 95202
David Love, Executive Director
(209) 464-4120

AN INTERAGENCY APPROACH TO CHILD SEXUAL ABUSE

Children's Advocacy Center
106 Lincoln
Huntsville, Alabama 35801
Leigh Johnson, Program Coordinator
(205) 533-KIDS

INTERVENTION/TREATMENT

**A MULTI-MODAL, INTERDISCIPLINARY, RESEARCH APPROACH TO THE TREATMENT
OF INCEST FAMILIES**

North Shore University Hospital - Family Crisis Program
400 Community Drive
Manhasset, New York 11030
Carol Samit, Asst. Coordinator
Kate Fitzgerald, Psychiatric Social Worker
(516) 562-3006

**AN INTEGRATED COMMUNITY SYSTEMS APPROACH TO RESPONDING TO CHILD
SEXUAL ABUSE**

Human Services Department/Social Services Division
Field Services Bureau
PERA Building, Room 519
Santa Fe, New Mexico 87504-2348
Myra Ducharme, Project Director
(505) 827-4439

TREATMENT OF CHILD MOLESTATION IN PRIVATE PRACTICE

Village Psychological Center
101 Main Street, Suite E
Seal Beach, California 90740
Lynn E. Seiser, Clinical Director
(213) 598-4714

**DEVELOPMENT AND IMPLEMENTATION OF A SEXUAL ABUSE TREATMENT PROGRAM
IN AN INPATIENT PSYCHIATRIC SETTING**

Charter Barclay Hospital
4700 North Clarendon Avenue
Chicago, Illinois 60640
Debbie Bretag, Co-Director
David Kenis, Co-Director
(312) 728-7100

CHILDREN'S INVESTIGATIVE TEAMS (CIT)

Jefferson County Police/Department of Human Services
600 West Jefferson Street
Louisville, Kentucky 40202
Mike Smith, Detective
(502) 588-2098

INTERVENTION/TREATMENT

SPECIALIZED SEXUAL ABUSE TREATMENT UNIT

Tennessee Department of Human Services
170 Mid America Mall, Room 901
Memphis, Tennessee 38127
Sandra Allen, Human Services Specialist
(901) 529-7351

CHILD SEXUAL ABUSE TREATMENT PROGRAM

Wake County Department of Social Services
P.O. Box 1247
Raleigh, North Carolina 27602
Gaye Styron, Asst. Director Social Work
(919) 821-1746, Ext. 480

CHILD SEXUAL ABUSE TREATMENT CENTER

Westchester Jewish Community Services
141 North Central Avenue
Hartsdale, New York 10530
Alan Trager, Project Director
(914) 949-6761

TRAINING

A TEACHER TRAINING MODEL THAT WORKS

Personal Safety Program
P.O. Box 763
Hadley, Massachusetts 01035
Geraldine A. Crisci, Director
(413) 586-3663

CHILD SEXUAL ABUSE PREVENTION TRAINING FOR TEACHERS AND PARENTS

Southeastern Vermont Community Action, Inc.
P.O. Box 396
Bellows Falls, Vermont 05101
Karen Gaul, Program Director
(802) 463-9951

CHILD SEXUAL ABUSE PROJECT: NETWORKING TRAINING

Tennessee Association of Mental Health Centers
211 7th Avenue North, Jaques-Miller Building
Nashville, Tennessee 37219
Loretta Carver, Director, Program & Member Services
Maureen Hart, Director, Meharry Child Sexual Abuse Project
(615) 244-2200

KEEPING CHILDREN SAFE FROM HARM: TRAINING PROGRAM FOR IN-HOUSE PERSONNEL

The Salvation Army, Eastern Territory
(11 Eastern States)
120 West 14th Street
New York, New York 10011
Edith MacLachlan, Residential & Group Services Director
(212) 620-4372

THE HIDDEN REALITY: SEXUAL EXPLOITATION PREVENTION TRAINING FOR REHABILITATION PROFESSIONALS AND PEOPLE WITH DISABILITIES

The Auxiliary of Bellevue Hospital Center
345 West 21st Street, 3rd Floor, Suite D
New York, New York 10011
George Marshall Worthington, Project Director
(212) 561-4514

OTHER PROGRAMS
SEXUAL ABUSE

MISCELLANEOUS

**CHILD SAFETY THROUGH THE EMPOWERMENT OF CHILDREN, FAMILIES, AND
COMMUNITIES**

Track
87 Summer Street, 5th Floor
Boston, Massachusetts 02110
Sheila Spence, Executive Director
(617) 423-1262

THE INVESTIGATION OF CHILD SEXUAL ABUSE IN DAY CARE

Tennessee Department of Human Services
111 7th Avenue, North
Nashville, Tennessee 37203
Charles A. Wilson, Director, Social Services
(615) 741-3443

ADOLESCENT SEX OFFENDER TASK FORCE

California Youth Authority
250 El Camino #212
Tustin, California 92680
Sharon J. English, Victim Services Coordinator
(714) 558-4556

OTHER PROGRAMS

COMPREHENSIVE PROGRAMS

PROYECTO ESPERANZA/PROJECT HOPE: LOCAL DEMONSTRATIONS AT EIGHT SITES

National Coalition of Hispanic Mental Health
& Human Services Organizations
1030 15th Street NW, Suite 1053
Washington, D.C. 20005
Ivette A. Torres, Project Director
(202) 371-2100

**INTERDISCIPLINARY CAREER LEVEL TRAINING IN CHILD ABUSE/NEGLECT AND
CHILD SEXUAL ASSAULT INTERVENTION**

National Assoc. State Directors of Law Enforcement Training
50 Tremont Street, Suite 107
Melrose, Massachusetts 02176
Stephen J. Mandra, Executive Director
(617) 622-2422

STATEWIDE CHILD ABUSE PREVENTION/INTERVENTION PROGRAMS

State of California, Dept. of Social Services
Office of Child Abuse Prevention (OCAP)
744 P Street, MS 9-100
Sacramento, California 95814
Gary Matthies, Manager
(916) 324-5983

**PROJECT 12-WAYS: SERVING 10 RURAL COUNTIES TO TREAT & PREVENT CHILD
ABUSE AND NEGLECT**

Southern Illinois University
Rehabilitation Institute
Carbondale, Illinois 62901
John R. Lutzker, Professor and Coordinator
(618) 453-2434

A CONTINUUM OF PROGRAMS FOR CHILD ABUSE AND NEGLECT

Kent County Mental Health Center
50 Health Lane
Warwick, Rhode Island 02886
David Rehm, Asst. Director
Kathleen Doherty, Asst. Director
(401) 738-4300

OTHER PROGRAMS

COMPREHENSIVE PROGRAMS

COMMUNITY COUNCIL ON CHILD ABUSE AND SEXUAL ABUSE PREVENTION

Community Council/Child Abuse Prevention Association
1511 Kingshighway
Independence, Missouri 64055
Karen Cummings, Secretary
(816) 252-8388

TLC (TEACHING LEARNING CENTER): PREVENTION & INTERVENTION

Youth Services of Grady County, Inc.
P.O. Box 829
Chickasha, Oklahoma 73023
Paula Erdelyi, Services Director
(405) 222-5437

FAMILIES OF WYANDOTTE COUNTY: PREVENTION & TREATMENT OF CHILD ABUSE

Community Service Center
2048 North 5th Street
Kansas City, Kansas 66101
Regina Barger, Coordinator
(913) 371-3148

S.C.A.N. (SUSPECTED CHILD ABUSE AND NEGLECT)

Family Service Association
184 Salem Avenue
Dayton, Ohio 45406
Marsha Bush, SCAN Director
(513) 222-9481

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F I L M F E S T I V A L

An opportunity to view 38 noteworthy films or public service announcements shown continuously throughout the conference

The films may be viewed in the Chicago Hilton and Towers guest rooms on television channel 12 or in the large Film Festival Screening Room open to all conference participants at the Chicago Hilton and Towers.

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Special thanks to MTI Teleprograms, Inc. for graciously assisting in producing the Film Festival.

FILM FESTIVAL

PHYSICAL ABUSE & NEGLECT

THE GOOD GOODBYE

Length: 24 minutes
Producer: Filmmaker, Inc.
Distributor: Wiley House
Bethlehem, Pennsylvania 18015

A young victim of abuse fights back, quite literally, with fire. Troubled youth or others from abusive environments illustrate how century-old Wiley House treats a thousand young people every day. Foster families and support programs contribute to a Wiley Kid's ultimate goodbye.

HOW DO YOU TELL?

Length: 13 minutes
Producer: J. Gary Mitchell Film Company
Distributor: MTI Teleprograms, Inc.
108 Wilmot Road
Deerfield, Illinois 60015
(312) 940-1260
(800) 323-5343

"How Do You Tell?" offers a creative, very positive push for kids in the direction of independence, maturity and caring. This film promotes the use of positive peer pressure for children facing tough decisions.

FILM FESTIVAL

PHYSICAL ABUSE & NEGLECT

IN CHARGE AT HOME

Length: 20 minutes
Producer: Film Fair Communications
Distributor: Film Fair Communications
10900 Ventura Boulevard
Studio City, California 91604
(818) 985-0244

Aimed at the older elementary student, "In Charge At Home" presents many vignettes on handling the key, checking in with a parent upon arrival at home, proper handling of telephone calls, and fixing snacks.

IT SHOULDN'T HURT TO BE A KID

Length: 27 minutes
Producer: California Attorney General's Office
Distributor: AIMS Media
6901 Woodley Avenue
Van Nuys, California 91406
(818) 785-4111
(800) 367-2467

Ricky Schroder and John Houseman narrate this film which defines child abuse and teaches how to recognize it. In addition, the film explains how to report suspected abuse, who should report, and what will happen after the report is made.

FILM FESTIVAL

PHYSICAL ABUSE & NEGLECT

MEETING STRANGERS: RED LIGHT/GREEN LIGHT

Length: 19 minutes
Producer: Sal Bruno
Distributor: Phoenix Films
468 Park Avenue South
New York, New York 10016

The analogy of red light/green light is used to distinguish between dangerous and friendly strangers whom a child might encounter. Children also learn how to avoid dangerous situations while alone outside their homes.

NEVER SAY YES TO A STRANGER

Length: 25 minutes
Producer: MTI Film and Video and
Cook County Sheriff's Police Department
Distributor: MTI
108 Wilmot Road
Deerfield, Illinois
(312) 940-1260
(800) 323-5343

A brand new film featuring Alex Karras and Susan Clark from the television series "WEBSTER," incorporates animated and live action situations to teach children important safety rules. These rules taken from the book, "Never Say Yes to a Stranger," by Susan Newman, are designed to protect children from potentially dangerous situations.

FILM FESTIVAL

PHYSICAL ABUSE & NEGLECT

POCA COSA

Length: 28 minutes
Producer: Bilingual Cine-Television
Distributor: Bilingual Cine-Television
2017 Mission Street, 2nd Floor
San Francisco, California 94110
(415) 621-8010

Poca Cosa, filmed in Spanish with English subtitles, offers valuable insight into child abuse prevention within the Hispanic family. The film also assists non-Hispanic professionals and para-professionals who work with and treat Hispanic families.

SOMETIMES IT'S OK TO TATTLE

Length: 12 minutes
Producer: Family Information Systems, Inc.
Distributor: Family Information Systems, Inc.
69 Clinton Road
Brookline, Massachusetts 02146
(617) 232-3737

Using a puppeteer, this film discusses child abuse and neglect with children in grades K-6. Children are advised to tell the teacher or another trusted adult if abuse is suspected.

FILM FESTIVAL

PHYSICAL ABUSE & NEGLECT

TAKE TIME OUT...

Length: 30 seconds

Producer: National Committee for Prevention of Child Abuse,
in cooperation with The Ad Council and Campbell-Ewald
Advertising Company

Distributor: The Ad Council
50th & Third Avenue
New York, New York 10022

This public service announcement features a young mother experiencing typical stressful situations, and reminds parents to "Stop! Take Time Out - Don't Take It Out On Your Kid." The National Committee's media campaign, "Take Time Out...", which suggests alternatives to abusive behavior, is also available in print and audio.

WHO DO YOU TELL?

Length: 11 minutes

Producer: J. Gary Mitchell Film Company

Distributor: MTI Teleprograms, Inc.
108 Wilmot Road
Deerfield, Illinois 60015
(312) 940-1260
(800) 323-5343

In "Who Do You Tell?" younger children are encouraged to bring their problems and concerns out into the open, and to identify and make use of support systems available to them.

FILM FESTIVAL

PHYSICAL ABUSE & NEGLECT

THE WIZARD OF NO

Length: 18 minutes
Producer: J. Gary Mitchell Film Company
Distributor: MTI Teleprograms, Inc.
108 Wilmot Road
Deerfield, Illinois 60015
(312) 940-1260
(800) 323-5343

"The Wizard of No" speaks to children by acknowledging the difficulties in making the right decisions, and offers a strategy for success - the power of "NO." This slightly wacky, but full of wisdom film carries an important message to students in primary - junior high school.

YOU CAN PREVENT CHILD ABUSE

Length: 11 minutes
Producer: National Committee for Prevention of Child Abuse
Distributor: National Committee for Prevention of Child Abuse
332 South Michigan Avenue, Suite 950
Chicago, Illinois 60604
(312) 663-3520

Narrator Barbara Rush clearly describes child abuse in all its forms, including statistics and poignant excerpts from letters received by the National Committee for Prevention of Child Abuse. The National Committee's goals are outlined, along with an invitation to join the nationwide network of volunteers who are committed to ending child abuse.

FILM FESTIVAL

EMOTIONAL ABUSE

EMOTIONAL ABUSE

Length: 28 minutes

Producer: WOSU Telecommunications and League Against Child Abuse

Distributor: League Against Child Abuse
360 South Third Street
Columbus, Ohio 43215
(614) 464-1500

This unrehearsed documentary delves into the often overlooked issue of emotional child abuse. The short and long-range effects that emotional abuse has on people's lives are examined.

SOME SCARS DO NOT SHOW

Length: 10 minutes

Producer: Family Information Systems

Distributor: Family Information Systems
69 Clinton Road
Brookline, Massachusetts 02146
(617) 232-3737

This film on the controversial subject of emotional abuse uses puppets to help children learn to distinguish between normal discipline and abuse. They also learn how to develop healthy patterns of communication. Children are encouraged to talk to a trusted adult.

FILM FESTIVAL

SEXUAL ABUSE - ADULT AUDIENCES

BREAKING SILENCE

Length: 58 minutes
Producer: Future Educational Films, Inc.
Distributor: The Film Distribution Center
1028 Industry Drive
Seattle, Washington 98188
(206) 575-1575

"Breaking Silence" chronicles the incidence and effects of incest and child sexual abuse on American families. Personal stories, family photos, and drawings by sexually abused children are interwoven throughout this film.

FEELING YES, FEELING NO: THE ADULT FILM

Length: 27 minutes, 26 seconds
Producer: National Film Board of Canada
Distributor: Perennial Education
930 Pitner
Evanston, Illinois 60202
(312) 328-6700
(800) 323-9084

Actors from the Green Thumb Group present clear information about what an adult can do after an assaulted child confides in the adult. Interviews and role playing depict the nature and scope of child sexual assault.

FILM FESTIVAL

SEXUAL ABUSE - ADULT AUDIENCES

JENNY'S ABUSE

Length: 2 minutes

Producer: Massachusetts Committee for Children and Youth and
Knockout, Inc., Films

Distributor: Massachusetts Committee for Children and Youth
14 Beacon Street, Suite 706
Boston, Massachusetts 02108
(617) 742-8555

This four-part public service announcement, which is part of an award-winning campaign for television, aims to teach both parents and children how to prevent child sexual abuse. The campaign's message is "Teach Your Kids About Sexual Abuse Before Somebody Else Tries To."

MEN WHO MOLEST: CHILDREN WHO SURVIVE

Length: 55 minutes

Producer: Rachel Lyon

Distributor: Filmmakers Library, Inc.
133 East 58th Street
New York, New York 10022

This film is a portrait of men who are sexually addicted to children. The film, which explores the issue of treatment versus punishment, looks at four child molesters and the effect they have on the lives of the children and other family members.

FILM FESTIVAL

SEXUAL ABUSE - ADULT AUDIENCES

THE MOORE REPORT: THE BETRAYAL

Length: 56 minutes
Producer: WCCO Television
Distributor: Media Services, WCCO Television
11th on the Mall
Minneapolis, Minnesota 55403
(612) 330-2400

"The Betrayal" is a frank and disturbing documentary about child sexual abuse and incest. Its honesty and candor help shatter the silence about a crime that can only survive in the mutual silence of victim and offender.

AN OUNCE OF PREVENTION

Length: 19 minutes- 45 seconds
Producer: Planned Parenthood Association of Cincinnati, Inc.
Distributor: Agency for Instructional Technology
Box A
Bloomington, Indiana 47402

Pediatrician Elaine Billmire and Pat Meyers, a social worker, speak from extensive experience with sexually abused children. Explaining that most abusers are persons the parents and children know and trust and that most sexual assault is non-violent, they urge parents to listen carefully when children talk about things that make them feel bad.

FILM FESTIVAL

SEXUAL ABUSE - ADULT AUDIENCES

SEXUALLY MISUSED CHILDREN: IDENTIFICATION, DOCUMENTATION, MANAGEMENT

Length: 26 minutes
Producer: University of Michigan Biomedical Communications Unit
Distributor: University of Michigan Media Library
University of Michigan Medical Center
Ann Arbor, Michigan 48109
(313) 763-2074

This is a clinical film focusing on identifying and appropriately documenting cases of sexually misused children. Physical and behavioral indicators of sexual misuse, guidelines for interviewing victims, what should be included in the physical exam, and guidelines for documentation are all included.

SILENT SHAME

Length: 51 minutes
Producer: NBC
Distributor: Films Incorporated
5547 North Ravenswood
Chicago, Illinois 60640
(312) 878-7300
(800) 323-4222

This documentary examines the spread of the sexual abuse of children and child pornography. It presents material showing how each feeds on the other and how sex with children causes psychological, emotional, and physical damage.

FILM FESTIVAL

SEXUAL ABUSE - ADULT AUDIENCES

TALKING HELPS

Length: 27 minutes
Producer: ODN Productions
Distributor: ODN Productions
74 Varick Street
New York, New York 10013
(212) 431-8923

"Talking Helps" is a training film that accompanies "No More Secrets," a sexual abuse prevention film directed to children and therefore described subsequently. "Talking Helps" shows a teacher using "No More Secrets" in a classroom and addresses the concerns of teaching this sensitive topic.

TARGETS

Length: 19 minutes
Producer: J. Gary Mitchell Film Company
Distributor: MTI Teleprograms, Inc.
108 Wilmot Road
Deerfield, Illinois 60015
(312) 940-1260
(800) 323-5343

This film is appropriate for both adult and adolescent audiences. Teens in grades 7-12, who often find themselves victims of molestation, domestic violence, and negative peer pressure, learn that the time for self-determination and for taking responsibility is now. Adolescents will realize their problems are not unique and that help is available.

FILM FESTIVAL

SEXUAL ABUSE - CHILD/ADOLESCENT AUDIENCES

BETTER SAFE THAN SORRY III

Length: 19 minutes
Producer: Film Fair Communications
Distributor: Film Fair Communications
10900 Ventura Boulevard
Box 1728
Studio City, California 91604
(818) 985-0244

"Better Safe Than Sorry III," a recently revised version, is designed to teach adolescent girls and boys about potential dangers of sexual abuse and how to avoid situations which could be dangerous. Dramatized sequences are presented and common sense rules for personal safety are taught.

CHILD MOLESTATION: A CRIME AGAINST CHILDREN

Length: 11 minutes
Producer: AIMS Media
Distributor: AIMS Media
6901 Woodley Avenue
Van Nuys, California 91406
(818) 785-4111
(800) 367-2467

How is a child to know what is molestation and what is not? This and other questions are answered by children who have been sexually molested by relatives and who have been helped by counseling. This film teaches intermediate - junior high students to be careful without developing paranoia.

FILM FESTIVAL

SEXUAL ABUSE - CHILD/ADOLESCENT AUDIENCES

FEELING YES, FEELING NO #1

Length: 13 minutes, 43 seconds
Producer: National Film Board of Canada
Distributor: Perennial Education
930 Pitner
Evanston, Illinois 60202
(312) 328-6700

Film #1 in this series offers basic skills that build self-worth, self-confidence, and good judgment. Teaching tools include a catchy theme song, positive and negative touching scenes presented by the Green Thumb Theatre Group, and lively discussion.

FEELING YES, FEELING NO #2

Length: 14 minutes, 6 seconds
Producer: National Film Board of Canada
Distributor: Perennial Education
930 Pitner
Evanston, Illinois 60202
(312) 328-6700

The second film in this series reinforces "yes" and "no" feelings and goes on to teach children how to recognize sexual assault by strangers. Memorable skits emphasize that not every stranger is dangerous and help children identify dangerous situations.

FILM FESTIVAL

SEXUAL ABUSE - CHILD/ADOLESCENT AUDIENCES

FEELING YES, FEELING NO #3

Length: 15 minutes, 40 seconds
Producer: National Film Board of Canada
Distributor: Perennial Education
930 Pitner
Evanston, Illinois 60202
(312) 328-6700

Film #3 in this series teaches differentiation between sexual assault by family members or other trusted persons. The Green Thumb actors role-play children's responses to several common family member assault situations, while children offer self-help suggestions.

GOOD ADVICE FROM THE AMAZING SPIDER-MAN

Length: 30 seconds
Producer: WBZ-TV, Boston, in collaboration with Massachusetts
Committee for Children and Youth, and Marvel Comics Group
Distributor: National Committee for Prevention of Child Abuse
332 South Michigan Avenue, Suite 950
Chicago, Illinois 60604
(312) 663-3520

The amazing Spider-Man talks with kids about how to prevent child sexual abuse through the medium of a partly animated 30-second public service announcement for television. Children are encouraged to call or write for a free Spider-Man comic. This public service announcement is available in 20 second length for localization.

FILM FESTIVAL

SEXUAL ABUSE - CHILD/ADOLESCENT AUDIENCES

LITTLE BEAR

Length: 20 minutes
Producer: Bridgework Theater
Distributor: NEWIST
1110 IS Building, University Campus
University of Wisconsin at Green Bay
Green Bay, Wisconsin 54302
(414) 465-2599

"Little Bear," the film adapted from the stage play of the same name, uses animal characters to teach children in a direct but nonthreatening way how to avoid being sexually abused and what to do about it if it occurs.

NO MORE SECRETS

Length: 13 minutes
Producer: ODN Productions
Distributor: ODN Productions
74 Varick Street
New York, New York 10013
(212) 431-8923

"No More Secrets," which focuses on child sexual abuse prevention, uses animated sections to deal sensitively and specifically with the problem of sexual abuse. "No More Secrets" must be shown in conjunction with "Talking Helps," listed in the preceding section for Adult Audiences.

FILM FESTIVAL

SEXUAL ABUSE - CHILD/ADOLESCENT AUDIENCES

SOME SECRETS SHOULD BE TOLD

Length: 10 minutes

Producer: Family Information Systems, Inc.

Distributor: Family Information Systems, Inc.
69 Clinton Road
Brookline, Massachusetts 02146
(617) 232-3737

Addressing child sexual abuse, a puppeteer encourages children to be aware of the problem, to distinguish it from normal affection and encourages them to tell a trusted adult. The film helps alleviate the guilt many children feel when victimized and discusses the need for professional counseling.

STRONG KIDS, SAFE KIDS

Length: 43 minutes

Producer: Paramount Video

Distributor: Local retail video stores

The subject is serious, but the advice provided in "Strong Kids, Safe Kids" is presented in an effective, entertaining way with music, humor, and straight talk. Host Henry Winkler is joined by Kee McFarlane and Dr. Sol Gordon, plus animated favorites such as Scooby Doo, Yogi Bear, and the Flintstones. Parents and children will learn together basic skills to aid in preventing sexual abuse.

FILM FESTIVAL

SEXUAL ABUSE - CHILD/ADOLESCENT AUDIENCES

TOUCH

Length: 32 minutes
Producer: Illusion Theater
Distributor: MTI Teleprograms, Inc.
108 Wilmot Road
Deerfield, Illinois 60015
(312) 940-1260
(800) 323-5343

Through a series of dramatic situations that combine fun and learning, the actors in "Touch" reveal the different kinds of touch that children might experience. Victims are never at fault in this film which uses humor and honesty to teach basic but important lessons.

WHAT TADOO

Length: 18 minutes
Producer: J. Gary Mitchell Film Company
Distributor: MTI Teleprograms, Inc.
108 Wilmot Road
Deerfield, Illinois 60015
(312) 940-1260
(800) 323-5343

A delightful combination of original music, live action, and clever puppetry teach fundamental rules to protect young children from hurt and danger. A cast that includes frogs, "What" and "Tadoo," reminds children about strangers, threatening touches, and scary secrets.

FILM FESTIVAL

SEXUAL ABUSE - CHILD/ADOLESCENT AUDIENCES

YES, YOU CAN SAY NO

Length: 19 minutes, 28 seconds

Producer: Seattle Institute for Child Advocacy
Committee for Children

Distributor: Seattle Institute for Child Advocacy
Committee for Children
172 20th Avenue
Seattle, Washington 98122
(206) 322-5050

In this dramatic presentation, David, a ten-year old, draws on his own resources and the inspiration and guidance of his friends to move from passivity to successful assertiveness in handling a situation of exploitative touch.

YOU'RE IN CHARGE

Length: 12 minutes

Producer: "You're in Charge," Inc.

Distributor: "You're in Charge," Inc.
1618 Yale Avenue
Salt Lake City, Utah 84105
(801) 582-2398

This informative film emphasizes the importance of each individual's right not to be hurt or made to feel uncomfortable. Being in charge means protecting your personal rights to safety or privacy by learning and practicing common sense rules.

E X H I B I T S

An opportunity to review programs or products with 44 national or other organizations

EXHIBITORS

Action for Child Protection, Inc.
1321 Romany Road
Charlotte, North Carolina 28204
(303) 369-8008

Alberta Social Services and Community Health
10421 159th Street
Edmonton, Alberta, T5P 3A7, Canada
(403) 422-2181

American Association for Protecting Children
A Division of American Humane Association
9725 East Hampden Avenue
Denver, Colorado 80231
(303) 695-0811

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610
(312) 645-4566

Behavioral Consultants
121 North Center Street
Naperville, Illinois 60540
(312) 355-7529

Boys Town National Institute
555 North 30th Street
Omaha, Nebraska 68131
(402) 449-6600

Brunner/Mazel, Inc.
19 Union Square West
New York, New York 10003
(212) 924-3344

Charter Barclay Hospital
4700 North Clarendon
Chicago, Illinois 60640
(312) 728-7100, Ext. 103

EXHIBITORS

CHILDHHELP, U.S.A./International
6463 Independence Avenue
Woodland Hills, California 91361
(714) 845-3155

The Child Welfare League of America
440 First Street NW, Suite 310
Washington, DC 20001
(202) 638-2952

Everybodies
4712 Gregory
McHenry, Illinois 60050
(312) 497-4621

Family Development Resources, Inc.
767 2nd Avenue
Eau Claire, Wisconsin 54703
(715) 833-0904

Family Life Development Center
Cornell University
E-200 MVR Hall
Ithaca, New York 14853
(607) 256-7794

Film Fair Communications
10900 Ventura Boulevard
Studio City, California 91604
(818) 985-0244

Health Resource & Services Administration
5600 Fishers Lane
Room #14-43
Rockville, Maryland 20857

Illinois Department of Children and
Family Services
1 North Old State Capital Plaza
Springfield, Illinois 62706
(217) 785-1700

EXHIBITORS

Illinois Department of State Police
201 Armory Building
Springfield, Illinois 62706
(217) 782-4532

Illusion Theater
528 Hennepin Avenue
Minneapolis, Minnesota 55403
(612) 339-4944

Janon' Inc.
317 East Front Street
Grand Ledge, Michigan 48837
(517) 627-5135

Kids in Progress, Inc.
2749 Third Street
Eau Claire, Wisconsin 54703

The Kids on the Block, Inc.
822 North Fairfax Street
Alexandria, Virginia 22314
(703) 836-0550

Kidsrights
P.O. Box 851
Mount Dora, Florida 32757
(904) 383-6200

La Rabida Children's Hospital & Research Center
East 65th at Lake Michigan
Chicago, Illinois 60649
(312) 363-6700

Lutheran Social Services of Washington
North 1226 Howard
Spokane, Washington 99201
(509) 327-7761

EXHIBITORS

Migima Designs, Inc.
P.O. Box 70064
Eugene, Oregon 97401
(503) 726-5442

National Center on Child Abuse and Neglect
Box 1182
Washington, D.C. 20013
(202) 245-2840

National Committee for Prevention of Child Abuse
332 South Michigan Avenue, Suite 950
Chicago, Illinois 60604
(312) 663-3520

Network Publications
1700 Mission Street, Suites 203-204
Santa Cruz, California 95060
(408) 429-9822

New York State Child Welfare Training Institute
State University College at Buffalo
1300 Elmwood Avenue
Bacon Hall 117
Buffalo, New York 14222
(716) 878-6104

Outreach - A Women's Action Group
P.O. Box 1271 Station "B"
Oshawa, Ontario, L7J 5Z1, Canada
(416) 728-3163

Pergamon Press, Inc.
Maxwell House, Fairview Park
Elmsford, New York 10523
(914) 592-7700

Professional Research, Inc./Perennial Education, Inc.
930 Pitner Avenue
Evanston, Illinois 60202
(312) 328-6700

EXHIBITORS

Rape and Abuse Crisis Center
P.O. Box 2984
Fargo, North Dakota 58108
(701) 293-7273

Rivendell of America
5100 Popular, Suite 2820
Memphis, Tennessee 38137
(901) 685-9152

Riverside Medical Center
Mental Health Unit
350 North Wall Street
Kankakee, Illinois 60901
(815) 933-1617, Ext. 4820

Sasa and Company
2008 La Brea Terrace
Los Angeles, California 90046
(213) 851-4577

Sage Publications, Inc.
275 South Beverly Drive
Beverly Hills, California 90212
(213) 274-8003, Ext. 29

Sixth International Congress on Child Abuse and Neglect
The Children's Hospital
P.O. Box 34, Camperdown
Sydney, Australia NSW 2050

TACA
5212 152nd Street
Tacoma, Washington 98446
(206) 537-0117

Take Care with Yourself
1915 Geddes Avenue #2
Ann Arbor, Michigan 48104
(313) 665-7371

EXHIBITORS

Ther-a-Play
P.O. Box 761
25 Bonnie Way
Glen Ellen, California 95442
(707) 224-6016

Uniquity
215 4th Street
P.O. Box 6
Galt, California 95632
(209) 745-2111

United Way, Inc.
621 South Virgil
Los Angeles, California 90005
(213) 736-1325

The Whole Family, Inc.
319 West 77th Street
New York, New York 10024
(212) 496-0445