



Reflecting on the History and Future of APSAC: An Interview with Susan Moan Hardie

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**Susan Moan Hardie,
PhD, RN**

Susan Moan Hardie, PhD, RN, entered the ranks of pioneers of the child maltreatment field because of her internal curiosity, fearless career choices, and passion for multidisciplinary child maltreatment investigation. Her interest in child advocacy led her on a journey of knowledge that she obtained through education, collaborations, multidisciplinary work, and ultimately, her contributions on the APSAC Board of Directors. Dr. Hardie has played many roles in her lifetime, including educator, administrator, researcher, and consultant. However, out of all the roles, she mostly identifies as a clinician, saying, “That’s where my heart is.” She has always worked with the common purpose of advocating for children to prevent child abuse. Her work contributed to the foundation of how professionals interview children alleged to be sexually abused. Thus, tracing her path has many lessons for both seasoned and beginning practitioners. In this article, we take a look at Dr. Hardie’s journey and her contributions to the American Professional Society on the Abuse of Children (APSAC).

Academic Background

The nature of Dr. Hardie’s experience and educational background is vigorous and admirable. She received a Bachelor of Science in Nursing from Wagner College in New York City in 1974. She then continued her education in 1980 by pursuing a Master of Science in Psychiatric and

Community Mental Health Nursing at the University of California, Los Angeles, where she also became certified in parent training at the Parent Training Clinic (1979). Finally, she achieved a Doctor of Philosophy in Education and Child Development at the University of California, Los Angeles in 1991. Dr. Hardie has been a registered nurse in California and was certified as Clinical Specialist in Child and Adolescent Psychiatry by the American Nurses Association.

Professional Experience at Veterans Administration Hospital, Palo Alto

Dr. Hardie has had a fascinating career building her legacy in child welfare. Although now recognized as one of the pioneers of APSAC, she did not necessarily begin her career working with children. In 1974, as a new graduate from Wagner College in New York, she knew she wanted to work in Northern California. She moved to the West Coast, landing a job at the Veterans Administration (VA) hospital in Palo Alto. In her two and half years at the VA hospital, she was a staff nurse in the area of adult acute psychiatry, working with severe mentally ill veterans. These were all men who were on a locked unit against their will because they were homicidal, suicidal, or gravely disabled. This time was the advent of the use of psychotropic medications, and Stanford was conducting a large number of research projects. Dr. Hardie recalls being fascinated with the research being done, and she was most moved by hearing and learning from many veterans. She found that what dominated their memories weren’t the battles they had fought in Korea or Vietnam, but

their childhood torment and the physical abuse by parents. She heard veterans speak about being forced to stand on or kneel on tacks in a corner or standing in a corner for hours on end. Moved by the stories she heard from veterans, she decided she needed to intervene sooner, but first, she needed to go back to school to learn more about working with families and parents and doing interventions. Working at the VA and learning about veterans' childhood trauma marked a turning point in her career as she pursued her curiosity and sought to learn what she could do to prevent child abuse and help parents.

Neuropsychiatric Institute and Hospital, University of California, Los Angeles

Now knowing that her passion was to work with children and families, she landed at UCLA, where she worked as a clinical nurse at the Neuropsychiatric Institute (NPI) in inpatient psychiatry for children with developmental disabilities and severe behavior disorders. She worked with several children on the unit who disclosed their physical and sexual abuse to her. The children ranged in ages, some being as young as 4 and 5 years old. Dr. Hardie, got to work not only with the children but also their parents. At this time, she met a nurse educator by the name of Ann Savino, who introduced her to the UCLA Suspected Child Abuse and Neglect (SCAN) team after she informed her of the physical and sexual abuse disclosed by these children.

The UCLA SCAN team influenced Dr. Hardie's career as she saw the importance of being able to work in a multidisciplinary team. She attributes the SCAN team with being an significant part of her career as she recognized that in the field of child abuse prevention and treatment, work can't be done in silos. She also understood the need for the team to work closely with one another. To be able to walk into a meeting where there was a UCLA police officer, a supervisor from the Department of Children and Family Services, doctors, nurses, dentists, social workers, radiologists, and many

other people from different disciplines was a fascinating experience that left an impression on this young nurse and marked her career. She began to offer consultation to NPI interdisciplinary staff and trainees when child abuse was suspected and encouraged them to attend SCAN team meetings for further input, support, and resources. She felt it was really important, meaningful, and supportive to be able to have these connections and offer continuity of care and access to resources to these families. Furthermore, she saw the SCAN team as a multidisciplinary network that offered hope to make a difference for children and families experiencing abuse. Throughout Dr. Hardie's career, her skill to network and join multidisciplinary teams was integral to her contributions to the field.

Parents United at UCLA's Neuropsychiatric Unit

Dr. Hardie further gained experience in the field of child abuse as she held different positions with different populations, including parents with developmental delays bringing home a baby. After leaving inpatient psychiatry, she went on to work in the child outpatient department at NPI. In 1983, she also was Coordinator for Parents United in a treatment program for sexually abused children and their families. Parents United had been formed in the late 1970s by Hank and Ana Giarretto in San Jose through the parole department as a diversion for offenders who would admit and take responsibility for sexually abusing children. The program provided therapy for all members of the family. The chapter of Parents United at UCLA NPI child outpatient department was the only one in the world set in a psychiatric hospital setting. It established a newly developed self-help model at UCLA, within the Family Support Program in the NPI under the direction of Gloria Johnson-Powell, MD, an African American child psychiatrist and one of the pioneers in the child maltreatment field; the program used a mental health treatment model of individual therapy as well as group therapy for offenders, nonoffending parents, child victims, couples, and families.

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At UCLA, Dr. Hardie learned a great deal in and was grateful to be part of the culturally diverse Family Support Program, which included Dr. Powell as well as social workers Veronica Abney, Gloria De La Cruz, Joan Johnson, and Barbara Bass and psychologists Morris Paulson, PhD, and Gail Wyatt, PhD. Dr. Wyatt, an African American psychologist, replicated a study with African American women in southern California done by Diana E. H. Russell, PhD, looking at the rate of child sexual abuse among women. This was the first randomized control trial study that was done door-to-door conducting individual interventions. Dr. Wyatt found similar themes as Dr. Russell had found: delayed disclosures, telling a little bit, and taking it back, or never telling about their abuse unless someone directly asked.

During the early '80s, Dr. Hardie met and got to work with Roland Summit, MD, a UCLA community psychiatrist who regularly consulted with the Family Support Program and Parents United therapists regarding their cases. He had just recently published an article in *Child Abuse and Neglect* on the child sexual abuse accommodation syndrome (CSAAS). The CSAAS explained that children who were sexually abused often delayed disclosures or took back their allegations. His research led to decades of important studies and advances in the understanding of and response to children's and adult's disclosures of child sexual abuse. During this time, Dr. Hardie also happened to be treating adult survivors of child sexual abuse. There were very few therapists in the 1980s who were treating adults molested as children. She worked in one of the two programs in Southern California that provided individual and group therapy for adult survivors.

Dr. Summit's consultations had an enormous impact on the direction of Dr. Hardie's career. She became concerned that children were being asked to testify in court without an advocate or any preparation. She saw being asked to testify in court as intimidating because it was not welcoming to children or child friendly. Moreover, this was occurring at the same time as the debate in the literature as to whether

children could be trusted to testify in court. Are children reliable? Are they reliable eyewitnesses to a crime? Dr. Hardie recalls the debate about memory being based on the science that had been conducted up until that time, which typically involved laboratory experiments about deliberate memory. For example, people were asked to memorize seven numbers of a telephone number or memorize a series of words, and then they were tested an hour later or half a day later. Another point that was argued was whether children are suggestible. Dr. Hardie wondered if suggestibility was influenced by the way questions were asked and the social context in which the questions were asked. This led her to wanting to find out if there were ways to best talk to children.

Dr. Hardie's curiosity led her to further explore how children could be interviewed when abuse is suspected. She asked herself, What are ways professionals can ask children questions? What are the questions professionals can ask that help children recall and retell the story as accurately as possible? She was also concerned that children were going into a court setting without any support, no one was preparing their parents, and they were being asked to testify. In many of the cases, children were testifying against their own fathers. It was no surprise to Dr. Hardie that children were not able to talk or taking it back. The children later returned to see their therapist or their team to then discover that the perpetrator had been released from jail because the child denied anything had happened in the preliminary hearing.

Dr. Hardie reflected on this issue, acknowledging that there was a lot to be learned and a lot of work to be done regarding the need for court preparation. She became curious about studying memory and asked herself, How do we remember things we want to forget? If abuse is hard for adults to talk about, how do we help children recall and talk about their abuse?

Eager to learn more about this issue, she decided to return to graduate school at UCLA, where she met psychologist Karen Saywitz, PhD, who had a

federal grant with Gail Goodman, PhD. Dr. Hardie had the opportunity to do research with them and get involved in a large six-study grant. Her dissertation thesis was part of one of the six studies, looking at expanding free recall, reducing suggestibility, and increasing accuracy by developing questions that are developmentally sensitive and giving children instructions. She sought to answer different questions such as, What kind of instructions are helpful to children, and what do they understand about being interviewed or questioned? What do adults interviewing children need to understand about child development? At this time, professionals understood that under the age of 7, children don't necessarily understand that it's okay to say they don't know or that they don't remember. Dr. Hardie recognized that even as adults, saying I don't know is a difficult thing to say because nobody wants to look stupid.

Part of her work also consisted of teaching children how to recognize when they didn't understand a question. For example, she taught them that it's not that they don't know how to answer the question, but rather that the question didn't make sense to them. So, Dr. Hardie, along with Dr. Saywitz and Dr. Goodman, worked on helping kids recognize when a question was too long or didn't make sense to them. Children were also trained for example to raise their hand to say stop when they didn't understand a question. From this work, they found that they were able to help children as young as ages 5 and 7 to perform as well as 12-year-olds and over. They also found that children provided more details when they were in a child-friendly setting compared with the previous settings used, which were usually at the police stations, CPS offices, or in the children's homes. Dr. Saywitz, Dr. Goodman, and Dr. Hardie's work paved the way for how professionals interview alleged victims of child sexual abuse today.

This was a social experiment, and the takeaway was to respect the environment and social context of the child when they are being asked questions and to reflect on whether the setting is child friendly. Identifying these issues led the researchers to realize

that they needed to have an environment that was for kids, a child-friendly setting. This further led to the child advocacy or child advocacy centers and to the multidisciplinary team model and child-friendly settings that the National Children's Alliance (NCA) now has established. Thus, all the previous work experiences and teams described here prepared Dr. Hardie to be a pioneer of APSAC. Although many people inspired Dr. Hardie and influenced her career, her own passion for helping abused children led her to seek the yet undiscovered knowledge needed to address the issues faced by these children.

Roland Summit, MD, was among the professionals who at the time had to testify in court. Dr. Summit was challenged on his formulation of understanding why children keep their sexual abuse a secret. He helped others understand questions such as why they don't tell and why they don't scream out for help right away. Dr. Summit gave other professionals the words to explain to authorities that it's developmentally appropriate for children to be intimidated. Children don't have authority, they're not empowered, they don't have the words, and when they try their own words, it often sounds fantastical and adults don't believe them.

At this time, David Corwin, PhD, started the Professional Society on the Abuse of Children (CAPSAC) in California, along with other pioneers such as Dr. Goodman and Dr. Saywitz, to provide networking, support, and education to professionals working in the field of child maltreatment. Dr. Hardie became a charter member of CAPSAC and has been an active member ever since. CAPSAC was an important organization to her because she knew the value of networking and identifying resources. Dr. Hardie spoke about locating different child abuse prevention councils around the state because she found it necessary for representatives to get together to collaborate and network with others. This is the best way to help families access the services needed.

When Dr. Corwin went on with another group of professionals to found APSAC in the mid to late '80s, Dr. Hardie soon joined and now serves as

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Secretary on the Board. She thanks Dave Corwin for listening, understanding, seeing the need, having a vision, and making a difference by first organizing CAPSAC in California and then going national with APSAC. The career jobs held by Dr. Hardie that have been previously highlighted all speak to her legacy. Her values and passion aligned with the mission of APSAC to improve society's response to the abuse and neglect of its children. The vision of APSAC to achieve its mission through training; consultation that emphasizes theoretically sound, evidenced-based principles; and policy leadership and collaboration among a multidisciplinary group of professionals resonated with Dr. Hardie, making APSAC an important organization to her.

Inspirations

Dr. Hardie has had many inspirations throughout her career. One of her inspirations has been to help children who have experienced abuse, many of whom she encountered early on in her career as a nurse during her undergraduate studies. One particular story was about a five-year-old child who had suffered abuse, was unable to regulate his own behavior, and had numerous placements in the foster care system. Due to the multiple placements, he was at high risk of further abuse, and sure enough, he had been sexually and physically abused in several of the foster placements. Dr. Hardie was able to witness firsthand how sexual and physical abuse negatively affect children. In addition, she was inspired by the courageous adults who came forward to describe their experiences of sexual abuse as children. They provided the many insights for early intervention and taught Dr. Hardie untold lessons about resilience and the power to heal.

Despite leaving the innovative sexual abuse program to focus on graduate school, Dr. Hardie went on to new inspirations and more children that she will never forget. She would soon encounter frontline challenges as she decided to work part time with the Teams Project at the UCLA medical center, which was led by Sue Edelstein, a social worker whom Dr. Hardie described as another special person in

her life. The Teams Project supported foster parents to encourage and facilitate stability when an infant who was prenatally exposed to illicit substances and drugs was in a foster placement. Rather than thinking the child would stay only for a couple of weeks, professionals began thinking that, perhaps, child development has more to do with stability than drug exposure and that children thrive with stability. During her time working with the Teams Project, she learned so much from the foster moms as their nurse and gained tremendous respect for the foster parents who supported these children and were supportive in reunification efforts. Being part of that program had a great impact on not only her career but also her personal life; working with foster parents inspired her and her husband to become foster parents themselves once she had completed her PhD in 1991. Dr. Hardie recalled how emotional it was for her to obtain her certificate, approving her as a foster mom to their first two children. She went back to her support group and shared how this certificate was just as valuable to her as her PhD.

From 1998 to 2013, Dr. Hardie worked as Director of Stuart House, an NCA-accredited multidisciplinary team (MDT) treatment and advocacy center for sexually abused children in Santa Monica. Again, she had the opportunity to work in a MDT alongside detectives, prosecutors, social workers, and child advocates providing early intervention. During this time, more states and communities would develop child advocacy centers around the country. The National Children's Alliance went from being a loose-knit organization to establishing significant guidelines, standards, and an accreditation process for child advocacy centers. Dr. Hardie began seeing how decades of research was paying off as it was being put into clinical practice. She found it most gratifying, after being in the field for almost 50 years at this point, to be able to look back at all the changes and developments.

Dr. Hardie recognized how this improvement in helping abused children starts with clinical observation. She mentioned how when professionals are good observers, they can identify problems

and decide to do something about it. Through collaboration with other practitioners, researchers, and academic researchers, professionals can improve efforts, addressing issues that affect children to better their lives. Her own first clinical observations raised questions and problems that needed to be addressed, which in turn led her team to identify what they could do better to prevent child maltreatment and help families. They asked themselves questions such as what they could do to help children preserve the sanctity of their disclosure and how they could help children tell and talk about their experiences. There are now child-friendly advocacy centers where professionals ask children questions in a systematic, objective, developmentally-sensitive way.

Dr. Hardie has stayed involved with CAPSAC and APSAC as she has always viewed these organizations as vital for practitioners to access the best possible information and the best evidence-based research to strengthen our practice through knowledge. APSAC's mission has always resonated with Dr. Hardie and has been evident throughout her career as she has strengthened her practice through knowledge and networking with others.

Honors

Dr. Susan Moan Hardie's contributions to the field of psychiatric nursing are reflected through her achievements and awards. She received a scholarship for Advanced Education and Research from the California Nurses Association in 1989. In 1999 she received the President's Honor Roll from APSAC. She also received a service award, in 2008, from the California chapter of APSAC.

Current Roles and Contributions to APSAC

Dr. Hardie has been a member of many professional organizations that, like APSAC, contribute to the prevention of child maltreatment and promote research to inform professional practice. In addition to joining APSAC in 1993, she became a charter member of the CAPSAC in 1987. She is currently on the APSAC Board of Directors and serves as

Secretary. As a member of CAPSAC, she had the roles of president and vice president. Currently, she is on the CAPSAC Board of Directors and is Editor for the CAPSAC newsletter, *The Consultant*, as well.

APSAC

Dr. Hardie's participation in APSAC has been fundamental. Her profession as a nurse and ability to see things through a comprehensive, holistic medical perspective has allowed her to contribute to the field of child forensic interviewing and child advocacy. Her perspective on how to advocate for children is essential to APSAC's multidisciplinary methods, in which members from different multidisciplinary groups collaborate with the common goal of "improving society's response to the abuse and neglect of its children." Hearing her fellow practitioners mention her as an influence in their own careers is meaningful to Dr. Hardie and an example of the impact that she has had in her field in regard to advocacy for children. In addition, thanks to Dr. Hardie's efforts, APSAC now has archived on its website a video record of Dr. Summit discussing the child sexual abuse accommodation syndrome (CSAAS) 1985.

Dr. Hardie would like to see the future of APSAC continuing its work and reaching out to the younger generations. She has a vision for how to develop succession planning. She believes in the importance of working alongside students to prepare them for the work of APSAC. She describes students as "enthusiastic and ready to take over the world" and admires how APSAC has successfully included the younger generations of future scholars into its organization. She hopes that APSAC will continue to reach out, support, and develop young professionals as well as provide them opportunities for networking while working together. Dr. Hardie emphasizes the importance of the different disciplines that make up APSAC. They are able to learn alongside each other and to encourage and foster listening to one another. Dr. Hardie has been successful in recruiting younger generations of scholars by advocating for

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free student memberships for the research candidates of the CAPSAC Paul Crissey Outstanding Graduate Student Research Award.

One of the challenges that Dr. Hardie sees for APSAC is to sustain its growth. She recognizes the value of growth through succession planning to keep new knowledge and information flowing in the field. She believes many people are out there making important contributions and who can benefit APSAC's mission. Therefore, it is crucial to expand and continue to be inclusive to different groups of discipline. She believes it is pivotal to engage the membership and continue to understand what the members' needs and wants are while keeping sight of the mission.

Dr. Hardie has a vision for APSAC to accomplish many things in the next ten to fifteen years.. She would like to see APSAC become the "go to" organization for topics relating to the abuse of children. She would like APSAC to be recognized for its contributions to the prevention of child maltreatment and as a platform where professionals continue to connect from various professions. She would also like for APSAC's work to be scientifically proven in making a difference in the decrease of child fatality as a result of abuse, through research studies. She also sees the future of APSAC as the organization known for supporting professionals who, in turn, will be trusted, reliable, dependable, knowledgeable, and successful in their profession and advocacy for children and families. She is impressed by and proud of the huge amount of work APSAC is doing for professionals in the child maltreatment field and for the field in general. She hopes that as APSAC grows, that it will do more to heighten public awareness and encourage adults to reach out for help before they hurt a child. She acknowledges that it is a strength to ask for help, and it takes courage. She would like for APSAC to welcome and support that, and be there for them.

Reflection from Two Social Work Students

As social work students, we found the opportunity to interview APSAC leader and pioneer Dr. Hardie truly inspirational. She described her work as "painful, challenging, and hard, yet extremely rewarding." This brought us to the reality of the severity, importance, and huge responsibility for the work that child maltreatment professionals in all disciplines have. The issue of child maltreatment is difficult, and in our opinion, it is one of the hardest disciplines to work in, but necessary. Dr. Hardie's description of her journey is full of diverse experiences, both challenging and rewarding. This made us reflect on our own personal journey, what obstacles we might come upon, and what our motivation and purpose is for working in the field of social work. For example, one detail in Dr. Hardie's life that resonated with us as social work students was her commitment and passion to improving the lives of children. She followed her curiosity and was persistent in finding the answers to how she could help children who had been abused. Through clinical observation, research, and collaborating with others, she made a difference in the field. This detail made us reflect on the significance of being part of an organization such as APSAC. There we have a platform to collaborate with other members, professionals such as Dr. Hardie who come from a variety of disciplines and are passionate about ending child abuse.

As young professionals entering the field, we have already become APSAC members due to Dr. Hardie's efforts, and we are touched that Dr. Hardie sees us as the future. In conclusion, we see APSAC continuing to expand throughout the country to serve those who are passionate about making a difference in preventing child abuse. We fully support including more online trainings and online webinars to further reach and unite more individuals with the same vision.

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