



The California
Professional Society
on the Abuse of Children
Strengthening Practice Through Knowledge

THE CONSULTANT

Winter 2021

CAPSAC Announces Award Recipients!



**March 22, 2021, Noon to 2:00 pm PT
for the
Karen J. Saywitz Legacy Award Lecture
and
CAPSAC Awards Ceremony
via live webinar**

Join us March 22nd as Gail Goodman, Ph.D. delivers the Karen J. Saywitz Legacy Award Lecture. CE credits available.
To learn more, please see page 7 of this issue of The Consultant.

Corporal Punishment Position Paper of the California Professional Society on the Abuse of Children (CAPSAC)

The California Professional Society on the Abuse of Children (CAPSAC) presents
the following positions:

1. CAPSAC recommends corporal punishment and physical discipline techniques are eliminated in California.
2. CAPSAC recommends that community partners educate families about alternative techniques for discipline.
3. CAPSAC recommends that community partners engage in methods to end corporal punishment and physical discipline.
4. CAPSAC will endorse the program No Hit Zone and recruit community partners to participate in the No Hit Zone program.

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Introduction

The California Professional Society on the Abuse of Children (CAPSAC) was established in 1987 as a state chapter of the American Professional Society on the Abuse of Children (APSAC).

The mission of APSAC is: “To improve society’s response to the abuse and neglect of its children by promoting effective interdisciplinary approaches to identification, intervention, treatment, and prevention of child maltreatment.”

The goals of CAPSAC are to:

1. Promote collaboration among all disciplines working in the area of child protection.
2. Promote education on maltreatment to professionals and community members who have contact with children.
3. Promote research on child abuse and neglect in the areas of prevention, identification, intervention and treatment.
4. Promote appropriate and effective services for children and families who have experienced child maltreatment.

Historical Context

Although research shows that corporal punishment is practiced by the majority of parents across various races and ethnicities (Gershoff & Grogan-Kaylor, 2016), it is often associated as a key feature of Black parenting. Research has found that Black parents are more than twice as likely as Latino or white parents to use corporal punishment on a regular basis.

The origins of this practice in America, however, are rooted in slavery and the systemic oppression of Black people. While CAPSAC firmly believes that corporal punishment should be ended in California, simply condemning corporal punishment in the absence of understanding its origins in slavery and colonization, as well as the continued systemic violence against Black people and other people of color, is incomplete and insufficient. Additional resources for furthering the conversation about Black family life and corporal punishment are included at the end of this paper. Some of the resources listed also address the use of corporal punishment in immigrant families, with a special focus on Latinx parenting practices.

Background

1. Corporal punishment has been associated with increased violence in children and emotional disorders (Durrant and Ensom, 2012; Gershoff and Grogan-Kaylor, 2016; Straus et al, 2014;).
1. Research shows that physical discipline is associated with increases in delinquency, antisocial behavior and aggression in children as well as decreased quality of the parent-child relationship (Gershoff, 2008).
2. If an adult hits another adult, it is considered a crime (assault), yet adults can physically punish children by hitting and it is not considered a crime (assault).

continued

Definitions

1. Physical discipline is defined as the use of physical force with the intention of causing a child to experience bodily pain or discomfort, so as to correct or punish the child's behavior.
2. Physical discipline includes spanking, hitting, pinching, squeezing, paddling, whipping/whopping, swatting, smacking, slapping, washing a child's mouth with soap, making a child kneel on painful objects and forcing the child to stand or sit in painful positions for long periods of time.
3. In California, physical abuse is defined as any non-accidental injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child.
4. Corporal punishment is defined as punishment that involves hitting someone.

Statistics

1. As of June 2018, 54 countries worldwide have prohibited all corporal punishment of children (Global Initiative to End All Corporal Punishment of Children, 2018).
2. Although Finklehor, et al. (2019) found a trend towards reduced use of spanking in the United States, 65% of adults approve of physical punishment and 50% of families use physical discipline (Gershoff, 2008).
3. Physical discipline is legal in schools in 19 states in the United States (Gershoff and Font, 2016).

American Academy of Pediatrics (AAP)

The American Academy of Pediatrics strengthened its policy statement in 2018 in regard to parental discipline of children and guidelines for effective discipline (Sege & Siegel, 2018). The AAP discourages corporal punishment or physical discipline due to the negative consequences of corporal punishment and the fact that it is no more effective than other approaches used to manage undesired behavior in children.

Spanking in children under age 18 months increases the chance of physically injuring a child. Repeated spanking may increase agitation and aggressive behavior in children. Spanking and threats of spanking can alter the parent- child relationship.

The AAP recommends that a developmental approach to discipline is used and that pediatricians have an important role in encouraging and assisting parents in developing appropriate methods of discipline.

American Professional Society on the Abuse of Children (APSAC)

APSAC is the leading national organization that supports professionals serving children and families who are affected by child maltreatment. APSAC published a position paper on corporal punishment of children in July 2016 (APSAC, 2016). APSAC has called for the elimination of all forms of corporal punishment and physical discipline in all environments.

APSAC recommends that professionals educate the community about the harms of corporal punishment,

continued

age-specific expectations for child behavior and development and provide suggestions for positive parenting approaches that use non-physical forms of child guidance.

American Psychoanalytic Association (APsaA)

The APsaA published a position statement about physical/corporal punishment in 2013. APsaA recommends that alternative methods of discipline be used rather than corporal punishment. APsaA recommends that discipline should enhance a child's ability to develop healthy emotional lives, tolerate frustration, regulate internal tensions and behave in socially acceptable ways.

The APsaA recommends that education, legislation and research are the three interventions needed for prevention of physical punishment in children. APsaA recommends education for parents, caregivers, educators, clergy, legislators and the general public, legislation to protect children, and research about alternative methods of discipline and managing behaviors.

Centers for Disease Control (CDC)

The CDC has a policy asserting that physical punishment is child abuse and that it should be prohibited (Fortsen et al., 2016). This position comes in part due to the increased violence and emotional disorders that occur in children who have experienced corporal punishment.

Adverse Childhood Experiences; CDC-Kaiser Study

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death.

Adverse Childhood Experiences (ACEs) are categorized into three groups: abuse, neglect, and family/household challenges.

1) Abuse

Emotional abuse

Physical abuse

Sexual abuse:

2) Household Challenges

Mother treated violently

Household substance abuse

Mental illness in household

Parental separation or divorce

Criminal household member

continued

3) Neglect

Emotional neglect:

Physical neglect:

Conclusion

1. Research has shown that corporal punishment and physical discipline are detrimental to the physical, social and emotional health of children. The Adverse Childhood Experience (ACES) studies show that ACES affect children throughout their lives including risky health behaviors, chronic health conditions, low life potential, and early death. Therefore, CAPSAC recommends that corporal punishment and physical discipline be eliminated in California.
2. Although CAPSAC recommends that corporal punishment and physical discipline be eliminated, we also recognize that Black children and families continue to face systemic oppression which creates very high costs for noncompliance/misbehavior of children, especially in public. CAPSAC believes that efforts to end corporal punishment must be accompanied by efforts to fight against systems of oppression that target communities of color, and that professionals working with families of color must recognize that Black parents in America have legitimate fears about the safety of their children. CAPSAC believes that all child maltreatment professionals “should become conversant on how racial trauma, poverty, chronic stress, and internalized racism have left children of color vulnerable to family violence” (Patton, 2017).
3. CAPSAC will engage community partners to support this recommendation. CAPSAC supports implementing the No Hit Zone program in California and will seek community partners who support implementing the No Hit Zone program.

continued

Additional Resources for Addressing Corporal Punishment in Black Families:

1. Patton, S. (2017, April). Corporal punishment in black communities: Not an intrinsic cultural tradition but racial trauma; Insights into the historical roots of African parenting. *Children, Youth and Family News*, American Psychological Association. Available at <https://www.apa.org/pi/families/resources/newsletter/2017/04/racial-trauma>
2. Rodriguez, C.M. (2017, April). Cultural issues in corporal punishment use: Forging new paths. *Children, Youth and Family News*, American Psychological Association. Available at <https://www.apa.org/pi/families/resources/newsletter/2017/04/corporal-punishment>
3. Maria Trent, Danielle G. Dooley, Jacqueline Dougé, SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS and COMMITTEE ON ADOLESCENCE. *Pediatrics* August 2019, 144 (2) e20191765; DOI: <https://doi.org/10.1542/peds.2019-1765>
4. Patton, S. (2019). In A Warning Against Spanking, Some Pediatricians See An Attack On Black Families. *New York Times*, available at <https://parenting.nytimes.com/childrens-health/stacey-patton-spanking>

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Adverse Childhood Experiences Study website: <http://acestudy.org/index.html>

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Sege, R. D. & Siegel, B. S. (2018). Effective Discipline to Raise Healthy Children. *PEDIATRICS* Volume 142, number 6.

Straus, M. A., Douglas, E. M., & Medeiros, R. A. (2014). *The primordial violence: Spanking children, psychological development, violence, and crime*. New York, NY: Routledge.

The American Professional Society on the Abuse of Children (APSAC). (2016). APSAC position statement on corporal punishment of children, 1–7. <https://apsac.memberclicks.net/assets/documents/corporal%20punishment%20position%20statement.pdf>.



**Karen J. Saywitz Legacy Award
Lecture
and
CAPSAC Awards ceremony**

**Monday, March 22, 2021
12:00 – 2:00 PM**

More details will be announced soon through email. You can also get updated information at capsac.org or follow us on Facebook

CAPSAC is delighted to announce one of Dr. Saywitz's earliest and longest collaborators, Gail Goodman, Ph.D., at UC Davis, is the recipient of CAPSAC's Karen J. Saywitz Legacy Award and will discuss her latest research in the first of what we hope will be a series of lectures over future years honoring Dr. Saywitz's work and legacy.

Congratulations to graduate student Lindsey Palmer of the University of Southern California, recipient of CAPSAC's Paul Crissey Award for Outstanding Graduate Student Research! Ms. Palmer will be presented with the award, which includes a grant of \$750 and a one-year paid APSAC membership, by the CAPSAC Board of Directors at the Awards ceremony portion of the March 22nd live webinar. She will present a summary of her research, "*A Population-Based Examination of Adolescent Suicide and Child Protective Service Involvement*", at the event, which marks the 22nd year CAPSAC has given this award. The study summary will be published in the Spring 2021 issue of *The Consultant*.

CAPSAC is also pleased to announce that Sean Dugan, M.D. will be presented with the Neal Snyder Outstanding Service Award on March 22nd. In the words of nominator Sara J. Marchessault, FNP/PA, SAFE, "An astounding attribute of Dr. Dugan is his ability to mentor trainees with his ardent pursuit to educate, recruit, and guide. He leads by example, and is profoundly passionate about teaching anyone including new forensic examiners, judges, police officers, social workers or nurses. He demonstrates the ability to network with partners and promote a sense of collaboration among all disciplines working in the world of child protection in Shasta County, as well as 6 other counties. He directly demonstrates the mission and goals of CAPSAC: actively promotes education on child maltreatment of professionals and community members who work with children in several Northern California Counties, including Shasta, Modoc, and Lassen. He tirelessly promotes research on child abuse and neglect in the areas of prevention, identification, intervention, and treatment."

Children's Advocacy Centers: What they are and how they improve child abuse investigations and help children heal.

by Kathy Cady, J.D.

History of Children's Advocacy Centers

In 1985, Madison County, Alabama prosecutor Robert E. "Bud" Cramer recognized the need for a better system to help abused children. Investigative agencies were not working together in an effective manner. The disjointed approach added to a child's emotional distress, and created a segmented, repetitious, and often frightening experience for the child victims.¹ With the help of many others, Cramer created the Children's Advocacy Center (CAC) model of a Multidisciplinary Team (MDT) approach, linking law enforcement, prosecution, child protective services, and medical and mental health workers into one coordinated team. This approach coordinates child abuse investigations by the sharing of information and reducing the number of times that a child is interviewed as well as provides much needed resources to the child and family to help begin the healing process. A CAC's mission is to protect the child, provide justice, and promote healing.

There are now over 1000 Children's Advocacy Centers (CAC) operating in the United States and in more than 34 countries throughout the world.

Although CACs have existed for 35 years, they were not defined in California until the passage of Assembly Bill 2741 which became effective January 1, 2021. In passing the bill, the Legislature found and declared the following:

- (a) Perpetration of child abuse and neglect is detrimental to children.
- (b) All victims of child abuse or neglect deserve to be treated with dignity, respect, courtesy, and sensitivity as a matter of high public importance.
- (c) In any investigation of suspected child abuse or neglect, all persons participating in the investigation of the case should consider the needs of the child victim and do whatever is necessary to prevent psychological harm to the child and ensure that children disclosing abuse are not further victimized by the intervention systems designed to protect them.
- (d) A multidisciplinary approach to investigating child abuse and neglect is associated with less anxiety, fewer interviews, and increased support for the child, as well as interagency collaboration, coordination, intervention, and sharing of information.
- (e) A multidisciplinary response to allegations of child abuse and neglect has been found most effective and least traumatic when coordinated through a children's advocacy center.
- (f) The use of multidisciplinary teams and the establishment of children's advocacy centers throughout the State of California are necessary to coordinate investigation and prosecution of child abuse and neglect and to facilitate treatment referrals."²

MDT and interagency collaboration coordinates intervention and shares information. This optimizes results and reduces potential trauma to children and their families. Multidisciplinary responses, particularly when provided in a neutral, child-focused setting, are associated with less anxiety, fewer

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interviews, increased support, and more appropriate and timely referrals for needed services.

National Children's Alliance (NCA) is the national association and accrediting body for CACs.³ CACs which are accredited by NCA must meet minimum standards encompassing the following areas:^[4]

1. Multidisciplinary Team
2. Cultural Competency and Diversity
3. Forensic Interviews
4. Victim Support and Advocacy
5. Medical Evaluation
6. Mental Health
7. Case Review
8. Case Tracking
9. Organizational Capacity
10. Child-Focused Setting

Children's Advocacy Centers now join several other child abuse multidisciplinary teams that have defining legislation in California.⁵ California's defining legislation, effective January 1, 2021, added Penal Code 11166.4 and mirrored many of NCA's accredited standards. This statute also provides that CAC records are confidential, allows for information sharing by the MDT and provides immunity for civil liability. Below is the language of the newly enacted statute:

- (a) Each county may use a children's advocacy center to implement a coordinated multidisciplinary response pursuant to Section 18961.7 of the Welfare and Institutions Code, to investigate reports involving child physical or sexual abuse, exploitation, or maltreatment.
- (b) A county that utilizes a child advocacy center to coordinate its multidisciplinary response pursuant to subdivision (a) shall require the children's advocacy center to meet the following standards:
 - (1) The multidisciplinary team associated with the children's advocacy center shall consist of a representative of the children's advocacy center and at least one representative from each of the following disciplines: law enforcement, child protective services, district attorney's offices, medical providers, mental health providers, and victim advocates. Members of the multidisciplinary team may fill more than one role, within the scope of their practice, as needed.
 - (2) The multidisciplinary team associated with the children's advocacy center shall have cultural competency and diversity training to meet the needs of the community it serves.
 - (3) The children's advocacy center shall have a designated legal entity responsible for the governance of its operations. This entity shall oversee ongoing business practices of the children's advocacy center, including setting and implementing administrative policies, hiring and managing personnel, obtaining funding, supervising program and fiscal operations, and conducting long-term planning.

continued

- (4) The children's advocacy center shall provide a dedicated child-focused setting designed to provide a safe, comfortable, and neutral place where forensic interviews and other children's advocacy center services may be appropriately provided for children and families.
 - (5) The children's advocacy center shall use written protocols for case review and case review procedures and shall use a case tracking system to provide information on essential demographics and case information.
 - (6) The children's advocacy center shall verify that members of the multidisciplinary team responsible for medical evaluations have specific training in child abuse or child sexual abuse examinations.
 - (7) The children's advocacy center shall verify that members of the multidisciplinary team responsible for mental health services are trained in and deliver trauma-focused, evidence-supported mental health treatments.
 - (8) The children's advocacy center shall verify that interviews conducted in the course of investigations are conducted in a forensically sound manner and occur in a child-focused setting designed to provide a safe, comfortable, and dedicated place for children and families.
- (c) This section does not preclude a county from utilizing more than one children's advocacy center.
- (d) The files, reports, records, communications, and working papers used or developed in providing services through a children's advocacy center are confidential and are not public records.
- (e) Notwithstanding any other law providing for the confidentiality of information or records relating to the investigation of suspected child abuse or neglect, the members of a multidisciplinary team associated with a children's advocacy center, including agency representatives, child forensic interviewers, and other providers at the children's advocacy center, are authorized to share with other multidisciplinary team members any information or records concerning the child and family and the person who is the subject of the investigation of suspected child abuse or neglect for the sole purpose of facilitating a forensic interview or case discussion or providing services to the child or family, provided, however, that the shared information or records shall be treated as confidential to the extent required by law by the receiving multidisciplinary team members.
- (f) An employee or designated agent of a child and family advocacy center that meets the requirements of subdivision (b) is immune from any civil liability that arises from the employee's or designated agent's participation in the investigation process and services provided by the child and family advocacy center, unless the employee or designated agent acted with malice or has been charged with or is suspected of abusing or neglecting the child who is the subject of the investigation or services provided. This subdivision does not supersede or limit any other immunity provided by law.

continued

Children's Advocacy Centers of California

The Children's Advocacy Centers of California⁶ (CACC) is an accredited State Chapter of the National Children's Alliance. CACC provides training, support, technical assistance and leadership on a statewide level to CACs and MDTs throughout California. California is the most populated state in the United States with 39.5 million people in 58 counties. CACC is a membership organization and assists all CACs and MDTs that respond to reports of child abuse and neglect to ensure our communities are well-equipped to help end the cycle of abuse and promote community awareness and advocacy. CACC is committed to aiding not only those counties with functioning centers and teams, but to aiding the development of a multi-disciplinary response in those counties where there is none.

CACC was founded in 1995 as an informal statewide organization and became a 501(c)3 non-profit organization in 2009.⁷ In February of 2010, CACC became the sixth state in the country to achieve accreditation as a state chapter by the NCA. In 2015, CACC became a program of CALICO, the accredited CAC in Alameda County.⁸ The CACC Advisory Committee meets monthly to discuss issues relevant to CACs and child abuse investigations. CACC's excellent perseverance, dedication and leadership have promoted the growth of CACs throughout California empowering children to find their voice. Some of the important work that CACC has accomplished include:

- Providing training and technical assistance CACs and MDTs throughout the state.
- In 2019, CACC assisted at least 47 Centers in California that provided services to over 24,000 children and families, including over 12,000 child forensic interviews.
- Holding an annual statewide Summit to train on issues involving multidisciplinary team child abuse investigation, LGBTQ+ issues; and child forensic interviewing.
- Facilitating networking between CACs throughout the state to discuss best practices and relevant issues.
- Assisting emerging CACs that are seeking accreditation through the National Children's Alliance.
- Outreaching to rural communities to encourage multi-disciplinary team building.
- Providing assistance and education to legislators and related statewide organizations specific to legislative efforts for the funding of CACs in California and child abuse investigation issues.
- Assisting California Assemblywoman Blanca Rubio in drafting AB 2741, California's defining legislation.
- Testifying on legislation that relates to child abuse investigation issues.
- Responding to the COVID-19 pandemic by holding weekly meetings with CACs throughout the state.
- Assisted the California Office of Emergency Services in creating noncompetitive grants to provide stable funding to CACs in California.
- Received a Voice for Justice Award from the National Crime Victim Law Institute in 2020 for their important work helping children find their voice, thereby protecting a child's right to be heard.⁹

Ways Forensic Interviews can be admitted in Criminal Trials

Forensic interviews provide powerful evidence in criminal cases. Forensic interviews are the best evidence of a child's demeanor as well as the words that the child used to describe their abuse. There are many hearsay exceptions which will allow the admission of a forensic interview at a criminal trial.

Evidence Code §1360 allows admission in any case when a child under the age of 12 has made a statement describing any act of child abuse or neglect, the statement is admissible once the child testifies. All forms of sexual and physical abuse are covered under the definitions referenced in PC §§273a, 273d, 288.5, 11165.1 or 11165.2.

Evidence Code §§1235 and 770 allows admission when the child makes an inconsistent statement which can be used when the child recants.

Evidence Code §§1236 and 791 allows admission when the victim makes a consistent statement, and the defense attacks the victim's credibility.

Evidence Code §1237 allows admission when the child does not remember what happened. "Writing" is defined very broadly in Evidence Code §250.

The forensic interview may also be admitted for a nonhearsay purpose such as showing the child's age, demeanor and development at time of interview; showing some action that the child makes during the interview; or to counter an argument that the interview was leading.

Prosecutors may want to have the law enforcement officer testify for the child at a preliminary hearing when a child has previously participated in a recorded forensic interview that has been recorded. Some reasons for this may include minimizing trauma to the child and minimizing the possibility of inconsistent statements.

Conclusion

Using a multidisciplinary team approach is the most effective way agencies that prosecute crimes against children can work together to keep children safe. Coordination and collaboration of child abuse investigations is best practice. When agencies share information on children and families, a fuller picture of the child emerges. This holistic approach allows each agency to follow their own mandate to protect the child, investigate the allegations, hold offenders accountable, and provide important services to the victim and non-offending family members to help them heal.

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1. <https://www.nationalcac.org/history/> (accessed January 15, 2021)
2. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2741 (accessed January 15, 2021)
3. <http://www.nationalchildrensalliance.org> (accessed January 15, 2021)
4. National Children's Alliance, *Standards for Accredited Members* (2017) <https://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA-Standards-for-Accredited-Members-2017.pdf> (accessed January 15, 2021)
5. Family Justice Centers are defined in California Penal Code §13750(c); Sexual Assault Response Teams (SART) are defined in California Penal Code §13898-13898.2; Suspected Child Abuse and Neglect (SCAN) Teams are defined in California Penal Code §11167.5(b)(7); and Child Death Review Teams are defined in California Penal Code §11174.32.
6. <https://www.cacc-online.org/> (accessed January 15, 2021)
7. CACC was initially called the California Network of Children's Advocacy Centers.
8. <https://www.calicocenter.org/> (accessed January 15, 2021)
9. All crime victims have a right to be heard in the criminal justice system. This is one of Marsy's Law rights secured in the California Constitution Article I, Section 28. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=CONS§ionNum=SEC.%2028.&article=I (accessed January 15, 2021)

About the Author

Kathy Cady retired after 31 years as a prosecutor with the Los Angeles County District Attorney's Office. She tried over 90 felony jury trials and specialized in family violence, child abuse, and sexual assault cases. She has lectured extensively on child physical and sexual abuse, the criminal justice system, victims' rights and services, restitution and victims with disabilities. She has authored articles on domestic violence, child abuse and victims' rights. She currently serves as the President on the Board of Directors of the Children's Advocacy Center for Child Abuse Assessment and Treatment, a nationally accredited Children's Advocacy Center that services child victims in the east end of Los Angeles County, the Advisory Committee of the Children's Advocacy Centers of California, the state accredited chapter of the National Children's Alliance, the National Crime Victim Law Institute and is an honorary advisory Board Member of Justice for Homicide Victims. She previously served on California Children's Justice Act Task Force and on the Board of Directors of Project Sister Family Services, a rape crisis center. Ms. Cady has drafted legislation and testified in Sacramento regarding bills relating to victims' rights and child abuse.

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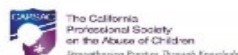
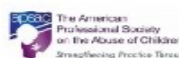


CALIFORNIA ACES ACADEMY, a grantee of ACEs Aware, is a collaboration of the **American Professional Society on the Abuse of Children (APSAC)**, the **Academy on Violence and Abuse (AVA)**, the **California Professional Society on the Abuse of Children (CAPSAC)**, and the **Center for Innovation and Resources, Inc. (CIR)** working to support **California's ACEs Aware initiative**. The CALIFORNIA ACES ACADEMY webinar series aspires to educate Medi-Cal providers and others about the ACEs Aware initiative in California.

- 1 The Repressed Role of Adverse Childhood Experiences in Adult Well-Being, Disease and Social Functioning: Turning Gold Into Lead presented by Vincent J. Felitti, MD
- 2 Parental ACEs and Pediatrics: Transforming Well Care presented by R.J. Gillespie, MD, MHPE, FAAP
- 3 Addiction Born Out of ACEs and the Return of Hope presented by Susie Wiet, MD
- 4 A Practical Approach to Deciding the Next Right Step for Trauma-Exposed Youth: The Pediatric Traumatic Stress Care Process Model presented by Brooks Keeshin, MD
- 5 Trauma-Informed Care in the COVID-19 Era: ACEs, Telehealth and Beyond presented by Megan Gerber, MD

To register for any of the above courses, please visit

<https://www.avahealth.org/>



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