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CAPSAC CRISSEY AND SNYDER AWARD APPLICATIONS AND NOMINATIONS ARE OFFICIALLY OPEN FOR 2023!

Each year, CAPSAC gives two awards to recognize those in the field who are making a difference. The Paul Crissey Graduate Student Research Award is given to a graduate student or early-career professional for notable research on child maltreatment or related topics. The Neal Snyder Outstanding Service Award recognizes professionals in the field who demonstrate extraordinary dedication and efforts on behalf of children. Award details can be found on pages 11 and 12.

This year's deadline for consideration is March 3, 2023, and the awards will be given at an online ceremony in the spring. Go to capsac.org/capsac-awards to learn more about the awards and the outstanding leaders after which they were named, and to submit your applications!

Two-Part Learning Opportunity: ACEs Health Champions Gathering

Pt. 1: View On-Demand

Pt. 2: Friday, Dec. 16, 2022, 12:00 PM - 1:00 PM (PT) via Zoom

Part 1: Is psychological maltreatment a primary driver of harm and violence?

- Presented by Stuart N. Hart, PhD & Amy M. Smith Slep, PhD



Part 2: When is poor parenting psychological maltreatment?

- Presented by Marla R. Brassard, PhD



REGISTER NOW >

View on-demand and sign-up at: avahealth.org

Hosted by



Los Angeles County District Attorney's Office Best Practices Guide for Multidisciplinary Teams

BY BRAD MCCARTT, DDA, LA COUNTY DA'S OFFICE



When a report of child physical or sexual abuse is made to law enforcement or child protective services, the child may be taken to a children's advocacy center (CAC) as part of the investigation. This allows the child to tell their story one time to a forensic interviewer who is trained to ask the child questions in a non-leading and non-traumatizing manner. It further allows a team that may include law enforcement, prosecution, child protective services, victim advocacy, medical and mental health and other professionals to participate and make decisions together about how to proceed based on the interview. CACs may offer services such as therapy and medical exams, court school and victim advocacy. This is called the multidisciplinary team (MDT) response and is an important part of the CAC model. **The Los Angeles County District Attorneys Office Victim Impact Program Multidisciplinary Team Committee recently created a best practices handout which we are excited to share with our members on the next two pages.**



DOWNLOAD



CHILD ABUSE FORENSIC INTERVIEWS AND SEXUAL ASSAULT EXAMS

BEST PRACTICES GUIDE

DDAs | DCFS | FORENSIC INTERVIEWERS | LAW ENFORCEMENT | SART NURSES



TEAMWORK SUPPORTS VICTIMS

LIMIT REVICTIMIZATION

Our goal is to protect child victims and witnesses. Together, we can work as a team to avoid multiple interviews in order to prevent revictimization.

ASSEMBLE THE MDT MEMBERS

As soon as you know that you have a child victim or witness, contact all possible MDT members.

Call the DCFS Hotline (800) 540-4000 to create a SCAR and to determine the assigned social worker.

Contact the DA's office where the crime occurred to have a VIP DDA assigned.

Schedule a forensic interview for all child victims and witnesses.

Ask all team members to attend the forensic interview. This may include the Investigating Officer, DCFS Social Worker, DDA and a Victim Services Representative.

INITIAL INVESTIGATION

Train first responders to limit the scope of initial child interviews to act(s), assailant(s), time and place.

Immediately assign the case to a child abuse or sexual assault detective.

INTERVIEWS AND EVIDENCE COLLECTION

VICTIM-CENTERED APPROACH

Collaborate with the forensic interviewer to ask all necessary questions in one setting.

Consider the age of and language development of the victim/witness when questioning.

OPEN ENDED QUESTIONING

Avoid suggestive or leading questions.

Avoid questions that elicit a legal conclusion.

GATHER ALL EVIDENCE

Clarify the act(s), perpetrator(s), date(s), time(s), and location(s).

Interview all possible corroborating witnesses to verify the timeline of events and jurisdiction.

Document and clarify all physical findings.

Collect physical evidence related to the history reported, including, but not limited to: clothing; DNA swab samples; blood samples to confirm or rule out the presence of any drug or alcohol; and cell phone, digital, electronic, GPS, and social media evidence.

SART EXAMS

Antelope Valley Hospital Forensic Services Unit
44241 15th St. West, Ste. 106, Lancaster 93534
(661) 949 - 5570

Long Beach SART
1760 Termino Ave., #216, Long Beach 90804
(562) 430 - 6220

LAC+USC Medical Center Violence Intervention Program
2010 Zonal Ave-3P-61 B, Los Angeles 90033
(323) 409 - 5086

Pomona Valley Hospital Medical Center
1763 N. Garvey Ave., Pomona 91767
(562) 430 - 6220

Whittier Presbyterian Intercommunity Hospital
12401 E. Washington Blvd., Whittier 90602
(562) 430 - 6220

Providence Little Company of Mary-San Pedro
1300 W. 7th St., San Pedro 90732
(562) 430 - 6220

San Gabriel Valley Medical Center
438 W. Las Tunas Dr., San Gabriel 91776
(877) 209 - 3049 ext. 0

UCLA Santa Monica Rape Treatment Center
1250 16th St., Santa Monica 90404
(424) 259 - 7208

Stuart House
1317 15th St., Santa Monica 90404
(424) 259 - 7100

Dignity Health Northridge Hospital CATS
14651 Oxnard St., Van Nuys 91411
(818) 908 - 8632

Providence Little Company of Mary-Torrance
4201 Torrance Blvd., Torrance 90503
(562) 497 - 0147

LAC Harbor-UCLA Medical Center Hub Clinic
21840 Normandie Ave., Torrance 90066
(562) 430 - 6220

LAC Martin Luther King, Jr. Pediatric Hub
1721 E. 20th St., Los Angeles 90059
(424) 338 - 2900

LAC Olive View - UCLA Medical Center Hub
14445 Olive View Dr, Trailer C1, Sylmar 91342
(747) 210 - 4680

High Desert Regional Health Center Hub
335 E. Ave I, Lancaster 93535
(661) 471 - 4055

Children's Hospital Los Angeles
4650 Sunset Blvd., Los Angeles 90027
(323) 361 - 4977

FORENSIC INTERVIEWS

Inner Circle Children's Advocacy Center
1216 W. Ave J., Ste. 500, Lancaster 93534
(661) 230 - 5059

1000 Corporate Center Dr., Ste. 308, Monterey Park
91754
(323) 284 - 2585

LAC Harbor-UCLA Medical Center HUB Clinic
21840 Normandie Ave., Ste. 500 Torrance 90502
(424) 306 - 7270

LAC Martin Luther King, Jr. Pediatric HUB
1721 E. 120th St., Los Angeles 90059
(424) 338 - 2996

Strength United Family Justice Center (CATS)
14651 Oxnard St., Van Nuys 91411
(818) 886 - 0453

Stuart House Rape Treatment Center
1317 15th St., Santa Monica 90404
(424) 259 - 7100

The Children's Advocacy Center for Child Abuse Assessment 1650 E. Old Badillo St., Bldg. C3, Covina
91724
(626) 331 - 6700

10413 Los Alamitos Blvd, Los Alamitos 90720
(626) 331 - 6700

USC Gould School of Law Child Interviewing Lab
201 Centre Plaza Dr., Monterey Park 91754
(213) 973 - 3909

Select a forensic center convenient to the victim/witness or near the DA's Office where the crime occurred.



FOR USE BY AUTHORIZED MDT MEMBERS ONLY. DO NOT COPY OR REDISTRIBUTE OUTSIDE OF MDT.

D.A. OFFICES

Family Violence (213) 257 - 2185
Sex Crimes (213) 257 - 2050
Stuart House (310) 319 - 4248
Airport (310) 727 - 6500
Antelope Valley (661) 974 - 7700
Compton (310) 603 - 7483
East Los Angeles (323) 780 - 2032
Long Beach (562) 247 - 2000
Norwalk VIP (Bellflower|Downey|Metro)
(562) 807 - 7212
Pasadena VIP (Alhambra|Glendale|Burbank)
(626) 356 - 5620
Pomona VIP (El Monte|West Covina)
(909) 716 - 4100
San Fernando VIP (Santa Clarita)
(818) 898 - 2511
Torrance VIP (Inglewood)
(310) 222 - 3552
Van Nuys (818) 374 - 2400

JUVENILE

Antelope Valley (661) 945 - 6435
Compton (310) 603 - 7462
Eastlake (323) 226 - 8955
Inglewood (310) 419 - 5255
Long Beach (562) 247 - 2000
Pomona (909) 868 - 5322
Sylmar (818) 364 - 2122

Contact the DA's Office where the crime occurred.

If the suspect is under 18, contact the Juvenile Office where the crime occurred.

Contact the Bureau of Victim Services to initiate services immediately.

LADA Bureau of Victim Services
(800) 380 - 3811

Local Contact	Phone

Surviving Munchausen by Proxy, the Healing Process, and What Needs to Happen to Bring Hope for Survivors

BY JORDYN HOPE, BSW STUDENT AND CERTIFIED LIFE COACH

My Story

I am a victim/survivor of Munchausen by Proxy (MBP). Simplified, MBP is when a caregiver (typically a mother) fabricates, exaggerates, or induces illness in a victim (typically a child) to get attention from medical staff and/or the community (Feldman, 2022). To understand how I got to where I am today, it is important to look at where it all began with my mother. All parts of my story are my opinion and my personal truth.



Donna was a seemingly happy child. As with many MBP abusers she began manipulating people early on in life while doing well in the classroom. She struggled with alcoholism from a young age, but was able to function. When she was seventeen she got in a car accident, and according to her story, somebody in the car died. My hypothesis is that this began her lifelong struggle with Munchausen Syndrome, or Factitious Disorder — disorder in which one pretends to be sick, by self-injury or making themselves sick (APA, 2013) — and her later struggle with MBP abuse.

Donna was in and out of hospitals from that point on and to date has had 100+ surgeries, miscarriages, cancer, and many other serious ailments. In 1994 Donna became pregnant with me.

I was born in July of 1995 at around 30 weeks gestation. Being a preemie is a shockingly common occurrence for victims of MBP, although no research has been done at this point to examine the causation for this similarity. Immediately after leaving the hospital, according to Donna, I stopped breathing and turned purple. This led to many more hospital visits for reported seizures, iron deficiency, asthma, fevers, anorexia, neutropenia, and other conditions. It should be noted that although I was being treated for many of these symptoms, the only official diagnoses I ever found in my medical records were mild asthma, GI reflux, and a mild chronic anemia resulting from beta thalassemia trait that did not need any treatments. Once again, many of these supposed illnesses are common in MBP related cases.

At age four, my community paid for me to be in a pageant; they wanted to do something nice for the little sick girl in town. They got me all dressed up, took professional pictures, and I ended up getting runner up. Donna helped the shy girl at the pageant and that little girl ended up winning a trip to Disney World. Donna won Best Mom Award. In this, one should notice how the abuser oftentimes seems loving and is well-liked in the community.

Around this same age Donna began to blackmail and threaten family, friends, my dad, and anyone that she thought was getting too close to me. People with MBP need to isolate the child to get away with the abuse and to ensure the child follows their mother's version of illness.

Interestingly, by the age of one, doctors had already begun to catch on. There are hundreds of reports from one hospital alone that showcase blatant and overt abuse. Page after page describes the lies, odd behaviors, and consequences of what she was doing to me. The doctors gave saline placebos, and at age four, the first MBP report was made. Reports would continue to be made through age nine with no intervention. Although the doctors were aware of the abuse, I remained in the home, and the doctors continued prescribing harmful medication and doing extremely invasive testing and procedures. It is easy to blame the doctors for not stopping the abuse, but upon looking deeper, the doctors did what they could with the knowledge they had; it is the system that is flawed.

The abuse continued through high school. In high school I ended up having an L5 S1 fusion of the vertebrae in my spine, and to this day I have two rods, four screws, and chronic back pain from a completely unnecessary surgery. There were different times that I was aware of making illnesses worse, or acting out what the illness was supposed to look like, but I never realized I wasn't sick. I exaggerated illnesses at times because I thought that was the only way I could be helped; I thought the doctors weren't fixing the pain because they couldn't see it so I tried to show them. I was in pain, I just didn't realize that the pain I was in needed emotional help instead of medical.

When I finally left my mom's home at 16 (due to her alcoholism, not the MBP) I developed a severe eating disorder that lasted for a decade. Although it was unconscious, the eating disorder was how my body continued to re-enact the MBP abuse; the struggles I had were struggles I had in infancy — from the feeding tubes, from withheld food, and from abuse that was suspected and documented. The eating disorder made it so that instead of going hospital to hospital as I had my entire life, I was now going from psychiatric treatment center to treatment center to stay alive.

There were many other mental health disorders I struggled with as a direct result of being a victim of MBP abuse. Some of those disorders include: Obsessive Compulsive Disorder, Dissociative Identity Disorder, Psychotic episodes, Paranoia, Severe Social Anxiety, etc. Throughout the decade of treatment, many places couldn't help because there was no awareness around the MBP abuse, little understanding of complex trauma, and I still believed I was a sick patient. Treatment was often a band-aid fix to manage symptoms, and often ended up doing more harm than good due to a lack of trauma-informed eating disorder programs.

In April of 2018 my life changed. I walked into my Abnormal Psychology class on a sunny and crisp afternoon. I sat in front like usual to take in all the information I could. The topic of the day was Munchausen Syndrome and Munchausen by Proxy. I had never heard these terms before. As my professor spoke, I was suddenly hit with memory after memory. “Several car accidents, could never tell anyone,” “would feel sick and then at the hospital wouldn’t. Mom did the talking,” “family member said mom took me from doctor to doctor until she got the diagnosis she wanted,” “she [mom] was always so worried about me” were just a few things I wrote in a note on my phone that day. From there I spiraled fast. I suddenly couldn’t eat without panic attacks and vomiting. Within a month I landed back in residential treatment for Anorexia Nervosa. While there I received and went through my medical records and my entire being was undone. I learned that all the illnesses I thought I had were fabricated; I was a basically healthy individual.

The Healing Process

After gaining that awareness of the MBP abuse everything began to make sense. Over the span of a few years I was able to find longer lasting healing from the eating disorder, Post Traumatic Stress Disorder, and other struggles that had resulted from the abuse. I utilized many different tools for my recovery.

One thing that helped was doing Somatic Experiencing (SE) therapy. This therapy is body based and has the capability of working with implicit memories because it operates off the knowledge that our bodies hold our trauma.

Another thing that helped me personally was having my basic needs met. When looking at Maslow’s Hierarchy of Needs, I was missing the financial stability to be able to move from the bottom level. When I became financially stable, I was able to dive deeper into the healing process.

Setting boundaries and going no-contact with my mother was necessary in my early recovery. I needed space to not be gaslit and to understand the depths of what had occurred. I needed physical distance, and hard boundaries to feel safe enough to step into the healing work.



Maslow's Hierarchy of Needs

Building a life worth living was one of the most important steps in the healing process. I had been surrounded by sickness my entire life. I had been told over and over by my mom that the world was dangerous, and that people were trying to kidnap/kill me. It wasn't until I was surrounded by college students and joined the cheer team at my college that I was able to see that maybe the world could be safe enough. There is nothing wrong with being sick or unable to fully participate in life, but I needed to be surrounded by people that were living. I needed to learn that it was okay for me to be healthy. I needed to have it modeled that the world was safe enough to exist in. Although all the steps to healing were important, this was the most important step in my journey because it gave me a reason to stay in life. I learned that the world could be uncomfortable, but that it wasn't completely unsafe.

The most challenging part was that I had to teach the professionals I worked with about MBP. Thankfully, I have always been insightful and able to think critically; some people do not have this ability. This brings up a major issue for survivors of MBP abuse. How does a victim/survivor get help if they do not have the words, understanding, or support?

MBP Victim/Survivors Support

Victim/survivors of MBP abuse have many similarities even though each person's story is different. There are many unique symptoms a survivor often struggles with that do not fit into any specific DSM diagnoses. Without having a common language for the symptoms a victim/survivor faces, it is difficult to develop treatment plans that might be useful for recovery. There are many co-occurring disorders survivors often face, and treatment for complex trauma (Brooks, Graham-Kevan, Robinson, Lowe, 2019) (Guevara, Johnson, Elam, Rivas, Berendzen, Gal-Szabo, 2021) is a good start, but there needs to be a term given for these more unique symptoms so that further research can be done and more professionals can learn how to help these survivors heal.

Because there is no research to date on survivors of MBP abuse and the recovery process, it is difficult to know what exactly is the most helpful. After looking at my own healing process, and co-facilitating a trauma-informed peer-led support group for adult survivors of MBP abuse, I (along with others in the field) have anecdotal data that these support groups are a helpful early intervention.

Sloan et al. (2013) talks about how support groups are proven to be more helpful than having no other treatment. This meta-analysis of the research shows us that support groups do have positive effects. We saw this play out in our support group. Group members without a therapy team outside of group self-report they have made progress in their healing process through giving and receiving support from others that have experienced similar trauma. There are clear benefits to both giving and receiving support (Shakespeare-Finch et al. 2019). Their research helps explain that both giving and receiving provide different aspects of healing.

Each of the participants in the MBP survivor group has confirmed that they have moved through their healing journey by having peers and a facilitator to share stories that nobody but another MBP abuse survivor can understand. Each bi-monthly session begins with a summary of successes and challenges over the past two weeks. Certain topics and themes have emerged, such as;

- How and when to go “no-contact” with mothers
- Making sense of childhood experiences of illness
- Finding a safe place to regress and be confused
- Trusting ourselves to listen to our bodies when in genuine physical pain or distress
- How to navigate chaotic family dynamics with fathers, siblings, and extended family
- What kind of parents will we be?
- Can we ever have a relationship with our mothers?
- How to trust the healthcare system
- Appreciation for our peers who share their experience and encouragement
- Finding acceptance, serenity, and healing with gratitude for each other

The literature summarizing the evidence and structure for recovery support groups is listed in the references. Overall, peer-led support groups are a cost-effective intervention and we continue to collect data regarding outcomes. For decades, support groups have proven effective for survivors of any type of child abuse or trauma, so applying the theories used in trauma survival, specifically to groups for adult survivors of MBP abuse, is an ongoing process.

Because of the support of peers with similar trauma, therapy, and building a life worth living, my life looks a lot different now. I am now able to be a college athlete, I am in solid ongoing recovery, I am an independent contractor for a nonprofit working with those impacted by MBP abuse, and I am fully in the world as a healthy enough adult. As the next step in my recovery, I am submitting an abstract to present additional qualitative findings from the next MBP survivor groups at the 2023 APSAC Colloquium.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

APSAC. (2017). *Practice guidelines*. Retrieved October 1, 2022, from https://docs.wixstatic.com/ugd/4700a8_622a690d6fe846509b1a50876ace62d1.pdf?index=true

Brooks, M., Graham-Kevan, N., Robinson, S., & Lowe, M. (2019). Trauma characteristics and posttraumatic growth: The mediating role of avoidance coping, intrusive thoughts, and social support. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(2), 232–238. <https://doi.org/10.1037/tra0000372.supp> (Supplemental)

Dunlop, A., Feldman, M., & Weber, M. (2022). *Resources*. Munchausen Support. Retrieved August 15, 2022, from <https://www.munchausensupport.com/resources/>

Feldman, M. (2022). *Munchausen by Proxy* (medical child abuse). Dr. Marc Feldman. Retrieved October 16, 2022, from <https://www.munchausen.com/munchausen-by-proxy/>

Guevara, A. M. M., Johnson, S. L., Elam, K., Rivas, T., Berendzen, H., & Gal-Szabo, D. E. (2021). What does it mean to be trauma-informed? A multi-system perspective from practitioners serving the community. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-021-02094-z>

Shakespeare-Finch, J., Obst, P., & Rogers, E. (2019). The influence of giving and receiving social support on the psychological outcomes of two trauma-exposed samples. *Journal of Loss and Trauma*, 24(8), 766–781. <https://doi.org/10.1080/15325024.2019.1652407>

Sloan, D. M., Feinstein, B. A., Gallagher, M. W., Beck, J. G., & Keane, T. M. (2013). Efficacy of group treatment for posttraumatic stress disorder symptoms: A meta-analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(2), 176–183. <https://doi.org/10.1037/a0026291>

van de Ven, P. (2020). The journey of sensemaking and identity construction in the aftermath of trauma: Peer support as a vehicle for coconstruction. *Journal of Community Psychology*, 48(6), 1825–1839. <https://doi.org/10.1002/jcop.22373>

Resources on Munchausen by Proxy, Medical Child Abuse, Factitious Disorder Imposed on Another (FDIA), Caregiver Fabricated Illness, and Abuse by Pediatric Condition Falsification

BY BEATRICE YORKER, JD, RN, MS, PROFESSOR EMERITA OF NURSING AND CRIMINAL JUSTICE, CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Munchausen by Proxy is increasingly receiving media coverage and as a result, the general public is recognizing this type of abuse more. Additionally, healthcare providers, teachers, therapists, child abuse professionals, including law enforcement, are seeking guidance regarding how to protect children and assist survivors of this insidious form of child abuse. Below is a list of resources for anyone wondering whether they might be dealing with this form of abuse.



VISIT SITE

Education & Response for the Public

Created by members of the APSAC MBP Committee, [MunchausenSupport.com](https://munchausensupport.com) hosts resources for families and frontline professionals. The resources are available to support: victims, concerned family members, Child Protective Services, therapists, Guardian ad Litem, investigators, Juvenile and Family Courts, and health professionals.



VIEW

Guidelines for Practice & Articles for Professionals

The APSAC MBP Committee published Guidelines for Practice (on pg. 8) of the MBP theme issue of the APSAC Advisor, and are available to the public at no cost.



WATCH

A Survivor's Story

Jordyn Hope, a survivor of Munchausen by Proxy abuse, shares their story on The Doctors.



LISTEN

In-depth Podcast on MBP

In the groundbreaking podcast "Nobody Should Believe Me", Andrea Dunlop talks to some of the top experts in the world to explore the criminology and psychopathology behind Munchausen by Proxy and to reveal the wide swath of destruction these perpetrators leave in their wake.



WATCH

On-Demand Webinar

View the on-demand webinar "Munchausen by Proxy: Guidelines for Identification and Intervention" presented by Beatrice Yorker, JD, RN, MS; hosted by the CATT Center, a project of the Center for Innovation and Resources, Inc.



ARTICLE 1

ARTICLE 2

Articles: Law Enforcement & Investigation of MBP

Investigator Michael Weber (*Tarrant County Texas District Attorney's Office*) is an expert presenter and has published articles on p. 53 of the March, 2018 Advisor (Article 1), and for the FBI (Article 2).

Support Groups

Support groups for adult survivors as well as for fathers and non-offending family of MBP victims.

- Sessions are free and hosted via Zoom
- Individuals who are interested undergo screening/selection process; sign up at munchausensupport.com/connect
- First 10, bi-monthly sessions are facilitated by members of the APSAC MBP Committee
- After 10 sessions, a peer-led model of support group facilitation is available for participants who want to continue



SIGN UP

Call for Applicants: Paul Crissey Graduate Student Outstanding Research Award

The California Professional Society on the Abuse of Children (CAPSAC) annually awards a grant of \$750 for outstanding research by a graduate student (or early career professional up to one-year post MA/PhD) in the field of child maltreatment, child welfare, foster care, or a related topic. The recipient will also receive a one-year membership to APSAC (American Professional Society on the Abuse of Children) and CAPSAC.



The American Professional Society on the Abuse of Children, founded in 1987, is a nonprofit membership society focused on meeting the needs of professionals engaged in all aspects of services for maltreated children and their families. Especially important to APSAC is the dissemination of state-of-the-art practice in all professional disciplines related to child abuse and neglect. To learn more about APSAC's publications, see www.apsac.org/apsacpublications

CAPSAC aims to provide additional support to California professionals working in the field of child abuse through training, consultation, advocacy, and networking. We also publish The Consultant, a professional newsletter highlighting relevant issues for our members.

Applicants Must:

- Be a graduate student within one year of completion (before or after) of a Master's or Doctoral degree from an accredited California educational program.
- Submit a one thousand-word summary of the research in progress or completed study in the field of child maltreatment.
- Submit one or two letters of recommendation from faculty members or academic readers who are familiar with your research.
- Be available to receive the award and present an overview of the study at a CAPSAC meeting or CAPSAC online event in April, 2023.
- Agree to the publication of the submitted summary in the CAPSAC newsletter, The Consultant, and/or posting on the CAPSAC website, capsac.org.

**APPLY BY
3/3/23!**

For consideration for the 2023 award, all materials must be received by March 3, 2023. For more information and to submit your application and letter(s) of recommendation, please visit: capsac.org/capsac-awards

Call for Nominations: Neal Snyder Outstanding Service Award

CAPSAC established the Neal Snyder Outstanding Service Award in 2019 to recognize professionals who demonstrate extraordinary dedication and efforts on behalf of children.

Neal Snyder graduated Phi Beta Kappa from UC Berkeley with a BA and MA in sociology, and obtained his JD from Hastings College. As an attorney, he specialized in protecting children from abuse - an area he helped make a legal specialty - and became a role model for many others in the field. Neal worked for the CA Department of Social Services in day care licensing litigation. He was a co-founder of CAPSAC, drafted its initial bylaws and assisted with its incorporation. He continued to serve as a board member, supporter, and consultant to CAPSAC for the rest of his life. Neal was an intelligent, even-tempered, positive, athletic, and kind man who loved jazz, his wife, Yvonne Garcia, their annual visits to Thailand, his children and grandchildren.

Any professional in California may submit nominations. Nominees cannot be CAPSAC Board Directors or CAPSAC Executive Committee Members.



**SUBMIT NOMINATIONS @
CAPSAC.ORG/CAPSAC-AWARDS
BY MARCH 03, 2023**

Nominees should demonstrate the mission and goals of CAPSAC and exhibit outstanding service in the area of child maltreatment. They should also model outstanding professionalism and have made contributions in the area of child maltreatment.

- The mission of CAPSAC is to improve the effort and response of professionals working with children who have experienced abuse and neglect.
- The goals of CAPSAC are to promote collaboration among all disciplines working in the area of child protection, to promote education on child maltreatment of professionals and community members who work with children, to promote research on child abuse and neglect in the areas of prevention, identification, intervention, and treatment, and to promote appropriate and effective services to the children and families who have experienced child maltreatment.

The Neal Snyder Outstanding Service Award recipient will be selected from among the nominees by the CAPSAC Board of Directors and presented with the Neal Snyder Outstanding Service Award certificate as well as a one-year membership to APSAC/CAPSAC at a CAPSAC meeting or online training event in April 2023. Also, an article about the recipient will be published in the CAPSAC newsletter the Consultant and posted on the CAPSAC website capsac.org.



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



Visit our website for additional news and access to free
CME and CE credits.
capsac.org/



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facebook.com/CaliforniaAPSAC

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