

# For Purposes of Medical Evaluation and Treatment

Martin A. Finkel, DO, FACOP, FAAP, and Debra Esernio-Jenssen, MD, FAAP

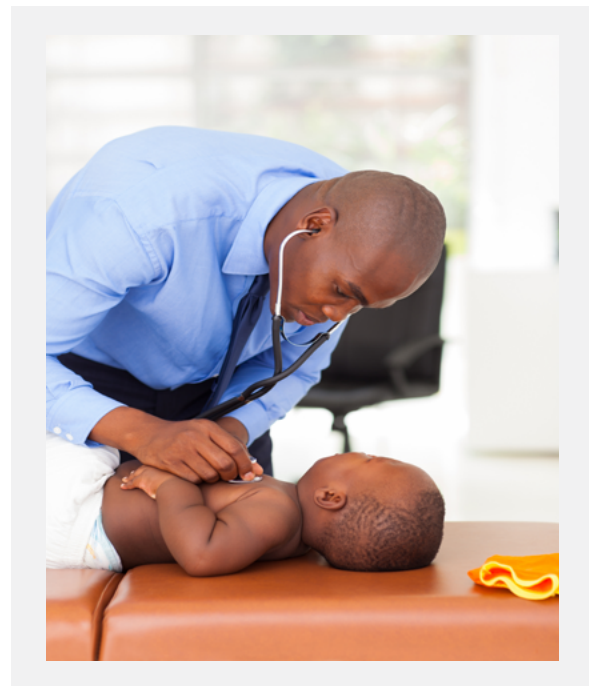
Since the advent of CAPTA in 1974, the federal government has asserted its role in protecting children. Through programs, research, and monitoring systems, the government strives to prevent child abuse and neglect while ensuring that child victims receive appropriate treatment and care.

Many organizations receive federal funding to attain this common goal of helping maltreated children. The National Children's Alliance (NCA) is one organization that represents more than 500 children's advocacy centers (CACs) throughout the United States. CACs are child-friendly facilities in which multiple disciplines (law enforcement, child protection, prosecution, medical and mental health professionals, and victim advocates) work together to "investigate abuse, help children heal from abuse, and hold offenders accountable" (National Children's Alliance [NCA], Web site). According to NCA accreditation standards, "A medical evaluation holds an important place in the multidisciplinary assessment of child abuse. An accurate history is essential in making the medical diagnosis and determining appropriate treatment of child abuse" (NCA, 2011, p. 18). The American Board of Medical Specialties approved the sub-specialty of child abuse pediatrics in 2006, recognizing that expert knowledge and skills are required to provide optimal care for maltreated children. Child abuse pediatricians are integral members of CACs and hospital-based child protection teams. They not only provide medical consultation but also offer training and oversight to other medical providers.

CACs have integrated trained forensic interviewers to obtain an abuse history as a core element of law enforcement's investigatory process. CACs aim to limit the number of times a child has to repeat his or her history of alleged sexual abuse. In part, this effort is grounded in the belief that retelling is inherently traumatic for the child. As evidence-based mental health treatment has evolved over time, however, research supports that the retelling of the trauma narrative is a key therapeutic element contributing to a child's recovery. We now know that retelling can be both therapeutic and provide additional insights into a child's experience during the process of disclosure (Hershkowitz & Terner, 2007). Law enforcement also supports limiting retelling to others because there is always the potential for discrepancies in the details that may undermine the strength of the case. Nevertheless, disclosure is a process. There may be discrepancies that can be explained when children retell, but it is also equally likely that there will be

consistencies in details that will reinforce prior statements by the child (Lamb, Hershkowitz, & Lyon, 2013).

The strength of the CAC model is the recognition that each of the disciplines engaged when there is concern that a child has been sexually abused has something important to contribute to the understanding of a child's experience. No one discipline in every case is the ordinal player, but rather it is the collaborative insights that provide potentially the best understanding of a child's experience and allow for intervention and protection when needed. Each of the disciplines—whether law enforcement, child protection, medicine, or mental health—must do its job with the highest level of skill and professionalism in a manner that is skillful, sensitive, balanced, and objective. The forensic interview can bring valuable insights in understanding a child's experience, but it should not be the exclusive source of information.



Child abuse pediatricians have the knowledge and skill to formulate balanced and objective diagnostic conclusions and treatment recommendations. The cornerstone of every specialty of medicine is the medical history obtained from the patient. It is the medical history that the physician utilizes when interpreting the physical examination that either confirms the diagnostic impression or allows for the development of a differential diagnosis. The standard of

care for physicians is to obtain their own medical histories and not rely on information obtained from others. Other sources of information can be of value and be considered by the physician when formulating an opinion, but third-party information is never a substitute for the physician-obtained history.

The purpose of the physician-obtained medical history is to be able to make a diagnosis and initiate treatment. The manner in which that history is obtained can and should have therapeutic value for the child that extends beyond the simple facts of what a child experienced. The medical history when obtained in a manner that provides insight into a child's experience also provides an opportunity to correct cognitive distortions about how she viewed her experience. The physician is best equipped to address cognitive distortions and address worries or concerns about wellness, body image, and intactness. Many children believe that their body has been changed as a result of their experience, or that people can tell what they experienced just by looking at them, or both. Thus, there is significant potential for a medical assessment to have great therapeutic value. It is the special relationships that patients have with their physicians that allow patients to share information that they have not told, nor are likely to tell, anyone else. This special trust makes the medical history obtained by the physician in suspected sexual abuse cases quantitatively and qualitatively different (Finkel, 2012).

One of the responsibilities of a child abuse pediatrician is to diagnose and treat the potential adverse effects of sexual abuse when it has occurred. A thoroughly conducted medical evaluation must stand on its own independent of child protection or law enforcement outcomes. A well-conducted, balanced, and objective medical evaluation not only has value for the child and his family but also may have investigatory value for CPS and law enforcement, even though that is not the medical purpose of the examination (Finkel & Alexander, 2011).

Numerous studies have elucidated the deleterious effects of child maltreatment on a child's physical, emotional, behavioral, and neurodevelopmental health. Physicians are best equipped to ameliorate with their mental health colleagues the adverse impact of sexual victimization. Child protection and law enforcement colleagues play an important role in the security and safety of children as well as reducing the risks of future victimization. They provide a complementary role to the physician. Understanding and respecting the role and responsibilities of each discipline will ensure better outcomes for children.

## References

- Finkel, M. A., & Alexander, R. A. (2011). Conducting the medical history. *Journal of Child Sexual Abuse, 20*(5), 486–504.
- Finkel, M. A. (2012). Children's disclosure of child sexual abuse. *Pediatric Annals, 41*(12), 1–6.
- Hershkowitz, I., & Terner, A. (2007). The effects of repeated interviewing on children's forensic statements of sexual abuse. *Applied Cognitive Psychology, 21*, 1131–1143.
- Lamb, M. E., Hershkowitz, I., & Lyon, T. D. (2013). Interviewing victims and suspected victims who are reluctant to talk. *APSAC Advisor, 25*(4), 16–19.
- National Children's Alliance. Web site: <http://www.nationalchildrensalliance.org/our-story>
- National Children's Alliance. (2011). *Standards for Accredited Members, Revised*. <http://www.nationalchildrensalliance.org/child-advocacy-center-accreditation-standards>

## About the Authors

**Martin A. Finkel, DO, FACOP, FAAP**, is Professor of Pediatrics and Medical Director and co-founder/director of the Child Abuse Research Education & Service (CARES) Institute at Rowan University—School of Osteopathic Medicine (Formerly University of Medicine and Dentistry of New Jersey). Dr. Finkel served on the national Board of APSAC, where he had oversight for the development of national standards regarding medical terminology and the interpretation of medical findings. He has published numerous articles and authored book chapters. The 3rd Edition of his textbook, *Medical Evaluation of the Sexually Abused Child: A Practical Guide*, published in 2009 by the American Academy of Pediatrics, has been translated into Chinese, Japanese, and Spanish. In 2012 he received the Ray E. Helfer Society lifetime achievement award and the U.S. Department of Health and Human Services, Administration for Children and Families, Commissioner's award.

**Debra Esernio-Jenssen, MD, FAAP** is the current Medical Director of the Child Protection Team and the Child Advocacy Center for the Lehigh Valley Health Network in Allentown, Pennsylvania. She was formerly Professor in Clinical Pediatrics at the University of Florida in Gainesville and served as Medical Director of the Child Protection Team from 2010–2014. In 2009 she was certified by the American Board of Pediatrics in Child Abuse Pediatrics. From 1998 to April 2010, she was Director of the Child Protection Center at Schneider Children's Hospital and Chair of the Child Protection Consultation Team for the North Shore LIJ Health System at New Hyde Park, New York. She currently serves on the national Board of Directors for APSAC. Dr. Esernio-Jenssen is recognized nationally and internationally for her work in child abuse and child abuse prevention.

*Lori Frasier, Barbara Knox, Vincent Palusci, and Nancy Harper reviewed and commented with edits on the article.*

# Journal Highlights

Lori D. Frasier, MD, and Lisa Aronson Fontes, PhD

## Sex Trafficking and Commercial Sexual Exploitation of Children: Clinical Report

Lori D. Frasier, MD

This clinical report generated by the American Academy of Pediatrics (AAP) is an important step forward to alert practicing pediatricians to the problem of sex trafficking and commercial sexual exploitation of children (CSEC). Clinical reports are important documents that guide pediatricians in the delivery of care to specific conditions children may present with to the health care system, specifically to pediatricians. Child sex trafficking and commercial sexual exploitation is a worldwide problem and is often overlooked or unrecognized in the United States. The AAP clinical report—in addition to the APSAC practice guidelines titled Commercial Sexual Exploitation of Children (2013)<sup>2</sup>—supports the recognition, treatment, and reporting of this vulnerable population.



Drs. Greenbaum and Crawford-Jukubiak review the epidemiology of the problem and the health outcomes of victims. The definitions include child sex trafficking and CSEC, defined as “crimes of a sexual nature committed against juvenile victims or [for] other economic reasons.” The distinction between domestic minor sex trafficking and transnational trafficking involves transporting victims across international borders.

An important concept of this paper is the discussion of the developmental aspects of adolescents that make these children susceptible to sex trafficking. This includes vulnerability to manipulation, emerging sexuality, substance use and abuse, and the problems youth experience in homes and societies that may abuse them. Runaways, throwaways, homeless youth, and LGBTQ youth also are identified as having increased vulnerabilities. Survival sex is considered part of sex trafficking but is often overlooked in this context. Identifying such children as victims rather than being involved in criminal activity such as prostitution is an important distinction.

The report includes a table that lists potential indicators of sexual exploitation of children. Some of these indicators are obvious, but others are not so readily apparent. Taken individually, certain indicators may not indicate CSEC, but looking at certain factors in the appropriate context, CSEC becomes obvious. A child who, for example, appears homeless, but is accompanied by an adult who may be domineering yet unrelated should raise a significant concern. Other indicators are children and teens who may have expensive clothing and significant amounts of cash, but who also have vague histories of where they may be living and with whom.

The provision of appropriate health care and treatment is a central piece of the clinical report. A critical component is the assessment of acute and chronic medical conditions as well as addressing sexual and reproductive issues. In addition, the suggested referral of children to appropriate resources, both medical and mental health, implies that pediatricians need to have knowledge of community services.

Finally, recognition of CSEC involves reporting to appropriate legal and child protection agencies. A national hotline for human trafficking may provide information not available through local agencies. However, knowledge of mandatory reporting laws, including age of consent for sexual activities, is also vital knowledge for physicians in front line settings where victims may present.

Greenbaum, J., Crawford-Jukubiak, J., & Committee on Child Abuse and Neglect, American Academy of Pediatrics. (2015, March). [Clinical report]. *Pediatrics*, 135(3), 566-574.

(1) American Academy of Pediatrics Clinical reports are free to download from: <http://pediatrics.aappublications.org/content/135/3/566.full.pdf+html?sid=67137f20-20f9-421f-919b-9f555cd89db6>

(2) APSAC Guidelines are available free to members and can be purchased by nonmembers from: <http://www.apsac.org/practice-guidelines>

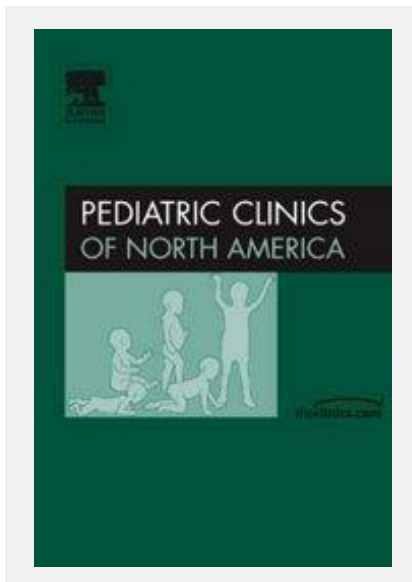
### About the Author

**Lori D. Frasier, MD**, is a professor of pediatrics at Penn State Milton S. Hershey Children’s Hospital. She has served on the APSAC Board of Directors in the past. Dr. Frasier is a Board Certified Child Abuse Pediatrician.

## Child Maltreatment and Culture

Lisa Aronson Fontes, PhD

This comprehensive article discusses a wide range of culture-related issues pertaining to child maltreatment. It describes international topics ranging from children tied by the leg to a post to “keep them safe” in Palau, to the beating of Taiwanese school children. Although the intended audience of the article is healthcare providers, other professionals who work in child maltreatment will also find it extremely relevant. While providing an impressive review of the literature, the article is also delightfully practical. It includes tables that provide a shorthand description of “what to do.” For instance, Table 3 provides four guidelines for speaking with parents about a harmful practice. Quite a few of these tables are adapted from other articles. Nevertheless, it is extremely useful to have them all in one place.



The article does not discuss any particular practice in depth. Instead, it provides the criteria for readers to consider practices in light of culturally sensitive norms, while always keeping child safety front and center. In addition, the piece provides the references for those who wish to investigate further ways to handle specific cultural practices.

Kolhatkar, G., & Berkowitz, C. (2014). Cultural considerations in child maltreatment: In search of universal principles. *Pediatric Clinics of North America*, 61, 1007–1022

### About the Author

Lisa Aronson Fontes, PhD, is in the faculty of the University of Massachusetts, Amherst, and author of *Interviewing Clients across Cultures: A Practitioner's Guide*, among many other publications.

## Connect with APSAC!



On the Web  
[www.apsac.org](http://www.apsac.org)



Facebook  
[Facebook.com/TheAPSAC](https://www.facebook.com/TheAPSAC)



Twitter  
[@The\\_APSAC](https://twitter.com/The_APSAC)



LinkedIn  
[LinkedIn.com/company/APSAC](https://www.linkedin.com/company/APSAC)



Email  
[apsac@apsac.org](mailto:apsac@apsac.org)



Call  
877-827-1321



Write  
1706 E. Broad St.  
Columbus, OH 43203

# Washington Update

John Sciamanna, Executive Director, National Child Abuse Coalition

When the Congress returns after Labor Day, there will be about 12 legislative days before the fiscal year ends on September 30 to conclude “must pass” actions, including several that are directly relevant to children’s well-being.

## Appropriations First up for Fall

The Senate and House Appropriations Committees passed appropriations for the Departments of Labor-Health and Human Services-Education. Both bills leave many children’s programs level in funding, but there were selective cuts.

The Senate bill zeroes out all \$11 million for the Abandoned Infant Program. The report indicates that the Senate Committee dropped the funding because the Administration proposed changing the mission and use of the funds to better target infants. Enacted at the height of the crack and AIDS epidemics of the 1980s, the original law was intended to assist states in creating programs that could allow infants to be relinquished in a way that would assure their safety and protection. The House bill keeps the \$11 million.

Both the House and Senate made severe cuts to teen pregnancy prevention. Teen pregnancy rates have dropped dramatically in the United States over the past decade and a half, but the United States is still far behind most other advanced nations. The Teen Pregnancy Prevention Program (TPPP) has been structured in a way similar to the home visiting program in that it requires states to allocate funding to recognize evidence-based programs. Despite these factors, the Senate reduces TPPP from \$101 million to \$20 million, while the House eliminates all \$101 million. Both bills allocate more funding for abstinence education (\$20 million-Senate/\$10 million-House)

Overall child welfare spending remains level with FY 2015: Child Abuse Prevention and Treatment Act (CAPTA) state grants (\$25.3 million), discretionary grants (\$28.7 million), Community-Based Child Abuse Prevention or CB-CAP (\$39.7 million), and the Adoption Opportunity Act (\$39 million). Under Title IV-B, Child Welfare Services (\$268 million) and Promoting Safe and Stable Families (\$59 million in discretionary) are the same as FY 2015, as are Adoption-Kinship Incentive funds (\$37 million) and Runaway and Homeless Youth (\$97 million). The Senate does allocate \$2 million for a study and survey of the homeless youth population.

In regard to the entitlement, the appropriations bills merely

restate projected growth or decreases. The Administration’s budget projections show an increase in foster care funding from just under \$4.3 billion to just over \$4.7 billion, reflecting in part a projected increase of 6,000 more children in foster care rising to 168,000. (The numbers reflect only those foster care children who are covered by federal IV-E dollars through the AFDC link.) Adoption Assistance is at \$2.5 billion and kinship and guardianship at \$123 million. Both are projected increases.

## Wyden Legislation Offers Possibility of Expanded Services for Child Welfare

On August 5, Senator Ron Wyden (D-OR), the Ranking Member of the Senate Finance Committee, introduced the Family Stability and Kinship Care Act, S 1964, with seven additional cosponsors for the Senate Finance Committee. The bill is significant because it is coming from one of the two highest-ranking members of the key Senate committee. Senator Wyden and Senator Hatch, Committee Chairman, have had ongoing discussions on improvements to child welfare funding.

As described in a [press release from the Senate Finance Committee](#), the “Wyden proposal would expand the federal foster care entitlement to do more than just pay a daily rate to keep children housed in foster care homes. Instead, States and Tribes would be able to use foster care funds to provide families in crisis with the supports, services, and evidence-based interventions needed to keep their children safely at home and out of foster care.”

The legislation would allow states to use Title IV-E funds for a limited amount of services for children who are considered “a candidate for foster care.” The term has been used in the past to define a very limited amount of services generally for children almost certain to end up in foster care. The bill seeks to expand the definition and use of allowable services. Eligibility for the services is not linked to the 1996 AFDC eligibility standard.

States could provide up to 12 months of services to vulnerable families to prevent placement of children into foster care or to provide support to children once they have been reunified. Such services could support kin families or families who have adopted children. States would have to have a state plan for the use of services.

Services covered include, in part, the following:

- » Parenting and family skills training and parent education, including parent advocates, peer-to-peer mentoring, and support groups for parents, primary caregivers, and potential kinship caregivers;
- » Individual, group, and family counseling, mentoring, and therapy, including intensive family preservation or reunification programs;
- » Services or assistance to address barriers to preservation and reunification, including mental health needs, domestic violence, substance abuse, and inadequate housing; and
- » Crisis assistance or services to stabilize families in times of crisis or facilitate kinship placement, such as transportation, clothing, household goods, assistance with housing and utility payments, child care, respite care, and assistance connecting families with other community-based services.

The legislation would invest new money into child welfare services through Title IV-E of the Social Security Act (unlike other proposals that have been structured around “budget neutrality” within child welfare, i.e., cuts in one area to fund another). The legislation actually builds on a more limited Administration FY 2016 budget request to expand the use of candidate services.

After a 3-year implementation phase, HHS would establish national performance measures and outcomes-based reimbursement rates to target federal dollars to cost-effective services. States would have to target at least 25% of their services and funding to promising and evidence-based programs by 2018, with HHS providing guidance on how such evidence is defined.

The bill would also increase mandatory funding under the Promoting Safe and Stable Families (PSSF) (Title IV-B part 2) program, from the current \$345 million to \$1 billion. (Mandatory funding means it does not require an annual appropriation.) It would also lift the requirement that states spend at least 20% on each of the four services under PSSF but would require at least 25% of their funds on adoption promotion and adoption support services.

## Juvenile Justice and Delinquency Prevention Act Passes Committee

In July, the Senate Judiciary Committee passed a reauthorization of the Juvenile Justice Delinquency Prevention Act (JJDP), S 1169. The bill was approved in a bipartisan manner and is sponsored by Senator Charles Grassley (R-IA) and Senator Sheldon Whitehouse (D-RI). The last time the JJDP was reauthorized was in 2002, the current programs having operated without an authorization since 2007.

Advocates say the legislation strengthens the JJDP's protections for young people in the juvenile justice system. The bill requires states to phase out a practice whereby they can grant exceptions to the current prohibitions on jailing children who engage in noncriminal behaviors, such as skipping school and running away from home, when a child is found in violation of a valid court order. In 2012 this exception was used to jail children more than 7,000 times nationwide. Other key provisions include the following:

- » Requiring states to consider ethnicity in addition to race when assessing and addressing disproportionate minority contact with the juvenile justice system;
- » Trauma-informed care and specialized programming for girls;
- » Taking into account the new science about how kids are different from adults and ought to be treated as kids; and
- » Added protections for kids charged as adults.

## Education Bill Next Crucial Step

In mid-July, the Senate approved a reauthorization of the Elementary and Secondary Education Act, S 1177 (ESEA/No Child Left behind Act) by a vote of 81 to 17, sending it on to the next—and maybe the most difficult—phase of the process. The House passed its education bill, HR 5, and approved it by a narrow Republican majority of 218 to 213.

In the fall a conference committee will have to negotiate a final conference agreement that will patch together two vastly different bills in a way that can garner the President's signature. The President has made clear he would veto the House bill, but the Administration has also been critical of the Senate bill. It is possible the legislation could slip well into next spring, and at that point either side may see a benefit in waiting until after the next election.

During the debate, Senator Al Franken's (D-MN) amendment to address bullying in school of LGBTQ students failed, but he praised other bipartisan provisions in the final bill, including provisions on foster care that are intended to improve collaboration between child welfare agencies and state and local educational agencies. His amendment attempts to mirror child welfare law by allowing foster children to remain in their school of origin if it is in their best interest, and it makes sure that funding for school transportation is available for them.

## TANF Reauthorization

In mid-July, the House Ways and Means Subcommittee on Human Resources held a hearing on a reauthorization of the Temporary Assistance for Needy Families (TANF) block

grant. Significantly, both sides expressed a willingness to work together on extending the cash assistance block grant. The block grant program will expire at the end of the fiscal year, but this bill may allow a full 5-year extension.

### Child Nutrition Reauthorization

The Child and Adult Care Food Program (CACFP) is also due for reauthorization this year. The CACFP, which subsidizes the cost of needed meals in a child-care setting, is crucial to many child-care programs operating on tight budgets. Nearly 128,000 family child-care providers working with 848 sponsors use CACFP to provide children with high-quality nutrition and learning experiences. A hearing is scheduled in the Senate in mid-September.

### About the Author

**John Sciamanna** is Executive Director of the National Child Abuse Coalition. In addition, he leads the National Foster Care Coalition and is a senior consultant with the Child Welfare League of America. Mr. Sciamanna has worked on children's issues for more than 25 years in positions with a state legislature, the U.S. Senate, and three non-profit organizations.

## Conference Calendar

### October 5–6, 2015

International Courthouse Dogs Conference  
Seattle, WA  
206-316-6273  
[celeste@courhousedogs.org](mailto:celeste@courhousedogs.org)  
<http://courhousedogs.com/>

### October 27–30, 2015

International Conference on  
Innovations in Family Engagement  
The Kempe Center for the Prevention  
& Treatment of Child Abuse and Neglect  
at the University of Colorado Denver  
[Amy.hahn@childrenscolorado.org](mailto:Amy.hahn@childrenscolorado.org)

### January 25–28, 2016

30th Annual San Diego  
International Conference on Child  
and Family Maltreatment  
San Diego, CA  
[SDConference@rchsd.org](mailto:SDConference@rchsd.org)  
<http://www.sandiegoconference.org/>

### April 4–7, 2016

32nd International Symposium on Child Abuse  
National Children's Advocacy Center  
Huntsville, Alabama  
256- 327-3863  
[awilliamson@nationalcac.org](mailto:awilliamson@nationalcac.org)  
<http://www.nationalcac.org>

### June 22–25, 2016

24th APSAC Annual Colloquium  
American Professional Society  
on the Abuse of Children  
New Orleans, LA  
877-402-7722  
[apsac@apsac.org](mailto:apsac@apsac.org)  
[www.apsac.org](http://www.apsac.org)

### July 25–29, 2016

APSAC Child Forensic Interview Clinic  
American Professional Society  
on the Abuse of Children  
Seattle, WA  
877-402-7722  
[apsac@apsac.org](mailto:apsac@apsac.org)  
[www.apsac.org](http://www.apsac.org)

### August 26–31, 2016

21st International Summit and Training  
on Violence, Abuse & Trauma  
San Diego, CA  
858-527-1860, x 4031  
[IVATConf@alliant.edu](mailto:IVATConf@alliant.edu)  
<http://www.ivatcenters.org/>

*Interested in listing your conference in our calendar? [Contact\\_apsac@apsac.org](mailto:Contact_apsac@apsac.org).*

# News of the Organization

Michael L. Haney, PhD, NCC, CISM, LMHC

Since 1987, APSAC has worked hard to address the problem of child maltreatment at every level.

This year has been no exception. It has been filled with activity and change.

## APSAC'S Advanced Training Institutes

A total of 90 individuals participated this past January in APSAC's Advanced Training Institute on Child Sexual Abuse with Barbara Knox and Debra Esernio-Jenssen. The Advanced Institutes are offered each year as part of the Annual San Diego International Conference on Child and Family Maltreatment sponsored by the Chadwick Center.

APSAC will be presenting three [Advanced Training Institutes at the 2016 San Diego Conference](#), held on January 23–24, 2016. They include the following:

- » C1: “The Law and Psychology of Introducing Children’s Statements in Court” - Thomas D. Lyon and John E.B. Myers
- » C2: “Problematic Sexual Behavior (PSB) in Children: Current Findings and Implications of Practice” - Jimmy Widdifield, Jr., and Natalie H. Wilcox
- » C3: “Advanced Issues in Child Sexual Abuse” - Debra Esernio-Jenssen and Barbara Knox

For more information on APSAC's Advanced Training Institutes and the Annual San Diego International Conference, visit our website at [www.apsac.org/events](http://www.apsac.org/events).

## APSAC Co-sponsored Free Webinar

In recognition of Child Abuse Prevention Month, APSAC's Prevention Committee co-sponsored a free webinar with Prevent Child Abuse America in April, on the topic of “Child Maltreatment Prevention Messaging: What's New and What You Can Do.”

## APSAC Publications

While the Prevention Committee is busy working on updating the [Prevention Guidelines](#), our Evidence-Based Practices Committee published the [Report of the APSAC Task Force on Evidence-Based Service Planning Guidelines for Child Welfare](#). APSAC members can access this resource free on our website.

Also available to APSAC members is [Volume 26, Number 2 of the APSAC Advisor](#) that addressed the issue of child maltreatment in Indian Country. This issue was informative and well received.

A new issue of [APSAC's Alert](#) was published this summer which focused on Evidence Based Service Planning for Child Welfare. Read it now!

In conjunction with Sage Publishing, we have begun revising the *APSAC Handbook on Child Maltreatment*, with Jon Conte, PhD, and Bart Klika, PhD, serving as the lead editors.

## APSAC Board Update

In July, several members rotated off of the APSAC Board. We'd like to thank Julie Kenniston, Director of Training and Education in Hamilton, Ohio; Monica Fitzgerald, Assistant Professor at the University of Colorado-Denver; Detective William Marshall of the Spokane Police Department (Retired); Geri Wisner, Attorney in Oklahoma City; and Marilyn Stocker, PhD, of Loyola University in Chicago, for their service and commitment to APSAC.

Tricia Gardner, JD, was elected as APSAC President-Elect. Ms. Gardner is a long-time APSAC member, and during the 1990s, she served as APSAC's Operations Manager. Ms. Gardner will work in collaboration with current President Frank Vandervort as she transitions into the Presidency at APSAC's 2016 Colloquium in New Orleans.

David Corwin, MD, was elected to the Board for a second term; Mel Schneiderman, PhD, was elected to his first term and Paul Jenssen, CPA, was elected to his first term.

Dr. Corwin is Professor of Pediatrics at the University of Utah, School of Medicine. He is board certified in psychiatry, child psychiatry and forensic psychiatry. Dr. Corwin is a founder of APSAC's California's State Chapter (CAPSAC) and a founding member of APSAC, the Ray E. Helfer Society, and the Academy on Violence and Abuse (AVA).

Dr. Schneiderman is currently Senior Vice President of Mental Health Services at New York Foundling, a large child welfare agency in New York City, and is the co-founder and Director of the Vincent J. Fontana Center for Child Protection. Dr. Schneiderman has published numerous articles in peer-reviewed journals, including the *APSAC Advisor* and has presented at national APSAC Conferences.



Mr. Jenssen, CPA, MBA, MEd is President of Jenssen Consulting and has over 35 years of experience in strategic planning, process improvement, finance, and accounting. Mr. Jenssen has served as principal accounting officer at Quick-Med Technologies Inc., was chief financial officer of Quick-Med Technologies Inc, and also has been the organization's Corporate Treasurer and Secretary.

## APSAC's Opinion Is Being Heard by the United States Supreme Court

With pro bono representation by Jeremy Lawrence of the Los Angeles law firm Munger, Tolles & Olsen, and with the assistance of Professor Thomas D. Lyon, JD, PhD, APSAC filed an Amicus Curiae Brief with the U.S. Supreme Court (SCOTUS) in support of the petitioner, the State of Ohio. Not only did SCOTUS rule unanimously in Ohio's favor, they also cited APSAC's brief in their decision! (Check it out on page 9 of full-text SCOTUS opinion.)

» [Read APSAC's Amicus Curiae Brief](#)

» [Read the U.S. Supreme Court's decision \(full text\)](#)

APSAC's involvement in this case reflects our renewed commitment to being an active advocate for policies that best meet the needs of abused and neglected children.

## APSAC'S 2015-2016 Advanced Forensic Interview Clinics

Interviews with children face intense scrutiny and increasingly require specialized training and expertise. APSAC's widely sought-after 40-Hour Forensic Interview Training Clinic focuses on the needs of professionals responsible for conducting forensic and investigative interviews with children in suspected abuse cases.

In August, APSAC held one of its clinics in Seattle, Washington. Participants had personal interaction with leading experts in the field and were provided with APSAC's curriculum, which teaches a structured narrative interview approach emphasizing best practices based on research and guided by the best interests of the child.

Attendees received a balanced review of several protocols and will be able to develop their own customized narrative interview approach based on the principles taught during the clinic.

If you have an interest in attending one of these clinics in 2016, visit our website at [www.apsac.org](http://www.apsac.org).

## APSAC's Growing State Chapter Involvement

Much of APSAC's interdisciplinary work is done through our state chapters. In an effort to build the relationship between APSAC's national organization and our states,

our State Chapter Committee has been working to help its newest state chapters get off to a good start. We want to welcome Wisconsin to the fold as well as New Jersey, currently reorganizing and reinvigorating its State Chapter. Several other States are early in the process of forming their chapters.

We want to recognize our long-term state chapters in California, Florida, Iowa, Michigan, Ohio, New York, North Carolina, and South Carolina.

If you have an interest in forming a state chapter, contact Laura Hughes, [lhughes@apsac.org](mailto:lhughes@apsac.org).

## APSAC Committees

APSAC committees prioritize the critical issues and challenges child maltreatment professionals are facing, and create opportunities and tools to educate, inform, and connect in an effort to enhance practice. We encourage you to get involved! Check out our listing of committees on our website and contact one of our committee leaders to see how you can get involved today!

## APSAC's 23rd Annual Colloquium

For two decades, APSAC's Annual Colloquium has been among the nation's most highly regarded continuing education programs for child welfare professionals. The Colloquium fosters professional excellence in the field of child maltreatment by providing exemplary interdisciplinary professional education.

This year's Colloquium featured more than 80 institutes and workshops which addressed all aspects of child maltreatment, including prevention, assessment, intervention, and treatment with victims, perpetrators, and families affected by physical, sexual, and psychological abuse and neglect.

In addition, the Colloquium offered several special events and networking opportunities, poster presentations, exhibits, and the awards ceremony, celebrating outstanding service and commitment by child maltreatment professionals and APSAC members. Awards were presented during the Friedrich Memorial Lecture and Membership Luncheon on July 24, 2015. To see a listing of this year's award winners, visit [www.apsac.org/awards](http://www.apsac.org/awards)

## Save the Date and Call for Abstracts for the 24th Annual Colloquium in New Orleans

With the 2015 Colloquium behind us, we are already planning the 24th Annual Colloquium to be held in New Orleans on June 22-26, 2016. APSAC is now accepting abstracts for its 24th Annual Colloquium in New Orleans. Details on responding to the Call for Abstracts are available on the APSAC web site.

If you have a presentation that is designed primarily for professionals in mental health, medicine and nursing, law, law enforcement, education, prevention, research, advocacy, child protection services, and allied fields, we want to hear from you! All aspects of child maltreatment will be addressed including prevention, assessment, intervention and treatment with victims, perpetrators, and families affected by physical, sexual and psychological abuse, and neglect. Submit your proposal today!

To help attendees select their seminars, the Colloquium is divided into convenient tracks: Cultural Diversity, Child Protection, Law Enforcement, Interdisciplinary Practice, Forensic Interviewing, Law, Mental Health, Medicine and Nursing, and Prevention.

Visit our website for complete details and registration information next year.

### Thank You for Your Support

APSAC would like to thank everyone who participated in this year's Board Member Challenge and donated to APSAC's overall fund, including Amazon Smile. So far this year, we have received over \$17,000 in generous donations! This money is used to support and enrich our programs.

APSAC would like to thank its partners who work closely with us on critical issues on behalf of children and families. These organizations include the Academy on Violence and Abuse, the Institute on Violence, Abuse, and Trauma, Prevent Child Abuse America, the Chadwick Center, Sage Publishing, and the Institute for Human Services.

### Connect with APSAC!

If you are not already a member of APSAC, we encourage you to join us in our efforts on behalf of maltreated children and their families.

Membership benefits include the following: the *APSAC Advisor*, free access to the electronic version of *Child Maltreatment*, reduced fees for APSAC's Colloquium, Institutes and Clinics, access to APSAC's other publications, and the ability to connect with colleagues from around the globe. You can learn more about our activities and join by visiting our website.

If you are interested in joining, please reach out to [apsac@apsac.org](mailto:apsac@apsac.org).

### Condolences to the Family of Dr. Mark Chaffin

APSAC extends its deepest sympathy to the family of Dr. Mark Chaffin, a long-time child maltreatment researcher, educator, advocate, and APSAC member who passed away unexpectedly on August 23, 2015. He dedicated his long career to helping at-risk and maltreated children and families. He leaves a strong legacy of always integrating the lessons of science into direct child maltreatment practice. He was also the first Editor of APSAC's journal, *Child Maltreatment*. He received many awards and commendations in his long career, including APSAC's Outstanding Service Award in 2000, and he was twice awarded APSAC's Child Maltreatment Journal Article of the Year award, in 2006 and 2009. He was also a three-time winner of the North American Resource Center for Child Welfare's Pro Humanitate Literary Award, given for "intellectual integrity and moral courage in transcending political and social barriers to best practice in the field of child maltreatment." He was a role model for his peers, and he will be greatly missed.



# APSAC Officers and Board of Directors

## **President**

Frank E. Vandervort, JD  
University of Michigan  
Ann Arbor, MI

## **President-Elect**

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

## **Executive Director**

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

## **Immediate Past President**

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

## **Treasurer**

Paul H. Janssen, CPA, MBA, MEd  
Allentown, PA 18106

## **Secretary**

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

## **Director**

Kathleen C. Faller, PhD  
University of Michigan  
Ann Arbor, MI

## **Director**

Stacie LeBlanc, JD, MEd  
Children's Hospital  
New Orleans, LA

## **Director**

Mel Schneiderman, PhD  
New York Foundling  
New York, NY

## **Director**

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

## **Director**

Debra Esernio-Janssen, MD  
Allentown, PA

## **President Emeritus**

Jon Conte, PhD, MSW  
University of Washington  
Seattle, WA

## **President Emeritus**

Ronald Hughes, PhD  
Institute for Human Services  
Columbus, Ohio

# APSAC Advisor Staff

## **Editor in Chief**

Debra Whitcomb  
Alexandria, VA  
[advisor@apsac.org](mailto:advisor@apsac.org)

## **Consulting Editors**

### **Child Protective Services**

Maria Scannapieco, PhD  
University of Texas at Arlington  
School of Social Work  
Center for Child Welfare  
Arlington, TX

### **Cultural Issues**

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

## **Law**

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

## **Medicine**

Lori Frasier, MD  
Penn State Hershey Children's Hospital  
Hershey, PA

## **Mental Health**

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

## **Prevention**

Bart Klika, MSW, PhD  
University of Washington  
Seattle, WA

## **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