

Section on Child Maltreatment Newsletter

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President's Column

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As I write this column, winter has faded and April, the first month of spring, has just begun. As many of you know, April has another special designation. Since 1983, the President of the United States issues a proclamation every April announcing National Child Abuse Prevention Month, encouraging public awareness of child abuse and neglect and promoting community involvement to address the problem. The U.S. Department of Health and Human Services' Administration for Children and Families has recently released the most current U.S. statistics on child abuse and neglect in its annual report "Child Maltreatment 2006" which can be found at: <http://www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm>. Current statistics indicate that an estimated 905,000 children in the United States were determined to be victims of abuse or neglect during the year 2006. These figures help to remind us of The Section's obligation to support and promote scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment in order to improve the lives of children and their families.

In an effort to meet this obligation, various members of the Section have been engaged in a number of laudable activities over the last several months. **Sharon Portwood** and **Mary Haskett**, for example, are currently serving as co-Chairs of the Interdivisional Task Force on Child Maltreatment Prevention (Division 37 and 41). The task force served as a sponsor for last year's Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions where Task Force member **Mary Haskett** moderated two panels and Task Force member **Mark Chaffin** presented a paper on child maltreatment. The Task Force also worked with the APA Public Interest Directorate to provide input to Congressional Committees involved in the reauthorization of both the Child Abuse Prevention and Treatment Act (CAPTA) and the Juvenile Justice and Delinquency Prevention Act (JJDP).

Preston A. Britner, Member-at-Large for the Section, participated in the activities of the 2008 APA Working Group on Child Maltreatment Prevention through Community Health Centers (CHCs). CDC contracted with the APA Public Interest Directorate Violence Prevention Program to create this working group. The objective of the project was to explore the integration of behavioral health professionals, particularly psychologists, into CHCs as a means to prevent child maltreatment and to recommend public health strategies to promote safe, stable, nurturing relationships for children and positive parenting practice within this context. The working group recently submitted their final report to the CDC.

Our current APA Program Chair, **Amy L. Damashek**, has been busy planning Section activities for the 2009 APA Conven-

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tion to be held in Toronto, Ontario, Canada (August 6-9). The Section will soon be distributing a complete agenda of the Hospitality Suite schedule for the convention. In addition, both Division 37 and the Section are offering a number of presentations of interest to child maltreatment professionals (see the Division 37 Program Summary included in this issue of the Newsletter). These include two symposia that the Section helped to organize.

The first is the Section's Presidential symposium entitled *Physical Punishment of Children: Evidence and Controversies*. The symposium will focus on the findings of the Section's Task Force on the Physical Punishment of Children. Presenters will focus on the potential negative effects as well as potential benefits of physical punishment, a contentious area of research that has produced some interesting debates among researchers who share the goal of promoting well-being of children. The symposium will feature presentations by **Elizabeth Gershoff, Murray Straus, Robert Larzelere, and Sandra Graham-Bermann**. The

second symposium is entitled *Empirically Supported Treatments for Childhood Trauma: Commonalities and Contrasts* and is being sponsored jointly by the Section and a relatively new Division (56) within APA called Trauma Psychology.

In closing, I would like to welcome our new graduate student representative, **Randy Simon**. Randy is currently a student at Fielding and works for the Regional Child Abuse Diagnostic and Treatment Center of Newark Beth Israel Hospital. In addition, I am pleased to welcome **Jenelle-Shanley** who has joined the leadership of the Section as the new APA Program Co-Chair. Jenelle is currently engaged in a postdoctoral fellowship at the University of Oklahoma Health Sciences Center. If you are interested in becoming more involved in the Section and its activities, please send me a note at cindy.perrin@pepperdine.edu. I would be pleased for you to join the Section in its efforts to promote safer families and communities.

Best Practices

Behavioral Parent Training: Not Just for Children with Behavior Problems

Jenelle R. Shanley, PhD

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Behavioral parent training programs (e.g., Parent-Child Interaction Therapy) were initially developed to treat child behavior problems and have been well-supported by research findings. Research has demonstrated that parent training programs are effective in increasing positive parenting skills, decreasing parenting stress, improving parents' attributions of their children, enhancing parenting self-efficacy, and reducing child behavior problems (Brinkmeyer & Eyberg, 2003; Sanders, Turner, & Markie-Dadds, 2002; Serketich & Dumas, 1996). Such benefits have been shown to maintain well after treatment is discontinued. Although behavioral parent training programs were initially developed to treat child behavior problems, recent research has come to bridge the effectiveness of such programs with the desire to intervene in and prevent child physical abuse.

The common etiologies and maintaining factors (e.g., ineffective discipline, critical parenting) for both child behavior problems and child physical abuse provide for a natural overlap in treatment strategies. Indeed, the theoretical underpinning of parent management training programs,

based on behavioral learning principles, also addresses concerns surrounding physical abuse. Such programs often focus on parenting strategies (e.g., use of contingent reinforcement, consistent discipline) that target the coercive cycle that maintains child behavioral problems as well as harsh and ineffective parenting, behaviors commonly associated with physical abuse. Moreover, the treatment goals for child behavior problems are similar to intervention goals with child physical abuse, such as increasing positive parenting skills, decreasing parenting stress, and improving effective, non-corporal child management strategies. In addition to the theoretical similarity between parent training and physical abuse treatment, it makes practical sense to implement existing evidence-based practices rather than developing and testing new interventions. In fact, early interventions designed to address child maltreatment did not demonstrate desired results of reducing child physical abuse (Cohn & Daro, 1987).

Within the last decade, research has examined whether benefits observed with parent training programs for child behavior problems would produce similar results with

families exposed to child abuse. A meta-analysis of parenting training programs with abusive parents found these programs to be effective in reducing future abuse, enhancing parents' emotional well-being, changing parents' beliefs in corporal punishment, and improving parents' child friendly beliefs and attitudes (Lundahl, Nimer, & Parsons, 2006). Two parent training programs, Parent Child Interaction Therapy (PCIT) and Positive Parenting Program (Triple P), have illustrated successful preventions and interventions for child physical abuse cases.

Parent-Child Interaction Therapy (PCIT) is one specific parenting training program that has gained attention as an intervention for child physical abuse. PCIT is an empirically supported treatment for preschool age children who display clinically significant levels of disruptive behaviors (Brinkmeyer & Eyberg, 2003). The primary goals of PCIT are to enhance the parent-child relationship, increase parent's use of selective attention and consistent discipline, and improve child's prosocial behaviors. PCIT targets parents' abilities to attend to their children's appropriate behavior, use of active ignoring for minor misbehavior, and use of consistent, noncorporal discipline for noncompliance. Treatment techniques include didactics and homework, as well as live coaching during which therapists provide immediate feedback to parents as they interact with their children. Physically abusive parents involved in PCIT have shown reduction in parenting stress and child behavior problems (Borrego et al., 1999; Timmer et al., 2005). In addition, a two-year follow up of a randomized control trial with physically abusive parents found that 19% of parents who participated in PCIT versus 49% who received standard community group treatment had re-reports of physical abuse (Chaffin et al., 2004).

Another parent management program effectively implemented with families exposed to child maltreatment is the Positive Parenting Program (Triple-P; Sanders et al., 2002). Triple-P is a five-level treatment system designed to match the needs and problem severity of children and their families. The lowest level provides preventative information through media sources, the next two levels provide brief interventions to address mild to moderate concerns, and the highest two levels provide more intensive and specific interventions to address parent and child difficulties. In the latter two levels, parents are taught a range of parenting skills including positive attention, ignoring, limit setting, and behavioral management. Techniques used to teach parents these strategies involve modeling, evaluation, and homework, and are provided through group and individual sessions. The highest level also incorporates coping strategies and partner support. A recent study implementing the Triple-P program found that families who participated in

this program had significant reductions in future substantiated child maltreatment compared to families who completed service as usual (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). This population-based prevention and intervention program shows promise to provide significant contribution to the reduction of child abuse.

Parent training programs, originally designed for child behavior problems, have been shown to be effective in obtaining similar goals of improving positive parenting behaviors and reduce re-occurrence of child abuse. PCIT and Triple-P have both demonstrated potential in these areas, indicating that parent training programs are not just for children with behavioral difficulties. These programs are capable of effectively assisting families who have experienced, or are at-risk of, child maltreatment by interrupting the coercive cycle that promotes and sustains such abuse.

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Public Policy

Congress Moves on President's Legislative Agenda

Thomas L. Birch, J.D.

National Child Abuse Coalition

In the first three months of the 2009 legislative session, the 111th Congress passed significant legislative measures with positive implications for the welfare of children. Empowered by increased Democratic majorities in the House and Senate and encouraged by a supportive President, federal legislators in February sent to the White House for final enactment an economic stimulus legislation – the American Recovery and Reinvestment Act – proposed by President Barack Obama to address the nation's job losses and the worsening economic recession – and legislation to reauthorize and expand the State Children's Health Insurance Program (SCHIP). Just before the spring recess break in early April, each chamber passed its version of the fiscal year 2010 budget resolution reflecting many of the President's spending priorities for the coming year.

ECONOMIC STIMULUS

The final version of H.R. 1, the American Recovery and Reinvestment Act, with tax breaks and spending totaling \$789 billion included major funding supplements for Head Start and child care. President Obama signed the measure into law on February 17.

As proposed initially by the House, the measure includes \$1 billion for Head Start for comprehensive development services to help 110,000 additional children, and \$1.1 billion for Early Head Start. Only about half of all eligible preschoolers and less than 3 percent of eligible infants and toddlers participate in Head Start.

In addition, the Child Care and Development Block Grant received \$2 billion for child care assistance for low-income families, provided in both the House and Senate bills. The new child care funding would provide care for 300,000 additional children from low-income families. Currently, only one out of seven eligible children receives care.

Child welfare advocates also scored a victory in the economic stimulus package with inclusion of a temporary increase of an estimated \$1 billion for foster care payments to states, including an increase of 6.2 percent for the Medicaid matching rate to extend to children in foster care. Grants for Temporary Assistance for Needy Families (TANF)

were set at \$3 billion in the final legislation for block grants “to help states deal with the surge in families needing help during the recession and to prevent them from cutting work programs and services to abused and neglected children.” Unfortunately, funding for the Social Services Block Grant stipulated in the Senate's bill at \$400 million was dropped in the final agreement.

Formula grants under the Individuals with Disabilities Education Act (IDEA) Part C to help states serve children with disabilities and special needs age 2 and younger received \$500 million in the stimulus bill. The Child Abuse Prevention and Treatment Act (CAPTA) requires states to refer to Part C-funded early intervention services all children under age 3 involved in a substantiated case of abuse or neglect, procedures which have been hindered by a shortage of funding. All told, the stimulus package totals over \$142 billion in tax breaks and spending on children.

SCHIP

On February 4, the President signed the legislation to reauthorize and expand the State Children's Health Insurance Program (SCHIP) to provide health insurance to lower income children whose families earn too much to qualify for Medicaid, but still struggle to afford health insurance. The legislation approved by the House and Senate would expand coverage for an additional 4 million children through fiscal year 2013 at a cost of \$33 billion, bringing the total number of children covered under the program to around 11 million. The costs of the SCHIP bill would be paid for largely by an increase of 62 cents in the federal cigarette tax.

Over the objections of some Republican Senators, Senate Democrats added a provision to the bill already in the House-passed measure which would extend coverage to legal immigrant children who would otherwise have to wait five years before becoming eligible for the program. Nine Republican Senators joined all the Senate Democrats voting in favor of the SCHIP expansion legislation: Sens. Lamar Alexander (R-TN), Susan Collins (R-ME), Bob Corker (R-TN), Kay Bailey Hutchison (R-TX), Richard Lugar (R-IN), Mel Martinez (R-FL), Lisa Murkowski (R-AK), Olympia Snowe (R-ME), and Arlen Specter (R-PA).

The bill first passed the House with a vote largely along party lines. Two Democrats voted against the bill, and forty Republican House members voted in favor of the SCHIP legislation.

Congress twice passed an enlargement of the children's health program in 2007. Both times it was vetoed by President George W. Bush. President Obama had expressed the wish that the SCHIP measure be among the first he would sign into law on becoming President. During the campaign, Obama pledged to expand SCHIP eligibility to cover more children.

FY 2009 SPENDING ENACTED

With the economic stimulus spending package behind them and five months into the 2009 fiscal year, House and Senate legislators agreed upon an omnibus spending measure designed to carry nine unfinished fiscal 2009 appropriations bills through the remainder of the current fiscal year. The bill provides about \$31 billion more than what was spent on the nine bills in fiscal 2008, an 8 percent increase. The President signed the spending bill into law on March 11.

Important sources of federal funding for child welfare services to protect children and prevent maltreatment, including the Social Services Block Grant, Title IV-B child welfare services and child welfare training, and the Promoting Safe and Stable Families program, were all left with funds at the 2008 level. Programs singled out for funding increases include the Child Care and Development Block Grant and Head Start – both with slightly over a 3 percent increase, and family violence shelters with a 4 percent gain over last year.

The bill includes an increase of \$4.6 million for the Child Abuse Prevention and Treatment Act (CAPTA) discretionary grants, totaling \$41.757 million, to support “evidence-based home visitation models,” now in the second year of funding. The home visiting grant support would increase from \$10 million to \$13.5 million in the current fiscal year to allow for new grants in addition to support for continuing grants. The new money for home visitation was not a part of the FY09 budget proposal President Bush sent to Congress a year ago.

The bill also includes \$500,000 in CAPTA discretionary funds tagged for a feasibility study on the creation, development, and maintenance of a “national child abuse and neglect offender registry.” The congressional push for such a registry, which has been resisted by the National Child Abuse Coalition absent the appropriate study and consideration, began in 2006 with intent to allow state child protective services to have easy access to reporting information across states to assist in assessing risk to a child in a report of child maltreatment. (Even absent the funding, the Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation has over the past year prepared a report, still in the departmental review process, on the feasibility of a national child abuse and neglect registry.)

Other CAPTA funding, for basic state grants to improve child protective services and for community-based child abuse prevention grants, are level-funded in the omnibus spending bill. The funding allocated to CAPTA programs includes \$2.412 million in appropriations earmarked by House and Senate members for special projects.

The Section on Child Maltreatment's 2009 Dissertation Award Grant

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

Applicants are requested to submit four (4) copies of the following:

- 1) A letter of interest, indicating how the applicant would use the award funds toward the completion of the dissertation research;
- 2) A 100 word abstract; and
- 3) A five-page proposal summarizing the research to be conducted.

Electronic submissions will also be accepted.

Please submit applications by **May 30** to:
Anthony P. Mannarino, PhD
Professor and Vice President
Drexel University College of Medicine
Four Allegheny Center
Pittsburg, PA 15212
amannari@wpahs.org

Applicants will be notified of the decision in June. The award will be presented at the annual meeting of the American Psychological Association in Toronto, Canada, August 6-9, 2009.

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

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

Nominations should include four (4) copies of the following:

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

Electronic submissions will also be accepted.

Please submit applications by **May 30** to:
 Anthony P. Mannarino, PhD
 Professor and Vice President
 Drexel University College of Medicine
 Four Allegheny Center
 Pittsburg, PA 15212
 amannari@wpahs.org

Applicants will be notified of the decision in June. The award will be presented at the annual meeting of the American Psychological Association in Toronto, Canada, August 6-9, 2009.

The funds for home visitation – an increase of 12.4 percent over 2008 funding – represent the largest percentage increase among child welfare programs in the omnibus bill. At the same time, the overall budget for the Administration for Children and Families was cut by 9 percent.

Since the 2009 fiscal year began in October, the federal government had been operating under a continuing resolution holding spending to the FY08 levels. The \$410 billion omnibus appropriations package marks the end of the spending disputes Democrats had with President George Bush who had threatened to veto the unfinished appropriations bills in disagreement over their funding levels.

Overall, the spending in the omnibus package would provide about \$19 billion more than President Bush had requested when he proposed his budget for the nine bills a year ago. Details of the bill were worked out under wraps late last year. Democratic leaders in the House and Senate decided to hold back on bringing the bill forward over concern it might have slowed down work on the stimulus bill.

Understandably, congressional Republicans, left out of the drafting of the bill, criticized the measure which they have attacked as excessive, pointing to programs – of which there are many, including Head Start and child care — with appropriations increases included in the omnibus funding

stimulus legislation. House Republicans had urged Democrats to freeze spending for the rest of fiscal 2009 at the 2008 levels.

BUDGET PROPOSALS TAKE SHAPE FOR 2010

On February 26, the Obama administration published an outline of its intended spending priorities for the 2010 fiscal year to be presented in a fully articulated budget proposal sometime in May. More about spending directions than dollars proposed, the budget for the Department of Health and Human Services (HHS) focuses most of its discussion on reforming the nation's health care system.

In addition, the budget would propose expanded funding for Head Start and the Child Care and Development Block Grant. The administration also proposes the creation of a Nurse Home Visitation program, with "funds to states to provide home visits by trained nurses to first-time low-income mothers and mothers-to-be." According to the budget outline, the funding "builds the foundation for a program that could ultimately serve all eligible mothers who seek services."

Reflecting many of the themes outlined in the Obama administration's budget priorities, the House and Senate, before adjourning for two weeks of spring recess, each passed budget resolutions reserving funds for home visiting programs. The measure approved by the House identifies a program of home visiting "to low-income mothers-to-be" to produce "sizeable, sustained improvements in the health and well-being of children and their parents."

The Senate budget bill, amended by a provision sponsored by Sens. Patty Murray (D-WA) and Christopher Bond (R-MO) and adopted on the Senate floor by unanimous consent, would provide funds “to establish or expand programs of early childhood visitation that increase school readiness, child abuse and neglect prevention, and early identification of developmental and health delays.”

The report of the House Budget Committee accompanying the House-passed resolution explains that its home visiting provision would provide mandatory funding for “evidence-based programs that have been tested in well-designed randomized controlled trials and are likely to produce future budget savings by improving child and family health and well-being.” It cites research studies documenting cost savings realized from “nurse home visiting services to low-income families.”

TEEN RESIDENTIAL PROTECTION BILL

On February 23, 2009, the House of Representatives passed H.R. 911, the Stop Child Abuse in Residential Programs for Teens Act, by a vote of 295 – 102. The bill, introduced by Rep. George Miller (D-CA), now moves to the Senate where

no similar legislation has been introduced. In June 2008, the House voted 318-103 to pass the identical measure. The bill would set standards, with enforcement provisions, to prevent child abuse and neglect in teen residential programs, including therapeutic boarding schools, wilderness camps, boot camps, and behavior modification facilities. While residential treatment facilities designed to help children with extreme behavioral problems, including substance abuse and mental health problems, may provide safe and effective services to children and their families, many exist without any state monitoring or regulation.

The legislation would create new national safety standards for private residential programs enforced by HHS and the states, prevent deceptive marketing by residential programs, and hold programs accountable for violating the law. States, through provisions added to the Child Abuse Prevention and Treatment Act (CAPTA), would be required to set similar standards of protection and investigate reports of maltreatment in these facilities. The bill increases the authorization for CAPTA to \$235 million for each of fiscal year 2010-2014, to accommodate state responsibilities.

Case Notes

Dating Violence and Abuse among Teenagers

Daisy A. Segovia & Angela M. Crossman, Ph.D.

*John Jay College of Criminal Justice – City
University of New York*

The recent alleged assault on pop singer Rihanna by her boyfriend Chris Brown brought national attention to the issue of dating violence. Research on domestic violence is vast and readily available, and the media was quick to report information to help potential victims. However, it also reported alarming rates of acceptance of such assaults, victim-blaming, and dating violence among adolescents. Clearly, not enough attention has been focused on the problem of teenage dating violence and abuse.

Dating violence and abuse among teenagers has become more prevalent in recent years – an estimated 30% of teenagers are affected, some as young as 11 or 12 years old (Legal Momentum, 2009). Yet many teenagers, parents, and school administrators are not aware of this epidemic. They might not recognize the warning signs of an unhealthy

teenage relationship, or what to do to ameliorate the situation. Schools and state legislatures lack policies to educate adolescents and protect teenage victims.

B.C. v. Scotty L. Rhodes on behalf of T.L.R. (2003) is a good example of the complexities involved in a dating violence case. In this case, T.L.R. and B.C. were 8th grade students who began to date. After a couple of weeks, T.L.R. made sexual advances toward B.C., which she rejected. After this encounter, B.C. claimed that T.L.R. followed her into the bathroom and raped her. The plaintiff claimed that she was scared to fight back during the encounter because B.C. was known to “blow up” and she was frightened of him. After the attack, the school tried to keep the two students apart by segregating T.L.R. from the rest of the school. But after ten days, the school put the two students on the same bus home.

B.C.'s father sought a protective order against T.L.R. The court ruled that dating violence had occurred and issued a family-protective order against the defendant. T.L.R. then appealed the order, arguing that only adults are entitled to seek a family-protection order, and that the evidence was legally insufficient to support the court's finding that the defendant had committed an act of dating violence. Fortunately, in this case, the appeal was overturned and the protective order was affirmed by the court.

This case illuminates the sad truth that dating abuse is now occurring among even young teenagers (i.e., "tweens") at historically high rates. The students in this case were in 8th grade – roughly 13-years of age. A recent survey showed that 62% of teenagers know of friends who have been verbally abused, 41% know friends who have been publicly belittled on online social networks (e.g., Myspace, Facebook, etc.), and 19% of teenagers 13-14 years of age know friends who have been struck in anger by a boyfriend or girlfriend (National Center on Domestic and Sexual Violence, 2008). These incidents often go unreported because teenagers are reluctant to seek aid from adults for a variety of reasons (e.g., fearing blame, embarrassments, or loss of privileges) (Sousa, 1999). Usually peers are among the first to be aware of the abuse, but often do not know what to do in these situations. When adults are made aware of the abuse, they tend to ignore or minimize the situation, assuming that the teenagers are overreacting or being dramatic (Sousa, 1999).

However, when it occurs, teenage dating violence is similar to domestic violence in critical ways. The extent of the abuse can range from verbal and emotional abuse to rape, and in some cases, even murder. Also, abusers often threaten their victims with suicide and/or homicide in an attempt to control them (Suarez, 1994; Sousa, 1999). On the other hand, teenage dating violence differs from domestic violence in several important ways. Adolescence is a formative time when one is actively developing intellectual, moral, and social-emotional skills. Being in an abusive relationship can undermine a teenager's self-esteem and self-worth (Sousa, 1999). Indeed, those who have been in abusive relationships tend to have higher rates of suicide, drug abuse, and unintended pregnancy (Legal Momentum, 2009). School attendance and performance also can be adversely affected, all of which can undermine a student's plans for the future. Moreover, abuse that starts at such an early age can be carried on into adulthood, for both victims and abusers – victims learn that this is the norm, and abusers learn that their behavior is acceptable.

The B.C. case also highlights how unprepared many schools are to deal with dating abuse situations, often lacking proper policies or safeguards to address the issue. Activist organizations, such as Legal Momentum and Liz Clairborne Inc.,

have campaigned for schools to adopt proactive policies to educate students, staff, and parents about the signs of abuse and protect students from dating violence. Some states have adopted policies to address this issue as well. For instance, the Ohio State legislature passed two bills to protect teenage victims of relationship abuse by allowing for restraining orders on juveniles – most states only allow restraining orders to be put on adults. Another bill in Rhode Island requires all school districts to teach about the signs of dating violence from grades 7 to 12. Although some schools and states are taking action to protect teenage dating violence victims, the majority of schools and states still do not have such policies or do not know how to accommodate them. In B.C.'s case, her father acquired a protection order on her behalf; legislatures should allow teenage victims to file for such an order, as some teens might not be able to depend on an adult for help.

In *B.C. v. Scotty L. Rhodes on behalf of T.L.R.* (2003) the victim was unfortunately raped, but there exist countless examples where victims (and sometimes abusers) did not escape with their lives. To help these young victims, all states should implement laws allowing teenagers to file for protective orders, and schools should have policies and protocols to protect victims of dating abuse. Ideally, education would include teaching parents about the warning signs for dating violence among their sons and daughters. And of course, more research must be focused on both the prevalence of teenage dating violence and the affects of such abuse.

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Section Elections

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

Member-at-Large Treasurer

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

Member-at-Large:

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

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

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

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

Treasurer:

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

Nominations must be received by May 30, 2009, so that candidates will have sufficient time to submit a brief statement that will be printed with the ballot.

**Look for these Sessions at the Upcoming APA Annual Convention
in Toronto, Ontario Canada, August 6-9, 2009**

Division 37 Program Summary

Thursday, August 6:

- 2 – 2:50 p.m. Symposium: *Behavioral Health Policy, Practice, and Politics: Practitioners in the Trenches*
- 3 – 4:50 p.m. Symposium: *What's Cooking In Eating Disorders and Childhood Obesity?: Community Evidence*
- 5 – 7:00 p.m. Internships on Parade

Friday, August 7:

- 8 – 9:50 a.m. Symposium: *Healthcare Career Opportunities: Treating rural and other underserved populations*
- 11 – 11:50 a.m. Poster Session: Child and Family Research, Policy, and Practice – I
- 3 – 3:50 p.m. Business Meeting and Division 37 Presidential Address: *Psychologists in Primary Care: Past and Future*
- 4 – 4:50 p.m. Section on Child Maltreatment Presidential Symposium: *Physical Punishment of Children: Evidence and Controversies*
- 5 – 5:50 p.m. Invited Address: Nicholas Hobbs Award and Distinguished Contribution to Child Advocacy Award
- 6 – 6:50 p.m. Social Hour: *Networking to Advance Children's Mental Health*
- 7 – 7:50 p.m. *Meet a Mentor: Connecting with Mentors in Practice and Policy*

Saturday, August 8:

- 9 – 9:50 a.m. Invited Address: *Preventing Violence: A View Through the Public Health Looking Glass*
- 10 – 10:50 a.m. Invited Address: *Generating Culturally and Contextually Relevant Evidence-Based Practices in Schools and Communities: Application of Mixed Methods Research Designs*
- 11 – 12:50 p.m. Symposium: *Behavioral Health Contributions to Child Maltreatment Prevention in Primary Care*
- 4 – 4:50 p.m. Poster Session: Child and Family Research, Policy, and Practice - II

Sunday, August 9:

- 9 – 10:50 a.m. Symposium: *New Institute of Medicine Report on Prevention: Conclusions and Recommendations*
- 12 – 12:50 a.m. Symposium: *HEALTHY CHILDREN: A Summit Report on Children's Mental Health*

You are invited to attend:
**The Section on Child Maltreatment
and Division 37**

Social Hour

Friday, August 7, 6 to 7 pm.

See program for location details.

Co-sponsored by:
Committee on Children, Youth, and Families
Division 43 Family Psychology

For more information, contact:

Amy Damashek
Section of Child Maltreatment Program Chair
Amy-Damashek@ouhsc.edu

Students! You are invited to attend:
**The Section on Child Maltreatment
and Division 37**

Meet a Mentor: Connecting with Mentors in Practice & Policy

Friday, August 7, 7 to 8 pm.

See program for location details.

For more information, contact:

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Section Members' Recently Published Articles

Russell, B. S., Trudeau, J., & Britner, P. A. (2008). Intervention type matters in primary prevention of abusive head injury: Event history analysis results. *Child Abuse & Neglect: The International Journal*, 32(10), 949-957.

Section Members! If you have recently published an article that you would like to share with other Section members, email the citation to: Amie Lemos-Miller at amielemos@hotmail.com. The citation will be included in a future edition of the Section's newsletter.

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