President’s Column

Neglecting the Neglected Child

Anthony P. Mannarino, Ph.D.
Allegheny General Hospital
Pittsburgh, PA

As I write this column, it is near the end of April which is Child Abuse Prevention Month. Just recently, I read a brief report by David Finkelhor and Lisa Jones on the Crimes against Children Research Center at the University of New Hampshire website in which they review new data released by the federal government regarding child abuse and neglect patterns. According to the National Child Abuse and Neglect Data System (NCANDS), cases of substantiated sexual abuse across the country declined 5% from 2005 to 2006 and the overall decline from 1992 is 53%. Additionally, cases of substantiated physical abuse declined 3% from 2005 to 2006 and the overall reduction from 1992 is 48%. Finkelhor and Jones provide some possible reasons for these declines, including increased public awareness about child abuse and more aggressive prosecution of offenders. Regardless of the explanation, these declines in sexual and physical abuse are very encouraging and heartening to all of us who work in this field.

In contrast, the NCANDS data indicate that substantiated cases of neglect increased 2% from 2005 to 2006. Moreover, unlike sexual and physical abuse, neglect has not steadily decreased since 1992 to 2006. Although there have been some variations, the rate of neglect over this time period has basically been flat. Finkelhor and Jones suggest that neglect has not received the same public policy attention as sexual and physical abuse and this may account for the lack of a decline. These data should remind us that we continue to “neglect” the most prevalent type of child abuse (i.e., child neglect) and that professionals in the areas of clinical services, prevention, research, and public policy need to focus more efforts in this area if we hope to see the same declines as have occurred for sexual and physical abuse.

As many of you may know, there is a relatively new Division (56) within APA called Trauma Psychology. At the Executive Committee Meeting of Division 37 (Society for Child and Family Policy and Practice) in early March in Washington, D.C., there was some discussion regarding how the Section on Child Maltreatment might collaborate with Division 56. In this spirit of collaboration, I contacted Bob Geffner who is the current President of Division 56. Bob was extremely receptive to my call and we had a nice discussion about the overlap in interests between the Section and Division 56. Specifically, Division 56 has a Special Interest Group (SIG) called Child Trauma which would appear to have an inherent connection to our Section. Also, Bob is hoping to initiate an Inter-Division Task Force on forensic practice and trauma that perhaps the Section could have a role in. As we all know, child maltreatment is the type of trauma that the greatest number of children in our society are subjected to. It therefore makes great sense for our Section to have an ongoing relationship with the Child Trauma SIG of Division 56 and I look forward to our building this relationship over time.

In a previous column, I mentioned the APA Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents which has been initiated by Alan Kazdin, APA’s current President. I am privileged to serve on

Inside This Issue

President’s Column: Neglecting the Neglected Child...1
Public Policy: House and Senate Okay FY 09 Budget Bill Spending Increase .................. 2
Case Notes: Announcement .......................... 4
Division 37 Program for 2008: American Psychology Association Convention ............. 5
Section Executive Committee ...................... 8
this Task Force which recently met for the first time for two
days in Washington D.C. The Task Force includes experts
from diverse areas of child trauma. There was a wealth of
information exchanged at the meeting and it was hard not to
be impressed by the great dedication of everyone present.
Special recognition goes to Mary Campbell and her staff at
the APA Office of Children, Youth, and Families who helped
to coordinate the meeting and provided a useful structure to
our efforts. The Task Force is hoping to develop a number of
products by the end of the calendar year, including a
summary paper about childhood PTSD and trauma, a briefing
sheet, and a concise document on “what every mental health
professional should know” about child PTSD and trauma in
the form of a bookmark. It is anticipated that these products
will also be available on the APA website. I would also like to
mention the Presidential Symposium on Child and Adolescent
PTSD and Trauma at the APA Convention in August which
will feature presentations by members of the Task Force.
Please check the APA Program for the time and date of this
symposium and let’s have a great representation of the
Section in attendance.

In closing, I would like to report that the Section’s Listserve is
now up and running and is called
DIV37CHILDMALTREATMENT list. It is an announcement
only Listserve so you should not be inundated with emails
from this source. I would like to thank Victoria Talwar who is
our Newsletter Editor and who has graciously agreed to
moderate the Listserv.

Public Policy

House and Senate Okay FY 09 Budget Bill
Spending Increase

Thomas L. Birch, J.D.
National Child Abuse Coalition

The House and Senate have each adopted slightly
different versions of a $3 trillion congressional budget
resolution for Fiscal Year 2009 which would provide
an increase in discretionary funding for the coming year’s
appropriations bills. The Senate spending plan would provide
$18 billion more than the President proposed for discretionary
funds and the House would allow for $22 billion more, setting
the stage for a reprise of the budget battle fought last year
between legislators and the President. Last year, Congress
had insisted on a spending bill for 2008 with some $22 billion
more in discretionary funding than Bush would tolerate. After
a series of presidential vetoes, the Democrats in Congress
relented at the end of the game and agreed to meet the
President’s lower budget total for 2008.

Unlike the appropriations measures which Congress must
pass to fund all federal programs, the congressional budget
resolution – which does not require the President’s
approval — serves as a guide to legislators for setting
funding priorities later this year in the appropriations bills.
It identifies the overall amount of money each of the twelve
appropriations subcommittees in the House and Senate will
have to allocate to individual programs under their
jurisdiction. For example, while differences in the two
resolutions must eventually be reconciled, both the House
and Senate versions of the 2009 budget resolution would
increase discretionary spending by almost $2 billion above
the 2008 level for social services in the Department of Health
and Human Services, and for the Department of Education
and the Department of Labor.

Among the priorities highlighted by the House and Senate
FY09 spending plans is an increased allocation for the State
Children’s Health Program (SCHIP), rejecting the President’s
proposed funding of $19.7 billion over the next five years for
SCHIP. That funding level is deemed inadequate to provide
sufficient dollars even to cover the children currently enrolled
in SCHIP. The congressional budget proposal would give $50
billion in new funds to expand coverage to six million children
now eligible but not enrolled in SCHIP or Medicaid, and
maintain coverage for all children who are currently enrolled.

Other programs with priority attention in the budget
resolutions include: Community Health Centers at $2.9 billion,
Section on Child Maltreatment

Spring 2008

$756 million above the 2008 level and $798 million more than the President’s request; National Institutes of Health at $30 billion, $400 million more than this year and $950 million over the President’s level; Supplemental Nutrition Program for Women, Infants, and Children (WIC) at $6.5 billion, providing an increase of $784 million and $400 million above the President’s mark; and Child Care Development Block Grant at $2.5 billion in 2009, $406 million more than in 2008 and $441 million more than the President’s request. These budget amounts offer a preview of the spending levels appropriators might decide upon later in the year as the money bills move through Congress.

Meanwhile, the budget President Bush sent to Congress in February sets a base from which funding decisions will be made as the appropriations bills take shape. The administration’s fiscal year 2009 $3.1 trillion budget proposal would freeze spending on most domestic discretionary programs at the current levels set in the 2008 fiscal year appropriations, including funds for most programs serving the welfare of children and families, and would cut domestic expenditures next year by a total of $23 billion. At the same time, the budget provides nearly 8 percent more in spending for defense, and homeland security would see its budget increase by nearly 20 percent.

The President’s fiscal 2009 budget request continues toward the goal of a balanced budget by 2012. To get there, Congress would have to slash spending in several areas. The Bush budget document points to the Department of Health and Human Services’ (HHS) programs as prime candidates. To begin the process, the overall budget for HHS would take a cut of 2.4 percent in the Bush plan for FY09.

Child Abuse and Neglect: Funds for the Child Abuse Prevention and Treatment Act (CAPTA) would be held at $26.535 million for grants to states for improving protective services, at $41.689 million for community-based child abuse prevention grants, and at $37.135 million for discretionary grants in research and program innovation. For a second year, the discretionary grants include $10 million for a Home Visitation Initiative, “for competitive grants that encourage states to use existing funding sources to implement and sustain proven effective, home visitation programs.”

Social Services Block Grant: The President’s budget proposes a cut of $500 million in funding for FY 2009, toward a Bush administration plan to eliminate SSBG funding beginning in FY 2010. The President’s budget document proposes to eliminate Title XX funding because states are using it as a source to supplement other programs, such as Temporary Assistance to Needy Families (TANF), Foster Care and Adoption Assistance, and the Child Care Entitlement Block Grant. In other words, since states strapped for funding to serve children and families with the inadequate appropriations available through TANF, Title IV-E foster care and adoption subsidies, and child care funds often transfer Title XX funds into these programs to pay for needed services, the Bush administration proposes phasing out the Title XX funds altogether!

CDC/Injury Prevention and Control: The child maltreatment prevention activities funded by the Center for Disease Control (CDC) would receive a slight reduction in the President’s budget at $7.056 million, reflecting $30,000 below the FY08 level, largely an administrative reduction. According to the budget documents prepared by CDC, its work aims to “develop, evaluate and disseminate evidence-based strategies that support and promote safe, stable, nurturing relationships with parents and other adults to prevent child maltreatment and achieve measurable and lasting positive impacts on health over the life course.”

Community Services Block Grant: As in past years, the Bush administration’s budget would eliminate the $654 million Community Services Block Grant, a cut which Congress has not accepted. The grants go to anti-poverty programs across the nation to provide a wide range of services and activities to alleviate the causes of poverty in communities by empowering low-income individuals and families with the resources and skills they need to become more self-sufficient and self-reliant, to achieve economic self-sufficiency and break the cycle of poverty.

Abstinence Education: Again, the President’s budget requests increased funding for abstinence education, from $109 million to $137 million, the same amount requested from and rejected by Congress last year.

The budget proposed by President Bush challenges the Democratic majority in Congress to identify its own spending priorities, and conceivably re-enact the budget politics played out in late 2007, with the President threatening to veto spending bills which might exceed his spending totals. Since the President is in his final year in office, Democratic party leaders might choose to take up a continuing resolution at the end of this year’s legislative session to carry funding over until January with the hope of a Democrat taking office as President next year who will be more accepting of their budget priorities.

HOUSE HEARING FOCUSES ON CHILD WELFARE REFORM

A hearing before the House Ways and Means Subcommittee on Income Security and Family Support in February drew strong endorsements for changes in federal child welfare financing laws in order to provide states with increased funds for services to prevent child maltreatment. Rep. Jim McDermott (D-WA), subcommittee chair, opened the hearing on improving the child welfare system with a call for “a new
vision to ensure the protection, permanency and well-being of America’s most vulnerable children.”

In response to McDermott’s opening statement, witnesses at the hearing, one after the other, appealed to Congress to direct federal support to the prevention of child maltreatment. Seattle’s Chief of Police, Gil Kerlikowske, testifying for Fight Crime: Invest in Kids, told the subcommittee, “Prevention must be the focus of child welfare reform.”

Ken Deibert, Deputy Director of Children, Youth and Families in Arizona, appearing on behalf of the American Public Human Services Association, went even further. “A long-standing concern of state and local child welfare administrators has been the lack of flexibility in the current funding structure for child welfare services,” he told the legislators. “Title IV-E of the Social Security Act, the primary federal funding source for foster care, imposes a perverse incentive on states to remove children from their families.” Urging flexibility to allow states to use Title IV-E funds for prevention services, Deibert expanded: “We believe the funding system should reward states for reducing the number of children entering foster care, not punish them, as does the current funding system.”

McDermott has introduced legislation, H.R. 5466. The Investment in Kids Act, which seeks to reform aspects of the child welfare system to:

- provide additional funding to help states to strengthen families and protect vulnerable children;
- make all foster children eligible for assistance by removing the eligibility requirement based on family income;
- provide assistance to states to improve and retain their child welfare workforce;
- extend support for children in foster care from age 18 to the age of 21; and,
- provide financial support to grandparents and other relatives who care for foster children.

McDermott’s bill embodies several provisions included in a child welfare financing reform proposal developed by a partnership of organizations, including representation from the National Child Abuse Coalition. However, the partnership proposal goes further than H.R. 5466 by allowing states to direct the unused portion of their annual allotment of Title IV-E foster care and adoption subsidy dollars to support the full range of services necessary to prevent child abuse and neglect. As MaryLee Allen, representing the Children’s Defense Fund, pointed out in her testimony, the partnership proposal would “promote investments in prevention and treatment services by redirecting for these purposes those funds that states now lose when they safely reduce their foster care caseloads and expenditures.”

McDermott intends to schedule additional hearings in the coming months “to keep attention focused on the need for Congress to exert its responsibility to protect abused and neglected children.” He called H.R.5466 “the first step to a vision and developing consensus.” He said that he will engage subcommittee members to find common ground, and he may offer individual bills to achieve “meaningful, incremental change” and “to speed action in several critical areas” yet to be identified.

---

**Case Notes**

**Announcement**

Interested in Becoming a Member of the Div. 37 Section on Child Maltreatment Casenotes Committee? Membership requires writing at least one column per year on issues that intersect child maltreatment, psychology, and the law.

Interested individuals should forward a letter of interest describing his/her relevant expertise and curriculum vitae to:

Bradley D. McAuliff, J.D., Ph.D.
Department of Psychology
California State University, Northridge
18111 Nordhoff Street
Northridge, CA 91330-8255
Email: bradley.mcauliff@csun.edu

Deadline for consideration: July 1, 2008
Best Practices

The Roles of Religion and Spirituality in Child Maltreatment

Khiela Holmes, Ph.D.
Postdoctoral Fellow,
Department of Psychiatry,
University of Michigan Medical School

According to the US Department of Health and Human Service, National Center on Child Abuse and Neglect (2006), the rate of child abuse or neglect in 2006 was 12.1 per thousand children. Research has shown that the long term impact of child abuse includes depression, substance abuse, low self-esteem, sexual maladjustment, and self-destructive behavior (Browne & Finkelhor, 1986). In addition to these negative outcomes, children who have been abused or neglected may feel violated with regard to their sense of the world, their connectedness to others, and their global sense of meaning. Even in young children, these events may lead to questions regarding meaning, purpose, and general religious and spiritual ideas (Verma & Maria, 2006).

Feinauer (1993) concluded that spirituality fostered a sense of self-worth and purpose or meaning in the lives of females who had experienced sexual abuse. Among adolescents who have a history of sexual abuse or have a parent who misuses alcohol, a high level of religiosity can be a protective factor (Chandy, Blum, & Resnick, 1996). For this reason, it may be important for clinicians to assist maltreated or traumatized children in restoring their sense of religiosity.

"Religiosity may Serve as a Protective Factor for Youth"

Traumatic events such as child maltreatment may alter one’s sense of spirituality, religious behaviors, or change any beliefs they may have had about a transcendent force, God, etc. by shattering the perception of this force as protective and loving (Garbarino & Berdard, 1996). Research regarding the relationship between experiencing a trauma and religious involvement is ambiguous. Some argue that having experienced traumatic events is associated with less religious involvement (Finkelhor, Hotaling, Lewis, & Smith, 1989). On the other hand, Lawson, Driberg, Berg, Vincellette, and Penk (1998) found that men who were abused reported higher frequency of prayer and recent spiritual experience, but abuse was not related to church attendance, Bible reading, and viewing of religious programs.

There is some evidence that religiosity may serve as a protective factor for youth as it can provide them with a sense of purpose and meaning during the stressful times of their life (Crawford, Wright, & Masten, 2006). Research has demonstrated that religiosity may buffer against the negative effects of chronic exposure to violence among African American preadolescents (Jones, 2007). Abused adolescents with greater levels of religiosity are less likely to report heavy drinking, tobacco use, drug use, sexual activity, and antisocial behaviors (Perkins & Jones, 2004). Valentine and

One treatment designed for traumatized children that has received much empirical support is Trauma-Focused Cognitive-Behavior Therapy (TF-CBT; Silverman et. al., 2008). When using TF-CBT, religious or spiritual issues may arise particularly during the trauma narrative and psycho-education regarding trauma and grief. Exploring the role of religion and spirituality in the lives of the child and parent is a critical process. Specifically, it may be important to explore whether their beliefs play a role in their understanding and processing of the traumatic events (Cohen, Mannarino, & Deblinger, 2006). The treatment process may also include exploring any struggles the child and/or parent may have regarding their concept of God or the transcendent. Further, specific religious agencies that provide support for the family may be included in the treatment process (Saxe, Ellis, & Kaplow, 2007).

Positive spiritual reappraisals of traumatic experiences may assist children and adolescents and families in regaining a sense of meaning in the world and a sense that goodness still exists (Purgament, 2007). Spiritual beliefs can provide youth with a sense of meaning and the notion that a force larger than themselves (e.g., God) can help to provide them with the strength to overcome adversity and life circumstances (Crawford, Wright, & Masten, 2006).
References

---

**You are invited to attend:**

**The Section on Child Maltreatment and Division 37**

**Social Hour**

Friday, August 15, 6 to 7 pm.  
*See program for location details.*

**Co-sponsored by:**

Committee on Children, Youth, and Families  
The Institute of Juvenile Research  
Division 27, Society for Community Research and Action

For more information, contact:  
Lisa Ware  
*Section of Child Maltreatment Program Chair*  
ashdoin@nationalcac.org

---

**Students! You are invited to attend:**

**The Section on Child Maltreatment and Division 37**

**Meet a Mentor: Connecting with Mentors in Practice & Policy**

Friday, August 15, 7 to 8 pm.  
*See program for location details.*

For more information, contact:  
Lisa Ware  
*Section of Child Maltreatment Program Chair*  
ashdoin@nationalcac.org