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# Controversial Issues in the Study of Child Maltreatment

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Concern and Debate About Overreporting  
and Alleged False Allegations

*Unfounded Allegations*

*Memory Wars: Repressed and Recovered  
Memories*

Claims Making Versus Science: Balancing  
Passion and Empiricism Within the Field  
of Child Maltreatment

*Public Distrust of Social Science*

*Blurring Definitional Boundaries: Is  
Everyone a Victim?*

*Feeding the Backlash*

*Achieving Balance*

The Unintended Consequences of  
Redefining Exposure to Intimate Partner

Violence (IPV) as a Form of Child  
Maltreatment

Are Some Cases of Sudden Infant Death  
Syndrome (SIDS) Actually  
Infanticide?

Justice and Protection Controversies

*Mandatory Reporting*

*Community Notification Laws*

Corporal Punishment

Family Preservation Versus  
Out-of-Home Care

Chapter Summary

Discussion Questions

Notes

Recommended Resources

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It is not uncommon for texts on family violence to include discussions of current controversies. In fact, one popular book, now in its second edition, is devoted entirely to the topic (Loseke, Gelles, & Cavanaugh, 2005). To be sure, there is no shortage of controversies to discuss. Indeed, it is probably safe to conclude that within psychology and sociology, few topics generate more controversy than family violence, of which child maltreatment is an integral part.

We focus this chapter on current controversial issues in the field for several reasons. First, most of the controversial topics discussed in this chapter are inherently interesting. Students often have strong opinions about many of these topics, and discussions can be lively. Second, examining controversies teaches us something about how social issues come to be seen as social problems. The topic of child maltreatment draws together professionals from many different fields, and these professionals often have competing interests and make competing claims. The study of controversial issues leads us to examine these competing claims, and in the process, we learn something about how social problems are formed. Finally, we consider controversies because we believe that an intelligent debate about these topics contributes to knowledge about child maltreatment. As Gelles and Loseke (1993) wrote in the first edition of *Current Controversies on Family Violence*, “controversy is *necessary* [italics added], because knowledge is advanced through controversy: Controversy leads to debate, debate stirs reflection, reflection leads to research, and research leads to refinement of ideas” (p. xii). At the very least, we should recognize that the debates presented in this chapter represent the hottest topics within child maltreatment, many receiving considerable media attention. Any student of child maltreatment should be well versed on these debates.

## Concern and Debate About Overreporting and Alleged False Allegations

By now the reader should be well aware of the fact that throughout much of human history, children have been mistreated and exploited and their plight largely ignored. Thankfully, many advocates came to the defense of children, encouraging society to believe the children and to acknowledge that the unthinkable does sometimes occur. For the most part, their efforts were successful, and one could reasonably argue that children are offered more protections today than at any time in human history. The role of advocacy in the discovery of child maltreatment was necessary and indisputable.

But there are those who claim that the pendulum has swung too far. The result, they argue, is a societal obsession with child maltreatment that ultimately produces overreporting. It is not uncommon, critics charge, for advocates to exaggerate sexual abuse as “nearly universal” (Bower, 1993). Some advocates make invalidated claims, such as “If you are unable to remember any specific instances but still have a feeling that something abusive happened to you, it probably did” (Bass & Davis, 1988, p. 21). Critics also contend that popular writings encourage those who perceive themselves to be victims to undertake emotional confrontations with their alleged perpetrators and, in general, become part of a victimization culture these critics perceive to be troubling (Davis, 2005; Loftus, 1993; Travis, 1993).

Are unfounded allegations the *new child abuse problem* (Besharov, 1986, p. 18)? Do children or adults routinely make up stories of abuse? Do therapists and/or parents coach children or adults into believing memories that are not true? Can traumatic memories of abuse be forgotten (or *repressed*) and later remembered? There are no easy answers to these questions.

## Unfounded Allegations

Each year, there are persons who go to jail and lose their life savings, their homes, their reputations, and their jobs because social workers, psychologists, prosecutors, jurors, and judges believe what young children tell them about being sexually molested. Hundreds of thousands of individuals each year are accused falsely of child abuse. (Emans, 1988, p. 1000)

The statistical claims of *hundreds of thousands* of false allegations annually is typically attributed to Douglas Besharov, the first director of the National Center on Child Abuse and Neglect and keynote speaker at the first conference held by the organization, Victims of Child Abuse Laws. Besharov's concern, which he typically expresses in a far less inflammatory manner than Emans's above, is that the massive publicity surrounding child maltreatment has contributed to large numbers of unfounded allegations. The statistical claim, "hundreds of thousands of innocent people are having their reputations tarnished and their privacy invaded" (Besharov, 1986, p. 32), is derived from the difference between the total number of cases reported to Child Protective Services (CPS) (over 3 million each year) and the number of cases substantiated by CPS (500–700 thousand per year).

Is this concern justified? The answer to this question depends in part on exactly how the concern is articulated. Besharov's argument is that there has been an "understandable but counterproductive overreaction on the part of the professionals and citizens who report suspected child abuse" (Besharov, 1986, p. 19). There may be some truth to this claim. After all, awareness is high, reports have risen, and the majority of reports are not substantiated. This *overreaction* (Besharov's word, not ours) has inundated CPS agencies with allegations and ultimately put victims of child abuse at risk. He notes, for example, that 25% to 50% of child maltreatment fatalities involved children previously known to CPS who might have been saved had CPS workers been able to focus on these *real* victims of abuse.

What about the question, raised by Emans above, that children routinely concoct stories? This statement is difficult to defend. While there is no doubt that children do *sometimes* make false allegations, one must be careful not to accept the *epidemic* rhetoric. We certainly do not make the assumption that most adults who allege crimes are lying. Why would one assume that children tend to fabricate stories? What would be their incentive to do so? Indeed, as Lipian, Mills, and Brantman (2004) write, "the revisionist Freudian assumption that children's allegations of abuse can be consistently written off as fantasy is no longer viable. Equally unreasonable, however, would be an adherence to a flower-era maxim that 'children never lie'" (p. 257).

A number of well-publicized cases have contributed to a popular perception that childhood fabrications are common. The McMartin Preschool case in southern California, one of the longest and most costly criminal trials in U.S. history, is perhaps the most historically important. Initially, the case involved seven child care workers, including Ray Buckey, his mother (Peggy McMartin Buckey), and five other McMartin employees, who were accused of sexually abusing some 360 children at the McMartin Preschool over the course of several years in the 1980s (Victor, 1993). The defendants were said to be "devil worshippers" and were accused of many bizarre and unspeakable acts. The district attorney's office, citing the leading questions in some of the interviews, eventually dropped the charges against everyone except Ray and Peggy Buckey. In January 1990, 7 years after the case began, the Buckeys were acquitted on 52 of the 65 counts against them. Later that year, the prosecution dropped the remaining charges against Ray Buckey. This case, which remains widely discussed today, might lead one to conclude that many accusations of CSA made by children are fabricated. This assertion, of course, is controversial.

To get a sense of the rate of false allegations, it is important to distinguish between allegations that are clearly false and allegations where suspicion remains, but evidence is lacking. CPS agencies make little attempt to distinguish between the two, and as a result, the percentage of reports recorded as *intentionally false* was near zero in 2010 (U.S. DHHS, 2011). There are studies, however, that have attempted to estimate the rate of fabrication. Jones and McGraw (1987), for example, reviewed 576 reports of alleged sexual abuse made to the Denver Department of Social Services in 1983. Of those reports, 53% were confirmed substantiated, 17% were unsubstantiated but categorized by the reporters as representing legitimate suspicions, and 24% were categorized as having insufficient information to make a determination about the abuse. The remaining 6% of the reports were categorized as false allegations. Studies outside the United States suggest very similar rates. Oates, Jones, Denson, Sirotiak, Gary, and Krugman (2000) examined 551 reports of sexual abuse in Australia and estimated that 2% to 3% were false. In a national study of almost 8,000 child abuse and neglect reports in Canada, 4% were judged to be intentionally false allegations (Trocmé & Bala, 2005).

As to the specific question of how frequently children intentionally lie, Lanning (2002) summarizes the available research and concludes that children rarely lie about sexual abuse. Researchers in the field of child development have examined children's general capacity to lie at various ages and have found that children under age 7 are unlikely to be successful at telling lies (Morency & Krauss, 1982).

Some of the confusion regarding fabrication may stem from the high percentage of child maltreatment reports that are unsubstantiated by CPS. As discussed in Chapter 2, only about 60% of reports of child maltreatment are even investigated by CPS. The remaining 40% are *screened out* because of insufficient information, workload issues, or referrals to other agencies. Approximately three fourths of investigated cases are unsubstantiated (U.S. DHHS, 2010b). It is important to remember, however, that an unsubstantiated case is merely one in which there is not enough evidence under state law to conclude that a child has been maltreated or is at risk of being maltreated. Most unsubstantiated reports are likely not fabrications but are instead "well-intentioned reports triggered by a suspicious injury or concerning behavior or a misunderstood story" (Trocmé & Bala, 2005, p. 1335).

Lipian and colleagues (2004) suggest three possible scenarios for fabricated reports: child-initiated lies, manipulation by family members, and *pseudomemories* that children come to believe are true. Children who initiate a lie may do so for several reasons. A child may have a chaotic family life and the allegation might represent a cry for help. In other instances, the allegation may be retaliation against the child's family or foster family. There have also been cases in which the child felt pressure from peers to make up stories (Lipian et al., 2004).

Children, however, are rarely the source of intentional false allegations (Trocmé & Bala, 2005). More commonly, fabricated reports begin with parents or other authority figures. The charge of abuse may be at the center of a dispute between estranged parents, or a parent may have a financial incentive. Other times, the accusing parent may be psychologically troubled. The question of widespread fabrications in divorce and separation cases is especially contentious. Some claim that women routinely accuse husbands of abuse—especially sexual abuse—in an attempt to gain leverage in child custody battles. In Canada, the issue came before a Parliamentary hearing, with men's advocates claiming that false allegations of sexual abuse had become the "weapon of choice" for estranged wives (Trocmé & Bala, 2005).

In perhaps the most significant research to examine the question of false allegations in divorce or separation cases, Trocmé and Bala (2005) examined 7,672 child abuse allegations in Canada. Because of the large sample, they were able to look specifically at allegations made in custody cases. The results are fascinating because they challenge much of the popular wisdom and rhetoric surrounding the issue. They concluded that the rate of intentionally false allegation in custody cases (12%), while well above the overall rate (4%), does not approach the epidemic claims made by some. Additionally, fathers were more likely than mothers to bring the allegations, and neglect allegations were more common than sexual or physical abuse.

It is important to note that some experts maintain that cases of parental manipulation/indoctrination can be detected during investigation. Whereas parents and children in abuse cases are most often hesitant to admit or discuss the abuse, parents and children who bring false reports seem more than willing to discuss details. Sometimes parents even coach their kids (e.g., “that is not what you told me before”) during the examination (Lipian et al., 2004).

Finally, and most controversially, Lipian and his colleagues (2004) suggest that some childhood fabrications are *pseudomemories* or unintentional cognitive distortions. The most interesting scenario by which children might create false memories (and perhaps most common) is that they are inadvertently led to do so by parents and professionals. Parents and professionals, by asking leading questions or making subtle suggestions, may intentionally or unintentionally contribute to the distortion of children’s memories.

Research on children suggests that memory is related to both language skills and the ability to order and interpret events, skills that are not usually well developed in young children (Hewitt, 1998). Some researchers have examined the suggestibility of children by exposing them to different kinds of events and then asking the children about those events. It is clear from this research that several factors can contaminate the memories of young children (Ceci & Bruck, 1998; Lyon, 1999; Saywitz, Goodman, & Lyon, 2002). Loftus and Ketcham (1991), for example, describe research in which preschool and kindergarten children were shown 1-minute films and subsequently interviewed about what they saw. The children who were asked leading questions such as “Did you see a boat?” and “Didn’t you see a bear?” responded affirmatively that they had seen these objects in the films. Because there was neither a boat nor a bear in the films, the researchers concluded that they were able to alter the children’s responses, or possibly even *create* memories in the children, simply by asking leading questions. In another study with children, Ceci (1995) managed to convince 58% of a sample of preschoolers that they once had to go to the hospital to get a mousetrap off of their finger. Many of the fabricated memories included detailed information that had not been suggested by the researchers.

It is difficult to determine how well such results generalize to the questions surrounding false allegations, because the circumstances in experimental situations are different from those surrounding actual events of maltreatment. One factor that distinguishes experimental situations from actual child maltreatment situations is that the latter are generally *traumatic* for the child. Several studies that have examined memories for stressful events among both adults and children suggest that individuals generally retain core features of stressful events, although they may not retain some less significant details (e.g., Bidrose & Goodman, 2000; Christiansson, 1992; Goodman, Hirschman, Hepps, & Rudy, 1991). In addition, there appear to be significant differences among individuals in the ways they remember stressful events (Saywitz et al., 2002).

It is unreasonable, we would contend, that there is an *epidemic* of false allegations. The data simply do not support such a conclusion. Yet it is clear that some accusations made by children are false. This reality warrants continued research focusing on the methods of validating charges of sexual abuse, such as increasing the accuracy of validation attempts, improving interview techniques, and enhancing training for evaluators. By clearly identifying false allegations of CSA, researchers and others will not only prevent the harm that is done to those falsely accused but also refocus attention on identified victims of abuse (Trocmé & Bala, 2005).

### Memory Wars: Repressed and Recovered Memories

There is considerable debate about whether parents, investigators, or therapists inadvertently manipulate or lead clients to construct false memories. This controversy surrounding **repressed** and **recovered memories**—commonly referred to as the *memory wars*—is very contentious and divisive in the psychological community. In the *repressed memory* camp are those who believe that some victims of abuse (especially sexual abuse) are incapable of recalling their trauma until it is psychologically safe to do so. The obstructed memories are a result of either repression of negative feelings associated with the abuse or amnesia associated with dissociative defenses (i.e., multiple personality disorder) of a traumatic event (Briere & Conte, 1993). In the *false memory* camp are those who claim that what some individuals perceive to be memories may be fantasies or illusions, the results of contextual cues or implantation by therapists or other perceived authority figures (Ganaway, 1989; Gardner, 2004; Loftus, 1993). Some in the *false memory* camp have even gone so far as to claim that those who believe false memories may be victims of a disorder, the **False Memory Syndrome**. There is also an advocacy organization, the *False Memory Syndrome Foundation*, that advocates for victims of false allegations. (See also the interview of John Briere in Box 9.1 and Elizabeth Loftus in 9.2.)

#### Box 9.1 An Interview With John Briere



John Briere is Associate Professor in the departments of Psychiatry and Psychology at the Keck School of Medicine, University of Southern California, and Director of the Psychological Trauma Program at LAC-USC Medical Center. He is a past president of the International Society for Traumatic Stress Studies (ISTSS) and recipient of the Robert S. Laufer Memorial Award for Scientific Achievement from ISTSS, the Outstanding Professional award from the American Professional Society on the Abuse of Children, and the Award for Outstanding Contributions to the Science of Trauma Psychology from the American Psychological Association (Division 56). He has been designated as

*Highly Cited Researcher* by the Institute for Scientific Information, and is author or coauthor of over 100 articles and chapters, 11 books, 2 treatment manuals, and 9 psychological tests in the

areas of trauma, child abuse, and interpersonal violence. His newest books are *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment* (2nd edition, with C. Scott, in press) and *Treating Complex Trauma in Adolescents and Young Adults* (with C. B. Lanktree, 2011). His website is [www.JohnBriere.com](http://www.JohnBriere.com).

**Q:** What is your current research focus?

**A:** I've always been interested in the lasting effects of child abuse and neglect (including attachment dysregulation) on adolescent and adult psychological functioning, including how they moderate the effects of later traumas. I'm especially interested in more complex psychological effects of trauma, above and beyond, for example, PTSD [post-traumatic stress disorder] or ASD [Acute Stress Disorder]. This includes more *self-psychological* areas such as affect regulation, identity disturbance, and relational dysfunction. These are things that can be studied empirically, despite their greater complexity and seeming fuzziness. My colleagues and I are also studying the phenomenology and function of dissociative symptoms, including their etiology and relevance to traumatic stress. Dissociation is widely discussed, but it turns out that it may be a more complex topic than previously assumed. Finally, I'm pretty deeply involved in the development of standardized psychological tests of trauma-related symptomatology for both kids and adults. Without good symptom specification, it is hard to study, let alone treat, the full breadth of trauma effects.

**Q:** What sparked your interest in the area of child maltreatment and psychological trauma?

**A:** While still in graduate school (in Canada), I had the opportunity to consult for a community health center that had programs for various types of trauma victims/survivors, including those exposed to child abuse, adult sexual assault, and domestic violence. It also had a large crisis intervention program. I started out knowing very little but had a strong investment in social and human rights issues and working with the underserved. As I became more involved in these programs, eventually as clinical director, the relative lack of empirical information on victims and victimization became apparent. As a budding researcher, I conducted some pretty basic studies to try to understand this stuff. Looking back, the methodology wasn't that great, but the field was hungry for information, and a number of papers eventually got published.

**Q:** Do you think people can repress and later recover memories?

**A:** *Repression* probably isn't a good word for whatever it is that goes on in this regard. Clearly, the majority of studies in the area indicate that some proportion of individuals self-report memories of previously unremembered traumatic events. This finding occurs regardless of the clinical or nonclinical nature of the samples and ranges from child abuse

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experiences to adult traumas such as specific combat experiences. Modern explanations for the availability of previously unavailable memory range from an interruption in previous cognitive avoidance and thought suppression and state-dependent memory retrieval as a function of some sort of context reinstatement to dissociation (which is, itself, probably a number of different things) and the triggered activation of implicit (as opposed to explicit) memories. Whatever the specific underlying mechanism, most trauma-focused clinicians have encountered instances of *recovered* memories in their clients. Occasionally, these memories are not especially accurate—there are a number of reasons why some people believe they recall things that have not happened or that did not happen in exactly the way they remember them.

**Q:** Why do you think there is so much controversy surrounding the question of repressed and recovered memories?

**A:** I don't think there really is, anymore. But whatever debate continues to exist arises, in large part, from the demands and functions of the legal system. People accused of a crime have the right to mount an effective legal defense, including a detailed rebuttal of witness/victim/scientific testimony. Because such testimony may involve seemingly strange notions of memories lost and found, it is predictable that lawyers would hone in on this and that researchers supportive of the defense would attempt to challenge the notion of recovered memories.

**Q:** What has been your most significant and rewarding contribution to the field of child maltreatment?

**A:** Probably something I haven't done yet. It is an exciting area with much to be discovered and understood.

**Q:** What has been the most difficult, challenging, or disappointing experience you have had working in the field of child maltreatment?

**A:** The extent to which people, especially in prior decades, denied the prevalence and impacts of violence against women and children. This has improved of late, thankfully.

**Q:** What social policy recommendations do you suggest to ameliorate the problem of child maltreatment?

**A:** As a nation, we need to invest far more resources in providing decent living conditions, freedom from violence, and meaningful education for our children than we have thus far. Even beyond the obvious moral issues, it would be tremendously cost-effective if our nation could—as some other countries have—invest less in waging wars in distant places and more in developing early childhood intervention and family support programs.



## Box 9.2 An Interview With Elizabeth Loftus



Elizabeth Loftus is Distinguished Professor at the University of California, Irvine. She holds positions in the Departments of Psychology & Social Behavior and Criminology, Law & Society. She also has appointments in the Department of Cognitive Sciences and is a Fellow of the Center for the Neurobiology of Learning and Memory. Loftus has published 22 books and more than 500 scientific articles, most focused on human memory, eyewitness testimony, and courtroom procedure. She has served as president of several professional organizations, is the recipient of five honorary degrees, and has received numerous awards for her research. Most recently, she was awarded the 2003 APA Distinguished Scientific Award for Applications of Psychology and the 2005

Grawemeyer Prize in Psychology (to honor ideas of "great significance and impact"). She received the 2010 American Association for the Advancement of Science Award for Scientific Freedom and Responsibility (for the profound impact that her pioneering research on human memory has had on the administration of justice in the United States and abroad) and she is a member of the National Academy of Sciences. Perhaps one of the most unusual signs of recognition of the impact of Loftus's research came in a study published by the *Review of General Psychology*. The study identified the 100 most eminent psychologists of the 20th century, and Loftus, at #58, was the top-ranked woman on the list.

**Q:** What is your current research focus?

**A:** I study human memory. My experiments reveal how memories can be changed by things that we are told. Facts, ideas, suggestions, and other forms of post-event information can modify our memories. The legal field, so reliant on memories, has been a significant application of the memory research. My interest in psychology and law, more generally, has grown from this application.

**Q:** What sparked your interest in repressed memories and recovered memories?

**A:** On November 28, 1989, George Franklin was placed under arrest for the murder of his daughter's childhood playmate, Susan Nason—a murder which had allegedly occurred on September 22, 1969, almost 20 years earlier. The primary evidence against him was the recently *recovered* memory of his now 29-year-old daughter Eileen. My involvement in this case is what first triggered my interest in the issue of repressed and recovered memories.

**Q:** Why do you think there is so much controversy surrounding the question of repressed and recovered memories?

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- A:** The controversy has had such an emotional pitch to it in large part because of the primary arena in which repressed memories have been at issue—namely, child sex abuse. The topic of child sex abuse gained widespread media coverage beginning in the 1980s, when news of sexual abuse of children in day care centers around the country was widely reported in the press and books and on talk shows. Media coverage of new reports of previously repressed memories of childhood abuse among adults began in the late 1980s and continued into the 1990s. It was all part of what Berkeley professor and Freud Scholar Fred Crews described as the “great sex panic that gripped this continent” in the latter part of the 20th century.
- Q:** Do you think people can repress and later recover memories?
- A:** People can definitely not think about things for long periods and be reminded of them. They cannot think about unpleasant things and have their memories triggered by some retrieval cue. Not only does research support the power of retrieval cues to trigger memory, but you just have to go to a high school reunion to experience this for yourself. This is ordinary forgetting and remembering. As for whether you can massively repress horrific brutalization by some processes beyond ordinary forgetting and remembering, there has of yet been no solid proof.
- Q:** What has been your most significant and rewarding contribution to the field of child maltreatment?
- A:** The research that I and others have published will hopefully minimize harm to the many victims of the *memory wars*. Encouragement of abuse claims and uncritical acceptance of any claim, no matter how dubious, harms many groups of people. These victims include the patients who were misdiagnosed, the innocents who were falsely accused, the good therapists who suffered damage to their reputations, and the genuine victims of abuse whose experiences were trivialized by the dubious claims of others.
- Q:** What has been the most difficult, challenging, or disappointing experience you have had working in the field of child maltreatment?
- A:** It has been very hard to read and listen to mischaracterizations of my views. Whether deliberate or inadvertent, these mischaracterizations are not helpful in creating a free world where multiple views on a subject are tolerated.
- Q:** What social policy recommendations do you suggest to ameliorate the problem of child maltreatment?
- A:** It is obviously important to work toward prevention of child maltreatment and toward punishment of serious offenders. But we cannot uncritically assume that every claim of maltreatment reflects an authentic experience. I have learned this truth about memory that I think is worth keeping in mind: Just because a report about a past event is detailed, just because a person expresses it with confidence and emotion, does not mean that the event actually happened. Given this, it is important for people who hear these claims to be open to information about how they came about and open to the idea that they may reflect an authentic experience, but they may also be a result of suggestion or some other mental process.

Arguably, the memory wars are the single most controversial psychological issue of the past 100 years (Davies & Dalgleish, 2001). The potential consequences of the outcome of this debate are, needless to say, significant (Madill & Holch, 2004; Ost, 2003).<sup>1</sup>

The following chronology of events illustrates some of the contentious issues associated with the memory wars.

**1989:** A California Court of Appeals extends the statute of limitations for CSA under the doctrine of *delayed discovery*, allowing individuals who, as adults, claim histories of CSA during childhood to sue their parents. An individual bringing such a claim must be able to demonstrate that his or her memories of the abuse were repressed (by providing certification from a licensed mental health professional).

**1992:** The False Memory Syndrome Foundation is established to provide information and support for individuals who claim to have been victimized by false accusations of sexual abuse. Several similar organizations are also soon established, including the British False Memory Society, FACT (Falsely Accused Carers and Teachers), Action Against False Allegations of Abuse, and VOCAL (Victims of Child Abuse Laws).

**1992–1994:** Holly Ramona, age 19, accuses her father, Gary Ramona, of repeatedly raping her when she was between the ages of 5 and 8 years. Holly's memories of the abuse surfaced while she was a college student receiving therapy for depression and bulimia. During several months of therapy, Holly experienced flashback memories of her father sexually molesting her. Just before accusing her father, Holly received the hypnotic drug *sodium amytal* and recounted multiple episodes of abuse by her father. After the allegations surfaced, Gary Ramona lost his \$400,000-a-year job, his daughters refused to interact with him, and his wife divorced him. Two years after the case began, a Napa Valley (California) jury rules that Holly Ramona's memories were "probably false" and that although her therapists did not implant the memories, they negligently reinforced them (Butler, 1994). Gary Ramona, who sought \$8 million in damages, was awarded \$500,000.

**1997:** Psychiatrists David Corwin and Erna Olafson publish "Videotaped Discovery of a Memory of Abuse Compared With Earlier Childhood Interview" in the journal *Child Maltreatment*. The article presents the detailed case history of "Jane Doe," who, as a 6-year-old, had described details of her sexual abuse at the hands of her mother in a taped interview with Corwin. Eleven years later, Corwin videotaped a second interview with the then 17-year-old. Although initially indicating she had no memories of sexual abuse, in the video she begins to remember many of the details of her abuse. The sudden recovery of these memories is cited by Corwin and Olafson, as well as several experts who are invited to comment on the case, as proof of recovered memories.

**1999:** In the first criminal trial involving charges against therapists accused of implanting false memories in a client, a mistrial is declared after 5 months of testimony, when the dismissal of several jurors reduces the number of jurors to 11. The five defendants (two psychologists, two psychiatrists, and one hospital administrator) had been charged with insurance fraud and with falsely diagnosing multiple personality disorder and implanting memories of **satanic ritual abuse (SRA)**. The judge and prosecutors in the case conclude that it would be too costly to retry the defendants, so charges are dropped (Smith, 1999).

**2001–2005:** Numerous cases of sexual misconduct and cover-up bring the issue of the sexual abuse of parishioners by Catholic priests to the front pages of the nation's newspapers. Although only a minority of the cases involved the recovery of repressed memories, the publicity surrounding the cases once again draws attention to the repressed memory controversy (Gardner, 2004). Animosity reaches its peak when Paul McHugh, longtime chair of the Department of Psychiatry at Johns Hopkins University, is appointed to a review board to monitor the Catholic Church's response to the sexual abuse scandal. Members of SNAP (Survivors Network of Those Abused by Priests) are critical of the appointment, because McHugh has openly supported the False Memory Syndrome Foundation and has testified for defendants in recovered memory cases. McHugh, while acknowledging that memories can be recovered, is critical of faulty psychiatric practices that he argues have produced thousands of bogus abuse claims. Nonetheless, he stands by his record, vowing to fight child abuse "tooth and nail. . . . It's possible to be on the side of the abused person and still be on the side of somebody who was falsely accused too. Not only are they compatible; they are implicit in one another" (quoted in "Psychiatrist's Appointment," 2002, p. B23).

**2002–2010:** Psychologist Elizabeth Loftus, the most controversial figure in the memory wars, finds herself in a court battle over the publication of her 2002 article, "Who Abused Jane Doe? The Hazards of the Single Case History." In the article, which is published in the *Skeptical Inquirer*, Loftus summarizes her investigation of the abuse accusations of "Jane Doe," later identified as Nicole Taus, who was the subject of the Corwin and Olafson (1997) video referenced above. In the article, Loftus questions the original allegations as well as the recovered memories, noting that CPS authorities at the time did not believe the allegations were true. Especially troubling to Loftus is the fact that the allegations were at the center of a custody dispute between Jane's father and mother. In response to the *Skeptical Inquirer* article, Taus brings a lawsuit against Loftus and the *Skeptical Inquirer*, arguing invasion of privacy and defamation of character. Several psychologists and psychiatrists come to the defense of Loftus, filing a petition with the court: "The manner in which people remember and report past traumatic events is one of the most controversial issues confronting the mental health field today," they write. If scientists can be sued, then "all the fruits of scientific endeavor are under grave threat" (quoted in Dolan, 2005, p. A15). In 2007, the California Supreme Court rules in favor of Loftus and the *Skeptical Inquirer*. Loftus publishes her version of the trial in 2009 (Loftus & Geis, 2009). Further vindication comes in 2010, when the American Association for the Advancement of Science honors Loftus with its Scientific Freedom and Responsibility Award.

Disagreements over this issue are quite heated and sometimes personal. Historian Lloyd deMause (1994), for example, goes so far as to say that "all members of the False Memory Syndrome Foundation are pedophiles or abusers themselves" (p. 505). Critics of the recovered memory movement, on the other hand, belittle as "feminazis" (feminists) and "the-rapists" (therapists) anyone who believes recovered memories are common (Ost, 2003). To be sure, the memory wars are far from settled.

The findings of several studies provide some support for the argument that repressed memories can exist. Herman and Schatzow (1987), for example, found that 64% of female incest survivor patients did not have full recall of their sexual abuse and reported some degree of amnesia.

One fourth of these women reported severe memory deficits or complete amnesia for the abuse events. Approximately 75% of the women obtained evidence to corroborate their abuse reports, such as confirmation from other family members, discovering that a sibling had also been abused, or confession by the perpetrator. Briere and Conte (1993) also found a substantial rate of repressed memories (59%) in a clinical sample of sexual abuse victims. Studies like these are limited, however, because of the retrospective and self-report nature of the data as well as the fact that the findings may only apply to clinical samples.

In an attempt to overcome these problems, Williams (1994) followed a community sample of 100 documented sexual abuse cases in which the victims were between the ages of 10 months and 12 years. When these CSA victims were questioned about their childhood histories 17 years later, 38% did not recall the previously substantiated incidents. In a second follow-up study, Williams (1995) reported that 10% of the subjects indicated that they had at some time in the past forgotten about the abuse. The subjects who reported forgetting and later remembering tended to be younger when they were abused and reported less support from their mothers. Comparing the recovered memories with the documented evidence, Williams found few significant discrepancies. Despite the accuracy, however, many of the women indicated that they were skeptical and unsure of their own memories. Because of their uncertainty, Williams suggested that it would be reasonable for a listener to question the memories.

The problem, as many observers have acknowledged, is that the existence of repressed memories does not preclude the possibility of false memories. John Kihlstrom (2004) writes in a critique of the recovered memory movement,

To my knowledge, nobody has ever claimed that all adult memories of childhood abuse are false, so it should come as no surprise that some such memories can be corroborated. But what are we to do with those reports that are *not* corroborated? Should we simply accept them at face value? (p. 35)

Similar to research with children, numerous laboratory studies suggest that adult memories can also be manipulated. For example, researchers have been able to manipulate individuals to incorrectly believe that as children they were once lost in a shopping mall for an extended period of time, had an accident at a family wedding, almost drowned as a child, or were the victim of an animal attack (see Loftus, 2004). Usually, false memories of this nature are constructed with the help of family members or fabricated physical evidence that reinforces the fictitious story. In one study, for example, 50% of research subjects who were shown falsified pictures of themselves as children flying in a hot-air balloon claimed to recall some of the details of the fictitious balloon ride (Wade, Garry, Read, & Lindsay, 2002).

Citing experimental research such as this, critics of repressed memories argue that therapists may communicate (perhaps inadvertently) to their clients their belief that sexual abuse is very common, that it explains psychological struggles, and that the memories are often repressed. In a suggestive state, perhaps as a result of controversial therapeutic techniques like hypnosis or the use of sodium amytal, clients might subsequently come to assume that they may have repressed memories of abuse (Butler, 1994; Loftus, 1993, 2003b). The question of whether therapists inadvertently implant ideas was at the center of the debate that occurred several years ago concerning satanic ritual abuse (SRA) (Box 9.3).

### Box 9.3 Satanic Ritual Abuse

Placing the satanic ritual abuse (SRA) controversy alongside the more mainstream issues of fabrication and repressed memories represents a bit of a risk. Many, including ourselves, believe that the "Satanism Scare" was largely imagined, representing what some sociologists have termed a *moral panic* (Victor, 1993). We acknowledge the potential, emphasized by one of the reviewers of the second edition of this text, that devoting a boxed insert to the topic essentially exaggerates the importance of SRA for students. Yet we would maintain that the SRA controversy remains relevant for several reasons. First, the issue reminds us of the distortions possible in the name of child protection. Second, SRA is historically relevant in the ongoing memory wars debate. Finally, SRA is a fascinating sociology lesson in contagion and the powerful impact of mass media.

Patti was 32 years old and her sister, Bonnie, was 45 years old when they began seeing Huntington Beach therapist Timothy Maas in 1988. Soon after their treatment began, both reached the conclusion that they suffered from multiple personality disorder, an unusual and controversial form of mental disorder. Their multiple personalities, they concluded, allowed them to repress three decades of abuse by their mother, 78-year-old Ellen Roe. As Patti and Bonnie's therapy progressed, they uncovered increasingly bizarre memories—black-robed Satanists performing bloody rituals, animal mutilations, satanic orgies, and infant sacrifices (Weber, 1991). Eventually, the two sisters brought a civil suit against their mother. In a 10-to-2 compromise vote, the jury ruled that although the women may well have been abused by someone, at worst, Ellen Roe was guilty of negligence. The sisters were awarded no money (Lachnit, 1991).

Stories like this were not uncommon during the 1980s and 1990s, when many adults reported recovered memories of devil worship, human and animal sacrifices, and sexual torment. Children also reported abuse that included ritualistic elements. The term *satanic ritual abuse* (SRA) was introduced to describe this new form of child abuse. (Although the term *ritualistic abuse* appeared later, it is a broader term that includes SRA as one of several forms of abuse and de-emphasizes the satanic aspects emphasized in early definitions.) During the 1980s and early 1990s, people who believed in the reality of SRA argued that thousands of children were being victimized each year in satanic rituals involving cannibalism, sexual torture, incest, and murder.

Many observers trace widespread public interest in SRA in the United States to the book *Michelle Remembers* (1980), by psychiatrist Lawrence Pazder and his patient (and later, wife) Michelle Smith. Pazder was treating Smith when she began to remember being victimized by a satanic cult during the 1950s. Among the many claims Smith made was that she witnessed numerous ritualistic murders by the Satanists. Smith also claimed that she was force-fed the ashes of a cremated victim. On another occasion, she reported that a fetus was butchered in front of her and that the bloody remains were smeared across her body (Victor, 1993).

Michelle Smith's story attracted considerable attention. Pazder and Smith were featured in *People* and the *National Enquirer*. They made numerous television and radio appearances and became nationally known as experts on SRA (Victor, 1993). It was Pazder who coined the term *satanic ritual abuse* in a presentation to the American Psychiatric Association in 1980. Despite the considerable

attention the case received, no evidence was ever uncovered that corroborated Smith's stories. Her family, including two sisters who are not mentioned in the book, asserted that none of the SRA occurred (Victor, 1993).

Another survivor story that attracted national attention was *Satan's Underground*, by Lauren Stratford (1988). Like Michelle Smith, Stratford appeared on many television shows and used notoriety from her book to launch a career as a therapist for SRA survivors. When three writers for the Christian magazine *Cornerstone* investigated her story, however, they concluded that it was a "gruesome fantasy" (Passantino, Passantino, & Trott, 1990). Perhaps the most outrageous claim that Stratford made was that she was impregnated by Satanists on three separate occasions and that each of the children was taken from her and killed. Because Stratford had led a fairly normal public life, the *Cornerstone* writers found her claims easy to investigate. They located several people who had known Stratford in high school and college (the period during which she claims to have had the children), and all of them stated that they believed she was never pregnant. Stratford herself could produce no witness to any of her claimed pregnancies. According to the *Cornerstone* authors, no one at Harvest House, the publisher of Stratford's book, had ever bothered to check her story.

The issue placed child maltreatment academics in a difficult position. On the one hand, academics are fully aware that children are sometimes abused in horrendous ways, and that the unbelievable is often reality. Yet academics are also trained in critical thinking and empiricism, and as the stories became more outrageous, most academics found themselves firmly in the skeptical camp. Also skeptical was Federal Bureau of Investigation agent Kenneth Lanning (1991), a well-respected authority on child abuse, who at the height of the Satanism scare offered the following conclusion:

In 1983 when I first began to hear victims' stories of bizarre cults and human sacrifice, I tended to believe them. I had been dealing with bizarre, deviant behavior for many years and had long since realized that almost anything is possible. The idea that there are a few cunning, secretive individuals in positions of power somewhere in this country regularly killing a few people as part of some ritual or ceremony and getting away with it is certainly within the realm of possibility. But the number of alleged cases began to grow and grow. We now have hundreds of victims alleging that thousands of offenders are murdering tens of thousands of people, and there is little or no corroborative evidence. Until hard evidence is obtained and corroborated, the public should not be frightened into believing that babies are being bred and eaten, that 50,000 missing children are being murdered in human sacrifices, or that Satanists are taking over America's day care centers. (pp. 172–173)

Given the scarcity of evidence, why have so many perceived the SRA threat as real? One reason is that many of the major daytime television talk shows (e.g., *The Oprah Winfrey Show*, *Geraldo*, and *Donahue*) and some prime time newsmagazine shows (e.g., *20/20*) aired programs on Satanism and SRA. The 1988 special "Exposing Satan's Underground," hosted by Geraldo Rivera, which featured Lauren Stratford and her story, attracted one of the largest audiences for an NBC documentary in history. Unfortunately, it is hard to imagine that many of the 19.8 million people who saw Stratford

(Continued)

(Continued)

on *Geraldo* in 1988 were aware of the *Cornerstone* investigation or would later know that Harvest House pulled her book from stores (Richardson, Best, & Bromley, 1991; Victor, 1993).

Another reason for misperceptions of the SRA threat is that during the 1980s and 1990s, many therapists, police officers, and child protection authorities were exposed to SRA "experts" in seminars around the country. Many SRA critics argue that although the seminars were advertised as training workshops, they tended to employ proselytizing techniques characteristic of organizations seeking recruits (Mulhern, 1991). Many well-meaning professionals, no doubt motivated by the desire to help abused clients, became convinced of the existence of SRA through these seminars. They brought stories of Satanism back to their communities, and the phenomenon spread. Those who believed in the existence of SRA cited the similarity of the stories told in different parts of the country as evidence. After all, they reasoned, how could so many different people be offering similar stories independently? Given that clients (through the popular media) and professionals (through training seminars) were exposed to the same theories of SRA, this thinking represents, as Frank W. Putnam (1991) of the National Institute of Mental Health notes, a "naïve and simplistic model of contagion." "The child abuse community," Putnam continues, "is particularly susceptible to such a rumor process, as there are multiple, interconnected communication/educational networks shared by therapists and patients alike" (p. 177).

At the peak of the Satanism scare, professionals in the field of child abuse influenced state and county governments to respond to the perceived SRA problem. In Los Angeles County, for example, the Ritual Abuse Task Force was formed in 1988 to deal with the perceived SRA threat. This task force, which was controversial from the start, received front-page attention in the *Los Angeles Times* in 1992 when some of its members claimed that Satanists were attempting to silence them by pumping the pesticide Diazinon into the air-conditioning vents of their offices, homes, and cars (Curtis, 1992).

One question remains unanswered: How could so many people come to believe they were personally exposed to satanic abuse? The only reasonable answer to this question, it would seem, is that the therapeutic community played a role in creating the memories. Therapists have been trained to suspect a childhood history of abuse as a possible explanation for personal problems. They are also trained to listen to and support victim accounts of abuse. During the Satanism scare, many therapists had attended seminars on SRA and had come to believe that the threat of such abuse was real. If we add to this situation the fact that memories, especially childhood memories, are extremely malleable, then distortions are possible, maybe even likely.

Perhaps the best evidence that the Satanism scare was more imagined than real is that by the mid-1990s, the social hysteria that had characterized the topic had subsided. The issue is, in the words of well-known historian Phillip Jenkins (2004, p. 240), *extinct*. In a June 2011 review of the first 20 hits turned up by an Internet search engine for the phrase "satanic ritual abuse seminars," we found many discussions of how SRA seminars fueled the Satanism scare, but no announcements of upcoming SRA seminars. Likewise, in a search of *Google Scholar* we found, almost exclusively, writings from SRA skeptics. It is difficult to explain this decline as anything more than a change in societal reaction.



The SRA controversy illustrates the importance of critical thinking and empiricism in the study of child maltreatment. Not all claims made in the name of defending children are true, and accepting and espousing these claims may do children more harm than good. There can be little question, for example, that fabricated SRA stories have provided ammunition to skeptics who want to claim that children are rarely or ever abused.

Another criticism of the repressed memory interpretation comes from Harvard psychologist Richard McNally and his Dutch colleague, Elke Geraerts, who state bluntly that the repression argument “does not withstand empirical scrutiny” (2009, p. 127). They maintain that while adults do sometimes recover childhood memories of abuse, we do not need to “invoke special mechanisms, such as ‘massive repression’ to explain the phenomenon” (2009, p. 131). Interestingly, their argument begins where the two competing camps are actually in agreement; namely, that childhood sexual abuse is generally remembered *because* it is so traumatic. The repressed memory assumption is that, since the memory has been forgotten, traumatic amnesia must be the reason. McNally & Geraerts summarize the repression argument like this (2009, p. 126): “If certain people fail to think about their abuse for many years, then some defensive, inhibitory mechanism must have been blocking access to the memory during the years when it apparently never came to mind.” The false memory assumption, on the other hand, is that because traumatic events are typically remembered, adults who suddenly remember childhood abuse must be mistaken.

In their article, *A New Solution to the Recovered Memory Debate*, McNally and Geraerts offer an interpretation of recovered memories that “relies neither on the concept of repression nor on the concept of false memory” (2009, p. 126). They maintain that some victims of childhood sexual abuse are not necessarily traumatized, nor do they always recognize the event(s) as sexual. In these cases, victims have simply not thought about the event(s) for some time. McNally and Geraerts argue that the form of memory recovery is simply an illustration of normal forgetting and remembering. “Not having thought about something for a long time,” McNally and Geraerts argue, “is not the same thing as having been unable to remember it” (2009, p. 132).

Presumably, all sides of the debate would agree that improvement in the methods available to assess and treat victims of CSA is crucial and that researchers must continue to seek empirical knowledge to uncover the truth about the nature of repressed memories. An American Psychological Association task force (made up of both skeptics and believers), appointed in the early 1990s to examine what is known about repressed memories, concluded that there is plenty of room for middle ground:

Both ends of the continuum on people’s memories of abuse are possible. . . . It is possible that under some cue conditions, early memories may be retrievable. At the other extreme, it is possible under some conditions for memories to be implanted or embedded. (DeAngelis, 1993, p. 44)

Ost (2003), Madill and Holch (2004), and Davis and Loftus (2009) make essentially the same argument. Ost notes that scholars on both sides of the debate generally acknowledge that victims of sexual abuse usually remember the abuse, that abuse can sometimes be forgotten and then

remembered, and that it is possible to construct false memories. Madill and Holch (2004) likewise acknowledge that insights from both sides of the debate are important, and argue that the best way to move forward is for researchers and clinicians to collaborate. Finally, Davis and Loftus write (2009, p. 57): “Though the specific mechanism of repression is disputed, neither the existence of rediscovered memories of abuse nor the ability of therapeutic practices to induce false memories of abuse is truly in question. Both occur at some nonzero rate.”

Unfortunately, it is unlikely that the issue of repressed memories will be settled any time soon. For the most part, the two sides continue to talk past one another:

Both sides in the “memory wars” are paying lip service, at least, to the principle that both recovered “memories” and false “memories” are a reality. However, the very terminology of false or recovered “memory” is divisive, rather than inclusive, and explicitly defines two extreme positions at the opposite ends of a spectrum. Terms such as *false memory* and *recovered memory* may be a necessary evil in the courtroom, but they do not promote or facilitate clear communication and understanding between researchers or clinical professionals. (Ost, 2003, p. 133)

## Claims Making Versus Science: Balancing Passion and Empiricism Within the Field of Child Maltreatment

An additional problematic issue within the field of child maltreatment is the difficulty inherent in balancing the role of claims-making efforts with the pursuit of science. Given the passions many bring to the study of child maltreatment, a truly value-free approach is likely impossible; nor, frankly, is it desirable. Many professionals in the field are driven by the desire to make the world a safer place for children and do not want their research and writing to be completely void of that passion. At the same time, however, one must be careful not to discard the scientific method in favor of an advocacy-driven approach to knowledge. (See Perrin & Miller-Perrin, 2011 for a more detailed discussion of the ideas presented in this section.)

Why is advocacy without science potentially problematic? To answer this question, we must briefly revisit the social constructionist perspective on social problems, discussed in Chapter 1. Social conditions become social problems when claims makers successfully define them as such. Claims makers may employ many strategies for raising awareness, including the use—and sometimes misuse—of statistical facts and dramatic rhetoric. Because social conditions essentially compete for attention, claims makers will inevitably be drawn to exaggerations and extreme statements in an attempt to advance their moral or political agendas. The rhetoric and statistical claims that sometimes accompany discussions of child maltreatment are all too familiar. Without methodological and definitional details, for example, it is impossible to interpret the meaning of a statistic like “50% of children are victims of sexual abuse” (e.g., Russell, 1984). It is less difficult to understand that the purpose of this statistical claim may be to arouse concern about the problem of sexual abuse and compel individuals to action.

We also see the issue at play in ongoing debates of the definition of child maltreatment. Again, one can understand the temptation to employ dramatic language. But is there a downside to unabashed advocacy? Would not such tactics be justified if doing so brings more attention and resources to conditions that are indeed harmful to individuals and society? We would argue that there is indeed a downside to exaggerating the threats posed by child maltreatment and

using unnecessarily dramatic rhetoric to describe the problem. In the following sections, we discuss these potential problems and offer suggestions for achieving greater balance between passion and empiricism.

### Public Distrust of Social Science

When social scientists abandon science in favor of a cause, they may feed the public's distrust of social science in general. Advocacy claims viewed as too extreme might simply be dismissed, as might the scientists who make the claims. When the public *perceives* that advocacy is driving the findings that social scientists report, that social scientists manipulate or misuse data to support certain causes, or that they make claims beyond what the data can justify, public confidence in the social sciences is undermined. "Scientific findings" indicating that 50% of female children are victims of sexual abuse (e.g., Russell, 1984) may not ring true to people whose everyday interactions suggest otherwise. People have a general idea about what constitutes sexual abuse, for example, and they may be very suspicious of studies—and academic disciplines—that suggest that every other woman they meet has been a victim of sexual abuse. If research digresses into advocacy couched in the language of science, it can easily be dismissed by those who do not share a passion for child protection. It is easy for the public to dismiss our claims about particular issues if they perceive that the claims are ideologically motivated. And having dismissed the claims, it is easy for the public to dismiss the issues themselves.

We also see this potential danger illustrated in advocacy attempts to redefine child maltreatment. For example, consider the book *Sexual Mutilations: A Human Tragedy* (Denniston & Milos, 1997). These authors clearly attempt to influence a definition through claims making and have employed a technique not uncommon in advocacy claims. In advertisements from the publisher, the claim is made that the book will reveal the harmful physical, social, and emotional side effects of an involuntary sexual mutilation that affects 13.2 million boys annually. And what is this insidious act of sexual mutilation that adversely affects so many young boys? The answer is circumcision.

Whether circumcision has the harmful effects its authors claim is irrelevant for our purposes. This example merely illustrates our point that sometimes advocacy, rather than scientific clarity, drives the research. The purpose of the book is stated clearly in the advertisement: the elimination of the culturally accepted practice of circumcision. These authors have taken a common practice (circumcision), given it a gruesome-sounding name (sexual mutilation), and defined it as a *human tragedy*. *Sexual mutilation*, they say, is clearly *child abuse*—therefore, *circumcision* is *child abuse*. Adopting this advocacy tone, however, may be counterproductive to their cause, because the book may be dismissed by many as claims making couched in the language of science. Indeed, claims that circumcision is an emotionally damaging form of sexual mutilation are likely to be seen as outrageous by many Americans, a large percentage of whom are circumcised and may not feel emotionally scarred by the experience.<sup>2</sup>

We recently found ourselves debating this very point in a published dialog with New Zealand pediatrician Dr. Ian Hassall. Corporal punishment is, in his words, "legally sanctioned *assaults*" (emphasis added). In our response (Perrin & Miller-Perrin, 2010), we acknowledged the temptation to use strong language when advocating against spanking. However, since in a legal sense the word assault means harming (i.e., injuring) another person or attempting to do so, corporal punishment is not technically assault. Again, the question is whether this strategy

might sometimes harm the very causes for which we advocate. As we wrote in our response to Dr. Hassall (Perrin & Miller-Perrin, 2010, p. 82),

We have a number of friends and colleagues who spank their children. To the best of our knowledge, they do so very rarely, and they do so appropriately. (We borrow the word *appropriate* here from spanking advocates, who argue that an open hand, paired with explanation, is effective and harmless.) Likewise, a majority of our students were spanked as children, and a majority (although, thankfully, a smaller majority) intend to spank when they become parents. We could tell our friends who spank that they are perpetrators of assault upon their children, but they probably would not want to be our friends any longer. And certainly we could tell our students they were victims of assault, but such a claim would likely not ring true to their experience, and they would probably dismiss our concerns. Indeed, in a culture that accepts spanking, our claims that spanked children are victims of assault are likely to fall on deaf ears.

### **Blurring Definitional Boundaries: Is Everyone a Victim?**

The above discussion reminds us of another potential problem. If spanking is child abuse, and almost all children are spanked, then almost all children are victims of child abuse. With each discovery of a new form of abuse, the term becomes broader and broader, creating the danger that the label could essentially become useless. Advocates tend to favor broad definitions of child maltreatment, because such definitions produce greater numbers of victims and thus, presumably, generate more societal attention. Even among the most respected scholars in the field, the tendency in recent years has been to advocate for broader definitions of child maltreatment and to categorize more and more behaviors as abusive. The problem is that we might become distracted from issues most deserving of attention. Emery and Laumann-Billings (1998), who are “troubled by the potential for overreaching in defining child maltreatment” (p. 121), suggest making a distinction between *maltreatment*, defined as violence that involves minimal physical or sexual endangerment, and *abuse*, defined as violence that results in serious physical injury or sexual violation.

Surveys indicate, for example, that an overwhelming majority of children are pushed, grabbed, or hit by their siblings. This *sibling violence* was the focus of increasing concern during the 1990s (Finkelhor & Dziuba-Leatherman, 1994). If one chooses to define sibling aggression as child abuse, Emery and Laumann-Billings (1998) argue, then almost all children are victims (and perpetrators) of abuse. After all, how many siblings *don't* push, shove, or occasionally hit one another? If sibling pushing constitutes abuse, then the meaning of *abuse* is diluted. Emery and Laumann-Billings maintain that however inappropriate sibling pushing and hitting may be, it is common behavior that probably should be clearly distinguished from more serious forms of child abuse.

One reason it is important to make a distinction between maltreatment and abuse is that such a distinction should help social service agencies identify appropriate interventions. Through the 1980s and 1990s, as Americans became more aware of child abuse and definitions of child abuse broadened, reports of child abuse increased. This meant that a higher percentage of CPS resources went to policing and investigating reports, two thirds of which went unsubstantiated. This shift in focus came at the expense of social service agencies' historic commitment to offering support to families in need. Most parents reported for child maltreatment are not guilty of severe endangerment, and such parents are more likely to “benefit from interventions designed to support them through the challenges of parenting than from interventions that first label them as abusive”

(Emery & Laumann-Billings, 1998, p. 125). A clear distinction between families with problems of maltreatment and abusive families could also help CPS agencies identify and respond to cases of severe child abuse more decisively, possibly saving lives. According to some estimates, between 30% and 50% of child abuse fatality victims are children who were already known to CPS or law enforcement officials, a problem that is sometimes blamed on an overburdened system (Wang & Daro, 1996, 1998).

If all children who are spanked, or circumcised, or are pushed/hit by siblings are victims of abuse, then essentially everyone is a victim. Does that undermine efforts to protect and treat children who are victims of more serious violence? Giving a child an occasional swat on the bottom may not be good, and we might want to advocate that society not accept these behaviors, but do they constitute *abuse*? Certainly, we must acknowledge that the effects of spanking are minor (and debatable) compared with severe assault. If our advocacy leads us to claim otherwise and our attention is diverted from more serious forms of abuse, then we may do more harm than good.

### Feeding the Backlash

Another potential negative consequence of exaggerated claims and overly broadened definitions is that it could provide fuel to the backlash the field is already experiencing. Backlash responses often assert, for example, that the real problem is not child abuse, but overly zealous child protectors who falsely accuse adults of abusing children. The false allegation debate, discussed above, provides an interesting illustration of how exaggerated claims backfire and become harmful to the field.

There can be little doubt that the claims making about Satanism—now largely discredited—fueled a backlash against advocacy efforts concerning child maltreatment and especially CSA. Claims that many children were victims of satanic ritual abuse were met by counterclaims that children are rarely, if ever, abused. Claims that hundreds of thousands of victims of satanic ritualistic abuse had repressed the memories or created multiple personalities were met by counterclaims that one cannot repress memories and multiple personality disorder does not exist. Claims that the traumatic memories could only be recovered in therapy were met by counterclaims that all recovered memories are constructed memories. Our own reading of the literature would suggest that each of these backlash claims is false. That is, sexual abuse is not uncommon. Children do not tend to exaggerate their victimization. And not all recovered memories are constructed memories.

### Achieving Balance

The notion of *value-free inquiry* can be traced to the very beginnings of many of the social sciences. Sociologist Max Weber (1949) reasoned that if values influence research, the findings will be rejected and the discipline discredited. Today, most social scientists have abandoned the notion that social science can or should be completely value-free. It is not possible for human beings to be completely value-free in how they view the world, and this may be especially true of social scientists who study child maltreatment, many of whom have been drawn to their discipline because they want to make a difference.

A social scientist's moral commitments, however, need not be a fatal flaw. Somewhat nostalgically, Neil Gilbert (1997) points to a time when social scientists effectively combined advocacy and

research, citing Michael Harrington's (1962) well-known treatise on poverty, *The Other America*, as an example. Harrington acknowledges his ideological leanings and admits that he intends to advocate for the poor, but he is clear in his definitional assumptions, fair in his analysis, and fair in his presentation of competing interpretations of findings. He admits to erring purposely on the side of overstating the scope of the problem in order to make his point. He is both passionate and objective.

We would argue that advocacy commitments do not necessarily lead to poor scholarship and shoddy research and are inclined to agree with Glazer's argument that the scientific method provides the only way out:

Scientists may agree on what risks should be addressed, in what order, with what resources, but even that is not assured, and when it comes to social problems, social scientists agreement is even less likely. Popular passions will be aroused, they will affect what politicians and administrators do, and one can only hope that knowledge—authentic knowledge, solidly based, scientifically established, something I still believe in despite the assault on its possibility we have seen in the newer trends in the humanities and social sciences—will play some role in determining what legislators and administrators do. (1994, p. 36)

### **The Unintended Consequences of Redefining Exposure to Intimate Partner Violence (IPV) as a Form of Child Maltreatment**

Historically, the fields of child maltreatment and Intimate Partner Violence (IPV) have developed as separate entities. As Graham-Bermann (2002) notes, "Researchers in the areas of child abuse and domestic violence have occupied different spheres of inquiry, used disparate sources of data, received funding from different agencies, reported results at different conferences, and published their work in different journals" (p. 119). Increasingly, however, researchers have begun to see the two issues as interconnected. A number of studies have found that children exposed to IPV experience a variety of negative psychosocial problems, and today, *failure to protect* is seen as form of child maltreatment (see Chapter 7).

Recognizing exposure to IPV as child maltreatment, however, presents many significant policy, practice, and legal implications. Because all U.S. states mandate reporting of suspected cases of child abuse, defining *exposure to violence* as child abuse makes IPV involving children grounds for mandatory reporting. This broadening definition of abuse has led to an increase in CPS referrals, which threatens to overwhelm already overburdened state child protection systems in this country (Hart, Brassard, Binggeli, & Davidson, 2002; Kantor & Little, 2003). In Minnesota, for example, a law mandating reporting of all cases of IPV exposure overwhelmed CPS and had to be repealed. IPV exposure laws also put adult victims in a difficult position. Knowing that they may be seeking help from professionals mandated to report the IPV as child abuse, many victims may choose not to seek help (Jaffe, Crooks, & Wolfe, 2003).

Even more controversial is the question of who should be identified as the perpetrator in exposure cases. Presumably, a physically abusive father or boyfriend would be culpable. But would the woman be culpable if, for example, she chose to reunite with her abuser, thus potentially exposing her child to further harm? These are difficult questions that sometimes pit family violence advocates against one another. Many child advocates maintain that a mother who remains

with an abusive husband or boyfriend should be held accountable for her *failure to protect*. Women's advocates, on the other hand, argue that responsibility for the exposure should not fall on the woman, who is herself a victim. Any number of special circumstances might create obstacles to a woman leaving a violent relationship (Berliner, 1998; Kantor & Little, 2003). For example, women may lack the financial resources necessary to leave their homes or fear that leaving the relationship will incite more severe violence from the abuser. There is also the possibility that, because of the patriarchal assumption about the primacy of the mother's role, women who allow their children to witness IPV will be judged more harshly. Linda Mills, who along with Colleen Friend received a U.S. Department of Health and Human Services (U.S. DHHS) grant to train child welfare workers on methods of assessment and intervention, concludes that "in no uncertain terms, the mother is still viewed as the primary caretaker and is therefore judged more harshly by the child protection agency than her husband or partner (Mills, 2000, p. 200).

In a widely publicized case on the subject, a New York district court ruled in *Nicholson v. Scoppetta* that child protection authorities acted in error when they removed children from the home of three battered women (Nowling, 2003). In each case, the primary ground for removal was that the mother, who had been routinely assaulted, had failed to protect the child from exposure to the violence. The case hinged in large part on expert testimony from social scientists who offered differing opinions about what would likely cause the child more harm, separation from the mother or exposure to the violence. Experts called by the state testified to the various negative effects of exposure to violence, arguing in essence that removal was less traumatic and disruptive to the children than witnessing the violence. Experts called by the plaintiffs disagreed, arguing that taking a child whose greatest fear is separation from his or her mother and in the name of "protecting" that child by forcing on them what is, in effect, their worst nightmare, is tantamount to pouring salt on an open wound (psychologist David Pelcovitz, as quoted in Nowling, 2003, p. 518).

In its decision, the court defended the mother-child relationship, ruling that child protection authorities "shall not remove a child from the mother's custody without a court order solely because the mother is the victim of domestic violence, except in cases where the child is in such imminent danger of life or health" (Nowling, 2003, p. 518).

Many saw the case as a victory for women's rights. Whereas child protection authorities had argued in court that "women were at fault for 'engaging' in domestic violence," defenders saw the decision as recognition by the courts that battered women do not *engage* in domestic violence; they are victims of it. The word *engage* requires the consent and effort of both parties to actively participate in an activity. The dynamics of domestic violence clearly show that the victim does not actively participate in the abuse and certainly does not consent to it (Nowling, 2003, p. 526).

Defenders of children, on the other hand, criticized the decision, arguing that the courts had not adequately addressed the "problems associated with children who witness this violence. They are victims in this situation whose rights must be protected and whose safety must be a primary concern of the courts" (Nowling, 2003, p. 526).

Defining exposure to IPV as child maltreatment involves complex issues that require greater knowledge than is currently available, particularly with regard to possible legal statutes that might be affected (Harris, 2010). Rather than defining all cases of exposure to IPV as child abuse, legislators and others may find it more useful to consider the specific circumstances under which exposure should be defined as criminal child abuse. Edleson (2004) urges a *reasoned approach* on reaching this balance, arguing that three tenets should guide the discussion: First, exposure should

not be automatically defined as child maltreatment, because it would be counterproductive to define child maltreatment too broadly. Second, *many* families would benefit from voluntary, community-based intervention programs. Finally, *some* children exposed to IPV should be referred to CPS.

### **Are Some Cases of Sudden Infant Death Syndrome (SIDS) Actually Infanticide?**

As discussed in Chapter 1, it is easy for those of us living in North America to assume that feticide (killing a fetus), infanticide (killing one's infant up to 1-year-old), and filicide (killing one's child, aged 1 to 18 years) are committed only in other parts of the world or in previous times in history. In the United States, however, roughly 1,800 children were killed as a result of child abuse or neglect in 2009 (U.S. DHHS, 2010a). This statistic in and of itself is a cause for concern, but it becomes even more alarming in light of the fact that it is surely an underestimate. Obviously excluded are homicides that are misclassified as accidents or medical conditions.

Especially controversial in this regard is the medical diagnosis of sudden infant death syndrome (SIDS). SIDS is defined as the sudden unexpected death of an infant less than 1 year of age (with the onset of the fatal episode apparently occurring during sleep) that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history (Krous et al., 2004, p. 234).

Very little is known about SIDS. It is essentially a default diagnosis that describes a healthy child who inexplicably stops breathing. The problem is that in autopsies it is all but impossible to distinguish suffocation beneath a pillow or other soft object from SIDS (Byard & Sawaguchi, 2008). As we will see in the sections below, there can be no doubt that *some* cases attributed to SIDS are the result of asphyxia or deliberate smothering by a parent or caretaker. There is significant disagreement, however, concerning how frequently misdiagnoses occur.

The history of the issue is fascinating. In 1965, Wayneta Hoyt told medical personnel that her first child, 3-month-old Eric, died when he stopped breathing for some unknown reason. Two of Hoyt's other children also subsequently died, apparently due to medical problems, in September of 1968. According to Hoyt, Julie (48 days old) choked to death while eating and 2-year-old James stopped breathing. Although authorities were initially suspicious, they eventually came to accept Hoyt's claims of innocence and concluded that the three children had been victims of SIDS. In 1968, after the death of Julie and James, pediatrician Alfred Steinschneider, an expert in SIDS, became interested in the Hoyt case. Dr. Steinschneider knew that the probability of losing one child to SIDS is low and the probability of losing three is astronomically low. Dr. Steinschneider surmised that SIDS must have a strong genetic component. He hypothesized that perhaps a genetic defect caused prolonged sleep apnea, a cessation of breathing for more than 15 seconds, and that apnea could be a predictor of SIDS (Toufexis, 1994).

Dr. Steinschneider continued an active personal and research-based interest in the Hoyt case when Wayneta Hoyt's final two children, Molly and Noah, were born. He had hoped to find support for his theory and, perhaps, prevent any more deaths. Despite the attention, however, 2-month-old Molly died in 1970, and 3-month-old Noah died in 1971 (Toufexis, 1994). The deaths of Molly and Noah further confirmed the apnea theory, at least in the eyes of Dr. Steinschneider. His 1972 article "Prolonged Apnea and the Sudden Infant Death Syndrome,"



based in large part on the Hoyt case, became a commonly cited article in the SIDS field (Bergman, 1997). Dr. Steinschneider went on to further establish himself as an expert in the field, becoming first the president, and later president emeritus and medical director, of the American SIDS Institute.

In the mid-1980s, however, an assistant prosecutor doing research on SIDS came across the 1972 Steinschneider article. It seemed to William Fitzpatrick that the five Hoyt children were victims of homicide rather than SIDS. Years later, in 1992, Fitzpatrick became the Onondaga County district attorney in Onondaga, New York, and he decided to pursue the case. On April 25, 1995, a New York jury found Wayneta Hoyt guilty of murdering all five children.

In August 1998, a similar case made national headlines when Marie Noe, age 69, was charged with murdering her eight children between 1949 and 1968. Authorities at the time had been suspicious, but with no evidence of foul play, the cause of death had been left *undetermined*. This was in many ways the natural conclusion to reach, because as Philadelphia District Attorney Lynne Abraham told *Newsweek* magazine, during the 1950s and 1960s, “America was not prepared to admit that some parents might kill their children” (Underwood & Begley, 1998, p. 36).

In a scathing critique of medical claims making, journalists Richard Firstman and Jamie Talan (1997) argue in their book, *The Death of Innocents*, that doctors have inadvertently covered up many infanticides and filicides with the SIDS diagnosis. Firstman and Talan contend that following the publication of Steinschneider’s 1972 article, the medical community unquestioningly and blindly endorsed Steinschneider’s arguments claiming that prolonged apnea causes SIDS, that apnea runs in families, and that the SIDS risk can be reduced if high-risk infants are equipped with a monitor to alarm parents when infant breathing is sporadic. By 1990, 60,000 parents had their infants hooked up to apnea monitors, with sales exceeding \$40 million (Wecht, 1998). Firstman and Talan maintain that with the apnea theory so thoroughly entrenched in the medical community, medical professionals viewed multiple infant deaths as confirming apnea theory rather than as events worthy of suspicion.

Most experts now argue that there is no relationship between SIDS and apnea, no intrafamily patterns, and no evidence that apnea monitors reduce the risk of SIDS (Bergman, 1997). “We should never have published this article,” *Pediatrics* editor Dr. Jerold Lucey wrote in reference to the 1972 Steinschneider manuscript. “Some physicians still believe SIDS runs in families. It doesn’t—murder does” (quoted in Begley, 1997, p. 72).

Despite the growing consensus, however, the issue of multiple deaths within families continues to be a matter of considerable debate. At the center of this debate is the question of whether occurrence of multiple deaths within a single family constitutes a sufficient reason to suspect homicide. One of the most controversial figures working in this area, British physician Roy Meadow (1999), advises child protection workers that a “sensible working rule for anyone encountering these tragedies” is that two cases of unexplained childhood deaths within the same family is suspicious and “three is murder unless proved otherwise” (p. 27). Others, however, question the assumption of guilt, arguing that improbability cannot itself be seen as evidence of wrongdoing (Carpenter et al., 2005). Indeed, while the probability on any single family experiencing two or more unexplained deaths may be astronomically small, in a world of 6.5 billion people, it is a statistical certainty that some families will experience two or more unexplained deaths.

Several researchers have recently provided useful guidelines for distinguishing between SIDS and homicide. Indicators that suggest high-risk factors for nonaccidental suffocation include the following: recurrent life-threatening incidents that are poorly explained and typically witnessed by

only a single caregiver, an atypical presentation of the circumstances surrounding the SIDS case (e.g., prolonged interval between bedtime and discovery of death, age of child at time of death greater than 6 to 12 months), evidence of physical maltreatment (e.g., presence of skin lesions, malnutrition, fractures, etc.), autopsy findings indicative of a traumatic cause of death (e.g., intracranial bleeding, abnormal blood chemistries, and toxicology), family history of previous involvement with CPS or law enforcement, a death scene that suggests neglect (e.g., chaotic, unsanitary, crowded living conditions), and a remarkable history of pregnancy, labor and delivery, or infancy (e.g., unwanted pregnancy, poor prenatal care, use of drugs/alcohol during pregnancy) (Reece, 1993; Reece & Krous, 2001; Truman & Ayoub, 2002).

It is apparent that the contemporary debate has forever changed the way authorities respond to potential SIDS deaths. Most states now require autopsies for all inexplicable infant deaths as well as an examination of the scene of death and medical history of the child.

The suggestion that some SIDS cases are actually filicide is a very sensitive topic. It is clear that infants do sometimes inexplicably stop breathing and die. In the overwhelming majority of deaths of this nature, some type of medical condition or accidental suffocation is likely the cause of death (Tursz, Crosta, Gerbouin-Rérollea, & Cook, 2010). It would therefore be very unfair if pediatricians, coroners, and police officers, as a matter of course, approached grieving parents with suspicion and accusations. At the same time, however, it would be equally inappropriate to assume that inexplicable deaths are always SIDS or to assume that parents would never kill their own children. Clearly, the historical record is not consistent with this assumption.

## **Justice and Protection Controversies**

There is an inevitable tension between the justice/deterrence/protection response to child maltreatment and a social support/treatment approach to intervention and prevention. Ultimately, this tension is at the root of many of the issues discussed in this book. Much child maltreatment policy is devoted to identifying abuse, protecting victims, and punishing perpetrators. Yet sometimes these justice and protection policies come at the expense of a societal commitment to helping troubled families.

### **Mandatory Reporting**

Many will be surprised by the inclusion of mandatory reporting in this discussion of controversial issues. Mandatory reporting laws are more typically heralded as a triumph of child protection advocacy. And, in many respects, they are. Indeed, the role of mandatory reporting in identifying abuse, protecting the powerless, and holding perpetrators accountable cannot be easily dismissed. However, such laws have a number of unintended consequences and have been an increasing source of controversy (Levesque, 2011).

Mandatory reporting laws often put people in the helping professions in a difficult position, essentially forcing them to violate the confidences of their clients. Imagine, for example, the nature of the relationship that could develop between a clinical social worker and a troubled mother. After working together for several weeks, the mother, who has come to trust the social worker, confesses that she sometimes spansks the child more than she wishes. Hearing the mother describe her own behavior, the social worker concludes that the mother is physically abusive. By law, the social worker is required to report the case to CPS. Experience tells her, however, that given the

ambiguity of abuse definitions and the limited physical evidence in this particular case, it is unlikely that the abuse allegation would be substantiated. Even if it were substantiated, this is not, in the opinion of the social worker, an especially severe case of abuse that suggests removal of the children. The family needs help and wants help, and the social worker knows that she is in the best position to provide that help. If the social worker reports the case, she violates the trust she has painstakingly built. In the end, the most likely outcome would be “no provision of services, no legal action, and eventually, encouraging the family to seek treatment—exactly where they began the long, expensive, and intrusive process” (Emery & Laumann-Billings, 1998, p. 130).

Many professionals who are required to report suspected abuse see themselves as better equipped to help needy families than the overburdened CPS system, so they choose to ignore the reporting laws (Melton, 2002; Zellman & Fair, 2002). In fact, the more professionals know about the child protection system (i.e., the more formal training they have), the *less* likely they are to report suspected cases of child maltreatment (Melton, 2002). Importantly, we see this pattern repeated not only in the United States but outside the United States as well, where many mandated professionals in other high-income countries express concern that reporting abuse might do more harm than good (Gilbert, Kemp, Thoburn, Sidebotham, Radford, Glaser, & MacMillan, 2009). Concerns such as these have led at least one notable child advocate to argue that the mandatory reporting system should be abandoned (Melton, 2005).

Despite the problems, the consensus among those involved in child protection is that the primary problem is underreporting, not overreporting, and that mandatory reporting laws are essential to child protection (Gilbert, Kemp et al., 2009; Mathews & Bross, 2008). Given the concerns about CPS and many professionals’ corresponding reluctance to report cases, however, more and more experts are calling for modifications in mandatory reporting laws. One possible solution would be to rewrite these laws so that professionals are required to report only severe cases of child maltreatment. This would remove the reporting obligation from mental health professionals who encounter minor cases of abuse and might put them in a better position to help needy parents (Emery & Laumann-Billings, 1998). Of course, this change would make mandated professionals responsible for determining what is or is not a severe case, which would create an entirely new set of problems.

## Community Notification Laws

Richard and Maureen Kanka will remember July 29, 1994, forever. That is the day their 7-year-old daughter, Megan, was found raped and murdered in a grassy field close to their New Jersey home. The murder suspect, Jesse Timmendequas, was a twice-convicted sex offender who was living across the street from the Kankas. In May 1997, Timmendequas was convicted of first-degree murder. During the trial, detectives testified that Timmendequas had confessed to touching the young girl, strangling her with a belt, tying a plastic bag over her head, and carrying her body out of his house in a toy chest and dumping it in a nearby park (“Man Found Guilty,” 1997).

Understandably angered that a child molester was living across the street, the Kanka family asked an obvious question: Didn’t they and others in the community have a right to know there was a child molester in their midst? Megan’s mother, Maureen Kanka, was determined that her daughter’s death would lead to something positive, and she began to speak out publicly about the need to notify communities of the whereabouts of residents with criminal records of sex crimes. Her campaign was successful, and on May 17, 1996, less than 2 years after Megan’s death, President

Clinton signed into federal law, *Megan's Law*. This law requires all states to track the whereabouts of sex offenders and to make the information available to the general public. Megan's Law is the most visible of a number of community notification laws that have been implemented across the country in recent years.

Because the individual states have been left to decide for themselves how they will carry out the mandates of Megan's Law, specific policies vary. In New Jersey, where Megan Kanka was killed, the law calls for mandatory notification of schools, day care centers, and youth organizations when moderate-risk sex offenders are released from incarceration. When a high-risk offender is released into a community, police are required to go door-to-door and inform residents that a sex offender is living in their community (New Jersey State Attorney General's Office, 2000). In California, a 2004 law requires that the Department of Justice maintain an Internet website registry. Californians who want to know if there is a sex felon living nearby can simply go to the website and search people or cities. The registry provides a picture of the offender, his or her address (including a link to a map), descriptive traits (including any known aliases, scars, or tattoos), and details about the offender's criminal history.

Some states have passed sex offender legislation that moves beyond the mandates of Megan's Law. In Florida, politicians responded rapidly to the death of Jessica Lunsford, who was killed by a sex offender in February, 2005, by passing the Jessica Lunsford Act. The new law, passed unanimously by the state legislature in April, 2005 (less than two months after Jessica's death), imposes a 25-year-to-life prison term for people convicted of lewd and lascivious molestation of a child under the age of 12. Molesters who are released will be subject to electronic monitoring for life. The law also makes it a felony to harbor a registered sex offender without notifying authorities (Dahlburg, 2005).

From a social constructionist standpoint, the rapid legislative response triggered by the murder of Megan Kanka has been fascinating to observe. Megan's death greatly increased public fears concerning children's vulnerability to sexual predators. Advocates concerned about child protection, including relatives of the slain children, took their concerns to the public and to politicians. As is often the case in claims making, the rhetoric of risk became an important tool. Advocates talked of the high recidivism rates among sex offenders,<sup>3</sup> the high risk to unsuspecting children,<sup>4</sup> and the potential benefits of registry and notification systems. With public concerns heightened, lawmakers had every reason to move quickly.

While Megan's Law has received overwhelming public and political support, it is not without its critics. Much of the disapproval centers on the question of whether the law violates the *ex post facto* clause of the U.S. Constitution, which states that the sanctions contained in a new law cannot be imposed retroactively on someone who was convicted before the new law was enacted. Some also question whether Megan's Law violates the double jeopardy clause of the Fifth Amendment, which makes it illegal to impose a second punishment on an individual for a single offense. In a March 2003 decision, however, the U.S. Supreme Court defended Megan's Law, arguing that states can require sex offenders to register and can publish information (including addresses) about sex offenders on the Internet. The Court essentially ruled that the publication of information on sex offenders does not infringe on the offenders' constitutional rights, because the notification itself is not punishment and does not itself restrict the offenders' freedom. A community may ostracize a released offender, but that is not due to any action by the government. Police departments are well aware of the potential for violence against released offenders and often remind the public that

harassment is illegal and probably counterproductive. In California, for example, authorities try to prevent the harassment of released offenders by requiring individuals who want to view the registry to read the following notice: “Anyone who uses this information to commit a crime or to harass an offender or his or her family is subject to criminal prosecution and civil liability” (<http://www.meganslaw.ca.gov/disclaimer.htm>).

From a social scientific point of view, Megan’s Law raises an entirely different set of questions. Discrimination, ostracism, and scorn are harsh punishments, even if they are not imposed directly by the state. It is important to consider what the potential consequences of this response might be. It is logical to assume that one of the best ways to reduce criminal recidivism is to reintegrate released offenders into society. When a former prisoner finds a job, makes friends, reestablishes relationships with family, and becomes an accepted part of the community, he or she has an increased stake in conformity and a reduced probability of reoffending. When individuals must live as though they have the words *sex offender* stamped across their foreheads, such reintegration seems unlikely. In Placentia, California, after police distributed fliers identifying a serious sex offender and child molester, neighbors picketed the man’s house, harassed him with loud horns, and called 911 every time he left his house. When the *Los Angeles Times* ran a story about the harassment and published a picture of the man, he lost his job. “I did a wrong thing, and I paid for it,” he later told a reporter. “Now I am trying to start over and I can’t. Some people want me to put a gun to my head” (quoted in Sheppard, 1997, p. 38).

Is it possible that by ostracizing released sex offenders, society may actually cause more harm than good? In a fascinating study that considers both the general deterrent effects (detering non-registered people) and specific deterrent effects (detering registrants from future crimes, as measured by recidivism rates) of community notification laws, Prescott and Rockoff (2011) suggest that the law may indeed cause more harm than good. Notification laws reduced the number of sex offenses in small registries, but the general deterrent effect disappeared as more and more people were added to the registry. This pattern, according to Prescott and Rockoff (2011, p. 205), “is consistent with notification deterring nonregistered individuals but encouraging recidivism among registered offenders, perhaps because of the social and financial costs associated with the public release of their criminal history and personal information.”

Perhaps the most scathing critiques of Megan’s Law come from those who see it as a haphazard, reactionary, and knee-jerk overreaction that serves political interests far more than it does child protection interests. For example, Semel (1997) states,

The key to what is wrong with Megan’s Law is found in its very title. We ought to be suspicious whenever politicians make haste to pass a crime bill in the name of a particular crime victim or in the wake of a personal tragedy, ostensibly to ensure that it will not occur again. . . . It seems that whenever a criminal case makes national news, it becomes instant political capital for elected officials. (p. 21)

Most registries have been shown to be prone to errors (such as old addresses) and omissions. The majority of people included in existing registries have been convicted of molesting their own children and are relatively unlikely to molest outside their own families. And publicizing offenders’ names may hurt offenders’ own children more than anyone else (Vellinga, 1997). Some registries also include offenders who were convicted of sex crimes as many as 40 years ago, gay men convicted of sodomy, and underage youth convicted of engaging in sex that was consensual but illegal

because of their age (Bunn, 1998; Semel, 1997). Also problematic, critics charge, is the fact that community notification laws create the mistaken illusion that the real problem in cases of CSA is “the guy down the street,” when research suggests that the majority of sex offenses against children are committed by their parents or caretakers (U.S. DHHS, 2005).

Do registries work? Do they reduce the number of sex offenders? This is a very difficult question to answer, as the empirical issues are very complicated and difficult to study definitively. Indeed, all studies on the deterrence effects should be interpreted with a degree of caution. At the same time, however, several recent studies, including one from the U.S. Department of Justice, have found no evidence that community notification programs work (Zgoba & Bachar, 2009). Sex offender notification programs do indeed lead to increased awareness, but there is no evidence to suggest that this awareness results in a decrease in victimization rates (Beck & Travis, 2006). As discussed above, there is some evidence that registries actually result in *higher* recidivism rates (Prescott & Rockoff, 2011).

The debate surrounding community notification and sex offender registries is far from over and represents a controversy with no easy answers. Parents, understandably, have a strong desire to protect their children. Presumably, all parents would like to know if a convicted child molester was living across the street. Yet the arguments surrounding constitutionality, fairness, and political motivation are compelling. And, absent evidence that the programs work to reduce sex crimes, one could reasonably argue that it is time to abandon Megan’s Law.

## Corporal Punishment

We have already considered the issue of corporal punishment (CP) in some detail. In the Chapter 1 discussion of definitions of maltreatment, we made a distinction between legitimate and illegitimate violence and discussed the role of societal reactions in determining this distinction. At the legitimate end of the violence continuum are those practices considered to be *normal* violence, including commonplace physical acts such as slapping, pushing, and spanking. In Chapter 2, we used CP to illustrate the problems with correlational research and to highlight the various techniques social scientists employ in an attempt to establish causal relationships.

We return to the CP issue in this chapter for two reasons. First, this is a contentious area of research that has produced some interesting and sometimes heated interactions between researchers who share the goal of promoting the well-being of children. A second reason for discussing the topic here is because it has personal relevance to almost all of our readers, most of whom were spanked, and most of whom will one day be parents and will need to confront the question of whether or not to spank their own children. It is likely that not many topics in this book will illicit stronger opinions than CP.

Most people consider CP to be an acceptable form of discipline. Almost three fourths of Americans agree or strongly agree that it is “sometimes necessary to discipline a child with a good hard spanking” (Smith, Marsden, Hout, & Kim, 2011). Surveys of parental behavior indicate that almost all (mid-90% range) report using some form of corporal punishment at some point in their child’s life (MacKenzie, Nicklas, Brooks-Gunn, & Waldfogel, 2011). Social scientists, however, typically question the logic of CP. Among the more outspoken is Murray Straus, who has attracted considerable attention in recent years for his research and views on CP. Straus (2005), who has identified many problems associated with the use of CP (see Box 9.4), highlights three primary

reasons why children should *never* be spanked. First, the use of CP legitimates violence and contradicts the ideal of nonviolence in the family. When authority figures spank their children, they are in essence condoning the use of violence as a way of dealing with frustration and settling disputes. In addition, CP can become abuse when parents are especially angry or stressed. The distinction between CP and a beating is far from clear, and this definitional vagueness provides parents considerable latitude that likely contributes to abuse.

### Box 9.4 Ten Myths That Perpetuate Corporal Punishment

In his book *Beating the Devil Out of Them: Corporal Punishment in American Families*, Murray Straus (2001) offers the most comprehensive statement to date on the problems of corporal punishment (CP) as a discipline technique. Straus's arguments in one of the chapters in his book, "Ten Myths That Perpetuate Corporal Punishment," are summarized below:

*Myth 1: Spanking works better.* According to Straus, there is no evidence that CP works better than other forms of discipline. What little evidence has been collected suggests that CP may be less effective than nonviolent forms of discipline (e.g., time-outs or lost privileges).

*Myth 2: Spanking is needed as a last resort.* If one accepts the argument that CP is no better than other forms of discipline, then it stands to reason that there are no situations in which CP is necessary. Straus argues that much of the time when parents resort to hitting, they are doing so out of their own frustration. Essentially, the parent who hits is sending a message to the child that if one is angry, hitting is justified.

*Myth 3: Spanking is harmless.* According to Straus, hitting is so firmly entrenched in American culture that it is difficult for us to admit that it is wrong. To do so would be to admit that our parents were wrong or we have been wrong. The evidence suggests, however, that on average, CP does more harm than good. Certainly, most people who were spanked turn out fine, but this does not disprove the general pattern. That most smokers do not die of lung cancer does not disprove the evidence on the harmful effects of smoking.

*Myth 4: Spanking one or two times won't cause any damage.* It is true that the evidence suggests that CP is most harmful when it is frequent and severe. If CP is harmful in large quantities, however, how can it be good in small quantities?

*Myth 5: Parents can't stop spanking without training.* Eliminating CP would be easy, Straus maintains, if society would embrace the belief that a child should never be hit. Parent educators and social scientists are reluctant to take this stand, however, because of the belief that parents cannot be expected to stop CP unless they are presented with alternative parenting techniques. Straus maintains, however, that parents do not need training in alternative parenting techniques—they simply need to embrace the belief that CP is wrong. Everyone agrees, for example, that directing demeaning

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(Continued)

and insulting language toward children (i.e., psychological abuse) is wrong, and no one argues that parents cannot be expected to avoid this behavior without training. "Rather than arguing that parents need to learn certain skills before they can stop using corporal punishment," Straus argues, "I believe that parents are more likely to use and cultivate those skills if they decide or are required to stop CP" (p. 156).

*Myth 6: If you don't spank, your children will be spoiled or will run wild.* It is true that some children who are not spanked run wild, but it is equally true that some children who are spanked run wild. The key to having well-behaved children is being a consistent disciplinarian, not being a physical disciplinarian.

*Myth 7: Parents spank rarely or only for serious problems.* It is true that many parents perceive that they reserve CP for serious problems, but Straus maintains that parents simply do not realize how often they hit their children. This is especially true for parents who use CP as their primary discipline technique.

*Myth 8: By the time a child is a teenager, parents have stopped CP.* The national child maltreatment surveys indicate that more than half of parents of 13- and 14-year-olds had hit their children in the preceding 12 months. With teenagers, CP is more likely to be a slap to the face than a slap to the bottom.

*Myth 9: If parents don't spank, they will verbally abuse their children.* Parents who spank frequently are actually more likely than parents who don't spank to be verbally abusive.

*Myth 10: It is unrealistic to expect parents to never spank.* Straus is clearly frustrated by the level of acceptance of CP in the United States. He asks, "Is it unrealistic to expect husbands not to hit their wives? Why is violence unacceptable between strangers but acceptable between a parent and child?" Straus concedes that it is probably not feasible to criminalize CP in this culture, but he asserts that scholars who oppose CP can make some progress "by showing parents that spanking is dangerous, that their children will be easier to bring up if they do not spank, and by clearly saying that a child should never, under any circumstances, be spanked" (p. 162).

Second, Straus (2005) argues that there is no evidence that CP is any more effective than other forms of discipline and punishment. Given the absence of evidence that CP works, he asks, why use it?

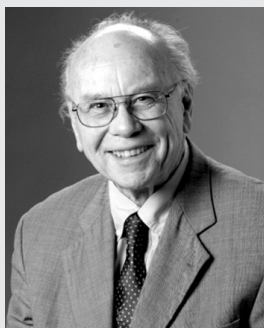
Finally, CP is associated with a variety of behavioral problems in children, including aggression, delinquency, low self-esteem, depression, and emotional and behavioral difficulties. Although the research on spanking is almost exclusively correlational, and must therefore be interpreted with a degree of caution, the consistency of the research in pointing toward harmful effects is compelling. In a meta-analysis of 88 studies and 117 tests of specific hypotheses (including deficits in moral internalization, poor mental health, and increased aggression, antisocial behavior, and abusive behavior toward others), Gershoff (2002) found that almost all (94%) of the hypotheses



of harmful effects were confirmed. Recent research continues to suggest that spanking does more harm than good (Berlin et al., 2009; Gershoff & Bitensky, 2007; MacKenzie et al., 2011).

CP defenders, most notably Diana Baumrind and Robert Larzelere, challenge each of these points (Baumrind, 1996; Baumrind, Larzelere, & Cowan, 2002; Larzelere, 2000; Larzelere & Baumrind, 2010). The main problem with the CP research, they argue, is that Straus and others make little attempt to distinguish appropriate CP from inappropriate CP. It is possible that the main reason CP correlates with many problematic behaviors is that CP and abuse typically exist on the same continuum. That is, because children who are physically abused are likely to be spanked, CP might appear to be a causal contributor to behavioral problems when it is actually abuse that is the causal contributor. Besides, they point out, it should surprise no one that CP and behavioral problems are correlated, because kids who have behavioral problems tend to be spanked more than other children and are also more likely to have problems later in life. The bottom-line conclusion for defenders of spanking is that appropriate CP, defined as an occasional open-handed spanking of a 2- to 6-year-old, is more likely to produce positive than negative outcomes. A blanket injunction against CP, therefore, is hardly warranted (Larzelere & Baumrind, 2010).

### An Interview With Murray Straus



*"We have to change the culture of communities before parents will feel free to bring up children without violence."*

Murray Straus is Professor of Sociology and Codirector of the interdisciplinary Family Research Laboratory at the University of New Hampshire. He has authored or coauthored more than 200 articles and 15 books related to the family, including *Beating the Devil Out of Them: Corporal Punishment in American Families and Its Effects on Children* (2001). His latest book is *The Primordial Violence: Spanking Children and Its Relation to Psychological Development And Crime* (2010), coauthored with Emily M. Doublas and Rose A. Medeiros. He has served as president

of several professional organizations, such as the National Council on Family Relations, and has received one prestigious honor after another, including the American Professional Society on Child Abuse 1994 Award for Career Contributions to Child Abuse Research and the 1992 Distinguished Contribution Award from the New Hampshire Psychological Association. He received both his BA in international relations and his PhD in sociology (1956) from the University of Wisconsin.

**Q:** What sparked your interest in family violence?

**A:** It was the old scientific principle: If you come across something interesting, drop everything else and study it. In my case, it was the discovery in 1979 that one quarter of my students had been hit by their parents during their senior year in high school, and another quarter had been threatened with being hit. Somehow, it clicked with me that this kind of parental

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(Continued)

violence might be one of the roots of the violence that came to national attention during the Vietnam War era, a period of riots and assassinations, and the rising murder rate.

**Q:** What is your current research focus?

**A:** After more than 20 years of studying wife beating, I returned to just where I started in family violence years ago—research on spanking and other legal forms of corporal punishment. My colleagues and I did a major revision of the Conflict Tactics Scale (CTS), and we have developed a test to measure 22 “risk factors” for family violence—the Personal and Relationships Profile. These instruments are tremendously important, because they make possible studies that would otherwise not be undertaken, such as the consortium of researchers I organized in 32 countries to study violence in the dating relationships of university students.

**Q:** What would you like to do if you had a large grant?

**A:** I would do a community experiment on corporal punishment. Corporal punishment will take a long time to end if we deal only with parents. Convincing them that they are more likely to have well-behaved children if they never spank tends to get undone when the inevitable misbehaviors occur and their friends and relatives say that what that child needs is a good spanking. We have to change the culture of communities before parents will feel free to bring up children without violence.

**Q:** What research would you like to see others undertake?

**A:** I think it is important to study violence by women against their partners. Almost everyone is afraid to deal with this issue, despite more than 200 studies showing that women strike out physically against their partners as often as do men, and they also hit first just as often as men. My concern with the issue is partly because I think the evidence is clear that, when women engage in what they call *harmless* violence, it is not. True, the man is rarely harmed, but it tremendously increases the risk that the woman will be.

**Q:** What should be done to reduce spanking?

**A:** A great deal of my research has been on parents spanking children who persist in a misbehavior and on women slapping a partner who persists in doing something outrageous. These are physically aggressive behaviors that our culture defines as permissible and, in some circumstances, as necessary or required. Moreover, most members of our society define these behaviors as harmless. Spanking a child or slapping a male partner may not be physically harmful, but it does tremendous psychological and social harm. Among other things, these behaviors are part of the root causes of physical abuse of children and wife beating. Consequently, changing these two aspects of the culture to redefine them as immoral, outrageous, and harmful is among the many steps needed to reduce the level of violence in families and in the society generally. Neither has yet been the focus of public education efforts or legal changes in the USA, in contrast to such legislation banning spanking in Sweden. When that occurs in our country, we will have taken a major step toward prevention of all types of violence.

It will be interesting to observe the CP debate in the future. There can be little doubt that the anti-spanking movement has impacted attitudes and behaviors around the world. Article 19 of the United Nations Convention on the Rights of the Child, which is entitled “Protection from all forms of violence,” implicitly condemns CP without naming it when it calls nations to commit to nonviolent discipline. Twenty-nine countries have done just that and have banned all forms of CP. In the United States, while there is little serious discussion of criminalizing CP, the behavioral and attitude changes are clear. Most child advocates recommend against it, and fewer and fewer parents are spanking their children (Donnelly & Straus, 2005). Several prominent professional organizations, including the American Medical Association and the American Academy of Pediatrics, have recommended that parents not spank their children (Gershoff, 2010). The American Psychological Association is considering a similar recommendation. At the same time, however, CP remains commonly accepted and legally protected. The Federal Adoption and Safe Family Act (1997), which is generally heralded as a triumph for the child protection movement, specifically defends the right of a parent to spank a child. Almost all U.S. states, furthermore, explicitly exclude acts of CP from their child abuse statutes and the anti-spanking forces that would like to see these laws changed have been largely ignored.

## Family Preservation Versus Out-of-Home Care

One of the most controversial issues within child protection circles is the question of when children should be temporarily or permanently removed from their homes. CPS agencies are mandated to make child protection their top priority, and no one questions this mandate. But when a child is at risk, what course of action will serve the best interests of the child? Should CPS attempt to maintain the family unit, offering support and training in hopes that abuse will not occur again in the future? Or should CPS remove the child from the home and place him or her in a temporary setting with the hope of eventually returning the child to the home? Or should the state seek a more permanent solution for the child, such as adoption or placement in an orphanage?

A brief review of federal policy on family preservation helps put the current controversy in context. Federal child welfare policy has, since the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96–272), embraced the goal of family preservation as its guiding principle. The 1980 Act, sometimes referred to as the *Reunification Act*, requires that states, as a condition of receiving federal child welfare funding, make every reasonable effort to rehabilitate abusive parents and keep families together. If one were going to select key concepts that describe the mandates of the 1980 Act, they might be *preservation*, *reunification*, and **family preservation services** (U.S. DHHS, 2002; Wattenberg, Kelley, & Kim, 2001).

The 1997 Adoption and Safe Families Act (ASFA; P.L. 105–89), changed and clarified a number of policies established in the 1980 Act, subtly moving federal policy away from preservation as the *only* goal (Gelles, 2005). The 1997 law explicitly established child safety as a “paramount concern” and encourages expedited permanency decisions for abused children. In the 1997 Act, therefore, there is a slight change in focus that emphasizes concepts like *safety*, *permanency*, and *adoption* (U.S. DHHS, 2002; Wattenberg et al., 2001).

These policy commitments remind us that, in many ways, there is considerable consensus regarding the core values of our child welfare system. All sides acknowledge, for example, that the nuclear family is the best place to raise a family, and federal law reflects this recognition. All sides also acknowledge that parents should be given considerable latitude in decisions regarding

their own children, and federal law also reflects this recognition. Indeed, the courts, citing the 14th Amendment, recognize the blood relationship as a constitutionally protected human right (Gelles, 2005). In contrast, the concept of *parens patriae* dictates that the state has a responsibility to protect vulnerable children. Given the level of agreement, it should not surprise us to learn that even those who argue that child welfare policy overemphasizes preservation acknowledge that there should be a “‘high bar’ that restrains and restricts state intervention into the parent-child relationship. This has been the law of the land for more than 200 years, and it has worked reasonably well for the majority of families and children” (Gelles, 2005, p. 331).

Ultimately, of course, the debate centers on those middle-ground cases where risk is difficult to assess. Proponents of the family preservation model maintain that ASFA moved policy too far away from family preservation. Children can be safely left in their homes *if* their communities offer vulnerable families the social services and training they need. These advocates point out that the foster care system is not a panacea, noting the relatively high rates of abuse in foster families (U.S. DHHS, 2000). There is also evidence that foster care does more harm than good. In an important article published in the prestigious *American Economic Review*, Doyle (2007) found that children “on the margins of placement” (i.e., cases of neglect where the foster care versus family preservation decision is far from clear) who were placed in foster care fared worse in the long term (in terms of teen motherhood rates, juvenile delinquency, employment earnings) than did similarly neglected children who were left in the home.

Another potential problem with the foster care system is that it targets the poor. Approximately 70% of children in foster care are placed there for neglect, which critics charge is too often synonymous with poverty and homelessness (Cytryn, 2010). Richard Wexler, executive director of the National Coalition for Child Protection Reform, argues that the greatest sin of many abusive families may be that they are poor. These families don’t need to have their children taken from them; they need social services and support (Wexler, 2005).

Critics of the “single-minded” goal of family preservation, on the other hand, argue that family preservation and unification goals too often put children at risk (Gelles, 2005). Several highly publicized child deaths in recent years serve as a reminder of the potential dangers of reuniting children with parents who have been abusive in the past. An overcommitment to reunifying families also sometimes leaves children in long-term temporary settings—moving them in and out of foster care—which is rarely in the best interests of the child (Gelles, 2005).

Much of the disagreement centers on when families can or should be offered family preservation services and whether these services can successfully rehabilitate abusive parents. Family preservation programs most typically focus on intervention before the child is removed, offering services in the areas of financial management, nonviolent discipline, anger management, and education (Melton, 2002). The most widely discussed, and widely practiced, family preservation program is Homebuilders, which began in the state of Washington and has now been implemented in various locales across the country. The Homebuilder model calls for intensive home-based services for families in the midst of crisis, assuming that parents who are about to lose a child will be more open to receiving services and learning new behaviors. Caseworker loads are very low (typically two families per caseworker) and the interactions extensive (up to 20 hours per week) (U.S. DHHS, 2002).

Initial evaluations of Homebuilders and other programs produced positive results, leading to considerable enthusiasm in the 1980s and 1990s. However, more methodologically rigorous

experimental designs, which randomly assign families into experimental and control groups, have produced disappointing findings. The most influential study of this nature, funded by the U.S. DHHS, evaluated preservation programs in four states (Kentucky, New Jersey, Tennessee, and Pennsylvania). Researchers examined a variety of outcome variables, including foster care placement rates and improvement in family functioning, and found no differences between the experimental and control groups (U.S. DHHS, 2002). The fact that this research focused on four independent evaluations in four states makes the evidence all that much more compelling.

It is worth noting that the authors of the DHHS report did not interpret their findings to mean preservation services should be abandoned. Instead, they interpreted the results as a challenge to work that much harder and to find programs that do work (U.S. DHHS, 2002). Certainly, nobody is suggesting that the family preservation goal be abandoned. In less serious cases of abuse, where the parents are poor, young, stressed, and needy—and are likely to benefit from social services—family reunification should be the goal, and supportive intervention should be the means to achieving that end. In more serious cases, where rehabilitation is not likely to be successful, the goal of family reunification should be questioned. Hopefully, future research will help us distinguish between the two (Wattenberg et al., 2001).

## Chapter Summary

Perhaps no substantive area in social science is as contentious as family violence. Disagreements can be quite intense and, frankly, are not always fruitful. Yet we believe the issues presented in this chapter are important, and we think the discussion these topics generate can produce positive results.

We began the chapter with, arguably, the most controversial issue of all: false allegations. Many believe that in recent years there has been a societal obsession with child abuse—and particularly CSA—that has produced numerous false allegations. How common are false allegations? We would urge balance on this particular issue. Certainly one should be careful not to accept the claims of some that children tend to make up stories or that all recovered memories are false memories. We would agree with Gilbert, Kemp, and colleagues (2009) that the problem is underreporting of child maltreatment, not overreporting. At the same time, however, we must recognize that when child protection passions run high, fabrications are likely inevitable. One fascinating example is satanic ritual abuse (SRA), a scare during the 1980s and 1990s that seems largely to have been driven by false allegations and memory distortions. As for the memory wars that continue to divide psychologists, the research evidence seems to support the conclusion that both sides are correct. That is, memories can be forgotten and later remembered, *and* false memories can be constructed in therapeutic sessions. Many of these recovered memories, however, may be more reasonably described as normal forgetting and remembering than recovered traumatic memories. Given the empirical support for both sides, one could reasonably argue that it is time to tone down the divisive rhetoric and to turn our attention to research that will help us distinguish false memories from recovered memories. On this point, it seems, both sides agree (Gleaves, Smith, Butler, & Spiegel, 2004; Loftus, 2003a).

Most of us who study child maltreatment feel passionately about our cause and are committed to alleviating the suffering of victims. And our passions *do* sometimes spill over into our scholarship. Awareness is important, however, of the fact that when passions replace science, claims making can have negative consequences both for the field of social science and for the public's

perceptions of the social problem of child maltreatment. The purpose here is not to argue against all claims making. Indeed, whenever experts in the field teach classes or summarize their own research, they make claims. Science *is* claims making. But some claims are more empirically defensible than others. If one abandons the scientific method in favor of an advocacy-driven approach to knowledge, it is unlikely to effectively serve the interest of children, because findings may be easily dismissed by those less sympathetic to the child protection cause.

Few question that intimate partner violence (IPV) is a form of child maltreatment. The controversy surrounding this particular issue centers on the policy and legal complications of defining IPV as child maltreatment. As definitions of child maltreatment become broader and broader, we run the risk of overwhelming the already overburdened CPS system. If exposure to IPV is child maltreatment, furthermore, who should be held accountable? Especially controversial are *failure-to-protect* laws that sometimes implicate abused women. Child protection advocates argue that a wider legal net would add one more cost to the perpetrator and compel the nonabusing partner—typically the woman—to act more assertively to protect the child. They also feel that failure to protect laws will draw attention to the emotional damage done to children and perhaps serve to raise the awareness of police and child protection authorities. Advocates for women, on the other hand, are concerned that failure-to-protect laws essentially amount to blaming the victim.

The suggestion that some SIDS cases are actually infanticide or filicide is sensitive, because one would not want child protection authorities to routinely approach grieving parents with suspicion and accusations. There is every reason to believe that almost all infant deaths attributed to SIDS result from either a medical condition or accidental suffocation. Yet child protection must begin with the recognition that parents do sometimes kill their own children. History effectively teaches this lesson. The key to resolving this controversy is continuing research on SIDS, which at this point is little more than a default category for an inexplicable death. There is also more to be learned about the many factors that might lead one to suspect homicide.

A number of justice and protection issues, most of them related to the inevitable tension between protection and justice versus social support and treatment for families, continue to be a source of controversy. Increased reporting of child maltreatment has overwhelmed CPS. As a result, critics charge, CPS has become little more than an investigatory agency, essentially abandoning its role as a provider of social services. Long heralded as a triumph of the child protection movement, mandatory reporting laws have been questioned in recent years. Professionals are often torn between commitments to their clients and the mandates of the law. Many, well aware of the ineffectiveness of CPS, choose not to report minor cases of abuse.

It seems possible to make convincing arguments on either side of the community notification issue (e.g., Megan's Law). On one hand, it is not at all unreasonable that parents and others would want to be informed when a sex offender is living nearby. Yet all citizens, including released sex offenders, have constitutional protections. And the question of whether community notification provides any added protection is yet to be answered.

Those who advocate against CP are fighting an uphill battle. Most Americans spank their children, and it is hard to imagine this will change any time soon. Yet attitudes and behaviors in the United States are changing rapidly, and there is every reason to believe they will continue to change. The arguments against CP are that it contradicts the notion of a violence-free family, does not work to reduce misbehavior, and is correlated with a variety of behavioral and emotional problems. Others maintain that the case against CP is greatly exaggerated. If children are spanked appropriately, they maintain, CP can be safe and effective.

It is difficult to make a case against the goal of family preservation. Everyone agrees that the nuclear family is the best place to raise a child. However, every time a child dies from child maltreatment—especially when we knew (or should have known) that the child was in danger—we are reminded that the rights of the child must supersede the rights of the parent. Those who argue against preservation are merely arguing that too many mistakes are made in the name of family preservation. Defenders, on the other hand, argue that with more support for needy families, tragedies could be avoided *and* families could be preserved.

## Discussion Questions

1. Why do you think the study of child maltreatment produces so many controversial issues?
2. Do you think the sometimes-contentious debates surrounding these controversial issues are fruitful?
3. Your friend complains about “yet another” child sexual abuse accusation he hears about on the news. “Don’t they know these kids just make this stuff up?” he says. How do you respond?
4. Ost (2003) believes that the phrases *false memory* and *recovered memory* are overly divisive. What terms would you suggest?
5. Can you think of examples of when a victim of intimate partner violence (IPV) should be held responsible for his or her failure to protect a child? Can you think of examples when the victim should not be held responsible?
6. Is it possible that sometimes advocacy may cause more harm than good?
7. Assume you are an attorney about to appear before the Supreme Court in a case involving community notification. Would you rather be the attorney questioning the constitutionality of community notification or the attorney defending it? Why?
8. Do you plan to spank your children? Why or why not?
9. Which of the issues discussed in this chapter provoked the strongest emotional response in you?
10. Are there any other controversial issues you feel should have been discussed in this chapter?

## Notes

1. Perhaps the best illustration of the contentiousness of this issue comes from two of the reviews we received of the second edition of this text. The two colleagues, who clearly represent the two competing perspectives, *each* respectfully accused us of bias. “You make it appear that this is a balanced debate with some pro and some con, but no winner,” wrote the *false memory* colleague. “The vast majority of respected memory researchers reject the idea that repressed memories, if they exist at all, are common.” The *recovered memory* colleague, on the other hand, felt we had not sufficiently endorsed the repressed memory research: “I wanted to ask you to re-examine your statement that this research evidence is convincing, but does not settle the debate.” Clearly, for this colleague, the research supporting the recovered memory perspective had indeed settled the debate.

2. In an interesting side note, opponents of circumcision in San Francisco, citing international human rights and “male genital autonomy,” gathered enough signatures to put a referendum on the November 2011 ballot that would make it illegal to circumcise a child.

3. Discussions of Megan's Law typically presuppose high recidivism rates among sex offenders, with advocate estimates ranging from 50% to 90%. Recidivism rates are difficult to calculate, however, and any simplistic statement concerning *the* recidivism rate is inevitably flawed. Recidivism estimates vary dramatically, for example, depending on whether the offenders victimized family members (lower rates) or persons outside their families (higher rates). Some studies have examined recidivism after 2 years (lower rates) and some after 25 years (higher rates). As a result of these methodological complications, actual recidivism studies suggest rates varying from 8% to 50% (see Bunn, 1998; Sheppard, 1997)—significantly lower than those often claimed by sex offender registry advocates.

4. Stranger abductions and murders, although especially tragic and horrifying, are extremely rare forms of child victimization. For advocacy groups, politicians, and the news media to suggest otherwise is somewhat misleading. As journalism professor Steven Gorelick, who specializes in the study of media coverage of crime and violence, has noted, "I'm mostly concerned about the illusion of safety that is created by public crackdowns on these kinds of crimes. It's so easy. They're horrific, and they represent a quintessential kind of evil. But the press presents this information absent of the context of how infrequently these things occur. An educated person would conclude, if he's an avid newspaper reader or television watcher, that these kinds of infrequent crimes are the things to be concerned about" (quoted in Sheppard, 1997, p. 40).

## Recommended Resources

- Doyle, J. J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *The American Economic Review*, *97*, 1583–1610.
- Jaffe, P. G., Baker, L. L., & Cunningham, A. J. (Eds.). (2004). *Protecting children from domestic violence: Strategies for community intervention*. New York, NY: Guilford Press.
- Jenkins, P. (2004). *Satanism and ritual abuse*. In J. R. Lewis (Ed.), *The Oxford Handbook of New Religious Movements* (pp. 221–242). New York, NY: Oxford University Press.
- Lindsey, D. (2003). *The welfare of children*. New York, NY: Oxford University Press.
- Loseke, D. R., Gelles, R. J., & Cavanaugh, M. M. (Eds.). (2005). *Current controversies on family violence* (2nd ed.). Thousand Oaks, CA: Sage.
- Mathews, B., & Bross, D. C. (2008). Mandated reporting is still a policy with reason: Empirical evidence and philosophical grounds. *Child Abuse & Neglect*, *32*, 511–516. doi:10.1016/j.chiabu.2007.06.010
- McNally, R. J., & Geraerts, E. (2009). A new solution to the recovered memory debate. *Perspectives on Psychological Science*, *4*(2), 126–134. doi: 10.1111/j.1745–6924.2009.01112.x
- Perrin, R. D., & Miller-Perrin, C. (2011). Interpersonal violence as social construction: The potentially undermining role of claims-making and advocacy statistics. *Journal of Interpersonal Violence*, *26*, 3033–3049.
- Prescott, J. J., & Rockoff, J. E. (2011). Do sex offender registration and notification laws affect criminal behavior? *Journal of Law and Economics*, *54*, 161–206.
- Straus, M. A. (2001). *Beating the devil out of them: Corporal punishment in American families and its effects on children* (2nd ed.). New Brunswick, NJ: Transaction.