Book Reviews

CHILDREN SPEAK FOR THEMSELVES: USING THE KEMPE INTERACTIONAL ASSESSMENT TO EVALUATE ALLEGATIONS OF PARENT-CHILD SEXUAL ABUSE. By Clare Haynes-Seman and David Baumgarten. New York: Brunner/Mazel Publishers, 1994. 192 pp. $25.95.

James E. Dillon, MD

Clare Haynes-Seman, PhD, a psychologist, and David Baumgarten, JD, an attorney, are the authors of a brief treatise describing the Kempe Interactional Assessment, a method for evaluating sexual abuse allegations. Unfortunately in the hands of a well trained child psychiatrist their volume is useless, and in the hands of anyone less skilled it is potentially dangerous.

The authors introduce their technique as one which: ". . . by definition and by design, is a process of true inquiry, full analysis, and objective determination" (p. 15). . . . "[It] is a complete and accurate process that provides objective and definitive evidence regarding allegations of parent-child sexual abuse" (p. 180). So penetrating is the insight derived from this method that: "There is no excuse not to find out the truth; the unsubstantiated must be followed through until proved true or false" (p. 177). Every inquiry can and should be resolved with certitude, we are admonished, by skilled application of the Kempe method.

What, you ask, is this extraordinary technique? The Kempe Interactional Assessment has three main components: interviews with each parent in the presence of the putative victim, during which the child's reactions to the interview are monitored; observations of each parent with the child; and individual play interviews with the child. All sequences are video recorded and exhaustively transcribed for later review. The protocol does not depart dramatically from the recommendations of the American Academy of Child and Adolescent Psychiatry (AACAP),* but some differences are noteworthy. First, the AACAP guidelines emphasize the importance of corroborating data, such as medical evaluation and school reports, which play no explicit role in the Kempe assessment. Second, the AACAP guidelines do not comment on the wisdom of a parental anamnesis in the child's presence, although many experts would hesitate to elicit data from a parent in a way that could contaminate the child's subsequent productions. In the Kempe approach, however, abuse is inferred indirectly from the child's productions, and no "disclosure" as such is sought, so contamination is not raised as an issue. What the child may actually say is much less important than what the examiner reads between the lines. Third, the Kempe method specifically calls for the preparation of detailed verbal and behavioral transcripts of video-

*American Academy of Child and Adolescent Psychiatry: guidelines for the clinical evaluation of child and adolescent sexual abuse. J Am Acad Child Adolesc Psychiatry 27:655–7, 1988.

taped sessions. This procedure is not particularly novel or controversial, although few evaluators would find it practical or necessary in every case. Since the Kempe approach relies upon microinterpretation of behavior, however, an account as detailed as this is essential to the process.

Absent from the Kempe method is any reference to external data that would help to corroborate or refute statements made by informants, or that might define the historical context of an investigation. Reports of previous examinations can be invaluable in establishing the consistency of informants and in characterizing the methods that were used to obtain "disclosures" of abuse; yet the possible relevance of previous inquiries and treatments conducted by protective services workers, police detectives, physicians, and therapists is not mentioned. Reference to such materials would be superfluous, of course, were the Kempe Assessment indeed infallible, as claimed.

But it is not so much the procedural details as the interpretative framework that distinguishes the Kempe Interactional Assessment from other approaches to discriminating true and false abuse allegations. Two principles seem to govern the Kempe approach. The first is that abused children have unhealthy attachment relationships, the characteristics of which furnish proof positive of abuse. The second principle is that metaphors in the play, fantasy, and drawings of a child can be interpreted reliably as indicators of implicit knowledge and actual experience, much as the unconscious truth might be inferred by a psychoanalyst from dreams and projective tests.

The first principle reduces the relatively precise and operationally defined concept of "secure attachment"[†] to a vulgarized distortion signifying little more than "healthy relationship": "Parent-child sex abuse is a disorder of attachment; it can occur only in an unhealthy attachment relationship. . . . " (p. 6). The corollary is that, in the context of a healthy attachment, abuse cannot occur; or, translated into plain English, "parents who have terrific relationships with their kids probably aren't abusing them." Cleverly disguised by reference to the abstract trappings of developmental theory, this astonishing insight is not likely to be confused with common sense.

Where attachment has gone awry, however, the Kempe method can be counted upon to detect it: "If abuse has occurred in an unhealthy attachment relationship, there will be unmistakable behavioral and clinical indicators" (p. 6). Indeed, much of the book is given over to examples of these unmistakable indicators, although there is no general formula to define them. If you have been properly trained, it seems you will know them when you see them. For example, the following story, told by a 9-year-old girl, is taken as confirmation of "conflicted" feelings about her abusive stepfather:

> There was a story about this kid and his wolf he had to take care of. These people killed it and they were saying all this stuff about him, like he was a mean wolf, he killed people. He was like

[†]Ainsworth MDS, Bell SM: Attachment, exploration, and separation: illustrated by the behavior of one-year-olds in a strange situation. Child Dev 41:49–67, 1970.

> a pet, he didn't do anything. They said his eyes were red and glared, real evil and this little boy that took care of it tried to say, 'No, no, it's not, it was my pet.' They didn't listen, they kept telling people lies about it, that it was mean, but the little kid was the only one that was right (p. 87).

Accepting, *arguendo*, that the wolf symbolizes the stepfather, someone persuaded of the stepfather's innocence could just as easily interpret this story as portraying the child's frustration in having her denials ignored.

Interpretations of this type, applied to stories, pictures, behavior, and symbolic play, are the real substance of the Kempe approach. Like the evidence which leads some therapists to conclude that their patients hold repressed memories of abuse, however, this data is highly selective and utterly subjective. The authors' interpretations are clever, creative, and occasionally even convincing, but the empirical validity of such techniques for establishing objective facts is not supported by any of the 42 citations in the skeletal bibiliography. Indeed, this book would seem to be the first publication ever to describe the technique.

The reader will also be disappointed in the chapter "Opportunities for the Helping Professions," in which we learn that, irrespective of the outcome of the assessment: ". . . everyone in the family needs treatment. . . . Treatment professionals must treat the entire family in addition to working in individual therapy to heal each family member" (p. 175). Grandparents beware, since: "The actual occurrence of abuse or the mistaken belief that abuse was inflicted when it never occurred are symptoms of an attachment disorder that has its roots in the parents' own relationships with their parents" (p. 19). I call this the "You are Siamese if you please; you are Siamese if you don't please" assessment algorithm. The idea that "child abuse" must always be treated, irrespective of its observable effects on the child, is inherited from the days when everyone was deemed neurotic, all children were presumed to have been traumatized, and the human race could be salvaged only by prophylactic psychoanalysis of the masses. Now we are told that the entire extended family needs treatment along with the abused child, even if no abuse took place! Most of us have become more restrained about the promise of therapy and more circumspect in prescribing it.

The name Kempe, incidentally, does not derive from any direct contribution by C. Henry Kempe, MD, who is widely regarded as the progenitor of the modern era of child abuse studies. It comes, rather, from the Center named for him at the University of Colorado where the first author works. This is not Kempe's method, but, as best I can tell, a technique used by the authors and others at the Kempe Center.

The forensic psychiatrist asked to coach an attorney in the cross-examination of an exponent of the Kempe Interactional Assessment may wish to read this book; but in that case, be sure to make the lawyer pay for it. For the rest of us, two copies in the stacks of the Library of Congress will suffice to assure *Children Speak for Themselves* its proper place in the history of science.

PROTOCOLS FOR THE SEX-ABUSE EVALUATION. By Richard A. Gardner. Creskill, NJ: Creative Therapeutics, Inc., 1995. 436 pp. $40.00 (paperback).

Lawrence S. Wissow, MD, MPH

As a pediatrician who once was co-chair of my hospital's Child Advocacy Team, it was with some mild trepidation that I first picked up Dr. Gardner's latest book. Here was a guide to the forensic evaluation of alleged sexual abuse written by the author of *Sex Abuse Hysteria: Salem Witch Trials Revisited.* In a field challenged by both the reality of abuse and frighteningly inadequate means of prevention, treatment, and detection, would this book provide a much needed, balanced look at the state of the art, or would it contribute to the ever more polarized debate between those who primarily serve children and those who see the vindication of accused parents as their primary concern? The answer turned out to be mixed: this is a book with many strengths and much balance, but the author's emphasis on pertinent "negatives"—factors that make the allegation of abuse more likely to be false—often outweighs his emphasis on factors that might serve to support a child or parent's concerns.

Perhaps the book's greatest strength is Dr. Gardner's considerable skill as a clinician-teacher. He is able to clearly reflect on what he does and why he does it, and then present his methods in a systematic, readable fashion. He also acknowledges two very important facts about child sexual abuse evaluations: first, that in many cases, what really happened (or didn't) may never be known; and second, that to be truly helpful the professional must try to gather information impartially from all parties to a case.

Dr. Gardner's book is organized into six major chapters, each presenting key questions in the evaluation of children, alleged abusers, nonabusing parents, and adults who make new allegations of having suffered abuse in childhood. Each chapter contains some introductory material followed by a list of questions and suggestions on how to interpret their answers. The goal of each chapter is to help the clinician arrive at a semiquantitative judgment about the veracity of the abuse allegation being considered. Dr. Gardner is forthcoming about the fact that many of his suggested interpretations are driven more from clinical experience than data. In many instances this truly reflects the state of knowledge in the field; however, the book might be more useful, especially as an aid to expert witnesses, if it were more heavily and consistently referenced to the literature that does exist.

The longest and strongest chapter concerns the interviewing of the allegedly abused child. Although the chapter's goal is to help with abuse evaluations, it goes far beyond this and stands alone as an excellent guide to the psychiatric interview of school-age children. Some of Dr. Gardner's suggested questions could come across as confrontational (for example, "If you can't form a picture of the abuse in your mind, how do you know it happened?") or even leading ("Did you ever have the feeling that you just couldn't get it [the abuse] out of your mind?"), but the principles they reflect

are sound and the questions could easily be adapted or answered indirectly. The chapter concludes with a very balanced summary of what factors in the child's statements, affect, and environment might make abuse seem likely and which suggest a false allegation.

A technique repeatedly suggested for use with children and adults involves careful attention to how an allegation of abuse has evolved over time. Dr. Gardner wants us to focus carefully on the context in which the allegations have arisen and to contrast symptoms present at the time abuse was allegedly occurring with symptoms having their onset after disclosures or allegations were made. The first of these issues—the context of allegations—has great face validity. Do the allegations come late in some protracted intrafamilial legal battle, for example, or do they appear spontaneous and devoid of possible ulterior motives. However, the contrast of pre- and postdisclosure symptoms, while it seems to be a promising area for scrutiny, may need more development. Although I am greatly oversimplifying his presentation of the topic, some of Dr. Gardner's contention that truly abused children will be overtly symptomatic before disclosure, and that false accusers will be symptomatic only when the accusation has been made, contrasts with what we believe about both posttraumatic disorders and with the trauma of even well conducted abuse investigations.

Dr. Gardner's book is perhaps best read on two simultaneous levels; technique and interpretation. From the point of view of technique, it is a methodical and detailed manual of how an experienced forensic psychiatrist goes about his job, even down to examples of the letters he sends to prospective clients and his fee schedule. The book's extensive catalog of points to be explored in an abuse evaluation should be useful even to experienced clinicians and could serve as an excellent guide for further clinical research. For these things alone it is a worthy addition to the clinician's bookshelf. As for interpretation, Dr. Gardner's experience with cases of false allegations—and the depth of his feeling about them—comes through in many places. His chapter on interviewing the nonabusing "accuser" is devoted almost entirely to factors that would discredit the claim, with little positive data being generated in its support. His concluding chapter on adults who make new allegations of childhood abuse is too short and dismissive to do justice to the subject. It is also probably out of place in a book otherwise devoted to the evaluation of contemporary child victims. Overall, however, this is a book that gives one hope: from a technically solid, clinically thoughtful, and data-driven middle ground, perhaps we will someday better understand how to treat and ultimately prevent child sexual abuse.

CRIME. James Q. Wilson and Joan Petersilia, editors. San Francisco: ICS Press, 1995. 650 pp. $69.95 (cloth-bound), $34.95 (paperback).

Sonya McKee, MD

This collection of articles covers many issues relevant to that variant of criminal activity known as "predatory" or "street"

crime. As the editors point out, this includes "muggings, murders, assaults, rapes, robberies, burglaries, and other thefts." Given the fervor with which the problem of crime is debated both publicly and privately, this book is certainly a timely piece of work.

Through the review of current national and international data, several areas relevant to this issue are explored. These areas include: (1) the underlying reality of the public perception that crime is increasing; (2) comparisons of crime in the United States versus other industrialized nations; (3) what does contribute to the current crime problem and what doesn't; and (4) what has worked in attempts to control crime and what has not. Through careful and thoughtful analysis of available data, the contributors have shown a bright light on some of the most controversial issues related to the so-called "crime debate." In the process, many popularly held beliefs are shown to have no factual basis, and many commonly held notions are shown to have merit based on statistical analysis of current data.

James Q. Wilson edited the text *Crime and Public Policy* (San Francisco, ICS Press, 1983). He indicates that this text, in addition to updating the earlier work, expands on the information presented previously. In the current text, more information is included on the role of the media in crime and in juvenile and gang violence. The inclusion of chapters addressing these areas reflects societal changes that have occurred in the past 10 years. Perhaps of particular interest to forensic psychiatrists are the sections that review the biomedical factors seen in perpetrators of crime and descriptions of so called "criminogenic traits."

The book is divided into three major sections: crime and the criminal, social context of crime, and crime control strategies. Each section provides an up-to-date, comprehensive, easily read review of the issues relating to crime. The information is presented in an organized manner. Data summaries, in the form of graphs, tables, and charts, are clearly presented and easily understood. Therefore, despite the large volume of information presented, one can easily access the information relevant to one's own interest and particular needs.

Given the breadth of the topics covered, some of the chapters are probably of less use to the practicing forensic psychiatrist than to others who are more directly involved in the development and administration of social programs and correctional institutions. Other areas however provide a review of relevant literature and data that would be useful to the forensic psychiatrist who wants a concise, clearly presented and organized information source in such areas as the psychology of criminal behavior and the neuropsychological, neurobiological, and neurochemical factors observed in populations who engage in criminal behavior. These sections account for less than 100 hundred pages of the 650-page text.

Of note is the absence of any section addressing the area of mentally ill offenders. This has become a growing area of concern in an era in which severely mentally ill persons are placed in the community. These people are often able to function only marginally in communities that

often have inadequate social or psychiatric support. It is not uncommon that severely mentally ill persons eventually end up institutionalized in prisons and jails rather than in mental institutions. A review of data relating to the incidence of criminal activity in this population, as well as a review of strategies to decrease recidivism in this population (such as mandatory mental health treatment as a condition of probation or parole), would certainly have increased the usefulness of this text to forensic psychiatrist involved in the care of the mentally ill segment of the population.

In summary, this text is of interest to anyone who has ever wondered what factors are contributing to the crime problem that modern society faces, and what, if anything, can be done about it. The contributors seek to delve into fact-based examples in addressing these questions, rather than the fear- and ignorance-based perceptions that are often perpetuated as fact both in public and private discussions. Thus, although only a limited section of the text is directly relevant to the practice of forensic psychiatry, the information presented would be of interest to all, including forensic psychiatrists, who wish to expand their knowledge in this area of vital concern to our entire society.