

Section on Child Maltreatment Newsletter

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President's Column

New Section President Looks Forward

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Happy New Year to all of the members of the Section on Child Maltreatment! The change from an old calendar to a new one brings with it feelings of hope, as we make New Year's resolutions with a sense of confidence that we can be different and better people. The New Year can also bring with it a sense of uncertainty about what is to come, especially during times like these when we find ourselves in the midst of war and worldwide economic crisis. Our work in the field of child maltreatment can also sometimes bring feelings of uncertainty and the problems that children and families experience can certainly seem overwhelming at times. I am confident, however, as I enter my new role as President of the Section on Child Maltreatment that we have the powerful assets that we need to make a difference. I am both honored and excited to begin my term as the President of the Section.

One of our greatest assets is the many outstanding individuals within the Section who dedicate countless hours of their time and energy to addressing the wide array of clinical, research, training, and prevention issues posed by the problem of child maltreatment. I would like to thank Tony Mannarino, who just completed his term as President of the Section, for his wisdom and leadership these past several years. I would also like to express my appreciation to our other outgoing officer, Sandra Graham-Bermann, Member-at-Large. Sandy's greatest contribution to the Section has been serving as the chair of the Task Force on Corporal Punishment. In this role, Sandy has coordinated the efforts of a number of experts in the field and produced a balanced and comprehensive report on corporal punishment in light of existing scientific evidence and cultural considerations. Special recognition is also due to Victoria Talwar who has faithfully served as the Section's Newsletter editor for the past three years. Victoria has also made a significant contribution by implementing the Section's listserv. Finally, a very special thanks go to Lisa Ware for her wonderful work as APA Program Chair this past year.

One important initiative that I would like to explore as President of the Section is collaboration. The level of expertise and diversity reflected in our membership is remarkable – all domains of the child maltreatment field are represented including practice, research, teaching, advocacy, and a wide range of direct service providers.

We have much to share with one another – as well as with other groups addressing related issues. In addition, I believe that we need to increase our membership and find ways to involve all of our members in the activities of the Section. I would like to encourage each of you to identify at least one way in which you can increase your involvement in the Section over the next year. Please feel free to contact me with questions about how you might be involved or about

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how the Section can better serve you (cindy.perrin@pepperdine.edu).

In closing, I would like to welcome our new incoming officers - President-Elect, Mary Haskett and Member-at-Large, Lisa Jones. In addition, Amie Lemos-Miller has joined the leadership of the Section as the Newsletter Editor. I would also like to welcome any new members and encourage anyone thinking about becoming a member of the Section to join us. Although we can perhaps never eliminate child maltreatment in our

society, the Section is dedicated to supporting and promoting scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment. Although these are times of great change, they are also exciting and promising times and I hope that you will join the Section in its efforts to make change that results in safer families and communities.

Best Practices

Childhood Unintentional Injury and Child Neglect: Separate Fields, Similar Phenomena

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Both childhood unintentional injury and child neglect are serious threats to the well-being of young children. Unintentional injuries are the leading killer of children in the United States (National Center for Injury Prevention and Control), and deaths from neglect are responsible for the largest percentage of deaths due to maltreatment (USDHHS, 2008). Traditionally, the fields of unintentional injury and neglect have been studied separately. However, children and families stand to benefit from collaboration among professionals in the two fields. As Peterson and Brown (1994) note, the two fields overlap quite substantially. Unintentional injuries often are the result of unsafe environments, inadequate supervision, or a combination of both. Similarly, injuries due to neglect may result from circumstances that would be categorized as physical (unsafe living conditions) or supervisory neglect.

The risk factors for unintentional injuries and neglect overlap considerably and include child, caregiver, and family variables. Young children (under the age of 4) are at highest risk for serious harm from both unintentional

injuries and child neglect (Martin, Kochanek, Strobino, Guyer, & MacDorman, 2005; USDHHS, 2006). Low family socioeconomic status (Hippisely-Cox et al., 2002; Sedlak & Broadhurst, 1996) and caregiver risk factors, such as psychological distress (e.g., depression), substance use, and lack of social support are also risk factors for both unintentional injuries (Harris & Kotch, 1994; Overpeck, Jones, Trumble, Scheidt, & Bijur, 1997) and neglect (Chaffin, Kelleher, & Hollenberg, 1996; Pianta, Egeland, & Erickson, 1989). Child behavior is also a significant contributor to unintentional injuries (Schwebel, Speltz, Jones, & Bardina, 2002), and some injury events are difficult to prevent even for the most vigilant caregivers; however, a substantial proportion of unintentional injuries are preventable through environmental and caregiver behavior changes.

When one considers the common etiologies behind both unintentional injuries and those due to neglect, it appears as if they may indeed be similar phenomena. The determination of whether an incident is labeled neglect is often quite subjective, as definitions of neglect vary widely among

individuals. Whether or not a given injury is determined to be due to neglect may be relatively unimportant from the standpoint of prevention. If the risk factors are the same, then perhaps the prevention approaches should be integrated. However, prevention efforts for unintentional injury and neglect have used different methods and addressed different targets.

Unintentional injury prevention efforts have typically been delivered from a public health perspective and have often targeted environments rather than caregiver behaviors (Damashek & Peterson, 2002). Examples of such efforts include laws regarding child proof medication lids (Walton, 1982) or parent-focused programs targeting the use of environmental safety materials, such as cabinet latches or fire alarms. There has been little focus on parent skills training or on addressing parental factors related to injury, such as depression or substance abuse. Such programs are fairly narrow in their scope and may need to address caregiver behaviors (e.g., supervision) and barriers to behavior change (e.g., depression, substance use) to make a significant impact on unintentional injury rates. In contrast, child neglect prevention programs tend to focus more on ecological factors related to neglect, including social support and services related to psychological distress. Such programs also often have a strong skill-building component for caregivers. However, perhaps neglect programs could be improved by including education about home safety hazards as well as provision of safety materials.

Some neglect programs, such as Project SafeCare (Lutzker & Bigelow, 2002), already include components designed to address environmental safety hazards; however, assessments of the program have yet to investigate rates of injuries that do not get labeled as neglect. Moreover, few, if any unintentional injury or neglect prevention programs focus specifically on the issue of caregiver supervision, which is related to unintentional injuries and supervisory neglect. A collaboration of unintentional injury and child neglect researchers may be particularly beneficial with regard to preventing injuries due to poor supervision. Overall, greater collaboration between unintentional injury and neglect researchers may advance both fields and ultimately improve the health and well-being of young children and families.

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Public Policy

111th Congress Turns To Schip and Economic Stimulus Bills

Thomas L. Birch, J.D.

National Child Abuse Coalition

The new Congress was sworn in on January 6 and members of the House and Senate got to work on the economic stimulus package proposed by President-elect Barack Obama. On January 15, the House Democratic leadership released the details of an \$825 billion economic stimulus package with \$275 billion in tax breaks and \$550 billion in spending, including several billions of dollars added to programs addressing the welfare and well-being of children.

Among the programs in the first draft of the stimulus proposal identified for significant injections of funds are the Child Care Development Block Grants, to provide care for 300,000 additional children from low-income families; Head Start, to extend services to 110,000 more eligible children; Individuals with Disabilities Education Act (IDEA), to provide expanded services to children age 2 and younger; and Temporary Assistance to Needy Families (TANF), “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.”

The announcement made by Speaker Nancy Pelosi (D-CA) and Rep. David Obey (D-WI), chair of the House Appropriations Committee, marked just the first step in the legislative process of moving forward on the stimulus measure with the goal of passing the legislation and sending it to President-elect Barack Obama by Feb. 13, when Congress is scheduled to begin its Presidents Day recess.

Overall, the stimulus proposal released by the House leadership would provide \$141.6 billion for education programs; \$124.1 billion for health care programs; \$102 billion in assistance to workers for job training and unemployment benefits; \$90 billion for transportation infrastructure; \$87 billion to help states with Medicaid costs; \$54 billion in energy spending; \$16 billion for science and technology-related programs; and \$4 billion for state and local law enforcement funding.

The specifics of the proposal announced by the Democratic leaders include an unusual statement of accountability attached to the measure, referred to as “a historic level of transparency.” Among the safeguards, the measure states:

“Public notification of funding must include a description of the investment funded, the purpose, the total cost and why the activity should be funded with recovery dollars. Governors, mayors or others making funding decisions must personally certify that the investment has been fully vetted and is an appropriate use of taxpayer dollars. This will also be placed on the recovery website....There are no earmarks in this package.”

SCHIP

In its first full week of legislative work, the House of Representatives on January 14 voted 289-139, largely along party lines, to reauthorize and expand the State Children’s Health Insurance Program (SCHIP), which provides health insurance to lower income children whose families earn too much to qualify for Medicaid, but still struggle to afford health insurance.

The bill would expand coverage for an additional 4 million children through fiscal year 2013 at a cost of \$32.3 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 61 cents in the federal cigarette tax.

Smooth passage in the Senate is not as certain, with objections raised to the inclusion in the House bill removing a five-year waiting period for children who become legal residents to receive coverage under the federal insurance program. Opponents also claim that the expansion of SCHIP would shift children who are currently covered by private medical insurance onto the federal health insurance program, straying from the intent of the program to pay for health insurance for lower income families.

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

OMNIBUS APPROPRIATIONS

Congress must also vote on an omnibus appropriations bill

combining all 12 funding measures left as unfinished business at the end of the 2008 legislative session. Not a single appropriations bill passed Congress in 2008. The Labor-HHS-Education Appropriations Bill, which contains funding for child protective services, child abuse prevention and other child welfare services, never passed consideration by the committees in either chamber. Prior to adjourning in October for elections campaigning, Congress approved a continuing resolution which carries funding for all federal agencies until March 6, 2009.

The Democratic leadership on Capitol Hill was intent on avoiding a replay of last year's confrontation with the President over the budget's bottom-line spending. President Bush had made known his intention early in 2008 to veto any spending bill with total dollars above the amounts proposed in his FY09 budget plan sent to Congress in February.

While almost all programs remain funded at the 2008 levels, some adjustments were made in special circumstances, including an additional \$600 million included in the money bill for disaster relief above the 2008 funding level of \$1.7 billion for the Title XX Social Services Block Grant. Congress voted the extra Title XX funds to pay for health services (including mental health services), and for repair, renovation, and construction of health care facilities, child care centers, and other social services facilities in those states directly affected by the 2008 hurricanes, floods, and other natural disasters, as well as continuing relief from Hurricanes Katrina and Rita. (The Bush administration had proposed cutting \$500 million from the \$1.7 billion funding for Title XX.) It remains uncertain whether the final funding

will keep federal spending at the same levels for the remainder of the 2009 fiscal year, or make some mid-year adjustments.

ELECTION RESULTS: WHAT DO THEY MEAN FOR CHILDREN?

Not since the 1994 elections, when Republicans won the majority of seats in the House of Representatives for the first time in 40 years, have the Democrats controlled both the House and Senate and the Presidency. The election of Barack Obama as President and the gain of additional seats in both chambers of Congress not only return Democrats to total control of the federal government but hand the Democrats stronger positions from which to pursue their legislative agenda.

While the new majority enjoyed by the President-elect's party gives Democrats an advantage in advancing their agenda, the sizable loss of moderate Republicans to retirement and defeat on election day could make bipartisan agreement more difficult. Among the dozen or so Republican incumbents who lost their seats to Democratic challengers, about half could be considered moderate in their positions.

Given the Obama campaign's extensive attention to early childhood education and early intervention services, advocacy for children may find powerful support, shared by many in the Democratic leadership including Speaker Nancy Pelosi (D-CA) and Rep. George Miller (D-CA), who might be expected to push the early intervention agenda as he continues in his position as chair of the House Education and Labor Committee.

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 **April 15** to:
Anthony P. Mannarino, PhD
Professor and Vice President
Drexel University College of Medicine
Four Allegheny Center
Pittsburg, PA 15212
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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 **April 15** to:
 Anthony P. Mannarino, PhD
 Professor and Vice President
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 Four Allegheny Center
 Pittsburg, PA 15212
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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.

Case Notes

Nebraska's "Safe Haven" Becomes Troubled Parents' Vacation Destination

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Last summer, Nebraska became the final state to enact what is commonly referred to as a "Safe Haven" or "Baby Moses" law. These laws generally seek to prevent infanticide and unsafe abandonment by providing parents in crisis safe alternatives to surrender their infants to designated locations such as hospitals or police stations where trained professionals can safely provide for the infants until they are taken into state custody. Safe haven laws vary somewhat by state, but typically apply to infants less than one month old, allow parents to surrender their infants anonymously, and exempt parents from the possibility of future prosecution for abandonment (USDHHS, 2007).

Unlike its predecessors in 49 states, Nebraska's law did not provide an upper limit for the age at which an infant could be abandoned at a designated safe haven. This omission led to unanticipated and somewhat overwhelming conse-

quences, with children as old as 17 years of age being dropped off at local hospitals and parents traveling from states as far away as Georgia and Florida to safely abandon their troubled teenagers in Nebraska.

LEGISLATIVE HISTORY

Legislative Bill 157, also known as Nebraska's "Safe Haven Act," was passed during the state's 2008 legislative session and became effective law last July (Nebraska DHHS, 2008). The full text of LB 157 read:

"No person shall be prosecuted for any crime based solely on leaving a child in the custody of an employee on duty at a hospital licensed by the State of Nebraska. The hospital shall promptly

contact the appropriate authorities to take custody of the child.”

As of November 22, 2008, 27 Safe Haven cases involving 36 children had been initiated in Nebraska. Alarming, 15 (42%) were ages 11 to 15 years, leaving only 6 (17%) children who were 9 years old or younger. All but 2 (94%) children had prior allegations of abuse and/or neglect. In response, a special session of the Nebraska unicameral legislature met in late November and passed Legislative Bill 1, which Governor Heineman signed into law immediately. LB 1 limited the age of a child who can be dropped off to 30 days or younger.

“...nearly all of the Nebraska safe haven children previously had alleged abuse and/or neglect...”

IMPLICATIONS FOR RESEARCH, PRACTICE, AND THE LAW

The recent events surrounding Nebraska’s formerly unique safe haven law raise several issues of interest for child maltreatment professionals. First, while it is true that the age limit amendment will eliminate teenagers being dropped off without legal prosecution for abandonment, it most certainly will not eliminate the very real state- and family-related problems underlying this disturbing occurrence. As researchers and practitioners, we must continue to examine our child welfare system to learn how intervention programs can be better tailored to meet the challenges that confront today’s troubled families. At the same time, however, we must continue to systematically investigate methods to empower parents to realize their active role and responsibility in their children’s lives. Based on the fact that nearly all of the Nebraska safe haven children previously had alleged abuse and/or neglect, one would expect that the families were receiving state services of some kind, yet still these parents were left with the belief that abandoning their children was the best option. And in some cases, perhaps it was. To me, this reflects a failure shared by state agencies and parents alike. As child maltreatment professionals, we must help government develop, implement, and hone interventions that affect positive change before parents reach this drastic last resort.

Second, the national emergence of safe haven laws in the last decade provides an additional data point for researchers examining the effects of abandonment on children and parents. Are older children more traumatized by abandonment than younger children or do their more developmen-

tally mature coping strategies allow them to deal with the resulting trauma more effectively? Longitudinal data on the psychological impact of abandonment on parents who surrender their children to a safe haven versus other forms of abandonment or the termination of parental rights will be instructive as well. On the one hand, perhaps a voluntary surrender will increase a parent’s feelings of autonomy and the ability to make decisions regarding their children’s well-being without perceived state interference. On the other, however, increased autonomy should go hand-in-hand with increased feelings of responsibility for one’s decisions. From this perspective, feelings of guilt or remorse may be more likely in a safe haven case than when a parent has the opportunity to scapegoat and blame the state for removing the child from home or terminating parental rights.

Finally, from a legal perspective, the ambiguity of Nebraska’s law may present challenges in the future as well. For example, LB 157 states that “no person” shall be prosecuted for abandoning a child at a safe haven, but does not restrict this person to a parent of the child—only any person who purports to have physical custody of a child. On its face at least, it would seem that a custodial relative such as a grandparent could relinquish a child in Nebraska thereby initiating a process that could ultimately result in the termination of parental rights. Also, Nebraska’s law does not provide immunity from civil or criminal liability for good faith acts or omissions performed by safe haven personnel. The legal duties that exist in these situations and the consequences that arise when they are not met have yet to be defined by the courts.

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