

SECTION ON

CHILD MALTREATMENT INSIDER



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President's Column

Jennie G. Noll, PhD
President

Greetings and many warm thoughts for those whose toes remain icy cold in what seems like an extra-long winter. I wanted to take this opportunity to draw our attention to some recent 'wins' within the child welfare policy space that have warmed my heart in recent weeks. As Angelique Day (along with Joel Crume) explicates in her column much more elegantly than I ever could, the Families First Prevention Services Act was signed into law, and both CHIP and MIECHV were reauthorized in February. As these Federal policies are moving ahead, I thought it would be a good time to remind ourselves of how we can keep involved and engaged in the political process on a continual basis—not just when there are large policy initiatives at stake. While it might be easy to cast a wide net with regard to our roles as concerned citizens (e.g., going to rallies and marches, writing personal letters to legislators, writing letters to newspaper editors), I want us to devote some thought to how we can think about 'advocacy' within our academic and practitioner roles. To do this I think it best to begin by defining the term 'advocacy' and highlight how it differs from lobbying. Because, as faculty members and official representative of institutions, we need to be careful to refrain from the latter and be more effective at the former.



Let's start with some basic definitions. *Advocacy* is the process of stakeholders making their voices heard on issues that affect their lives and the lives of others at the local, state, and national level. It also means helping policymakers find specific solutions to persistent problems. Most nonprofits can and do engage in as much advocacy as possible to achieve their goals. Some examples include: Telling your member of Congress how a federal grant your organization received has helped his/her constituents; Educating a



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member of Congress about the effects of a policy on an affected group; Inviting a member of Congress to visit your organization so that he/she may see firsthand how federal funding or a policy affects day-to-day operations or lives. *Lobbying*, on the other hand, involves activities that are in direct support of or opposition to a specific piece of introduced legislation. For example, this would include asking your member of Congress to vote for or against legislation. While nonprofits can engage in some lobbying, the IRS has strict rules about what portion of their budget can go toward these activities. There are also prohibitions on any use of federal funds for lobbying.

A good rule of thumb is to speak from a researcher's or clinician's perspective, using data that either you have published or that you know of that is peer-reviewed. And, stick to what the research says. Remember that we don't 'support' any specific policy, but merely provide the translation of the research that will be used to support aspects of policy. Advocacy is about establishing relationships and creating a community of experts both in and outside of government who can give informed input on policies. Being more aware of the political aspects of research can help academics understand and re-evaluate their own arguments about the impact of research. This might take the form of working hard to respond to a legislative request for information and compiling the right kinds of evidence that staffers might need in order to hold an informed briefing.

Luckily, some of this hard work can be done within the context of organized coalitions and networks of erudite and committed experts. There exists a 'rapid response network' devoted to child welfare issues that I encourage all of you to join. It is called the *Research-to-Policy: Child Welfare Rapid Response Team*, and can be accessed by copying the following into your browser:

<https://docs.google.com/forms/d/e/1FAIpQLSeGiVDkQKQKkffHYb9TA7D1T57hixfCLd1wud9RWGkUgwWEKA/viewform>

Organized and supported by Penn State's P50 Center for Healthy Children (PI: Noll), this team is currently comprised of over 100 researchers and practitioners who actively respond to solicitations from federal policy professionals for scientific information that can leverage child welfare policy change. Signing up for this network ensures that we identify experts who can respond to current research-to-policy opportunities and contribute to 'expert' responses to legislative inquiries. While we can target specific policies, as we did with Families First and will hopefully do with CAPTA, more likely we respond to legislative requests to help provide information needed to hold successful briefings. For more information regarding how the research-to-policy model operates, see this newly published paper Crowley, DM, Scott, TB, and Fishbein, D (2018), *Translating prevention research for evidence-based policymaking: Results from the Research-to-Policy Collaboration pilot*. Prevention Science.

Of course we all need to understand that these processes are complex and that we should consult with the government affairs office at our respective institutions to ensure that we walk a careful line that does not cross into lobbying. The Section will hold another research-to-policy workshop (as we did last June) in Washington, DC sponsored by my P50 Center that includes practical information on how to engage the political process as an academic, including how to translate your important work into messages that resonate with policy makers.

On one final note, it is with sadness that I announce to the Section the passing of one of our own; Karen Saywitz. Karen was a champion of advocacy within the child welfare space and is a past recipient of the Division 37 *Nicholas Hobbs Award* and the *Lifetime Advocacy Award* for exemplifying the ideals and devotion to child advocacy/policy. I am thankful to Gail Goodman and Bette Bottoms for providing a column honoring Karen for this edition of the newsletter. We will continue to honor Karen at this year's conference in August and through other activities commensurate with her contributions to our field. She will be sorely missed.

Karen Saywitz: An Extraordinary Legacy for APA Division 37 and the Section on Child Maltreatment

By Gail S. Goodman & Bette L. Bottoms

Many reading this tribute to the life of Dr. Karen Saywitz, who served as President of Division 37 in 2000, knew her as a stellar intellectual, a pioneer in the scientific study of child forensic interviewing, a warm and wise supporter of mental health for children and families, a highly effective and determined child advocate, and a devoted friend. Even if you did not have the great pleasure of knowing Karen personally, you likely felt her effect. Her life is an extraordinary model for us all, inspiring us to continue our work to better the lives of disadvantaged children and to support them in having accurate voice about their experiences.

Dr. Saywitz obtained her doctorate in clinical and developmental psychology from the University of Illinois at Chicago in 1984 under the guidance of Professor Shari S. Diamond. After completing an internship and postdoctoral fellowship at UCLA School of Medicine, Dr. Saywitz became a child psychologist at City of Hope, a cancer center near Los Angeles. It was during that time that she attended a large national conference of child abuse professionals, held in Los Angeles, from which the American Professional Society on the Abuse of Children (APSAC) was born. Fortunately, that conference also gave birth to Karen's idea to study children's memory and suggestibility for medical exams, as a proxy for understanding child forensic interviewing in child sexual abuse cases. She quickly obtained a federal grant from the National Center on Child Abuse and Neglect, Administration on Children, and conducted her research as a new faculty member at Harbor-UCLA Medical Center in Torrance, CA. In addition to developing a multi-faceted research program on child witnesses in maltreatment cases, she also supervised clinical work with disadvantaged children. The products emerging from her first grant-supported study (e.g., Saywitz, Goodman, Nicholas, & Moan, 1991), and her work on children's knowledge of legal terms (Saywitz, Jaenicke, & Camparo, 1990) and adverse effects of intimidating courtroom contexts (Saywitz & Nathanson, 1993) brought her immediate national and international fame.



They say timing is everything, and the timing of Karen's work could not have been more perfect. She began her research just as child sexual abuse emerged as a major societal focus. It was also just as controversy over children's eyewitness suggestibility and memory for sexual abuse erupted. Karen's work remained above the controversy. She wisely put her considerable energies into developing scientifically valid, nonleading techniques for interviewing children. Karen realized that psychologists are in a special position to develop such techniques and that this would be one of the most important contributions psychologists could make, both to help children recount their traumatic experiences and to aid adults reach the truth in child abuse cases.

Karen developed creative methods for building rapport with children and for training children to provide more complete free recall as well as to articulate their lack of understanding of age-inappropriate, complex questions (i.e., to improve children's comprehension monitoring). Karen's Narrative Elaboration Technique (NET) proved to be a highly effective method for forensic interviewing of children as was her related nonleading "cognitive interview" for

children. In fact, in regard to children's *accuracy*, Dr. Saywitz's protocol techniques are the most researched of any that exist today.

Dr. Saywitz's work, grounded in basic principles of cognitive and developmental psychology, is a particularly laudable extension of basic research to an applied problem. The practical legacy of her research is remarkable. It was foundational for the development of Children's Advocacy Centers (CACs) for child forensic interviewing, which now number in the hundreds in the US alone. Her vision for developing California's Multidisciplinary Interview Centers (California versions of CACs) set a high standard for application of science to forensic interviewing, a standard that has been modeled throughout the world. In addition to her highly influential scientific articles, she published handbooks for judges and served on the faculty of the National Judicial College. Dr. Saywitz's research also resulted in remarkable changes in law: She wrote major sections of *amicus briefs* presented to the U.S. Supreme Court (*Wright v. Idaho*, 1990) and the California Supreme Court (*People v. Van Hoek*, 1989). The courts listened; her research has been cited repeatedly in U.S. Supreme Court decisions (*Ohio v. Clark*, 2015) and numerous appellate court decisions.

Of course, throughout her career, Karen designed her work to help the many forensic interviewers worldwide who work tirelessly in the investigation of child abuse. To that end, Dr. Saywitz and her former graduate student, Dr. Lori Camparo, published *Evidence-based Child Forensic Interviewing: The Developmental Narrative Elaboration Interview* (2014, Oxford University Press). In a recent *APSAC Handbook* chapter, she argued for a "toolbox approach" to child forensic interviewing, proposing that interviewers, including clinicians, should be able to select from a store of scientifically validated interview techniques that best fit the child and circumstances (Saywitz, Lyon, & Goodman, 2017). Always prescient, Karen lived to see this approach used with increasing frequency in the U.S., and in other countries as well (e.g., Norway).

In addition to having the right timing, finding the right audience is also a key to success. Karen found that in Division 37 and its Section on Child Maltreatment. There are many examples of how Karen provided strong leadership in advocacy initiatives that continue to benefit children, youth, and families who are involved in the legal system. She was President of Division 37 and a member of the Steering Committee that founded our division's Section on Child Maltreatment (the APA's only organization devoted solely to research and professional practice concerning child abuse and neglect). She was the incredibly effective Division 37 Divisional Liaison to the APA Committee on Children, Youth, and Families for years, and she served as the division's APA Council Representative. As such, she led many initiatives related to child maltreatment and the law, including APA's Mental Health Initiative on Children. Of special note, she founded and chaired the Interdivisional Task Force on Child and Adolescent Mental Health, a multi-year task force involving 8 APA divisions (and growing). It is fair to say that this task force is the centerpiece of APA's advocacy efforts on behalf of children's mental health. Karen was also an ardent advocate in terms of congressional activities such as lobbying and congressional briefings, which are among our division's and section's most important advocacy initiatives.

Dr. Saywitz's research, advocacy, and service were lauded by many. She was awarded the Nicholas Hobbs Award for Child Advocacy from Division 37, the Research Career Achievement Award from the American Professional Society on the Abuse of Children, the Child Abuse Professional of the Year Award for pioneering research from the California Consortium to Prevent Child Abuse, and the Distinguished Service Award from the California Professional Society on the Abuse of Children.

Dr. Saywitz's awards also include excellence-in-teaching awards from Harbor-UCLA Medical Center and the California State Psychological Association. Throughout Dr. Saywitz's highly successful career at UCLA, where she became Professor of Psychiatry and Behavioral Sciences, Karen led many undergraduate and graduate students to the field of Psychology and Law, mentoring many budding researchers (and many of us more established researchers as well). Before Karen died, we contacted six of her former graduate and postdoctoral mentees and asked them to comment on Dr. Saywitz's mentorship—each did so with enthusiasm that we share with you here, and that we shared with Karen in what turned out to be the last weeks of her life. She was deeply touched to read these heart-felt praises:

- From Rebecca Nathanson, Ph.D., Associate Dean for Experiential Legal Education, James E. Rogers Professor of Education & Law, Boyd School of Law, University of Nevada, Las Vegas:

I cannot express the overwhelming gratitude I have for Karen Saywitz, who supervised my research 27 years ago when I was completing my doctorate in special education. Her knowledge and work in the area of children's testimony inspired me to think about the application of the strategies she was developing to children with disabilities. Dr. Saywitz's mentorship single-handedly shaped my career. No other person has influenced me as much. Her continued guidance, encouragement and inspiration enabled me to establish the Kids' Court School, giving over 1,300 children a voice in court. My mother always taught me to do something good in this world, to give back to the community. Because of Karen Saywitz, I have. Her impact on my life is immeasurable.

- From Susan Moan Hardie, Ph.D., President, California chapter of the American Professional Society on the Abuse of Children, formerly with the University of California-Los Angeles:
To this day, I thank my lucky stars that I had the chance to work with Dr. Saywitz during graduate study. Her research on expanding children's narrative abilities, comprehension monitoring, developmentally sensitive interviewing, and reducing suggestibility was ground-breaking and has had an enormous impact on the way I (and many others) have thought about, taught about, and talked with children. Karen was a brilliant, clear thinking, creative, inspiring and generous mentor. Thirty years later, she still inspires, and I am deeply grateful to call her a friend and colleague.
- From Dr. Tina Goodman-Brown, Psychologist and Consultant to Child Protective Services, Ventura County, California:
Dr. Saywitz is a remarkable contributor to the Psychology profession. While working with her as a Post-Doctoral Fellow at Harbor UCLA Medical Center, I was struck with her abilities as a brilliant, forward-thinking Research Psychologist. She has contributed to the deeper understanding of children's disclosures in court and given children a way to express themselves in their most trying circumstances. She has been a leading voice for children's mental health and children in forensic situations. In addition, Dr. Saywitz has trained jurists, physicians and psychologists in understanding children's testimony and disclosures. I feel so privileged to know her and to have worked with her.
- From Lorinda B. Camparo, Ph.D., Professor of Developmental Psychology, Whittier College:
Those of us who have been fortunate enough to have been mentored by Karen know that, for Karen, mentoring means so much more than the usual advising, training, and eventual launching. Rather, as a brilliant developmentalist and compassionate practitioner, Karen fosters a life-long collaboration between colleagues—scaffolding daunting tasks, guiding and leading through awe-inspiring example, and constantly encouraging and cheering us on. Throughout my own career at a small liberal arts college, Karen has been my life vest when my teaching load has threatened to drown me, and I am extremely grateful to count myself as one of the many beneficiaries of Karen's fierce intelligence, passion, rigor, and stirring imagination.
- From Sue D. Hobbs, Ph.D., Assistant Professor, California State University, Sacramento:
Dr. Karen Saywitz is one of the most amazing people with whom I've had the privilege to work. She is a brilliant and talented researcher and an exceptional person, both in and outside the research and academic world. As a graduate student, I learned a great deal from her about research, career choices, writing, respect for others, and balance. Without fail, whenever I spend time with Dr. Saywitz, I feel valued, and I know others do, as well. She made a tremendous impact on my life, and I am grateful to call her a colleague and a friend.

- From Rakel P. Larson, Ph.D., Pitzer College:

Dr. Karen Saywitz has shaped many students' and colleagues' academic trajectories in significant ways, including my own. She values the work of others, inspires people, is excited about her projects, communicates the importance of both theoretical and practical significance of research, and is among the most caring individuals I have ever met. She has had a huge impact on my own thinking about research in psychology and law. Her important work provides a unique perspective that is often neglected in this line of work: how to best incorporate evidence-based research into actual practice. On a personal note, Karen is among the most supportive individuals I have ever met and I can thank her for bringing me onto projects, mentoring me, and guiding me. When I first found out that I would be working with "The Karen Saywitz," I was overcome with joy. I still am when I think of her and all that she has contributed to my own life, but also the lives of so many children and families in need.

As you can see, Karen was not only a stellar researcher and committed child and family advocate, she was also an inspiring teacher and mentor and an incredibly warm, charming, supportive, and stimulating person who had tremendous integrity, intelligence, and energy. Everyone who knew her simply adored her, greatly respected her science and advocacy, and admired her stellar ability to translate science into practice.

In February, 2018, Division 37 awarded Karen its highest honor, the Lifetime Advocacy Award, which is only granted every few years and only to those who have made a major difference in advocacy for children and families. The award recognized Karen's immensely important work that helped improve the lives of countless abused children and families around the world. When Karen received the news, it brought tears to her eyes; she was so grateful. She very much wanted to accept the award in person at the upcoming 2018 APA Convention and started to write her acceptance speech the same day that she was notified. Before she could finish it, however, only a month later, Karen lost her long fight with cancer, with her husband Dr. Richard Romanoff and their two adult children, Sarah and Anna, at her side—and with a worldwide group of colleagues and admirers (her "professional family") joining her many friends and her beloved family to mourn her loss.

Now it is time to rejoice in knowing that we, our field, and the lives of many children and families are better because of Dr. Saywitz. It is remarkable what one determined, smart, and especially kind person can do to make a huge difference for so many people. We can honor her memory by continuing our work in earnest to change the world for the better for the most vulnerable children and families: Karen would surely want it that way.

Hello Section Members!

This is an exciting and important time for leadership in the Section of Child Maltreatment (Society for Child and Family Policy and Practice; Division 37 of APA). We hope you consider joining our Executive Committee in one of the leadership positions that are now open. Both positions serve for 3 years, starting July 1, 2018. **Please nominate colleagues or self-nominate!**

Member at Large (2018-2021) & Early Career Co-Chair (2018-2021)

Nominations are due by June 15, 2018 to amlwashington@ucdavis.edu

Member-At-Large

The member-at-large will be one of three elected members who serve the Section through their commitment to a special project or task force that aligns with Section interests. The member-at-large will be committed to one or more issues related to child maltreatment. They may either assist on projects as selected by the President Jennie Noll, or may select their own Project. Members-at-large are key in moving forward the Section's agenda. You will be joining our other two current members-at-large include Angelique Day (2017-2020) and Yoojin Chae (2016-2019).

Early Career Psychologist Co-Chair

The ECP Co-Chair gives voice to the unique needs of ECPs which helps the Section recruit and maintain ECPs who are central to the future of the Section. The ECP chair will work towards developing activities that foster growth and development of Section ECPs. The ECP chair may coordinate ECP membership activities with the ECP Member at Large for Division 37. To be eligible for this position, members must be within 7 years of the completion of their degree at the time of nomination. You will join the other current co-chair, Helen Masland Milojevich (2017-2020).

Accepting nominations for the Section board!

PC-CARE: A Promising Brief Parent-Child Intervention

Brandi Hawk, Ph.D.

Susan G. Timmer, Ph.D.

Anthony J. Urquiza, Ph.D.

In the United States, approximately two-thirds of children are exposed to a traumatic event before reaching the age of 16 (Copeland, Keeler, Angold & Costello, 2007). Following a traumatic event, children may be referred for mental health services by family members or professionals who notice changes in the child's behaviors or moods. Such changes can include increases in aggressive, angry, and defiant behaviors - often related to hyperarousal. These behaviors are not only symptoms of traumatic stress, but they can also cause problems in the parent-child relationship. As positive parent-child relationships promote children's adjustment after traumatic events (Scheeringa & Zeanah, 2001), it is essential that children receive treatment to repair or enhance those relationships if impaired. Unfortunately, many children do not receive mental health services due to difficulties accessing providers (SAMHSA, 2013) and lack of insurance (Bethell et al., 2011), among other barriers to mental health services.

When children can access mental health services, there are many evidence-based treatments available. However, these treatments often require significant time commitments (e.g., 3-18 months). Even three months can feel unmanageable for parents who are overwhelmed, and among those who begin treatment, attrition rates can be as high as 40-70% (Kazdin, 2008), especially in parenting-focused interventions. Thus, researchers have called for briefer interventions, as well as interventions that are less intensive and able to be provided in different settings (Sanders & Kirby, 2010).

In response to these concerns, we designed Parent-Child Care (PC-CARE) to be a brief dyadic intervention for children aged 1-10 years with mild to moderate externalizing problems or problems in the caregiver-child relationship. PC-CARE incorporates many aspects of effective parent behavior management therapies, such as Helping the Noncompliant Child (McMahon & Forehand, 2003), the Incredible Years (Linares, Montalto, Li, & Oza, 2006), Parent-Child Interaction Therapy (PCIT; Timmer, Urquiza, & Zebell, 2006), and Triple P – Positive Parenting Program (Sanders, Cann, & Markie-Dadds, 2003), but presents the information in a briefer, more streamlined manner. PC-CARE incorporates concepts derived from social learning theory (e.g., parental operant reinforcement, consistency, limit setting, modeling) and attachment theory (e.g., parental sensitivity and reciprocity, positive and protective interactions).

For children with trauma histories, PC-CARE can be an effective standalone intervention when the primary trauma symptoms are hyperarousal-related, an adjunct intervention when difficulties within the parent-child relationship interfere with successful progress through therapy, and a preventive intervention while children adjust to a new home (e.g., foster, adoptive, reunification). The PC-CARE manual has also been translated to Spanish and used effectively with Spanish-speaking families.

Structure of PC-CARE for Traumatized Children

While the process of PC-CARE is highly structured and consistent for all children, specific content and strategies vary based on the child's history and needs. Treatment involves one pre-treatment and six treatment sessions, each 50 minutes long. Each session contains time to 'check-in' with the parent and child, time to teach them the skills for that session, time for the therapist to coach parents as they play with their child, and time to talk about how effective parents think those skills will be for them at home. Unlike many parenting interventions, the child is considered to be a key player in the therapeutic process of improving the quality of the parent-child relationship.

Pre-Treatment Session: During a pre-treatment session, therapists collect behavioral measures regarding child behaviors and trauma symptoms, and observe and assess the caregiver and child during a 12-minute semi-structured play scenario. Therapists orient the dyad to treatment, explaining what will happen each week, and provide psychoeducation about the likely cause of the child's behavior problems (e.g., the effects of trauma on children). For children exposed to trauma, therapists explain how the child's behaviors are related to traumatic experiences while modeling the importance of talking openly about trauma.

Treatment Sessions 1-5: In Sessions 1-5, therapists check in with the caregiver and child about current behavior, teach that week's skills, observe the caregiver and child in play, and coach the caregiver (and sometimes the child) to use skills effectively. At the end of the session, therapists review treatment gains and give homework to practice the skills over the coming week. Therapists explain how improving the parent-child relationship is important for creating a sense of safety for children who have experienced trauma and help parents recognize how to use skills when the child struggles with trauma-related symptoms. If children engage in trauma-related play, the therapist coaches the parent to remain calm and supportive while adding themes of safety. The skills taught each week include:

Session 1: Positive communication skills, transitions, creating a compliance-friendly environment

Session 2: Selective attention, redirecting, modeling, calming strategies

Session 3: Rules, choices, when-then/if-then statements

Session 4: Giving effective commands, removal of privileges

Session 5: Re-do, hand-over-hand (if appropriate), recovery

Treatment Session 6/Post-Treatment: In Session 6, therapists collect behavioral measures, review all the skills, including which worked best for the family, help parents develop plans for managing future behavior problems, conduct a 12-minute observation, and have a shorter period of coaching. Caregivers are then contacted one month following treatment completion so therapists can obtain an update on the child's behaviors and offer an optional booster session.

Outcomes and Training

Families who have agreed to be in research at our clinic have reported good outcomes after completing PC-CARE. We have a retention rate of 93% in our outpatient clinic. At the end of PC-CARE, parents report significant improvements in children's disruptive behaviors, reductions in overall trauma symptoms, and less parenting stress. Parents are also observed to use the skills more frequently, and dyads are observed to share more positive engagement.

A training model for training other clinicians to provide PC-CARE has also been developed. Thus far, PC-CARE training (i.e., weekly meetings with the trainer, live training at each session for two clients, and demonstration of treatment competencies) has been provided to licensed and unlicensed psychologists, marriage and family

therapists, clinical social workers, Master's level developmental psychologists with no prior clinical training, and Bachelor's level behavioral support clinicians. Training can be provided on an agency level (training a number of therapists within the same agency) or at an individual level (training a number of private practitioners in a small cohort).

References

- Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry, 64*(5), 577-584.
- Bethell, C. D., Kogan, M. D., Strickland, B. B., Schor, E. L., Robertson, J., & Newacheck, P. W. (2011). A national and state profile of leading health problems and health care quality for US children: Key insurance disparities and across-state variations. *Academic Pediatrics, 11*, S22-S33.
- Kazdin, A. E. (2008). Evidence-based treatments and delivery of psychological services: Shifting our emphases to increase impact. *Psychological Services, 5*, 201–215.
- Linares, L. O., Montalto, D., Li, M., & Oza, V. S. (2006). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology, 74*, 32.
- McMahon, R. J., & Forehand, R. (2003). *Helping the noncompliant child: Family-based treatment for oppositional behavior* (2nd ed.). New York: Guilford Press.
- Sanders, M. R., Cann, W., & Markie-Dadds, C. (2003). The Triple P-Positive Parenting Programme: A universal population-level approach to the prevention of child abuse. *Child Abuse Review, 12*, 155–171.
- Sanders, M. R., & Kirby, J. N. (2010). Consumer involvement and population based parenting interventions. *Administration, 58*, 33-50.
- Scheeringa, M., & Zeanah, C. H. (2001). A Relational Perspective on PTSD in Early Childhood. *Journal of Traumatic Stress, 14*, 799-815.
- Substance Abuse and Mental Health Services Administration. (2013). *Behavioral Health, United States, 2012*. HHS Publication No. (SMA) 13-4797. Rockville, MD: Substance Abuse.
- Timmer, S. G., Urquiza, A. J., & Zebell, N. (2006). Challenging foster caregiver–maltreated child relationships: The effectiveness of parent–child interaction therapy. *Children and Youth Services Review, 28*, 1-19.



Federal Policy Status Update from the APA Public Interest Government Relations Office (PI-GRO) – Spring 2018

Micah A. Haskell-Hoehl

Senior Policy Associate Administrator
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2018 has proven itself a year of surprise wins for federal children, youth, and families policy.

Key reauthorizations and new laws are covered elsewhere in the newsletter by our colleague Angelique Day. The additional, late-breaking, critical piece pertains to enactment on Friday, March 23 of [Public Law 115-141](#), the Consolidated Appropriations Act, 2018.



This federal spending package puts into stark relief the differences between a president's budget and what funds Congress ultimately decides to commit to operation of the government. The cliché is that the president's budget isn't worth the paper it's printed on. That said, it still outlines the president's policy priorities, even if they carry little sway.

For key reauthorizations and new laws, see page 13!

Below are comparisons between federal funding for federal fiscal years (FY) 2017 and 2018 and the president’s FY 2019 budget request. Increases are indicated in green, decreases in red. The Bipartisan Budget Act of 2018, [Public Law 115-123](#), raised spending caps on domestic discretionary spending by \$128 billion, and you can see the increase across many programs between FY 2017 and FY 2018.

Program	FY 2017 Final	FY 18 Final	FY 2019 Budget
Health and Human Services			
Health Resources and Services Administration			
Home Visiting	372	400	400
Maternal and Child Health Block Grant	642	652	628
Pediatric Mental Health Care Access	--	--	10
Administration for Children and Families			
<i>discretionary funding</i>			
Chaffee Education and Training for Foster Youth	43	43	43
Child Abuse Prevention and Treatment Act: Basic State Grants	25	85	
Child Abuse Prevention and Treatment Act: Discretionary Grants	33	33	98
Child Abuse Prevention and Treatment Act: Community-Based Grants	40	39	
Child Welfare Programs	325	*	326
Community Services Block Grant	715	715	0
Head Start	9,225	9,863	9,275
Low Income Home Energy Assistance Program	3,390	3,640	0
Run Away and Homeless Youth	119	127	119
Preschool Development Grant	250	*	0
<i>mandatory funding</i>			
Child Care Entitlement to States	2,917	5,226	2,917
Foster Care and Permanency	8,357	8,725	8,738
Social Services Block Grant	1,700	1,700	0
Temporary Assistance for Needy Families	16,737	*	16,739
SAMHSA			
Children’s Mental Health Initiative	119	125	119
Community Mental Health Services Block Grant	563	702	563
Healthy Transitions	20	26	20
National Child Traumatic Stress Network	49	54	49
Project AWARE	69	71	0
Project LAUNCH	24	24	24

All amounts in millions of dollars.

APA has been active with the Children’s Budget Coalition, and we are extremely pleased to be able to highlight the increased funding for key child- and family-serving programs Congress was able to secure.

Join our efforts

To join APA’s advocacy to influence federal legislative and executive branch activities pertaining to children, youth and families and other areas of key importance to psychology, join the [APA Federal Action Network](#).



New federal law restructures the federal financing of child welfare, increases focus on prevention efforts!

Angelique Day, PhD, MSW
Section Member-at-Large
University of Washington-Seattle
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Joel Crume
Ph.D. Student
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The **Family First Prevention Services Act (FFPSA)** quietly passed and was signed into law under the auspices of the **Bipartisan Budget Act of 2018 (H.R. 1892)**, *Division E, Title VII*, on February 9, 2018 and restructures the federal financing available for child welfare. Most importantly, the new law 1) limits the length of stay for children and youth in congregate care settings and 2) loosens restrictions (starting in FY 2020) on Title IV-E of the Social Security Act to pay for services (include mental health and substance abuse treatment and in-home skill-based parenting services) that may allow children to stay with their families rather than enter foster care.

Since 1980, Title IV-E could be used by child welfare agencies for services and supports only after a child was removed from the home (unless a state had a Title IV-E waiver, allowing more flexible use of the funds). The new legislation makes available earlier in the process federal money that agencies formerly had to wait to spend on foster care. Approximately one-quarter of child welfare agency spending is funded by Title IV-E and the easing of restrictions makes available some of this money for preventive services.

The legislation also directs federal reimbursements to support placements in families and shortens dramatically the amount of time that children can live in congregate care facilities. When foster care is deemed necessary, FFPSA allows federal reimbursement for family-based settings and certain residential treatment programs for children with emotional and behavioral disturbances that require special treatment. The services may be provided for a year to children who are at imminent risk of entering foster care, their parents and relatives to assist the children, and pregnant or parenting teens. Federal funding is limited to children in family foster homes, qualified residential treatment programs, and special treatment settings for pregnant or parenting teens, youth 18 and over preparing to transition from foster care to adulthood, and youth who have been found to be – or are at risk of becoming – sex trafficking victims.

In addition to the limits on congregate care and the easing of restrictions that will allow more preventative services, other key provisions of the new law include:

- cuts to adoption assistance;
- extends incentives for Adoption and Guardianship;
- lifts time limits on funding services towards reunification if a child is placed in foster care;
- adds a 50% match on any funds spent by a state for a kinship navigator program that has earned the promising/supported/well-supported status;

- requires states to participate in a new “electronic interstate case-processing system” by 2027;
- requires states to certify or waive for relatives HHS model licensing standards for foster family homes, expected in October 2018;
- adds the “support and retention” of foster families as a newly defined service (including money to recruit and retain foster parents);
- requires states to implement a plan to prevent deaths due to maltreatment and compile complete and accurate information on maltreatment-related deaths;
- raises eligibility threshold for foster care until age 23; and
- provides additional money for states and raises age limit to 26 for youth aging out of care for college expenses

We will continue to keep you informed as the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, releases guidance to states on how to implement this new law.

In addition to the passage of the Families First Act, Congress has reauthorized CHIP and MIECHV under the guise of the *Advancing Chronic Care, Extenders, and Social Services (ACCESS) Act, enacted February 9, 2018, as Division E of the Bipartisan Budget Act of 2018 (BBA 2018; P.L. 115-123)*. The ACCESS Act is a large legislative package that was enacted to address a number of issues before Congress, including the need for an extension of temporary appropriations set to expire on February 8, 2018.

Impact of the Budget Bill on the Children’s Health Insurance Program (CHIP)

CHIP is a joint federal-state program that provides health coverage to low-income, uninsured children with family incomes too high to qualify for Medicaid. In fiscal year (FY) 2016, CHIP covered 8.9 million children (MACPAC 2017a). Fiscal year 2016 CHIP spending totaled \$15.6 billion, 92.5 percent paid by the federal government and 7.5 percent by the states and territories (MACPAC 2017b). Under ACCESS, CHIP funding has been extended through FY 2027. For more information on CHIP, and a state by state breakdown of the program, visit, (<https://www.macpac.gov/wp-content/uploads/2015/03/State-Childrens-Health-Insurance-Program-Fact-Sheet.pdf>).

Impact of the Budget Bill on Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)

Section 50601 of the ACCESS Act provides for mandatory funding of \$400 million for the MIECHV program for each of FY2017 through FY2022. Additionally, the ACCESS Act *adds new language to enable an eligible entity to use up to 25% of its MIECHV grants for a pay-for-outcomes initiative that satisfies the requirements for providing evidence-based home visiting services*. Funding for pay-for-outcomes initiatives may be expended by the eligible entity for up to 10 years after the funds are made available. (H. R. 1892—109; SEC. 50605); <https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf> Page 166-67).

The passage of these new laws provides a huge victory for society’s most vulnerable children and families. We encourage you to reach out to your members in the House and Senate to thank them for their support and passage of these critical pieces of legislation. Don’t know who your elected officials are? Please visit <https://www.usa.gov/elected-officials/>.

In addition to the measures above, there are several other bills that have seen committee action/been introduced in the 115th Congress that we believe are important to members of Division 37, Section on Child Maltreatment.

H.Res 443/S.Res. 346 Recognizing the Importance and Effectiveness of Trauma Informed Care (Gallagher-R-WI-8/Johnson-R-WI)

These bills recognize the importance, effectiveness, and need for trauma-informed care among existing federal programs and agencies. Trauma-informed care takes into account a patient's history of trauma in the design of the patient's treatment plan, encourages the application of trauma-informed care within federal government agencies, and expresses support for the designation of National Trauma Awareness Month and National Trauma-Informed Awareness Day.

These resolutions have passed both the House and Senate and are now on the desk of the President awaiting signature. Although these bills do a great job raising awareness for the development and implementation of trauma informed treatments, they do not provide federal resources to support these developments at the state level. We would like you to reach out to your elected officials and encourage them to support *HR 1757, the Trauma Informed Care for Children and Families Act*, as a means to ensure the spirit of these resolutions can be fully realized. Don't know who your elected officials are? Please visit <https://www.usa.gov/elected-officials/>

HR 4547 The Strengthening Protections for Social Security Beneficiaries Act of 2017 (Johnson (R-TX-3)).

HR 4547 includes two bipartisan child welfare provisions:

1) Section 103: Protecting Beneficiaries through Information Sharing

The Social Security Administration (SSA) would be required to enter into monthly data exchanges with state foster care programs to identify when a child receiving Social Security benefits has entered or exited foster care or changed foster care placement. The SSA also would be required to re-determine the appropriate representative payee when a change in placement occurs. Additionally, the Government Accountability Office would be required to produce a report on SSA beneficiaries who are minors and in foster care and their representative payees.

2) Section 104: Clarifying Overpayment Liability for Children in Child Welfare System

When a Social Security beneficiary or a Supplemental Security Income (SSI) recipient is overpaid while in foster care, and the state foster care agency is the payee, the beneficiary or recipient would not be liable for the overpayment. Instead, the state foster care agency would be required to repay the SSA for the overpayment it received. This provision would apply to overpayments made on or after the date of enactment, as well as any overpayments that have not been recovered as of the date of enactment.

HR 4547 has passed the House and has now been referred to Senate Committee on Finance for consideration.

HR 3105/S. 1091 - Supporting Grandparents Raising Grandchildren Act (McGovern (D-MA-2/Collins, R-ME)

S 1091 establishes a taskforce to support grandparents who are primary caregivers for their grandchildren. The Task Force assigned shall identify, promote, coordinate, and disseminate information publicly about Federal information, resources, and best practices available, on the date of the determination, to help grandparents or other relatives raising children in their care meet the health, educational, nutritional, and other needs of the children in their care as well as maintain their own physical and mental health and emotional well-being, including those raising children in their care as a result of the opioid epidemic. This bill's assigned task force also seeks to ensure that the needs of members of Native American tribes are addressed.

Within 180 days of enactment, the bill's Task Force shall submit a report to the Special Committee on Aging and the Committee on Health, Education, Labor, and Pensions of the Senate that includes best practices, resources, and other useful information for grandparents and other relatives raising children in their care; and an identification of the gaps in needs of grandparents and other relatives raising children in their care.

This bill also stipulates a follow-up report from the Task Force to the Special Committee on Aging and the Committee on Health, Education, Labor, and Pensions of the Senate within two years of the enactment of this bill. The Task Force shall establish a process for public input to inform the development of, and updates to, the best practices, resources, and other useful information and the gaps in needs, including a process for the public to submit recommendations to the Task Force and an opportunity for public comment. The Task Force will terminate after five years.

Status: Introduced concurrently in the House and Senate; referred to the House Ways and Means, subcommittee on Health and the Senate Health, Education, Labor, and Pensions (HELP).

We encourage you to reach out to your members in the House and Senate to voice support for passage of these important bills. Don't know who your elected officials are? Please visit <https://www.usa.gov/elected-officials/>

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Please join us on the Section on Child Maltreatment listserv to communicate with other Section members about upcoming meetings, funding opportunities, research, practice and policy, and other announcements related to child maltreatment.

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For more details, visit: <http://www.apadivisions.org/division-37/about/email-list/index.aspx>

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Please join us in using the page to build our network and strengthen our connections! Make full use of this resource to:

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- Introduce yourself
- See others' connections, their bios, and their smiling faces
- Start or respond to discussions
- Post news of interest, jobs, convention and conference information, or
- Survey your peers

To join, simply search for APA Division 37, Section on Child Maltreatment under LinkedIn Groups. (Or, you can search <https://www.linkedin.com/groups/12000665>) and request to join.

The Pediatric Health Threat of Gun Violence: How the Current Congressional Spending Bill Undermines Prevention Efforts

Lesley Kroupa, Attorney and M.S. Candidate

Nutrition and Public Health Teachers College
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The specter of gun violence uniquely shadows the lives of children in the United States. Gun violence in the U.S. has become a public health crisis and, more disturbingly, a pediatric health crisis. Guns kill more than 38,000 people and cause nearly 85,000 injuries each year.¹ Nearly 1,300 children die each year in the U.S. from firearm-related injuries, with the vast majority caused by homicide (53%) and suicide (38%).² Among all high-income countries worldwide, 91% of firearm deaths of children aged 0 to 14 years occur in the United States.³ Further, the gross inequities in racial equality in the U.S. are reflected by the fact that gun violence is the leading cause of death for Black children and teens.⁴

The March for Our Lives gatherings held last month reflect the public's desire to find solutions to the public health crisis of gun violence, but solutions must be based on solid evidence distilled through rigorous unbiased research. Congress recently passed an omnibus spending bill that some have touted as a step in the right direction towards the prevention of gun violence; however, upon closer inspection, the bill's provisions related to gun violence do nothing to advance the scientific community's ability to conduct research into prevention efforts, and in fact its current form hampers such research. The spending bill undermines research into gun violence prevention in the following ways.

First, the spending bill contains the STOP School Violence Act of 2018, which seeks to provide training for school personnel and law enforcement to prevent school violence and to add physical security features to schools. The Act was Congress' response to the recent shooting at a high school in Parkland, FL. The bill appropriates funds to provide grants to States, units of local government, and Indian tribes to implement school safety programs and technologies. The legislation states that such security measures must be based on "evidence-based strategies and programs, such as those identified by the Comprehensive School Safety Initiative of the Department of Justice." However, the day after the spending bill was passed, the DOJ announced its cancellation of the CSSI because the spending bill cut all CSSI funding.⁵ The CSSI was a research initiative focused on K-12 public schools, born out of the shooting at Sandy Hook Elementary School in 2012. While both the STOP School Violence Act and the CSSI were implemented as a direct result of mass shootings at schools, there is a telling absence of any reference to gun violence research in either initiative. The sole mention of firearms in the STOP School Violence Act is language barring any funds from being used for the provision to any person of a firearm or training in the use of a firearm. The Act sets forth rigorous statistical thresholds that must be met for proposed programs and technology, but the Act provides no funds to research these ephemeral

“evidence-based” programs. The question is who will conduct this research? Without federal funding, there will likely be an overreliance on industry studies conducted by the very companies seeking to sell their technology and equipment to school districts whose pockets will be lined by this grant money.

Second, a legislative report accompanying the spending bill contains language to purportedly clarify whether the 1996 Dickey Amendment allows federal appropriations to be used to conduct research on gun violence. The Dickey Amendment has been a de facto ban on gun violence research since its passing due to lack of funding. The legislative report accompanying the current spending bill includes the following provision:

While appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence.⁶

This provision has two consequences: first, it reifies the Dickey Amendment’s language that funding cannot be used to advocate or promote gun control (with no exception for control measures that may be deemed constitutional); and second, it constrains the CDC to conducting research only with regard to the *causes* of gun violence. The CDC’s mission is to protect the United States from health, safety and security threats. When researching the threats of child maltreatment, the CDC is not limited to only studying the causes of such abuse and neglect, they research ways to prevent such maltreatment. Why then should research into the threat of gun violence be hamstrung to only examining the causes of such violence with no means to research the most effective ways to prevent such violence?

Congress has the power to (i) repeal the Dickey Amendment and (ii) allocate adequate funds to support research regarding gun violence prevention in the next omnibus spending bill, the extension of which is due only 38 days before the midterm elections. A repeal will allow for unfettered and unbiased scientific research into not only the *causes* of gun violence, but also into sound evidence-based solutions to *prevent* gun violence. These steps will empower us to march forward in the fight against this public – and more poignantly – pediatric health crisis. This is not a matter of gun control; it is a matter of information control.

¹ APHA (2018). *Preventing Gun Violence*. Retrieved from: https://www.apha.org/-/media/files/pdf/factsheets/160317_gunviolencefs.ashx?la=en&hash=AB71DE1BEDEBB2A797F8EC378E672791904FCF87

² Fowler, K., Dahlberg, L., Haileyesus, T., Gutierrez, C., Bacon, S. Childhood Firearm Injuries in the United States. *Pediatrics*. 2017;140(1). Retrieved from: <http://pediatrics.aappublications.org/content/pediatrics/early/2017/06/15/peds.2016-3486.full.pdf>

³ Fowler, K., Dahlberg, L., Haileyesus, T., Gutierrez, C., Bacon, S. Childhood Firearm Injuries in the United States. *Pediatrics*. 2017;140(1). Retrieved from: <http://pediatrics.aappublications.org/content/pediatrics/early/2017/06/15/peds.2016-3486.full.pdf>

⁴ Children’s Defense Fund (2018). *The State of America’s Children 2017*. Retrieved from: <http://www.childrensdefense.org/library/state-of-americas-children/2017-soac.pdf>

⁵ National Institute of Justice (2018). *NIJ’s Comprehensive School Safety Initiative*. Retrieved from: <https://nij.gov/topics/crime/school-crime/Pages/school-safety-initiative.aspx>

⁶ Division H – Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2018. Retrieved from: <http://docs.house.gov/billsthisweek/20180319/DIV%20H%20LABORHHS%20SOM%20FY18%20OMNI.OCR.pdf>

Spotlight on Early Career Psychologists

Helen Milojevich, PhD
ECP Committee Co-Chair

The ECP column will continue to spotlight early career psychologists within the field of child maltreatment. Successful ECPs from a variety of career paths are chosen to help graduate students, interns, and early ECPs in making wise training and career choices. Our current spotlighted ECP is a great role model for members interested in a career within a consulting and program evaluation setting working with children and their families.

Tamara Hamai, Ph.D., is an applied developmental psychologist and owner of Hamai Consulting, which provides support to nonprofits serving children and their families. Hamai Consulting helps nonprofits to secure funders and donors, increase long-term organizational stability, better understand what is and isn't working to quickly adapt to better serve children, and more quickly and easily meet evaluation and reporting requirements.



Through her work at Hamai Consulting, Dr. Hamai is involved in the lives of many trauma-exposed youth. For example, some of her clients include child welfare organizations, foster care support programs, and child maltreatment prevention programs. Currently she is working with one agency to conduct surveys on people's views of foster youth. The ultimate goal of this work is to create awareness and educational campaigns to reduce the stigma of foster care involvement. She is also working with organizations to reduce the occurrence of child maltreatment. Specifically, she is evaluating prevention programs to learn whether and how certain family services, such as parent support and education, reduce the rates of child maltreatment as parents learn more effective and adaptive ways to cope with daily stressors and interact in healthier ways with their children.

Dr. Hamai has been dedicated to improving the lives of children and their families for over 15 years. After receiving her B.A. in Psychology from the University of Puget Sound, she enrolled in the Applied Developmental Psychology doctorate program at Claremont Graduate University (CGU). While at CGU, she first investigated the development of emotion regulation and emotion displays, particularly how these emotional capacities are effected by physical punishment in families. She then transitioned for her dissertation to apply geographic analysis methods to examine the relation between risk factors and maltreatment incidence, with the overarching goal of improving prediction of maltreatment by reducing error and improving how we think about and model the path to maltreatment. Throughout graduate school, Dr. Hamai also worked as a program evaluation consultant and adjunct instructor. In

fact, although Dr. Hamai completed her Ph.D. in 2015 she began her consulting firm in 2008 with the aim of applying research findings to improve intervention and implementation efforts.

When asked what career advice she would give to ECPs, Dr. Hamai said that exploring the world outside academia is worthwhile. There are so many ways that ECPs can apply their skill sets and can be excited and passionate about their work, but ECPs need to think outside the box. In an increasingly complex and changing world, there is a reason that young people are starting their own businesses and forging their own paths. Psychologists and academics in general have been slower and a bit more resistant to change their career trajectories and move away from the academic path. Dr. Hamai encourages ECPs to stop and think- “What would my ideal life/job be?” and “If I had all the money in the world, what would I do to tackle this problem?” Dr. Hamai strongly believes that deep innovation and creative opportunities are needed to change the ways that we serve children and their families, particularly those affected by violence and trauma.

Dr. Hamai also notes that there are ways in the for-profit world to make a living and still make a meaningful impact. She reflects that during her education she did not receive examples in the fields of child maltreatment or family violence beyond academia or nonprofits, in large part she believes because faculty members did not have experience outside of these realms. Therefore, Dr. Hamai insists that it is up to the current generation to forge new paths toward helping children and their families to thrive. Forging a new path is not without incredible challenges and obstacles, though. As Dr. Hamai notes, it is difficult to get paid to do the work that we do in the field of child maltreatment. Child maltreatment researchers and clinicians deal with something that people wish did not exist and therefore tend to want to ignore. Unfortunately, it often takes a horrific event to bring child maltreatment issues to the forefront. Ultimately, we face the challenge of bringing scientific rigor to a morally challenging, tragic situation that is incredibly difficult to measure. However, Dr. Hamai continues to find meaning and motivation in her work. She feels strongly that all children should have an equal chance to grow up and thrive. As such, she works daily to ensure that she does her part to improve the lives of children and the families that raise them.

In addition to her work at Hamai Consulting, Dr. Hamai is also actively involved in child maltreatment organizations. For example, she currently serves on the board of the National Partnership to End Interpersonal Violence. As part of her board position, Dr. Hamai participates on the research action team and attends an annual summit to share research findings on family violence, including issues related to child maltreatment. She is also currently writing a grant to fund research related to school safety. The grant would address how prepared schools are to address the safety issues confronting their students, including issues such as school shootings, but also concerns such as maltreatment exposure.

Dr. Hamai has already made remarkable contributions to the field of child maltreatment via program evaluation and consulting. She is passionate about her work and has improved the lives of many vulnerable youth. We wish her the best of luck in her future endeavors and thank her for her insights to our students

Meet the Student Advisory Board Members!

Elizabeth Demeusy (Co-Student Representative) is a doctoral student in the Clinical Psychology program at the University of Rochester. Her research interests broadly focus on evidence-based prevention and intervention programs for high-risk youth, specifically those impoverished and with experiences of trauma. In particular, she is interested in child maltreatment prevention and the development of externalizing behavior problems in young children. Elizabeth is currently conducting a follow-up study on a multi-component prevention program designed to prevent child maltreatment and support healthy development in newborns of young mothers. Following graduation, she hopes to continue this line of research by pursuing a career that focuses on the dissemination and implementation of evidence-based practices for disadvantaged children and families.



Caitlyn Owens (Communications Officer) is a doctoral student in the School Psychology program at North Carolina State University. Her research interests include promoting resilience in children facing adverse situations, bridging the gap between research, practice, and policy, and creating and implementing child maltreatment prevention programs. Caitlyn is currently working on a large-scale implementation study of Triple P-Positive Parenting Program in North Carolina. Additionally, she is involved in the Community Action Targeting Children Who are Homeless (CATCH) initiative.

Caitlyn hopes to have a career in academia where she can combine her passions for teaching and research.

Doris Pu (Diversity Officer) is a doctoral student in the Medical/Clinical Psychology program at The University of Alabama at Birmingham. Her research interests include parenting attitudes and behaviors, prevention of physical child abuse, and family dysfunction, particularly among underserved populations. Her dissertation will examine the role of family functioning in relation to physical child abuse potential and child socioemotional and behavioral outcomes through a longitudinal study. Doris aims to take a preventive approach in future research that investigates and targets pathways that could lead to poor outcomes for children and families.



Jonathan Reader (Co-Student Representative) is a doctoral student in the Human Development and Family Studies program at The Pennsylvania State University. His research interests include innovative prevention methods (e.g., human-centered design, multiphase optimization strategy), the prevention of child sexual abuse, and public policy. Jonathan is currently working as part of a team on a statewide prevention project that aims to reduce new cases of child sexual abuse through the dissemination of three prevention programs as part of a collaborative and multipronged approach. He hopes to continue this line of research to better inform public policies surrounding the prevention of child sexual abuse.



Kierra Sattler (Public Policy Officer) holds a Bachelor of Science in Human Development and Family Studies from the University of Wisconsin - Madison and a Master of Arts in Human Development and Family Sciences from the University of Texas at Austin. She is currently pursuing her doctoral degree at The University of Texas at Austin. Her research focuses on parent-child interactions, specifically among families in poverty and families involved with child protective services, and how these interactions influence children’s social, emotional, and academic outcomes. Additionally, she studies the concept of resilience and how different risk and protective factors influence children’s trajectories. Through her research she aims to promote positive development among children from disadvantaged backgrounds.

How Gender Norms are Reinforced through Violence against Adolescent Girls in Two Conflict-Affected Populations

Summary by Amanda Hasselle, outgoing Diversity Officer

Rates of gender-based violence (GBV) are particularly high within populations affected by community conflict and displacement. Gender inequities, economic vulnerabilities, and societal normalization of violence exacerbate risk for GBV exposure among adolescent girls. Many interventions have been developed to address GBV, but these programs often fail to adequately consider societal factors that may be critical to reducing GBV. Sommer and colleagues (2018) sought to understand perceptions of GBV, girls' safety, and responses to abuse, as well as the ways in which gender inequality and violence are socially created and maintained. They conducted 66 in-depth interviews with adolescent females and 58 in-depth interviews with caregivers from conflict-affected towns/villages in South Kivu and refugee camps in western Ethiopia.

Participants defined young girls' safety as respecting themselves and their elders through obedience, appropriate presentation/appearance, and humility. Adolescent females are considered responsible for their own safety and for understanding the risks of deviating from society's expectations and caregivers' advice. These expectations uphold traditional gender norms and promote victim blaming by suggesting that a girl whose behavior is incongruent with social norms (e.g., submission, obedience, modesty) will not be safe. Regarding male-female interaction specifically, participants suggested that adolescent girls are responsible for preventing abuse by avoiding male interaction, dressing responsibly, and acting appropriately. Girls were also held responsible for transactional sex, such that girls are not to accept gifts from boys because gifts often convey an expectation of sexual favors in return. Girls who do engage in transactional sex, even for basic needs, are negatively perceived by the community. These themes highlight perceptions that adolescent females from conflict-affected populations are responsible for their own safety, with no recognition of the role that boys and men play in girls' safety.

Regarding responses to GBV, marital physical abuse was considered normal, warranting little to no response. Participants placed responsibility on the female, suggesting that a wife should seek to understand what she did to provoke her husband's abusive behavior as a way to prevent future instances of abuse. Marital rape was perceived as justified within the institution of marriage. In response to abuse by a boyfriend, participants indicated that legal services should not be involved unless severe injuries were incurred. Adolescents and caregivers both believed that girls should not be involved in extramarital relationships, and adolescent girls reported they would hide physical abuse by a boyfriend from their parents due to fear of repercussions for having a boyfriend. Participants suggested that the best resolution to rape by a boyfriend was marriage. Because virginity symbolizes a woman's worth, a boyfriend who takes this value from a woman owes her marriage in return. Scenarios of physical and sexual abuse by strangers were more likely to elicit responses involving formal and informal sources of support.

This qualitative study reveals ways in which cultural norms and gender roles contribute to the high prevalence of violence against adolescent girls. Females have two choices: to comply with societal expectations or resist societal norms at the expense of their own safety and acceptance within the community. The community's normalization of GBV facilitates GBV perpetration, as well as silence in response to GBV. These entrenched social norms represent a powerful force maintaining gender inequalities in conflict-affected areas, suggesting that programs aiming to empower women must address community structures and work with community leaders to address societal norms around GBV.

Sommer, M., Muñoz-Laboy, M., Williams, A., Mayevskaya, Y., Falb, K., Abdella, G., & Stark, L. (2018). How gender norms are reinforced through violence against adolescent girls in two conflict-affected populations. *Child Abuse & Neglect, 79*, 154-163.

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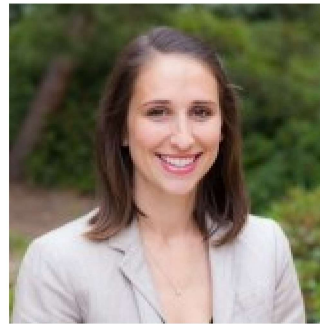
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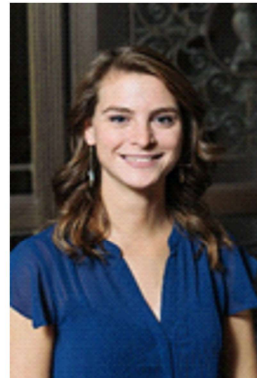
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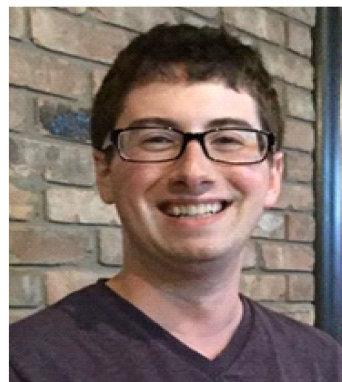
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MISSION STATEMENT

The Section on Child Maltreatment of Division 37 (Society for Child and Family Policy and Practice) supports and promotes scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment.

PURPOSE

The purpose of the Section on Child Maltreatment is to promote the general objectives of the American Psychological Association and the Society for Child and Family Policy and Practice; to support and encourage the development of the scientific study of child maltreatment and of sound professional practice relevant to child maltreatment; to provide up-to-date information about maltreatment; to encourage networking across Divisions/Sections in the area of maltreatment; and to advance scientific inquiry, training, and professional practice in the area of child maltreatment as a means of promoting the well-being, health, and mental health of children, youth, and families.

Interested in joining the Division or have a friend who may be interested? Go to <http://www.apadivisions.org/division-37/sections/index.aspx> and click the *Online Application* link.

