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Safe Touches: A Child Sexual Abuse Prevention Program Offers Promising Results Among Multi-Racial Children

Mary L. Pulido, PhD, Brenda A. Tully, LCSW, and Jacqueline L. Holloway, PhD

The literature on school-based child sexual abuse prevention programs generally supports their efficacy in teaching children core prevention concepts and increasing disclosures of abuse, reducing self-blame, and raising awareness among parents and teachers. The Safe Touches study makes a significant contribution in this area of research by including a large sample of children drawn from schools serving lower-SES and ethnic minority families, using a cluster randomized control trial (RCT) design and applying appropriate statistical analyses.

APSAC Influences U.S. Supreme Court in Child Abuse Case

Jeremy Lawrence, JD, and Thomas D. Lyon, JD, PhD

The Supreme Court has relied on an amicus brief submitted by APSAC in a case that will have far-reaching effects on the ability of prosecutions to move forward despite child witnesses' inability or unwillingness to testify. The decision in *Ohio v. Clark* will remove barriers to prosecution in many cases, including any case in which very young children allege abuse, and many if not most cases in which children allege abuse when questioned by teachers, social workers, psychologists, and medical professionals.

A Model for Developing the Next Generation of Future Child Advocates

Christine E. Pawelski, EdD

The Future Child Advocates (FCA) initiative was launched in 2012 as a vehicle to bring the issues and concerns of bullying and child abuse prevention and intervention to the next generation of citizens and diverse professionals in each community. The idea was to establish model undergraduate and graduate clubs focused on advocacy in the areas of bullying and child abuse. The National APSAC Board recently endorsed Future Child Advocates as an important initiative in the field of child maltreatment and anti-bullying.

For Purposes of Medical Evaluation and Treatment

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

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. 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.



Safe Touches: A Child Sexual Abuse Prevention Program Offers Promising Results Among Multi-Racial Children

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Introduction

Mary L. Pulido, PhD

Most social workers in the child protection field have witnessed firsthand the devastation caused by child sexual abuse (CSA). As the head of a Child Advocacy Center in the Bronx of New York City during the 1990s, I promoted workshops using puppets, coloring books, and skits to help arm children with CSA knowledge that might support them in thwarting a perpetrator of CSA. The schools usually embraced these workshops, particularly as they were free of charge, conducted by clinicians, and helping schools meet the educational curriculum demands of teaching child sexual abuse prevention concepts to children. But, there was always a nagging question at the back of my mind. Do the children understand and learn the concepts in the curriculum? Many years later, as Executive Director of the New York Society for the Prevention of Cruelty to Children (NYSPCC), I had the opportunity to “test” whether or not children truly grasped the concepts.

This article reports the results of a rigorous evaluation of Safe Touches, a CSA prevention program offered by NYSPCC in ethnic minority public schools. The article briefly reviews statistics on CSA and the state of current research on CSA prevention before describing the workshop curriculum, the research project, challenges when implementing a CSA program in the public school system, and implications for social work practice.

The Prevalence of CSA and Prevention Efforts

The sexual abuse of children is a serious and alarming concern. One in five children is expected to be a victim of sexual assault by age 18 (Sandberg, Lynn, & Green, 1994; Snyder, 2000), with children ages 7–13 at greatest risk (Finkelhor, 1990). Recent national data found that 24% of maltreated children were sexually abused (Sedlak et al., 2010), and over a one-year period, more than 60,000 children nationwide were involved in substantiated cases of CSA (U.S. Department of Health and Human Services, 2013). Many children who experience CSA do not disclose it due to embarrassment, perpetrator normalization of abuse, and fear of consequences, particularly if the perpetrator is someone they know (Palmer, Brown, Rae-Grant, & Laughlin, 1999; Putnam, 2003). Further, when children do disclose, substantiating CSA reports can be difficult, because children cannot always provide full detail and sexual abuse rarely leaves physical evidence. CSA has been linked to a myriad of negative outcomes in childhood

and adulthood, including higher rates of physical and mental health problems, engagement in risky behaviors, posttraumatic stress symptoms, and permanent changes in neurobiological functioning (Finkelhor, 1990; Neumann, Houskamp, Pollock, & Briere, 1996; Noll, Zeller, Trickett, & Putnam, 2007; Perez-Fuentes et al., 2013; Putnam, 2003).

The widespread prevalence and documented negative impact of CSA, combined with suspected large numbers of cases that go unreported, substantiate the need for effective prevention programs. Specific approaches to CSA prevention include universally targeted public service announcements, efforts to deter offending, and community-focused prevention efforts (Finkelhor, 2009; Smallbone, Marshall, & Wortley, 2013). In addition, a significant effort has been directed toward developing school-based CSA prevention programs to educate children in personal safety skills. Such programs represent a practical, relatively low-cost effort with the potential to reach a wide range of children (Finkelhor, 2009). The literature on school-based CSA prevention programs generally supports their efficacy in teaching children core prevention concepts, such as the difference between safe and not-safe touches, as well as increased disclosures of abuse, reductions in self-blame, and increased awareness among parents and teachers (Finkelhor, 2009; Kenny et al., 2008; Rispen, Aleman, & Goudena, 1997; Topping & Barron, 2009; Zwi et al., 2007; Baker, Gleason, Naai, Mitchell, & Trecker, 2013).

Contributions of the Safe Touches Study

While program development efforts in CSA prevention have grown in recent years, particularly in the realm of child education, evidence from rigorous program and policy evaluation research has not kept pace (Finkelhor, 2009). The existing literature on school-based CSA prevention programs is limited by assessment of homogenous samples — often consisting of white, middle-class children — exclusion of low-SES and ethnic minority children, small sample sizes, and a lack of statistically rigorous methods (Oldfield, Hays, & Megel, 1996; Tutty, 1997, 2000). The Safe Touches study makes a significant contribution in this area of research by including a large sample of children drawn from schools serving lower-SES and ethnic minority families, using a cluster randomized control trial (RCT) design and applying appropriate statistical analyses. Furthermore, the current study included numerous measures to monitor fidelity to the program and its implementation fidelity monitoring. The research team also recorded qualitative feedback and

documented barriers to implementation to help others conducting similar programs and studies. Challenges and recommendations are reported in the Results section.

Overview of the Safe Touches Curriculum and Materials

In keeping with its mission to prevent the abuse and neglect of children, the New York Society for the Prevention of Cruelty to Children (NYSPCC) developed and refined Safe Touches: A Personal Safety Training for Children with the intent of preventing child sexual abuse. Designed for children in kindergarten through third grade (ages 5–9), the curriculum is administered as an interactive workshop facilitated by trained mental health clinicians and includes the use of props and puppets. Using puppets is an effective way to help young children discuss emotionally complex material, as the puppets stimulate curiosity and imagination, provide neutral and safe role models, and engage learners (Hinckley, 2008; Lennon & Barbato, 2001). The workshop runs for 50 minutes, which includes time for questions. At the end of the workshop, each student is given a copy of *Your Body Belongs to You!* (Channing Bete Company, 2007) along with activity and coloring books designed to reinforce workshop messages. These can be completed at home with parents or other adult caregivers, and they are provided in both English and Spanish.

The goals of the Safe Touches program are to empower children to have personal agency over their bodies, learn assertive language skills, recognize a not-safe touch, and increase the likelihood of telling an adult if a not-safe touch does occur. If they do experience a not-safe touch, the children are instructed to keep telling adults until they are believed and action is taken to protect them. It is imperative for children to learn that not-safe touches are never a child's fault.

Examples From the Safe Touches Curriculum

Exercise 1 – The Body Parts

One portion of the program uses diagrams of a boy and a girl with bathing suits covering their respective private parts [see Figure 1]. Following the definitions of private versus non-private parts, the children play a guessing game to review the topic as follows:

Guessing Game

[Facilitators (F) ask and Children (C) answer]

F: One thing that makes us special is that we all own our bodies. Your body is your own special property. No one should touch you on the private parts of your body or ask you to touch them on their private parts. Private parts are the parts that are covered when you put on a bathing suit.

F: Is the hair a private part?

C: No.

F: Why is it not a private part?

C: It is not covered by the bathing suit.

F: Is the toe a private part?

C: No.

F: Why not?

C: It is not covered by the bathing suit.

F: Is between the legs a private part?

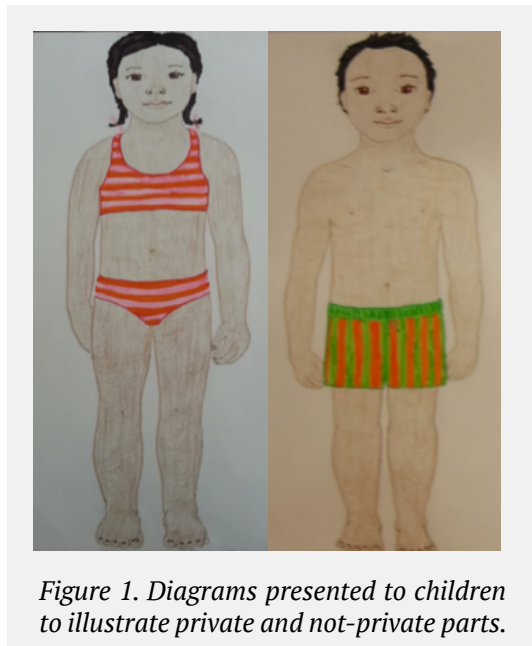
C: Yes.

F: Why is it a private part?

C: It is covered by the bathing suit.

F: Remember, no one should touch you on the private parts of your body. It can make you feel not safe, funny, or confused inside.

Safe Touches utilizes this type of repetition throughout the workshop to promote learning of new concepts. After the clinicians reinforce these and other concepts with the children, four large puppets are used to help bring these abstract and difficult concepts to life.



Exercise 2 - Keeping Safe Role Play

In this portion of the program, the children are introduced to Uncle Herbert and niece Petunia. The facilitators demonstrate an unsafe situation that may occur in an instance of potential sexual abuse. The children first watch the scenario and are asked to give their feedback. The same scene is then repeated, but the second time, facilitators show how Petunia can manage the potentially dangerous situation.

Facilitator: Now we will do another play with Herbert and Petunia. Watch closely because it will be your job to help Petunia stay safe. Herbert is Petunia's uncle. Petunia is 6 years old.

Petunia: Hi Uncle Herbert.

Herbert: Hey Petunia...why don't you turn the TV off and come sit on my lap; I want to play a game with you.

Petunia: Okay, I love games.

Herbert: Well, this game is called the love game. I am going to tickle you on your stomach like I always do, and then I am going to put my hand under your shirt and touch your chest. Isn't that nice?

Petunia: Umm... I don't know [looks uncomfortable and sad].

Herbert: If you play this game, I will buy you a new teddy bear!

Petunia: A new teddy bear?

Herbert: Yes, and it will be our secret, you can't tell anyone.

Petunia: I can't even tell Mommy?

Herbert: Not even Mommy... It's our secret [reaches to place hand on Petunia's chest].

Facilitator: Freeze! [Turns to class and asks:] How do you think Petunia feels? Does she look sad? Does she look confused? Why does she feel confused?

[Facilitator waits for children's responses, which often include things such as, "Because she loves her uncle Herbert, but she does not like what he is doing."]

F: What kind of a touch do you think that was?

C: A not safe touch.

F: Why was it a not safe touch?

C: Because it was on her chest and her chest is covered by a bathing suit.

F: What can Petunia do to keep her body safe?

C: Say NO! Walk away. Tell Mommy and Daddy.

On the second iteration, Petunia says:

Petunia: NO! I don't feel safe, and I don't want to play this game. I'm going to my room now. [Walks away, turns to class and says:] I'm going to tell my mommy and daddy about this.

Repetition of this scenario provides a concrete example of how to identify a possibly dangerous encounter. It also shows ways that children may assert themselves, and how they can defuse or remove themselves from the situation.



Figure 2. Safe Touches puppets. The puppets have an ambiguous ethnicity to promote children's identification with the characters.

If at any time during or after the workshop a child makes statements that are concerning, NYSPCC clinicians follow-up with the child in the presence of a school staff member (ideally the guidance counselor) to assess whether or not a report must be made to the State Central Registry or police. If a child has endured sexual abuse, the NYSPCC can serve as a therapy referral source after the investigation is complete. All of the NYSPCC's trauma recovery clinicians are specially trained in a phase-oriented treatment for child sexual and physical abuse.

The Safe Touches Research Project

The NYSPCC has been delivering the Safe Touches program to children in public schools since 2007. Although during this time we have received overwhelming and continuous positive feedback for this workshop, it was imperative to rigorously evaluate program efficacy and materials to ascertain whether or not children receiving the workshop understand and remember the concepts being taught.

Materials and Methods

Participant Recruitment and Randomization: Recruitment for this study took place in public elementary schools in New York City. Schools were eligible for inclusion if 25% or fewer of the students were white, if there were two second or third grade classrooms that were not exclusively special education, and if 75% or more of the students received free lunch. Following outreach to 101 eligible schools, six schools agreed to participate in the study. A cluster randomized trial design was used, whereby matched pairs of classrooms within schools were stratified according to grade level and then randomly assigned to intervention or control groups within a stratum. Children in these selected classrooms were eligible for participation if they were at least 7 years of age, and had not participated in the Safe Touches program in the past. Exclusion criteria included any major physical, cognitive, or emotional impairment that would affect the child's ability to participate in the workshop or to respond

to the surveys. Of the 890 eligible children (427 second graders and 453 third graders), 528 children returned parental informed consents. Of these, 492 children in 38 classes assented to be in the study. Thus, 492 second and third graders were enrolled and randomly assigned at the class level to either intervention or control groups.

Implementation Design and Psychometric Measures

Research activities took place at three separate time points over a 5-week period at each school. A delayed intervention study design allowed for the collection of data from control participants at times concurrent to those of the intervention participants. With this approach, all children would receive the benefit of the Safe Touches program, which fulfilled the NYC Department of Education mandate that all children receive personal safety training.

The main dependent measure used for evaluation in this study was the Children's Knowledge of Abuse Questionnaire Revision III (CKAQ; Tutty, 1995). The CKAQ is a validated measure of children's knowledge about CSA concepts and prevention skills and is composed of two subscales: the Inappropriate Touch Scale (ITS), which measures children's recognition of unsafe situations and people, and the Appropriate Touch Scale (ATS), which measures children's recognition of safe situations and people. The measure consists of 33 items scored "true," "false," or "I don't know," with higher scores reflecting greater knowledge. The CKAQ is among the most widely used outcome measures in CSA prevention research, and it has been used in urban, multicultural samples (Baker et al., 2013; Daigneault et al., 2012).

All students were administered the CKAQ as a pretest baseline one week prior to the delivery of the Safe Touches program. One week after this baseline test, the clinicians returned to the schools and provided the 50-minute interactive Safe Touches workshop for the children in the intervention groups. Meanwhile, children in the control groups participated in their normal classroom activities. At the end of this 50-minute period, all intervention and control group children completed the CKAQ for a second time (posttest 1). At this point, children in the control groups received the Safe Touches workshop. Four weeks later, all students completed the CKAQ for a third and final time (posttest 2) to assess for knowledge maintenance.

Results

The overall results of the implementation were decidedly positive. The intervention groups showed significantly greater improvement in knowledge of inappropriate touch compared to controls at posttest 1. Specifically, intervention group scores on the Inappropriate Touch Scale (ITS) increased by an average of 1.85 points from baseline to posttest 1. As expected, there was no significant change in

ITS scores among children in the control group from baseline to posttest 1. Interestingly, a significant effect of grade was also found: Intervention group children in second grade demonstrated significantly greater increases in their ITS scores relative to control groups, compared to intervention group children in third grade relative to control.

This finding diverges from most studies reporting knowledge gains on measures such as the CKAQ, which have found greater increases in older relative to younger children (Tutty, 1995). Further work is necessary to replicate and explore this finding and to determine if this effect is related to any specific demographic variables. Finally, no significant differences were found on any of the comparisons regarding scores on the Appropriate Touch Scale.

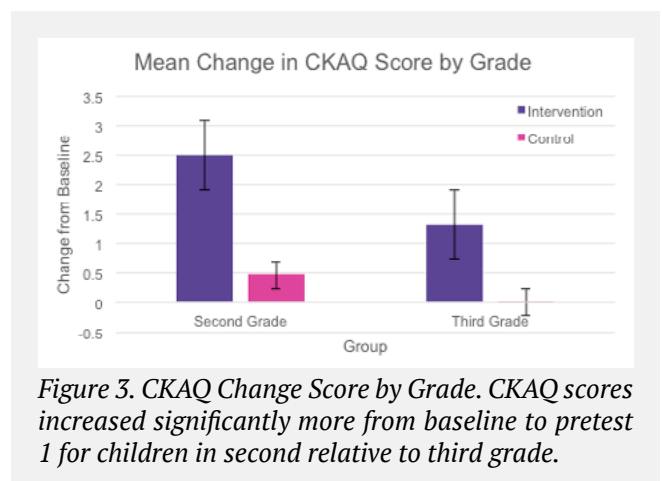


Figure 3. CKAQ Change Score by Grade. CKAQ scores increased significantly more from baseline to pretest 1 for children in second relative to third grade.

Implementation Challenges

Challenges encountered in the current work ranged from planning and recruitment to direct implementation and logistical issues. For example, although it is a requirement of the NYSPCC for teacher presence at the workshops, the facilitators noted that if the teacher was not only present but also attentive, the children's participation levels and understanding of content increased, and there was subsequently less disruptive behavior. If teachers were not attentive, the children became rambunctious and the facilitators were tasked with keeping the children's attention. Facilitators adapted by using strategies to increase students' engagement, such as having the children say "1-2-3 action!" before the start of the puppet skits. The classroom setup was sometimes problematic, and at times children could not all have a clear view of the facilitators.

Regarding CKAQ administration, facilitators noted that the space allotted at two locations was cramped and noisy. To combat cheating and copying answers, the research staff set up mini cardboard cubicles for each child. Some children also had trouble filling out the CKAQ correctly, often circling the answers on the wrong line. To solve this issue, research staff reviewed the survey line by line with each child (three or four in each testing group). Finally, scheduling challenges

included testing interfering with other school activities, needing to change locations in the middle of testing, and children being removed from class during the workshop.

More general concerns within the field of school-based CSA research have been raised about the content and unintended consequences resulting from similar CSA efforts, such as the material being too complicated for young children and the potential for unintended negative effects (Finkelhor, 2009; Renk, Liljequist, Steinberg, Bosco, & Phares, 2002). Such concerns are tempered, however, by this and other work, documenting that adverse reactions are rare and that children can and do learn the concepts taught in CSA prevention programs (Finkelhor, 2009; Oldfield et al., 1996; Taal & Edelaar, 1997)

Discussion

The current study assessed the Safe Touches child sexual abuse prevention workshop in an ethnically and racially diverse sample of children attending New York City public schools. Quantitatively, assessment of curriculum efficacy using the Child Knowledge of Abuse Questionnaire yielded positive and encouraging results. The significant mean increase in knowledge of inappropriate touch among the intervention group compared to the control group is consistent with prior studies measuring knowledge gains following school-based CSA programs (Baker et al., 2013; Hebert et al., 2001; Kenny, 2010; Oldfield et al., 1996; Tutty, 1992, 1997).

Teachers and school staff reported overwhelming satisfaction with the program and approval regarding the delivery of sensitive material and concepts to young children. The majority of children were actively engaged and interested in the presentation and participated in giving feedback to the questions posed by facilitators. Children readily shouted out answers when given the opportunity, appeared to understand the concepts, and were able to verbalize important points, such as “it’s never the child’s fault” and “keep telling until someone believes you.” Taken together, the study results document the effectiveness and acceptance of Safe Touches for use with racially and ethnically diverse groups of children.

Regarding disclosures from children, concerning statements were made by 12 students, which were followed up by facilitators and school staff. In all cases, a minimal facts interview was conducted by the NYSPCC clinicians in the presence of school personnel, and no calls to the SCR or the police were indicated. The guidance counselor and teachers also agreed to follow up with parents as appropriate.

The current study additionally contributes to the limited literature assessing CSA knowledge gains by children from predominantly low-income families, which thus far has reported mixed results (Collin-Vezina, Daigneault, &

Hebert, 2013; Topping & Barron, 2009). The high-response rate and resulting large sample size were notable strengths of the current work, as well as the reduction of selection bias risk via randomization of classrooms prior to obtaining parental consent/student assent (Armijo-Olivo, Warren, & Magee, 2009; Topping & Barron, 2009). Risk of bias was further reduced by clustering of classrooms within schools, rather than clustering at the school level (Hedges, 2007). Finally, use of both pre- and posttest measures (Davis & Gidycz, 2000) and evaluation of program implementation fidelity (Topping & Barron, 2009) improved upon prior methodologies.

Implications for Social Work Practice

Reaching children with CSA prevention concepts during, or possibly even before, the second grade may prove to be helpful in the effort to reduce CSA. The study results indicate that second graders had higher levels of increased knowledge from pre- to posttest than third graders. Thus, social workers in the school system and providers of CSA programs may benefit from integrating CSA concepts into the curriculum during the first and second grades. As child sexual abuse often begins at or before the age of 7 (Finkelhor, 1990), the NYSPCC advocates beginning CSA education between the ages of 5 and 8 to help safeguard children at an age when they are vulnerable to abuse. Those involved in CSA prevention should also seek opportunities to provide workshops or education outside of the school environment. For example, there is movement in the medical field to incorporate CSA concepts into regular visits to the pediatrician (Finkel, 2013). The child protection field should investigate other venues that would provide an environment conducive for children to learn the difference between safe and not-safe touches.

Generally, involving parents, guardians, and teachers in CSA efforts is good practice. Parent workshops that describe what children are learning in school and that address the technical aspects of CSA—such as signs, symptoms, levels of risk, and what to do if you believe your child has been abused—have been well received in NYC. Prior work has shown an increase in communication about CSA prevention between children and caregivers following children’s participation in a school-based CSA prevention program (Hebert et al., 2001). This communication may be additionally supported when parents are given written prevention material, although future work would greatly benefit from measured assessment of parent attitudes and understanding of CSA concepts. Such research is needed to better understand the broader impact of school-based CSA prevention programs, which could then inform future CSA prevention efforts geared toward parents and school personnel. Further outreach, such as aligning with local Child Advocacy Centers to insure that expert resources are available for suspected or disclosed abuse is also an important step.

Limitations

In line with previous studies evaluating knowledge gains from CSA prevention interventions, it cannot be assumed that gains in knowledge after participating in Safe Touches lead to risk reduction for child sexual abuse or behavioral changes (Oldfield, Hays, & Megel, 1996; Tutty, 1997). For example, a retrospective study of women who had attended a CSA prevention program in childhood found lower rates of self-reported CSA compared to those who had not; however, methodological limitations require cautious interpretation of the findings (Gibson & Leitenberg, 2000). Despite this limitation, evaluating knowledge gains remains an important first step in CSA prevention, upon which more strategic assessments of risk reduction should be based. It was also not possible to obtain important child-level data on race, ethnicity, family income, and special education due to Department of Education regulations. However, the current research clearly advances existing studies that are limited to more homogenous samples, with the inclusion of school-level demographic data. Additionally, the CKAQ did not perfectly mirror the concepts taught in the Safe Touches program: It included several items pertaining to “stranger danger,” a concept that was purposely excluded from the Safe Touches curriculum because a majority of CSA is perpetrated by someone the child knows (Finkelhor, 1994). There was no significant difference in results, however, when these data were analyzed excluding “stranger danger” questions.

Continuing Education of Safe Touches in NYC

In October 2013, the NYSPCC embarked on an effort to offer Safe Touches workshops, free of charge, to all Bronx public school students from kindergarten through the third grade over the next 4 school years. With generous funding from the Horace Mann School, Colgate-Palmolive Company, and other foundations, the NYSPCC is on track to offer Safe Touches workshops to more than 3,000 Bronx students over the 2014–15 school year. Safe Touches is also offered in NYC summer camps and community centers. In addition to the positive study findings, we are increasingly encouraged that the NYSPCC’s Safe Touches workshop has received overwhelmingly positive feedback and that demand for this program continues.

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APSAC Influences U.S. Supreme Court in Child Abuse Case

Jeremy Lawrence, JD, and Thomas D. Lyon, JD, PhD

The Supreme Court has relied on an amicus brief submitted by APSAC in a case that will have far-reaching effects on the ability of prosecutions to move forward despite child witnesses' inability or unwillingness to testify. In *Ohio v. Clark*, 135 S.Ct. 2173 (2015), the Court addressed whether the Confrontation Clause prevented the state from prosecuting a child abuse case by introducing hearsay from a 3-year-old victim who was found incompetent to testify at trial. The Supreme Court interpreted this clause to prevent prosecutors from admitting "testimonial" hearsay from anyone who the defendant is unable to cross-examine in *Crawford v. Washington*, 541 U.S. 36 (2004). Further, based on examining statements made to the police, the Court has held that statements are testimonial if their "primary purpose" was "to establish or prove past events potentially relevant to later criminal prosecution," as declared in *Davis v. Washington*, 547 U.S. 813, 822 (2006).

In *Clark*, the 3-year-old showed up at preschool with bruises, and when questioned by his teachers, the child reported that his mother's boyfriend had abused him. Relying on a hearsay exception for children's complaints of abuse, the trial court allowed the teachers to repeat what the child had said. The Ohio Supreme Court overturned the conviction on the grounds that the child's statements were testimonial hearsay.

The U.S. Supreme Court unanimously reversed this decision. In assessing the purpose of the statements, the majority opinion examined both the perspective of the child and of the teachers. Viewing the conversation from the perspective of the child, the Court held that "[s]tatements by very young children will rarely, if ever, implicate the Confrontation Clause." Quoting APSAC's amicus brief, the Court observed that "[r]esearch on children's understanding of the legal system finds that young children 'have little understanding of prosecution.'" The brief cited a series of studies examining children's understanding of the legal system, beginning with work by Rhona Flin, Karen Saywitz, Amye Warren, and others. Furthermore, echoing language from the brief, the Court stressed that when children disclose abuse, they do so not because they seek prosecution, but primarily because they want the abuse to stop or to help other victims.

Viewing the conversation from the perspective of the teachers, the Court concluded that the teachers' "immediate concern was to protect a vulnerable child who needed help." They had to confirm "whether any other children might be at risk," and "needed to know whether it was safe to release"

the abuse victim at the end of the school day. It made no difference that they were obligated to report suspected child abuse, because "mandatory reporting statutes alone cannot convert a conversation between a concerned teacher and her student into a law enforcement mission aimed primarily at gathering evidence for a prosecution." APSAC's amicus brief had reviewed all fifty states' mandatory reporting laws and demonstrated that the primary purpose of reporting and subsequent investigation is protection rather than prosecution.

The decision will remove barriers to prosecution in many cases, including any case in which very young children allege abuse, and many if not most cases in which children allege abuse when questioned by teachers, social workers, psychologists, and medical professionals.



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Mr. Lawrence and Dr. Lyon co-authored APSAC's amicus brief to the U.S. Supreme Court.

A Model for Developing the Next Generation of Future Child Advocates

Christine E. Pawelski, EdD

Introduction

Mel Schneiderman - APSAC Board Member

The National APSAC Board recently endorsed Future Child Advocates (FCA) as an important initiative in the field of child maltreatment and anti-bullying and has agreed to form an advisory committee to help further the goals of the project. APSAC will become Future Child Advocates' national multidisciplinary partner, lending its credibility, providing a network of national and local experts to speak at club events, and helping to identify community sites for student volunteers. It is our hope that students across the nation will become APSAC affiliate or student members and serve on local, state, and national committees to further APSAC's aspirations. We are a leading voice in the field, intending to increase awareness of issues of child abuse and neglect as well as bullying among college students and the general public.

What Is the Problem?

All forms of violence, child abuse, harassment, and bullying continue to be an unfortunate reality of today's society. This is especially true for more vulnerable populations of children and young people.

Work has been done to provide greater support and attention to this concern, along with better training of professionals who are more directly involved with such children at risk. Since 2012, policy developers at the state and federal levels have introduced expanded guidelines in this area, such as licensure requirements that mandate additional training workshops to enhance understanding and promote interventions related to abuse, bullying, and harassment, especially for school-based professionals seeking certification or renewals across many disciplines (Sacco, D. T., Silbaugh, K., et al., 2012). New York State, for example, added 6 hours to the already required 4 hours of mandated training for school-based professionals seeking certification. But it is not enough! More work is needed not only to sensitize professionals but also to expose the next generation of citizens and future parents to these realities regardless of chosen profession. Each person can do something to help support and protect children in his or her life and community and thus become that needed child advocate.

Finding Solutions

The Future Child Advocates (FCA) initiative was launched in 2012 as a vehicle to bring the issues and concerns of

bullying and child abuse prevention and intervention to the next generation of citizens and diverse professionals in each community. The idea was to establish model undergraduate and graduate clubs focused on advocacy in the areas of bullying and child abuse. Student organizations and clubs can play a strategic role in intellectual and civic responsibility, thereby bridging academic discourse in the classroom and the need to support a human community striving for equity and justice. The FCA club concept offers undergraduate and graduate students opportunities to enhance or clarify their future professional roles while providing a greater understanding of what is needed to ensure a safe, enriching, and positive world for their own children along with understanding what role they can play in advocacy on multiple levels. Identified goals for Future Child Advocates clubs include the following:

- » Public Awareness events developed within the campus community around issues and advocacy related to anti-bullying and child abuse interventions.
- » Professional Development activities (such as speakers, workshops, and readings) which can expand student knowledge and identify community needs across targeted child abuse and anti-bullying areas. Libraries and community-national partners can help by identifying local experts as speakers or developing fact sheets or reading lists on critical topics. Other activities may include site visits to medical centers, child advocacy centers, or court locations to learn more about processes and procedures involved in child maltreatment cases. Libraries can also provide space or support for facilitated conversations on issues or demonstrations of unique programs in this area of work.
- » Community Service in the area of child abuse and bullying prevention and intervention can be done in a variety of ways. Multiple opportunities exist to volunteer at a local child advocacy center, for example, working with children and families in waiting room areas or raising funds for needed books and materials for these locations and families. School-based community service might involve leading various types of anti-bullying sessions during or after school.
- » Opportunities for all clubs to develop skills in Advocacy and Fundraising are important for to achieve projected outcomes.

Two formal FCA clubs have been developed as models: an

undergraduate program at Fordham University, Bronx, New York, and a graduate program at Teachers College, Columbia University, New York. For more information, visit the Web site at www.futurechildadvocates.org.

Moving Forward

To sustain the work at these two pilot institutions and to promote the FCA concept among other higher education communities, it was decided to secure a formal partnership with an appropriate multidisciplinary national professional organization. Students becoming involved in this type of campus club are seeking exposure to multiple disciplines and aspects of child maltreatment, prevention, and intervention. Research also documents graduate students developing stronger professional identity as a result of out-of-class experiences (Lidden, D. L., Wilson, M. E., et al., 2014). Furthermore, students often transfer their focus of interest beyond their immediate community as enhanced knowledge broadens their horizons. Tapping into that widening circle of possibilities beyond university boundaries seems to hold promise for sustaining this particular child advocacy model. In addition, faculty can have greater confidence in supporting the activities of students participating in an FCA club given added oversight from national experts who could also provide materials useful to professional research and course development.

Given the vision and overall mission of the American Professional Society on the Abuse of Children and its interdisciplinary membership from around the world, FCA leadership sought to establish a formal connection with APSAC and its statewide chapters to help develop this next generation of child advocates. Partnership possibilities with APSAC include the following:

- » Creation of a Committee or Sub-Committee within the APSAC structure to ensure that APSAC is meeting the needs of undergraduate and graduate students interested in child advocacy in these areas.
- » Preparation of a listing of recommended articles across disciplines that could be available to FCA faculty advisors and student leadership and incorporated into club meetings or advocacy efforts.
- » Identification of an APSAC member to serve as a liaison with the national leadership of FCA, to help identify current topics that should be included in the FCA work at the college or university level in addition to assisting in questions and issues that might arise.
- » Provision of a listing of recommended local speakers for approved FCA club meetings, workshops, or events that would be appropriate for student groups and where possible encourage their involvement. Site visit recommendations also could be included.

- » In collaboration with the FCA national administrative staff, the APSAC liaison or committee could participate in reviewing the approval of new clubs, helping to ensure oversight and monitoring where necessary.
- » Provide to club faculty advisors free access to at least the APSAC Advisor and its online library for as long as they serve in this capacity for their university student organization.
- » Provide opportunities for FCA student leadership and graduates to serve on APSAC state or national committees where appropriate.
- » Help sponsor in collaboration with national FCA a biennial event that would provide opportunities for clubs to share their activities, outcomes, and challenges.
- » Assist in the design of an assessment tool to document the sustainability and support the replication of this initiative.

There are no simple and totally evidence-based models for securing a safe, quality world for children for today or the future. However, the time is right to build upon ideas that seem to hold promise for continuing to encourage a child advocacy agenda for the next generation of citizens and professionals. The work is not done, but positive changes can continue to occur if each of us does his or her part.

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For Purposes of Medical Evaluation and Treatment

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

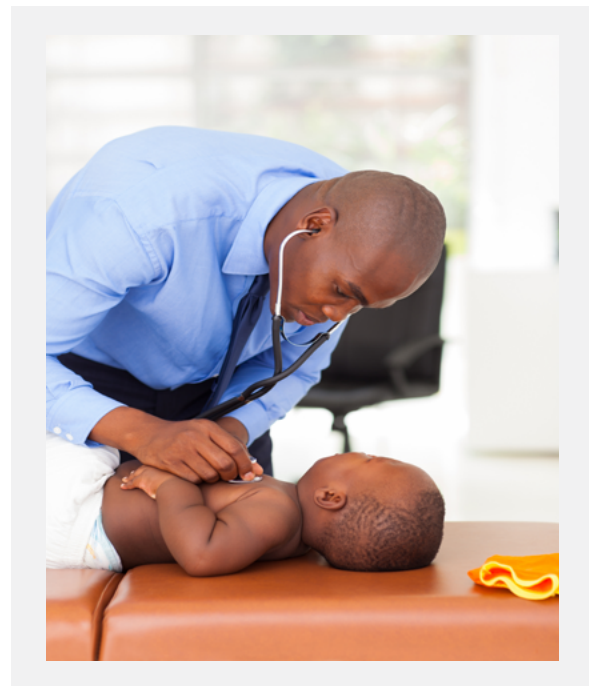
Since the advent of CAPTA in 1974, the federal government has asserted its role in protecting children. Through programs, research, and monitoring systems, the government strives to prevent child abuse and neglect while ensuring that child victims receive appropriate treatment and care.

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.

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

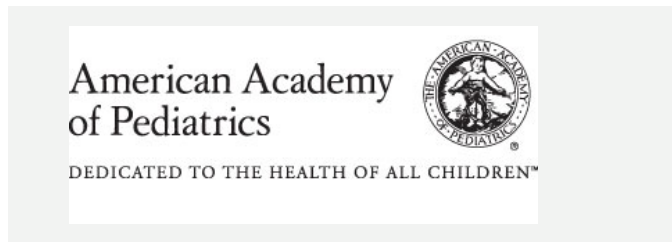
Journal Highlights

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)²—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>

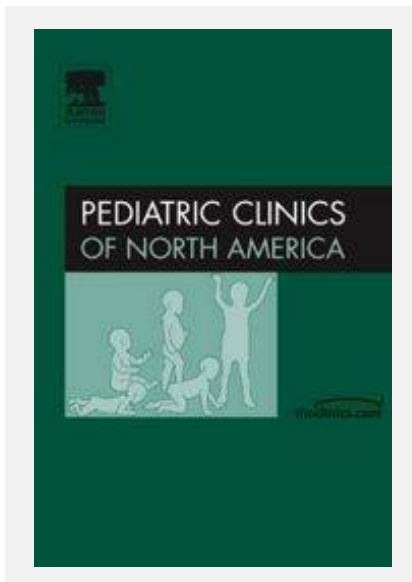
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Child Maltreatment and Culture

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

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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.

January 25–28, 2016

30th Annual San Diego
International Conference on Child
and Family Maltreatment
San Diego, CA
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
<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
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
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
<http://www.ivatcenters.org/>

Interested in listing your conference in our calendar? Contact_apsac@apsac.org.

Conference Calendar

October 5–6, 2015

International Courthouse Dogs Conference
Seattle, WA
206-316-6273
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

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.

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.

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.

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

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.

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.



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