Section on Child Maltreatment Newsletter
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President's Column

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I began writing this column just a few weeks following the American Psychological Association Convention in Toronto, Canada. The Convention was a huge success for the Section which was well represented in many exciting events. It is clear that the Section on Child Maltreatment continues to thrive, contributing to many activities which support research, prevention, training, and treatment related to child maltreatment. I would like to take this opportunity to thank the members of the Executive Committee who took time away from their busy schedules to participate in the Section's activities. I would like to particularly thank Amy Damashek, Section Program Chair, and Jenelle Shanley, Program Co-Chair, for the wonderful job they did in collaborating with the Division 37 program leadership to develop an excellent program for the Section. Amy and Jenelle also deserve our appreciation for their hard work in maintaining the hospitality suite for the Section as well as the Division.

One of the highlights of the Convention was the Section Presidential Symposium on Physical Punishment of Children: Evidence and Controversies which included presentations by Sandra Graham-Bermann, Murray Straus, and Robert Larzelere. The symposium participants focused on the findings of the Section's Task Force on the Physical Punishment of Children which included the potential negative effects as well as potential benefits of physical punishment, a contentious area of research that has produced some interesting debates among researchers who share the goal of promoting well-being of children. The symposium was very well attended with over 100 individuals in attendance. A subcommittee of the Division 37 Executive Board is currently reviewing the information provided by the task force and will soon be forwarding recommendations on the issue of physical punishment of children to the Division Executive Board for consideration. Under the leadership of Tony Mannarino, the Section also sponsored a second symposium entitled Empirically Supported Treatments for Childhood Trauma: Commonalities and Contrasts. The symposium was jointly sponsored by the Section and a relatively new Division (56) within APA called Trauma Psychology and provided several important perspectives on treatment efforts directed at childhood trauma.

During the Convention, I had the privilege of serving as a discussant, along with Carolyn Schroeder, for Rodney Hammond's presentation on Preventing Violence: A View through the Public Health Looking Glass. The Section was also well represented in a symposium on Behavioral Health Contributions to Child Maltreatment Prevention in Primary Care, co-chaired by Karen Saywitz and Neena Malik. The symposium included presentations by Karen Saywitz, Preston Britner, John Lutzker, and Jessica Henderson Daniel which focused on the promotion of positive parenting, evidence –based practices, public health approaches to prevention as well as culturally competent service delivery. Mark Chaffin provided an insightful discussion of the perspectives that were presented.

We were also able to recognize the outstanding research of graduate students who contributed presentations during two different poster sessions offered by the Division and Section at the Convention. Laura E. Miller, was the winner of the Section's $50 award for her excellent presentation. Her presentation was titled Preschooler's Appraisals of Interparental Conflict in Families Experiencing Domestic

Inside This Issue

President's Column. 1
Best Practices: Substance Abuse and Child Neglect: A Continued Call for Evidence-Based Practice. 2
Public Policy: Health Care and Budget Top Congressional Agenda. 4
Announcements: Dissertation Award Grant 6
Case Notes: Racial Biases in the Application of Sex Offender Registration to Juveniles. 7
Early Career Award for Outstanding Research. 8
Special Feature: Preventing Child Maltreatment through Promotive Parenting and Integrative Efforts in Primary Care. 9
Announcements: Section Elections for Member-at-Large and Treasurer. 11
Section Executive Committee 12

Violence. As part of the award, Laura will have one year free membership in the Section. Congratulations to Laura for this wonderful achievement and welcome to the Section!

The Section Executive Committee had a very productive meeting during the convention. A significant concern addressed by the Executive Committee is the Section's declining membership. According to David Kolko, our Membership Chairperson, membership has declined 29% relative to last year which is the largest drop in membership in the past five years. Possible explanations for this decline are likely numerous, and somewhat difficult to identify, but the Executive Committee was able to identify several initiatives that we hope will reverse this decline in membership. As the Executive Committee works on this issue, we would also like to urge all of you in our membership to encourage colleagues and students to either join the Section or remember to renew their memberships. Renewing memberships or joining the Section is easy – one need only access our website at www.apa.org/divisions/div37/child_maltreatment/child.html. You may download the membership form and simply mail it in to APA at the address provided on the form.

In closing, I would like to encourage each of you to identify at least one way in which you can increase your involvement in the Section over the next year. Please feel free to contact me with questions about how you might be involved or about how the Section can better serve you (cindy.perrin@pepperdine.edu). I would be pleased for you to join the Section in its efforts to promote safer families and communities.

Best Practices

Substance Abuse and Child Neglect: A Continued Call for Evidence-Based Practice

Lisa Saldana

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In 2007, approximately 3.2 million referrals were made to the child welfare system for child abuse and neglect regarding nearly 6 million children (USDHHS, 2009); it is estimated that as many as 70% of the reported cases are related to substance abuse (NCASA, 2005). Although limited research has focused on effective interventions for substance abusing mothers in the child welfare system, the fiscal resources directed toward this population are enormous. It is conservatively estimated that over $103.8 billion are spent annually on child maltreatment (Wang & Holton, 2007). Thus, by conservatively assuming that all child maltreatment cases are equal in cost, over $72 billion annually are spent on child welfare cases resulting from substance abuse (70% of $103.8 billion).

Over the past decade, an increasing proportion of women have been identified as having substance abuse problems (SAMHSA, 2004a, 2004b). Of women who entered substance abuse treatment, a disproportionate number are involved in the child welfare system (SAMSHA, 2003; USDHHS, 1999). Substance abuse in turn places mothers at risk for unemployment, engaging in criminal behavior (Magura & Laudet, 1996; Morgenstern, et al., 2008), and using their limited resources to obtain substances rather than provide basic child needs (Young et al., 1998). Substance abuse severe enough to interfere with parenting ability has been shown to predict future maltreatment (Fuller & Wells, 2003) and reentry into the child welfare system.

Unfortunately, mothers with substance abuse who are involved in the child welfare system demonstrate low rates of substance abuse treatment completion. Only 10–22% have been found to successfully complete treatment (Choi & Ryan, 2006) compared to 46–62% of women in general (Brady & Ashley, 2005). Although women are less likely to be retained in treatment and report more severe addiction than men (Greenfield et al., 2007), the women who complete their services have a lower relapse rate compared to men (NIDA, 2006). Thus, if treatment were available that was successful in retaining mothers involved in child welfare, a large reduction in the number of children who reenter the child welfare system as well as an increase in mothers who achieve successful reunification might be seen.

Despite these findings, there is a dearth of strong evidence-based practice (EBP) to treat parental substance abuse co-existing with child maltreatment (Donohue, 2004). In particular, there is a strong need for EBP to address the co-occurrence of substance abuse and child neglect. Nationwide statistics suggest that child neglect exceeds the numbers of other forms of child maltreatment, accounting for over 62% of the substantiated cases in 2007 (USDHHS, 2009).

Although the etiology of neglectful parenting is multifaceted, research has shown a consistent influence of maternal substance abuse (Black & Mayer, 1980; US Advisory Board on Child Abuse and Neglect, 1995; 42USC5101, 2002). In studies examining the relationship of different types of maltreatment and substance abuse, neglect demonstrates the strongest association (Chaffin, Kelleher, & Hollenberg, 1996). It is thus of critical importance that effective services be provided to this population.

Without existing EBP for child welfare populations identified with substance abuse and child neglect, the specific mechanisms of action necessary for a successful intervention are still unknown. However, theory and previous research on this comorbid condition point to specific behavioral strategies that are helpful to address each of the problems individually (e.g., parent management training, contingency management for substance abuse). Thus, it seem likely that a successful intervention for this population should be firmly grounded in behavioral interventions (use of contingencies and rewards, stimulus recognition, contracting, building natural reinforcers that are more rewarding than drug use) known to increase parenting skills and family relations, and to decrease substance abuse. In addition, given the multiple environmental and relational stressors experienced by this population (Smith and Marsh, 2002), successful interventions should take into account the need for intensive case management assistance. Further, standardized psychosocial and biological assessment tools should be used frequently throughout treatment to evaluate the success of the intervention and monitor ongoing progress toward goals. Finally, it is critical that an ongoing, open relationship be established between the therapeutic team, the client, and caseworkers to assure that all members are clear on treatment goals and progress. Consistent with these guidelines, two ongoing clinical trials are in progress to rigorously examine the efficacy of using behavioral and ecological methods to address the multi-faceted needs of mothers involved in child welfare for substance and child neglect.

The first, (Donohue: PI; NIDA, 1R01DA020548-01A1) applies Family Behavior Therapy (FBT; Donohue et al, in press), an adapted version of the Community Reinforcement Approach (CRA; Budney, Higgins, et al., 1991), with contingency management to address parental substance abuse and family relationship problems. In addition, solution focused-problem solving is employed to address basic necessities (e.g., housing, domestic violence, financial stressors). Sessions are conducted in client homes by teams of therapists (parent and child) who focus interventions on building reinforcers within family relationships over 6 to 12 months. Family supports are utilized to encourage use of skills outside of therapy sessions. Monthly ratings are provided to caseworkers regarding client perceptions of the helpfulness of interventions and therapists provide ratings of their perceptions of client compliance with assignments and therapeutic requests.

The second trial (Saldana: PI; NIDA, K23DA021603) is evaluating the feasibility and outcomes of an intervention integrating elements of existing evidence informed interventions for the treatment of substance abuse (Reinforcement Based Treatment; Jones, Wong, Tuten, & Stitzer, 2005—also adapted from the CRA), maltreating parenting practices (Mom-Kid Trial; Peterson, Tremblay, Ewigman, & Saldana, 2003), and ecological factors related to maladaptive family environments (Multisystemic Therapy; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009). Services are provided to mothers identified with substance abuse and child neglect in the families' natural environments for approximately 8 months. In addition to implementing the behavioral techniques manualized in the original interventions to achieve sobriety and increased parenting skills, environmental factors identified as contributing to the problem are addressed with concrete skill building and resource access (e.g., housing, peer relationships, partner discord, unemployment). Mothers work with their therapist to provide regular updates to their child welfare caseworker as a means of encouraging positive links with child welfare, and teaching mothers to appropriately advocate for themselves with system providers. Urinalysis is conducted multiple times a week with reinforcers provided for "clean screens" and a brief telephone interview is conducted twice a week to assess for child behaviors and maternal response to misbehavior, maternal level of stress, and maternal craving. This information is then utilized to tailor session goals for the week.

Although both of these trials are currently underway and the outcomes are yet to be determined, both respond to the need for interventions to address multiple drivers for the challenges in working with mothers who use substances and neglect their children. Given the enormous consequences of this behavior, it is critical that the field continue to work toward conducting rigorously controlled trials for developing evidence-based practices specifically for families who experience co-morbid substance abuse and child neglect.

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Public Policy

Health Care and Budget Top Congressional Agenda

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National Child Abuse Coalition

HEALTH CARE: SENATE FINANCE COMMITTEE ACTS AT LAST

Health care reform legislation again tops the legislative agenda as Senators and Representatives returned to Washington in September following the month-long August recess at home with their constituents. Among the five House and Senate committees responsible for drafting the health care reform legislation, only the Senate Finance Committee had yet to vote on a bill before the August recess. That much-delayed action proceeds with the introduction of legislation developed by committee chair, Sen. Max Baucus (D-MT).

As anticipated, the Baucus health care proposal includes a program of home visitation grants identified as funding for "Maternal, Infant and Early Childhood Visitation." The

Finance Committee's bill would add a new section to the Maternal and Child Health Block Grant program — title V of the Social Security Act – for a new state grant program for early childhood home visitation for states to use in support of evidence-based program models.

The Baucus health care measure would appropriate $1.5 billion over five years for the home visitation grants program. A portion of the funds — 25 percent – could be used to fund promising new program models that would be rigorously evaluated.

As a condition for receiving the MCH block grant, states would be required to conduct a needs assessment to identify communities that are at risk for poor maternal and child health and have few quality home visitation programs. The Baucus proposal would establish priority for services to families who are determined to be at-risk by the needs assessment, and other indicators including low-income, young maternal age, and involvement with child welfare. The funded home visitation programs would be "targeted" at "producing improvements in prenatal, maternal, and newborn health, child health and development, parenting skills, school readiness, juvenile delinquency, and family economic self-sufficiency."

The Senate Committee on Health, Education, Labor and Pensions (HELP) voted out its version of the Affordable Health Choices Act in July as did the three committees in the House responsible for drafting their version of the health care bill – H.R. 3200, America's Affordable Health Choices Act. Before taking health care reform to the floor for votes, the House leadership must craft a single bill from the three drafts approved by the Ways and Means Committee, the Education and Labor Committee, and the Energy and Commerce Committee.

Provisions in the bill from the Ways and Means Committee authorize $2 billion over five years (more than in the Senate's draft bill) in mandatory spending to support states in the establishment and expansion of "high quality programs providing voluntary home visitation for families with young children and families expecting children." The measure in the House health care legislation is almost identical to provisions in the Early Support for Families Act, H.R. 2667, introduced in June by Reps. Jim McDermott (D-WA), Danny Davis (D-IL), and Todd Platts (R-PA).

The home visiting proposal also follows the outlines of the Obama administration's budget initiative to create a program of mandated funding for grants to states for home visitation services to low-income families. The funding is authorized through Title IV of the Social Security Act which is administered by the HHS Children's Bureau to fund a variety of child welfare services.

In addition to the provision in the bill to establish entitlement funding for home visiting programs, the health care measure in the House includes a separate provision permitting states the option to offer Medicaid coverage for nurse home visitation services to families with a first-time pregnant woman or a child under two years of age.

The initiative to create a new federal program of funds for home visitation services gathered momentum with President Obama's fiscal year 2010 budget proposal in May asking Congress to approve legislation creating a program of mandated funding for grants to states for home visitation services to low-income families. At a White House briefing in May, the President's domestic policy staff suggested that the legislation to authorize the home visitation funding could be folded into a health care reform bill, because of the prevention focus of home visiting services.

The home visitation program described in the President's final budget document called for funding a range of models – those that have "a strong research evidence demonstrating effectiveness" and those "based on models with some research evidence of effectiveness and adaptations of previously evaluated programs," with priority given to models that have been "rigorously evaluated and shown to have positive effects on critical outcomes for families and children."

CONGRESS MOVES ON FY10 FUNDING

Before adjourning for the August recess, the House of Representatives had passed all 12 appropriations bills and all but two had been approved by the Senate Appropriations Committee. Final action on most money bills could happen even before the new fiscal year begins October 1, a rare occasion in recent years. The FY10 Labor-HHS-Education Appropriations measure, including funds for children and family programs, passed the House on July 24. The Senate committee voted on its version of the measure on July 30.

Despite the efficiency of the process, the dollar outcome looks to be much the same as the current year's funding — with a few exceptions. Head Start's budget would grow by 17 percent, allowing Head Start, as both committee reports explain, to serve approximately 978,000 children in fiscal year 2010, maintaining the 69,000 increase in children served due to the funding injected into the program by the stimulus package enacted earlier this year.

Both the House and Senate bills would provide $20 million in new spending requested by the Obama administration "to

The Section on Child Maltreatment's 2009 Dissertation Award Grant

The Section on Child Maltreatment (Section 1 of Division 37, APA) announces its tenth annual dissertation award grant. A $400 prize will be awarded to one successful graduate student application to assist with expenses in conducting dissertation research on the topic of child maltreatment.

Applicants are requested to submit four (4) copies of the following:
1) A letter of interest, indicating how the applicant would use the award funds toward the completion of the dissertation research;
2) A 100 word abstract; and
3) A five-page proposal summarizing the research to be conducted.

Electronic submissions will also be accepted.

Please submit applications by **February 28** to:
Anthony P. Mannarino, PhD
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fund innovative strategies that improve outcomes for children in long-term foster care." The new initiative would increase the budget for child welfare training from $7.2 million to $27.2 million for these "incentives to grantees to identify and implement evidence-based approaches that increase permanent placements for these children."

Though few details are available about this new program, the Senate committee report explains that the discretionary grants would be awarded for "demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers."

The National Center for Injury Prevention and Control (NCIPC) in the Centers for Disease Prevention and Control (CDC) is marked for additional funding in both the House and Senate bills with a $3.3 million increase to $148.615 million, the level requested in the President's budget. The Senate specifically refers to the child maltreatment activities supported by NCIPC, noting the "serious impact of adverse childhood experiences on lifelong physical and mental health," encouraging "the CDC to consider developing a network of researchers and research institutions to foster research, training, and dissemination of best practices on the prevention, detection, diagnosis, and treatment of child abuse and neglect."

With the exception of these and a handful of other initiatives, the Obama administration's 2010 budget proposes very few changes from the 2009 spending levels in child welfare programs and services to children and families. In the House and Senate appropriations bills, funds for the three Child Abuse Prevention and Treatment Act (CAPTA) grant programs remain unchanged, as the President's 2010 budget requests: state grants for child protective services at $26.5 million; community-based prevention grants at $41.7 million; and discretionary grants at $41 million.

The CAPTA discretionary grants include $13.5 million for the third year of competitive funds to evidence-based home visitation models. In response to the President's budget proposal for mandated funding to states for home visitation programs, the House Appropriations Committee's report expresses strong support for home visitation and the intention to continue to fund the CAPTA grants for home visitation, "pending enactment" of the President's initiative.

Both the House and the Senate appropriations bills include some million plus dollars of CAPTA's discretionary competitive grants earmarked for a handful of projects. The local programs tagged for the funds in five states include prevention services, a national parent helpline, relief nurseries, parental education, and services to abused and neglected children.

In addition to level funding in the two bills for the CAPTA program grants, funds would be frozen at the 2009 budget levels for the Title XX Social Services Block Grant, Title IV-B(1) child welfare services, Title IV-B(2) Promoting Safe and Stable Families grants, the Child Care and Development Block Grants, independent living grants for older youth leaving foster care, Community Services Block Grants, and the Adoption Opportunities program.

Two signature programs initiated by the Bush administration – the Compassion Capital Fund and Abstinence Education — receive short shrift in the 2010 budget bills. The House and Senate went along with the Obama administration's request to eliminate funding for the Compassion Capital

program – a vehicle for grants funded at $47.688 million in 2009 to support community-based social services. The Senate committee report explains that the program "lacks accountability and adequate performance measures."

Similarly, funding for abstinence education at $99.114 million would be eliminated as proposed in the President's 2010 budget. The House would fund instead a new teen pregnancy prevention initiative proposed by the President to support "a range of evidence-based programs that reduce teen pregnancy and sexually transmitted infections" as well as continued funding for abstinence education programs, "provided they meet the evidence-based criteria." A portion of the funds would be available to test promising teen pregnancy prevention programs. The Senate takes a wait-and-see attitude, eliminating the funding altogether.

Case Notes

Racial Biases in the Application of Sex Offender Registration to Juveniles

Margaret C. Stevenson, Ph.D.

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In an attempt to curb sex offender recidivism, sex offender registry laws have recently been expanding (Caldwell, Ziemke, & Vitacco, 2008). For instance, in 2006, the Sex Offender Registration and Notification Act (SORNA; 42 U.S.C. § 16911), also known as the Adam Walsh Act, required all states to extend sex offender registry laws to juvenile sex offenders (Caldwell, et al., 2008). This is despite research showing that juvenile sex offenders are much less likely to re-offend than adult sex offenders (e.g., Chaffin, 2008; Trivits & Reppucci, 2002) and are very amenable to treatment (for reviews, see Chaffin, 2008; Trivits & Reppucci, 2002). Even further, although registry laws are presumed to protect society, these laws are actually ineffective at reducing sex offenses, and instead, harm the lives of offenders in ways that might contribute to future offenses (Levenson & Cotter, 2005; Levenson, D'Amora, & Hern, 2007; Salerno, Stevenson, Wiley, Najdowski, Bottoms, & Schmillen (in press); Tewksbury, 2005; Tewksbury & Lees, 2006, 2007; Trivits & Reppucci, 2002). Regardless, there is widespread public support for adult sex offender registry laws (Levenson et al., 2007; Phillips, 1998). Recent research has revealed similar high levels of public support for registering juvenile sex offenders, but only when asked this question in the abstract (Salerno, Najdowski, Stevenson, Wiley, Bottoms, Vaca, & Pimental, 2009). When asked about specific juvenile sex offenses, however, such as harassment or non-forced sex (offenses for which juveniles are registered in some states), public support for registration was much lower (Salerno et al., 2009).

Given such low levels of public support for registering minors who engage in non-forced sex with a similarly aged minor, it is perhaps surprising that registration can still be applied in such cases. Consider the case of Genarlow Wilson, a 17-year-old African American high school student who was videotaped receiving non-forced oral sex from a 15-year-old Caucasian girl during a New Years Eve Party in 2003 (Wilson v. State of Georgia, 2006). Because Genarlow would have been automatically placed on the sex offender registry in juvenile court, he attempted to avoid registration by waiving his case to adult criminal court, where he risked the possibility of a more serious sentence for a chance to be acquitted. In adult court, he was convicted of aggravated sexual molestation, was placed on the sex offender registry, and received a 10-year mandatory prison sentence (Wilson v. State of Georgia, 2006). The forewoman was teary-eyed while announcing this verdict, suggesting that she might have felt uncomfortable with the punitive verdict that she and her fellow jurors nonetheless rendered (Thompson, 2007).

Although he was released after spending two years in prison, Wilson's life as a high school honor student and all-conference football and track star was forever changed (ABC News). The conviction destroyed Wilson's opportunities for receiving a college education, as well as his offers to participate in intercollegiate athletics (ABC News).

This case also raises a host of interesting psychological questions that can be informed by empirical research. For instance, why did Genarlow receive such a harsh outcome in adult court when research shows that the public is not very supportive of registering juveniles for these types of crimes (Salerno et al., 2009)? Might Genarlow's African American ethnicity and the victim's Caucasian ethnicity have shaped jurors' perceptions of this case? Are there other juror-related characteristics that may have contributed to his case outcome?

The Section on Child Maltreatment's Early Career Award for Outstanding Research

The Section on Child Maltreatment (Section 1 of Division 37, APA) announces its 2009 Early Career Award for Outstanding Research in the field of child maltreatment. Nominees should be professionals within eight years of receiving their terminal degree. They need not be a member of the Section. Self-nominees are welcome.

Nominations should include four (4) copies of the following:
1) A cover letter outlining the nominee's accomplishments to date and anticipated future contributions. This letter should describe the nominee's major accomplishments related to the field of child maltreatment and how the nominee's work has had an impact on the field;
2) The nominee's current curriculum vitae;
3) A letter of support; and
4) Other relevant supporting material, as appropriate.

Electronic submissions will also be accepted.

Please submit applications by **February 28** to:
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Recent research conducted by Stevenson, Sorenson, Smith, Sekely, and Dzwairo (in press) suggests that extra-legal factors do influence public perceptions of non-forced sexual acts between minors and very well could have contributed to Genarlow's harsh outcome. Specifically, Stevenson and colleagues (in press) experimentally manipulated the ethnicity of a juvenile sex offender and a victim between-subjects (African American or White) in the context of a case of non-forced oral sex between two minors (i.e., Genarlow's case). Non-Black community members were more supportive of registration when the defendant and the victim were of different races than when they were of the same race—an effect likely driven by societal lack of acceptance of interracial relationships. In addition, women (but not men) recommended registration more when the victim was White than Black, illustrating that women felt less need for retribution when the victim was Black than White. As Stevenson and colleagues theorized, perhaps gender-related social categorization (e.g., Rudman & Goodwin, 2004) caused women to attend to characteristics of the female victim more than men. In turn, women's heightened awareness of the female victim might have caused them to be more susceptible to her characteristics, namely race. Men, in contrast, likely categorized the female victim as an out-group member and paid less attention to her than did women, and in turn, were less influenced by her racial characteristics.

The results of this research seem to suggest that racial biases on behalf of jurors might have, in part, contributed to the harsh outcome that Genarlow received. Thus, it seems that the application of sex offender registration to juveniles is not only ineffective at reducing sex offenses, but that it might also be affected by racial biases and applied unfairly, ultimately resulting in unsuccessful child advocacy.

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Special Feature

Preventing Child Maltreatment through Promotive Parenting and Integrative Efforts in Primary Care[1]

Working Group on Child Maltreatment Prevention in Community Health Centers

Child maltreatment is a serious but potentially preventable public health problem that victimizes way too many children in this country every year and costs billions of dollars to our society. Child maltreatment prevention is about strengthening the capacities of parents and societies to care for children's health and well-being. Community health centers (CHCs) are the largest network of primary care for millions of mostly poor and underserved families; CHCs present an excellent opportunity to reach out to them and provide preventive services addressing the multiple complex issues families face.

The U.S. government has recognized the potential for public health strategies to prevent child maltreatment. In 2000, funds were allocated to the Centers for Disease Control and Prevention (CDC) to study the possibilities. The CDC convened a panel of experts to help establish national priorities and a common conceptualization of prevention as an effort to promote safe, stable nurturing relationships for children and positive parenting practices. In September 2007, the CDC requested that the American Psychological Association (APA) convene a panel of experts to identify and recommend public health strategies based on the best available science to prevent child maltreatment by promoting positive parenting practices within the context of behavioral integration at CHCs.

The seven member working group met in March and July of 2008 to review the relevant body of knowledge and issued its final report at the start of 2009. The report summarizes the extent of the problem, the need for prevention, the effectiveness of parenting programs as child maltreatment prevention strategies, the value of Community Health Centers as a venue for prevention initiatives, and the framework of behavioral health integration as a strategy for accomplishing that goal. The report concludes with recommendations, highlighting key factors necessary for their successful implementation. For a copy of the full report or the executive summary, please see: http://www.apa.org/pi/preventviolence/working-group.html.

The Problem of Child Maltreatment

Child maltreatment is a serious public health problem that is potentially preventable. A growing body of scientific research indicates that child abuse and neglect has pervasive, long term physical and mental health consequences. Not only are there adverse consequences to the health of the maltreated individual, but costs to society are estimated to be in the billions of dollars annually. The working group report describes a promising pathway to the prevention of child maltreatment through the integration of behavioral health care into primary care settings. The group recommends addressing the problem from a public health perspective and a community-centered model, with a focus on prevention (i.e., before any maltreatment) and promotion of healthy functioning universally (i.e., to the entire population), but also with focused efforts in selective settings, in this instance, poor neighborhoods served by Community Health Centers, given the additional risks present in such communities. The strategies highlighted in the report center around universal skill-based parent training programs, well grounded in science, offered to all families in the high risk environment served by Community Health Centers—strategies that may enhance parenting broadly, with maltreatment prevention being one indicator of broad improvement.

Why focus prevention strategies on parents? Parents, caregivers, and other relatives are responsible for a clear majority of child maltreatment; patterns of abuse take root when children are infants or young children; and ineffective and harsh parenting is one of the strongest risk factors associated with disproportionately higher rates of child abuse and neglect, in addition to other negative child outcomes. Hence, from a prevention perspective, caregiver focused strategies that address parenting skills, especially but not limited to when children are young, seems a promising mode of intervention to impact child maltreatment. Although there is no single solution to maltreatment prevention, parenting practices are a facet of behavior that is amenable to change given reasonable efforts, and is a behavior change target about which we have accumulated considerable scientific evidence.

Child Maltreatment Prevention and Behavioral Health Integration in Primary Care Settings

Primary health care is an existing and widely accessed

setting in which need identification, and a range of prevention strategies can be implemented. Parents and children attend regularly scheduled checkups at each stage of a child's development in primary care settings. Psychosocial concerns are raised in the vast majority of visits; health and mental health professionals in such settings are ideally positioned to promote healthy parent-child interaction, strengthen childrearing practices, and to intervene before precursors escalate into abuse or neglect. Further, the empirical evidence for child maltreatment prevention in primary care settings is mounting. Calls to action from leaders in science, practice, and policy have promoted transformations in the health care system that create fertile ground for this approach.

CHCs are the largest national network of primary care safety net providers in the U.S., annually serving over 15 million Americans across all fifty states. This existing network is a fitting venue for launching family-centered initiatives to prevent child maltreatment. They provide family orientated, comprehensive primary and preventive health care to inner city and rural communities regardless of the patient's ability to pay.

The integration of behavioral health workers and services into primary care settings is a promising framework for promoting a family-centered approach to preventing child maltreatment. Behavioral health integration is a holistic approach that aims to provide seamless, cost-effective care, as well as prevention and better management of problems through immediate access to mental health care.

When integrated into primary care settings, behavioral health care workers (including psychologists) can implement evidence-based positive parenting initiatives adapted to the needs of a local diverse population. In addition, as members of interdisciplinary teams, they can provide the triage, curbside consultation, screening, crisis counseling, assessment, treatment, and referral. This infrastructure will be necessary to create the sustainable, collaborative health care system in which to embed preventive parenting initiatives in primary care settings.

It is important to integrate behavioral health into primary care because it is necessary to identify parental mental health risk factors for child maltreatment, such as maternal depression, substance abuse, and intimate partner violence. An integrated care model that includes mechanisms for identification of parental risk factors in primary care could help allocate limited resources and meet the specific needs of individual families.

Effectiveness of Parent Training Programs for Preventing Child Maltreatment

Evidence-based parent training is a promising strategy for preventing child maltreatment. Programs vary dramatically in terms of the scientific evidence for their effectiveness. Effective programs tend to focus on parents and caregivers, provide skills training, parent education, social support, and/or crisis intervention, and use standardized curricula delivered by trained professionals and others with strong quality control mechanisms. There are a number of promising parenting programs described and reviewed in the report that could be incorporated into CHCs. No single program is a panacea. Nonetheless, there are both center-based programs and home visitation programs with a sufficient evidence base to warrant being tested in demonstration projects within the CHC model.

Report Recommendations:

1. Promote safe, stable, nurturing relationships for children through positive parenting with the integration of behavioral health in primary care settings.

2. Promote universal access to evidence-based, preventive, positive parenting programs at the community health centers for families from diverse socioeconomic, cultural, racial, and ethnic backgrounds.

3. Promote interdisciplinary, inter-agency, and cross-systems collaboration to implement child maltreatment prevention at community health centers.

4. Develop national efforts across community health centers to prevent child maltreatment.

Keys to Successful Implementation of Recommendations

The working group identified a number of critical factors to be considered if parenting programs are to succeed in primary care settings that serve diverse at-risk populations: cultural compatibility; community participation; use of technology; multi-level research and evaluation of new program effectiveness; workforce development plan; collaborative networks of centers; engagement and retention strategies; and, fidelity, quality control, accountability, and evaluation.

Dissemination

Several of the working group members are now collaborating with APA staff on dissemination of findings and legislative efforts to implement some of the report recommendations.

APA convention in Toronto

An overview of child maltreatment research and the challenges to integrating positive parenting into primary-care

Section Elections

The Section on Child Maltreatment will hold an election for two positions on the Executive Committee this Fall, with terms to begin January 1, 2010:

Nominations are now being sought for these positions.
Self-nominations are encouraged.

Member-at-Large:
Each of the Section's three Members-at-Large provide direction to the Executive Committee and, in consultation with the other members of the EC, creates and carries out at least one project over his or her 3-year term.

Participation on the Section Executive Committee helps to promote the mission of the Section and is an effective way of starting or expanding participation in a range of Section, Division, and APA activities. Previous experience in Section or Division activities is not required, and people who have never held an office in APA and who are eager to participate in Section activities are encouraged to apply. To run for and to serve in office, membership in the Section is required.

Treasurer:
Consistent with the Bylaws, the Treasurer oversees custody of all membership funds and property of the Section, receipt of all money to the Section, and keeping of adequate accounts; directs disbursements; prepares an annual budget; and makes an annual financial report to the Section. The new Treasurer's term will begin January 1, 2010. Each Treasurer serves a 3-year term.

Self-nominations may be made by sending a vitae and letter of interest. Those wishing to nominate someone else should check to see that he or she would be willing to accept the nomination, and then submit a letter or nomination. The nominee will also be asked to submit a curriculum vitae to the Elections Committee.

All nominations should be sent to:
Anthony P. Mannarino, PhD
Professor and Vice President
Drexel University College of Medicine
Four Allegheny Center
Pittsburg, PA 15212
amannari@wpahs.org

Nominations must be received by November 10, 2009, so that candidates will have sufficient time to submit a brief statement that will be printed with the ballot.

settings was shared at the well-attended APA Education Directorate breakfast meeting and a symposium on "Behavioral health contributions to child maltreatment prevention in primary care."

Legislation
Senator Daniel Inouye (D-Hawaii) introduced the Supporting Child Maltreatment Prevention Efforts in Community Health Centers Act of 2009 as Senate bill 1404 in July 2009. The bill calls for implementing many of the recommendations from the working group's report, including demonstration grants to federally qualified CHCs, technical assistance, project coordination, and rigorous evaluation.

Media
Stories have appeared this year on the working group process and report (http://www.apa.org/monitor/2009/07-08/maltreatment.html, July/August 2009 APA Monitor) and the resultant bill introduced in the U.S. Senate (http://www.apa.org/releases/maltreatment.html, an APA Press release; and, http://www.apa.org/monitor/2009/09/behalf.html, a shorter summary of the legislative effort). An earlier version of this newsletter article was printed in the pre-convention Summer 2009 issue of the APA Division 37 newsletter, The Advocate.

[1] Members of the Working Group on Child Maltreatment Prevention in Community Health Centers were Karen Saywitz, PhD, chair; Preston A. Britner, PhD; Jessica Henderson Daniel, PhD; Howard Dubowitz, MD; John R. Lutzker, PhD; Neena Malik, PhD; and, Joseph Stone, PhD. Julia M. Silva, Director of APA's Violence Prevention Office, was instrumental in coordinating the activities of the group. Annie Toro, JD, MPH, Associate Executive Director for APA's Public Interest Government Relations, worked extensively on the legislative translation and advocacy efforts.

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