



Multigenerational Reflections on APSAC—Thirty-Five Years in Review: An Interview with Deborah Daro

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The American Professional Society on the Abuse of Children (APSAC) reinvigorated the prevention and treatment of child maltreatment for researchers, clinicians, and policymakers. As part of APSAC's 35th anniversary, we (Sam Ellner—a doctoral student at Penn State—and Jerica Knox—an incoming postdoctoral fellow at the National Center for School Mental Health) had the honor of interviewing Deborah Daro, PhD, one of the nation's leading experts in child abuse prevention. She served as a founding member of APSAC and has continued to serve as a trailblazer for early intervention throughout her career. We discussed Dr. Daro's experiences with the association and asked her to reflect on the challenges and successes she faced as a member. As an ice breaker, we asked Dr. Daro to identify three words she thought best described APSAC. We then reviewed Dr. Daro's personal history with APSAC and here use those three words to frame her contributions to the association. We conclude with our reflections on the future of APSAC and child abuse prevention and treatment.

Deborah Daro in APSAC

Deborah Daro received a master's degree in city and regional planning from the University of California, Berkeley, which focused on creating healthy and supportive physical spaces for residents. There, she took a specific interest in the livability of cities for children, specifically how to make cities safer for children and families, which led to her work with child abuse prevention. Dr. Daro returned

to the University of California, Berkeley, for a PhD in social welfare. Her dissertation project laid the foundation for her to be one of the first to evaluate clinical demonstration programs funded by the federal government in the late 1970s. Her work running the National Center on Child Abuse Prevention Research at the National Committee to Prevent Child Abuse solidified her interest in child abuse prevention. Since 1999, she has been at Chapin Hall at the University of Chicago researching child abuse prevention policy, particularly for younger children.

Deborah Daro became associated with APSAC during her time at the National Committee to Prevent Child Abuse. New to the field, she was eager to build relationships with other professionals who could help her understand the problem. She was particularly interested in hearing other perspectives beyond social work that addressed child maltreatment.

Throughout her tenure at APSAC, Dr. Daro has worn many hats, and it was clear from the start that her positionality was different from others in APSAC. Many of the members were clinicians whose job was to treat children and families after maltreatment had occurred. Although she found such efforts important, she wished that the association would focus more on the prevention of maltreatment by intervening with families before any maltreatment might occur. She saw the inequities among maltreating parents and observed that educational resources could provide systematic support for families in these challenging positions.

Dr. Daro's Big Three: Innovation, Relationships, and Interdisciplinary Work

On Innovation in APSAC

Dr. Daro considers APSAC to be innovative because it has organized people from varied backgrounds around the problem of child abuse. Unlike other associations, APSAC has focused on ending child abuse from different angles and worked with individuals interested in altering policy and improving practice standards with data-driven decisions.

In our discussion, Dr. Daro also spoke about how APSAC endorsed equity and respect. "It was innovative to see [welfare-involved families] as individuals in the community." She reflected that previous approaches to treating families in welfare focused on deficit-based approaches. The shift to thinking about supporting families was innovative. "We could provide support to improve lives," she explained. However, Dr. Daro also mentioned the difficulties faced by individuals researching child abuse. "We received pushback," she commented regarding work specifically on child sexual abuse, demonstrating how innovation can be perceived as offensive.

In addition to community support, APSAC spearheaded social welfare and academic publications to disseminate current child maltreatment research. APSAC released a handbook (<https://www.apsac.org/apsacpublications>) to the community reviewing its innovative approach to child abuse. This handbook also included sections about child abuse prevention at a time when treatment was at the forefront. "It was well-designed and widely disseminated," said Dr. Daro. In addition, she began to galvanize the need to integrate research and practice, which included the initiation of APSAC's own journal—*Child Maltreatment*.

APSAC also had an innovative focus on association-wide access to continuing education for its members, with only several hundred people attending the first

colloquium. Unlike the format of large conferences, the colloquium consisted of six-hour minicourses across two days. Participants learned new skills, such as forensic interviewing or abuse prevention strategies, from facilitators. Currently, APSAC's colloquium more closely resembles other large conferences, yet despite such success, Dr. Daro said that she preferred the original format because it drew upon the diversity of knowledge within the association and offered educational opportunities to members.

Today, the primary focus of APSAC remains on intervention for abuse victims. Dr. Daro argued that this is because APSAC was started by—and is still focused on—clinicians. She believes that APSAC may need to broaden its practices to "be a voice for policy change at the federal and state level" and continue to push through innovative policies. Again, she stressed that those focused on innovations to end child abuse should direct their energies toward preventing child maltreatment by supporting families.

On Relationships

According to Deborah Daro, the strong relationships within APSAC have served as a catalyst for knowledge-sharing and increased commitment to child abuse prevention. "We weren't in it just to gain," she explained, "We spent hours talking to each other. Not idle chit chat but trying to process through [our] relationships with one another... learning what one knew and didn't know to build the field." Dr. Daro noted that respect and relationship-building were essential for organizational members to be able to agree and disagree with each other. She recalled being vocal about wanting APSAC to be more active with prevention work; however, most people wanted to pursue clinical intervention work. Nevertheless, "[disagreements] didn't cause distress because we had strong personal relationships." Dr. Daro also recognized the importance of interpersonal relationships at APSAC. She and her colleagues became close friends and would get together at each other's home: "It was the group you wanted to be a

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part of ... again, because the conversations were so rich. Nobody discounted anyone's skills or knowledge."

Dr. Daro also reflected on the challenges of having such strong interpersonal relationships within leadership at APSAC. For example, she described the early days as having a community in which there was a schism between leadership and frontline membership. She reflected that APSAC's leaders should not have created such a bubble. Indeed, including all members within the organization in decision making could have better served the organization.

According to Dr. Daro, there is a need for expansion beyond one's usual social circles. She explained, "People brought in each other to the organization," making the leadership insular. "We used to call [the first generation of APSAC] old buffalos when they would retire. I think there hasn't been enough exiting of the old buffalos from APSAC leadership." She called for the next generation of leaders to have a chance to bring their varying ideas to the table: "You could literally fit all the people doing child abuse prevention in one conference room at one point. It was a very small group. Now, there is so much variance in the theme of child abuse prevention. If APSAC wants to grow, it needs to have a more inclusive view. People are coming in with a new mindset." APSAC can certainly learn from its past mistakes to be more inviting to new members, thoughts, and ideas. Essentially, APSAC can use its relational approach to reach all members. "I am not the oldest person you are going to talk to," she said, "but I am certainly not the youngest either." Mentorship across generations pushes the field of child abuse prevention forward.

Dr. Daro is interested in seeing how big APSAC can and wants to be. Although she sees the need for having a critical mass of people for others to also experience relationship building within APSAC, she acknowledges that professional societies are expensive. Joining one's professional society "used to go without challenge, but now that's not the case,"

Dr. Daro explained. She suggested using APSAC's refreshing use of relationship building to promote joining the society. In general, organizations must get professionals excited about joining, and Dr. Daro believes that the relationships APSAC can offer are key. Regarding the future, she noted the importance of knowledge sharing being paired with relationships: "Never think you're going to know the whole thing. Value your colleagues." Indeed, relationships have served APSAC abundantly, and continuing this practice seems to be fitting for the organization.

On Interdisciplinary Work

Dr. Daro noted that the interdisciplinary nature of APSAC is the hallmark of the organization because it has gathered around an issue rather than a discipline. "The vision was a lot of different professionals engaging in parent support and addressing child maltreatment...not a social worker, educator, [et cetera] problem," she observed. "It was all of our problem." This collaborative nature helped to spark the productivity and innovation that Dr. Daro spoke of. She acknowledged that much of her work was due to what she had learned from others.

This led her to reflect on APSAC's current challenge regarding interdisciplinary work: "APSAC needs to decide whether to be broad or narrow." Referring back to APSAC's first colloquium, she noted, "If you wanted to do prevention work, you spent two days doing prevention... Now, the colloquium is like any other conference. If we do that, then we need to figure out which unifying issues we can talk about."

According to Dr. Daro, the next leaders should "always be in learning mode. Look over the fence and see what our colleagues in different disciplines are doing. You need an interdisciplinary focus." She believes that APSAC is already structured to allow for efficient and effective interdisciplinary work. Thus, continuing those efforts will be advantageous. The organization can also be a voice for policy change at the federal and state level.

Additionally, Dr. Daro wants APSAC to continue its interdisciplinary work with an even broader focus. She explained, “It’s not like just going to a doctor of medicine doing work with child abuse victims, then you belong in APSAC... It’s saying that [even those] who work in public health...those creating better maternal and child health services...you also belong in APSAC and the conversation.” Dr. Daro is confident that this shift can happen: “It would really elevate the issue from being something that affects a few kids to understanding that all families benefit from support. If we want the best for kids, we have to realign how we invest our time, and APSAC has the platform to do that.”

The Future of APSAC

On Contextual Change

In her interview, Dr. Daro made note of the need to lift marginalized voices within APSAC.

She commented that APSAC could “take a wider scope” and address child abuse as a need for contextual change. For example, members could take a hard stance against systems that allow child abuse to occur. Addressing systemic issues, such as mental health services or wage security, may end child abuse by more thorough means.

However, creating contextual change is not so simple. Just as APSAC reframed welfare support away from a deficit mindset, contextual change requires a reframing of social systems that put children at risk. It is the responsibility of welfare workers, clinicians, and researchers to identify pockets of systematic bigotry within their work. It is then the responsibility of each individual to reflect how they have contributed to or supported a bigoted system. Part of this process is accepting that we as a community have been making biased decisions and that we need to change that.

Reframing how we address child abuse should not forgo treatment. Treatment for trauma will always be an important aspect of addressing child abuse.

However, there is a reality in which we have been providing treatment for maltreated children for a long time through a very specific perspective. In a modern world, we need to be able to support people from many backgrounds. BIPOC, LGBTQA+, neurodiverse, and other marginalized peoples need a new form of care. Recontextualizing treatment from different perspectives may allow practitioners to better meet the needs of the children and families they are treating.

Practitioners should educate themselves as to how systemic issues can put individuals at risk for abuse. This knowledge may improve treatment because services come from a place of understanding as opposed to a prescriptive space.

On Accountability to the Future

During our conversation, Dr. Daro asked, “What do you want for kids?” As the next generation of researchers and practitioners, our answer to this question can either enhance or hinder the future of child abuse prevention. In reflecting on the question, we want kids to receive updated systems that work better for them. Many systems within the authors’ purview need to evolve to meet the needs of present-day children. Dr. Daro pushes for innovation and interdisciplinary work within APSAC by utilizing newer voices, and we should take that same approach for other settings as well.

Schools, for example, have outdated systems. As a school psychologist, Dr. Knox has been able to experience the struggles of inadequate systems in schools that do not meet the needs of students. Ms. Ellner, a previous school teacher, can also attest to this. This struggle is why there are high rates of teacher burnout and turnover. If our goal is to prevent child abuse, then we must update our school systems to include prevention tactics. This can look like several practices, including expanded home-school collaboration in which all parties (parents, teachers, and students) can benefit from each other’s knowledge and experiences. As Dr. Daro briefly

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mentioned, parents teach teachers just as teachers teach parents. It is a mutually beneficial learning relationship that can help to prevent child abuse. Prevention tactics should also look like culturally responsive practices that, combined with home-school collaboration, honor and respect families. Similarly, trauma-informed practices, which Dr. Daro defines as the sensitivity one should bring to all situations, can provide support in updating our school systems to be safe and supportive for families and students. It is not above us that these innovative practices are often thwarted by lack of time and human capacity, which is why we also call for more interdisciplinary work to maximize capacity.

Innovation and interdisciplinary work should extend to the realm of research as well. Similar to the struggle of schools, academia also experiences high turnover. How can we as researchers provide implications for effective practice when we still struggle with the same inadequate systems in our own realm? We have both experienced the need for updated systems that can indirectly help to prevent child abuse. For example, researchers can work to balance the pressure to publish with child abuse prevention research that provides practical implications based on authentic data. We need new voices—new buffalos as Dr. Daro put it—to expand on the systems we currently have.

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