APSAC ADVISOR

American Professional Society on the Abuse of Children

Volume 24
Number 4
Fall 2012

Regular Features

Journal Highlights 19

Washington Update 22

APSAC News.....26

Conference Calendar 27

Also in This Issue

President's Message 2

Scenes From APSAC's 25th Colloquium and Russian–American Child Welfare Forum 14

APSAC

Enhancing the ability of professionals to respond to children and their families affected by abuse and violence.

Mandated Reporting of Child Maltreatment: Developments in the Wake of Recent Scandals

Frank E. Vandervort, JD 3

This author discusses the history of mandated reporting statutes and considers the variation in state reporting laws. Professor Vandervort outlines the purpose and results of these laws and summarizes the controversy surrounding them. He then examines the changes in state laws prompted mainly by the Penn State scandal and considers the value of these changes. He concludes that these recent changes to the reporting laws—and those that are likely still to come—will no doubt fuel the long-standing debate about the efficacy of such statues, whether they are efficient uses of resources, and whether they invite unnecessary intrusion into the private realm of family life.

A Recent Russian–American Collaboration in Child Protection Reform

Judith S. Rycus, PhD, MSW, and Ronald C. Hughes, PhD, MscSA.....10

The authors note that, globally, child protection is a relatively new and rapidly evolving field of practice and that while the majority of the world's communities have acknowledged the existence of orphaned and abandoned children and have devised strategies to care for them, the frequency, scope, and dynamics of both physical and sexual abuse of children, particularly within families, have remained largely unsuspected and unrecognized. They then review collaborative efforts between the Russian Federation and the United States to assist in identifying areas of cooperation and pursuing joint projects and actions that strengthen strategic stability, international security, and economic well-being. Drs. Rycus and Hughes also review activities that have resulted from the Medvedev–Obama Bilateral Presidential Commission's Civil Society Working Group, in which the concept of a formal, ongoing Russian–American dialogue on child protection issues and concerns emerged.

The Second Russian–American Child Welfare Forum: Opening Remarks of the Russian Child Rights Commissioner

Karen Smith Rotabi, PhD, MSW, MPH 16

As a result of bilateral child protection negotiations between the United States and the Russian Federation, the Second Russian–American Child Welfare Forum was held in late June 2012 in Chicago, Illinois, as a part of the 20th Annual Colloquium of the American Professional Society on the Abuse of Children. This meeting, a follow-up to a previous gathering held in Russia, was organized to exchange experiences and opinions on pressing issues we face in building effective child welfare systems in our countries. Dr. Rotabi summarizes highlights of the meeting as recognition of the good and necessary work needed to promote child protection—both generally and as one small contribution to the complex process of preserving Russian–American intercountry adoptions.

President's Message

Happy Anniversary APSAC!

Viola Vaughan-Eden, PhD, LCSW, President APSAC

APSAC was created by a visionary group of colleagues who dared to believe that professionals serving victims of child abuse could partner with other disciplines for the well-being of children. In June 2012, APSAC held its 25th Anniversary Celebration in its hometown of Chicago at the 20th Annual Colloquium. Many founding members participated in the event, launching the next phase of this amazing organization.

The anniversary Colloquium was quite a success and gave us an opportunity to reflect on our beginnings as well as the sociopolitical climate of the field over the last 25 years. We held a series of panel presentations made up of past board members. Jon Conte, first president, led the way by providing a heartfelt and thought-provoking lecture at the William Friedrich Memorial Luncheon on the evolution of APSAC. Ron Hughes, immediate past president, then led a panel of former presidents—Sandra Alexander, Jon Conte, Harry Elias, Jordan Greenbaum, Mike Haney, Patti Toth, and Linda Williams—in a discussion on APSAC's future role in the current issues in child protection. Additionally, the luncheon was followed by a session with a choice of eight-panel workshops consisting of current and past board members addressing a variety of topics from prevention to legal issues. The festivities also included opportunities for making new friendships, as well as renewing old ones. A good time was had by all on the architectural riverboat cruise and at the President's Ball, each with more than 150 attendees.

I would like to thank all those who made the event such a success, including Commissioner Bryan Samuels of the Administration on Children, Youth, and Families, who gave an encouraging opening plenary on *Focusing on Well-being: What Would It Take*? Also, Professor Diane Geraghty, Director of the Civitas ChildLaw Center at Loyola University Chicago, who provided a plenary entitled *Fifty Years of Child Abuse and Policy: What Have We Learned Since Kempe's Ground-Breaking Article on the Battered-Child Syndrome*.

This year, APSAC's Cultural Institute consisted of the Second Russian–American Child Welfare Forum, which you will read about more in-depth in two of the articles in this issue. However, I would like to thank the co-chairs of the Civil Society Working Group of the U.S.–Russia Bilateral Presidential Commission—Deputy Assistant Secretary for Democracy, Human Rights, and Labor, Thomas O. Melia; and Commissioner for Human Rights, Democracy, and the Rule of Law, Ambassador Konstantin Dolgov—who met in Chicago on June 26 with the co-chairs of the Child Protection Subgroup, Andrew Oosterbaan, Chief of the Child Exploitation and Obscenity Section of the U.S. Department of Justice, and Pavel Astakhov, Children Rights Commissioner for the President of the Russian Federation, to facilitate contacts and cooperation among additional NGOs. Mr. Astakhov, Mr. Dolgov, and Mr. Oosterbaan all spoke at the Forum. Also, the U.S. Department of Justice's Lou Ann Holland and Luke Dembosky, Resident Legal Advisor from the U.S. Embassy in Moscow, helped organize and sponsor attendees from both the United States and Russia for participation in the Forum and Colloquium.

On a personal note, I will share a little about my background for those I haven't met. Like most of you, I have spent my career in service to children and their families. In 1986, while working on my Master of Social Work degree, I was also employed as a mental health worker at a children's psychiatric hospital. Upon graduation in 1987, I became a full-time psychotherapist at a children's residential treatment center. In 1995, while working on my PhD in social work, I worked at a newly developed child abuse program that eventually became a fully accredited children's advocacy center. I joined APSAC in 1996, following a presentation by Jon Conte at the Sixth Advanced Legal and Treatment Issues in Child Sexual Abuse Conference sponsored by the Virginia Chapter. I eventually changed my dissertation to non-offending mothers parenting their sexually abused children, and the primary focus of my career since then has been the evaluation and treatment of child abuse victims.

Over the years, I attended a number of APSAC events and volunteered for committee work. In 2008, I was appointed to the board and still can't find the words to express how honored and humbled I feel serving such a great organization. APSAC members have been fortunate to have the gurus of the child protection and child welfare arena leading the way. Being asked to serve among them and then being elected president is truly a privilege more than words.

Those of you who attended the Colloquium heard me speak at the opening about cathedral building. Many of the great cathe-

Continued on page 27

Mandated Reporting of Child Maltreatment: Developments in the Wake of Recent Scandals

Frank E. Vandervort, JD

Introduction

Recent high-profile child sexual abuse scandals have involved Penn State University's football program and university administration (Loviglio, 2012; Freeh, Sporkin, & Sullivan, 2012), one of Syracuse University's basketball coaches (A Special Committee, 2012), and Manhattan's exclusive Horace Mann School (Kamil, 2012), as well as those in similar, lesser-known scandals (such as one not properly handled involving the University of Michigan Medical School in which a medical resident was discovered to possess child pornography on his computer; Staller, 2012). These events have provided a new backdrop for discussion of the continued need for and effectiveness of mandated reporting in response to child maltreatment.

Such scandals have also prompted legislators to revisit and revise their mandated reporting laws. Shortly after the Penn State scandal became public, legislation was introduced to amend the Child Abuse Prevention and Treatment Act to expand mandated reporting. To date, at least ten states have amended their mandated reporting statutes, and proposed legislation is pending in numerous others. These recent actions take place in the broader context of a long-standing debate about the wisdom and efficacy of mandated reporting as a policy prescription.

This article begins with a discussion of the history of mandated reporting statutes and then considers the variation in state reporting laws. Next, it outlines the purpose and results of these laws, and summarizes the controversy surrounding them. The article then examines the changes in state laws prompted mainly by the Penn State scandal and considers the value of these changes.

History of Mandated Reporting Laws

Mandated reporting statutes have their origin in the results of research done between 1946 and 1962 by various members of the medical profession. In 1946, Dr. John Caffey published an article titled "Multiple Fractures in the Long Bones of Infants Suffering Chronic Subdural Hematoma." Over the next decade, medical professionals published articles reporting various findings regarding inflicted injuries (McCoid, 1965). By the late 1950s, some major children's hospitals around the country had instituted child protection teams and voluntary reporting policies pursuant to which they reported suspected cases of child abuse to law enforcement and child welfare authorities (McCoid, 1965). For example, in 1959 the Children's Hospital of Los Angeles adopted a policy of reporting cases of suspected abuse to the authorities (McCoid, 1965). As a result of this procedure, in 1960 the juvenile court received 14 petitions seeking its protection of children whom the medical team believed were the victims of abuse. About this same time, children's hospitals in both Cook County, Illinois, and Pittsburgh, Pennsylvania, began a practice of voluntarily reporting cases of suspected child abuse to legal authorities (McCoid, 1965).

In early 1962, the Children's Bureau of the U.S. Department of Health and Human Services convened a meeting of leading researchers and policy makers in the emerging field of child maltreatment (Myers, 2006; McCoid, 1965; Paulsen, Parker, & Adelman, 1965–1966). As a result of that meeting, the Children's Bureau began to develop guidelines for states to adopt mandated reporting statutes (Paulsen, 1967; McCoid, 1965; Paulsen et al., 1965–1966). That meeting was attended by, among others, Dr. C. Henry Kempe, who reported on his and his colleagues' research regarding inflicted injuries to children at hospitals across the country. This research was published in July of that year as "The Battered-Child Syndrome" (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962).

The publication of "The Battered Child Syndrome" would prove to be a seminal event in the history of child protection in America for many reasons. As to our immediate concern, Kempe and his colleagues argued that physicians "should report possible willful trauma to the police department or any special children's protective service that operates in his [or her] community" (Kempe et al., 1962, p. 153). Their paper and recommendation propelled the movement for mandated reporting laws (Paulsen, 1967). Later that year, both the Children's Bureau and the American Humane Association published proposed language or guidelines for state-mandated reporting statutes (Paulsen, 1967; Paulsen et al., 1965–1966; McCoid, 1956).

Within a year of these events, state legislatures began to enact mandatory reporting statutes. It appears that the first statute

mandating reporting of suspected abuse became law in Idaho in March 1963. This was part of a broader package of legislation intended to address child protection (McCoid, 1965). California enacted the first stand-alone mandated reporting law on May 24, 1963, by amending the state's penal code to require that physicians and surgeons report cases of suspected abuse either to the local law enforcement agency or to the nearest child welfare agency (some areas of the state had no child welfare services at that time) (McCoid, 1965).

Although the California statute imposed a presumptive duty to report suspected child abuse, it contained a rather broad exception: "The physician or surgeon shall not be required to report as required herein if in his opinion it would not be consistent with the health, care, or treatment of the minor." Other states quickly followed Idaho's and California's lead, and by early 1964, at least 14 states had established mandatory reporting laws (Foster, 1966). Five others had declined to adopt such a statue (Foster, 1966). Three years later, every state except Hawaii had adopted a mandated reporting law, as did the District of Columbia and the Virgin Islands (Paulsen, 1967).

The early reporting laws were typically limited in two ways. First, they generally required the reporting of only serious physical injuries that were thought to be the result of intentional infliction. Second, they most often focused on reporting by medical professionals, particularly physicians, although a few did require other professionals to report suspected abuse (Myers, 2006; Paulsen, 1967; Paulsen et al., 1965–1966).

The first mandatory reporting laws focused on cases of physical abuse that resulted in serious physical injuries necessitating medical treatment (Paulsen, 1967). Neglect and lesser physical injuries were not routinely reportable under the early statutes (Paulsen, 1967). By 1967, only three states' statutes required that neglect be reported (Paulsen, 1967). The rationales for this omission were twofold. First, it was believed that inadequate public resources existed to address the potentially large number of cases of neglect. Second, there was concern that reporting neglect would intrude unnecessarily into family privacy (Paulsen, 1967). As I will subsequently discuss, sexual abuse and psychological battering were not specifically contemplated in these early statutes.

Few of the original reporting laws contained a definition of *abuse* or *child abuse* (Paulsen, 1967). Some early legal commentators argued that if a definition were provided, cases would be missed. By not defining *abuse* and *neglect*, the thinking went, the net would be cast wider, fewer cases would be missed, and more children would be protected (Paulsen, 1967). From the beginning, it was intended that reporters would err on the side of overreporting rather than underreporting of possible cases, a fact that has over time become ever more controversial.

The early laws generally limited the duty to report primarily to the medical professions, specifically physicians (Paulsen, 1967). This was true for several reasons. First, doctors possess unique diagnostic skills and could therefore reveal cases that others, particularly laypersons, could not. This would happen because doctors would be able to determine that the explanation provided by parents or caretakers of how the child's injury had occurred would not match the injuries the doctor observed on examination (Paulsen, 1967). Thus, as is the case today, this gulf between the observed injuries and the explanation of how they came about would give rise to a reasoned suspicion on the part of the doctor and trigger the legal duty to report.

A second reason was that other professionals (e.g., educators and social workers) were reporting their concerns to local authorities even in the absence of a statutory mandate that they do so (Paulsen, 1967). Medical professionals expressed two concerns about reporting in the absence of a legal mandate. First, as Paulsen explained in 1967, "It was feared that a good many physicians felt that reporting was . . . mere 'meddling'" (p. 4) into private family life. Second, there was concern about violating professional confidentiality. Physicians feared that by disclosing patient information gained through the physician–patient relationship to law enforcement or social welfare, authorities would expose them to civil liability for slander, liable, or other tort claims (Paulson, 1967; McCoid, 1965). This fear, according to some legal commentators, was unfounded (Foster, 1966). Nevertheless, to address the issue, immunity provisions were routinely included in statutes to protect physicians from the possibility of civil liability for breaching confidentiality when they reported their suspicions in good faith. At the time, most states already required physicians to report wounds that resulted from acts of violence such as gunshots or stabbing, so it was not clear that disclosure of otherwise confidential information pursuant to that legal mandate was actionable in a civil suit for damages (Paulsen, 1967). A final rationale for the statues was concern that medical professionals would not report because of the amount of time it would take for law enforcement investigations and appearances in court, which would take them away from their primary responsibility of treating patients (Foster, 1966).

Such was the general state of affairs when, in 1974, in response to the needs of children across the country, Congress enacted the Child Abuse Prevention and Treatment Act (CAPTA) in an effort to assist states in funding their child protection systems and to bring more uniformity to the nation's child welfare practice (P.L. 95-247; Faller, 2002). Among the requirements in the original federal legislation was a requirement that each state, if it wished to avail itself of federal CAPTA dollars, enact a mandatory reporting statute that met certain federally defined criteria.

Over time, mandated reporting laws have been expanded to require an ever-greater number of professions and professionals to

report when they suspect a child has suffered maltreatment. Thus, more recent mandatory reporting laws require that a variety of professionals ranging from emergency medical technicians to morticians to dentists report suspected child maltreatment (e.g., Illinois Comp. Stats. Ann. 325 ILCS 5/4, 2012; Stein, 1998).

Similarly, the scope of mandated reporting has broadened over the past 35 years (Stein, 1998). Like physical abuse, child sexual abuse has always existed (Myers, 2006; deMause, 1988). For two centuries in the United States, the sexual assault of children had been addressed, albeit inconsistently and ineffectively, before a systemic effort was launched to address this problem (Myers, 2006). Beginning in the early 1970s, child sexual abuse became the subject of focused study and systematic advocacy that led to wider societal recognition of this phenomenon (Myers, 2006). For instance, whereas Fontana's 1973 book addressed sexual abuse only in passing, by the later years of the decade, leading texts on child maltreatment squarely addressed the issue (Green, 1980; Kempe & Kempe, 1978). By the mid-1980s, the sexual abuse of children was added to the list of maladies that state statutes required be reported to authorities. By 1988, Kathleen Coulborn Faller observed that "[c]hild protection case workers are receiving growing numbers of referrals of cases where children are at risk from ongoing sexual abuse" (Faller, 1988, p. 3).

Just as the sexual abuse of children emerged over time as a salient, independent issue of concern for child advocates, our current thinking about psychological abuse emerged from its origins as a subset of neglect. The impact of psychological maltreatment of children was discussed and considered as a residual effect of neglect long before it became the subject of discussion and study as a distinct form of child maltreatment. For instance, not Dr. Vincent J. Fontana's 1973 book *Somewhere a Child Is Crying: Maltreatment—Causes and Prevention,* nor Kempe and Kempe's 1978 book *Child Abuse*, nor Dr. Aruther H. Green's 1980 book *Child Maltreatment: A Handbook for Mental Health and Child Care Professionals* discuss psychological harm to children as a free-standing form of maltreatment. Rather, Green and Fontana discussed psychological maltreatment as a form of neglect, a failure to provide emotional nurturance, or a form of harm that resulted from physical abuse or sexual abuse, while Kempe and Kempe did not discuss it at all. During the early 1980s, psychological harm came to be understood as both a form of neglect and a form of abuse that resulted from active and intentional humiliation, name calling, and similar kinds of assertive harm inflicted by parents and caretakers. Thus, by 1986, Garbarino, Guttman, and Seeley titled their book on the subject *The Psychologically Battered Child*, inferring that this form of harm to the child could be actively and intentionally inflicted rather than merely a byproduct of another form of maltreatment. As practitioners began to encounter psychologically battered children and as researchers began to understand the impact of this form of maltreatment on children's development, psychological abuse was added to the statutes requiring reporting (Garbarino, Guttman, & Seeley, 1986). Within a few years, psychological abuse of children became an understood phenomenon (American Academy of Pediatrics, 2002). Both CAPTA (42 § U.S.C. 5101, 2012) and state laws now provided for the mandatory reporting of suspected psychological abuse of children (e.g., Cal. Pen. Code §11165.3, 2012; Nev. Rev. Stat. Ann. § 432B.020, 2012).

Variation in Current State Laws

Today, every state, the District of Columbia, and the territories (e.g., Puerto Rico) have laws mandating the reporting of various types of maltreatment to children's protective services (Children's Bureau, 2011). Over the past 35 years, as these laws have expanded in their applicability and scope, they have also grown more varied. The specifics of each state's law are unique in terms of what must be reported, to what governmental agency—children's protective services or law enforcement—and by which professional disciplines.

Definitions of what constitutes child maltreatment and must therefore be reported will vary from jurisdiction to jurisdiction, but these definitions, as with all reporting requirements, are generally guided by the definition of *child abuse* and *neglect* established in the federal Child Abuse Prevention and Treatment Act (CAPTA)(42 USC § 5101). CAPTA defines *child abuse or neglect* as "[a]ny recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm" (US DHHS, 2011, p. vii).

State-mandated reporter laws vary considerably in their specifics in terms of who must report suspected child maltreatment. Some states make every adult without regard to occupation or their relationship with the child a mandated reporter. Thus, for example, Indiana's mandated reporting statute states simply "an individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report" to the relevant child protection agency (Indiana Code Annotated § 31-33-5-1, 2012). Other states' statutes set out elaborate lists of professionals who must report. For example, Arkansas law sets out 37 categories of professionals who are mandated to report (Ark. Code Ann. § 12-18-402, 2012), while California requires no fewer than 40 categories of professionals to report (Cal Pen Code § 11165.7, 2012). Both these examples, however, pale in comparison to Illinois law, which identifies no fewer than 57 separate categories of professionals and paraprofessionals who must report when they have suspicion that a child is being abused or neglected (325 Ill Comp Stats Ann 5/4, 2012).

In addition to physical abuse, neglect, sexual abuse, and psychological abuse, CAPTA and most state laws now address specific factual situations that must be reported. For instance, CAPTA requires that child protection authorities be notified when a child

"is born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder" (42 USC § 5106a(b)(2)(B)(ii), 2012). Thus, in Michigan, for instance, a mandated reporter who knows or has reason to suspect that a baby is born having been prenatally exposed to illicit drugs or alcohol in his or her system must report this to children's protective services (Mich Comp Laws Ann 722.623a). Similarly, when a female child under 12 years old becomes pregnant, children's protective services must be notified (Mich Comp Laws Ann § 722.623(8), 2012). Similarly, "the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age is reasonable cause to suspect abuse and neglect have occurred" (Mich Comp Laws Ann §722.623(9), 2012).

Present-day mandated reporting statutes typically articulate when the duty to report is triggered. In most states, "reasonable cause to suspect" or "reasonable cause to believe" that a child is maltreated will trigger duty (e.g., 325 Ill Comp Stats Ann 5/4, 2012; Cal Pen Code § 11166, 2012). There has long been a question whether the "reasonable cause" is an objective standard or a subjective one (Paulsen, 1967). That is, must the individual who is mandated to report herself hold the belief (subjective) or is the standard that a reasonable person in the mandated reporter's position (objective) before the duty is triggered? Because failure to report may carry serious consequences for the reporter, both civil and criminal, this is an important question. It appears that the weight of legal authority comes down in favor of an objective standard and the mandated reporter could be responsible for a failure to comply with the law if a reasonable person in the reporter's situation should have had a reasonable suspicion.

Most states now explicitly permit any person who suspects that a child is being maltreated by a parent, legal guardian, legal custodian, or other person legally responsible for a child's health or welfare to report one's suspicion to the local child protection agency (e.g., Mich Comp Law Ann 722.624, 2012).

The Purpose and Results of Mandated Reporting

Green observed that "the major objective of reporting laws is to increase case finding" (Green, 1980, p. 278). Commentators from various disciplines and from across the political spectrum agree that the reporting laws have accomplished this purpose of bringing cases of suspected maltreatment to the attention of child welfare and law enforcement authorities (Matthews & Bross, 2008; Besharov, 1993; Goldstein, Freud, & Solnit, 1979; Kempe & Kempe, 1978)—perhaps too well (Besharov, 1993).

Shortly after the enactment of the first reporting laws, the numbers of reports of suspected maltreatment began to swell and have grown substantially over the years. In California, for example, there were 4,000 reports of suspected maltreatment by 1968 and 40,000 by 1972. Other states saw similar increases in identified cases over that same 4-year span: in Florida, reported cases increased from 10 to 30,000 and in Michigan, from 721 to 30,000 cases (Kempe & Kempe, 1978).

More recently, in 2010, the last year for which numbers are currently available, the Children's Bureau announced that nationally, approximately 3.3 million reports of suspected abuse and neglect were made to child welfare agencies (US DHHS, 2011). Professionals who had contact with the child made three in five of these reports. After the screening function implemented by state agencies, 1,793,723 of those reports actually received some sort of investigation by children's protective services professionals (US DHHS, 2011). Of those investigated, 436,321 were "substantiated." An additional 24,976 were "indicated," which means essentially that the allegation could not be founded under state law, but there was reason to believe that at least one child may have been maltreated or was at risk for maltreatment (US DHHS, 2011). In 1,262,118 cases, agencies found that there was insufficient evidence to conclude that a child had been maltreated.

As the numbers of reports received in 2010 make clear, in the nearly half century since the adoption of mandated reporting, the numbers of cases of potential maltreatment have increased exponentially.

Mandated Reporting Controversy

The nearly immediate and dramatic increase in the numbers of cases being brought to the attention of child welfare agencies after the enactment of mandated reporting statutes soon prompted knowledgeable commentators to question the efficacy of reporting statutes. In their 1979 book *Before the Best Interests of the Child*, Goldstein, Freud, and Solnit argued, "The overbroad and vague base for mandatory reporting and inquiry has led to overreporting, to unnecessary demands on services that are inadequate even for those children at greatest risk of serious bodily injury" (p. 71). Thus, they concluded, "Laws requiring physicians, nurses,

social workers, and educators to report suspected cases have contributed little to protecting children" (p. 71). Other respected commentators have consistently echoed this argument (Kim, Gostin, & Cole, 2012; Ainsworth, 2002; Besharov, 2005; Besharov, 1993). Focusing on the large number of unsubstantiated cases, these commentators have argued that the resources needed to respond to the large volume of reported cases drains vital resources away from supporting families (Ainsworth, 2002; Faller, 1985; Goldstein, Freud, & Solnit, 1979). They also point out that the system is flawed in that it encourages overreporting of cases in which evidence of abuse or neglect is not clear but also suffers from underreporting of actual cases that are not brought to the attention of the authorities (Besherov, 1993). Despite the concern about overreporting that has persisted since the enactment of the first mandated reporting laws, recent research by Sege et al. (2011) suggests that underreporting is a continuing problem among physicians. Among the reasons given for failure to report are the following: lack of faith in the child protection system, concern about the impact of reporting on their professional relationship with the family, and concern about the possibility of legal action (Sege et al., 2011). In short, these are many of the same concerns that have persisted since before the enactment of the first mandated reporting statutes.

Contrasted with the commentators who have argued that mandated reporting is a failed policy are those who argue that it is in fact a success at what it is intended to accomplish: find cases. Thus, Matthews and Bross (2008) have argued that "without a system of mandated reporting, a society will be far less able to protect children and assist parents and families, because many cases of abuse and neglect will not come to the attention of the authorities and helping agencies" (p. 511). They recognize that while not perfect, the mandated reporting system provides a means by which large numbers of abused and neglected children are identified and provided assistance (Matthews & Bross, 2008). The professionals who take this side in the debate point out that parents who abuse or neglect their children are unlikely to come forward and seek assistance voluntarily (Matthews & Bross, 2008).

Recent Changes in State Laws

In an effort to enhance case finding and to protect children, policy makers have determined that they will calibrate policy to err on the side of overreporting rather than follow the suggestions of those who have advocated for a narrowing of the reporting mandate. While the problem of underreporting will almost certainly persist in the wake of the recent child sexual abuse scandals, legislatures across the country have begun to amend and expand their mandated reporting statutes. At this writing, at least 14 states have amended their laws in response to the sexual abuse of children on Penn State's campus by Jerry Sandusky. Numerous other states are in the process of reviewing their laws and may enact amendments to address perceived shortcomings in reporting requirements (Loviglio, 2012). In addition, in the immediate aftermath of the disclosure of Jerry Sandusky's serial abuse of children, on November 16, 2011, Pennsylvania Senator Robert P. Casey introduced Senate Bill 1877, the Speak Up to Protect Every Kid Act. This legislation would amend the Child Abuse Prevention and Treatment Act to expand mandated reporting to those circumstances, such as involved Sandusky, in which a child is abused by someone who is not the child's parent, guardian, or legal custodian, in order to provide federal financial support for public education campaigns that would raise awareness of the need to report suspected child maltreatment, and to fund the training of volunteers in the need to report suspected maltreatment.

Recent changes in state laws can be grouped into a number of general responses (see Table 1). Some states have explicitly applied mandated reporting laws to coaches or other employees and volunteers of athletic programs (including those who are unrelated to a school, college, or university such as a recreational league), while some have expanded their mandated reporting statutes to include additional professionals or volunteers, such as Court Appointed Special Advocates and similar child welfare service providers. Others have expanded reporting to include not just primary and secondary teachers but also colleges, university, and technical school instructors and employees of these organizations. In addition to statutory mandates to report suspected maltreatment, some state legislatures have provided that institutions of higher learning must adopt internal policies to address employees' duty to report. Washington state explicitly mentioned that the definition of *an employee* include a student employee. One interesting limitation contained in Virginia's law is that it explicitly exempts from the duty to report the lawyers who work for institutions of higher learning and who learn of the suspected abuse through their work for the institution. A number of states have included other non-educator employees of educational institutions (e.g., secretaries and janitors), and several have adopted legislation to promote education and awareness of the duty to report suspected child maltreatment.

Some states have chosen to increase the criminal penalties for failure to report. Florida, for instance, has changed failure to report suspected abuse of a child from a misdemeanor to a felony. Louisiana has specifically made it a crime not to report suspected sexual abuse of a child unless the information is protected by a "privilege of confidentiality recognized by law." Presumably because in the Penn State situation some employees of the University did not report because they feared retaliation, some states have explicitly prohibited employers from retaliating against an employee who reports in good faith suspected child abuse. Louisiana accomplished this result by amending its general whistleblower statute rather than its child protection laws. Two states (Nebraska, West Virginia) have used this opportunity to require better coordination of joint CPS and law enforcement investigations. Florida expanded mandated reporting of child abuse to include situations in which the perpetrator is unrelated

Table 1: Recent Changes to Mandated Reporter Laws

CHANGE TO REPORTING LAW	STATES ADOPTING CHANGE
Explicitly apply mandated reporting to coaches or other employees and volunteers of athletic programs	Georgia, Illinois, Louisiana, Oregon, Virginia, West Virginia
Expand mandated reporting to include additional professionals or paraprofessionals (e.g., Court Appointed Special Advocates, child welfare service providers)	South Dakota, West Virginia
Expand mandated reporting to include college and university instructors and staff and/or require that institutions of higher education adopt reporting policies	Georgia, Illinois, Louisiana, Oregon, Virginia, Washington, Iowa
Include noneducator employees of educational institutions (e.g., janitors and secretaries) as mandated reporters	Georgia, Illinois, Louisiana, Oregon, Virginia, West Virginia, Wisconsin
Require education to promote awareness of duty to report	Florida, Indiana, Nebraska
Increased penalties for failure to report	Florida, Louisiana, Virginia, West Virginia
Explicitly prohibit employers from retaliating against employees who report suspected maltreatment	Iowa, Wisconsin, Louisiana
Require better coordination of investigations between children's protective services and law enforcement	Nebraska, West Virginia
Require mandated reporting when the suspected perpetrator is unrelated to the child	Florida
Establish task force to study necessary changes to mandated reporting law	Vermont

to the child rather than limiting it to situations where the suspected perpetrator is the parent, guardian, or legal custodian of the child, and Vermont established a task force including relevant governmental agencies, such as the Department of Children and Families and the Department of Education as well as the Vermont Network Against Domestic and Sexual Violence. The legislature charged the task force with reporting back to the legislature how schools should best respond to student reports of abuse or neglect. Similarly, Pennsylvania adopted legislation establishing a commission to study ways to improve reporting as well as other aspects of its child protection laws (Wolfe, 2012).

Conclusion—Impact of Changes

These recent changes to the reporting laws—and those that are likely still to come—will no doubt fuel the long-standing debate about the efficacy of such statues, whether they are efficient uses of resources, and whether they invite unnecessary intrusion into the private realm of family life. Will it really make children safer if we legally mandate, subject to criminal penalties, that the little league coach or the school secretary report child abuse rather than just the school teacher or principal? We should not hope for too much. There may be relatively modest increases in the number of cases reported. But in the Sandusky scandal, two individuals—one a janitor and one an assistant football coach, both adults—actually saw Mr. Sandusky sexually assaulting children at different times. One of those incidents involved the perpetrator performing oral sex on a young boy; in the other incident, he was in the process of anally penetrating another young boy (Freeh, Sporkin & Sullivan, 2012). Despite this rare occurrence of an eyewitness actually seeing the sexual abuse of a child (Meyer, 1994), nothing was done. Indeed, the Final Report issued by Penn State's Special Investigative Counsel contains nothing that suggests that in either incident the adult witness took any action to even intervene to stop the sexual assault he saw in progress! And, of course, neither initiated any report to the authorities—law enforcement or CPS. Either of those individuals could have simply picked up the telephone and called the police. Despite clear reason to know of the sexual abuse of children, individuals at the highest level of the university structure failed to do what seems obvious even to one utterly unaware of the duty to report sexual abuse of children or the dynamics of child sexual abuse. And despite the fact that they should have known of his abuse of children, Mr. Sandusky was permitted to travel from Pennsylvania to Texas with the Penn State football team for the Alamo Bowl in 1999 in the company of a young boy, who apparently stayed in his hotel room (Free, Sporkin, & Sullivan,

2012). This case is reminiscent of the Kitty Genovese murder, where numerous members of a community stood passively by while a young woman was killed (Foster, 1966).

Under the egregious circumstances of this particular case, what was lacking was not a statutory duty to report. Rather, what was lacking was an understanding of the moral imperative to protect children from obvious harm. As Kim, Gostin, and Cole (2012) have observed, "Notwithstanding legal duties, there appears to be systematic underreporting of child abuse and neglect" (p. 38). Their observation is supported by the work of Sege (2011) and his colleagues. This state of affairs, in the words of the Penn State Special Investigative Counsel, demonstrates "[a] striking lack of empathy for child abuse victims" (Freeh, Sporkin, & Sullivan, 2012). Despite nearly fifty years of mandated reporting, there continues to be reluctance on the part of individuals—both professionals who work closely with children and members of the lay public—who simply do not want to get involved. Until we change this attitude as it relates to the abuse and neglect of children, we will never be able to identify and properly respond to all incidences of child maltreatment.

Perhaps the West Virginia legislature got it right when it recently changed the purpose clause of its mandated reporting law, which exists "to promote adult responsibility for protecting children."

References

Ainsworth, F. (2002). Mandatory reporting of child abuse and neglect: Does it really make a difference? *Child and Family Social Work*, 7, 57–63.

American Academy of Pediatrics. (2002, April). The psychological maltreatment of children—Technical report [Practice guideline]. *Pediatrics, 109*(4), e68. Retrieved from: www.pediatrics.org

Arkansas Code Annotated, § 12-18-402 (2012).

A Special Committee of the Board of Trustees. (2012). *Report to the Board of Trustees of Syracuse University regarding the University's response to allegations made in 2005 by Robert Davis against Bernie Fine.* Retrieved from: http://www.syr.edu

Besharov, D. J. (1993). Overreporting and underreporting are twin problems. In R. J. Gelles & D. R. Loseke (Eds.), *Current controversies on family violence* (pp. 257–272). Newbury Park, CA: Sage.

Besharov, D. J. (2005). "Doing something" about child abuse: The need to narrow the grounds for state intervention. *Harvard Journal of Law and Public Policy*, *8*(3), 539–589.

Caffey, J. (1946). Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. *American Journal of Roentgenology*, *56*, 163–173.

California Penal Code § 11166 (2012).

deMause, L. (1988). The evolution of childhood. In L. deMause (Ed.), *The history of childhood: The untold story of child abuse* (pp.1–73). New York: Peter Bedrick Books.

Faller, K. C. (1988). *Child sexual abuse: An interdisciplinary manual for diagnosis, case management, and treatment*. New York: Columbia University Press.

Faller, K. C. (2002). Unanticipated problems in the United States child protection system. *Child Abuse & Neglect*, *9*(1), 63–69.

Fontana, V. J. (1973). *Somewhere a child is crying: Maltreatment—Causes and prevention*. New York: Mentor Books.

Foster, H. H. Jr. (1966). Lawmen, medicine men, and good Samaritans. *American Bar Association Journal*, *52*(3), 223–227.

Freeh, Sporkin, & Sullivan, LLP. (2012). *Report of the special investigative counsel regarding the actions of the Pennsylvania State University related to the child sexual abuse committed by Gerald A. Sandusky.* Retrieved from: www.thefreehreportonpse.com

Garbarino, J., Guttman, E., & Sheeley, J. W. (1986). *The psychologically battered child*. San Francisco: Jossey-Bass.

Kamil, A. (2012, June 6). Prep-school predators: The Horace Mann School's secret history of sexual abuse. *New York Times Magazine*, pp. 26–33, 52–54.

Kemp, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, *181*, 17–24.

Kempe, R. S., & Kempe, C. H. (1978). *Child Abuse*. Cambridge, MA: Harvard University Press.

Kim, S. C., Gostin, L. O., & Cole, T. B. (2012). Child abuse reporting: Rethinking child protection. *Journal of the American Medical Association*, *308*(1), 37–38.

Illinois Complied Statutes Annotated, 325 ILCS 4/5 (2012).

Lovigilo, J. (2012, June 9). Sandusky child sexual abuse scandal raises questions about state laws. *Christian Science Monitor*. Retrieved from: http://www.csmonitor.com

Matthews, B., & Bross, D. C. (2008). Mandated reporting is still a policy with a reason: Empirical evidence and philosophical grounds. *Child Abuse & Neglect*, *32*(5), 511–516.

McCoid, A. H. (1965). The battered child and other assaults on the family: Part one. *Minnesota Law Review*, *50*(1), 1–58.

Myers, J. E. B. (2004). Adjudication of child sexual abuse cases. *The Future of Children*, *4*(2), 84–101.

Myers, J. E. B. (2006). *Child protection in America: Past, present, and future*. New York: Oxford University Press.

Michigan Complied Laws Annotated, 722.623a (2012).

Michigan Complied Laws Annotated, 722.624 (2012).

Paulsen, M. (1967). Child abuse reporting laws: The shape of the legislation. *Columbia Law Journal*, *67*(1), 1–49.

Paulsen, M., Parker, G., & Adelman, L. (1965–1966). Child abuse reporting laws—Some legislative history. *George Washington Law Review*, *34*(3), 482–506.

Sege, R., Flaherty, E., Jones, R., Price, L., Harris, D., Slora, E., … & Wasserman, R. (2011). To report or not to report: Examination of the initial primary care management of suspicious childhood injuries. *Academic Pediatrics*, *11*(6), 460–466.

Staller, K. M. (2012). Missing pieces, repetitive practices: Child sexual exploitation and institutional settings. *Cultural Studies Critical Methodologies*, *12*(4), 274–278.

Stein, T. J. (1998). *Child welfare and the law*. Washington, DC: CWLA Press.

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau (US DHHS). (2011). *Child maltreatment* 2010. Retrieved from: www.acf.hhs.gov

Wolfe, D. S. (2012). Revisiting child abuse reporting laws. *Social Work Today*, *12*(2), 14. Retrieved from: www.socialworktoday.com

About the Author

Frank E. Vandervort, JD, is Clinical Professor of Law at the University of Michigan Law School, where he teaches in the Child Advocacy and Juvenile Justice Clinics. He writes frequently about issues of child protection law. He is a member of the APSAC Board of Directors, serves as Board Member At Large on its Executive Committee, and chairs the Amicus Committee. Contact: vort@umich.edu

A Recent Russian–American Collaboration in Child Protection Reform

Judith S. Rycus, PhD, MSW, Ronald C. Hughes, PhD, MscSA

Globally, child protection is a relatively new and rapidly evolving field of practice. For most of history, the majority of the world's communities acknowledged the existence of orphaned and abandoned children and devised strategies to care for them. However, the frequency, scope, and dynamics of both physical and sexual abuse of children, particularly within families, remained largely unsuspected and unrecognized.

The prevalence of intrafamilial *physical abuse* as a source of significant harm to children was not publicly identified until the early 1960s, when pediatrician Henry Kempe and colleagues published a seminal article, "The Battered-Child Syndrome," in the *Journal of the American Medical Association* (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). In this article, the authors identified physical abuse as a frequent cause of serious morbidity and death in children. They reviewed the types of injuries that constituted abuse and outlined the role of physicians to identify and respond to abuse to prevent its recurrence. The article was widely regarded as the single most significant impetus to increasing public awareness and exposing the reality of intrafamilial child abuse (Kempe Foundation, 2008). However, it wasn't until approximately 15 years later, on the heels of the women's rights movement, that child *sexual abuse* also became more widely acknowledged. Subsequently, both physical and sexual abuse came under the purview of nascent child protection systems—developing under the auspices of governments that recognized the State's responsibility to protect the rights of maltreated and vulnerable children.

The passage in 1989 of the United Nations Convention on the Rights of the Child served as a major impetus for global child protection reform. The Convention was the first legally binding instrument to address the full range of human rights for children. These rights were spelled out in 54 articles that declared, for example, that all children had the right to survive, the right to develop to their potential, the right to be protected from harmful influences such as abuse and exploitation, and the right to participate fully in family, cultural, and social life. By ratifying the Convention, national governments committed to adhere to its provisions, to protect these rights for their nation's children, to consider the best interests of children in all legislative and policy decisions, and to be held externally accountable by the international community to uphold these commitments (UNICEF, 2005a, 2005b).

Children's right to protection comprises one of four broad categories of rights included in the Convention. The intent is to protect children from various forms of child abuse, neglect, exploitation, and cruelty. The Convention also designates families as the best environment to ensure the growth and well-being of children. According to the Convention, governments must acknowledge and respect the primary responsibility of parents to provide care and guidance to their children, and must enable parents by developing programs that provide material assistance and essential supportive services. The Convention further asserts the importance of preventing the separation of children from their families, except in those situations where such separation is in a child's best interests (UNICEF, 2005b).

Signing the Convention has had major implications for national governments and the societies they represent. The Convention requires governments to accept responsibility to confront and remedy the many familial and social conditions that impinge on children's rights, such as poverty, homelessness, abuse, neglect, lack of preventive medical care, unequal access to education, and justice systems that fail to recognize children's special needs (UNICEF, 2005c). Full adherence to the provisions of the Convention requires the development and strengthening of child protection systems that can offer an array of family services and treatment interventions to keep children safe in their own families, as well as to ensure safe, permanent families for children already living in out-of-home care. As many Western societies fully understand from having spent decades developing and strengthening their child protection systems, it is a daunting task. Not surprisingly, many nations remain in the early stages of such development.

In most of the world, orphanage care has historically been a primary strategy to deal with dependent, neglected, disabled, and abandoned children. Countries vary in their historical evolution from dependency institutions to family-based care as the primary intervention for orphaned and dependent children. Statistics are inconsistent regarding the number of children in the world designated as orphans, but in 2005, UNICEF estimated there were

over 132 million orphans in sub-Saharan Africa, Asia, Latin America, and the Caribbean alone (UNICEF, 2008).

Current statistics for Russia and former Soviet countries suggest that the number of children considered to be orphans is at least in the tens, and more likely in the hundreds, of thousands. While some of these children are bona fide orphans, having lost both parents, the majority are considered *social orphans*—children whose parents and families have abandoned them or lack the capacity to care for them. In some cases, the children have run away from home or have been removed from their families by the State as a protective measure, and often, the parents' legal rights have been permanently terminated. Many children will remain in orphanage care until they are emancipated in early or middle adolescence, without sufficient education or preparation and generally with nowhere to go. They are at high risk of homelessness and involvement in crime and prostitution, and they are highly susceptible to serious illness, injury, and early death. They are frequently victims of child trafficking.

Due to large numbers of dependent children and bureaucratic inertia, orphanage care has persisted in many parts of the world, in spite of the many deleterious effects of institutional care on children's development, all of which have been well documented for decades. Early work conducted by psychiatrist Dr. René Spitz in the 1940s described the serious and enduring depression and attachment problems observed in infants who were cared for in institutional settings (Spitz, 1945, 1946). A more recent longitudinal research study, the Bucharest Early Intervention Project, documented the prevalence of attachment disorders and stark delays in all developmental domains observed in children (age 3 and under) who had been raised in institutions, when they were compared with children raised in their own families. One encouraging finding was that children who were moved to foster families within the first year or so were able to regain some—but not all—of the developmental milestones lost as a result of early institutionalization (Nelson, Fox, Zeanah, & Johnson, 2007).

From these findings, the obvious policy imperative for governments is to adopt as "best practice" the systematic provision of family-based care for all infants and young children who cannot remain safely with their own families, and ultimately to close the "baby homes"—the hospitals and orphanages designated for the care of infants and very young children. In 2011, UNICEF and the Office of the High Commissioner for Human Rights (OHCHR) issued a call to action urging governments throughout Central and Eastern Europe and Central Asia to end the practice of placing children below age 3, including children with disabilities, into institutional care (UNICEF, 2011). Simultaneously, the world community has come to better understand the negative outcomes of orphanage placement on *all* children, regardless of age. This recognition, strengthened during the 23 years since passage of the Convention of the Rights of the Child, has spurred the development of national and international initiatives to promote deinstitutionalization. Grassroots initiatives have developed in several nations, such as the Russia Without Orphans and Ukraine Without Orphans movements promoting family placements for dependent children, and many international child welfare organizations have adapted their programming accordingly.

Because of the relative newness of child protection as a field of practice and the inherent complexity of its supporting laws and programs, nations have taken to seeking out, borrowing, and sharing innovations and strategies across borders as a means of jump starting or enhancing what is inherently an extremely complex, time-consuming, and ethically-challenging reform effort. Both governmental and nongovernmental (NGO) agencies have sought assistance from nations that have a longer history of child welfare reform, seeking practice models, examples of enabling legislation, organizational infrastructures, and well-tested service programs that might be adapted and adopted to strengthen their own child protection systems—and to learn from these countries' mistakes as well as their successes. The United States, particularly through the U.S. Agency for International Development (USAID), has directed financial support to developing nations to help strengthen their services for maltreated and vulnerable children. This approach of international cooperation and synergistic development is particularly timely, because countries are realizing that some of our most troubling and destructive child protection issues, such as child trafficking and child pornography, demand close collaboration and integration of effort by the world community.

It was in this environment that the idea of creating a Russian–American Child Welfare Forum was conceived.

In 2009, President Barak Obama and Russian President Dmitry Medvedev jointly formed the Bilateral Presidential Commission with a mission of "identifying areas of cooperation and pursuing joint projects and actions that strengthen strategic stability, international security, economic well-being, and the development of ties between the Russian and American people" (U.S. Department of State, 2009, para 1). The Commission established 16 regular working groups. One of them, the Civil Society Working Group, subsequently established four sub-working groups, one of which was Child Protection. The concept of a formal, ongoing Russian–American dialogue on child protection issues and concerns emerged from this sub-working group. In 2011, two of the sub-group members—Ms. Marina Egorova, President of the National Foundation for the Protection of Cruelty to Children (NFPCC) in Moscow, and Dr. Ronald Hughes, President of APSAC and Director of the North American Resource Center for Child Welfare (NARCCW)—agreed to collaborate on what was to become the first Russian–American Child Welfare Forum.

Both NFPCC and NARCCW had considerable prior experience developing and strengthening child protective service systems. Between 2002 and 2010, NFPCC worked in partnership with IREX, a Washington, D.C.-based nonprofit, in the design and implementation of the Assistance to Russian Orphans (ARO) program, a multiphase project designed to stop the unprecedented growth in child abandonment, which had been exacerbated by the economic instability that resulted from the breakup of the former Soviet Union. The program worked to support family-based care for orphans and abandoned children and ultimately created more than 900 new abandonment prevention and family-based service programs in targeted regions of the Russian Federation. Over the course of ARO's work, the Russian government devoted considerable attention to the issue, encouraging an enabling environment for reform and increased support from both regional and local government entities (IREX, n.d.).

Simultaneously, after more than 25 years developing child welfare practice and training systems throughout North America, NARCCW and its affiliate, the Institute for Human Services (IHS) in Columbus, Ohio, had been asked to provide training and technical assistance to child welfare professionals in Ukraine, Belarus, and Kyrgyzstan. The training resources and products used in these initiatives had been developed, refined, and vetted by IHS and its partners—Ohio's state and county-level government agencies responsible for child protection—that, together, managed Ohio's statewide child welfare training system. In 2007, IHS entered a cooperative agreement with NFPCC to provide Russian translations of Ohio's training materials and curricula and of IHS' four-volume textbook, the *Field Guide to Child Welfare*, to enhance and support Russian child welfare reform efforts.

Expanding this partnership to include a Russian–American Child Welfare Forum seemed a logical next step. NFPCC assumed primary responsibility for planning the first Forum, which was held in the Republic of Buryatia in the Russian Federation, largely because of the consistently strong governmental support for child protection reform exhibited by the Republic's President, Mr. Vyacheslav Nagovitsyn. After an assessment of Russia's systemic needs for undertaking reform efforts of this scale, NFPCC and NARCCW identified the need for a U.S. partner with expertise in research, training, and service delivery in the disciplines of psychology, social work, medicine, law, and law enforcement. APSAC was therefore asked to join the child welfare reform effort. Recognizing the Forum as a significant opportunity to advance the mission of APSAC in other parts of the world, the APSAC Board voted to support the Forum, and 8 of the 20 international delegates to the first Forum were APSAC members.

Approximately 150 delegates attended the first Forum, which was held August 1–6, 2011, in Ulan Ude, the capital of Buryatia, and on Lake Baikal. According to Ms. Egorova, the Forum provided an important venue and a basis on which to develop bilateral cooperation in the field of child protection. The Forum generated a wave of interest across the Russian child welfare field and among the direct service providers and organizations present at the Forum. The positive feedback confirmed the Forum's value as a platform for promoting international and intercultural exchange between Russia and the United States, and it set the stage for the Second Forum, which was scheduled to coincide with APSAC's Annual Colloquium and 25th Anniversary Celebration in Chicago in June 2012.

More than 60 U.S. delegates attended the Second Forum, a high percentage of them APSAC members. They were joined by approximately 50 Russian delegates, who came from many regions of the Russian Federation and who represented a wide spectrum of governmental and nongovernmental organizations responsible for protecting children's rights. The Russian delegates included heads of both central and regional government departments and ministries, directors and managers of governmental and nongovernmental service organizations, direct services practitioners, and consultants. Several of the Russian delegates held positions as the Children's Rights Commissioner for their home republic or region. Mr. Pavel Astakhov, Children's Rights Commissioner for the President of the Russian Federation and Chairperson of the Russian Forum planning committee, presented at the opening plenary, as did Ambassador Konstantin Dolgov, the Russian Foreign Ministry's Commissioner for Human Rights, Democracy and the Rule of Law. Mr. Luke Dembosky, Resident Legal Advisor from the U.S. Department of Justice to the U.S. Embassy in Moscow also spoke at the opening plenary. Mr. Bryan Samuels, Commissioner of the Administration for Children and Families, U.S. Department of Health and Human Services, provided a plenary address at the APSAC Colloquium and met afterward with members of the Russian delegation to answer questions about U.S. government policy and practice in the field of child maltreatment.

The Forum offered 18 workshops, each with multiple presenters. Simultaneous interpretation of these sessions made them equally accessible to both Russian and American participants. In addition, 12 APSAC workshops and all APSAC plenary sessions were interpreted into Russian, although Russian delegates who spoke English were free to attend any of the APSAC Colloquium offerings.

The Russian delegates presented on topics that ranged from child protection policy, law, and management to innovative service models and approaches. Many presenters described their community's responses to a wide range of child protection issues, including identifying and serving children at risk of harm or abandonment, serving children with disabilities, child sexual abuse, child trafficking and commercial sexual exploitation, cyber violence, training and support of professional staff, and emancipating youth from orphanage care to independent living. American presenters delivered presentations on topics such as child pornography and

commercial sex trafficking, using the Internet and Web-based technologies to enhance child protection, promoting and sustaining family care for children in need of placement, professionalizing child protective services, risk and safety assessment, child trauma, and permanency planning. Because of the striking commonalities in topics of interest chosen by the two countries, the Forum planners were able to group Russian and American presenters into common sessions that dealt with these topics to promote exchange and dialogue among participants.

In keeping with the vision of international and interagency collaboration, NFPCC and APSAC were assisted in Forum planning and implementation by the Institute for Human Services and the U.S. Department of Justice.

From a long-term perspective, establishing enduring partnerships between nations can only enhance and expedite the ongoing development that is necessary to solve some of our most challenging child welfare concerns. For many years, child maltreatment professionals have recognized that without cross-discipline collaboration and the integration of services, effective child protection is not just daunting—it's practically impossible. This philosophy of partnering underlies many of our most effective program models, including child advocacy centers, interagency clusters for children with complex needs, community child abuse teams and child fatality review teams as examples. APSAC itself was founded on this same principle and represents the largest and strongest multidisciplinary organization devoted to increasing the quality of services for maltreated children. APSAC's involvement in this partnership provides a cadre of highly trained professionals who can provide both training and technical assistance in most of the topic areas and issues facing child protection. APSAC can also provide an organizational model for the development of a Russian prototype of APSAC to promote interdisciplinary collaboration within the Russian Federation on behalf of its children.

Collaboration between Russian and American child welfare professionals has initiated a promising process with the potential to help both nations in their development of civil society infrastructures necessary for effective child protection policies and legislation, and improved practice. It was made possible by bilateral initiatives and a commitment between the governments of the United States and Russia. With a continuation of this commitment and ongoing support, these efforts hold promise for better and safer lives for children in both countries.

The Third Russian–American Child Welfare Forum is currently being planned for the summer of 2013 in St. Petersburg. APSAC members who are interested in receiving more information about the Forum or in potentially providing training or technical assistance in Russia can contact an APSAC Board member or e-mail the authors at jsrycus@aol.com.

References

IREX—Civil Society, Education and Media Development. (n.d.). *Assistance to Russian Orphans (ARO).* Retrieved from: http://www.irex.org/print/project/assistance-russian-orphans-aro

Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered-child syndrome. *JAMA, 181*(1), 17–24.

Kempe Foundation. (2008). *Mission.* Retrieved from: http://www.kempe.org/missionhistory

Nelson, C., Fox, N., Zeanah, C., & Johnson, D. (2007). *Caring for orphaned, abandoned, and maltreated children: Bucharest early intervention project* [Powerpoint presentation]. Retrieved from: http://www.crin.org/bcn/details.asp?id=12323&themeID=1003&topicID=1023

Spitz, R. A. (1945). Hospitalism—An inquiry into the genesis of psychiatric conditions in early childhood. *Psychoanalytic Study of the Child*, 1, 53–74.

Spitz, R. A. (1946). Anaclitic depression. *Psychoanalytic Study of the Child*, 2, 313–342.

UNICEF. (2005a, November 29 update). *Convention on the Rights of the Child.* Retrieved from: http://www.unicef.org/crc

UNICEF. (2005b, November 29 update). *Convention on the Rights of the Child: Promoting and protecting rights for children.* Retrieved from: http://www.unicef.org/crc/index_30168.html

UNICEF. (2005d, November 29 update). *Convention on the Rights of the Child: Protecting and realizing children's rights.* Retrieved from: http://unicef.org/crc/index_protecting.html

UNICEF. (2008, August 21 update). *Orphans.* Retrieved from: http://www.unicef.org/media/media_45279.html

UNICEF. (2011, June 28). *End placing children under three years in institutions: A call to action.* Retrieved from: http://www.unicef.org/ceecis/media_17370.html

U.S. Department of State, Bureau of European and Eurasian Affairs. (2009, October 15). *Bilateral Presidential Commission: Fact sheet.* Retrieved from: http://www.state.gov/p/eur/rls/fs/130616.htm

About the Authors

Judith S. Rycus, PhD, MSW, is Program Director of the Institute for Human Services and Director of International Programs for the North American Resource Center for Child Welfare in Columbus, Ohio. She is a former Editor in Chief of the *APSAC Advisor.* Contact: rycus@ihs-trainet.com

Ronald C. Hughes, PhD, MscSA, is Director of the North American Resource Center for Child Welfare and the Institute for Human Services in Columbus, Ohio. He is immediate past President of APSAC, a former Editor in Chief of the *APSAC Advisor,* and member of the APSAC Board of Directors. Contact: tonami1@aol.com

Scenes From APSAC's 25th Colloquium

and Russian–American Child Welfare Forum

The Second Russian–American Child Welfare Forum: Opening Remarks of the Russian Child Rights Commissioner

Karen Smith Rotabi, PhD, MSW, MPH

As a result of bilateral child protection negotiations between the United States and the Russian Federation, the Second Russian–American Child Welfare Forum was held in late June 2012 in Chicago, Illinois, as a part of the 20th Annual Colloquium of the American Professional Society on the Abuse of Children. This meeting, a follow-up to a previous gathering held in Russia, was organized to exchange experiences and opinions on pressing issues we face in building effective child welfare systems in our countries (Egorova, 2012). This article summarizes highlights of the meeting events as recognition of the good and necessary work needed to promote child protection—both generally and as one small contribution to the complex process of preserving Russian–American intercountry adoptions.

Opening Remarks of Commissioner Pavel Astakhov

Although the forum was clearly a collegial event marked by the spirit of collaborative dialogue, the deeply distressing subject of Russian adoptees being maltreated by their U.S. citizen–adoptive parents (see Rotabi & Hein, 2010) was the substantive focus of opening remarks of the Russian Child Rights Commissioner, Mr. Pavel Astkahov.

Astkahov (2012) began with the recognition that there are different views on child welfare and that the discourse is not about political games. He stated that "child rights are a big issue in Russia" and that the resultant response related to this core value is an indication of the growth of civil society in Russia. Underscoring this point, he said, "…[P]rotection of our citizens, especially those outside of Russia…is very important." Referring to the bilateral intercountry adoption agreement signed between both governments in the summer of 2011, he acknowledged that Russia still must ratify the agreement and that he was optimistic about ratification. He also noted that such an agreement is necessary to set standards for the practice of intercountry adoption between Russia and any nation that receives Russian adoptees. In the months since the conference, Russia has in fact ratified the agreement. Other agreements are already in place with France and Italy. Israel is in process of developing such an agreement, according to Astkahov.

Commissioner Astkahov (2012) went on to emphasize the values underlying the bilateral Russia–U.S. agreement, including the "well-being of children" and their "right to happiness" during the most formative of years of human growth and development. He stated that "we have to solve issues" to make happiness a reality. Focused on the best interests of the child, Astkahov turned to the facts of the tragedies of Russian adoptees in the United States:

- There are 19 officially recognized deaths of Russian adoptees in the United States.
- Russian nongovernmental organizations have documented more than 19 deaths.
- Protection of children against violence, at home and abroad, is a priority of Russia.

Focusing on the positive aspects of Russian–U.S. intercountry adoptions, Astkahov (2012) then pointed out that some Russian children have been sent to the United States for medical treatment. One such child received treatment for a serious heart condition. The U.S. family fostering the child has since applied for intercountry adoption, and official channels and formal processes are now underway to support this.

In closing, Commissioner Astakhov (2012) stated that the protection of children against violence is a priority in Russian state policy. To move forward in a collaborative relationship with the United States, in terms of Russian–American child adoptions, Astakhov and others traveling in the official Russian delegation attended a formal meeting of the Child Protection Subgroup of the U.S.–Russia Bilateral Presidential Commission (Obama–Medvedev). Also, as a part of the official visit to the United States, he and the delegation met with various social service organizations, including "The Ranch," a well-known group home in Montana that addresses the needs of adopted children suffering from various psychological and emotional problems. Many of the clients are intercountry adoptees from Russia (see www.ranchforkids.org). This private residential treatment facility has offered a controversial approach to treating Russian children as a result of adoption disruption. Some have charged that The Ranch is nothing more than a sophisticated way to abandon Russian

adoptees. Others defend it and note the excellent and humane treatment available in the facility and the many families who remain deeply committed to their adopted children while they receive services for various mental health problems. Regardless of mixed sentiments, the Ranch has come under criticism for a variety of reasons, including Astakhov's outrage with the facility's management and treatment of Russian children. Criticism from Astakhov only intensified after he was denied entry into the facility during this delegation visit.

The United States Department of State Responds to Astakhov's Comments

Mr. Luke Dembosky (2012), a U.S. Department of Justice representative serving at the U.S. Embassy in Moscow, was accompanying the forum delegation. He recognized the approximately 50 Russian colleagues attending the forum and then responded to Commissioner Astakhov's comments. In an effort to promote civil society, Dembosky too recognized the collaborative spirit of the Bilateral Presidential Commission and the forum. His main points, specifically in regard to Russian–U.S. intercountry adoptions and Commissioner Astakhov's comments, were as follows:

- The United States condemns the abuse or abandonment of any child.
- Over 60,000 Russian children have been adopted by U.S. citizens since 1990, and the vast majority of children have been placed successfully—that is, they now live in a loving home.
- While not belittling any one case of maltreatment, one needs to realize that it is important not to let politics get in the way of the important child welfare intervention of intercountry adoption.
- Currently, rigorous safeguards accompany the adoption process.
- Further, in the spirit of mutual cooperation and development of child protection systems, the U.S. Department of State is assisting Russia in developing a National Center for Missing and Exploited Children. (Dembosky, 2012)

Core Themes of Subsequent Presentations Made During the Forum

The forum offered 18 workshops focused on child welfare and maltreatment. Many of the visiting Russian colleagues presented on child protection processes and practices in their respective regions. For example, one session was entitled *Juvenile Commissions and Protecting Minor's Rights in Krasnodar Region* (Reznik, 2012), while another was more generally entitled *Main Challenges in Revising Child Protection Legislation in Russia* (Spivak, 2012). A presentation by Agafonova (2012) focused on foster care programs and the support of foster families, while another presentation focused on the support of foster parents (Mikhaylova, 2012). These particular presentations gave opportunity for U.S. participants to hear about this important social intervention for the deinstitutionalization of children. Included in Agafonova's presentation was the use of specialist outreach teams, such as emergency psychosocial support services for families in crisis. In sum, the presentations focused on the state of child protection knowledge and practice in Russia. Main points included the importance of collaboration, child rights, and programmatic and social work practice strategies in preventing and responding to child maltreatment.

The invited U.S. presentations included an overview of the U.S. Department of Justice's sex offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) system, in which all 50 states electronically collate identification information about sex offenders. This information is widely available and includes photographs and free access on the Internet. Other aspects of this vital work provide requirements that sex offenders report international travel prior to departure so that international law enforcement (Interpol) may be notified. Depending on level of risk, Interpol then notifies the destination country when deemed necessary. Such a strong approach to tracking sex offenders who may visit another nation to offend again is necessary for a country such as Russia where citizens are vulnerable to sex trafficking (Turkel, 2012).

Meetings also involved the discussion of policy issues, such as comments by the U.S. Department of State's representative from the Office of Children's Issues, Janelle Guest (2012). The focus of this particular presentation was international child abduction and the U.S. implementation of the Hague Convention on Parental Abduction. Guest made a descriptive policy presentation focused on *how* the Office of Children's Services is involved in cases of parental abduction and the framework of its services, such as key administrative policies.

An invited guest speaker, this author presented on *Global Issues in Child Protection* (Rotabi, 2012) and discussed the deinstitutionalization of children. Focusing on the global cost and consequences of large-scale child care institutions, often referred to as "orphanages," the main points were both the social–psychological outcomes of children who grow up in institutions and the ineffectiveness, inefficiency, and high-financial costs of such institutions. In terms of financial implications, of notice is the fact that foster care as well as primary preventive family support services are not only more cost effective but also in the best interests of the child. This approach ultimately *prevents* the institutionalization of children in some cases. One such social intervention, Family Group Conferencing and its pilot testing in Guatemala, was given as an applied example of intervention diffusion and collaborative approaches to training social workers for such a child protection strategy.

Discussion

Russian adoptions have slowed dramatically in the United States along with slow-downs in other nations such as China and a moratorium in Guatemala. Since 2004, international child adoptions to U.S. citizens have declined at least 60%. This radical change in the important practice of child adoption has become a source of considerable debate—focusing on policy, practice, and outcomes of intercountry adoption.

Intercultural collaborative partnerships are critical to learning in any discipline. When it comes to child welfare, many such collaborative approaches to learning exist, and global social work is an active field of engagement that is focused on human rights and identifying best practices (Healy & Link, 2011). The Russian–American Child Welfare Forum is one such example of particular importance given its connection to the future of intercountry adoption between the two nations. Engaging in collaboration and acts of goodwill is not diplomatically necessary, but cooperation is an essential goal. Ultimately, engaging in discourse that enables exchange of knowledge and supports mutual learning about human service practices is a goal that builds transnational relationships. From there, greater understanding may be focused on protecting children—a cause that we all agree is critical for a just global society.

I personally look forward to the next steps. On the U.S. side of the equation, the American Professional Society on the Abuse of Children anticipates the development of a white paper on the necessary steps to improve intercountry adoption practices that is written in collaboration with Russian colleagues (Personal communication, R. Hughes, June 30, 2012). This is an important step because a bilateral agreement must be executed and carried out at the intercountry-adoption-agency–level, including strengthening practices standards of social workers and human services in general in both nations.

References

Agafonova, N. (2012, June). *Developing regional models of family care for orphaned and abandoned children—Krasnodar.* Paper presented at the Second Russian–American Child Welfare Forum of the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Astakhov, P. (2012, June). *Opening plenary remarks: Russian Child Rights Commissioner*. Presented at the Second Russian–American Child Welfare Forum of the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Dembosky, L. (2012, June). *Opening plenary remarks: Department of State representative's response to the Russian Child Rights Commissioner.* Presented at the Second Russian–American Child Welfare Forum at the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Egorova, M. (2012, June). *Welcome to the forum.* Paper presented at the Second Russian-–American Child Welfare Forum at the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Guest, J. (2012, June). *International parental child abduction*. Paper presented at the Second Russian–American Child Welfare Forum at the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Healy, L. M., & Link, R. J. (Eds.). (2011). *Handbook of international social work: Human rights, development, and the global profession.* London, UK: Oxford University Press.

Mikhaylova, V. (2012, June). *Training and psychological support for foster families.* Paper presented at the Second Russian–American Child Welfare Forum at the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Reznik, A. (2012, June). *Juvenile commissions and protecting minors' rights in Krasnodar region.* Paper presented at the Second Russian–American Child Welfare Forum at the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Rotabi, K. S. (2012, June). *Global issues in child protection: Preventing institutional care of children.* Paper presented at the Russian–American Child Welfare Forum of the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Rotabi, K. S., & Heine, T. M. (2010, November/December). Commentary on Russian child adoption incidents: Implications for global policy and practice. *Journal of Global Social Work Practice, 3*(2). Retrieved from: http://www.globalsocialwork.org/vol3no2/Rotabi.html

Spivak, A. (2012, June). *Main challenges in revising child protection legislation in Russia.* Paper presented at the Second Russian–American Child Welfare Forum of the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

Turkel, A. (2012, June). *Overview of United States Department of Justice Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Trafficking.* Paper presented at the Second Russian–American Child Welfare Forum of the American Professional Society on the Abuse of Children Annual Colloquium, Chicago, Illinois.

About the Author

Karen Rotabi, PhD, MSW, MPH, is Associate Professor of Social Work at United Arab Emirates University. She started her career in the United States at a county-level social services' permanency planning unit where her caseload was primarily foster care youth in preparation for adoption. In 1991, Dr. Rotabi joined the Peace Corps and helped establish the National Organization for the Prevention of Child Abuse in Belize, Central America. In 1996, she worked for the U.S. Air Force Family Advocacy Program on child abuse and neglect, and on domestic violence prevention in England. She received her PhD in social work in 2004 from the University of North Carolina (UNC) at Chapel Hill, and she was Assistant and then Associate Professor at Virginia Commonwealth University School of Social Work (2006–2012). Dr. Rotabi volunteers for the U.S. State Department and Council on Accreditation (COA), working as a Hague Evaluator and Commissioner for COA for the accreditation of intercountry adoption agencies. Her recent book (2012), co-edited with Judith L. Gibbons, is titled *Intercountry Adoptions: Policies, Practices, and Outcomes* (Ashgate Press). Contact: ksrotabi@yahoo.com

Journal Highlights

Vincent J. Palusci, MD, MS

The Cost of Child Maltreatment

Using secondary data to develop cost per case estimates, Fang et al. used attributable costs whenever possible or estimated costs as the product of incremental effect of child maltreatment on a specific outcome multiplied by the estimated cost associated with that outcome. The estimate of the aggregate *lifetime* cost of child maltreatment in 2008 was obtained by multiplying per-victim lifetime cost estimates by the estimated cases of new child maltreatment in 2008. They estimated that the average lifetime cost per victim of nonfatal child maltreatment is $210,012 in 2010 dollars, which is $32,648 in childhood health care costs; $10,530 in adult medical costs; $144,360 in productivity losses; $7,728 in child welfare costs; $6,747 in criminal justice costs; and $7,999 in special education costs. The estimated average lifetime cost per death is $1,272,900, which is $14,100 in medical costs and $1,258,800 in productivity losses. Therefore, the authors calculate that the total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is $124 billion.

In another report from Prevent Child Abuse America, Richard Gelles and Stacie Perlman expand prior calculations of the annual cost of child abuse and neglect in the United States. Based on their calculations, child abuse and neglect affects over 1 million children every year and costs our nation $220 million every day. They estimate that the total direct and indirect cost to address U.S. child abuse and neglect in 2012 is $80 billion. Unlike the Fang et al. study above, all costs reported are the *annual* costs associated with child maltreatment (and not lifetime costs), using today's costs for investigations, foster care, medical and mental health treatment, as well as future costs for special education, juvenile and adult crime, chronic health problems, and other costs across the life span.

To the extent that that child abuse is preventable, these costs can be reduced. In a meta-analysis, Dalziel and Segal systematically reviewed trials reporting child maltreatment outcomes of home visitation programs to identify their cost effectiveness in reducing maltreatment. Information on program effectiveness and program components were taken from identified studies to which 2010 Australian unit costs had been applied. Lifetime cost offsets associated with maltreatment were derived from a recent Australian study. Cost-effectiveness results were estimated as program cost per case of maltreatment prevented and net benefit was estimated by incorporating downstream cost savings. The incremental cost of home visiting compared with usual care ranged from A$1800 to A$30,000 (US$1,800–US$30,000) per family. Cost-effectiveness estimates ranged from A$22,000 per case of maltreatment prevented to several million. Seven of the 22 programs (32%) of at least adequate quality were cost saving when including lifetime cost offsets. The authors concluded that there is wide variation in the cost-effectiveness of the programs measured, and care must be taken to optimize program quality and cost savings and to include lifetime costs saved in cost-effectiveness calculations.

Dalziel, K., & Segal, L. (2012). Home visiting programmes for the prevention of child maltreatment: Cost-effectiveness of 33 programmes. *Archives of Disease in Childhood*, *97*(9), 787–798.

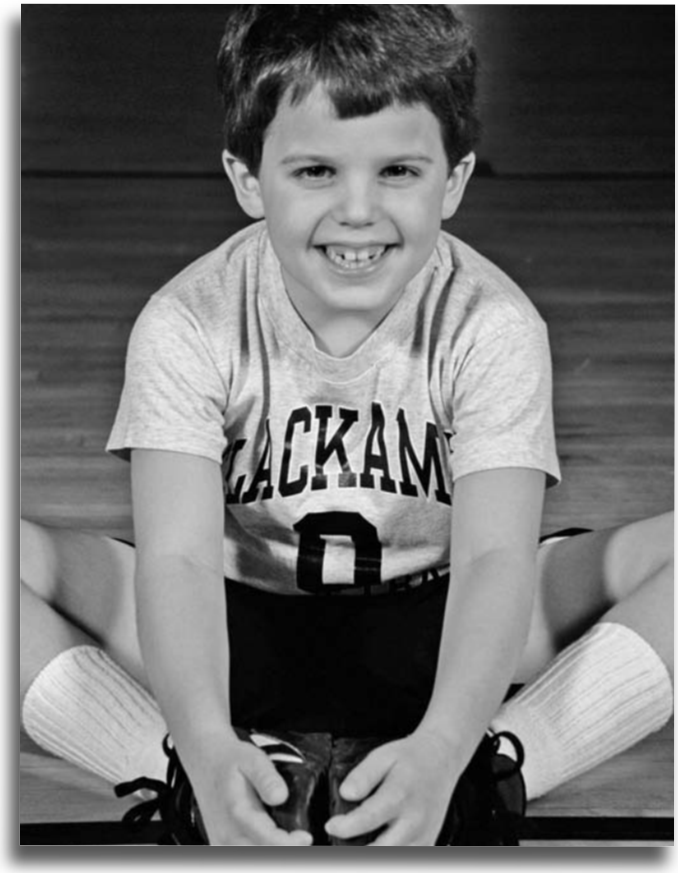
Fang, X., Brown, D. S., Lawrence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect, 36*, 156–165.

Gelles, R. J., & Perlman, S. (2012). *Estimated Annual Cost of Child Abuse and Neglect*. Chicago: Prevent Child Abuse America.

Neighborhood, SES, and Neglect

Neglect remains the most common and the most understudied form of maltreatment. To broaden our understanding of its causes, Stoltenborgh et al. searched for studies providing prevalence rates of child neglect using electronic databases, specialized journals, and references of publications for other relevant studies. Child physical neglect prevalence rates were found for 13 independent samples with a total of 59,406 participants, and child emotional neglect prevalence rates were found for 16 independent samples with a total of 59,655 participants. The overall estimated prevalence was 163/1,000 for physical neglect, and 184/1,000 for emotional neglect, with no apparent gender differences. Research design factors affected these calculations more for physical neglect than they did for emotional neglect, and studies on physical neglect in "low-resource" countries were conspicuously absent. They conclude that there is a dearth of information about neglect, especially among low-resource populations.

Does poverty lead to neglect? Chauhan and Widom approach this question by examining whether childhood maltreatment increases the risk of living in neighborhoods with less desirable characteristics (i.e., more disorder and disadvantage, less social cohesion, social control and advantage, and fewer resources) in middle adulthood and whether these neighborhood characteristics influence subsequent illicit drug use. Using a prospective cohort design study, adults with court-documented cases of childhood abuse and neglect and matched controls (n = 833) were first interviewed as young adults at mean age 29 years and again in middle adulthood at mean age of 40–41 years. Individuals with histories of childhood abuse and neglect were more likely to live in neighborhoods with more disorder and disadvantage and less social cohesion and advantage compared with controls and to engage in illicit drug use during the past year. Path analyses showed an indirect effect on illicit drug use via neighborhood disorder among maltreated children, even after accounting for drug abuse symptoms in young adulthood, although this was sex specific and race specific, affecting women and Whites. Overall, child abuse and neglect places children on a negative trajectory that dynamically influences negative outcomes associated with poverty at multiple levels into middle adulthood.



But do poverty and living in a poor neighborhood really result in neglect, or are mandated reporters biased to report more cases from these populations? To measure the influence of race and socioeconomic status (SES) on the diagnosis of child abuse and willingness to report to child protection services, Laskey et al. surveyed pediatricians randomly selected from the American Medical Association's Masterfile. Each received 1 of 4 randomly assigned versions of a fictional clinical presentation of a child (Black/White + high SES/low SES) that described an unwitnessed event in a mobile 18-month-old child resulting in an oblique femur fracture. Pediatricians were asked to rank the degree to which the injury was accidental versus abuse and their agreement with reporting the injury to child protection services. A total of 2,109 of 4,423 physicians responded (47.7%). Patient race did not have an effect on the diagnosis of abuse (Black, 45%, versus White, 46%), but abuse was more likely to be diagnosed in patients with low SES (48% versus 43%, overall). They concluded that physicians have greater willingness to consider abuse as a potential cause of injury in low-SES children and suggest that we need future studies to understand if there remains a differential approach to evaluating minority children for abuse in real-world settings.

Chauhan, P., & Widom, C. S. (2012). Childhood maltreatment and illicit drug use in middle adulthood: The role of neighborhood characteristics. *Development and Psychopathology, 24*, 723–738.

Laskey, A. L., Stump, T. E., Perkins, S. M., Zimet, G. D., Sherman, S. J., & Downs, S. M. (2012). Influence of race and socioeconomic status on the diagnosis of child abuse: A randomized study. *Journal of Pediatrics, 160*, 1003–1008.

Stoltenborgh, M., Bakermans-Kranenburg, M. J., & van Ijzendoorn, M. H. (2012, July 15). The neglect of child neglect: A meta-analytic review of the prevalence of neglect. *Social Psychiatry and Psychiatric Epidemiology.* Published Online: doi: 10.1007/s00127-012-0549-y

Infanticide and Biology

Why do parents kill their infants? While there has been no direct evidence that biologic factors directly contribute to child maltreatment or infanticide, there have been several attempts to understand these influences and moderating effects on aggressive behavior using animal models. Dr. Ray Helfer researched infant mortality in nonhuman primates and found that those raised in captivity that never saw a mother caring for her young had no idea how to feed their young, keep it warm, or protect it from danger. Sarah Hrdy and others have found that, in natural conditions, almost all lethal injuries to immature primates are inflicted by females or males other than the biologic parent. Silk et al. have found that female baboons that form strong bonds with kin and other group members live longer, supporting the concept that a mother's social support is protective across the life span. Conversely, social isolation increases the risk of disease, accidents, and a range of mental disorders and stress. Social integration is thought to be the cause and not the consequence of improved health outcomes, moderating the deleterious effects of chronic stress and improving cardiovascular, endocrine, and immune system function.

To explore a hypothesis concerning the potential evolutionary benefit of neonaticide to improve the mother's condition and future offspring, Ciani and Fontanesi used 110 cases of mothers killing 123 of their own offspring from 1976 to 2010 to assess whether neonaticides (killings of children within the first day of life) satisfy all evolutionary predictions for an evolved behavioral, emotional, and motivational pattern to increase fitness. They found that relatively young, poor women with no partner kill their offspring nonviolently, either directly or through abandonment, and they attempt to conceal the body. These women have no psychopathology and never attempt suicide after killing their children. Infanticide (killing of children within the first year of life) and filicide (killing of children after the first year of life) mothers significantly differ from those with neonaticide. The common profile of mothers who have committed infanticide or filicide includes psychopathology, suicide, or attempted suicide after killing their children, violent killing of their victims, and no attempt to conceal the victims' bodies. They conclude that neonaticide is an adaptive reproductive disinvestment, possibly evolved in the remote past, to increase the biological fitness of the mother by eliminating an unwanted newborn and saving resources for future offspring born in better conditions. These differences in the mother's motivation and mental status among primates indicate that neonaticide is distinct from infanticide and filicide and therefore should be approached, prevented, and judged differently.

Vellut, Cook, and Tursz examined the association between neonaticide and denial of pregnancy and its usefulness as a concept in programs to prevent neonaticide. Using cases collected from judicial files during a population-based study carried out in 26 courts in three regions of France over a 5-year period, they found 32 cases of neonaticides. Twenty-four were perpetrated by 22 mothers and were solved by police investigation. Aged 26 years on average, the mothers had occupations that resembled those of the general population, and 17 had jobs, 13 were multiparous, and 11 lived in a couple relationship. No effective contraception was used by women in 20 cases. Psychopathology was rare but mothers shared a personality profile marked by immaturity, dependency, weak self-esteem, absence of affective support, psychological isolation, and poor communication with partners. No pregnancy was registered nor did prenatal care follow. Pregnancies were experienced in secrecy and accompanied by conflicting feelings of desire and rejection of the infant and an inability to ask for help. They conclude that the term *denial of pregnancy* cannot fully reflect the complexity of emotions and feelings felt by all perpetrators of neonaticide. Its excessive generalization contributes to pathologizing women and has little operational value in preventing neonaticide. The authors suggest rethinking the terms presently used to describe the phenomenon of pregnancy denial to better intervene and prevent future deaths.

Ciani, A. S. S., & Fontanesi, L. (2012). Mothers who kill their offspring: Testing evolutionary hypothesis in a 110-case Italian sample. *Child Abuse & Neglect, 36*, 519–527.

Hrdy, S. B. (1976). The care and exploitation of nonhuman primate infants by conspecifics other than the mother. In J. S. Rosenblatt, R. Hinde, E. Shaw, & C. Beer (Eds.), *Advances in the study of behavior, 6* (pp. 101–158). New York: Academic Press.

Silk, J. B., Beehner, J. C., Bergman, T. J., Crockford, C., Engh, A. L., Moscovice, L. R., Wittig, R. M., Seyfarth, R. M., & Cheney, D. L. (2010). Strong and consistent social bonds enhance the longevity of female baboons. *Current Biology, 20*, 1359–1361.

Vellut, N., Cook, J. M., & Tursz, A. (2012). Analysis of the relationship between neonaticide and denial of pregnancy using data from judicial files. *Child Abuse & Neglect, 36,* 553–563.

About the Author

Vincent J. Palusci, MD, MS, is Professor of Pediatrics at New York University School of Medicine, where he chairs the NYU Hospitals Child Protection Committee. Dr. Palusci is a child abuse pediatrician at the Frances L. Loeb Child Protection and Development Center at Bellevue Hospital and is Senior Medical Consultant for the New York City Children's Services Clinical Consultation Program. He serves as a member of the APSAC Board of Directors. Contact: advisor@apsac.org

Washington Update

John Sciamanna

Election to Determine Appropriations; Congress Sets Priorities

The House and Senate had a short September even for a presidential election. Members returned on September 10 with only a few days before departing again for the fall campaign. Due to the contest for control of the White House, Senate, and House, there were a few priorities addressed. Speaker John Boehner (R-OH) and Senate Majority Leader Harry Reid (D-NV) announced they had reached an agreement to provide 6 months of funding through a continuing resolution (CR) for FY-2013 in August. The omnibus legislation was in lieu of enacting 12 separate appropriations bills. It provides 6 months of funding at an annual level of $1.047 trillion. This is slightly above the current year but according to last year's debt ceiling agreement. The proposal satisfied both conservative House members as well as Democrats in the Senate.

House Republicans sought to avoid a government shutdown on October 1. Democrats want to focus all post-election discussions on dealing with the expiring tax laws and automatic spending cuts set to take place on December 31 and January 2, 2013, if Congress fails to act. Both sides are betting that they will be in stronger positions as a result of the election. It is possible that once Congress returns after the election, it may want to revisit the 6-month deal. All budget, spending, and tax decisions will ultimately be decided by the November election results.

Before the appropriations deal was reached, the House Appropriation Subcommittee on Labor, Health and Human Services, and Education (Labor-HHS) had approved an appropriations bill for the three departments via a party line vote in July. The bill was pulled from a full committee vote when leadership changed strategy. The complete legislation was never made public, but some cuts have been leaked while other parts have been included in a public bill. The bill provides $150 billion in discretionary spending, down from nearly $157 billion for this year. The Promoting Safe and Stable Families program (Title IV-B, part 2) was cut by $3 million. The program is funded with mandatory funding and up to $200 million in discretionary (annually appropriated) funds. The House reduced funding to $60 million, and the Senate maintained funding. Total funding for the four main PSSF programs will be reduced from $338 million to $335 million.

There were also undisclosed cuts to the Child Abuse Prevention and Treatment Act (CAPTA), Child Welfare Services (Title IV-B part 1), and Runaway and Homeless Youth programs. The House increased childcare funding by $25 million to $2.303 billion and increased Head Start by $45 million to $8.014 billion. Both are lower than the Senate numbers, which increased funding by $160 million and $70 million, respectively. The House cut funding to the Race to the Top education fund, and that cut would likely eliminate increased funding to address the early learning childcare challenge grant initiative. The House cut funding to address the implementation of health care reform and the Affordable Care Act (PL 111-148), placed restrictions on family planning funding, and included cuts to the Labor Department. The bill will not have an impact unless the election results cause Congress to revisit the bill.

Other reauthorizations that Congress has struggled with include the following:

Agriculture Reauthorization—Farm Bill
Congress needs to do something on the reauthorization of agriculture programs. This area has provided some of the more reliable reauthorization bills in past Congresses. The Senate was able to reach bipartisan consensus with S-3240, receiving 64 votes. It reduced funding by $29 billion over 10 years and found what many consider a middle ground on cuts to the Supplemental Assistance Nutrition Program (SNAP/food stamps). Despite the Senate's progress, the House has been a roadblock. House Agriculture Committee leaders Congressman Frank Lucus (R-OK) and Congressman Collin Peterson (D-MN) agreed to a compromise bill in the hope that they could get to a conference with the Senate (with a final bill looking more like the Senate bill). Speaker Boehner has not wanted to bring the bill up and preferred a one-year deal that would also include drought relief funding. He has not wanted to have a fight with some of his members who may want to cut even more from SNAP than the committee has included. Many House Democrats are opposed to the bill because it makes much larger cuts than the Senate had approved.

Violence Against Women Act Reauthorization (VOWA)
Both houses have approved bills (HR 4970/S 1925) to reauthorize the Violence Against Women Act (VOWA). The House bill was approved on a party line vote, and the Senate bill received 68 votes with some Republicans joining Democrats. The House bill does not include three Senate provisions that some Senate Republicans have opposed. One provision allows tribal authorities to prosecute non-Indian men who abuse Indian women. Critics contend the provision would extend too much power to tribal governments. This is an argument vigorously denied by defenders of the Senate language who say that the higher rates of violence on Indian land, including rape, demand stronger protection not currently in the law. The Senate bill also increases the total number of visas that may be issued to undocumented immigrant women who are victims of domestic violence from 10,000 to 15,000 per year. Critics contend this provision could be abused and open up too many visas, thus superseding current immigration limitations. Supporters state that the 2000 reauthorization provisions to allow the current 10,000 visas per year were delayed and, in fact, not made available until 2008. The Senate language would increase annual visas to address backlogs due to the bureaucratic delay in the implementation. The Senate bill clarifies language that formally extends the law to cover domestic violence when it involves issues of gender identity and sexual orientation. Critics of the Senate bill see this provision as an expansion. Supporters argue that the new language will make clear how lesbian, gay, bisexual, transsexual, and questioning (LGBTQ) populations can be served under the law.

Temporary Assistance for Needy Families (TANF) Reauthorization
TANF was created in 1996 when Aid to Families With Dependent Children (AFDC) was converted into a block grant entitlement to states totaling more than $16.8 billion in annual funding. It was supposed to be reauthorized every 5 years, but that has proved to be impossible. The last time it received a 5-year extension was as part of the 2005 Deficit Reduction Act (DRA). The Administration has not offered a 5-year proposal and instead the TANF block grant, along with the related childcare funding, has been passed in monthly increments. TANF runs out on October 1.

Extending TANF became much more difficult when welfare reform moved front and center in the presidential campaign with campaign ads being run on the topic. HHS issued waiver instructions (IM TANF-ACF-IM-2012-03) on July 12. The waiver authority would allow states greater flexibility in how they define work. Under TANF, states have to have a certain percentage of able adults on assistance working. The definitions of *work* are written into the law, and the waiver would allow states to broaden those definitions. Fingers were being pointed that the Administration was attempting to weaken TANF and that legislation by Senator Orrin Hatch (R-UT) and Congressman David Camp (R-MI) (S 3397/HR 6140) would stop the guidance and any waivers issued by the HHS. Senator Hatch said, "In the 16 years since the creation of the Temporary Assistance for Needy Families program, no administration has concluded that they have the authority to waive the TANF work requirements." He argued that the administration was granting itself authority to waive the work requirements. The guidance states that the authority for the waivers is based on section 1115 of the Social Security Act and that it is limited. The guidance does not affect the time limits, but it does suggest some modification to the general work requirements and offers states some flexibility in how work is structured. The White House defended the guidance arguing that it has been pressed by states for increased flexibility, including requests from some states that include congressional critics.

White House Press Secretary Jay Carney responded by saying he was surprised "… by the hypocrisy of our critics since many of them have in the past supported and even proposed such waivers." TANF expires on October 1 under current law.

Senators Discuss Cuts to Stop Sequestration

While appropriations were being temporarily set aside, some Senators were having closed-door discussion on how to avert potential across-the-board cuts to the defense budget scheduled for January 2, 2013 (sequestration). A possible plan was reported during informal talks that took place against a backdrop of public disagreements between leading Republicans and Democrats. Senator John McCain (R-AZ), along with some Senate Democrats including Senator Carl Levin (D-MI), were named as those who might support the Republicans putting some revenue on the table in exchange for some domestic cuts. Reports indicated that as much as $40 billion in revenue would be involved to leverage an approximate amount of program cuts. That is what it would take to replace the automatic cuts for one year. The advantage of such an agreement is that members of Congress would have greater control over the program cuts. Estimates are that potential across-the-board cuts to the National Institutes of Health would potentially eliminate 2,300 new and competing research project grants, as well as nearly 300 grants issued by the National Cancer Institute. HHS has also indicated that up to 100,000 children would lose Head Start services, and 80,000 fewer children would receive childcare assistance. Approximately 12,150 fewer patients would receive benefits from our AIDS Drug Assistance Program, and 169,000 fewer individuals would be admitted to substance abuse treatment programs. In addition an estimated 14,200 fewer homeless would receive assistance.

Affordable Care Act Stands Along With Children's Provisions

At the end of its term, the Supreme Court ruled in *National Federation of Independent Businesses v. Sebelius, Secretary of Health and Human Services* (http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf) that the Affordable Care Act (ACA, 111–148) stands. The final meaning will not be known until the election results are in, but if the ACA stands, a number of important provisions for child welfare and for vulnerable families will stay in place. It is unclear how the Court's ruling in regard to Medicaid could impact child welfare programs and other federal programs that direct states to meet specific requirements and rules as a condition of a state's accepting federal funds. As part of the challenge, some states claimed the Medicaid expansion was unconstitutional. Third parties, including some child welfare groups, signed amici briefs in opposition to the state position. Concern is that many requirements, including those guiding state child welfare systems, are enforced because states accept child welfare funding through Titles IV-B and Title IV-E of the Social Security Act. The ACA in 2014 expands Medicaid to all people at 133% of poverty. The expansion is totally covered with federal funding in the first years with the federal match going down slightly to 90%. Normally if a state rejects the expansion, the penalty is like other parts of Medicaid, and requirements under child welfare and similar programs are the loss of the federal funding for the program. The Court sided with the states but seemed to suggest that the ACA expansion was a separate program from the rest of Medicaid. The Court's majority opinion did state, "Congress may attach appropriate conditions to federal taxing and spending programs to preserve its control over use of federal funds…," but then went on to say, "[the Medicaid expansion served] no purpose than to force unwilling states to sign up for a dramatic expansion in health care." The opinion gives states the choice to not expand Medicaid coverage by rejecting the new funds.

With the upholding of the ACA, several provisions critical to child welfare populations and vulnerable children did stay in place. This includes wording that youth below the age of 25 who were in foster care for a period of 6 months or more can continue to receive health care through Medicaid (starts 2014), no child can be denied health care coverage based on pre-existing conditions (already in effect), the Children's Health Insurance Program (CHIP) is extended through September 30, 2019, parents are able to keep their dependent children on their health insurance plan up to age 26 (already in effect). An estimated 2.5 million young adults have health insurance coverage as a result of this provision.

When insurance exchanges are in place in 2014, families may be able to purchase child-only insurance packages. This could be important to some kinship families in which the family may not be a part of the child welfare system or be categorically eligible for Medicaid coverage through another program such as TANF. Although not a direct health insurance benefit, the ACA included $1.5 billion in mandatory funds for a new Home Visitation Grant Program under Title V of the Social Security Act to support state evidence-based infant and early childhood visitation models. The mandatory funding for this program increases from $350 million this year to $400 million in FY-2013.

As a result of the ruling, the Congressional Budget Office (CBO) recalculated the cost of the ACA and found the cost had gone down. Because states have an option on Medicaid expansion, CBO said the cost would be reduced by $84 billion over 10 years. At the same time, three million fewer people would have health insurance coverage. The ACA would completely cover the cost of the expanded coverage without states being required to contribute. Eventually, the federal coverage would decrease to 90% of the expanded costs with states required to contribute 10% of the cost. Some governors have suggested the cost would be too great. CBO based its savings on a projection of how many states would not accept the additional Medicaid funds. Six million fewer people would be covered as a result of states refusing expanded access. Part of this loss of coverage would be offset by

three million people finding coverage by applying to the state insurance exchanges for a net loss of three million insured.

All the provisions will ultimately be decided by the election outcome with some candidates proposing an ACA repeal.

HHS Releases Latest Child Welfare Numbers

The Department of Health and Human Services (HHS) has released 2011 data on foster care and adoptions. Released annually through the Adoption, Foster Care Analysis, and Reporting Systems (AFCARS), the number of children in foster care continued its decade-plus decline with numbers now at 400,540 children in foster care. This number refers to the number of children in foster care at the end of the federal fiscal year on September 30. The numbers have decreased by over 100,000 since 2006, when 510,000 children were in care, and by more than 160,000 since peaking in 1999. The decrease from 2010 to 2011 was the lowest in over 5 years, declining by 6,000. There were 3,000 fewer entries into foster care and 12,000 fewer exits. Adoptions from foster care were 50,516, which is a decrease of 3,000 from the previous year. The general percentages and characteristics remained the same from previous years with entries into care highest at the youngest ages. Sixteen percent of children entering foster care were under 1 year, 8% were age 1, 7% were age 2, 6% were 3 years of age, 6% were age 4, and 5% were 5 years of age. So a total of 48% of children entering foster care were in infancy through age 5. Exits from care were also the same with 52% of children leaving care to be reunified with their families, 8% leaving to join a relative, 20% leaving for adoption, 11% leaving through emancipation, 6% exiting to a guardianship arrangement, 2% being transferred to another agency, and 1% running from care and listed as an exit. There was a continued decrease in the number of children and youth emancipating or leaving care due to age with 26,286 emancipating in FY-2011 compared with 27,854 in 2010 (http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars).

Help Committee Puts Focus on Seclusion and Restraint in Schools

In June, the Health, Education, Labor, and Pensions (HELP) Committee held a hearing on the use of seclusion and restraint in schools. The Committee heard from Dr. Daniel Crimmins, Director of the Center for Leadership in Disability, Georgia State University; Ms. Cyndi Pitonyak, Coordinator of Positive Behavioral Interventions and Supports, Montgomery County Public Schools, Virginia; Dr. Michael George, Director of Centennial School, Bethlehem, Pennsylvania; and a parent, Ms. Deborah Jackson from Easton, Pennsylvania. The hearing focused on the successful methods locations have implemented to assist students with disabilities without the use of restraints, such as chemical, physical, and mechanical restraints. Georgia was held out as a model with that state's work starting 4 years ago to eliminate the use of restraints in school-based settings. Georgia has been successful in spreading the practices statewide and has reduced the use of restrains and experienced better results for the students and families involved.

Chairman Tom Harkin (D-IA) emphasized the bipartisan nature of work on the issue, such as S.-2020, which would prohibit seclusion and certain types of restraints. The Keeping All Students Safe Act would prohibit school use of physical restraints except for emergency situations. It prohibits the use of seclusions and/or restraints in a student's Individual Education Plan and calls for states to promote preventative programming to reduce restraints. The legislation would provide teachers and school leaders with information about preventative practices to improve learning for all students. Most of the testimony focused on how to reduce not just seclusion and restraint use but also reduce the number of injuries to both teachers and students. These suggestions were intended to improve education outcomes, especially for children who in previous circumstances were isolated and not able to fully participate in school.

About the Author
John Sciamanna is Executive Director of the National Children's Coalition and was Director of Policy and Government Affairs for the American Humane Association (AHA), overseeing AHA's legislative agenda in Washington, D.C., and working specifically with the Administration, Congress, and other national groups. For close to 2 decades, he has been working on children's issues and, in the last decade, has more specifically focused on child welfare issues. Before joining AHA, he worked in the U.S. Senate as a Legislative Assistant, with the American Public Human Services Association (APHSA) as a Senior Policy Associate, and most recently as Codirector of Government Affairs for the Child Welfare League of America. Contact: johnscia@yahoo.com

APSAC News

APSAC Offers Three Advanced Training Institutes in January

APSAC's Advanced Training Institutes are being held in conjunction with the 27th Annual San Diego International Conference on Child and Family Maltreatment on Sunday, January 27, 2013. The Institutes offer in-depth training on selected topics. Taught by nationally recognized leaders in the field of child maltreatment, these seminars offer hands-on, skills-based training grounded in the latest empirical research. Participants are invited to take part by asking questions and providing examples from their own experience. The 2013 Institutes include the following:

APSAC Pre-Conference Institute #1
Advanced Issues in Child Sexual Abuse Medical Evaluations
Sunday, Jan. 27, 8 a.m.–5 p.m.
Lunch break on your own (8 hours)
Lori D. Frasier, MD, and Suzanne Starling, MD

APSAC Pre-Conference Institute #2
Cognitive Processing: Advanced Clinical Strategies for CBT Trauma Therapist
Sunday, Jan. 27, 8 a.m.–4 p.m.
Lunch break on your own (7 hours)
Monica Fitzgerald, PhD, and Kimberly Shipman, PhD

APSAC Pre-Conference Institute #3
Maximizing Corroborative Information in Child Abuse and Witnessing Violence Cases
Sunday, Jan. 27, 8 a.m.–4 p.m.
Lunch break on your own (7 hours)
Julie Kenniston, LSW, MSW, and Chris Kolcharno

Details and registration are available on the APSAC Web site under the Events tab, Event List.

AVA ACE Study DVD Available From APSAC

The Adverse Childhood Experiences (ACE) Study is the largest and most influential study of the relationship between childhood adversity and long term health. The *AVA ACE Study* DVD contains the most comprehensive description of the ACE Study findings and replications of those findings among a general population sample in Washington State and other similar findings from large nationally representative samples.

This DVD features plenary addresses by the ACE Study Co-investigators, Drs. Vincent Felitti and Rob Anda, along with discussion by Dr. Frank Putnam, an internationally renowned childhood trauma researcher and child psychiatrist. The DVD also includes individual interviews with Drs. Felitti and Anda, along with an interview with Dr. David Williamson, the obesity researcher and CDC epidemiologist who, after hearing Dr. Felitti speak in 1990 about his clinical observations of increased rates of child sexual abuse among obese women in his San Diego Kaiser Permanente Preventive Medicine Program, introduced Dr. Felitti to Dr. Anda, who then developed the methodology, oversaw the research, and supervised the scientific publications from the ACE study.

To date, there have been more than 60 scientific publications from the ACE Study. Dr. Putnam describes how the ACE Study "changed the landscape" regarding how researchers and clinicians look at childhood trauma.

APSAC members can now order this tool and pay just $45. Visit www.apsac.org, and select the *AVA ACE Study* DVD tab under the Resources menu for details and ordering. There is also a link from the home page.

2013 APSAC Advanced Forensic Interview Clinics Scheduled for Virginia and Seattle

APSAC is offering two forensic interview clinics in 2013. These clinics offer 40 hours of intensive training on investigating interviewing of children.

APSAC pioneered the Forensic Interview Training Clinic model to focus on the needs of professionals responsible for conducting forensic/investigative interviews with children in suspected abuse cases. Interviews with children face intense scrutiny and increasingly require specialized training and expertise. These comprehensive Clinics provide a unique training experience that offers personal interaction with leading experts in the field of child forensic interviewing. Developed by top experts, APSAC's curriculum teaches a structured narrative interview approach that emphasizes best practices based on research and is guided by best interests of the child.

Attendees will receive a balanced review of several protocols and will develop their own customized narrative interview approach based on the principles taught during the Clinics.

The first clinic will be held April 15–19, 2013, in Norfolk, Virginia. A second clinic is being offered July 22–26, 2013, in Seattle, Washington. Details are available on the APSAC Web site, www.apsac.org. Registration for this event is not yet open.

APSAC's 2013 Colloquium to be Held in Las Vegas

APSAC's 21st Annual Colloquium will take place June 25–28, 2013, in Las Vegas, Nevada. The headquarters hotel is Caesar's Palace. Colloquium details will be posted on the Web, www.apsac.org, as they become available.

Conference Calendar

December 4–7, 2012
CornerHouse Advanced Forensic Interview Training
CornerHouse, Minneapolis, MN
612.813.8310
www.cornerhousemn.org

January 27, 2013
APSAC Advanced Training Institutes
American Professional Society on the Abuse of Children
San Diego, CA, 807.402.7722
apsac@apsac.org, www.apsac.org

January 28–31, 2013
27th Annual San Diego International Conference on Child and Family Maltreatment
Chadwick Center for Children and Families
San Diego, CA, 858.966.4972
SDConference@rchsd.org
www.sandiegoconference.org

March 18–22, 2013
29th National Symposium on Child Abuse
National Children's Advocacy Center
Huntsville, AL, 256.327.3863
mgrundy@nationalcac.org
www.nationalcac.org/national-conferences/symposium.html

April 14–17, 2013
CWLA National Conference
Child Welfare League of America
Washington, DC, 202.688.4200
www.cwla.org/conferences/conferences.htm

April 15–17, 2013
NYS Child Abuse Prevention Conference
Prevent Child Abuse New York
Albany, NY, 518.445.1273
jmatrazzo@preventchildabuseny.org

April 15–19, 2013
APSAC's Child Forensic Interview Clinic
American Professional Society on the Abuse of Children
Norfolk, VA, 877.402.7722
apsac@apsac.org, www.apsac.org

June 25–28, 2013
21st APSAC Annual Colloquium
American Professional Society on the Abuse of Children
Las Vegas, NV, 877.402.7722
apsac@apsac.org, www.apsac.org

President's Message

Continued from page 2

drals took several generations to complete. Tradesmen and women with a variety of skills from artist to brick maker committed to the project knowing it would not get finished in their lifetime. Just like our child welfare system, we go to work every day knowing that we likely won't end child abuse in our lifetime, but we remain tireless in our determination.

APSAC recognized more than 25 years ago that no one person and no one discipline could end child maltreatment. It takes not only a team of people but also a multidisciplinary team of professionals all willing to work together for the common goal of ending child maltreatment. We must continue to expand our collaboration—not just cooperation or coordination but true collaboration—if we are going to make a difference. It takes more than just sitting at the table together discussing the problem. APSAC is a unifying force of professionals willing not only to come together for the common good but also to train together for best practice. Just like the founding members of APSAC, the current members envision a world where all maltreated or at-risk children and their families have access to the highest level of professional commitment and service. As we have learned over the years, it takes more than a willingness to find a solution but also the audacity to put aside our individualities for best practice. With your help, I plan to use my presidency to further our mission by enhancing APSAC presence within the child abuse arena.

Serving on the board of APSAC is truly the highlight of my career. I am eternally grateful for the guidance I have received from my predecessors, many of whom remain active and generous of their time and talent. Please visit the board of directors' page on the APSAC Web site (http://www.apsac.org/board-of-directors) to view a list of all past and current board members. In particular, Dr. Jon Conte and Dr. Ron Hughes continue to provide an enormous amount of time, energy, and resources to APSAC. The board recognized their tireless dedication at the anniversary Colloquium in Chicago when it appointed each a president emeritus. Additionally, Dr. Mike Haney continues his invaluable support to APSAC as executive director; his leadership is greatly appreciated. Also, our extraordinary staff, Dr. Jim Campbell and Michael and Dee Dee Bandy, have been an amazing boon to the growth of APSAC. I want to thank our remarkable board of directors whose diligence to the organization is unsurpassed. Finally, I want to thank all of you, our members whose commitment to children and best practices is the foundation of APSAC.

Happy Anniversary APSAC!

American Professional Society
on the Abuse of Children
350 Poplar Ave.
Elmhurst, IL 60126

APSAC ADVISOR

American Professional Society
on the Abuse of Children
350 Poplar Avenue
Elmhurst, Illinois 60126

Toll free: 877.402.7722
Phone: 630.941.1235
Fax: 630.359.4274
E-mail: apsac@apsac.org
Web site: www.apsac.org

APSAC Staff

Michael L. Haney, PhD
Executive Director
mhaney@apsac.org

Dee Dee Bandy
Associate Director
dbandy@apsac.org

Michael Bandy
Associate Director
mbandy@apsac.org

Jim Campbell, PhD
Education Coordinator
jcampbell@apsac.org

Advisor Staff

Editor in Chief
Vincent J. Palusci, MD, MS
NYU School of Medicine
Bellevue Hospital
462 First Avenue
New York, NY 10016
advisor@apsac.org

CONSULTING EDITORS

Child Protective Services
Maria Scannapieco, PhD
University of Texas at
Arlington School of SW
Center for Child Welfare
Arlington, TX

Cultural Issues
Lisa Aronson Fontes, PhD
University Without Walls
University of Massachusetts
Amherst, MA

Education
Ilene R. Berson, PhD, NCSP
Early Childhood Education
College of Education
Tampa, FL

Journal Highlights
Howard Fisher, MD
Children's Hospital of Michigan
Detroit, MI

Law
Thomas Lyon, JD, PhD
University of Southern California
Law Center
Los Angeles, CA

Medicine
Lori Frasier, MD
Primary Children's Medical Center
Salt Lake City, UT

Mental Health
Cheryl Lanktree, PhD
Department of Psychiatry
and Behavioral Sciences
University of Southern California,
Santa Monica, CA

Nursing
Saribel Garcia Quinones,
DNP, PNP-BC
New York University College of
Nursing
New York, NY

Prevention
Michael L. Haney, PhD, NCC,
CISM, LMHC
Tallahassee, FL

Research
David Finkelhor, PhD
University of New Hampshire
Family Research Laboratory
Durham, NH

Social Work
Colleen Friend, PhD, LCSW
Child Abuse and Family
Violence Institute
California State University,
Los Angeles, CA

Washington Update
John Sciamanna
National Children's Coalition
Washington, DC

APSAC 2012–2013 Officers & Board of Directors

President
Viola Vaughan-Eden, PhD, LCSW
Child and Family Resources
Newport News, VA

Vice President
Tricia Gardner, JD
Center on Child Abuse & Neglect
Oklahoma City, OK

Treasurer
Vincent J. Palusci, MD, MS
Loeb Child Abuse Center
New York, NY

Secretary
William Marshall, BS
Spokane Police Dept.
Spokane, WA

Director Elected
to Executive Committee
Frank E. Vandervort, JD
Child Advocacy Law Clinic
Ann Arbor, MI

Immediate Past President
Ronald C. Hughes, PhD, MScSA
Institute for Human Services
Columbus, OH

Director
Elissa J. Brown, PhD
St. John's University
Jamaica, NY

Director
David L. Corwin, MD
University of Utah, Pediatrics
Sandy, UT

Director
Toni Cardenas, LCSW
JJI Borough Director
New City, NY

Director
Lori Frasier, MD
University of Utah School
of Medicine
Salt Lake City, UT

Director
Monica M. Fitzgerald, PhD
Kempe Center for rhe Prevention of
Child Abuse & Neglect
Aurora, CO

Director
Bill S. Forcade, JD
Attorney at Law
Chicago, IL

Director
Michael V. Johnson, BSCJ
Boy Scouts of America
Irving, TX

Director
Julie Kenniston, LSW
Butler County Children Services
Mason, OH

Director
Brenda Mirabal Rodriguez, MD
UPR School of Medicine
San Juan, PR

Director
Marilyn J. Stocker, PhD
Leadership Development
Chicago, IL