President’s Column

Penelope Trickett, PhD

The section sponsored a very successful “new-style” service project for the APA convention in Toronto this past August. In the months preceding the convention, fund-raising was conducted via the web for a local, Toronto-based organization, Boost, an agency serving children and youth who have experienced or were at risk of experiencing child abuse or neglect. The CEO of Boost attended the Division 37 social hour to describe the work of the agency and to thank the section for this effort, which brought in over $1,400.00 in contributions. I am hopeful we can repeat this effort, for an equally worthy agency, at next year’s convention in Denver.

Because there was not a quorum of executive committee (ec) members attending APA, we held a follow-up phone meeting in September. At this meeting it was decided that the section would take on, as an initiative, promoting the implementation of the recommendations of the Institute of Medicine’s 2014 report, Future Directions in Child Abuse and Neglect Research. This decision derived from the excellent presentation at APA by Anne Petersen, who was chair of the IOM committee that authored this report. Expect to hear more about this in coming months.

The 2016 APA Convention will be help in Denver, Colorado August 4-7th. We are hoping to sponsor another “new-style” service project following the successful efforts this year in Toronto.

Source: Denvergov.org
ACEs: Informing Best Practices

New Online Collaborative Living Learning Document Provides Brief Overviews with Hyperlinks to Cited Resources

David L. Corwin, MD
President, Academy on Violence and Abuse (AVA)
Editor-in-Chief, ACEs: Informing Best Practices

The Academy on Violence and Abuse recently posted [ACEs: Informing Best Practices] (AVA, 2015). ACEs stands for the specific Adverse Childhood Experiences that were the focus of The ACE Study conducted by Co-Investigators Robert Anda, MD, MS, of the CDC and Vincent Felitti, MD, Director of Kaiser Permanente Preventive Medicine Department in San Diego during the mid 1990s. The paradigm changing findings of their study (Putnam, 2011) were first published in 1998 (Felitti and Anda, 1998). Since then there have been over 80 publications addressing the Study, and several similar studies addressing the same ACEs using the CDC’s Behavioral Risk Factor Surveillance Survey (BRFSS) that have found very similar health outcomes among general populations in several states. Today there are 25 states incorporating the ACE questions into their BRFSS data collection and 16 European Countries using a World Health Organization ACE questionnaire.

Anda and Felitti studied ten categories of adverse childhood experiences (ACEs), including sexual, physical, and psychological child abuse; emotional and general neglect; exposure to intimate partner violence, having been raised in a household with a substance abusing parent, a parent with mental illness, without both parents, and having a parent incarcerated during their childhood, with regard to the impact of these experiences on the Kaiser patients’ subsequent health and social wellbeing.

The ACE Study found:

- ACEs are common, but largely unrecognized.
- ACEs are highly interrelated and often occur together.
- The ACE Score is the number of categories of ACEs.
- The ACE Score has a strong and graded relationship to numerous health and social problems.
- The cumulative stressor effect of ACEs on human development throughout the lifespan shows that ACEs are major determinants of future health. Individuals with higher ACE scores have markedly increased risk of addiction, mental illness, social problems, health care utilization, chronic diseases, prescription medication use, and premature mortality.

ACEs are highly associated with the top causes of death in the U.S. The ACE Study found 54% of depression in the women studied attributable to ACEs. Suicide attempts, I.V. drug use and alcoholism are highly associated with increasing ACE burdens. At an ACE score of six, the study found a life expectancy reduction of 20 years.

The recently posted ACEs: Informing Best Practices online resource is a joint project of the National Health Collaborative on Violence and Abuse (NHCVA), an organization of over 30 major health professional societies, advocacy organizations and healthcare systems, including the American Psychological Association, and the AVA. The online document is intended to help answer the question of what health providers can do to better address the adverse health consequences of previous life trauma. Because this is a rapidly evolving area of practice, the online document is designed to be easily updated, and each of its 17 current sections include a comments tab at its end where readers can leave questions, comments or additional references and resources. There are several additional sections currently under development that will be added as soon as they are
completed and approved. The combined number of health professionals whose organizations participate in the NHCVA is difficult to precisely calculate because their membership numbers are constantly changing, but the estimated total approaches or exceeds a million health care providers.

ACEs: Informing Best Practices seeks to briefly describe:

- The growing evidence for the relationship between ACEs and health
- The role of resilience and other mitigating factors
- Approaches for helping parents
- Current best practices regarding identification and effective treatments to address ACEs
- Clinical approaches for patients who have symptoms and health problems that may be related to ACEs
- Self-help approaches for adults with ACEs

Sections include:

- Adverse Childhood Experiences and Long-Term Health
- Biological Effects of ACEs
- Increasing Resilience: Primary Healthcare Providers’ Opportunities to Promote Protective Factors Before and After Childhood Trauma
- Partnering with Parents: Pathways to Prevention in the Pediatric Setting
- Evidence-Based Child and Adolescent Treatment
- Trauma-Informed Care in Child and Family Serving Programs
- Implementing ACEs Screening into a Pediatric Practice
- Screening and Case Finding for Adverse Childhood Experiences
- Educational Resources and Evidence-Based Treatment for Adults
- Clinical Approaches for Adult ACE Survivors Experiencing Unexplained Physical Symptoms and Health Problems
- Self-Help Resources
- Special Issues in Geriatric Patients
- Systems Integration
- The Cost of Adverse Childhood Experiences
- Future Research Directions

Each section appears as a separate web page with all references and resources hyperlinked from the text numbers as well as the reference and resource lists. A PDF document can be downloaded from the website that preserves the

Article continued on page 13
The Supreme Court has cited psychological research on children’s understanding of the legal system in a case that will have far-reaching effects on the ability of prosecutions to move forward despite child witnesses’ inability or unwillingness to testify. In Ohio v. Clark, 135 S.Ct. 2173 (2015), the Court addressed whether the Confrontation Clause prevented the state from prosecuting a child abuse case by introducing hearsay from a three-year-old victim who was found incompetent to testify at trial. The Supreme Court has interpreted the Clause to prevent prosecutors from admitting “testimonial” hearsay from anyone who the defendant is unable to cross-examine. Crawford v. Washington, 541 U.S. 36 (2004). Examining statements made to the police, the Court has held that statements are testimonial if their “primary purpose” was “to establish or prove past events potentially relevant to later criminal prosecution.” Davis v. Washington, 547 U. S. 813, 822 (2006).

In Clark, the three-year-old showed up at preschool with bruises and when questioned by his teachers, reported that his mother’s boyfriend had abused him. Relying on a hearsay exception for children’s complaints of abuse, the trial court allowed the teachers to repeat what the child said. The Ohio Supreme Court overturned the conviction on the grounds that the child’s statements were testimonial hearsay.

The U.S. Supreme Court unanimously reversed. In assessing the purpose of the statements, the majority opinion examined both the perspective of the child and of the teachers. Viewing the conversation from the perspective of the child, the Court held that “statements by very young children will rarely, if ever, implicate the Confrontation Clause.” Quoting an amicus brief submitted by the American Professional Society on the Abuse of Children (APSAC), the Court observed that “research on children’s understanding of the legal system finds that young children ‘have little understanding of prosecution.’” The brief cited a series of studies examining children’s understanding of the legal system, beginning with work by Rhona Flin, Karen Saywitz, Amye Warren, and others. Furthermore, echoing language from the brief, the Court stressed that when children disclose abuse, they do so not because they seek prosecution, but primarily because they want the abuse to stop or to help other victims.

Viewing the conversation from the perspective of the teachers, the Court concluded that the teachers’ “immediate concern was to protect a vulnerable child who needed help.” They had to confirm “whether any other children might be at risk,” and “needed to know whether it was safe to release” the abuse victim at the end of the school day. It made no difference that they were obligated to report suspected child abuse, because “mandatory reporting statutes alone cannot convert a conversation between a concerned teacher and
Updates from the APA Public Interest - Government Relations Office

Amalia Corby-Edwards, MS
Senior Legislative and Federal Affairs Officer

National Child Traumatic Stress Network

In a July 14, 2015 letter to Senator Patty Murray, Representative Tim Murphy, Representative Rosa DeLauro, and Representative Katherine Clark, APA spearheaded a joint effort among major mental health organizations to support the Children’s Recovery from Trauma Act. This legislation would authorize and make improvements to the National Child Traumatic Stress Network, a successful, longstanding, congressionally launched initiative. Over the last 15 years, this initiative has served as a critically important national resource for all child-serving systems.

Children in Foster Care

Public Interest GRO sent a June 12, 2015, letter to Sen. Ron Wyden, D-Ore., in response to his request for comments from the National Child Abuse Coalition on pending legislation. This bill, set for introduction later in 2015, seeks to reduce the need for out-of-home placements for children at-risk for neglect and abuse. APA expressed appreciation for Wyden’s efforts to keep children safe, supported, and with their families. The letter outlined recommendations to strengthen the proposed legislation, including creating a definition of the term “trauma informed care”, addressing mental health concerns as considerations in family preservation or reunification, improving service coordination, and improving the logistical accessibility of services provided to families.

Juvenile Justice

In advance of a successful vote in the Senate Committee on the Judiciary, APA sent a July 22, 2015, letter to Sens. Chuck Grassley, R-Iowa, and Sheldon Whitehouse, D-R.I., in support of their leadership around S. 1696, the Juvenile Justice and Delinquency Prevention Reauthorization Act of 2015. The bill aims to reauthorize the main law guiding federal investment in the nation’s juvenile justice systems, the Juvenile Justice and Delinquency Prevention Act (JJDPA), for the first time since 2002.

APA continues to advocate for the adoption of additional priorities in S. 1696 and related legislation in the U.S. House. These recommendations include a stronger focus on mental and behavioral health diversion, protections around psychotropic medications, and programs and practices that address the needs of youth related to gender identity and sexual orientation.

Immigration

APA joined with 97 other organizations in sending a June 15, 2015, letter to the Obama Administration urging the use of alternatives to presumptive detention policies that would better account for the mental and physical health needs of immigrants and their families. The letter features expert analysis from APA member Luis Zayas, PhD, dean of the School of Social Work at the University of Texas at Austin, who concluded “untold harm is being inflicted on these children by the trauma of detention.”
Spotlight on Early Career Psychologists

Anna Westin, PhD
ECP Committee Chair

The ECP column will continue to spotlight early career psychologists (within 7 years of degree) within the field of child maltreatment. The next couple of newsletters will spotlight successful ECPs with a variety of career paths to help graduate students, interns, and early ECPs in making wise training and career choices. Our first spotlighted ECP is a great role model for members interested in a child maltreatment career with combined research and clinical practice within an academic or medical school type setting.

Brandi Liles, PhD, is a licensed psychologist at the UC Davis CAARE Center, a nationally recognized model program for the evaluation and treatment of child maltreatment. She spends approximately 40% of her time providing therapy, 20% conducting and supervising child welfare evaluations, and 40% of her time training other providers in empirically supported treatments for child maltreatment. Dr. Liles is a master trainer in Parent Child Interaction Therapy (PCIT) and is working towards becoming a national Trauma-Focused Cognitive Behavior Therapy (TF-CBT) trainer. She currently provides training to predoctoral interns in her own agency as well as to a range of mental health providers across California. Her position requires some traveling, but she is able to complete most training via telehealth. In addition to her commitment to PCIT and TF-CBT treatment models, she plays a key role in an effort to expand trauma services for girls in juvenile hall who have been victims of, or are at-risk for, sexual exploitation.

Dr. Liles earned her PhD in clinical psychology from the University of Tulsa in 2013. She attributes her early career success to “high quality training” opportunities in graduate school and “being able to soak up expertise” from different professors and supervisors. Her graduate training emphasized empirically supported treatments, and Dr. Liles made an effort to seek out clinical training opportunities relevant to child trauma. She recalls traveling an hour and a half for externship at the University of Oklahoma, Health Sciences Center, where she was initially exposed to PCIT and TF-CBT. She continued learning PCIT and TF-CBT during internship at the UC Davis CAARE Center, where she later also developed an interest in Dialectical Behavior Therapy (DBT). Although she has always
been interested in clinical work, she appreciates having a solid research background. It has helped with "critical thinking skills" and being able to fully apply issues such as "treatment progress, outcome assessment, and bias" to the practice and dissemination of ESTs.

Dr. Liles’ graduate school training was exciting and relatively smooth until she hit a bump in the road with her dissertation. An unexpected delay in data collection caused her to be unable to proceed with applications for a postdoctoral fellowship following internship. She recalls feeling that her “career had been stunted,” but her frustrating circumstances resulted in excellent timing for a great opportunity. She was offered a staff position at her internship site as a therapist directly following the completion of her internship, and was soon reclassified as a psychologist after completion of her dissertation and license requirements. While things turned out for the best, Dr. Liles encourages others to “get it [your dissertation] done” to avoid any missed career opportunities.

When applying for internships, Dr. Liles recalls that someone told her she was “shopping for her future” and this quote really resonated with her. She encourages graduate students to keep this in mind as they select graduate programs and training sites. Students need to do their research about programs before applying, specifically considering which empirically supported treatments they will be exposed to. The “field is moving towards Empirically Supported Treatments (ESTs),” and the more training and certifications graduate students can obtain prior to graduating will place them on a path towards success. During stressful times in graduate school, keep in mind that “graduate school is not forever” and “hold tight to your passions.”

Many ECPs find it difficult to find positions that are focused exclusively on child maltreatment. Dr. Liles role is very focused in the area that she is most passionate about, and she explains that ECPs may need to create positions that fit their passions. ECPs should be asking themselves “where is the field going?” and “what are the gaps in my community?” While some of Dr. Liles tasks were defined for her when she started, others emerged over time as new needs were identified. ECPs can write grants and collaborate with other professionals and settings to create new services. Dr. Liles believes that working in an academically affiliated hospital has been helpful because she is surrounded by “great minds” and an “atmosphere that encourages best practice and innovative thinking.” However, “child maltreatment is everywhere” and community settings may also be open to creating or expanding services if a psychologist can identify a need and an appropriate way to approach it.

Working in a full time clinical position focusing on child maltreatment also comes with unique stressors. While all mental health professionals should engage in self-care, this is particularly important for trauma therapists. As a provider, as well as a role model for trainees, Dr. Liles takes secondary traumatic stress seriously. She encourages self-care after work, but also small breaks throughout the day, such as “spending two minutes in a mindfulness exercise.” She also emphasizes “being in the moment” and “enjoying” your daily work. She picked a career she is...
Graduate students often work very hard to develop their research skills, teaching competence, and clinical abilities. In fact, some APA surveys suggest graduate students regularly work over 60 hours per week! However, it is important for graduate students to seek opportunities for professional development outside of their own research lab, teaching assistantship, or practicum site. These experiences help socialize graduate students to the academic and professional world, and allow them to take on new roles in new contexts. A few ways for you to do this are by attending conferences, taking on leadership roles within your institution, and attending Brown Bag discussions or grand rounds as they become available. There are also excellent resources online for professional development on the American Psychological Association of Graduate Students (APAGS) website (www.apa.org/apags/).

A wonderful way to socialize into the profession is to serve on committees and boards focused on child maltreatment. A great way to find out about these types of opportunities is to ask your graduate school mentor to connect you with organizations they already know well. You can try looking for positions at the following organizations: 1) American Professional Society on the Abuse of Children (http://www.apsac.org/committees), 2) National Children’s Alliance Regional Chapters (http://www.nationalchildrensalliance.org/), and 3) International Society for the Prevention of Child Abuse and Neglect (http://www.ispcan.org/).

Lastly, we have an opportunity for involvement in our student committee! If you are interested in applying to be a member of the Student Advisory Board for 2016, please read the information below:

Any graduate student with an interest in child maltreatment is welcome to apply (including Psychology, Social Work, Preventive Medicine, Public Health, Human Development, Community Psychology, Public Policy, etc). Student Advisory Board members will work closely with the 2016 student representative Lindsay Huffhines, along with board members relevant to their Student Advisory Board position. All positions start January 2016 and end December 2016. We are recruiting for a Diversity Officer, Communications Officer, and Public Policy Officer. See details of each position below.

Requirements: A currently enrolled graduate student (any degree type) in psychology or a related field. No previous experience is required; however, a passion about child maltreatment is needed. Other desirable qualifications include good communication and time management skills, responsiveness to email, and an ability to work well with others. If you are not a Division 37 Section on Maltreatment student member, you will have to join when accepting a Student Advisory Board position. Membership is free.
Application: If interested in applying, please submit your CV/resume and cover letter/statement of interest to Caitlin Smith Sayegh (caitlin.smith.sayegh@gmail.com). Please apply by November 15, 2015. Please don't hesitate to contact me if you have questions!

Position descriptions:

**Diversity Officer:**
The Diversity Officer is a member of the Student Advisory Board. Primary responsibilities include staying abreast of research findings related to diversity and child maltreatment; disseminating research findings via the Section through fact-sheets, briefs, and the Section website; and collaborating with other Student Advisory Board members and Executive Board members to include diversity factors in the Section's work. The Diversity Chair serves a one-year term.

**Public Policy Officer:**
The Public Policy Officer is a member of the Student Advisory Board. Primary responsibilities include dissemination of history and current legislative milestones and efforts pertaining to child maltreatment via the Section through fact-sheets, briefs, and the Section website, developing a "How-To-Guide" pertaining to advocacy in the field of child maltreatment, and coordinate public policy efforts with the Executive Board Newsletter Chair. The Public Policy Officer serves a one-year term.

**Communications Officer:**
The Communications Officer is a member of the Student Advisory Board. Primary responsibilities include collaborating with Student Advisory Board members and Executive Committee in disseminating information pertaining to child maltreatment statistics, definitions, evidence-based practices, relevant websites, past projects and current research efforts in the field by Section members, pre-doctoral internships and postdoctoral fellowships, and volunteer opportunities for undergraduate and graduate students by Fact Sheets, Briefs, and the Section website. The Communications Officer serves a one-year term.

Establishing connections to organizations both before and after completing your degree is a good idea. Ask your graduate school mentor to connect you with people and organizations they already know well.

Source: Elisabeth Drotar
Interview with Dr. Angelique Day

Helen Milojevich, MA
Student Advisory Board Newsletter Member

We are excited to follow-up with Section Award winner Dr. Angelique Day. Dr. Day was awarded the Section Dissertation Award in 2011 for her dissertation entitled "An Examination of Post-Secondary Educational Access, Retention, and Success of Foster Care Youth”. Dr. Day earned her B.S. in Sociology and Psychology in 2001 from Central Michigan University. She then went on to receive her M.S.W. in 2005 from Michigan State University and her Ph.D. in 2011 from Western Michigan University.

Dr. Day’s dissertation examined the challenges faced by foster youth who were transitioning from high school to college. As part of her dissertation, 43 high school and college students who were foster care alumni spoke before panels of policymakers at two public forums. Transcripts from their testimony were analyzed, with the main reported challenge being a lack of supportive relationships with caring adults. In addition to examining the challenges faced by former foster youth, Dr. Day also investigated post-secondary retention and graduation rates of the former foster youth. Specifically, administrative data from Michigan State University was utilized to examine whether former foster youth were more likely to drop out of college relative to low-income, first generation students. Overall, results indicated that student who were foster care alumni were significantly more likely to drop out of college before the termination of their first year and more likely to drop out prior to completing their degree when compared to students who were not foster care alumni.

The findings from Dr. Day’s dissertation have implications for higher education policy and practice by (1) demonstrating the poor retention and graduate rates among foster care alumni; and (2) identifying challenges faced by these youth during college that may help explain the lower graduation rates within this population. For example, one potential explanation for why students who were foster care alumni may be more likely to drop out of college compared to students who were not foster care alumni could be that alumni may arrive to college already hampered by a lack of supportive relationships with caring adults with whom they could turn to to help cope with the stresses inherent in transitioning to college. To that end, one potential way to increase college retention and overall graduate rates among students who are foster care alumni would be to provide them with formal sources of social support such as mentors who may be able to help offset the lack of informal social support networks these youth may lack in their personal lives.

Currently, Dr. Day is an Assistant Professor and founding Director of the Transition to Independence Program (TIP Wayne State) in School of Social Work at Wayne State University (tipwayneestate.org). Prior to working at Wayne State University, Dr. Day was the founder and coordinator of Michigan State University’s Fostering Academics, Mentoring Success Program, another college access and retention program for students who are foster care alumni seeking to obtain a post-secondary degree. Dr. Day currently conducts scientifically rigorous, practically-relevant research examining topics related to child welfare, kinship care and foster care, dropout prevention and recovery, college access and retention, and overall child well-being. Thank you Dr. Day for your contribution to the field of child maltreatment!
Recent Member Publications

June 2015 - October 2015


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active hyperlinks. The document is the product of over 33 authors, including some of the leading experts in the world on the various topics addressed. It was extensively reviewed and edited by a number of steering committee members and contributors. It was also reviewed by a Senior Advisory Committee that included leaders or former leaders of medical, health sciences and nursing schools, former Presidents of the American Academy of Pediatrics, the American Medical Association, the American Board of Pediatrics, and other health care leaders.

The AVA and the NHCVA hope that you and other healthcare professionals throughout the world find this document a useful resource for improving the care of patients/clients who have experienced serious life trauma. Please let your colleagues and professional networks know about this new resource and how to access ACEs: Informing Best Practices.

Acknowledgement: Portions of this article are drawn from ACEs: Informing Best Practices.

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Continued from page 4
her student into a law enforcement mission aimed primarily at gathering evidence for a prosecution." APSAC's amicus brief had reviewed all fifty states' mandatory reporting laws and demonstrated that the primary purpose of reporting and subsequent investigation is protection rather than prosecution.

The decision will remove barriers to prosecution in many cases, including any case in which very young children allege abuse, and many if not most cases in which children allege abuse when questioned by teachers, social workers, psychologists, and medical professionals.

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passionate about, and her role builds on her strengths. Dr. Liles is described by others as positive, well informed, and passionate about ESTs and well as the field of child maltreatment more generally. She connects well with others, and her training style is well received by a range of different providers. She describes training as “collaborative in nature” such that it is a “balance between sharing my expertise and being open to the experience” of trainees. The best part of her role is that she is “able to educate others” and “expand the impact” of empirically supported treatments for children with a history of child maltreatment.

Dr. Liles remains excited about future opportunities, noting that she “loves to dabble in many different things” within the field of child maltreatment. We wish her the best of luck in her future endeavors and thank her for her insights to our students and early ECPs!
MISSION STATEMENT
The Section on Child Maltreatment of the Division of Child, Youth, and Family Services supports and promotes scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment.

PURPOSES
The purpose of the Section on Child Maltreatment is to promote the general objectives of the American Psychological Association and the Division of Child, Youth, and Family Services; to support and encourage the development of the scientific study of child maltreatment and of sound professional practice relevant to child maltreatment; to provide up-to-date information about maltreatment; to encourage networking across Divisions/Sections in the area of maltreatment; and to advance scientific inquiry, training, and professional practice in the area of child maltreatment as a means of promoting the well-being, health, and mental health of children, youth, and families.

Interested in joining the Division or have a friend who may be interested? Go to [http://www.apadivisions.org/division-37/sections/index.aspx](http://www.apadivisions.org/division-37/sections/index.aspx) and click the Online Application link.