

SECTION ON

CHILD MALTREATMENT INSIDER



INSIDE THIS ISSUE

President's Column	1
Promising Practice	4
Public Policy	7
Federal Policy Opportunities	10
Case Notes	13
Spotlight on Early Career Psychologists	15
Student Corner	18
Spotlight on Diversity Research	20
Publications and Resources Corner	21
Section Executive Committee	22

President's Column

Jennie G. Noll, PhD
President

Dear Colleagues:

It's that time of the year again where everything seems to be changing—seasons, temperature, foliage, holidays, daylight. Albeit thankful for the opportunity that comes with change, I find myself holding on to what is familiar. I keep walking out of the house without a coat or forgetting to wear heavier socks so that my feet won't turn into ice cubes (the way they do every year from October 31 through May 15) and expecting that the early evening sunlight will be bright enough to see the hiking trail after work. This all takes some adjusting. After all, change can be hard. In keeping with the consistent theme of my columns over the past year, I'm reminding all of us to remain fervently cognizant of the collective “change” that we in this Section (and in the Division) are called to embrace—the commitment to increase our awareness and support of policies that benefit vulnerable children and families. Further, to translate our research and practice endeavors in ways that champion these policy efforts at the local, state, and federal levels.

First, by way of one tangible example of how we are advocating for policy change, Division 37 sponsored a briefing on preventing human trafficking on **November 2, 2017** in the Rayburn House Office building in Washington DC. Organized in partnership with the Congressional Victims' Rights Caucus, this event was also sponsored by Penn State's Center for Healthy Children, the Global Alliance for Behavioral Health and Social Justice, the Society for Psychological Study of Social Issues, the National Prevention Science Coalition, and the Society for Child and Family Policy and Practice. Co-chair of the Congressional Victims' Rights Caucus, Representative Ted Poe, kicked off the event with a fiery speech about preventing victimization. Subsequently, Jennifer Woolard of Georgetown University provided a welcome message and introduced the panel of speakers. Joan Reid of University of South Florida, St.



SECTION ON CHILD MALTREATMENT

Society for Child and Family Policy and Practice
Division 37 of the American Psychological Association

Petersburg described a diverse range of risk factors for human trafficking, Jill McLeigh of the Global Alliance for Behavioral Health and Social Justice explained how local strategy development could support primary prevention, and Hanni Stoklosa of HEAL Trafficking and Brigham & Women's Hospital in Boston discussed strategies for secondary prevention, including ways that healthcare providers can intervene. This research panel was followed by Audrey Morrissey's personal story on how she became a victim of human trafficking, what could have been done to prevent her experience, and how she became Associate Director of My Life My Choice, which implements prevention groups with young girls. The briefing was well attended, including about 80 attendees, many of whom were staff from governmental offices. Special thanks and kudos are in order to Taylor Scott of the National Prevention Science Coalition for facilitating this briefing. Good work Taylor!

Second, there are many existing acts of legislation that benefit maltreatment victims and those who are at risk of being maltreated. Sustaining these acts will be essential to the continuance of vital programming. One key act is the Child Abuse Prevention and Treatment Act, known as CAPTA, which was signed into law by President Richard Nixon on January 31, 1974 (P.L. 93- 247). The purpose of the Act was to provide funding for the prevention, identification, and treatment of child abuse and neglect. The Act also created federal grant programs to states to support new prevention, assessment, investigation, prosecution, and treatment activities. The original law has been amended numerous times, including under Title VI, Subtitle F of the Stewart B. McKinney Homeless Assistance Act Amendments of 1990 authorizing matching grants to state and local agencies for the prevention of child abuse. The CAPTA Reauthorization Act of 2010 was signed on December 20, 2010 and increased resources adoption of children in foster care. In 2011, the Child and Family Services Improvement and Innovation Act revised required services for children in foster care, including requiring states to outline how they would address the monitoring and treatment of emotional trauma associated with maltreatment as well as placement in care. For over forty years CAPTA has functioned as a mandate for resourcing states to ensure that abuse and neglect remains at the forefront of policy-makers legislative activities. By fostering multi-sector approaches and partnerships, CAPTA resulted in a keen focus on reducing risk and enhancing child protection and abuse prevention.

The three main funding streams from CAPTA are State Grants, Discretionary Grants for research and demonstration projects, and Community Based Grants to Prevent Child Abuse and Neglect. CAPTA discretionary funds support state efforts to improve their practices in preventing and treating child abuse and neglect. These funds support the National Child Abuse and Neglect Data System, the only federal data collection effort to annually determine the scope of child maltreatment. Funding also supports the National Office of Child Abuse and Neglect, the National Resource Center on Child Maltreatment, and the National Clearinghouse on Child Abuse and Neglect. The Community-Based Grants support state efforts to develop, operate, and expand a network of community-based, prevention-focused family support programs that coordinate resources among a range of existing public and private organizations.

Although CAPTA is proposed to be flat funded in the Federal FY 18 budget, cuts to Medicare, the elimination of the Social Services Block Grant (SSBG), and cuts to Temporary Assistance to Needy Families (TANF) are indeed proposed. SSBG constitutes 11 percent of federal child welfare spending and TANF provides about 22 percent of federal child welfare spending. As a result, a full 33 percent of federal child welfare spending would be severely cut or eliminated. So, although CAPTA will be flat funded, programs currently supported by SSBG and TAND cuts will most certainly tap CAPTA mechanisms in order to be sustained. CAPTA was scheduled to be up for reauthorization by Congress in 2017, but nothing has yet been proposed. This reauthorization will be essential to the continuance of prevention efforts and to ensuring that states receive adequate funding to maintain resources that will aid the child welfare system to care for our most vulnerable children. The lack of a fully funded reauthorization will have devastating consequences.

Finally, as always, you are encouraged reach out to your members in the House and Senate to voice support for reauthorization bills. Visit <https://www.usa.gov/elected-officials/> to find the contact information for your local representatives. Please also remain aware of when relevant legislation is being considered so that you can make your voice heard. As a means to stay informed about current legislative activity, don't miss Angelique Day's column (our Member At Large) as she outlines current and relevant policy levers of note for the field of child maltreatment. In this addition, Angelique outlines how the proposed cuts to CHIP and MIECHV will impact vulnerable children. Thank you again Angelique for working hard to help keep us all informed.

Jennie

Join the Section listserv!

Please join us on the Section on Child Maltreatment listserv to communicate with other Section members about upcoming meetings, funding opportunities, research, practice and policy, and other announcements related to child maltreatment.

To subscribe: send an email message with "New Member" in the subject line to: DIV37CHILDMALTREATMENT-REQUEST@LISTS.APA.ORG. Include your full name and email address.

For more details, visit: <http://www.apadivisions.org/division-37/about/email-list/index.aspx>

Share resources on LinkedIn!

Did you know that the Section now has a LinkedIn page?

Please join us in using the page to build our network and strengthen our connections! Make full use of this resource to:

- Get to know others who are working in prevention and treatment related child maltreatment
- Introduce yourself
- See others' connections, their bios, and their smiling faces
- Start or respond to discussions
- Post news of interest, jobs, convention and conference information, or
- Survey your peers

To join, simply search for APA Division 37, Section on Child Maltreatment under LinkedIn Groups. (Or, you can search <https://www.linkedin.com/groups/12000665>) and request to join. Alternatively, you can link with and message Cheryl MoonEagle Arndt and ask to be invited.

Health of Children in Out-of-Home Care: The Missoula Foster Child Health Program

J. Bart Klika, MSW, PhD
Prevent Child Abuse America

Lisa Schelbe, MSW, PhD
Florida State University—College of Social Work

Peter Pecora, MSW, PhD
Casey Family Programs
University of Washington—School of Social Work

Tim entered out-of-home care at the age of 13 months due to maternal drug dependency. Upon removal from his mother, Tim was diagnosed with a complex array of acute and chronic health conditions including hypospadias, an umbilical hernia, tibial torsion, bilateral club feet, and a perianal abscess. At his initial Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exam, Tim was treated for allergies, eczema, diarrhea, coughing, and vomiting. In addition, Tim was assessed as having significant developmental delays and behavioral problems. With referrals for specialized medical and developmental treatment, Tim's health conditions were stabilized and he began making impressive strides in his development. Unfortunately, Tim's behavioral problems continued to escalate, causing concern for his foster family and his treatment team. Through close consultation and on-going care plan monitoring, Tim's primary care provider, therapist, and public health home visiting nurse suggested that Tim's foster family should experiment with a gluten, casein, and red dye free diet to avoid being placed on psychotropic medication. Within 3-days, his foster family noticed marked improvements in Tim's behavioral problems, triggering a formal evaluation for Celiac disease. Sure enough, Tim tested positive for Celiac disease and was referred to a gastro-intestinal specialist for on-going care and treatment. As a result of coordinated care, and a high quality foster placement, Tim was able to avoid being placed on unnecessary psychotropic medications to control the behavioral manifestation of Celiac disease. At 3 ½ years of age, Tim was adopted by his foster family and continues to thrive.

The story of Tim provides hope for the many children in out-of-home care who experience disproportional rates of physical, developmental, and behavioral problems. Over 400,000 children are in the foster care system at any given point in time in the United States (USDHHS, 2016) and research shows that these children have high rates of physical and mental health conditions, many of which are acute in nature (Szilagiyi et al., 2015; Ringelsen et al, 2008; Jee et al, 2010; Gorski et al, 2002; Florence, Brown, Fang, & Thompson, 2013). Both the Child Welfare League of America (CWLA) and the American Academy of Pediatrics (AAP) provide guidelines for addressing the health needs of this vulnerable population, yet fewer than half of child welfare agencies have formal policies outlining the provision of this care (Leslie et al, 2003). Further, children in out-of-home care frequently miss necessary

medical appointments (Levinson, 2015) and have incomplete or missing medical records (Griener et al, 2015). Ensuring the health of children in out-of-home care is a national imperative.

Tim was enrolled in the Missoula Foster Child Health Program (MFCHP), a tri-agency collaboration between Child and Family Services Division (CFSD) of Missoula County, the Missoula City-County Health Department (MCCHD), and Grant Creek Family Medicine—Foster Care Clinic (FCC). FCC serves as a medical home for children in out-of-home care and provides medical care and works with the partners to coordinate children's health needs. The goal of the MFCHP is to address the complex needs of children in out-of-home care by providing timely, coordinated care. Children enrolled in the MFCHP visit the specialized providers at FCC for an EPSDT exam within days of entering care or changing placements. In addition, the child and foster family are visited by a public health home visiting nurse who summarizes the child's medical history, helps the foster family understand the health conditions of the child in their care, provides anticipatory guidance to the foster family, assists in coordinating referrals for specialized services, and continuously monitors the child's plan of care.

Recent analysis of data from children enrolled in the MFCHP (n=416) demonstrates the staggering health needs of children in out-of-home care as well as impressive gains in physical and mental health outcomes for children enrolled in the program. Nearly 75% of children entered care with at least one unmet physical health problem. Significant differences in terms of fewer medical needs were noted between the time of admission to discharge for the following: eye/vision problems, skin conditions, feeding concerns, obesity, frequent colds, ear infections, asthma, heart conditions, mental health problems, depression, and ADHD. Program factors such as collaboration between child welfare and public health, and coordination of services were identified as key factors in improving the health of children enrolled in the MFCHP.

Evaluation of the MFCHP is on-going with plans for future process and outcome studies. The MFCHP is working to develop a classification system for tracking medication use for children in the program, recognizing that children in out-of-home care are prescribed psychotropic medication at higher rates than their peers who remain in their homes (Cohen, Lacasse, Duan, & Sengelmann, 2013; Raghavan, Zima, Andersen, Leibowitz, Schuster, & Landverk, 2005; Steele & Buchi, 2008). Future evaluations will employ a control or comparison group to examine whether those in the MFCHP experience improved outcomes compared to children in out-of-home care who receive "care as usual" (i.e., standard case management).

In an ideal world, no child would ever experience abuse or neglect and all children would be provided with the conditions and contexts necessary to achieve optimal health and well-being. However, even with the best prevention efforts, some children will experience maltreatment and be placed in out-of-home care. Through ensuring there is a coordinated system of care in place to address complex health needs, the impact of maltreatment can be mitigated and children like Tim can be given an opportunity to grow and thrive.

For more information about the MFCHP, please contact Vicki Dundas: vdundas@missoulacounty.us. For questions regarding the evaluation of the MFCHP, please contact J. Bart Klika: bklika@preventchildabuse.org

References

- Cohen, D., Lacasse, J. R., Duan, R., & Sengelmann, I. (2013). CriticalThinkRx may reduce psychiatric prescribing to foster youth: Results from an intervention trial. *Research on Social Work Practice, 23*(3), 284-293.
- Florence, C., Brown, D. S., Fang, X., & Thompson, H. F. (2013). Health care costs associated with child maltreatment: Impact on Medicaid. *Pediatrics, 132*, 312-318.
- Gorski, P.A., Borchers, D.A., Glassy, D., High, P., Johnson, C.D., Levitsky, S.E., Palmer, S.D., Romano, J., & Szilagyi, M. (2002). Health care of young children in foster care. *Pediatrics, 109*(3), 536-541.

- Greiner, M.V., Ross, J., Brown, C. M., Beal, S. J., & Sherman, S. N. (2015). Foster caregivers' perspectives on the medical challenges of children placed in their care: Implications for pediatricians caring for children in foster care. *Clinical Pediatrics*, 1-9.
- Jee, S., Szilagyi, M., Blatt, S., Meguid, V., Auinger, P., & Szilagyi, P. (2010). Timely identification of mental health problems in two foster care medical homes. *Children and Youth Services Review*, 32, 685-690.
- Leslie, L., Hurlburt, M.S., Landsverk, J., Rolls, J.A., Wood, P.A., & Kelleher, K.J. (2003). Comprehensive assessments for children entering foster care: A national perspective. *Pediatrics*, 112(1), 134-142.
- Levinson, D.R. (2015). *Not all children in foster care who were enrolled in Medicaid received required health screenings* (OEI-07-13-00460). Washington, D.C.: Department of Health and Human Services, Office of Inspector General.
- Raghavan, R., Zima, B. T., Andersen, R. M., Leibowitz, A. A., Schuster, M. A., & Landsverk, J. (2005). Psychotropic medication use in a national probability sample of children in the child welfare system. *Journal of Child and Adolescent Psychopharmacology*, 15, 97-106.
- Ringelsen, H., Casanueva, C., Urato, M., & Cross, T. (2008). Special health care needs among children in the child welfare system. *Pediatrics*, 122(1), e232-e241.
- Steele, J.S., & Buchi, K.F. (2008). Medical and mental health of children entering the Utah foster care system. *Pediatrics*, 122(3), e703-e709.
- Szilagyi, M.A., Rosen D.S., Rubin D., Zlotnik, S. (2015). Health care issues for children and adolescents in foster care and kinship care. *American Academy of Pediatrics*, 136(4), 1142-1166.
- U.S. Department of Health & Human Services, Administration for Children and Families, Children's Bureau. (2016). The AFCARS Report Preliminary Estimates for FY 2014 as of July 2015 (22), Page 6. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>



Federal Policy Status Update from APA – Winter 2017

Micah A. Haskell-Hoehl

Senior Policy Associate Administrator

Congressional Fellowship Program Government Relations Office

Public Interest Directorate American Psychological Association

2017 has been a year of seemingly endless “all-hands-on-deck” moments for advocates focused on federal policy related to children, youth, and families. After congressional Republicans could not secure the votes needed to repeal the Affordable Care Act, attention turned to tax reform; Congress moved on to this major undertaking despite the outstanding need to finalize fiscal year 2018 appropriations and reauthorize the Children’s Health Insurance Program (CHIP), which expired on October 1, 2017. To be sure, members of Congress are working toward these ends, as well; however, tax reform remained the priority at the time of this writing in mid-November.



Even with attention spread over numerous pressing priorities, APA and our partners in other organizations and on Capitol Hill continue to work on other issues, as well, such as youth homelessness, child welfare, and higher education. Next are updates on activities on these fronts.

Twenty-nine groups oppose House tax bill, due to effect on children and families

APA joined 28 other organizations in co-signing [a November 15, 2017 letter](#) to the House of Representatives urging them to oppose [H.R. 1](#), the Tax Cuts and Jobs Act. The letter argued that the plan, passed by the House of Representatives on November 16:

- Threatened future spending for child programs, by severely increasing the budget deficit and making further spending cuts seem necessary.
- Cut existing tax benefits for child care.
- Failing to structure the Child Tax Credit proposal in a manner to support families struggling to afford child care.
- Hurt children and families by eliminating or changing other exemptions, credits, and deductions.

APA endorses House and Senate efforts to support homeless and foster youth in higher education

On September 12, 2017, sponsors in the U.S. House and Senate introduced bills seeking to help homeless and foster youth enter and succeed in higher education. The legislation introduced included:

- The Higher Education Access and Success for Homeless and Foster Youth Act ([S. 1795/H.R. 3740](#)), sponsored by Senators Patty Murray (D-WA) and Rob Portman (R-OH) and Representatives Katherine Clark (D-MA) and Don Young (R-AK).
- The Fostering Success in Higher Education Act of 2017 ([S. 1792/H.R. 3742](#)), sponsored by Senator Al Franken (D-MN) and Representative Danny Davis (D-IL).

The sponsoring offices worked in close collaboration to ensure the provisions of their bills provided an integrated set of supports for these students. APA was listed as a supporter in press materials for the [Higher Education Access and Success for Homeless and Foster Youth Act](#) and the [Fostering Success in Higher Education Act](#).

Efforts continue on trauma-informed care initiatives

Following up on an item in the September newsletter on the Trauma-Informed Care for Children and Families Act ([S. 774/H.R. 1757](#)), Senators Roy Blunt (R-MO) and Patty Murray (D-WA) directed federal agencies to support the needs of children exposed to trauma as part of the 2018 federal appropriations process. Given the level of legislative and partisan gridlock on Capitol Hill, advocates and members of Congress are using all the tools at their disposal to advance their priorities. Senators Blunt and Murray serve as chair and ranking member, respectively, of the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education; in these roles, they included these directions to the agencies in [the committee report](#) expressing the sense of the Committee regarding how agencies should use their funds. APA joined 25 other national organizations, as well as a number of state and local groups, [in thanking Senators Blunt and Murray](#) for their leadership on this issue.

States, children, families in limbo, as CHIP renewal remains outstanding

By mid-November, progress on CHIP reauthorization had stalled for a number of reasons. Congress was focused on tax cuts as the primary piece of business. Plus, the House and Senate committees of jurisdiction had passed their individual CHIP reauthorization bills. However, the chambers had not been able to achieve any consensus on how to fund the program, with the House including offsets and the Senate including none. One additional, critical issue for APA and other health groups in the House bill is the use of cuts to the [Prevention and Public Health Fund](#) (PPHF) to fund CHIP. APA has written and joined a number of letters regarding CHIP and CHIP funding:

- [APA letter of support](#) for CHIP, the National Health Service Corps, and PPHF.
- [Mental Health Liaison Group letter](#) urging reauthorization of CHIP.
- [National Alliance of Specialized Instructional Support Personnel letter of support](#) for the Senate KIDS Act, [S. 1827](#).

Coalition expresses concerns following passage of budget resolution

On November 1, 2017, APA and 47 other organizations under the umbrella of the Children's Budget Coalition (CBC) communicated serious concerns to the [House](#) and [Senate](#) regarding the recently passed congressional budget ([H. Con. Res. 71](#)). The CBC noted its opposition to the budget based on its failure to turn back the trend of decreased funding for children's programs and to protect mandatory programs that benefit children and families. Aligned with CBC's ongoing messaging, the coalition urged legislators to

- Lift caps on overall non-defense domestic discretionary spending.
- Increase funding for programs for children and families through a regular order appropriations process.
- Provide hurricane relief to areas affected by Harvey, Irma, and Maria without requiring offsets.

APA continues to monitor federal spending for children's programs and engaging with the CBC.

APA supports introduction of legislation to improve child care for working families

On September 14, 2017, Senator Patty Murray (D-WA) and Representative Bobby Scott (D-VA) introduced the Child Care for Working Families Act ([S. 1806/H.R. 3773](#)). Among its provisions, the bill aims to:

- Increase more than twofold the number of children eligible for child care assistance.
- Improve workforce training and provide better compensation for child care workers.
- Focus on the needs of priority populations, including children with disabilities and homeless children.

APA was pleased to be [listed as an organizational supporter](#) of the bill upon its introduction.

JOIN OUR EFFORTS!

To join APA's advocacy to influence federal legislative and executive branch activities pertaining to children, youth, and families and other areas of key importance to psychology, join the [APA Federal Action Network](#)!



We need you to Take Action Now to protect abused and neglected children and youth!

Angelique Day

Section Member-at-Large
University of Washington-Seattle
School of Social Work

Jessie Friedman

Master's Student
University of Washington-Seattle
School of Social Work



My name is Angelique Day, and I am your member-at large. I previously wrote in my capacity as a Congressional Fellow with Congressman Danny Davis' Office, where I was supporting the office's child welfare initiatives. My year on the Hill has ended and I am now serving as an Assistant Professor at the University of Washington-Seattle, School of Social Work, where I am continuing to support Congressman Davis' efforts in my new role. This article was written in partnership with Jessie Friedman, Master's student at the University of Washington-Seattle, School of Social Work.

We would like to first note that funding for two major child-serving programs, CHIP and MIECHV, have lapsed under the current Congress. Congress has been unable to reach an agreement on Children's Health Insurance Program, or CHIP, which insures 9 million middle and low income children. Though the House passed their own reauthorization of the measure earlier this month (**H.R. 3921: Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act of 2017, "Healthy Kids Act"**), the proposal would be paid for through controversial Medicare cuts that are unlikely to pass in the Senate. The Senate version of the CHIP bill calls for a clean reauthorization of the program (**S. 1827: The Keep Kids' Insurance Dependable and Secure "KIDS" Act of 2017**). We are encouraging members of the APA to contact their members of congress and ask them to support the Senate version of this critical piece of legislation.

A similar reauthorization of the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV,) which provides pre-and post-natal home visiting for at-risk parents, has passed in the House (**H.R.2824 - Increasing Opportunity and Success for**

Children and Parents through Evidence-Based Home Visiting Act) but is equally controversial and has not received Senate action due to the tie bar with the Social Security Act, which if passed would eliminate social security payments to hundreds of vulnerable older adults. MIECHV served 160,000 families in 2016.

We encourage you to reach out to your members in the House and Senate to voice support for reauthorization bills that will not be offset by harmful Medicare or social security cuts.

Don't know who your elected officials are? Please visit <https://www.usa.gov/elected-officials/>

Between health care, budget, and tax reform fights, child welfare improvements have not received as much attention as we would like. The most pressing child welfare-specific proposal under consideration now is the Foster EITC Act of 2017, HR 2681. The Senate companion bill is **S. 2327**, introduced by Senator Bob Casey (D-PA).

The House Foster EITC Act of 2017 would lower the age of Earned Income Tax Credit (EITC) eligibility to age 21 and expand eligibility to 18 for youth who were in foster care on or after their 14th birthday. The Senate bill would offer the same provisions, but would also increase the credit for taxpayers with no qualifying children. Both Republicans and Democrats have voiced support for lowering the age of EITC eligibility. The Act has already received support from the Child Welfare League of America, Foster Care Alumni Association of America, First Focus, The Juvenile Law Center, Youth Villages, and several other child welfare providers and advocacy organizations.

In addition to the measure above, there are several other bills that have been introduced in the 115th Congress that we believe are important to members of Division 37th Section on Child Maltreatment.

S. 1795 (Murray/Portman) /HR 3740 (Clark/Young) Higher Education Access and Success for Homeless and Foster Youth Act: This bipartisan bill clarifies the eligibility guidelines for determinations of homeless students who qualify for independent status, prioritizes foster and homeless youth for work study awards, forbids the inclusion of education training vouchers and independent living stipends in student cost of attendance formulas, and requires that foster and homeless students not pay more the in-state tuition and fees.

HR 3742: Fostering Success in Higher Education Act of 2017 (Davis, Krishnamoorth, Scott, Davis):

This bill was introduced in September to kick off the new school year. The bill would amend the Higher Education Act of 1965 to provide grants to states to improve higher education opportunities to homeless and foster youth. Under the measure, funding can be provided for programs that seek to recruit foster and homeless youth to pursue higher education and provide supportive services for students who are enrolled. A companion bill, **S. 1792**, has been offered in the Senate by Senator Al Franken (MN).

We would love to see these education bills taken up and move through congress as a package. Please reach out to your elected officials in the House and Senate and encourage them to sign on to these important pieces of legislation that are designed to improve the education well-being of these two very vulnerable populations.

S. 1964 Child Welfare Oversight and Accountability Act of 2017 (Hatch/Wyden) is a bipartisan effort introduced ON 10/16/2017 in the Senate. The bill was developed in reaction to the findings of special investigation report conducted by Senate Finance Committee. Specific bill features are a de-link of Title IV-E kinship/subsidized guardianship from the AFDC eligibility, create a different and more flexible kinship care licensing standard for kinship placements, extend access to Title IV-E training funds by de-linking eligibility to the AFDC eligibility standard, create new enforceable penalty provisions for the Program Improvement Plans (PIP) that result from not meeting the Child and Family Services Reviews (CFSRs) and create and mandate a minimum casework caseload/workload standard for child welfare workers. Please contact your members of the senate and encourage them to sign on in support of this piece of legislation.

Don't know who your senators are? Visit <https://www.senate.gov/senators/contact/>

S. 705 Child Protection Improvements Act of 2017 (Hatch/Franken) is bipartisan effort to permanently amend the National Child Protection Act of 1993 to establish a national criminal history background check system and criminal history review program for organizations that serve children, the elderly, and individuals with disabilities. This program was originally authorized as a pilot program by the Adam Walsh Act. The National Center for Missing and Exploited Children conducted the background checks. During the course of that pilot program, 77,000 youth volunteers were the subject of background checks. The background checks revealed that 6 percent of those applicant volunteers had a criminal history for violations such as child sexual abuse, child cruelty, murder, and serious drug offenses. The bill was introduced in late March, taken up in committee in September, and passed the senate on Oct 17, 2017. It is now in the house for consideration. The House companion bill is **H.R. 695**, introduced by Adam Schiff (D-CA). Please reach out to your members of congress in the House and the members of the House Ways and Means Committee and encourage them to support the passage of this key piece of legislation.

Is my elected official on the Ways and Means Committee? Please visit: <https://waysandmeans.house.gov/subcommittee/full-committee/>

Understanding the Relationship between Childhood Maltreatment and Suicidal Behaviors

Christine Cha, Ph.D.

Department of Counseling and Clinical Psychology
Teachers College Columbia University

Suicide death accounts for 8.5% of all deaths among adolescents and young adults around the world (15–29 years) and is a leading cause of death among youth worldwide (WHO, 2017). Existing research has found that approximately 19.8% and 24.0% of youth in the U.S. experience suicidal ideation (Nock, Borges, Bromet, Cha et al., 2008), and similar rates are found in other nations (e.g. Kokkevi, Rotsika, Arapaki, & Richardson, 2012). These rates are concerning, especially since suicide is preventable. Yet the understanding of factors associated with suicide risk is still limited in youth, with even less knowledge on how the risk may be similar or different for youth who experience maltreatment or abuse.

In a recent review paper published in the *Journal of Child Psychology and Psychiatry*, we identified the patterns and gaps of existing knowledge on the literature on suicidal thoughts and behaviors among youth. We found that the literature provides strong evidence indicating various forms of childhood maltreatment (i.e., sexual, physical, and emotional abuse) predict future suicidal ideation and suicide attempt among youth. Childhood sexual abuse in particular has been identified as a strong risk factor for suicidal behaviors compared to other forms of childhood maltreatment and adversities (e.g., loss of a caregiver, family violence, parental psychopathology; Fergusson, Horwood, & Lynskey, 1996; Joiner et al., 2007; Molnar, Berkman, & Buka, 2001). A history of childhood sexual abuse also affects the transmission of suicide risk from parents to offspring (Brent et al., 2002; Melham et al., 2007).

Additionally, prospective cohort studies and twin studies have demonstrated the unique impact of sexual abuse on suicide attempt and death among adolescents and young adults, independent of contextual factors such as parent and child characteristics and quality of family environment (e.g. Brown, Cohen, Johnson, & Smailes, 1999; Castellví et al., 2017; Fergusson, Boden, & Horwood, 2008; Fergusson, Horwood, & Lynskey, 1996; Nelson et al., 2002). Sexual abuse has been shown to have longer term effects than physical abuse (Fergusson et al., 2008), another potent risk factor for suicidal ideation and attempt (Dunn, McLaughlin, Slopen, Rosand, & Smoller, 2013; Gomez et al., 2017). Although less frequently studied, emotional abuse also has been shown to increase likelihood of suicidal ideation in older children and adolescents controlling for covariates such as history of suicidal ideation, depressive symptoms, and in some cases controlling for sexual and physical abuse (Gibb et al., 2001; Miller et al., 2016).

While the literature clearly shows childhood maltreatment to be a risk factor for suicidal thoughts and behaviors, it is important to remember that not all youth who experienced abuse develop suicidal ideation or engage in self-harmful or suicidal behaviors. In fact, our previous findings suggest that certain psychological traits, such as emotional intelligence, may protect against effects of childhood sexual abuse on suicidal ideation and attempts (Cha & Nock, 2009). This association was weaker among those with moderate levels of emotional intelligence, and most notably, was completely buffered and nonsignificant among those with high levels of emotional intelligence.

Our review also highlighted some of the trends found in this field of research, particularly in the attempts to better understand the characteristics of maltreatment and how it may impact suicidal thoughts and behaviors. Recent studies have shifted toward identifying the temporal characteristics of maltreatment (i.e. onset of first exposure, occurrence of exposure during a specific developmental period) and determining their relationship to suicidal thoughts and behaviors. We found mixed findings regarding sensitive periods of maltreatment exposure, with some highlighting the impact of exposure during mid-adolescence (Khan et al., 2015), others underscoring exposure during preschool years and early childhood (Dunn et al., 2013; Khan et al., 2015), and finally some reporting no association at all (Gomez et al., 2017). Some of these factors may depend on sex or type of maltreatment (Khan et al., 2015). Most of these studies relied primarily on epidemiology, etiology, treatment cross-sectional designs and/or retrospective recall of maltreatment.

In conclusion, there is much more to learn about the effects of childhood maltreatment on suicidal behaviors. Both suicide death and childhood maltreatment are preventable - improved understanding of these two areas of research allow for a unique, intersectional, multidisciplinary approach to working with youth whose adverse experiences have contributed to their suicidal ideation and attempts. By focusing our research on the identification of individual, malleable mechanisms, we can better inform the development of treatments targeting these mechanisms as a way of preventing suicide deaths for these at-risk youth.

References

- Cha, C.B., & Nock, M.K. (2009). Emotional intelligence is a protective factor for suicidal behaviors. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48, 422-430.
- Brent, D.A., Oquendo, M., Birmaher, B., et al. (2002). Familial pathways to early-onset suicide attempt: risk for suicidal behavior in offspring of mood-disordered suicide attempters. *Arch Gen Psychiatry*, 59, 801-807.
- Fergusson, D.M., Horwood, L.J., Lynskey, M.T. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1365-1374.
- Joiner, T.E. Jr., Sachs-Ericsson, N.J., Wingate, L.R., Brown, J.S., Anestis, M.D., Selby, E.A. (2007). Childhood physical and sexual abuse and lifetime number of suicide attempts: A persistent and theoretically important relationship. *Behaviour Research and Therapy*, 45, 539-547. 25.
- Melhem, N.M., Brent, D.A., Ziegler, M., et al. (2007). Familial pathways to early-onset suicidal behavior: Familial and individual antecedents of suicidal behavior. *American Journal of Psychiatry*, 164, 1364-1370.
- Molnar, B.E., Berkman, L.F., Buka, S.L. (2001). Psychopathology, childhood sexual abuse and other childhood adversities: Relative links to Subsequent suicidal behavior in the US. *Psychological Medicine*, 31, 965-977.

Spotlight on Early Career Psychologists

Helen Milojevich, PhD
ECP Committee Co-Chair

The ECP column will continue to spotlight early career psychologists within the field of child maltreatment. Successful ECPs from a variety of career paths are chosen to help graduate students, interns, and early ECPs in making wise training and career choices. Our current spotlighted ECP is a great role model for members interested in a career within a clinical academic setting that includes a combination of clinical, research, and administrative tasks.

Sara Taber-Thomas, Ph.D., has been a Clinical Assistant Professor in the Department of Psychology at the University of Buffalo (UB), since 2015. She also serves as the Director of the Psychological Services Center (PSC) at UB. The PSC provides a broad array of psychological services, including counseling and therapy for individuals, couples, families, and groups; psychological assessment and testing; and psychoeducational workshops. Additionally, the PSC is the training clinic for the doctoral program in clinical psychology in UB's Department of Psychology. As Director of the PSC, Dr. Taber-Thomas oversees the clinical training of advanced clinical psychology graduate students, including training the students on evidence-based treatments (EBTs) for children and families.



Dr. Taber-Thomas's current research focuses on two primary areas: the risk factors for and consequences of child maltreatment, and the dissemination and implementation of EBTs for families at risk for maltreatment. Her overarching interest lies in research that informs our understanding of community-based behavioral health systems, in order to refine and enhance services available for high-risk families. Currently, Dr. Taber-Thomas is working on a research project examining facilitators and barriers of early implementation of Parent-Child Interaction Therapy (PCIT) within 50 community mental health agencies. Clinically, Dr. Taber-Thomas is interested in disruptive behavior disorders, childhood trauma, behavioral parent training, and mindfulness-based interventions such as Acceptance and Commitment Therapy.

Dr. Taber-Thomas graduated with a Ph.D. in Clinical Psychology from the University of Iowa in 2013 (APA accredited). While at the University of Iowa, Dr. Taber-Thomas worked as a graduate student researcher on a federally-funded longitudinal study examining long-term consequences of child neglect. As a result of her involvement in this project, she became increasingly interested in the link between parenting and alcohol use in high-risk families, as well as children's perspectives of their parents' alcohol use and parenting practices. Her dissertation, which she defended in 2013, investigated children's reports of deficient parenting and the prediction of concurrent and prospective behavior problems. However, because the clinic in which she was receiving her graduate training was focused

primarily on the treatment of adults, she sought additional training during her internship at the University of Oklahoma Health Sciences Center in interventions for children exposed to trauma.

During her internship at the University of Oklahoma, Dr. Taber-Thomas participated in an interdisciplinary training program in child abuse and neglect, which allowed her to gain unique insights into the ways in which professionals from other disciplines confront the issues and challenges associated with child maltreatment research and practice. For example, through the training program, Dr. Taber-Thomas shadowed doctors and home visitation workers to learn more about how they served families affected by child maltreatment.

Following her internship year, Dr. Taber-Thomas headed to the University of Pittsburgh's School of Medicine to work under Dr. Amy Herschell at the Western Psychiatric Institute and Clinic. The focus of her postdoctoral was to gain training in the dissemination and implementation of EBTs within community mental health systems, which allowed her to develop a better understanding of the system-level factors that might impact child maltreatment.

Throughout her clinical training, Dr. Taber-Thomas always kept her hand in child abuse and neglect research so that she could maintain her program of research and stay up-to-date with the latest empirical findings relevant to her clients. For ECPs working in clinical settings, Dr. Taber-Thomas encourages that they remain active in their program of research as much as possible. Although this is often challenging, as internships and clinical practices generally do not allot time dedicated to research, Dr. Taber-Thomas notes that using existing data sets (either from previous stages in your career or through national archives) or working in collaborative teams can help maximize your productivity.

In addition to her research and clinical practice in child maltreatment, Dr. Taber-Thomas is also actively engaged in a variety of community-based partnerships. For example, in 2016 Dr. Taber-Thomas received a Varda Shoham Clinical Scientist Training Initiative Grant from the Society for a Science of Clinical Psychology to examine community-based implementation of Parent-Child Interaction Therapy for mothers residing in a residential substance abuse treatment center. As part of this grant, Dr. Taber-Thomas has partnered with a local substance abuse treatment center, providing trauma-informed training for their staff in order to compliment ongoing PCIT services. Dr. Taber-Thomas also conducts regular trainings in trauma-informed care at preschools, shelters, and other early childcare settings throughout Buffalo. Moving forward, Dr. Taber-Thomas is interested in becoming more directly involved in research collaborations and partnerships with child welfare workers in the community as well.

Research and clinical practice with children and families coping with maltreatment and trauma can be highly rewarding and motivating, however, as Dr. Taber-Thomas alludes to, it is not without its challenges. One of the primary challenges, according to Dr. Taber-Thomas, are the professional silos that keep people from across disciplines from working together. Child maltreatment is by its very nature a cross-discipline issue that requires multidisciplinary relationships and communication. Unfortunately, due to differences in priorities, regulations, and funding, often communication across the silos can be extremely challenging. Having worked in several different states, Dr. Taber-Thomas has also been confronted with the vast differences in child welfare systems' organization and regulations at a state-level. As she puts it, "the child welfare system operates in various ways across the country, so with each move you have to learn the system all over again".

When asked about her motivation to work with and conduct research about children exposed to maltreatment, Dr. Taber-Thomas replies that child maltreatment is clearly a glaring public health issue that is so complex that there is always something new to learn or change. She is also driven by the desire to help children get better interventions and services. Hopefully by intervening early and continuing to conduct research to inform novel interventions, researchers and practitioners in the field of child maltreatment can prevent more children from entering the system. Due to the challenges and complexities of child maltreatment research and practice, Dr. Taber-Thomas

encourages ECPs to create elaborate support networks. She notes that having more advanced mentors who can provide feedback and advice is crucial for success in this field. She recommends using the resources around you to find a team of mentors and supportive peers. Moreover, mentorship does not end in graduate school. Dr. Taber-Thomas has worked hard to maintain past mentor-mentee relationships, while seeking out new ones at each stage of her career.

Dr. Taber-Thomas has already made remarkable contributions to the field of child maltreatment via clinical service, training, mentoring, and research. She is passionate about her multiple roles, and gives students and trainees opportunities to benefit from her knowledge. We wish her the best of luck in her future endeavors and thank her for her insights to our students and ECPs!

Attention Graduate Students: Apply to the Student Advisory Board for 2018!

Section on Child Maltreatment, is recruiting for the Student Advisory Board (SAB) for 2018!

We welcome any graduate student with an interest in professional development in the area of child maltreatment to apply (including Psychology, Social Work, Preventive Medicine, Public Health, Human Development, Public Policy, etc). Serving on the SAB provides excellent networking opportunities and is great leadership experience to put on your CV as you apply for internship or employment. All positions start January 2018 and end December 2018.

We are recruiting for a:

Diversity Officer: 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 SAB members and Executive Board members to include diversity factors in the Section's work. The Diversity Chair serves a one-year term.

Communications Officer: Primary responsibilities include collaborating with SAB 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 will also contribute articles to the newsletter. The Communications Officer serves a one-year term.

Public Policy Officer: 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.

Requirements: A currently enrolled graduate student (any degree type) in psychology or a related field. No previous experience is required; however, a passion for prevention of child maltreatment or helping children who have been maltreated 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 SAB position. Membership is free.

Application: If interested in applying, please submit your CV/resume and cover letter/statement of interest to Grace Jhe (gracejhe@gmail.com). Please apply by **December 15, 2017**.

Utilizing social media for your research: A student's guide to success

Interview with Mel Miller, MA

Education: Master's in Communication

University of Baltimore

Position: Strategic Communications Director

Edna Bennett Pierce Prevention Research Center (PRC)
Pennsylvania State University

Interviewed by Jonathan Reader

Section Student Representative



In your words, what is your job description?

My job is 50% communications director for the PRC and 50% working on a Robert Wood Johnson Foundation (RWJF) project on social-emotional learning (SEL). For the Center, I've been focused on expanding the visibility of some of the truly remarkable research projects being conducted by our PIs. While it's important to conduct research and publish in the field, it's also important to get the message to those outside of the scientific realm, to those in other industries, to policymakers and to the general public. I also led the development of a brand new, user-friendly website that reflects the passion for prevention that is practiced in

the Center, and includes a more extensive portfolio of projects and customized bios for research faculty, affiliates and staff. For the RWJF project, I am overseeing the development of 10 policy briefs that highlight the importance of developing social-emotional skills, sometimes referred to as "soft skills." The purpose behind the project is to synthesize existing research, streamline findings and create a condensed report that may be of interest to policymakers, community leaders and others. Last year, we held a conference in Washington D.C. to coincide with one of the topics, "Teacher Stress and Health" bringing together professionals in the field of education, research and advocacy to discuss how SEL can improve the well-being of teachers and prevent negative consequence for student achievement. In October, we will hold a second conference on the economic benefits of investing in children's social and emotional development.

How did you get interested in this type of work?

In grad school, I took a class on clear and concise communications where we had to rewrite government documents, eliminating redundancies and acronyms, shortening sentences, and simplifying language. That experience opened my eyes to how much "bad" writing there was out there. I found that I really enjoyed the challenge of taking technical information and making it understandable for non-technical people. I discovered that much of the time "less is more" when it comes to clear communications.

How has social media changed the way we report research?

If used properly, you can reach so many more people. I hear researchers say that they don't need to use social media (e.g., Facebook, Twitter, blogs), but it is such a powerful tool. More and more people in the scientific arena are using it. Plus, it's a great way to simplify your message. Plus, anyone can have a website today. Having a web presence is so important as long as you keep your information *fresh*. It is how you increase your following and tells the world that you are a reliable source of information. Social media and websites are also great ways to network and find collaborators.

What are some pros of using social media to report your own research?

Other than reaching a wider audience, it makes it easy for you to tailor your message to *different* audiences. You might tell your story one way on LinkedIn and another on Twitter.

What are some best practices you would recommend for those wanting to use social media to discuss their research?

First of all, is to just put your research out there in as many channels as you can find. People tend not to do this from what I've seen, but they should. Put it on Facebook, use some kind of graphic to go along with it or animated gifs. Post videos! Link to a YouTube channel. For example, we have several SEL videos on our new website. Analytics show that websites with videos will get a high score in user engagement. We live in a visual world today. Pictures can communicate volumes.

How would you suggest that we PR our own research on social media?

Work with someone in a communications role and reach out for help with publicity. People WANT to hear about these projects and the good use of taxpayer dollars. It is a great idea to talk to someone who knows how to position your research and get more visibility.

What are some social media pitfalls to avoid when discussing your own research?

You have to be honest. You have to use social skills. And you have to display integrity. As much as social media can help you, it can really harm you. Be respectful. It's okay to be passionate about what you do, but make sure the *research* is at the forefront, because it is easy to cross the line from research to opinion. Know your audience because you need to speak appropriately to different audiences. In the old days, you had one message. But nowadays, you need to customize your message – like you would customize a resume.

What are your favorite social media platforms?

Facebook and Twitter. Facebook for older audiences and Twitter for younger ones. They work well together and span generations. It's all about reaching wide audiences!

Thank you so much for your time. Do you have any last minute tips?

Start now. Start early. It can take years to get a good following.

Determinants of the Transition from Child Welfare to Juvenile Justice among Maltreated Youth

By Amanda Hasselle
Diversity Officer

Approximately 30% of children in the child welfare system (CWS) engage in delinquent behaviors that result in juvenile justice system (JJS) transition. Maltreatment is one of the most common risk factors associated with crossover into JJS, purportedly increasing risk for delinquency via social learning. Previous research indicates that: increasing number and chronicity of maltreatment incidents contribute to poorer developmental outcomes; disadvantaged family background (i.e., poverty, instability, domestic violence) increases risk for youth service system transition; and social risk factors (i.e., race, age, gender) predict likelihood of JJS crossover. Yet, most studies on CWS-JJS transition have employed retrospective designs. Prospectively examining CWS-JJS transitions among maltreated children may illuminate critical intervention periods and prevent sustained system involvement.

Vidal et al. (2016) prospectively tracked maltreated youth referred to Child Protective Services (CPS) to identify patterns of risk for children who transitioned from CWS to JJS (“crossover” group). The sample consisted of 10, 850 maltreated children. Maltreatment records were reviewed when children were ages 3-13, while JJS records were reviewed when children were 10-18. About half of the children were boys (54%), with an average age of 6.7 at the time of their index CPS event. Almost 3% of maltreated children transitioned from CWS into the JJS, and the first JJS adjudication typically occurred within 6 years of initial CWS involvement. Older age, male gender, Black race, Hispanic ethnicity, re-maltreatment, neglect, and familial receipt of public assistance were significant risk factors for transition into the JJS, after controlling for social factors, CWS case characteristics (i.e., prior victimization, maltreatment types), and familial characteristics (i.e., parental substance use, domestic violence).

Black children were more than twice as likely to experience JJS transition, compared to White children, even after accounting for case and familial differences. Hispanic children were also more likely to “crossover,” compared to White children. Racial disparities in various service systems are well-documented, with racial/ethnic minority youth with a history of CWS involvement disproportionately referred to the JJS. Furthermore, Black and Hispanic crossover youth are more likely to be rearrested compared to White crossover youth. It is possible that biased race attributions underlie these findings; specifically, racial minorities are more likely to be perceived as dangerous, and delinquent behavior among minority youth is more likely to be perceived as representing a character flaw.

Vidal et al.’s (2016) findings highlight the need for future research into factors that underlie racial and ethnic disparities among crossover youth, as well as strategies to mitigate these disparities by intervening at critical points in the system. Findings also call for interventions to alleviate the negative impact of economic hardship on families, suggesting that services for children impacted by maltreatment should not solely address maltreatment and its consequences directly, but also employ a “metasystems approach” that considers contextual factors that could impact children’s development. Finally, professionals involved in the CWS and JJS should be trained in culturally sensitive practices, with the goal of better addressing the unique needs and experiences of minority youth and better supporting families living in poverty.

Vidal, S., Prince, D., Connell, C. M., Caron, C. M., Kaufman, J. S., & Tebes, J. K. (2017). Maltreatment, family environment, and social risk factors: Determinants of the child welfare to juvenile justice transition among maltreated children and adolescents. *Child Abuse & Neglect*, 63, 7-18.

Publications & Resources Corner

We'd love to know more about what Section members are working on! Throughout the year, please share your blog posts, newsletters, reports, journal articles, books, or other publications or resources that might be of interest to our members. To include your resources in the next newsletter, please email Barbara at: boudek1@gmail.com.

Members shared the following references for the Winter Newsletter:

- Boppana, S., & Rodriguez, C. M. (2017). Mediators between parenting history and expected at-risk parenting: Role of conformity, coping, and attitudes. *Journal of Child & Family Studies*, 26, 237-3245. doi.org/10.1007/s10826-017-0812-7
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents*. NY: NY, Guilford Press.
- Goodman, G. S., Goldfarb, D., Quas, J. A., & Lyon, A. (2018). Psychological Counseling and Accuracy of Memory for Child Sexual Abuse. *American Psychologist*.
- Gracia, E., Rodriguez, C. M., Martin-Fernández, M., & Lila, M. (In press). Linking research on intimate partner violence and child abuse: Is there a general, nonspecific acceptance of family violence? *Journal of Interpersonal Violence*. doi: 10.1177/0886260517707310.
- Miller-Perrin, C., & Perrin, R. (2017). Changing attitudes about spanking among conservative Christians using interventions that focus on empirical research evidence and alternative biblical interpretations. *Child Abuse & Neglect*, 71, 69-79.
- Miller-Perrin, C., & Wurtele, S. K. (2017). Sex trafficking and the commercial sexual exploitation of children. *Women and Therapy*, 40:1-2, 123-151.
- Miller-Perrin, C.L., Perrin, R.D., & Renzetti, C. (2018). *Violence and maltreatment in intimate relationships*. Thousand Oaks, CA: Sage Publications.
- Oudekerk, B.A., Truman, J. L. (2017). *Repeat Violent Victimization, 2005-14*. Special Report, Bureau of Justice Statistics (NCJ 250567) <https://www.bjs.gov/content/pub/pdf/rvv0514.pdf>
- Perrin, R., Miller-Perrin, C., & Song, J. (2017). Changing attitudes about spanking using alternative biblical interpretations. *International Journal of Behavioral Development*, 1-9, DOI:10.1177/0165025416673295
- Rodriguez, C. M. (In press). Predicting parent-child aggression risk: Cognitive factors and their interaction with anger. *Journal of Interpersonal Violence*. doi: 10.1177/0886260516629386.
- Rodriguez, C. M., Baker, L. R., Pu, D. F., & Tucker, M. C. (2017). Predicting parent-child aggression risk in mothers and fathers: Role of emotion regulation and frustration tolerance. *Journal of Child & Family Studies*, 26, 2629-2538. doi 10.1007/s10826-017-0764-y
- Rodriguez, C. M., Silvia, P. J., & Gaskin, R. E. (2017). Predicting Maternal and Paternal Parent-Child Aggression Risk: Longitudinal Multimethod Investigation Using Social Information Processing Theory. *Psychology of Violence*. <http://dx.doi.org/10.1037/vio0000115>
- Tucker, M. C., Rodriguez, C. M., & Baker, L. R. (2017). Personal and couple level risk factors: Maternal and Paternal Parent-Child Aggression Risk. *Child Abuse & Neglect*, 69, 213-222. doi.org/10.1016/j.chiabu.2017.04.030
- Valentino, K. (2017). Relational interventions for maltreated children. *Child Development*, 88, 1-9.

Section Executive Committee

Visit our webpage for more information:

<http://www.apadivisions.org/division-37/sections/leadership/index.aspx>

President (2017-18)

[Jennie Noll](#), PhD

The Pennsylvania State University
209 Health and Human Development Building
University Park, PA 16802
Email: jgn3@psu.edu



President-Elect (2017-18)

[Stephanie Block](#), PhD

Assistant Professor
University of Massachusetts Lowell
113 Wilder Street
Suite 300
Lowell, MA 01854-3059
Email: Stephanie_Block@uml.edu



Past President (2017-19)

[Jennifer Kaminski](#), PhD

Health Scientist
National Center on Birth Defects and
Developmental Disabilities
Centers for Disease Control and Prevention
1600 Clifton Road, MS-E88
Atlanta, GA 30333
Email: anu1@cdc.gov



Secretary (2017-19)

[Anna Washington](#), PhD

Licensed Psychologist
Behavioral Health
Children's Hospital & Medical Center
1000 N. 90th Street, #200
Omaha, NE 68114
Email: awashington@childrensomaha.org



Treasurer (2016-18)

[Maggie Stevenson](#), PhD

Associate Professor of Psychology
University of Evansville
Department of Psychology
1800 Lincoln Avenue
Evansville, IN 47722
Email: ms446@evansville.edu

**Members-at-Large**

[Yoojin Chae](#), PhD (2016-18)

Assistant Professor
Department of Human Development & Family Studies
Texas Tech University
Lubbock, TX 79409-1230
Email: yoojin.chae@ttu.edu



[Karen Appleyard Carmody](#), PhD (2015-17)

Assistant Professor
Department of Psychiatry and Behavioral Sciences
Duke University Medical Center
Center for Child & Family Health
1121 West Chapel Hill Street, Suite 100
Durham, NC 27701
Email: karen.carmody@duke.edu



[Angelique Day](#), PhD (2017-19)

Assistant Professor
School of Social Work
University of Seattle
Research and Policy Fellow
Partners for our Children
Email: dayangel@uw.edu

**Membership Chair (2017-19)**

[Kelly McWilliams](#), PhD

Gould School of Law
University of Southern California
699 Exposition Blvd.
Los Angeles, CA 90089
Phone: (213) 821-5599
Email: kmcwilliams@law.usc.edu



Newsletter Editor (2017-19)

[Barbara Oudekerk](#), PhD

Statistician

Bureau of Justice Statistics

Email: boudek1@gmail.com

**Chair of Communications and Technology Committee (2016-18)**

[Christin M. Ogle](#), PhD

National Institute of Justice

810 7th Street NW

Washington, D.C. 20531

Email: christin.ogle@duke.edu

**ECP Committee Co-Chair (2016-18)**

[Cheryl Arndt](#)

Director of Performance Improvement

KidsPeace

4085 Independence Drive

Schnecksville, PA 18078

Email: Cheryl.Arndt@kidspeace.org

**ECP Committee Co-Chair (2017-19)**

[Helen Masland Milojevich](#), PhD

Postdoctoral Fellow

Center for Developmental Science

University of North Carolina at Chapel Hill

Email: hmilojev@email.unc.edu

**Graduate Student Co-representatives**

[Grace Jhe Bai](#)

Loyola University Chicago

1032 W. Sheridan Road

Coffey Hall Room, #202

Chicago, IL 60626

Email: gracejhe@gmail.com



[Jonathan Reader](#)

Predoctoral Fellow

The Pennsylvania State University

HHD 119

University Park, PA 16802

Email: jreade89@gmail.com





MISSION STATEMENT

The Section on Child Maltreatment of Division 37 (Society for Child and Family Policy and Practice) supports and promotes scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment.

PURPOSE

The purpose of the Section on Child Maltreatment is to promote the general objectives of the American Psychological Association and the Society for Child and Family Policy and Practice; 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> and click the *Online Application* link.



