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October 2022

35th Anniversary Special Issue

Presidents and Pioneers

Editors: Lisa Schelbe, Carlo Panlilio, and Amanda M. Ferrara

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The American Professional Society on the Abuse of Children in Partnership with the New York Foundling

About APSAC

Since being established in 1986, APSAC has served the field of child maltreatment as an interdisciplinary professional society. APSAC's Mission "is to improve society's response to the abuse and neglect of its children." APSAC's Vision is a world where all children and their families have access to the highest level of professional commitment and services to prevent and address child maltreatment. APSAC pursues its mission through expert training and educational activities, policy leadership, the production and dissemination of public education materials, collaboration, and consultation that emphasize theoretically sound research and evidence-based principles. APSAC's members are attorneys, social workers, law enforcement personnel, forensic interviewers, educators, researchers, and medical and behavioral health clinicians, and professionals from allied disciplines.

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Presidents and Pioneers: A Celebration of APSAC's 35th Anniversary

Lisa Schelbe, PhD, MSW; Carlo Panlilio, PhD; Amanda M. Ferrara, PhD

To celebrate APSAC's 35th Anniversary, we have created a two-volume special issue that highlights the history and future of APSAC, specifically, and the field of child maltreatment, broadly. To do so, we enlisted practitioners and new scholars to interview ASPAC's presidents and pioneers. We did this to preserve history, make connections between those who built APSAC and those who will help continue APSAC's growth into the future, and introduce new voices to the *Advisor* and APSAC.

This special issue was more than a year in the making, and it could have easily expanded into another year to capture more contributions of presidents and pioneers and to engage more practitioners and new scholars. What follows next is an outline of the experience we as editors went through in shaping our final format for the special issue. We highlight this not as a way to "get a pat on the back" for getting the job done, but to showcase the challenges and rewards of reflecting on a field that took decades in the making and to portray the excitement of things to come. We also want to share with each of you how directional changes are part of the process, and when we as a field move forward, natural tensions do occur and working collaboratively can effectively address some complex problems.

When we embarked on this project, we started with a list of disciplines that reflected APSAC's membership and identified some of the original leaders of APSAC who fit within those disciplines. Very quickly, we ran into problems with this approach. Some leaders' influence spans across disciplines, and to pigeon-hole pioneers in one perspective would be a disservice to our philosophy of breaking down silos. We then enlisted the help of several of the original founders of APSAC, as well as current APSAC members on the Publications Committee, to help identify who else should be included. This process generated a massive list of names that quickly made us realize that this project was going to be much bigger than we had originally planned. (In hindsight, it was rather naïve of us to think that we were going to have a special issue honoring only a handful of those who built APSAC!) As we collected the contact information for the people on the list, someone gave us the idea to include all of the past presidents of APSAC.

We then embarked on parallel processes of contacting the pioneers and presidents to be interviewed and recruiting people to conduct the interviews and write for the special issue. As we contacted the presidents and pioneers, they suggested other people who would be great to include in the special issue. At this point, we easily had from 50 to 75 pioneers and presidents on our list. Not all were able to be contacted, and not all could be scheduled to be interviewed. However, we had more than two dozen who eventually were. The recruitment of authors was initially quite successful, and we had more authors than we had confirmed pioneers and presidents. Rather than turn away qualified authors, we partnered them to work

together. Then we heard from more of the pioneers and presidents and had to recruit more authors. (It was during this process that we reflected that none of us had any interest in working in air traffic control or a job requiring handling complex logistics!)

Pulling this special issue together has reflected some of the themes that appear across the articles documenting the history of APSAC, contributions of leaders, and ideas for the future direction of APSAC. Like the creation of APSAC, this special issue started with a few passionate people's beliefs that there was a real need joined by their commitment to address it. Of course, creating a special issue is nowhere as large as creating APSAC, but over the last year, this has been an act of love that drew upon many people's strengths (and arguably taxed the weakness of people who willingly stepped up when needed). Passion drove this project. On more than one occasion, the chaos level made us question what we were doing, and we sometimes did not feel like we had enough resources. A couple of times we faltered. Even though several times we altered our course and timeline to address the needs of interviewees and authors, we never wavered from our commitment to the special issue. We centered the project on innovation by pulling together founders and the next generation of practitioners, scholars, and leaders. As editors, we attempted to mentor those newer in the field. We sought diversity of disciplines and ensured we had authors who were practitioners and new scholars. In creating this special issue, we are proud of what we have accomplished, and we see that there is so much more to be done.

The history of APSAC is rich, filled with inspiring examples of people who have dedicated their lives to helping children and families. The commitment to stop child maltreatment and to promote well-being and healing for children, families, and communities lies in the core of the presidents and pioneers as well as the authors of these articles. The examples of those featured in the two volumes of the special issue are not exhaustive of the influential leaders in the field of child maltreatment; many more could have been included. Similarly, many other people could have authored these papers. There were beautiful interactions between the authors and the interviewees. Genuine connections occurred, and as editors we heard from all parties about how meaningful the process was. We could see this in the articles.

Originally, we planned to divide the articles into two volumes thematically. However, it became apparent that there was tremendous overlap and no clear order. Dividing the contributions into the two special issues was in the end largely driven by logistics (i.e., which ones were ready to be published). Organizing the articles within the issues was another quandary, and in the end, we organized them in a way that they seemed to flow. We also recognize that that they might have flowed just as well if they had been randomly organized.

As editors, we took the opportunity to interview APSAC's current president and the immediate past president as we (maybe a little selfishly) wanted to be part of the process of preserving APSAC's rich history and highlighting its future. In this first volume of the special issue, we present an interview with our current APSAC president, Ernestine Briggs-King, PhD. After we reflect on the interview, we present a brief overview of the rest of this volume.

Current President: Ernestine Briggs-King

Dr. Briggs-King is APSAC's current president and a licensed psychologist with almost 30 years of experience in the fields of child trauma and maltreatment. She also is Associate Director of Diversity, Equity, and Inclusion (DEI) and Network Relations for the National Center for Child Traumatic Stress (NCCTS); Director of Research at the Center for Child & Family Health; and Associate Professor and Director of Diversity, Equity, and Inclusion in the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine. Reading through Dr. Brigg-King's current roles and responsibilities, one could wonder how she balances everything. Dr. Briggs-King pragmatically explained that all her work is tied together. It centers around childhood trauma and maltreatment and focuses on strategies for intervention. She seeks to bring the best of what is known in terms of interventions to underserved communities of color that often do not get the high-quality services available to other sectors. Her passion is ensuring the translation of research to help children and families.

The work is quite timely, Dr. Briggs-King reflected:

> *“[Amid] COVID, all the social injustice, [and the] racial reckoning issues that the country has—[these] just kind of made us pause for a minute and really kind of reflect on what are we doing. How are we doing, or could we be doing better? So, all questions I've been asking for a long time, but they are getting a lot more attention…. So, I'm really grateful for the opportunity to bring the different facets of my life together and really bring that into the field.”*

The work that Dr. Briggs-King has dedicated her life to has been instrumental in the current thinking about working with children, families, and communities of color.

Background

Dr. Briggs-King's professional career began as a graduate student at the University of Illinois Urbana-Champagne, where she received her degree in clinical/community psychology. During her master's and dissertation research, she worked on the west and south sides of Chicago in underserved communities of color with high rates of poverty. Her studies examined children who had been sexually abused or exposed to other forms of trauma and explored the role of social support in mitigating high-risk behaviors. She was also concerned about the health disparities and high rates of stress in the community and looked for community-based strategies for solutions.

In looking at disproportionalities in the child welfare system, Dr. Briggs-King took the opportunity to associate with parents to understand the system, to have access to information, and to advocate for their children. She sought to build strong supports for children. At one point, she worked at Hope for the Children, an innovative program simultaneously addressing the multiple needs of children in foster care, older adults, and affordable housing. The intentional community had foster families living alongside older adults who received affordable housing with the expectation that they would serve as "grandparents" to the children in foster care. It is projects like this that inspired Dr. Briggs-King to think that something could be done differently in child welfare and in addressing childhood trauma.

Across her career, Dr. Briggs-King has worked in various settings that afforded her the opportunity to become immersed in different communities. As an intern at the Medical University of South Carolina, she was part of a project that studied service members in the Navy who sexually abused their children. At the National Crime Victims Center, she was able to support women who had children and were experiencing domestic violence. She said that these contrasting experiences helped her learn more about how best to serve children and families. She also confirmed that the connection to research is paramount. In addition to her clinical work, Dr. Briggs-King has been involved with multiple research projects looking at the issues of childhood trauma and maltreatment and has always sought to improve child and family well-being.

Connecting with APSAC

It was during her early clinical and research work that Dr. Briggs-King learned about APSAC and the San Diego conference. She reflected that while attending the conferences and becoming involved with APSAC, she met many of the legends in the child maltreatment field and interacted with people in the APSAC community who were talking about research, culture, and prevention.

For many years, she was the editor of the APSAC *Advisor*. She relished the opportunity that this provided to translate research to "digestible takeaways" for people working directly with children and families. The position required her to stay abreast of the most current research, a practice she also utilized in her service on the editorial board of *Child Maltreatment*, the official journal of APSAC.

Staying connected to research within APSAC and, more broadly, the field of child maltreatment has helped Dr. Briggs-King in her efforts to serve children and families. The advances that she and her colleagues are making through the Center for Child & Family Health have been creating community-based interventions and developing the North Carolina workforce by the integration of research and implementation science. Similarly, she sees that the National Child Traumatic Stress Network (NCTSN) is enlarging capacity for children and families who have experienced trauma by ensuring that services and knowledge are readily available. As the NCTSN has grown exponentially over the past twenty years, its pooled expertise has developed resources to address various sources of traumas (e.g.,

natural disasters, pandemics, community violence, and mass shootings). Thus, when these supports are shared across professional networks such as APSAC, they can more easily get into the hands of parents as well as those serving children and families.

Growth for APSAC: What's Next?

Dr. Briggs-King suggested three key areas in which APSAC—and the child maltreatment field and society—should grow: (1) diversity and racial justice, (2) workforce issues across multiple systems connected to child maltreatment, and (3) community engagement and translational research.

First, thinking about diversity and racial justice, she remarked that there is a need to intentionally address disparities and disproportionalities. She said that the knowledge to address child maltreatment spans multiple systems (e.g., child welfare, juvenile justice, education, law enforcement), thus there is work to be done around equity and justice in each system.

Across multiple systems, problems with workforce retention and worker well-being concern Dr. Briggs-King. She noted that educational, child welfare, juvenile justice, mental health, and healthcare systems are receiving record numbers of burnout and worker fatigue cases. In part, this is because our society has failed to addresses many structural issues. A global pandemic coupled with racial reckoning and economic uncertainty have overwhelmed systems, and the frontline workers cannot adequately address the syndemic that we now face. Systems are ill-prepared to address all of the complex needs of children and families, and professionals need adequate resources to continue their work. Efforts must be made to determine how best to build and support a sustainable, effective workforce.

In thinking about the community, Dr. Briggs-King pointed to the need to bring the information from the ivory towers into local arenas. Translational research must be prioritized to make sure that interventions are most effective and help children and families.

There also must be concerted efforts for researchers to truly partner with communities. Throughout the interview, Dr. Briggs-King urged us to listen to and learn from many voices rather than positioning ourselves as the experts.

Considering APSAC's future, she identified the need to be open to adapt to emerging needs. She stressed that policy changes are perceived accurately by asking, "What is the ripple effect?" Using the overturning of *Roe v. Wade* as an example, Dr. Briggs-King talked about the monumental consequences that could follow children being born into families where they are not wanted. Through any policy changes, she suggested, it is important to use a framework that considers the needs of children and their families and to focus on how to help children develop in a healthy, secure, and safe environment.

Advice for Future Leaders

Dr. Briggs-King's advice for future leaders began with her deep gratitude for the pioneers and past presidents of APSAC. The knowledge and skills they shared have contributed to the success of the field as well as her current work, including serving as the president of APSAC. As she looks to the future, she aspires both to share her wisdom and to learn from the next generation of leaders.

It is imperative to get people involved with APSAC earlier in their careers, she believes. Ideally, students will join APSAC to facilitate their professional development. APSAC will also benefit from new ideas that students will bring as they are learning in their graduate programs. Dr. Briggs-King sees a need to further engage professionals who are more seasoned with those newer to the field. Those who are mid-career need to be encouraged to innovate and to collaborate with the younger generations.

Reflecting that the pandemic pushed APSAC to using more technology, Dr. Briggs-King emphasized that using social media and other

technology is central to APSAC's continued success. New strategies have the potential to reach more populations who have historically been underserved. This messaging along with novel approaches can help to advance the field.

In talking about advice for future leaders, Dr. Briggs-King expressed her excitement for the potential. There is already great work being done, and this can be built upon, she explained. Diversifying the board and membership and engaging new members are important directions to continue. She urges future leaders not to contain their excitement of knowledge and innovation. She concluded by saying that APSAC has evolved over its 35-year history, and unlimited opportunities are available to expand its impact.

Reflection

Due to logistics and scheduling, only one of us (Lisa) could conduct the interview with Dr. Briggs-King. As I hung up the phone at the end of the interview, I sat at my desk looking at more than a dozen pages where I had scribbled notes. I was relieved that Dr. Briggs-King had allowed me to audio record the call; although I had tried to capture all that she shared, I feared I had perhaps missed something. All that she had said felt important. As a qualitative scholar, I am an experienced interviewer, yet rarely have I had such a beautiful interview. Dr. Briggs-King's thorough answers to questions were incredibly organized, and as she spoke, she gave answers to the obvious follow-up questions. Her warmth, passion, and commitment to children and families were evident throughout her responses.

In reflecting on Dr. Briggs-King's interview, what I keep returning to is how visionary her work has been. She was committed to translational research long before it was considered a priority of national funders and a buzzword for scholars. Her original work to ensure that empirically supported interventions are available to Black children, families, and communities happened prior to the more recent conversations about equity and racial disproportionalities and disparities. Dr. Briggs-King's commitment to help Black parents advocate for their children and navigate (often broken) systems aligns with current practices of engaging and empowering parents and families; yet, when she first started these efforts, they were novel. What she started doing a couple of decades ago has now become recognized as best practice; her work set a foundation that many of us have built upon to serve children, families, and communities. Dr. Briggs-King is the epitome of a great leader.

As the current president of APSAC, Dr. Briggs-King has offered poignant messages for future leaders of APSAC that feel especially apropos. Many of her ideas were raised by other pioneers and presidents as well. In her interview, she revealed a fierce commitment to diversity and equity at all levels in APSAC, from the ranks of our membership to the leadership of the board. Similarly, her thoughts that APSAC needs to embrace technology and innovation were stressed by others. Building relationships—across disciplines and among professionals throughout APSAC—was also a central theme of many of the interviews by our responding pioneers and presidents. The idea of making connections—and bringing together the innovative ideas of new professionals and students with the wisdom of those in mid- and late-career—very much aligns with the vision of the 35th Anniversary Special Issue. We cannot help but hope that Dr. Briggs-King, the pioneers and presidents, and APSAC members who read the special issue are all energized about the future of APSAC.

Introduction to the Special Issue

The articles describing the pioneers and presidents echo the themes within Dr. Briggs-King's interview. Many of the other authors discuss the passion and commitment of pioneers and presidents and observe how they embraced innovation and encourage future leaders of APSAC to continue to do so. A typical editorial introduction is for us to introduce each of the articles and connect all of them through the themes. We developed a spreadsheet and started this process, but we abandoned it as it just did not

feel right. We want APSAC members to read the articles and connect with what they each may take away from the pioneers and presidents as well as the reflections from the authors. These articles are deeply personal, and to summarize them in a couple of sentences feels like it does them an injustice. We hope that you will savor the articles in this special issue written about Jon Conte, Deborah Daro, Roland Summit, Susan Hardie, Kathleen Faller, Charles Wilson, Michael Durfee, Deanne Tilton Durfee, Astrid Heger, Theresa Reid, and Tricia Gardner.

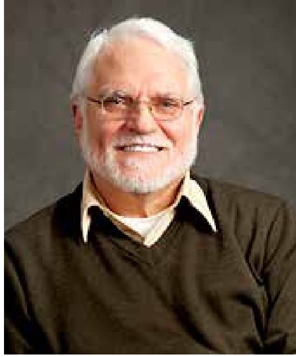
Throughout their reflections, it is clear that the authors were moved by both the monumental contributions and the humility exhibited by those whom they interviewed. In the collection of articles in this volume, authors frequently shared that they felt privileged to talk with and learn from the "giants" of the field, people whose names and work they had known and studied. We, too, feel fortunate to have learned from the pioneers and presidents as we pored over the manuscripts during the initial stages of submission. We were also energized to have worked with the authors of these papers whose excitement and commitment parallels that of the very "giants" they interviewed. We are excited to recognize the authors, some of those who undoubtedly will build on the work of those who founded and led APSAC: Esaa Samarah, Jerica Knox, Samantha Ellner, Jiwon Helen Wyman, Karen Marcial, Judith Valasquez, Sarah Scozzafava, Jerri Sites, Kristina Taylor Porter, James Simon, and Nicole Kim. We are excited to see where these new voices and leaders, including you, will take APSAC and the field of child maltreatment in the future.

About the Editors of the Special Issue:

Lisa Schelbe, PhD, MSW, *is Associate Professor at Florida State University College of Social Work and a Faculty Affiliate at the Florida Institute for Child Welfare. She serves as a Co-Editor-in-Chief of the* ***Child and Adolescent Social Work Journal****. Her research focuses on young people transitioning out of foster care and services to assist with their transition out of care and into adulthood. She is a qualitative methodologist with experience working on interdisciplinary teams. She has published over 30 referred journal articles and co-authored two books:* ***The Handbook on Child Welfare Practice (Springer, 2021)*** *and* ***Intergenerational Transmission of Child Maltreatment (Springer, 2017)****. Dr. Schelbe received her doctorate in social work from University of Pittsburgh, where she was a Doris Duke Fellow for the Promotion of Child Well-being.*

Carlo Panlilio, PhD, *is Assistant Professor in the Department of Educational Psychology, Counseling, and Special Education, and a faculty member with the Child Maltreatment Solutions Network at the Pennsylvania State University. He received his PhD in Human Development from the University of Maryland, College Park, with a specialization in Developmental Science and a Certificate in Education Measurement, Statistics, and Evaluation. He was a former Doris Duke Fellow for the Promotion of Child Well-being. His program of research focuses on the dynamic interplay between maltreatment, context, and development and how these processes influence individual differences in learning across the lifespan. His research is guided by an interdisciplinary approach to examine the multisystemic influences of early adversity on self-regulatory processes that explain variability in the academic outcomes of children with a history of maltreatment. He has published several journal articles and chapters and was editor of* ***Trauma-Informed Schools: Integrating Child Maltreatment Prevention, Detection, and Intervention****. He previously worked as a licensed clinical marriage and family therapist in private practice, community agencies, treatment foster care, and a residential treatment facility for adolescents.*

Amanda M. Ferrara, PhD, *is Multi-Modal Research Project Manager at the Survey Research Center at The Pennsylvania State University. She earned her PhD in educational psychology from The Pennsylvania State University, with a minor in applied statistics. Her program of research focuses on unpacking the effects of traumatic experiences and childhood maltreatment on individual and family well-being, self-regulation, and learning. Specifically, her prior work has focused on the effects of symptoms of trauma on students' self-regulated learning and metacognitive monitoring, and evaluating programs designed to decrease child maltreatment.*



Jon R. Conte, PhD

Celebrating 35 Years of Improving Society's Response to Abuse and Neglect of Children: An Interview with Jon Conte, Co-Founder and Lifetime Member of APSAC

Esaa Mohammad Sabti Samarah

In the mid-1980s, a handful of professionals dedicated to the prevention of child sexual abuse recognized the need for a more comprehensive response to the abuse and neglect of children. This group of experts consisted of academic researchers, direct practice clinicians, and law enforcement professionals all of whom were engaged in serving maltreated children and their families. Research on child maltreatment at the time was sparse and confined by and large to just two journals, *Child Abuse and Neglect* and *Victimology*. Professionals who worked with maltreated children and their families did not have adequate access to specialized services and education. These early conversations culminated in a call for the establishment of a professional society for child maltreatment specialists to collaborate and disseminate information.

The American Professional Society on the Abuse of Children (APSAC) was founded in 1986 as a nonprofit organization focused on meeting the needs of professionals from all disciplines who provide services to maltreated children and their families. What started in the basement office of the *Journal of Interpersonal Violence* has now grown to a nationally recognized organization with chapters established in eight states and prospective chapters being developed in seven more. APSAC boasts several publications dedicated to the dissemination of both research and practice-oriented information on the prevention and response to child maltreatment. Over 9,000 child maltreatment professionals benefited from specialized training seminars provided by APSAC in 2020 alone.

The success of APSAC is due in no small part to the handful of professionals who recognized the need for a professional society dedicated to the development and dissemination of expert training and education for child maltreatment professionals. Among these early founders is Jon R. Conte, PhD, a teacher and scholar whose expertise is grounded firmly in child maltreatment and trauma. Dr. Conte was the editor of the *Journal of Interpersonal Violence* when he and the managing editor, Teresa Reid, PhD, decided to house the nascent APSAC project in their basement office. Dr. Conte served as the founding president of APSAC and helped shepherd the organization from its early stages to the respected association it has become today. To celebrate the 35th anniversary of APSAC, he recently spoke about his experiences as a co-founder, the accomplishments of APSAC to date, and where he sees the professional society moving toward in the future.

Early Career and Current Work

Dr. Conte began his academic career at Whittier College in California, where he earned a bachelor of arts in sociology–anthropology. He then went on to complete a master's degree in social work from the University of Washington in Seattle before serving as Caseworker at the Seattle Children's Home 1974–1975. Dr. Conte returned to the University of Washington for doctoral studies and completed his PhD in social welfare in the summer of 1979. During the last year of his doctoral program, he served concurrently as Director for Program Evaluation and Research at the Seattle Children's Home, 1978–1979.

Following his doctoral education, Dr. Conte's first academic faculty position was at the Jane Addams College of Social Work at the University of Illinois Chicago (UIC), where he served as Assistant Professor. After three years there, he accepted a position at the University of Chicago School of Social Service Administration. Dr. Conte remained at the University of Chicago for about nine years, where he served as Associate Dean for Academic Affairs and Doctoral Program Director before returning to the University of Washington as Professor in 1990.

In addition to his work as an academic researcher, Dr. Conte has also contributed to the field of child maltreatment as a clinician in direct clinical practice. While in Chicago, he established a clinical practice working with children, youth, and adults who experienced sexual abuse in childhood. Although primarily serving as a psychotherapist within his practice, Dr. Conte also contributed to family law in determining if a child had been sexually abused. Eventually he started a forensic practice in Chicago, where he evaluated and served as a plaintiff expert for individuals claiming harm and or damage from sexual abuse. He maintained his clinical work after moving to Washington State, where he continued to provide psychotherapy and forensic services to thousands of individuals. Dr. Conte maintains that, after decades of research and clinical practice, any expertise he has in victimization comes from the thousands of survivors he has worked with and who were willing to share their lives and internal world in the process of healing.

Although Dr. Conte officially retired from faculty five years ago, he continues to serve the profession as full-time Director of the Joshua Center on Child Sexual Abuse Prevention at the University of Washington. His most recent work is with a youth participation program in which young people from 16 to 22 years old are helping to develop prevention messages and other interventions directed at their peers. After working within academic settings with other child welfare researchers and practitioners for many years, Dr. Conte is excited and honored to have the opportunity to elevate the voices of these ambitious young people.

APSAC Then and Now

Dr. Conte speaks fondly of the founding members of APSAC, who included psychologists, social workers, law enforcement officers, and at least one federal agent. Dr. David Corwin is among the chorus of voices in the organizing committee of APSAC to whom Dr. Conte remembers talking about the mission of the fledgling organization. The real focus of this early-stage venture was on the dissemination of professional education materials for those responding to child sexual abuse. The original *APSAC Advisor* was a newsletter meeting the needs of these professionals who had few other resources for scholarship in their field. The first readers of the *Advisor* were primarily therapists who were the easiest population to access in the early stages of APSAC's founding. Although there was a constant interest among the founders of APSAC to attract Child Protective Services workers and law enforcement, these populations proved difficult to attract due to high turnover rates and professional cultures at the time.

Dr. Conte recalls that when he was selected to serve as the founding president of APSAC, there was an absence of specialized professional organizations dedicated to child sexual abuse. As he remembers, no professional organizations had yet developed

special focus groups in which child maltreatment was their primary focus. APSAC met the immediate need for a specialized home for practitioners from multiple disciplines who were in search of a professional society to share information and develop better interventions. Clinical content led most of the agenda at the first APSAC Colloquium, which later expanded to included forensic interviewing techniques as well as seminars dedicated to the development of community-centric, culturally inclusive, and socially relevant child maltreatment interventions.

APSAC was the first organization to utilize actors during forensic interview training, an innovation that later became common practice among various organizations and disciplines. Early iterations of the APSAC Colloquiums included day-long seminars from the Cultural Institute, in which the sole focus of the gathering was on the dissemination and development of culturally inclusive child maltreatment practices. APSAC functioned as a leader in the field of child maltreatment and introduced many innovations that are now standard practice in the field.

Although the early development of APSAC was marked with great success under the leadership of several presidents and various board members, the rise and expansion of the organization has not been without challenges. Although Dr. Conte has never himself enjoyed the idea of reflecting on his own legacy, there is a particular story that comes to mind when he reflects on his contributions to APSAC. He was asked to return to serve a second term as president when APSAC was on the verge of bankruptcy. The situation was quite dire for APSAC when, for example, the organization was a year delinquent on rent for a building rumored to be owned by the Mob. He recalls returning to an empty APSAC office as president to diligently guide the organization back to financial stability and professional efficiency. Dr. Conte shares affectionately the relief he felt when, after handing over to an intimidating property manager an envelope with the overdue back rent for the APSAC building, she declared, “I’m going to kiss you if that’s what I think it is!”

Dr. Conte considers it a great honor that his colleagues trusted him to guide APSAC both in its early stages and when the organization was struggling through growing pains later in life. He was honored by APSAC in 2012 with an emeritus for life designation, an award for which he is quite proud. Although acknowledging his role and thankful for the opportunity, Dr. Conte believes very strongly that effective presidents and leaders should be able to disengage and leave room for incoming leadership when the time comes. An early criticism of APSAC was that the organization consisted of an “in-group” that were not welcoming to outsiders. Dr. Conte concedes that perhaps he and his colleagues did not do enough early on to encourage membership; however, joining APSAC in the early stages was a labor of love and did not carry paid expenses or other perks that are present today. He is proud of being trusted by his colleagues to step in for the organization during times of grave importance. The relationships developed and maintained through APSAC have sustained him and been central to his professional development.

Dr. Conte is the first to point out that there remains no other multidisciplinary professional society with a national presence like that of APSAC. One of the most powerful qualities of the organization is its ability to coalesce experts from many different fields. Although APSAC was criticized early on for a perceived inability to attract professional diversity, APSAC’s board members today consist of clinicians, social workers, legal scholars, medical doctors, and academics all of whom are dedicated to strengthening child maltreatment practice. The impact of APSAC as a professional organization has grown exponentially over the past three decades with outreach efforts expanding far beyond the board of directors. APSAC training seminars are attended by thousands of professionals annually and continue to expand every year. APSAC membership is steadily increasing as are the quantity, quality, and diversity of training programs offered.

The Future of APSAC

When APSAC was founded, there were no known professional societies dedicated to the production and dissemination of information on the abuse and neglect of children. Today, virtually every discipline can access information on child maltreatment from its own professional society. Dr. Conte sees this change as a marker of APSAC's success as well as one of the biggest challenges APSAC will need to address moving forward. The adoption of child maltreatment domains in other professional societies nationally will require APSAC to adjust its strategy to preserve the multidisciplinary nature of the organization.

The continued recruitment of large numbers of multidisciplinary professionals will become increasingly difficult as other professional societies expand their reach to include content on child maltreatment. One of the issues that remains to be addressed substantively, however, is meaningful cross-disciplinary child abuse prevention efforts. The APSAC organization is well positioned to expand on this work and coordinate child abuse prevention efforts across disciplines. A major question for Dr. Conte moving forward is What can APSAC do to organize child abuse interested originations to coordinate child maltreatment prevention activities?

In addition, identifying and addressing the needs of current and future APSAC members will be a distinct priority for the society and its guiding board members. APSAC has begun to venture into virtual training seminars and has experienced a lot of success in the last few years doing so. Dr. Conte believes spending more time and resources building APSAC's virtual training infrastructure is a good investment for the future of the organization. It remains an open question for Dr. Conte and other professionals in the field whether the student of the future will attend a single college or university. It seems clear that students and professionals both will likely access specific training content virtually through consortiums attached to universities and professional societies. In anticipation of this change, there needs to be a bigger discussion on how APSAC can become a go-to source for training at the undergraduate, graduate, and professional level for child abuse specific practice. Who better to conduct classes on assessment, prevention, and child maltreatment research than the deeply qualified multidisciplinary team at APSAC?

Dr. Conte qualified this suggestion with some of his own experiences as a researcher, educator, and practitioner. There is an incredible need for current child maltreatment professionals practicing in the field to better understand the mechanisms of child maltreatment, assessment, and prevention. Many undergraduate and graduate programs do not have specific content on child abuse and neglect and significant numbers of students enter the field without a functional understanding of basic prevention principles, including the national standards for mandated reporting. Child maltreatment prevention trainings need to be available for students at the master's and bachelor's level across a broad range of disciplines, including therapy, counseling, criminal justice, and child protective services. Many master's level students will move into supervisory roles in a short period of time following graduation and need to be able to address child maltreatment prevention broadly as well as the needs of the professionals they are supervising specifically. Education regarding vicarious trauma, assessment, and prevention are all critical to effective child maltreatment prevention.

Advice for Future Leaders

Understanding the formulation of the future is a critical gap that will need to be addressed by the leaders of APSAC moving forward. Child maltreatment prevention is an inherently multidisciplinary field. How can we help identify and correct the problems and issues in that practice? Dr. Conte points out that there are serious errors still made in the field where children are hurt in child welfare practice for reasons that are distinctly preventable. For example, experts have known for decades now that moving foster care involved children from placement to placement can lead to serious negative social health outcomes, and

yet it happens quite often. Children experience revictimization at the hands of other children while in the care of child welfare professionals who often fail to communicate these risks to foster parents. Even more basic, child welfare professionals may use trash bags to carry children's belongings when moving children from home to home even though the profession has already identified that practice as damaging to children and adolescents.

One of the problems the field faces according to Dr. Conte is that child welfare continues to be a separate field from APSAC. It stands to reason that child protective service (CPS) employees need to be members of and have access to APSAC and related services. CPS employees should be getting the *Advisor* sent straight to their inbox and have access to continuing education content via APSAC's expanding training platforms. Licensed clinicians should be required to participate in specific content on child maltreatment as part of their continued education requirements attached to renewal of their credentials. Advocating for and servicing these growth areas need to be a focus of APSAC moving forward.

Reflections from an Aspiring Child Welfare Researcher

As I reflect on my conversation with Dr. Conte, I am struck by his dedication to the field and humility in self-reflection. He shared that he is a firm believer in the idea that a person is lucky if they see, in one lifetime, that the contributions they made are no longer relevant. The field is benefited from innovations, progression, and the influx of new scholarship. Although the recruitment and training of new practitioners and scholars in the field of child welfare are both promising and exciting, what animates Dr. Conte the most is the encouragement of authentic voices in child maltreatment education, research, and practice.

Although not every authentic voice is at a point in their healing to contribute to the development of child maltreatment practice, Dr. Conte believes strongly that it would be unconscionable for the field to go much further without meaningfully including the voices of parents and abuse survivors who have critically important feedback for the professionals who serve them. Child welfare professionals working toward developing expertise in the field should not only be interested in honing their skills as scholars but also constantly engaged with youth who have lived expertise that should be brought into the conversation.

Dr. Conte believes that his generation of child welfare practitioners and scholars were convinced that they would end child abuse in their lifetime. After several decades of concerted efforts in that direction, it is now clear that they will be leaving the field with this lofty goal left unmet. A word of advice from Dr. Conte—be prepared for the long haul. Communities are benefited from prolonged engagement, and change is incremental. He suggests that as developing scholars and practitioners, you need to follow your interests. In any way possible, avoid the pressures of senior faculty and supervisors who provide pragmatic advice to get publications or quick certifications. Dr. Conte maintains that although these have value, the most valuable parts of his own career have come from authentic relationships developed both within the profession and the community at large.

Connection and community were common themes throughout my interview with Dr. Conte. One of the founding principles of APSAC as an organization was the formulation of a professional society for specialists to connect and share ideas with one another. Clinicians, mental health practitioners, child protective specialists, and aspiring child welfare academics such as myself are all benefited from the development and maintenance of community both professional and personal. Authenticity is the active ingredient of success that has helped guide Dr. Conte through his storied career. Although decades of changes have altered the collective view of the field, our mission remains the same—to improve our prevention of and response to the abuse and neglect of children.

As I finished my call with Dr. Conte, he excitedly shared more details about his recent work with the Joshua Children's Foundation Center on Child Sexual Abuse. Since retiring his tenure and teaching responsibilities, he has served without salary as Center Director. He explained the most exciting aspect of the Center's work has been the Youth Participation Program guided by the leadership and expertise of authentic youth voices from 16 to 22 years old who are recognized as experts on being youth and on reaching other youth. Youth involved in the Center have developed prevention messages and other interventions directed at their peers. Conte believes much will be gained by APSAC expanding work to involve youth in middle and high schools who truly will be the next generation of leaders responding to child maltreatment.

As this is written, Dr. Conte has announced that he is fully retiring from the University and will devote a significant portion of his time to developing a national strategy to end child sexual abuse. He sees this effort as a community organization, one eliciting the collaboration of a wide range of child abuse professionals and other organizations. These will move beyond complex plans to end child maltreatment to a more basic effort that creates a national movement to garner, even demand, action to end child sexual abuse. An ecumenical initiative that spans multidisciplinary practice, it is perhaps the best example in Dr. Conte's career that perfectly summarizes his professional dedication and contribution to the field of child maltreatment prevention.

Thank you, Dr. Conte, for taking the time to speak with me and share your wisdom on this 35th anniversary of the *Advisor*. Your contributions to the field and continued work, both of which are invaluable to the future leaders and practitioners of this field, are truly examples of authentic community engagement.

About the Author

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Deborah Daro, PhD

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

Samantha Ellner, MS; Jerica Knox, PhD

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

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

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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Family First: An Interview with Roland Charles Summit

Jiwon Helen Wyman, MD, MATS

Community Psychiatry

Roland Charles Summit, MD, had his mind on medical school even during his undergraduate years at Pomona College in Claremont, where he met Jo Johnson, who would become his wife. Dr. Summit then went on to University of California, Los Angeles (UCLA), School of Medicine. During medical school, he chose to take a one-year pathology fellowship, which gave him a year under less academic pressure and enabled him to experience a broader cultural world. He had been planning to become a plastic surgeon, but that year's experiences indirectly led him to choose psychiatry instead. He subsequently returned to his studies and graduated from the David Geffen School of Medicine at UCLA in 1961. In addition to graduating from his residency program, he worked as chief resident for a year before going on to work for Harbor General Hospital (now Harbor–UCLA Medical Center) as a community psychiatrist. This meant he was immersed in work with not only other professionals but also other community members through groups such as Parents Anonymous. He learned in the community what he had never learned in medical school, absorbing information directly from Parents Anonymous and survivors of child abuse. What some may not realize is that Dr. Summit is not actually a child psychiatrist by training. In fact, even amid all his work regarding child maltreatment, he never interviewed a child. Instead, he acquired his knowledge regarding child abuse through his work with adults, including many women who shared their past experiences of child sexual abuse.

Child Sexual Abuse Accommodation: An Explanatory Description Mistaken for a Diagnosis

Dr. Summit said during the interview that at the start of his career, he had not had a particular interest in addressing child abuse, but as he worked in the community, he quickly noticed that many women who were suffering mentally and emotionally described having been sexually abused as children. In contrast, dialogue in the public sphere and professional communities did not discuss this surprisingly widespread incidence of child sexual abuse. Dr. Summit witnessed a general skepticism and disbelief regarding the narratives of these women.

I asked Dr. Summit what may have enabled him to listen to these women in a way that others had not. After a moment of reflection, he shared that perhaps his experience of bullying as a "tall lanky, totally unathletic kid" had played a part. When he was a young boy, there was a group of boys that would often take BB guns and kill frogs in the woods. One day these boys captured him and together brutally shot him with BB guns. He recalled feeling as powerless and vulnerable as the frogs. He also noted that he did not tell his parents or other adults about any of the incidents, even after a beating that once left him unable to chew for a week or two. He reflected that perhaps these experiences gave him empathy for victimization, including an understanding of why victims may not at times speak up immediately about being abused.

Ultimately, Dr. Summit's formulation of what he first named "child sexual abuse accommodation syndrome" (CSAAS) was in response to a teen who first disclosed that she had been molested as a child after finding

out that her younger sister was now being sexually abused. Many adults, including medical and legal professionals involved in the case, showed skepticism surrounding the "delay" in disclosure by this teen. Dr. Summit knew, however, that other factors such as fear, guilt, and confusion might prevent a child from disclosing sexual abuse; he thus sought to explain that delay in disclosure is not evidence that the abuse did not occur.

When Dr. Summit first drafted a manuscript detailing the elements of CSAAS, it had already been described as helpful in the community for framing the understanding of possible delays in disclosure. He eagerly wrote an article outlining this "accommodation" phenomenon. Yet when he submitted the manuscript for review to a medical journal, it was initially rejected with the review that it did not "add anything new." This left him quite discouraged for a while. Later, with encouragement from a colleague, he submitted his article to *Child Abuse and Neglect,* where it was eventually published in 1983. The article and description of "child sexual abuse accommodation syndrome" had a powerful influence on jurors who may have otherwise assumed that delayed disclosure or later retraction of sexual abuse allegations necessarily indicate that sexual abuse did not occur. But this article also had some unintended results, because some began misunderstanding CSAAS to be diagnostic of child sexual abuse, which it was not.

Thomas Lyon, JD, PhD, (2002) subsequently helped clarify this issue, removing the term *syndrome* and noting a difference between diagnostic and descriptive purpose: "[T]he purpose of accommodation symptoms […] is to challenge the assumption that children who exhibit accommodation symptoms must *not* have been abused […] to disabuse the jury of misconceptions regarding how abused children ought to behave (p. 110)." Lyon described the scientific evidence showing that many children who are sexually abused during childhood do not in fact disclose or do so with delay. In retrospect, Dr. Summit expressed that had he known that the word *syndrome* might cause such confusion, he would have avoided it.

Family First

Dr. Summit and his wife, Jo, guarded their four children from knowledge of what he did when he was away from home. In the early 1990s, due to the strain that professional demands and engagements were having on his personal life, he decided to "close the door" on much of his professional life and devote himself to his family. He said of his wife and four children, "There is nobody in the world like my wife and four kids. They are remarkable people." Though he is now widowed, he continues work on carousel restoration, which was a shared hobby with his wife. He noted that his interest in carousels emerged because of Jo's fascination with them. He told the story of a lovely carousel horse that Jo was yearning to purchase. She kept her eye on that horse until one day she was told it had been sold to someone else who made the payment but had not yet picked it up; she was heartbroken. Then, on their anniversary, as they passed by the store, she saw the horse had finally been taken out of the display. It was really gone. They had a lovely anniversary day, at the end of which she said, "The only thing that would make this day better would be if I got home and somehow that horse were there waiting for me." Little did she know that would be the case because her husband was the one who had bought the horse. Thus began their adventures with the restoration work, and today Dr. Summit's home is filled with a wide variety of carousel animals, including giraffes, dragons, a dog, and a bear!

Dr. Summit and Jo's four children are dispersed throughout the country. Steve is a programmer in Massachusetts; Susie with her husband, Tom, were in Seattle but are now nearby in Palos Verdes; Mark is a marine biologist and lives with his wife on Sanibel Island, and Sharon, with whom Dr. Summit speaks frequently, lives in Hawaii.

A Noble Legacy

After "closing the door" on his professional life, for many years Dr. Summit did not interact with others in his prior professional community, with the exception of a few individuals such as David Corwin, MD, his mentee. Dr. Summit described

that watching his retirement dinner on one of Dr. Corwin's tapes is what recently refreshed his connection to many of those he had worked with in the past. By the courtesy of Dr. Corwin, I myself was also able to watch Dr. Summit's retirement dinner, where I heard speeches highlighting the type of colleague and physician that he was. In fact, one of the speakers said, "[He wasn't] handicapped with all the rules that psychiatrists usually have." She was speaking of his ability to relate to people, to respect people regardless of professional or educational background, regardless of other personal or professional characteristics. This contrasted with her experiences with some other psychiatrists who had dismissed and minimized her clinical insights or perspectives.

Deanne Tilton Durfee, the executive director of the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN), also said Dr. Summit is the reason she took the role of director for ICAN. During a time when awareness regarding the salience of child abuse was only starting to emerge, she said of Dr. Summit, "Roland protected me many, many times—not only from the world out there, outside our inner circles, but also from people within our inner circles." He helped various professionals to "get along and not hurt each other."

Susie Summit, one of Dr. Summit's daughters, also gave a speech. She began by describing that she had an almost idyllic life and rarely asked her father for advice. One day, however, she had a friend whom she was worried about, so she decided to talk to her father about it. She told her father that the friend could not stand her parents and was thinking of running away. Her father then stopped to say in a calm tone, "Susie, it's okay to say that it's you." Susie laughed as she told the story, saying she was horrified at the misunderstanding, which was corrected to indeed refer to Susie's friend. Eventually, her father offered his advice and told her friend that she could even come stay at their home if she ever needed. Although somewhat comical, this story was telling of Dr. Summit's humility and willingness to listen to children, including his own. Even if it meant that his own child might be harboring deep resentment or anger toward him (which fortunately was not the case), he was ready to listen and receive what she had to say. He did everything to avoid the risk of ignoring, dismissing, minimizing, or criticizing his child to create a space wherein she would feel safe expressing her true sentiments no matter what.

Some prominent figures throughout history that have fought valiantly for noble causes have done so at the cost of their personal lives and families, Dr. Roland Summit did not allow even his noble ambitions to take priority over his family. He did not become blinded by professional ambition or fears of public perception—he practiced what he preached and put family first.

The Past and Future of APSAC

Dr. Summit believes that the American Professional Society on the Abuse of Children (APSAC) has been influential in bringing together a larger number of individuals for interdisciplinary participation. He was involved with Dr. David Corwin in the beginnings of the California American Professional Society on the Abuse of Children (CAPSAC) and, later, APSAC. Although he has not been directly involved for many years, he said he stands in the strong support of their mission to increase awareness, training, and research on reducing child maltreatment.

His wish for the future is that APSAC continue working toward remedying the "disgrace of ignorance" regarding childhood abuse and its impact on victims' lifetimes. As he recalls accounts given by victims, he understands that "the pain that can be locked into the consciousness of victims of childhood abuse is like a pain that the rest of us can't imagine. We can only imagine it through contact with people who can share that pain realistically with us, and that's not easy." He believes part of the challenge in confronting child maltreatment in various fields, including health care, is that there is "a diametric opposition, a human opposition to learning of such painful human failures and disputing them."

Dr. Summit had a few pieces of advice for future leaders of APSAC:

1. Resist being elevated into office if you are not comfortable with emerging views of the general membership.
2. Ensure you are able to be relatively neutral and able to deal with disagreements, with the greater goal of keeping the group as a functioning community.
3. Be as fully aware as possible of the research on child abuse.
4. Do not be afraid of facing criticism and disfavor from the community in response to what you stand for.

He remarked in close, "[C]hild abuse will never be a welcome topic to celebrate. It will never be something that ordinary people without preparation can welcome as a discovery without trying to push it away."

Author's Reflections: Listening to Women and Children

At first glance, some people might find it surprising to learn that Dr. Summit never in his professional life has interviewed a child. But one does not necessarily need to speak to children directly to recognize the impact of child maltreatment on their lives; after all, all adults were once children! We need only listen to the voices of the many adults we encounter who recount histories of abuse. Why is it then that such stories are often glossed over or even untold? Perhaps it is because women and children have historically not been believed; in addition, we tend not to believe psychiatric patients.

When I started my psychiatry training, all I knew about Freud were his theories about sexual fantasies and the Oedipal complex. I will admit that I was not the biggest fan. But what I learned through my training in psychoanalytic psychotherapy was that Freud did not start with such a theory. In fact, historical writings indicate Freud in the earliest part of his career began by listening to women who were largely rejected by society as having "hysteria." In listening to these women, he discovered narratives of childhood sexual abuse, believing them to be reflective of real experiences these women had in childhood that led to the emotional dysregulation then called "hysteria." But upon reactions in his professional community discounting his ideas, Freud then revised his theory to reframe these events as "sexual fantasies" of the women. His instinct to listen was overpowered by social and professional pressure to dismiss the women's narratives as too ridiculous to be true. Women had little to no power at that time, and women were generally not to be believed; pathologizing them as hysterical was a way to ensure things would stay that way.

Victimization is the very thing that enables pathologization; pathologization then enables victimization, and the cycle does not end. As a child psychiatrist, I am constantly confronted by the way in which pathologizing children is sometimes misused, both intentionally and unintentionally, to silence and disempower children. Thankfully, experts and researchers in the field of child forensic interviewing have enhanced the methods used for interviewing children to maximize the chance of credible testimony, but broadly speaking there is still a systematic disregard for the voice of children, both because we as adults may not know how to ask questions and because we often do not really listen. I am reminded of a schematic adapted by Lucien Lombardo, PhD, (2022) during an APSAC-hosted Institute on Child Torture that adds "adultism" as pervading all ecological levels. It is time for us to consider if we, as medical and mental health professionals, have a vested interest in avoiding the issue of child abuse for the sake of encouraging pathologization and inadvertently contributing to the continued oppression and abuse of children.

About the Author

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Susan Moan Hardie, PhD, RN

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

Karen Marcial, MSW; Judith Valasquez

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.

Interview with Susan Moan Hardie

At UCLA, Dr. Hadie 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. Rusell, 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. Rusell 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

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

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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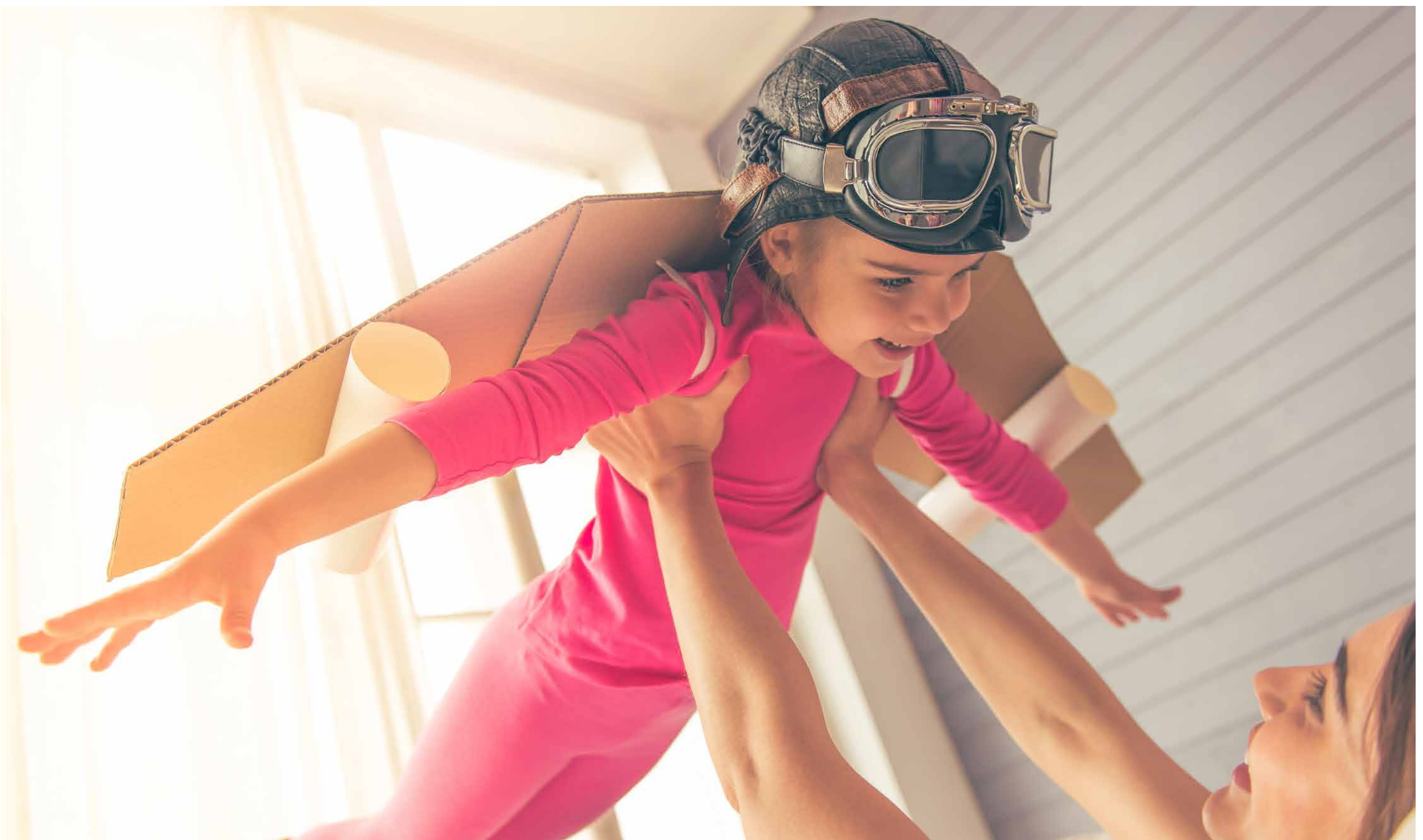

Kathleen Coulborn Faller, PhD

Celebrating 35 Years of Child Protection in Research and Forensic Interviewing: An Interview with Kathleen Coulborn Faller, PhD

Sarah Scozzafava, MA

Kathleen Coulborn Faller, PhD became involved as a member of the American Professional Society on the Abuse of Children (APSAC) in 1988. She served as a Board Member from 1991 to 1997 and then again from 2013 to 2019, and served as Chair of the APSAC Publications Committee from 2015 to 2019. With a small laugh, she thinks of herself now as one of the "old buffalos" of the association, as she has been involved with APSAC since its inception. Dr. Faller's notable work within APSAC includes co-creating the association's forensic interview guidelines.

Early Career and Current Work

Dr. Faller's contributions to the field of child interviewing and child maltreatment can hardly be summed up in words. Her work has had incredible influence how children who may have experienced abuse and trauma are treated and on how we as a society can ensure they receive justice and the best treatment. She, along with colleagues such as Dr. Linda Cordisco Steele, Dr. David Corwin, Dr. Mark Everson, and many others, have set the framework for how to best talk to children about abuse in order to elicit the most accurate and objective information. While Dr. Faller's contribution to forensic interviewing is extraordinary, she, along with her colleagues, have also provided insight into other areas involved in assessment of child abuse. These include sexual abuse disclosures during divorce, extended interviews of child victims, use of anatomical dolls in interviews, testifying in court for the professional, and recruitment and retention of child welfare professionals.

Dr. Faller received her doctorate in social work and psychology in 1981 from the University of Michigan, Ann Arbor. She points to the importance of the 1974 Child Abuse Prevention and Treatment Act (CAPTA) for shaping changes in defining child abuse and designating who was mandated to report concerns. As a result of this act, cases of child physical and sexual abuse and child neglect began to be investigated, and an expanded list of professionals became mandated reporters. As a result, CAPTA brought about an increased number of child maltreatment cases.

In 1985, Dr. Faller opened the Family Assessment Clinic (FAC) at the University of Michigan under a contract with the state's child welfare agency. The clinic's focus was providing comprehensive assessments of children and families involved in child abuse investigations. In the first year, the clinic received 50 referrals, mostly concerning sexual abuse. Dr. Faller recalled how new to the field she and her colleagues were in the beginning, charting their own course of action as it pertained to interviewing children.

Dr. Faller's clinic was the first to videotape child interviews, beginning this practice in 1990. Dr. Faller recalled reviewing her interviews to observe patterns of best practice on how to talk to children;

in particular, she was curious about which questions solicited which responses. She also referenced the fact that during this time several other professionals began research on interviewing children (Dr. Gail Goodman, the late Dr. Karen Saywitz, and more recently Dr. Tom Lyon). Dr. Faller recalled how a pivotal study conducted by Margaret S. Steward that involved anatomical dolls, drawings, and computer assisted interviews allowed for Dr. Faller and colleagues to receive a grant from the National Institutes of Health (NIH) to conduct research using computer assisted interviews. The most notable findings from this study related to the relationship between the formation of questions and children's disclosures. Dr. Faller also pointed to the incredible research led by Dr. Michael Lamb and his late wife, Dr. Kathleen Sternberg, who worked with the National Institute of Child Health and Human Development (NICHD) and partnered with colleagues in Israel to conduct field research that deeply explored the types of questions asked of children, ultimately creating the NICHD investigative interview protocol.

In 1990, Dr. Faller joined the APSAC task force in developing the forensic interviewing guidelines. She felt it was important that APSAC did not create a protocol, but instead a set of guidelines; for a successful interview, the interviewer follows the child, not a protocol. Dr. Faller also noted that APSAC collaborated with a multitude of professions, including law enforcement, child development specialists, and legal experts, to formulate forensic interview guidelines. Dr. Faller has been able to collect data such as disclosure rates among males versus females (female disclosure rates are higher than males), disclosures rates in interfamilial versus intrafamilial cases (a multitude of factors decrease disclosure when abuse occurs within the family unit), and the benefits of utilizing various forms of media during the interview (anatomical drawings, white boards).

Dr. Faller has received numerous awards acknowledging her contributions to the field of child abuse and trauma, including the National Association of Forensic Social Workers' Sol Gothard Lifetime Achievement Award and the National Children's Advocacy Center's Outstanding Lifetime Achievement Award. She presently serves as a member of the Blue Ribbon Commission of National Experts to Examine Failures of Institution to Protect Youth Athletes (Examining the Larry Nassar Scandal), which is a program of CHILDUSA at University of Pennsylvania Law School; she also serves as a member of the Mental Health Roundtable on Treatment for Victims of Internet Child Pornography, at the National Center for Missing and Exploited Children.

In 2007, Dr. Faller received the APSAC Mark Chaffin Outstanding Research Career Achievement. Her research has resulted in over 100 article publications and 11 books. And while she acknowledged the important role of research for academia, she prefers the practice side of child welfare, recognizing the importance of integrating the research into practice. Dr. Faller is currently working on the 2nd edition of *Interviewing Children about Sexual Abuse: Controversies and Best Practice* and is a Marion Elizabeth Blue Professor Emerita of Children and Families at the University of Michigan, a position she has served in since 2014. She also continues to provide expert testimony in child abuse cases. In fact, during the course of this interview process, she was deposed for six hours in reference to a polyvictimization case—and this was the seventh time that she had been deposed for this particular case.

Commentary on Child Welfare Research

Dr. Faller has been in the child welfare academic world for more than 35 years but decided years ago that she wanted to continue to practice as well as research, while recognizing the importance of research for evidence-based practice and for the development of promising practices. Being at the University of Michigan, she has the ability to work with research assistants who can focus on data analysis, leaving her the time to focus on how the research impacts practice in the field. Research is lacking in the domain of child welfare not only

due to lack of funding, but also due to the unique nature of the field making it more difficult to meet the standards required for other disciplines (i.e., requirement for control groups and randomized control trials, both not feasible in the study of child maltreatment). Dr. Faller attributed the main reason for lack of funding in child welfare and research to the fact that "children do not vote."

Much of Dr. Faller's research has focused on practice integration. She has found the National Child Traumatic Stress Network (NCTSN) and U.S. Department of Health and Human Services (USDHHS) to be more flexible sources than institutions that fund biological research. Through a grant from the Children's Bureau under HHS, Dr. Faller was granted $1 million over the course of 5 years to conduct a longitudinal study on the child welfare workforce, which resulted in several publications highlighting areas such as retention and recruitment in the child welfare profession.

Furthermore, Dr. Faller worked alongside Linda Cordisco-Steele with the National Children's Alliance (NCA) and two other colleagues from University of Alabama, Debra Nelson-Gardell and Javonda Williams, to collect data on extended child interviewing, receiving 2,000 survey responses and resulting in four published articles. Some notable findings from this research demonstrated the need to carefully consider the professional training and background of the interviewer and the types of cases that would be appropriate for extended interviews (Faller et al., 2010; Williams et al., 2016). The research also positively correlated the number of interview sessions and an increase in credible sexual abuse disclosures, and, in some circumstances, new disclosures made in later sessions (Faller & Nelson-Gardell, 2010). The findings of this research also emphasized the importance of utilizing narrative elaboration, cognitive interview techniques, and anatomical dolls in child sexual abuse cases (Faller et al., 2011).

Persons of Influence

Dr. Faller recalled those who have been most influential to her in the field of child maltreatment. One such notable individual is David Finkelhor, PhD. Dr. Faller first encountered Dr. Finkelhor's work in 1978–1979 on the cusp of publishing her first book, *Social Work with Abused and Neglected Children: A Manual of Interdisciplinary Practice*. The Free Press publishing company sent Dr. Faller a copy of Dr. Finkelhor's book, *Sexually Victimized Children*, which demonstrated the prevalence of child sexual abuse in college-aged males and females. Dr. Faller recalled that the study found that approximately 19% of females and 9% of males had experienced childhood sexual abuse. This study "blew the field away," as it shed light on a population who was socially and academically high functioning yet had experienced a substantial level of child maltreatment. For Dr. Faller and others, this study, and other works by Dr. Finkelhor concerning polyvictimization and the use of telephone surveys with children, made Dr. Finkelhor a "pioneer" in the child abuse field.

Dr. Faller also fondly recalled the late Diana E. H. Russell, PhD as an "amazing feminist" who was a member of a South African anti-apartheid underground movement, the African Resistance Movement (ARM). The movement's goal was to eliminate institutionalized racial segregation in South Africa. Dr. Russell graduated from college when she was 19 years old and later relocated to the United States, where she earned her doctorate at Harvard in social psychology with a focus on sociology and the study of revolution. She returned to South Africa to focus her research on sexual exploitation of women. In 1986, Dr. Russell's first book, *The Secret Trauma: Incest in the Lives of Girls and Women*, was published. This book was the product of community-based research in California, which included interviewing adult women on their experiences of childhood sexual abuse and domestic violence.

Also influential for Dr. Faller has been Gail Elizabeth Wyatt, PhD, a faculty member at the University of California at Los Angeles (UCLA). In the early 1990s, Dr. Wyatt's research provided evidence concerning the prevalence not only of child sexual abuse among African American women, but also concerning the microaggressions these women endured. Dr. Faller lamented that unfortunately times have not changed; in fact, these situations have worsened since the publishing of Dr. Wyatt's research. Dr. Wyatt has received numerous awards, including the Chancellor's Award for Diversity and Inclusion and the Lifetime Achievement Award of the American Psychological Association, for her work on trauma's impact on mental health. Dr. Wyatt was notably the first African American woman in the state of California to receive a license to practice psychology. Dr. Wyatt has also developed a structured interview questionnaire, the Wyatt Sexual History Questionnaire, to assess women's consensual and coercive sexual experiences.

APSAC Then and Now

Although considerations for the welfare of children started prior to the 1930s, child maltreatment first became a legislative focus in the United States in 1933 with the implementation of the Social Security Act, which included child welfare provisions. Child welfare encompasses maltreatment, foster care, and adoption in both state and federal statutes. Dr. Faller suggested viewing the history of child welfare as a pendulum—alternating between child safety and family preservation.

APSAC was founded in 1986. Initially, the APSAC Editorial Board was composed of doctoral-level psychologists. Dr. Faller applauded APSCAC for bringing together a variety of professionals who work in the child welfare world in assessment, intervention, and prevention, creating a space for professionals from many different disciplines to collaborate and promote best practices. Today, APSAC Board Members are a testament to this collaboration among a diverse group of professionals, combining those who are research-focused and those working in the field of child welfare: medical professionals, attorneys, psychologists, and social workers. In line with its mission to connect with its broader interdisciplinary members, APSAC produces two distinct yet interrelated publications, *Child Maltreatment*, which publishes empirical papers, and the *Advisor,* which publishes translational papers that are relevant for practitioners.

APSAC and its task forces also create and provide professional practice guidelines to promote best practices and access to quality services in areas of child maltreatment investigative work. Dr. Faller described her admiration for APSAC's efforts making these guidelines accessible to members and free to non-members, realizing the importance of accessibility for all professionals.

Challenges and Advice for the Next Leaders of APSAC

Today, there remains the challenge of recruiting and retaining professional members of color to APSAC's board. Dr. Faller said that she believes that APSAC would benefit from collaborating with outside organizations such as the national organization of Black Administrators in Child Welfare, Inc. It is paramount, Dr. Faller explained, that APSAC continue to endeavor to create a team of board members that reflects the views of professionals of color.

Dr. Faller also described her belief in continuing to work diligently on practice guidelines to allow for consistent and quality practice, as well as on providing critical journal publications (*Child Maltreatment,* the *Advisor,* the *Alert*) along with forensic interview training. Dr. Faller praised APSAC's Forensic Training as "some of the best, most sophisticated" training for forensic interviewing. In addition, she noted the fact that the webinar training series for new child welfare professionals has been a useful endeavor and that the annual Colloquium brings together some of the best in the field to provide training and roundtable discussions.

Interview with Kathleen Coulborn Faller, PhD

Additionally, Dr. Faller postulated on the need for more focus on child neglect; this is the most prevalent form of child maltreatment, yet APSAC's focus has historically been on child sexual abuse and child physical abuse, despite the fact that at one point in time child sexual abuse comprised only 13% of abuse cases. Another area that needs attention, in Dr. Faller's opinion, is the use of paid staff positions. Most APSAC task force and board members are volunteers, thus giving them limited time to devote to APSAC endeavors.

APSAC's membership increased to approximately 3,500 members at one point, but as other similar organizations were created, APSAC's membership numbers decreased. Although Dr. Faller recognized that APSAC is a "niche" organization, she said that she would like to see an increase in membership. APSAC has historically worked with the Federal Bureau of Investigation (FBI), and there are several APSAC members from the FBI (e.g., Special Agent Ken Lanning, who is a retired FBI expert on crimes against children). In this vein, APSAC needs to enhance outreach to various other disciplines to encourage law enforcement officials, district and state attorneys, and child welfare professionals to join the organization.

In terms of child welfare, as a nation, Dr. Faller said that she believes the federal government needs to take more of a stand. The Child Tax Credit that ended in 2021 should be reinstated, Dr. Faller added, as this monthly stipend had a remarkable impact on families in poverty. As is well documented, poverty is correlated to child neglect, as impoverished parents struggle to provide shelter, food, and medical care. For this reason, Dr. Faller said, the government should place more focus on "safety nets" for families, expand the Affordable Care Act, and pass "Build Back Better" legislation. In terms of child welfare, Dr. Faller believes America is a "rich country that is stingy and punitive" compared with less wealthy European countries.

Reflections from a Child Welfare Professional

Our society has made great strides since the 1930s when the Social Security Act brought to light the need for provisions to care for one of our most vulnerable populations—our children. Yet there is still so much more to do. Dr. Faller's research on forensic interviewing of children are an example of just one area in which growth has happened and must continue to happen, as our profession continues to learn more about ways that child cognition, development, and environment impact children's statements. The child forensic interview and the interviewer have a crucial role in our justice system, and the skill and art of forensic interviewing must continue to be improved by research and best practice.

In this vein of growth and improvement, in the past several years, our society has embarked on a mission to eradicate the role implicit bias plays in the child welfare and protection world. APSAC plays a critical and vital role in this endeavor and has made strides to recruit board members of color and to diversify the professional representation of its members. Additional efforts are needed, and, I contend, will always be needed in this field. Dr. Faller astutely pointed to APSAC's need to collaborate with other organizations that represent child welfare professionals of color. Further outreach to the child protection field is a must, as APSAC's membership of child welfare professionals does not accurately represent the field.

Additionally, we must not underestimate the role our federal government can play in eliminating racial and socioeconomic injustice. We know from previous work in child protection that children are sometimes removed from their families based on poverty alone. I can attest that in the state of Florida we are working to reverse this practice and to view child protection from a lens not focused on our personal beliefs, but instead on supporting families so that children can remain in their homes.

Dr. Faller said that she finds inspiration in those who have marched outside of the confines of social and sometimes physical safety to stand up for human rights. She, along with her colleagues, has done just that with their work involving child forensic interviewing and child sexual abuse. To state it was an honor to interview Dr. Faller is a great understatement; it was awe inspiring to be able to talk with a pioneer in our field.

About the Author

__Sarah Scozzafava, MA__ received her undergraduate degree from the University of North Carolina at Wilmington and later her master's in psychology from the American Military University. Sarah's professional work within the child welfare and social service field began in 2003, with a 12-year focus in child forensic interviewing. At present, she serves in a multidisciplinary role for the Florida Department of Children and Families. She also serves as a consulting editor for APSAC's __Advisor__.

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Improving the System's Response to Child Maltreatment: An Interview with Charles Wilson

Jerri Sites, MA

The Early Years

Charles Wilson, MSSW, remembers the exact moment he made the decision to enter the field of child protection. This was in 1972, when he was student teaching at an inner-city junior high school in Miami, Florida. Up to that point in his life, he did not realize that child abuse existed beyond his mother warning him about strangers in trench coats. It wasn't something that was on his mind or in the media at that time.

During his student teaching, he became more aware of the violence his students were being exposed to, which had been unknown to him in the past. It was then that the Florida Division of Family Services (DFS) put a television commercial on the air that had a nursery rhyme playing and babies crawling toward the camera. A male voice said, "Who would hurt a little child?" The child abuse statistics for Florida from the year before then appeared on the screen.

After seeing the commercial, Charles went to the library, did some research, and decided then and there that he wanted to become a child protective service worker (CPSW), which is something he had never heard of before. Two months later, he landed a CPSW job in rural Florida. After three years, Charles realized he was interested in changing the system. The regional manager for Florida DFS took Charles under his wing and encouraged him to obtain his master's degree.

Charles was accepted into the University of Tennessee master's in social work program with an emphasis in administration and planning. Upon graduation, he was offered a position with the Tennessee Department of Human Services (DHS) starting out as an emergency response CPSW and then, shortly thereafter, working at the regional and state level within the agency. By 1982, at the age of 33, Charles was appointed as Director of Social Services for the state of Tennessee, Department of Human Services. Originally, that position oversaw all social services. Subsequently, the department created the Division of Child Welfare, of which Charles became director. He remained in that position for 13 years.

Commitment to Change

With great humility, Charles would say he was "lucky" to be an early adopter of several major milestones in child protection throughout his career—one being, during his tenure as Director of Child Welfare, exploring the team response to child abuse. This came on the heels of becoming aware of new research across multiple studies in the early 1980s that reported on rates of child sexual abuse among women. It was then that Charles realized that rates of child sexual abuse reports in Tennessee were minimal when compared with the numbers in these studies. Charles called this the "Sleeping Giant." Soon thereafter, the topic of child sexual abuse became more prevalent in the media and in prime-time television shows. After the airing of the movie *Something About Amelia*, reports of child sexual abuse exploded the very next day and would double in the months to come. Thus, the "Sleeping Giant"

was awakened, and Charles was in a position to raise awareness and address the issue through his work with Tennessee DFS.

During this time (circa 1983), when an episode of the television show *Different Strokes* addressed child sexual abuse, the local NBC affiliate in Nashville became interested and put together a documentary on the topic, *Innocent Shame*, which ultimately won a Peabody award. The documentary, and later a panel discussion, aired in Nashville right after the *Different Strokes* episode. Charles served on that panel and fielded calls from reporters and the public. This, along with several high-profile cases in Tennessee and across the nation, resulted in legislative interest in child sexual abuse. Subsequently, Tennessee State Representative Bill Covington established a special legislative committee to study sexual abuse and began holding legislative hearings around the state. In time, the committee learned of a pilot project DHS had established in West Tennessee to test out the idea of a multidisciplinary team approach. This resulted in the passing of Tennessee's landmark legislation The Child Sexual Abuse Act of 1985. Among other things, this legislation mandated multidisciplinary teams in all 95 counties in the state of Tennessee and established a state child abuse task force. The Department of Human Services was charged with creating the task force in an effort to develop a plan and support the creation of teams.

It was through the task force (1985–1986) that Charles met Special Agent Donna Pence, BS, with the Tennessee Bureau of Investigation (TBI). Donna was assigned as the Sexual Abuse Specialist for the TBI and became its representative on the task force. In that role, she also organized law enforcement training on child sexual abuse across the state. Charles, Donna, and another colleague, Gloria Manheim, then created the child sexual abuse curriculum for the state law enforcement training academy. They also developed team training, which they took on the road to hundreds of new team members across Tennessee. Donna would later serve on the Board of Directors of APSAC and together with Charles would write the book *Team Investigation of Child Sexual Abuse: The Uneasy Alliance* (Pence and Wilson, 1994) and a host of other publications, including multiple contributions to the APSAC Handbooks, the *Advisor*, and APSAC's journal, *Child Maltreatment*. It is through their tireless work, dedication, and shared goals that Donna and Charles's professional partnership developed into a personal relationship and ultimately marriage in 1987.

During this same time, in the early to mid-1980s, District Attorney Bud Cramer organized a team and developed the first Children's Advocacy Center. Although the team approach had been implemented in several communities around the country, those teams, including those in the state of Tennessee, did not have a dedicated place for the team members to convene or for children to be forensically interviewed. Creating a child-friendly space within the Children's Advocacy Center for the team to find a home to handle its cases was what set the Huntsville model apart from the rest.

The Huntsville team, led by Bud Cramer and community volunteer, Marilyn Grundy, decided to bring child abuse professionals together in Huntsville to share information about the different approaches to child sexual abuse from across the country, which became the first Child Sexual Abuse Symposium. Charles, along with Susan Steppe, a colleague from Tennessee, spoke at the second symposium, where he discovered the Children's Advocacy Center (CAC) world.

Charles remained in his role with the Tennessee Department of Human Services until 1995, when he felt the need for a change. At this point in his career, Charles was interested in moving into a leadership position with an organization that also provided important local clinical work and had the potential for making a national impact. Only a handful of places in the country existed that fit the bill at the time, one being National Children's Advocacy Center (NCAC) in Huntsville and the other, the San Diego Center for Child Protection. Coincidentally, the NCAC in Huntsville was conducting a search for a new executive director. Charles applied and was selected. It was during his 5-year tenure with NCAC that he led the effort to reorganize NCAC, thereafter creating

the position of chief financial officer, co-locating the multidisciplinary team (MDT), expanding training offerings, and moving forward with the capital campaign to raise funds for the NCAC campus, where it stands today.

It wasn't long before San Diego came calling. Charles, presenting at the San Diego Center for Child Protection Conference on Child Maltreatment since the 1980s, fell in love with the city. He and David Chadwick, Founding Director of the Center, became colleagues through their work in the early APSAC days. In 2000, well after David's retirement, the executive director position at the Center for Child Protection opened, and Charles made the move to San Diego from Huntsville. This is where he remained for the rest of his career. The Center was subsequently renamed after David and is now known as the Chadwick Center for Children and Families at Rady Children's Hospital–San Diego. The Chadwick Center serves as San Diego's Children's Advocacy Center. While in his role as executive director, Charles was closely involved in the Annual San Diego International Conference on Child and Family Maltreatment, the establishment of the California Evidence-Based Clearinghouse, the Western Regional CAC, the National Child Traumatic Stress Network's Trauma-Informed Child Welfare initiatives, all while still managing clinical services. Although he "retired" from his leadership role in 2020, he is still involved with the Chadwick Center as a scientific advisor on multiple grant projects. He is also now a member of the Board of Directors of the National Children's Alliance and Omni Visions, a multistate therapeutic foster care agency based in Tennessee.

Insights About APSAC's History and Accomplishments

When APSAC was first born and organizing its board of directors in 1989, Charles was asked to serve on the board to represent child protection. At this time, he was Director of Social Services for the state of Tennessee. The opportunity arose due to his relationships with some of the founders of APSAC, including David Corwin, Roland Summit, John Conte, and David Finkelhor, with whom he had been involved in several national conferences and think tanks.

Charles became President of the Board in 1992. During his time on the board, the group was looking at publishing the *Advisor* and had begun long-term planning for a new journal, *Child Maltreatment*, the APSAC Colloquium, and the *APSAC Handbook for Child Maltreatment*. It was also during this same time that APSAC began to have a presence at the San Diego Conference on Child Maltreatment, which became a great place to nurture organization. As Charles recalls, there were a few years in which registration for the conference included obtaining membership with APSAC. These efforts were instrumental in the growth of APSAC in its early years.

Charles believes that one of the legacies of APSAC is bringing to the national stage a multidisciplinary approach to addressing child abuse. He feels that APSAC has maintained a scholarly position yet, at the same time, has not diminished the important contribution of non-academic professionals in the field of child maltreatment. On the one hand, the *APSAC Advisor* credibly distills scholarly information to make it easily accessible for all professionals who would benefit from such articles. The peer-reviewed, interdisciplinary research in the *Advisor* is often published more quickly than if having gone through the typical journal process, yet many articles appearing there have received top awards in their field. On the other hand, the APSAC journal, *Child Maltreatment,* has a more academic focus overall and sets a higher bar for publication.

The notion of integrating research and practice has played out in Charles' involvement with the San Diego Conference. Years ago, there would be a small separate research track, and most of the workshops would be presented by professionals practicing in the field, often without a clear basis in research. Today, the goal of the conference is to integrate the best and most recent research into the direct service tracks so that practitioners are made aware of the science that supports their work.

Future of APSAC

Charles hopes that the future of APSAC will include “not losing what we have gained with respect to interdisciplinary cooperation and the application of science and research to practice.”

One of the initiatives Charles was involved in when he first went to San Diego in 2000 was the National Call to Action to End Child Abuse. The idea was to bring all the national child maltreatment organizations together to talk about ending child abuse. At that time, it was not quite clear to Charles how we would end child abuse, but he remained optimistic that solutions existed that just needed to be discovered. So, for APSAC, he feels the future includes consolidating and disseminating what we know works and building a culture in which those practices are expected of child abuse professionals. This is not unlike the push to implement evidence-based treatment, which is now the standard for therapy in the children’s advocacy center world and across the board in child maltreatment.

In addition, he hopes APSAC can continue to look for emerging practices that could help improve the lives of children and families and begin to develop those efforts to become everyday practice. This could include clinical applications, ways to determine whether abuse occurred, and further exploration of the role of epigenetics in preventing and responding to abuse.

Suggestions for Future Leaders of APSAC

Charles hopes future leaders of APSAC will continue the commitment to the original principle of the multidisciplinary team approach. One of the challenges for APSAC, or anyone working in this field, is the turnover at the local, state, and national level, especially in child protection, law enforcement, and prosecution. Making sure that we reach out to those disciplines on an ongoing basis is critical to keeping them engaged in the multidisciplinary team response.

The high turnover rates and commitment to the multidisciplinary approach beg the question “How do we professionalize all the disciplines involved in child maltreatment and make certain all disciplines have access to all that APSAC has to offer?” The challenge for future leaders of APSAC is to ensure that the work of the organization remains relevant to child abuse victims and their families. This will not happen unless those in the field are provided with the most up-to-date information on research-based practices. Charles also recommends that such information is provided to practitioners in a way that is accessible, is translational, and ensures feasibility of adoption. For instance, in 2003 or 2004, trauma-focused, cognitive behavioral therapy (TF-CBT) already had a strong research track record and proven efficacy, but it had not spread throughout the country. This was instrumental in the development of the California Evidence-Based Clearinghouse, which allowed its creators to distill the description of these modalities in digestible pieces of information. Eventually, it became common knowledge in the child maltreatment field that TF-CBT was one of the most effective evidence-based treatments for children experiencing trauma, and evidence-based therapy became the standard for therapy in the Children’s Advocacy Center movement.

Final Thoughts

For nearly four decades, Charles Wilson has worked to improve the system’s response to child maltreatment at the local, state, and national level. His desire for systems change is evident throughout his career, beginning with his recollection of the moment he chose to become a child protection services worker right out of college.

Charles started out, as he would say, “knocking on doors” as a child protection services worker, which surely provided insight on the need for and value of the multidisciplinary team approach to child abuse. He knows, firsthand, what it is like to try to work with families with minimal resources. This foundation drove him to ensure research-based practices were made available to frontline child abuse professionals. He also credits his wife, Donna, who comes from a law enforcement background, for

helping shape his perspective throughout his career. Together, their mutual passion for the development of multidisciplinary teams made a tremendous impact in the state of Tennessee and, eventually, at the national and international level. Through training thousands of child abuse professionals, they have influenced the work of multidisciplinary teams around the world and, what is more important, changed the lives of children and families served.

Much of his work with APSAC focused on the implementation of the MDT approach to child abuse, as well as on integrating research into practice. When sharing his hopes for the future of APSAC and advice for future leaders of the organization, his thoughts went back to the value of the multidisciplinary team. He envisions that APSAC will continue to share its knowledge with those professionals who are working cases, making research-based best practice the expectation. He recognizes that even with all the advances we have made, there is still much room to grow and much more to learn.

In listening to Charles share his background and career highlights, it is clear this is a man of great passion, intelligence, and humility. At one point in our conversation, he said that he was "just in the right place at the right time." That may be true, but one might consider there is something magical, or divine, in the fact that Charles and his peers, all of whom are pioneers in this field, were able to come together with a sense of camaraderie to simply do their best to make the system work better for children and families. They were all in the right place at the right time, and they were the right people to move our field forward.

Personal Reflection

As I reflect on the life and career of Charles Wilson, as well as my own, it is clear we have come a long way from the days in which multidisciplinary teams and children's advocacy centers were not in existence. I am grateful for the pioneers of our field who paved the way for those of us who stand on their shoulders and continue to provide support, training, and technical assistance to child maltreatment professionals. I have experienced the evolution of the children's advocacy center movement from being "child-focused" and centered on prosecution outcomes, to being family-focused and centered on evidence-based treatment for children and families. That said, there is still much work to be done. In my work as an expert witness, when analyzing cases, I frequently observe a lack of training and expertise on the basics of a child abuse investigation. When providing training and technical assistance, it is evident that many of our child abuse professionals are still, to this day, being placed in their positions with little or no training. This comes as a disservice to those who work in our field and, ultimately, to the children and families we serve.

My hope for the future of APSAC and the future of the field of child maltreatment, not unlike Charles, is that we continue to instill the value of the multidisciplinary team approach and the children's advocacy center model. However, we cannot lose sight of the need for basic training for child abuse professionals *before* they are assigned cases. This, along with education regarding vicarious trauma, secondary traumatic stress, and empathic strain resulting from exposure to the trauma of those we serve is paramount for professional survival. Ultimately, we need to create a culture in the field of child maltreatment in which the expectation is that our professionals will be highly trained in research-based practices, and that our organizations and multidisciplinary teams will have policies and procedures in place to support child abuse professionals through the complexities of this work. Until then, I am certain of one thing. We will all continue to do our best to address the issue of child maltreatment, regardless of the limitations set before us.

About the Author

Jerri Sites, MA, *has been a member of APSAC since 1998. With 30 years of experience in the field of child maltreatment and the Children's Advocacy Center movement, she now serves as a consultant providing training and technical assistance to child abuse professionals nationwide and as an expert witness in child sexual abuse cases. Her mission is to empower professionals to improve the system's response to child abuse. Contact: www.childprotectionconcepts.com.*

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We Are Part of the Problem: An Interview with Michael Durfee

Jiwon Helen Wyman, MD, MATS

Father of Child Death Reviews

Michael Durfee, MD, grew up in South Pasadena and went on to Colorado College to study chemistry, after which he returned to Los Angeles County (LAC) to attend the Keck School of Medicine of the University of Southern California (USC). He conducted his internship training at Good Samaritan hospital from 1968 to 1969, and his psychiatry residency training at LAC+USC Medical Center. Then, after one year of child psychiatry training, he was drafted into the military and sent to Korea. While in Korea, he refined his clinical skills and helped to establish transitional programs for service members suffering from substance use disorders.

Upon returning to the United States, Dr. Durfee was met with an opportunity to work at MacLaren Hall, which housed children with a history of abuse or severe behavioral problems, or both. MacLaren Hall was coincidentally on Durfee Avenue, which he took as a sign that he should work there. His time at MacLaren Hall instrumentally shaped the future steps he would take in his career. During his time at MacLaren Hall, where over 300 children were housed, he functioned as the children's primary pediatrician, conducting physical exams when necessary. At the beginning, there was no dressing room or privacy, and children would meet Dr. Durfee in a paper gown. He worked to get a dressing room installed. These children deserved respect and privacy.

In addition, though a full physical exam was necessary for each child, he knew this was an unpleasant, frightening, and triggering experience for many of them. He thus made sure that each child's interaction would not be limited to one in their vulnerable, exposed state. He made sure that each child, after getting dressed, would return to talk to him, to have a chance to say what they wished and show how they felt. He knew many of these children had never had a chance to safely express painful and upsetting emotions; he wanted to provide a space for them to be able to express this, even if it meant expressing anger toward him. He showed them that it was okay for them to be angry, sad, or confused—that it was okay for them to be their honest selves.

Dr. Durfee's approach worked, and children shared with him what they had not to others. He recalls one particular 8-year-old girl who approached him and said, "I've got a secret, and you can't know it!" While saying the very opposite, it was if at least a part of her wanted him to know this secret, likely too heavy a weight for an 8-year-old child to carry on her own. It was already known that she had been sexually abused by her father, and Dr. Durfee was not sure what would be this additional "secret."

"Were there other men there?"

"Yes, but that's not the secret."

"Did they take pictures of you?"

"Yea, but that's not the secret."

Finally, he asked, "Did the other men pay your father?" He described, "When I asked that, she just kind of collapsed." It is as if by making it like a riddle, with every guess she was asking, "Can you handle something worse than that? Do you still want to know?" After ensuring that other staff were attending to this girl, Dr. Durfee went on to call the courts to insist that this child not be returned home. "I told them, 'Don't tell me this guy's trying and he made a mistake. He sold his daughter. Don't return the child home.'"

Even after making that call, though, Dr. Durfee knew he had to do more to address the poor communication between agencies tasked with the care of children. He accordingly founded the Los Angeles Child Death Review Team in 1978, the first of its kind in the nation, wherein multiple agencies would come together to participate in an open discussion with the goal of "peer group accountability," recognizing that every part of the system has had some responsibility for the death of children, and that everyone has a responsibility to work with one another to help prevent these children's deaths. What better way to combat the denial of child abuse than to prompt discussion of actual deaths that have occurred, often in relation to abuse? By the turn of the 21st century, child death review procedures that had begun in 1978 were well established across the United States and internationally.

The Massive Denial of Child Abuse

Most health care providers, and most people for that matter, do not want to be on the receiving end of another person's anger. Providers are often, after all, just "trying to help." But for those with a history of child maltreatment, clarification of intentions does not necessarily help them heal. In fact, it is not uncommon that maltreated children jump to defend perpetrators' intentions and experiences, saying, "They didn't mean to hurt me," leaving no room for their own feelings and experiences.

Dr. Durfee, however, knew the therapeutic value of giving these children a chance to speak and express themselves, to see for themselves that this did not change their value. He was *not* seeking their approval, *not* preoccupied with "setting the record straight" or telling them that they were angry with the wrong person." Some staff at MacLaren found it curious that Dr. Durfee seemed to "like the kids who were angry." But instead of seeing them as angry and problematic, he saw their behavior as a sign that the world had treated them cruelly. And, he added, "We haven't done very well, either," reflecting on his own contribution to these children's suffering.

For example, Dr. Durfee indicated that many people seem to avoid talking about child abuse, as if to avoid acknowledging that even the potential for such cruelty exists within ourselves. He described that when child abuse is only mentioned, a common response by service providers he has witnessed is, "You don't need to talk about that anymore; it'll just upset you." And while such a response seems to imply that providers avoid the topic to somehow spare the child, Dr. Durfee posited that the real reason for avoidance is related more to the discomfort of the providers themselves.

Referencing the cartoon "Pogo" by Walt Kelly, wherein the main character says, "We have found the enemy, and he is us," Dr. Durfee remarked, "There's a rather massive denial in the world" regarding child maltreatment, and this denial remains a significant barrier to reducing child abuse and neglect. He described how deep-rooted this denial has been throughout history. As early as the mid-19th century, Auguste Ambroise Tardieu, a French physician, had written extensively about all forms of child abuse as well as their mental and physical effects on children, even describing cases of fatal child abuse. Yet at the time, Tardieu's work was not well received. It was only a century later that Henry Kempe's writing on "battered child syndrome" brought child abuse to public attention.

Sadly, however, by avoiding the topic of child abuse, we perpetuate the recurrence of that which horrifies us, while keeping enough distance from these tragedies to regard them as occurring only rarely, and only in families and communities different from

our own. Even when it comes to *expecting* children to disclose maltreatment, Dr. Durfee said he would challenge each of us to instead ask ourselves, "What will make the situation right, how can *we* change so that [children] are comfortable talking to us?"

Author's Reflections: Denial Is Our Enemy

It will always be easier to blame "others" as the only ones who might abuse children, and denial enables the dynamic to go on, generation by generation. The case of Mary Ellen Wilson in the late 19th century is sometimes credited with bringing child abuse into the public eye because of the severity of injuries, but some scholars report that Mary Ellen's case led to a public response because the mother was less resourced and was also not the birth mother of the child. Other horrific cases of child abuse had been previously raised, including a boy who that same year died due to injuries related to abuse by his father, but the stories of these birth parents who severely abused their children did not sustain public attention (Costin, 1991). If child abuse only occurs in "other" communities, so the logic goes, it is "their" problem and not "ours," and we need not concern ourselves with it.

In that same way, professionals can sometimes get in the habit of blaming other professionals outside their field, only worsening interagency division. For example, perhaps if we think child protection is exclusively the responsibility of child welfare workers, those of us not in that particular role feel we can justify inaction and abdicate our responsibility to protect children. But as Dr. Durfee said, we need to first recognize that we ourselves are part of the problem.

Organizations such as APSAC have certainly played a significant role in creating and maintaining alliances among the different professions and discipline, but there is still much work to be done. We must all be willing to take responsibility for our part in creating environments wherein children do not feel comfortable speaking their minds, sharing their feelings and thoughts, or speaking up when they are abused. We must acknowledge our role in the abuse and neglect of children: demanding their blanket compliance even in the face of oppression. Each of us contributes to a world where children always seem to have the least power and the fewest rights or be treated with the least respect. Rather than demanding that they listen and respect adults, we need to listen and respect children. Only then will children be empowered to speak up when they or fellow children are mistreated; and then they, too, will treat their future children with love and respect.

About the Author

Jiwon Helen Wyman, MD, MATS, *is a child and adolescent psychiatrist at the Violence Intervention Program in Los Angeles County, where she treats victims of abuse and neglect. She is also currently working on a review of California case law on child psychological maltreatment and a guide on applying child forensic interviewing techniques to clinical settings.*

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Starting at the Frontlines: An Interview with Deanne Tilton Durfee

Jiwon Helen Wyman, MD, MATS

Deanne Tilton Durfee began her career in 1964 as a frontline social worker in general relief and aid to families with dependent children. The child welfare system was still in its infancy, with most cases of child endangerment managed by probation officers. Through her career, she would contribute to the development of the child welfare system as it stands. Having studied sociology at the University of California, Santa Barbara, with minors in political science and anthropology, Tilton Durfee was already equipped with a unique vantage point. From here, she would recognize the intersection of power, society, culture, and human experience as she gained valuable experience working in the field of child maltreatment and in navigating systems of care. She was also awarded a Doctorate in Humanities, *honoris causa*, from the Chicago School of Professional Psychology for her significant contribution to the field.

When she was still working as a social worker in general relief and aid to families, she visited a home in response to general concerns about welfare as relatives out-of-state were concerned about the family, which included two children. She went to the home to find a little boy at the door and his mother sitting emaciated on a chair. The boy told her he was staying home to take care of his mother, who had "stomach problems." The boy and his sister traded off caretaking responsibilities, and their father was also reported as ill in the back room. She was certain that this family needed help—that the mother and father needed medical care and that the children could not be kept home in this way. After consulting with her supervisor, she returned to the children's home the next day only to be greeted by staff from the coroner's office. The father had already been deceased for some time. Shortly thereafter, the mother also lost her life. At that time a young social worker, Tilton was tasked with the daunting responsibility not only of finding a good foster home for the two children, but also of informing them that their mother and father were both dead.

The sensitivity with which she managed this case then led to her selection as part of an elite unit of child welfare workers that would be dedicated to working with endangered children, child abuse, and foster care. Soon thereafter, the dependency court would become separated from probation, and Tilton Durfee became the first child welfare social worker tasked with filing reports regarding children in need of protection to the dependency court. She then worked as a supervisor and a liaison between the Department of Public Social Services and the juvenile court, playing a key role in facilitating transfer of the cases from probation to welfare services. She eventually also served as Regional Service Administrator.

In 1977, the Los Angeles Board of Supervisors decided to create the Interagency Council on Child Abuse and Neglect (ICAN) and asked Tilton to serve as the coordinator for this group, which consisted

of nine department heads from different agencies, including law enforcement health, mental health, schools, and child welfare. As she began working in a more administrative capacity, she knew the risks of become disconnected from field work and direct interactions and relationships with the children she sought to serve. She specifically asked for an office at MacLaren Hall, saying, "I don't want to forget why I'm doing this. I don't want to be in an ivory tower." She would work to bring a wide range of agencies together, giving her a unique perspective on what would be most effective in child abuse prevention.

It was also at MacLaren Hall that Tilton Durfee would cross paths with Michael Durfee, a child psychiatrist also working at McClaren Hall. Michael Durfee raised the issue of fatal child abuse, which led to the first child death review team in 1978, an important part of the work that ICAN has accomplished over the years. That year, Elaine Trebek Kares would also approach Tilton Durfee to strategize the best way to prevent child abuse in the community. In 1978, Tilton Durfee, along with a group of prominent individuals, including Elaine and Alex Trebek, formed ICAN Associates, a nonprofit 501(c)(3) charity corporation that supports projects informed and recommended by ICAN, its public partner. Projects sponsored by ICAN Associates have included the Neighborhood Family Center and multiple interprofessional conferences and campaigns to raise public awareness regarding issues related to child abuse and neglect.

Influencing Policy at the State and National Levels

In 1985, Tilton Durfee was appointed by the governor of California to the State Social Services Advisory Board. She was also commissioner on the California Attorney General's Commission on the Enforcement of Child Abuse Laws and appointed by the governor to the California Child Victim Witness Judicial Advisory Committee. She also served as the president of the California Consortium of Child Abuse Councils, the state chapter of the National Committee for Prevention of Child Abuse.

For five years, she served nationally as a member of the Board of Directors of the National Committee for Prevention of Child Abuse (NCPCA), which became Prevent Child Abuse America. Additionally, as a member of the U.S. Attorney General's Commission on Pornography, she put forth numerous recommendations for the protection of children from sexual abuse in relation to pornography, which included making even possession of child pornography illegal.

In 1989, she was appointed to the U.S. Advisory Board on Child Abuse and Neglect, and in 1993, she was elected as the first female chair of the advisory board. This board conducted a two-year national study on fatal child abuse and neglect and spoke with professionals, volunteers, and families from different areas of the country about fatal child abuse and neglect, eventually putting together a document called "A Nation's Shame." Tilton Durfee then traveled all around the world with Michael Durfee, presenting on fatal child abuse and neglect. She even learned Portuguese for her opening presentation in Portugal! In 2011, she also served as part of the Attorney General's National Task Force on Children Exposed to Violence.

Recent Work and Ongoing Challenges

Deanne Tilton Durfee currently serves as the Executive Director of the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN), which is one of the largest child abuse councils in the country with 27 public agencies and 12 community child abuse councils throughout the county. In addition, she manages the Los Angeles County Child Death Review Team and is currently working to re-establish the state child death review council. Tilton Durfee reported that the major issues of focus currently include issues of grief for children who survive fatal domestic violence or child abuse. Other current issues of high impact include those related to forms of discrimination against LGBTQI youth, which result in adverse outcomes for youth, and those related to substance abuse. She also successfully inspired the Los Angeles County Board of Supervisors to require all county agencies to

become no hit zones.

Ms. Tilton Durfee described the challenges of interagency work, especially coming from her background in child welfare and especially as a young woman. At times, criticism and condescension were directed toward her because she was seen as representing the child welfare system. Beyond this, she also quickly noticed distrust and skepticism between different professionals and agencies that could quickly escalate to become barriers to collaboration. She persevered in her efforts, however, emphasizing that while not everyone needed to like each other, they all did need one another to help children. Once this basic understanding of interdependency was established, important work could be done. In all her work with different professionals, she strove to always respect the work others do. She remarked, “It was never going to work to challenge people to act in ways contrary to what they believed in.”

She noted, nonetheless, that to this day, there is still a persistence of silo-based thinking. For example, mental health professionals see their primary responsibility as that of “treating mental illness, not child abuse,” despite the profound and long-term impact child maltreatment may have on mental health and illness. On the one hand, she acknowledged the critical role that mental health providers play in treating perpetrators of abuse who often suffer from mental illness or substance abuse issues, including postpartum depression and postpartum psychosis. On the other hand, she said that when there is no pre-established or evident mental illness in a caregiver, for example, mental health providers exhibit a greater reluctance to “get involved” with child protection.

Another related barrier to progress in the field of child maltreatment, she described, is that despite legislation allowing sharing of information to prevent child abuse and neglect, “There are still many agencies and individuals holding on to information that they do not want to share,” even when it is relevant and helpful for the prevention of child abuse. Again, with groups such as the child death review or abduction task force, sharing information has been extremely helpful, and members of these teams or councils have grown to understand the importance of this sharing of information. The Family and Children’s Index (FCI), for example, has also been pivotal in allowing ten different agencies to look up a given family’s contact with one or more of the other agencies. But outside of these specialized councils and outside the FCI, there is still hefty resistance to cross-agency information sharing.

The Past, Present, and Future of APSAC

Tilton Durfee said she believes APSAC has played a pivotal role in bringing together individuals from different professions and agencies to work on common issues relevant to child protection. Another area in which APSAC has helped to develop is the question of how we should talk to children. After all, she added, “Abused children rarely report themselves.” She described how APSAC has been particularly instrumental in raising awareness of and improving practices in child forensic interviewing, not only to minimize risk of trauma for the children, but also to increase the amount of information an interviewer may elicit from a child in a nonsuggestive, open-ended manner.

For the future, Tilton Durfee said she wonders if raising public awareness of emotional maltreatment is an issue that can be strategically addressed by APSAC in coming years. She reported that the likely reason emotional abuse or neglect will often not make its way into the child protection system is that there needs to be a medically diagnosed effect of the emotional abuse, and challenges involve both resistance to information sharing and training of mental health professionals. She has also witnessed the profound effects of emotional neglect, wherein there is nothing given to the child in terms of affection, love, or approval in some form. Public awareness, she believes, is particularly important for informal community sanctioning, and such public awareness needs to rise out of listening to the people that have experienced childhood emotional abuse and suffered its consequences, such as depression and attempted suicide.

Interview with Deanne Tilton Durfee

Author's Reflections: A Need to Look Outward

I admire the work that Deanne Tilton Durfee has done, fighting tirelessly to bridge and enable communication between individuals and agencies with vastly differing perspectives. Unfortunately, I agree with Ms. Tilton Durfee that while progress has been made among a subset of individuals and teams or councils, the same cannot be said more broadly about all the involved agencies. Examples of communication and willingness to collaborate between agencies are often sparse, even nonexistent. There are invisible (and sometimes even visible) forces that lead to favoring of the status quo and the insularity of silos, enabling every silo to blame the others for negative outcomes or to blame themselves only to burn out, resulting in poor retention rates.

It is a problem in medicine that perhaps instead of seeing ourselves as healers, we have begun to see ourselves as diagnosticians and prescribers. Part of this, of course, is due to external pressures placed by insurance companies and administrators. Others may argue that these changes are a result of inevitable specialization due to the limitations of any one individual physician. But don't we owe it to ourselves, and the children we serve, that different parts and pieces of the process are aligned for continuity and effectiveness? "First, do no harm," is a popular adage in medicine. Yet for cases wherein the causal or at least a contributing factor is child maltreatment, is hastily diagnosing the child as the one with "illness," or medicating them, or both, not a manner of inflicting more harm?

If you are reading this article, you are likely already invested in the work of reducing child maltreatment, and I know that many of you have a wealth of knowledge and experience about child maltreatment. But many children who are victims of abuse and neglect may not ever see a specialized professional. Even if they do see one of you at some point, they will undoubtedly also see many other service providers who are more likely to see the child or the child's illness as the problem. APSAC provides a wealth of resources and training, but how many of the other professionals in your field would recognize the acronym APSAC? What would it look like for each of us to take bold steps outward toward those who have never even heard of APSAC?

About the Author

Jiwon Helen Wyman, *MD, MATS, is a child and adolescent psychiatrist at the Violence Intervention Program in Los Angeles County, where she treats victims of abuse and neglect. She is also currently working on a review of California case law on child psychological maltreatment and a guide on applying child forensic interviewing techniques to clinical settings.*

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Theresa Reid, PhD

Pioneer Dr. Theresa Reid: Paving the Path with Passion

Kristina Taylor-Porter, MA

Recently, I had the honor of sitting down virtually with Theresa Reid, PhD, one of the pioneers of the American Professional Society on the Abuse of Children (APSAC). The following is a reflective review of that conversation along with consideration of and insights on APSAC's evolution and contributions to the field of child maltreatment under Dr. Reid's leadership.

Dr. Reid became involved with APSAC in 1988 and would remain connected with the organization for approximately 10 years. Dr. Reid described her journey into the professional field of child maltreatment as a meandering path. After obtaining her undergraduate degree in English and Women's Studies from the Ohio State University, Dr. Reid worked in the field of direct service with children who had experienced various forms of maltreatment in Ohio. At the time, the children were referred to as "pre-delinquent," a perspective that Dr. Reid noted as indicative of the time. The focus, as Dr. Reid explained, was on the child's behavior as a fault of the child, as opposed to a reflective consequence of the youth's traumatic experiences. After this relatively brief direct practice work with children in residential schools, Dr. Reid obtained her masters' degree in English from the Ohio State University, where she would go on to teach comparative literature and freshman composition courses. Dr. Reid would later earn her PhD in English from the University of Chicago.

While in pursuit of her PhD, Dr. Reid served as the managing editor of the *Journal of Interpersonal Violence* and later the director of APSAC. As Dr. Reid recalls, the founders of APSAC were focused and passionate; however, they were all volunteers and were limited in their availability to direct the day-to-day operations of the organization outside of their roles on the board. Prior to Dr. Reid taking the helm of APSAC, the day-to-day operations were overseen by a contracted management firm. Dr. Reid said that while the contracted management firm served an important role in the initial formation of APSAC, the firm's surface level investment was inadequate to truly move the organization in working to meet its vision and mission. What APSAC needed was leadership that was dedicated to the cause. Dr. Reid was able to provide this meaningful focus and passion necessary to further develop the organization.

During our conversation, Dr. Reid stated that she was drawn to the organization because she was intrigued by the mission and vision of the founders of APSAC, which were an accurate reflection of the impetus of the organization. As Dr. Reid recalls, the role of APSAC was in response to co-founder Bud Cramer's vision and focus in spreading the model of a collaborative network of professionals responding to child maltreatment. In partnership with the board and invested allies, Dr. Reid embarked on a practical path laying the foundation and building the structure of an organization that would continue to be molded to meet the needs of the professionals in the field and ultimately impact the response to children experiencing maltreatment.

Interview with Dr. Theresa Reid

Following Dr. Reid's time at APSAC, she went on to complete her PhD in English, using the latter portion of her experience at APSAC as a basis for her dissertation, entitled *An Ethical Analysis of Discourse on Child Sexual Abuse from 1850 to Present.* In 2006, Dr. Reid published *Two Little Girls: A Memoir of Adoption* with Penguin Books. The memoir chronicles the grueling, overwhelming, and invasive—albeit rewarding—labor of love that went into becoming a parent to her daughters, Natalie and Lana. In it, Dr. Reid relays an honest and frank description of the challenges (emotional, legal, and beyond) that an adoption can entail. As a professional writer, Dr. Reid understands the power of words and the importance of effective and meaningful communication to engage others, generate change, elevate awareness, and educate the masses. In addition to Dr. Reid's literary works, she also served as an editor, along with John E. B. Myers, Lucy Berliner, John Briere, C. Terry Hendrix, and Carole Jenny, in the publication of both the first and the second editions of *The APSAC Handbook on Child Maltreatment,* a resource for instructors at the collegiate level.

Ever the advocate for victims of adversity and injustice, Dr. Reid served for three years as the first board president for the Chicago Children's Advocacy Center, a natural transition from her role at APSAC. but her activism for a better society did not stop there. Dr. Reid has gone on to serve as the county chair for Moms Demand Action for Gun Sense in America. She also currently serves as the cochair for precinct organizing for the Washtenaw County Democratic Party in Michigan. While Dr. Reid has left the field of child maltreatment, she still recalls the instrumental work and influence APSAC has on the field.

Insights on APSAC's History and Accomplishments

Drawing on her time as director of APSAC during its infancy, Dr. Reid provided oversight of this organically evolving organization. As Dr. Reid recalls, she felt she was operating "by the seat of my pants," as she labored and created organizational structure and capacity, all while facilitating the development of some of APSAC's notable contributions to the field of child maltreatment. Through communication with the broader professional community, actively attending and representing APSAC at child abuse conferences, and establishing a financial structure with the board of directors, Dr, Ried helped the evolution of APSAC and its influential contributions to field to come to fruition.

Dr. Reid noted that some of the most meaningful contributions of APSAC at the time were the *Journal on Child Maltreatment*, the newsletter, the *Advisor*, the Practice Guidelines, the Colloquium, and the budding Chapter Network. These were some of the larger projects she was engaged in during her tenure, and ones she believed furthered the mission and vision of the organization. As with any organizational body at such early stages of development, it proved difficult to accurately measure the impact of the material and resources being provided; however, it was clear that APSAC was making a mark on the professional lives of those charged with the responsibility of meeting the needs of children. Of particular note is the exponential growth in membership APSAC saw during the ten years that Dr. Reid was at the helm. This growth illustrated the need for collaboration and communication across disciplines, and APSAC was at the forefront of meeting that need.

One could argue that prior to availability of relevant resources and facilitating the networking of a diverse group of professionals with this common responsibility, the level of communication was limited between disciplinary boundaries. Dr. Reid identified these challenges in communication across disciplines and found places where efforts were incongruous, placing a child at risk of not receiving adequate or proven interventions. Through the initiation and evolution of the standards of practice, collaboration between professional disciplines across research and direct services, and the dissemination of invaluable information, Dr. Reid was able to help APSAC effectively enhance professionals'

approaches to meeting the needs of children experiencing adversity and injustice.

Undoubtedly, Dr. Reid recognizes the power of communication to generate awareness, establish best practice, and incite change. In addition to her leadership role with APSAC, Dr. Reid has composed and edited multiple publications that give a focused, diligent, and considerate voice to survivors, the facts, and the challenging realities facing professionals within the field of child maltreatment. For example, prior to departing APSAC, Dr. Reid was provided the opportunity to engage in a meaningful dialogue by informing the public and the professional field of notable discrepancies in *The Revenge of the Repressed*, a controversial, two-part publication authored by Fredrick Crews and published in the 1994 *New York Review of Books* (*NYRB*). In the January 1995 publication of *NYRB*, Dr. Reid was one of multiple authors featured in a response to Crews' publication. The response, entitled *"Victims of Memory:" An Exchange,* refuted Crews' claims that the criminal justice system is quick to believe accusations as well as charge, prosecute, and excessively sentence offenders of child sexual abuse; that there is a lack of a standard of therapeutic practice in the field of child maltreatment; and that there are inconsistencies surrounding the concept of repression. Of those authors, Dr. Reid articulated that while there were aspects of Crews' arguments that one could agree with, there were more resounding discrepancies in the ideas Crews was proposing; Dr. Reid would not permit these inaccuracies to go unaddressed.

Throughout Dr. Reid's response, she cited empirical data to refute Crews' claims and cited the standards of practice developed by American Academy of Child and Adolescent Psychiatry and APSAC, which denounce the utilization of coercive or suggestive questioning practices that could lead to inaccurate information. Finally, Dr. Reid highlighted Crews' failure to inform readers about the modes by which memory, specifically traumatic memory, operates; this was especially concerning since by that time an increasing knowledge and scientific literature was freely obtainable to provide vital insight surrounding memory lapses and the broad definitions associated with such concepts on memory. Dr. Reid drew attention to the research surrounding trauma-induced amnesia as it relates to combat veterans, survivors of natural disasters, and survivors of maltreatment in childhood and other traumas.

In short order, Dr. Reid and the other authors of the publication exemplified the importance of collaboration, communication, and the reliance on empirical data and standards of practice to respond to attacks on the creditability of victims of child maltreatment. Dr. Reid raised concerns regarding Crews' reliability on the topic and proposed that readers of his published review were not presented with all the actualities surrounding disclosure and the ways in which memory can operate. This publication, and Dr. Reid's response, with its reliance on empirical data and developed standards to support the work of professionals in the field, reflects APSAC's important role.

Incidentally, it would be this controversial topic and discussion that would serve as a basis for Dr. Reid's dissertation. It was around this time that Dr. Reid parted ways with APSAC in order to complete her PhD, dedicate more time to her family, and pursue other professional aspirations. While this was the end of Dr. Reid's time with APSAC, however, the foundation of growth was cemented and primed for the next pioneers in the field. In considering where APSAC can continue to make progress and generate new strides, Dr. Reid cited the importance of education for legislators as well as ensuring children have access to professionals who operate under the standards of practice proposed by APSAC. Finally, Dr. Reid encourages APSAC and its future pioneers to "continue to fight the good fight."

Author's Reflections

As I reflect on my conversation with Dr. Reid and my review of her publications, I am reminded of how the child maltreatment professional arena can become so interwoven into the fabric of one's existence. Engaging in the challenging work of

responding to child maltreatment, whether it be from an administrative, legislative, scholarly, or direct services perspective, is both difficult and admirable. As a forensic interviewer, former director of two Children's Advocacy Centers, a board member of the Children's Advocacy Centers of Pennsylvania, and now an assistant teaching professor in the Child Maltreatment Advocacy Studies minor at the Pennsylvania State University, I am grateful to the APSAC founders and pioneers like Dr. Reid and those who will continue to follow in their footsteps and make new tracks while also contributing to the herculean task of understanding, identifying, designing, delivering, and implementing resources that support evidence-based approaches to respond to the needs of children.

Furthermore, we must continue to respectfully communicate across disciplines and give voice across systems, from the micro to the macro. We must cultivate the field in such a way that when the standards of practice are planted, the fruits of the toil bear a healthy outcome. We must recognize our work is never done. This work takes endurance and passion, elements that cannot, and should not, rest on only one individual's shoulders; the burden should be carried by many with varied perspectives and insights. As we know, child maltreatment is a multifaceted issue requiring a multifaceted response; therefore, all involved in the response must work in a collaborative, cooperative, and coordinated effort and never lose sight of the mission and vision of the organization. I encourage all those in this field to press on with the research that informs practice. Those in direct contact with children depend upon it, and the children they are serving will benefit in immeasurable ways.

About the Author

Kristina Taylor-Porter, MA, *is Assistant Teaching Professor in the Child Maltreatment and Advocacy Studies minor in the Human Development and Family Studies Department at the Pennsylvania State University. As a Bachelor of Arts and Master of Arts in the Sociology Department at Indiana University of Pennsylvania, Professor Taylor-Porter focused her studies on the challenges facing children and families within society. Professor Taylor-Porter served as the executive director and forensic interviewer at The CARE Center of Indiana County and in 2013 became the founding executive director at the Children's Advocacy Center of Centre County, Mount Nittany Health.*

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How Can We Help You? An Interview with Dr. Astrid Heger, MD

James D. Simon, PhD

The following article summarizes an interview with Astrid Heger, MD that took place on March 9, 2022 at the Violence Intervention Program in Los Angeles, California. This interview was part of the special issue in the APSAC *Advisor* to celebrate the 35th Anniversary of APSAC, and it was conducted to obtain Dr. Heger's insights about her career, work with APSAC, and thoughts about the future.

Dr. Heger is the founder and executive director of the Violence Intervention Program (VIP), which has established the first medically based Child Advocacy Centers in the world. As an expert on treating victims of sexual assault and abuse, she has authored numerous journal articles and a definitive textbook on the evaluation of sexually abused children. Dr. Heger also influenced case law with a California Court decision in the case *People v. Mendibles* (1988), which justified photographic evidence of child sexual abuse injuries to avoid repeat exams. This case changed the culture of the medical diagnosis of child sexual abuse and became the foundation for research and peer review.

Although Dr. Heger has received numerous awards and substantial recognition, she emphasized that her success boils down to taking the time to care for the individual patient. As such, she built a program that asks and responds to the following question: "How can we help you?" As is detailed in the interview, Dr. Heger's response to this question goes above and beyond a typical response to a call for help, as she always strives to address her patients' underlying needs.

Early Career and Current Work

Dr. Heger received her medical degree from the School of Medicine at the University of

Southern California (USC) in 1972, and she completed her residency in pediatrics at the Los Angeles County USC Medical Center between 1979 and 1981. She received her board certification in Pediatrics in 1985 and her maintenance of certification in 2010, and she became board certified in Child Abuse Pediatrics in 2011.

While amassing an academic career's research and publications, Dr. Heger felt drawn to more hands-on work with at-risk children in Los Angeles, so she established a Family Advocacy Center in 1995 that offered an array of services in one location to victims of family violence and sexual assault. She subsequently created a center to provide assessments for elder abuse in 1999 as well as the "HUB" system in 2004, which provided comprehensive around-the-clock forensic and medical assessments as well as mental health and supportive services for children in foster care and children at risk of entering foster care. This resulted in massive changes to VIP's clinical approach, shifting focus from diagnosis to healing. Through her efforts, the VIP also expanded from a small room in a pediatric hospital to two campuses consisting of 100,000 square feet of space and providing services to 25,000 unique patients a year, including those affected by child abuse and neglect, sexual assault, domestic violence, and elder abuse. The VIP works in 30 local schools and includes

a foster care health clinic, a teen clinic, an LGBTQ clinic called the Alexis Project, a mental health program, and a fetal alcohol spectrum disorder (FASD) clinic, which is one of the largest in the country and the only one in California that diagnoses and treats FASD.

Currently, Dr. Heger serves as a Professor of Clinical Pediatrics at the Keck School of Medicine at USC in addition to serving as the Director of the VIP. Furthermore, she strives to improve mental health among foster youth and has a particular interest in children with FASD because it is a major contributor to abuse and neglect and a dominant factor in the African American community.

APSAC Then and Now

Dr. Heger's involvement with APSAC began with meetings in Chicago in the late 1980's. During this time, child abuse and neglect was not easily recognized and discussed, as it was seen as a personal problem rather than a societal one. Prior to APSAC's creation, most child abuse professionals were isolated in silos and were not working together. APSAC helped build a multidisciplinary group to make a collective difference, putting child abuse and neglect at the forefront of society's awareness and uniting professionals to give them a common playing field. This brought a lot of international and national awareness to the importance of multidisciplinary teams, which became the standard of care. Dr. Heger expressed that has been APSAC's single greatest impact because it brought professionals from diverse industries, including law enforcement, medicine, mental health, social work, and policy, to the table to share a knowledge base as a team. It also created a place of strength and security in which professionals could share knowledge and engage in discussions and debates about how to manage cases and children, mostly by focusing on diagnosis and assessments. As child abuse professionals had not yet identified best practices in diagnosis and interviews and did not focus on prevention and outcomes, APSAC created a coalition of individuals who became friends and colleagues, working together to solve these problems.

Moving forward, Dr. Heger believes that APSAC needs to focus more on prevention by better engaging and stabilizing our families and communities. For example, she believes that child protective services (CPS) should not have to resort solely to foster care and should create better environments for families by addressing factors that precipitate abuse and violence in the home. In circumstances when children must be removed, child abuse professionals must join forces to improve healing for kids by utilizing innovations in mental health. Dr. Heger emphasized that the future has to be focused on healing and that our foster children need mentors and tutors to make their lives better and not worse. Dr. Heger also underscored the importance of looking at our laws and policies from a child-centered perspective because sometimes our laws and policies, in an attempt to ensure and prioritize child safety, overlook that children want and need someone to love and care for them. Dr. Heger expressed concern about the tendency to remove children from environments where they are not safe only to move them to ones where they are not loved, are alone, and are unable to manage. Furthermore, Dr. Heger believes that CPS agencies often do not support foster youth's future success or prepare them properly for their future, which is why one third of homeless people are graduates of foster care. APSAC is in a unique position to strengthen existing coalitions of child abuse professionals into a collective force to guarantee the future success and safety of children who are identified as being at highest risk of maltreatment.

Although APSAC has brought child abuse professionals together to intervene on behalf of kids and families, Dr. Heger is concerned that society is less interested in this focus. Thus, she recommends that APSAC rally to promote the idea that a child's safety and a child's future are both critically important. Dr. Heger reiterated that APSAC needs to innovate and focus on building communities rather than removing kids from communities. Children need to be important to all of us, she said, and we need to accept only what is best for them. As bureaucracies have become more focused on money

and power at the expense of children and families, she continued, APSAC needs to become a voice on that works behalf of *all* at-risk children and families.

Advice for Future Leaders

Dr. Heger recommends that APSAC create a national agenda centered around children and families. Furthermore, she believes that APSAC should better recognize FASD because it makes up a large percentage of foster children and failed placements; educators should ensure that every single child abuse professional graduates with an understanding of this overlooked group. Mental health services need to be enhanced for all foster children and youth, Dr. Heger said, and systems of care are needed to build strong families. If a child must be removed from their home, she continued, systems must guarantee that the child is not only safe but has a real chance to be successful in the future.

To address hurdles related to bureaucracy, Dr. Heger emphasized the importance of passionate leadership that includes a commitment to doing what is right. She expressed dismay at how some social workers have been turned away by the HUB system or other agencies due to an insufficient payer source, and she emphasized that our systems should not put our billing structure ahead of a children's safety, which she called a leadership issue. Dr. Heger fondly remembered a former head of the Department of Health Services who used to tell her, "Astrid, I don't care what it costs, I don't want any children to die."

Again, Dr. Heger stressed that APSAC needs to take the lead to support effective, accurate, and holistic evaluations to keep every child within their family if reasonably possible. She fears that a failure to do so will put children in potentially dangerous foster care environments. As an example, Dr. Heger described how the VIP was one of the first child advocacy centers that provided accurate assessments in child abuse cases to make the best decisions for children. This stood in contrast to child advocacy centers that immediately involved the police in cases, which could cause assessments to become financially driven, as police paid for the exams. Further, this tendency could drive assessment in the wrong direction because of a dominant mentality of incarceration. Dr. Heger emphasized that it is crucial to change this mindset. She asked, "What if people do not belong in jail?" Dr. Heger is concerned about overdiagnosis and overreaction as opposed to holistic assessment that evaluates the whole family and asks how systems can help.

In one example, Dr. Heger recounted the day she met a patient named Jay on a Friday afternoon. Jay was a 12-year-old African American boy who was brought to the clinic because he had a vivid handprint across the left side of his face, and his teacher had reported this to the authorities. Dr. Heger's team discovered that Jay had been left with Doris, not his mother but the mother of his half-sibling, after his father abandoned him. Out of desperation, Doris had slapped Jay when he would not participate in school or do his homework. "I do not want him to end up in foster care like me," Doris explained. In response, Dr. Heger asked Doris, "So, how can I help you so that you do not feel that you have to hit him ever again?" Clearly, Doris cared enough about Jay to take him in, to enroll him into school, and to discipline him so that he would pay attention to his education to stay out of foster care.

During the assessment of Doris's home, it was revealed that the family was living in a studio apartment and sleeping on the floor without any furniture. Using funds raised by her foundation, Dr. Heger called Doris's landlord, had their apartment upgraded to a one-bedroom, and had new furniture delivered the following day. She also connected Jay to a mentor, got him into therapy, and sent Doris back to school to learn a skill, so she could afford to sustain all of the changes. Dr. Heger added that Doris was clearly intelligent and had just never had a chance to succeed. After this initial assessment, Dr. Heger also remembered the way that Doris would have Jay's aunt drive him back to her clinic regularly from San Pedro just to check in and to show how well he was doing. Dr. Heger reiterated that the slap mark on the face was an easy diagnosis, but fixing the problem was more complicated, which is why her clinic focuses on finding a way to heal.

Insights and Concluding Thoughts

Dr. Heger described a moment in her career when she realized that she had to make a change. At the time, she had successfully impacted case law with *People v. Mendibles* (1988), and many of the professionals involved were proud and congratulating themselves ad nauseum—in fact, Dr. Heger stated that she probably was one of them. However, this all changed when Dr. Heger was in an adolescent gynecological clinic reviewing charts at the hospital and recognized a patient as one of the children from the trial. The child was living on the street. Dr. Heger then realized that nothing she had done to set case law or to change the culture of the medical diagnosis of child sex abuse cases was of any value if she had forgotten the child—so, she changed. She remembered the painful realization that she had paid so much attention to the science that she had not paid enough the children, and this changed her entire practice to focus on counseling, support, and figuring out what children needed and where they were going.

Before concluding the interview, I asked Dr. Heger for her opinion regarding the ongoing debate in child welfare regarding racial disproportionality and whether it is caused by risk factors or bias. Dr. Heger responded that it was clearly both. On one hand, she added, there is an inherent bias in assessing an African American family and assuming that injuries are inflicted rather than accidental. Further, she recognized that many emergency rooms basically deal with white, upper-class or middle-class families, leading to different standards for different groups. She added, "If you get the same injury for a Caucasian family, they likely will excuse it. If it is an African American family, they oftentimes detain."

However, Dr. Heger continued, the most common foundation for child abuse is poverty, the United States has created conditions of poverty in African American and immigrant families, and just the existence of poverty can precipitate a report. Therefore, children of color are going to be overrepresented because our society does not provide them with what they need—equitable services. Dr. Heger emphasized that the credible higher rate of death among African American and Latino children when compared to white children impacted the VIP's decision to establish a clinic in Los Angeles. There, the VIP required expert examination to protect children and families from unnecessary detention. Dr. Heger remembered getting a call once asking how to cut detentions by 10% among African American children, and she responded, "Well, you could do this by telling social workers not to detain, or the better way is to ensure that we detain only when appropriate because we do not want anything untoward happening to kids because of a focus on statistics." This is why, she said, the VIP focuses on quality of care; everybody deserves the best healthcare, but this is often unavailable. Dr. Heger emphasized that society has to ask itself why certain populations are dying at higher rates from COVID-19, heart disease, and hypertension. Dr. Heger was concerned about the stress that is placed on the African American family, and she envisions creating an equity clinic—a clinic where African American families could be seen by peers and professionals who know how to decrease health risks.

Further, Dr. Heger was particularly concerned about the quality of care that families of color receive because equity and equality are two different things. She explained that people can have equal access to healthcare, but equity means that people have equal access to the *best* care. There is a big difference, and communities of color often do not have equal access to the best care; this became apparent during the COVID-19 pandemic, which put a magnifying lens on inequities in healthcare. This is of greatest concern to African American communities, Dr. Heger said, because their risk factors outstrip those of other racial groups. One illustrative study, a $1.2 million study conducted by the nonprofit child advocacy organization First 5 of Los Angeles on higher mortality rates among Black women, determined that racism was a significant contributing factor to this disparity in outcomes (First 5 LA, 2018). Dr. Heger believes that problems like this could be stopped by creating an equity clinic, which would use funds from donors to hire the best Black

doctors and best Black nurses in the country. Every staff member would understand racial disparities in healthcare, and they would not patronize patients. In a place like this, Dr. Heger said, an at-risk family would visit with their 5-year-old child, and after the family's experience, the child would tell their parent, "That's who I want to be when I grow up." The goal would be not only to provide services, but to inspire and encourage.

Dr. Heger concluded the interview by revisiting the HUB system. In 2004, Dr. Heger created the HUB system, and there were 60 children killed by caretakers in Los Angeles that year. In the last year that Dr. Heger ran the HUB system, there were less than 5. Dr. Heger emphasized that the VIP is a system that works, and that the system is gratifying for social workers because they know that what they are doing impacts the quality of children's lives. Dr. Heger and others are working tirelessly to create a better system for foster youth so that "no children graduate to the streets" by ensuring they have support and skillsets that lead to lasting employment. As our interview concluded, Dr. Heger repeated the call for dynamic leadership to make the drastic changes that are necessary—somebody who asks, "How can I help you?" and means it.

Reflections from an Early-Career Child Welfare Researcher

Upon reflecting on this inspirational interview with Dr. Heger, several thoughts came to my mind regarding issues that are currently being debated in child welfare. In particular, I appreciated hearing Dr. Heger's perspective on the conditions of poverty that put African American families at higher risk of negative child welfare outcomes, as well as her perspective on how bias simultaneously affects African American families with respect to their treatment from practitioners and their access to equitable services. I was also deeply impressed by Dr. Hege's phenomenal work with families to address their underlying needs.

Upon reflecting further, the one moment in this interview that resonated most with me was Jay's story. In many ways, this story exemplifies the aforementioned points well. Jay and his family were in deep conditions of poverty that put them at risk of maltreatment. Due to the structural racism that has historically affected communities of color, they were at higher risk of CPS contact and were very likely receiving inequitable services in multiple domains such as healthcare and education. Sadly, if it were not for the serendipitous encounter with Dr. Heger at the VIP Clinic, Jay may have experienced a different outcome. Many doctors who are overwhelmed with the bureaucratic mandates of healthcare may not have slowed down to conduct a holistic assessment. It is possible that the medical intervention would have ended solely with a report to CPS, which likely would have resulted in a substantiated investigation, an open CPS case, and possibly placement into foster care. Regardless of the final hypothetical outcome, it seems unlikely that Jay and his family would have been better off, in large part because there are numerous bureaucratic hurdles to overcome in obtaining housing, furniture, and educational assistance from CPS agencies. Thus, my numerous years of experience as an investigating social worker tell me that Jay's case would likely have been closed with a negative experience with CPS contact that did not leave the family better off than they started. Perhaps Jay's family would have received a referral for services in their community, but would they have addressed their underlying needs? Yet, all of this was presumably avoided by a caring doctor who asked and responded to the question, "How can I help you?"

Fortunately, there is hope on the horizon for CPS in Los Angeles and across the United States, as child welfare agencies and scholars revisit the purpose of CPS, how CPS can better address the conditions of poverty that lead to CPS contact, and how CPS agencies can listen to the lived experience of all families—in particular, those families of color who have been harmed most by CPS involvement. We see this with numerous prevention initiatives in Los Angeles and in other jurisdictions that connect families to prevention services, the passage of the Family First Prevention Services Act to improve

the quality of services, and the more frequent use of numerous CPS interventions such as alternative response, parent partners, and child and family team meetings. These initiatives can help improve engagement in CPS and help us to better understand and respond to the needs of CPS-involved families.

About the Author

James D. Simon, PhD *is Assistant Professor in the School of Social Work at California State University, Los Angeles. As a former child abuse investigator, his scholarship revolves around CPS outcomes with a focus on families that are investigated for child maltreatment and subsequently referred to community prevention services.*

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An Interview with Tricia Gardner, JD

Nicole Kim, MSSW

Tricia Gardner, JD

"It was never much of a question whether to join or get involved…. I was going to be a member of APSAC." Professor Tricia Gardner, JD, was first introduced to the American Professional Society on the Abuse of Children (APSAC) by her director and mentor at the time, Barbara Bonner, PhD. Her unwavering dedication to the field of child maltreatment and to the mission of APSAC is notable from the start of her career. In celebration of the 35th anniversary of APSAC, Prof. Gardner shared her experience as a past president and board member of APSAC, her past and current work, and her thoughts and advice for the future of APSAC and the field.

Early Career and Current Roles

Tricia Gardner is a lifelong Sooner. She obtained a Bachelor of Arts in Political Science and Criminal Justice with an emphasis on Sociology from the University of Oklahoma and a Juris Doctor from the University of Oklahoma College of Law. Influenced by the experiences of her father, who was a law enforcement officer, and her mother, who was a juvenile probation officer, Prof. Gardner had initially aspired to become a prosecutor. Her interest in the field of child maltreatment developed during her undergraduate years when her mother transitioned careers to become a child welfare worker. Her mother would share how the youth she had worked with as a juvenile probation officer were now some of the parents she worked with as a child welfare worker. Prof. Gardner then clerked in a county's child welfare office during the summers of her undergraduate years, and she recalled one case in particular that greatly impacted her. There was a child fatality case in which the family had been previously in and out of the system, but was unknown actively to the system at the time. The prosecutor assigned to the case was hesitant to prosecute the parents as they could not believe that a biological parent could commit such an act on their own child. This experience, and listening to the hesitation of the prosecutor, further motivated Prof. Gardner's career aspiration to become a prosecutor herself. Following her graduation from law school, however, she did not become a prosecutor. She accepted a job with the Interdisciplinary Training Program in Child Abuse and Neglect (ITP) at the University of Oklahoma Health Sciences Center, where she found that she could help make an impact on a greater scale than she could have as a prosecutor.

Prof. Gardner was first involved with the ITP, running in its second year, as a law student herself. Now in its 35th year, the ITP remains an interdisciplinary program providing specialized training in prevention, child advocacy, clinical practice, policy formation, research, and administration in the field of child abuse and neglect. The ITP welcomes graduate students throughout the University of Oklahoma and most recently has had law, psychology, social work, medical, dental, nursing, occupational therapy, and sociology students. Prof. Gardner credits the ITP and its director at the time, past APSAC president Dr. Barbara Bonner, for her passion for an interdisciplinary focus within the field. Prof. Gardner is passionate about the connection between different disciplines engrained in child maltreatment and how they can work together to help children and

families. She applies this in her current work, for example, when working closely with the Oklahoma Department of Human Services, Department of Health, and Department of Mental Health and Substance Abuse Services.

It was Dr. Bonner who presented Prof. Gardner with an opportunity to remain with the ITP following her graduation from law school. Prof. Gardner became a Research Tech for the ITP and, after a few years, became a faculty member. Throughout the years, the ITP has exponentially grown and, following Dr. Bonner's retirement two years ago, Prof. Gardner was appointed as the director of the ITP. In addition to this role, Prof. Gardner is the Administrator of the Section of Developmental and Behavioral Pediatrics at the University of Oklahoma Health Sciences Center, a member of the Training and Technical Assistance Team for the National Center on the Sexual Behavior of Youth, and representative on the Oklahoma Children's Hospital Child Protection Committee.

Contribution to APSAC

Prof. Gardner fondly recalls when she first became involved with APSAC. Dr. Bonner invited her to the first APSAC colloquium in Chicago, and she remembers how in awe she was of being surrounded by scholars whose publications she often read. She was new to her role, and she was struck by how warm and embracing seasoned professionals were to her as a young professional. The child maltreatment field centers around a difficult and emotional topic, but everyone she met at the colloquium was incredibly supportive of one another by checking in on their well-being, sharing ideas, and supporting professionals of all levels across the spectrum of disciplines. Prof. Gardner continued her involvement with APSAC following the colloquium and oversaw her state chapter of APSAC for several years before running for the board. She has held the roles of secretary, vice-president, and president of APSAC.

When asked what she thought would be her legacy in APSAC, Prof. Gardner spoke about her role in the organization during financially difficult times. APSAC, not unlike other non-profit organizations, has overcome monetary issues over the years. When it was first founded, its office was located in Chicago, a city with high operating costs. When Prof. Gardner was a board member, it was clear that APSAC needed to close its Chicago office and build a better way to operate that was fiscally appropriate. As a result, Prof. Gardner stepped down from the APSAC board and facilitated a contract with her university's Center of Child Abuse and Neglect to run APSAC. Prof. Gardner was appointed as the Operations Manager and, with the help of other team members, handled tasks such as planning educational events by APSAC, answering the main phone number, and running the publications (which were printed out of past board member Terry Hendrix's garage). One of the biggest accomplishments during this time was to hold APSAC's colloquium in New Orleans for the first time. The colloquium was crucial in bringing the funds needed to keep APSAC operating. It was incredibly successful with almost 800 people attending. Prof. Gardner continued in her role for four years until she stepped away to run the training program for new child welfare workers in the state of Oklahoma. When she stepped away, her duties were moved to a management company, which continued for several years.

During Prof. Gardner's second tenure on the board and in her presidency, she and others on the board focused on how to get back to operating under an executive director rather than under a management company. It was a time to reshape what APSAC looked like with an executive director compared with what APSAC looked like run by a management company. The board searched for an executive director with content knowledge in child maltreatment and who could contribute to APSAC's goal in supporting and providing additional resources to its members. Although APSAC is currently searching for an executive director, Prof. Gardner shared that it is now financially stable, continues to have a strong and knowledgeable board and membership, and provides great resources for the field and communities. She looks back at her time on the APSAC board with gratitude, especially

for all of the people who persevered and did not abandon APSAC during such difficult times.

The Future of APSAC

In addition to ASPAC's top-notch educational events, resources, and the *Advisor*, Prof. Gardner sees ASPAC's focus on the interdisciplinary aspect of addressing child maltreatment as one of its greater successes. APSAC has been and continues to be successful in providing information that crosses the spectrum. It has helped convey that working in silos when helping children and families is not fruitful. Too often, this leads to a duplication of services or a child and family getting lost in the cracks. Interdisciplinary professionalism helps to mitigate this, and she sees the encouragement of this approach continuing to be a strength of APSAC.

As APSAC continues to grow and evolve, Prof. Gardner hopes that ASPAC will consider helping emphasize the importance of evidence-based treatments. There continues to be a disconnect between the reimbursement for evidence-based services and those that are not evidence-based. APSAC could play a part in educating insurance companies and other funding sources on the differences between evidence-based and not evidence-based services, which could greatly impact children and families. Additionally, Prof. Gardner believes that this will further help support multidisciplinary interactions while strengthening families. In our field, policies that support providing evidence-based services followed by finding a way to provide accessible education and training on these services should be a priority.

Prof. Gardner relayed two additional areas that APSAC should consider focusing on: schools and Olympic committees. Within schools, APSAC could facilitate resources in middle schools, high schools, and elementary schools on healthy relationships and what they look like as research has shown that early intervention during these school years is effective in breaking the cycle of maltreatment. Additionally, APSAC should consider connecting with the United States' Olympic and sporting committees on sexual abuse prevention. It is clear that these committees have not handled this well, and while they are making small steps, APSAC could be a resource for organizations to create better policies in how to prevent and respond to sexual abuse.

Advice for Future Leaders

Finding ways to entice the upcoming generation of leaders, according to Prof. Gardner, will be key for APSAC's future. APSAC must consider how it will continue to grow its membership, convey the value of its work, and develop its work to include the new generation. APSAC should continue to spread the passion about the importance of collaboration and interdisciplinary work in the field of child maltreatment. To the future leaders, Prof. Gardner asks that they do not hesitate to ask questions of past and current APSAC board and long-term members. Reach out to the people who are passionate about APSAC and its work as they can offer much advice on the work that they do, and young professionals can learn so much from their experience.

Closing Thoughts from a Student

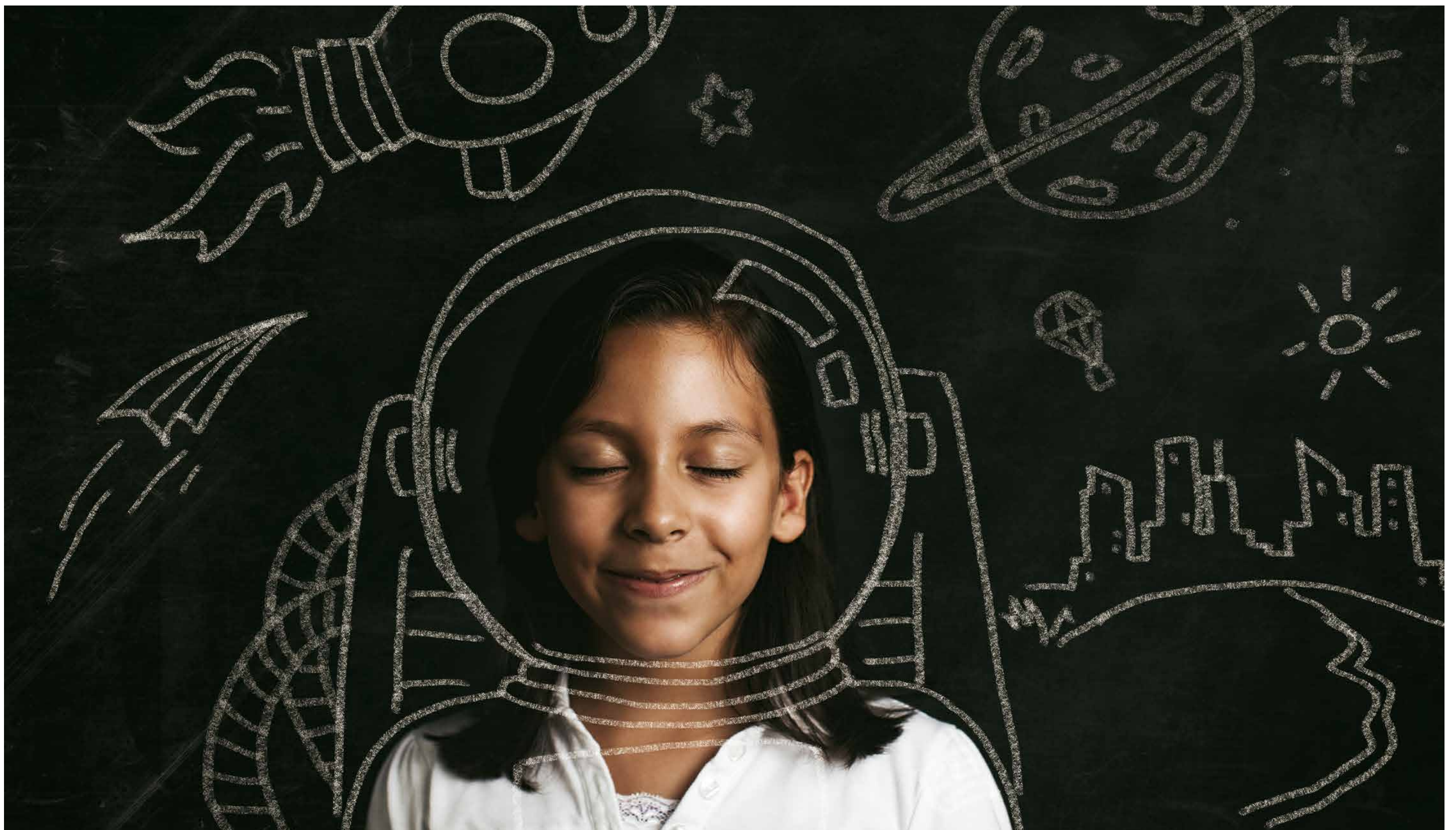
As a first-year doctoral student, I often feel how Prof. Gardner did when she attended her first APSAC colloquium. I am in awe of the scholars I read about and meet and the magnitude of knowledge that they share. I often feel intimidated or hesitant to speak up and ask questions, and I am appreciative of the advice and encouragement Prof. Gardner shared throughout this interview. Mentorship was a recurring theme in our conversation. Prof. Gardner spoke of the impact her own mentor, Dr. Bonner, had on her and how she could not have asked for a better mentor—someone who taught her to ensure everyone felt supported, to cultivate a non-competitive atmosphere, to be family-oriented, and to work together to make the best decisions in supporting children and families. These are values that I am experiencing within my own program as a student, and that I am grateful to know I should continue to hold as a professional in the field.

A final thought I am left with is the power of teamwork and collaboration within our field. Prof. Gardner, from the start of her career as a research assistant for an interdisciplinary training program, saw the positive impact of collaboration across the spectrum. She stated, "It takes a village to raise a child for a reason. We need to keep the focus that we are the village that is trying to help children and families, and we need to bring all of the different disciplines together to do so." This teamwork and collaboration are necessary within a discipline as well. I was struck by Prof. Gardner's humility in that whenever she mentioned a contribution or role she had, she always mentioned that she did not do it alone. She was surrounded by a great team and great supporters.

Thank you so much, Professor Gardner, for sharing your experience with me and the readers of the *Advisor*. I have learned so much from you, and I am sure that countless others will, too. I am inspired by your words and work, and will bring this inspiration with me as I continue on in my career as a researcher.

About the Author

Nicole Kim, MSSW, *is a doctoral student at the University of Texas at Austin. Her primary research focus is in child welfare areas such as foster care and preventative services. Nicole's research is guided by her experience as a foster parent, caseworker, and policy analyst.*



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