



The Children's Rights of New York, Inc.

# HOTLINE

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**The AAP reported, among other conclusions, that the virus can spread from a recently immunized person to other persons.**

## CDC Smallpox Basics

### **Smallpox Vaccination Not Recommended**

Smallpox vaccination for the general public is NOT recommended at this time, according to the federal government's Centers for Disease Control and Prevention (CDC), in Atlanta, Georgia.

Officials at the CDC pointed out recently that this disease has been eradicated and that the last case in the United States was in 1949. The last reported case of smallpox was in Somalia, a small nation in Africa, in 1977. After this disease was eliminated from the world, routine vaccination against it among the general public was stopped because it was no longer necessary for prevention.

However, in the aftermath of the September 11, 2001 terrorist attacks, there has been heightened concern that the Smallpox virus be used an agent of bioterrorism.

### **Threat Not Imminent Now**

"At this time, we have no information that suggests an imminent smallpox threat," said officials at the American Academy of Pediatrics

(AAP), in Elk Grove, Illinois. Such officials also said the general vaccination against smallpox is NOT recommended at this time. But reports that the smallpox virus may have been given to facilities other than the designated laboratories in the U. S. and Russia is the source of some concern about the possibility of a threat.

### **Frequently Asked Questions**

In a handout for parents, titled "Smallpox: Frequently Asked Questions" the AAP reported, among other conclusions, that the virus can spread from a recently immunized person to other persons. The small pox vaccine causes each person who gets it to develop a sore or "pox" at the point of injection that is teeming with the virus. That person is not contagious for up to 21 days.

Those at risk in this kind of situation are young children, the elderly, and people with altered immune systems from cancer, or AIDS. For all those people, the result could be a life-threatening of life-ending infection,



the AAP's handbook explained.

## Initial Symptoms

One question addressed in its "Frequently Asked Questions" was "If someone comes in contact with smallpox, is it too late to get a vaccination?"

The answer was if the vaccine is given within four days after exposure, it can lessen the severity of illness or even prevent it. Smallpox has an incubation period of about 12 days following exposure. Initial symptoms include high fever, fatigue, and head and backaches. Characteristics include a rash on the face, arms and legs, followed by pus-filled sores that begin to crust early in the second week. Scabs develop and then separate and fall off after about three to four weeks, possibly leaving pitted scars.

*Is small pox fatal?*

A majority of patients with smallpox recover, but death may occur in up to 30 percent of the cases.

## How is smallpox spread?

Usually it is spread from one person to another by infected saliva droplets that expose susceptible people having face-to-face contact with an ill person. People with smallpox are most infectious during the first week of illness after the rash develops, because that is when the largest amount of the virus is present in saliva.

Contaminated clothing or bed linen could also spread the virus. Special precautions need to be taken to ensure that all bedding and clothing of patients are cleaned appropriately with bleach and hot water. Disinfectants such as bleach and quaternary ammonia

can be used for cleaning contaminated surfaces.

*How can we stop the spread of smallpox after someone comes down with it?*

Patients should be placed in medical isolation so that they will not continue to spread the virus. In addition, people who have come into close contact with smallpox patients should be vaccinated immediately and closely watched for symptoms. Doctors have access to guideline prepared by the CDC for evaluating and responding to a suspected smallpox outbreak.

## People Who Should NOT Be Vaccinated

CDC officials explained that people who should NOT get the smallpox vaccine because of health risks include pregnant women, people with immune systems problems, people with certain skin conditions, and people living with someone less than a year old.

## Smallpox Overview

Smallpox is a serious, contagious, and sometimes fatal infectious disease.

There is no specific treatment for smallpox disease; CDC officials report and the only prevention is vaccination. Smallpox outbreaks have occurred from time to time for thousands of years, but the disease is now eradicated after a successful worldwide vaccination program. The smallpox vaccine helps the body develop immunity to smallpox.

Currently, the United States has a big enough stockpile of smallpox vaccine to vaccinate everyone who might need it in the event of an emergency. Production of new vaccine is underway.

## Live Virus Vaccines and Vaccinia

The vaccinia virus is the "live virus" used in the smallpox vaccine. It is a "pox"-type virus related to smallpox. When given to humans as a vaccine, it helps the body to develop immunity to smallpox. The smallpox vaccine does not contain the smallpox virus and it cannot cause smallpox.

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## Reactions after Smallpox Vaccination (Side Effects)

For most people, the smallpox vaccine is safe and effective. Most people experience normal, typically mild reactions to the vaccine, which indicate that it is beginning to work. Some people may experience reactions that may require medical attention.

For further information contact:

Centers for Disease Control and Prevention  
1600 Clifton Rd.  
Atlanta, GA 30333  
USA  
(404) 639-3311

CDC Public Response Hotline:  
English: (888) 246-2675  
Español: (888) 246-2857  
TTY: (866) 874-2646

National Headquarters:  
The American Academy of Pediatrics  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007-1098  
USA  
847/434-4000  
847/434-8000 (Fax)

Washington, DC Office:  
The American Academy of Pediatrics  
Department of Federal Affairs  
601 13th Street, NW  
Suite 400 North  
Washington, DC 20005  
USA  
202/347-8600  
202/393-6137 (Fax)

**HOTLINE**

## Violence Prevention Tips Educating the Heart and Mind

In 2001, the Second Step Curriculum was the only violence prevention program awarded the prestigious "exemplary" rating by the U.S. Department of Education's 2001 Expert Panel on Safe, Disciplined, and Drug-Free Schools.

In a classroom at John Stanford Elementary School in Seattle, a group of kindergartners sits in a circle as their teacher holds up a large black-and-white photo of two boys facing off on a playground.

"Tyrone is upset that William has grabbed a ball away from him," explains the teacher to the students.

"How do you think Tyrone is feeling?"

"Angry," says Michael. "Mad," says Tiwanda. "I'd make him give the ball back."

The teacher keeps students engaged by asking lots of questions. "If something makes you feel sad or angry or mad, what can you do about it?"

This twenty minute Second Step lesson is part of an award-winning curriculum designed to teach children in their earliest school years to recognize and understand feelings, to make positive and effective choices, and to keep anger from escalating into violence.

## A Cornerstone Program

In Lebanon, Pennsylvania, the Second Step program has become the cornerstone of Northwest Elementary School's efforts to create a safe learning environment and improve academic performance. The school first implemented the program in the fall of 1999. Within a year of using the Second Step program, office referrals dropped by 59 percent and student detentions declined by 90 percent. As behavior problems decreased, student performance increased.

"'Second Step' helped us create a more positive school climate," says Northwest Principal Joe Schlaffer. "It gave the students and staff a common language to deal with the disruptions and behavior issues that pull time away from teaching and learning. When kids feel safe and good about themselves, they

do better academically.

"The Second Step program has been a big part of our success at Northwest Elementary—school detentions are down and test scores are up."

## Key Components

"We can't afford not to teach prosocial behavior—with 'Second Step I believe we recoup that time tenfold in actual academic instruction time."

Kim Anderson, Principal

Whitefish Central Middle School Whitefish, MT

Extraordinary schools give our children an education that allows them to find their place in the world, which leads to success in life. They are schools that understand the link between academic achievement and social and emotional competency.



Second Step program schools are energetic, active communities full of children who are passionate about learning and fully engaged with each other. They know how to resolve disputes peacefully and collaborate with each other. In these schools, administrators and teachers can get back to the work they love to do—supporting children's growth and shaping the future leaders of our world.

The third edition of the Second Step program, released in 2002, incorporates more than 15 years of classroom application as well as the most current academic, social, and emotional research. A favorite choice of educators, the Second Step program is used in more than 15,000 schools in North America and throughout the world.

Research shows that aggressive behavior in children predicts risk of later delinquency, substance abuse, school dropout, early parenthood, and depression. The impact on families and communities is considerable.

## Three Goals

The foundation of the Second Step curriculum rests on three essential social competencies. They are:

Empathy.

Impulse control and problem solving.

Anger management.

The Second Step program teaches children how to deal with emotions, resist impulsive behavior, resolve conflict, solve problems, and understand the consequences of their actions. Children experience growth in self-confidence and a readiness for academic learning. By first identifying their own and others' feelings, children learn to understand issues that lead to conflicts, and then use specific problem-solving strategies to resolve and avoid them. They learn by modeling, practice, and reinforcement.

"Children learn a wonderful, practical, and easy process to help them communicate, solve problems, and control emotions. These are lessons my son will use all his life. I give this program an A+!"

Rena Stone, Parent

## Lesson Overview

"This well-organized, structured, and well-evaluated program has demonstrated effects on aggressive behaviors and consists of beautiful, high-quality materials."

Comments on the Second Step program from Drug Strategies' "Safe Schools, Safe Students," a comprehensive, independent assessment of school violence prevention programs.

Second Step lessons are easy to teach, flow sequentially, and require minimal teacher preparation time. Second Step lessons are designed to give children and youth the social skills that lead to stronger academic performance and school success. The Segundo Paso program, a Spanish-language supplement to the Second Step curriculum, has been designed for use by teachers in Spanish-language or bilingual classrooms.

## Elementary School Lessons

In about 30 minutes once or twice a week, elementary students learn to practice prosocial behavior. By understanding their emotions and how to respond to them, young students are able to remain focused on academics.

Our elementary kits contain child-friendly, poster-size photo-lesson cards and dynamic live-action videos depicting children expressing emotions in real-life situations.

Teachers follow the simple lesson outlines on the back of each card to help students connect their own emotional experiences to those they are seeing. Each lesson card includes the lesson objectives, a script, discussion questions, role-plays or other activities, and suggestions for how teachers can model the skills taught in the lesson throughout the week. (See a flash animation of a photo-lesson card.)

Younger students are engaged and drawn to participate with the Impulsive Puppy and Slow-Down Snail puppets, and the Be-Calm Bunny plush toy. Learning is fun with original songs by Tickle

Tune Typhoon. (Watch a video on how to use the puppets.)

## Middle School Lessons

The Middle School lessons probe deeper, placing a stronger emphasis on student attitudes and beliefs about aggression.

The Second Step book list supports teachers in tying Second Step skills to reading. The books on the list encourage students to understand a character's point of view through their own social and emotional experiences.

In addition, integration activities guide teachers in applying Second Step skills in health, science, math, social studies, and language arts.

The curriculum for middle school students includes live-action videos that stimulate engaging discussion and role-play lessons that are relevant to students' lives. Middle school lessons are designed for multi-year training in higher-level prosocial skills in preparation for high school.

"Committee for Children's work is exceptional. The programs are presented in a clear and user-friendly format so that any teacher can use them."

Barbara Kaiser, M.A.

Author and Early Childhood Consultant  
Grand Pre, Nova Scotia, Canada

## Family Support and Training

"'Second Step' makes school a better experience for children in Japan. I hope that international use of 'Second Step' will help children across the world come to understand one another better and will teach us all to live in peace."

Kikuko Watanabe

Committee for Children, Japan

Resilient communities are anchored by the families engaged in raising our children, the schools that teach our children, and a shared sense of purpose in shaping the future. This family-school-community partnership serves to enhance our children's academic, social, and emotional competence.



## Parent, Caregiver, and Family Support

Parent and caregiver involvement make a pivotal difference in children's lives and schools' success. The Second Step Family Guide helps families take an active role in supporting Second Step skill practice at home.

Parents and family members apply the same problem-solving, anger-management, and conflict-resolution skills their children learn in school. The Second Step Family Guide comes in an easy-to-use, video-based format.

## Professional Development and Support

Teachers, staff, and administrators are central to student success with the Second Step program. Our commitment to your success with our programs is supported by professional training, implementation consulting, and program-evaluation support.

### Training and Trainers

Second Step training smoothes the way for successful school-based implementation. Our training is scalable to your unique needs. We provide on-site, regional, and Seattle-based trainings.

Having an in-district Second Step trainer supports the sustainable success of your program. Participants receive everything they need to train others and implement the program. These three-day Training for Trainers are offered both regionally and on-site throughout the year.

### Staff Training

One-day Staff Trainings provide individuals teaching the Second Step program with classroom-specific tools and support. These interactive trainings enable participants to relate real classroom experience to Second Step program application.

On-site training programs offer greater flexibility and customization so that your staff receives the type

of training that fits their specific needs. Regional and Seattle-based trainings foster professional interaction with schools outside of your district. Finally, we offer staff training videos that support on-site training for new program teachers. See our training pages for in-depth information and a schedule of training dates and locations.

The Second Step curriculum is now used in more than 15,000 schools across North America. Worldwide, the Second Step program is used in Norway, Denmark, Iceland, Sweden, Germany, Japan, Australia, and the U.K.

## Implementation Consulting

"I noticed a dramatic change in our incoming ninth graders' behavior and attitudes after 'Second Step' had been implemented...they were the best group of students I ever worked with."

Jim Slemp, Assistant Superintendent  
Eugene Public Schools  
Eugene, Oregon

Success with a new curriculum starts with thoughtful planning and design. We support your success with implementation consulting provided throughout the life of your Second Step program. Our professional implementation consulting staff, many who are former teachers, have extensive experience dealing with current classroom issues. We work hand-in-hand with our clients from pre-purchase evaluation through district-wide pilot and long-term efficacy studies.

Our client support includes:

- Assessing your needs.
- Securing buy-in for programs.
- Preparing a budget.
- Exploring funding.
- Training staff.
- Involving parents.

## Program Evaluation Support

We understand the need to measure and report results. Our Client Support staff is able to support

you in this process.

See our brochure, *Evaluating the Second Step Program: Tools and Recommendations*, in our Research and Evaluation section, for information and tools for evaluating the Second Step program in your school, district, or agency.

Winner of the prestigious "exemplary" award from the U.S. Department of Education's 2001 Expert Panel on Safe, Disciplined, and Drug-Free Schools.

Surpassing all others in its class, the Second Step program was the only violence prevention curriculum to be given the top "exemplary" rating.

Awarded "model program" status by the Center for Substance Abuse Prevention (CSAP), the Second Step program "demonstrates consistently positive results" and "is innovative and effective."

"It's important for us to find programs that are based on research and have been proven effective. 'Second Step' makes a difference-I don't know where we'd be without it."

Valérie Vogel, MSW, Drug and Alcohol  
Intervention Specialist  
John Stanford International School  
Seattle, Washington



## Research on the Second Step Program:

### Measurable Results

Journal of the American Medical Association (JAMA).

This groundbreaking study examined the impact of the Second Step program on aggression and positive social behavior among elementary students. Results showed that second- and third-grade students who were taught the curriculum became less physically aggressive and increased their positive social interactions. The behavior of the control group of children not receiving the program worsened.

Grossman, D., et al. (1997). "The Effectiveness of a Violence Prevention Curriculum Among Children in Elementary School." *Journal of the American Medical Association*, 277, 1605-1611. *Applied and Preventive Psychology*

An evaluation of the Second Step curriculum was conducted with 109 preschool and kindergarten children from low-income urban families. The children demonstrated an increased conceptual knowledge of social skills and a decrease in observed levels of physical aggression, verbal aggression, and disruptive behavior.

McMahon, S. D., et al. (2000). "Violence Prevention: Program Effects on Urban Preschool and Kindergarten Children." *Applied and Preventive Psychology*, 9, 271-281.

Society for Prevention Research

A study of more than a thousand second through fifth-grade students indicated improved social competence in the intervention schools versus the control schools. Second Step participants required less adult intervention, displayed less hostility, and were more likely to choose goals that led to fair outcomes for themselves and others.

Frey, K.S., Nolen, S.B., Van Schoiack-Edstrom, L., and Hirschstein, M. (2001, June). "Second Step: Effects on Social Goals and Behavior." Paper presented at the annual meeting of the Society for Prevention Research, Washington, DC.  
School Psychology Review

This evaluation of the Second Step Middle School curriculum examined the program's effects on adolescents' attitudes about physical and relational aggression. This study of 714 students showed that students were less likely to view aggressive behavior as justifiable.

Van Schoiack-Edstrom, L., Frey, K.S., and Beland, K. (2002). "Changing Adolescents' Attitudes About Relational and Physical Aggression." School Psychology Review, 31, 201-216

The Second Step program received the highest designation possible—a CASEL Select Program—in a comprehensive evaluation of school-based programs that advance children's social and emotional development conducted by the Collaborative for Academic, Social, and Emotional Learning (CASEL) in 2002.

The White House 1998 Annual Report on School Safety, produced by the U.S. Departments of Education and Justice, featured the Second Step curriculum as "a model program" for school violence prevention.

Send comments or questions to  
webmaster@cfchildren.org

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## 20 HEALTHY NEW YEAR'S RESOLUTIONS FOR KIDS

Below are some New Year's tips from the American Academy of Pediatrics

### Infants/Toddlers

1. I'll allow myself "tummy time" when I'm not sleeping on my back.
2. I won't ride in a car without being buckled in to a car safety seat.
3. I will keep myself, and the places where I live and play, clean.
4. I will ask my mom and dad to read to me every day. If I'm old enough...
5. I'll read to myself.
6. I will brush my teeth twice a day, wash my hands after going to the bathroom and before eating, and clean up my messes right away.
7. I won't tease the family dog or even a friendly dog, and I will avoid being bitten by keeping my fingers and face away from his mouth.





## School Age Kids

1. I will drink milk and lots of it, and limit soda and fruit drinks.

2. I will spend a couple of minutes every morning and afternoon applying sunscreen before I go outdoors. I will try to stay in the shade whenever possible and wear a hat and sunglasses, especially when I'm playing sports.

3. I will try to find a sport (like basketball or soccer) or an activity (like jumping rope, dancing, karate or riding my bike) that I like and do it at least three times a week!

4. I will always wear protective gear--especially a helmet--when cycling, scooting or blading.

5. I will wear my seat belt every time I get in a car. I'll use a booster seat until I can correctly use a lap/shoulder seat belt.

6. I'll be nice to other kids. It's easier and more fun than being mean, and I'll feel better about myself.

7. I'll never give out personal information such as my name, home address, school name, or telephone number in an Internet chat room or on an Internet bulletin board.

8. Also, I'll never send a picture of myself to someone I chat with on the computer without my parent's permission.

9. I will always ASK if there's a gun in the homes where I play.

## Adolescents

1. I will eat at least one fruit and one vegetable every day, and I will limit the amount of soda I drink.

2. I will take care of my body and seek my highs through sports, fitness and nutrition instead of through drugs and alcohol.

3. I will choose non-violent television shows and video games, and I will only spend one to two hours each day-AT THE MOST-on these activities.

4. I will check to see if I can give away any of my unwanted clothes and shoes to those in need.

5. I will wipe negative "self talk" (i.e. "I can't do it" or "I'm so dumb") out of my vocabulary.

6. Whenever I am feeling angry or stressed out, I will take a break and look for constructive ways to feel better, such as exercising, reading, writing in a journal, or talking out my problem with a parent or friend.

Please feel free to excerpt these tips or use them in their entirety for any print or broadcast story with appropriate attribution of source.

For more information, contact:

The American Academy of Pediatrics  
 141 Northwest Point Boulevard  
 Elk Grove Village  
 Illinois 60007-1098  
 Phone: 847-434-4000

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# **A Tough Climate for Kids in 2003?**

**By Jan Richter**

While 2002 was a year of transition from boom to bust, 2003 is shaping up as the year when the economic slowdown really hits home, with deep cutbacks in programs and services for families and their communities that will affect children for years to come.

## **From Boom to Bust**

With the economy faltering, conservative and progressive political rhetoric in 2003 is likely to be very similar-with calls for boosting the economy and strengthening economic growth. But those on the political right and left have very different ideas for how to make that happen.

The Administration is poised to call for more tax cuts, along with steep cutbacks in federal domestic spending to keep deficits down. A focus on income tax reductions will primarily benefit upper-income taxpayers. Tax cuts have long been used as a tool for stimulating the economy, but are not always effective, in part because there is no guarantee those who benefit will use the money they save in ways that generate economic growth.

## **Economic Stimulus**

Progressives are likely to call for ways to put more money the hands of low- and moderate-income families, who pay less in income tax but bear a heavy burden from other forms of taxation such as the sales tax. Part of the reason for that theory is that these families are considered more likely to spend any additional money that they have, providing a stronger economic stimulus for each dollar of foregone revenue.

In addition, progressives will urge increased spending for important short-term projects like repairing schools or building moderate-income housing units to create jobs and get the economy moving again.

## **How Will Policymakers and Advocates Respond?**

Early in 2003, one area of agreement may be in extending unemployment benefits. President Bush called for such an extension after the 107th Congress had adjourned, after failing to extend benefits beyond December 28, 2002. Democrats have repeatedly called for an extension. Other areas of agreement may be hard to find.

In 2003 child advocates will be focused on helping families make ends meet through hard times. They are working to protect the gains of the last few years in state and federal assistance that has helped parents pay for good child care and good health care for their families. They will argue that cost-effective investments in early learning, education, good preventive health care and job training offer greater returns that strengthen families, communities and the economy as a whole.

Child advocates are also deeply concerned about making sure the recovery is robust enough to reach low- and moderate-income families-the families in which most American children live.



## **State Budget Woes Will Cut Deep**

Despite advocates' best efforts, in 2003 expect to see more headlines on how states are cutting cash for local communities, for higher education, for child care subsidies, for after-school and family literacy programs, for services for abused and neglected children, for health care coverage for low-income families.

There is no disagreement over the fact that the states are trying to deal with their worst deficits since World War II. Because most states, by law, have to balance their budgets, state leaders are making painful choices.

During the economic growth of the late 1990s many states were able to both cut taxes and put together a range of supports for working and out-of-work families, including help with child care, transportation, training and expanded health coverage.

## **Health Care Cuts Might Be On The Way**

While most governors are very reluctant to cut such programs, they are even more reluctant to restore taxes.

Cutbacks in state Child Health Insurance Programs, school repairs, job training, community-based social services, and education are on the table in many states. Both Republican and Democratic state leaders are likely to issue increasingly urgent calls on the federal government to help restore fiscal health.

The National Governors Association has already called for increased funding in social services and education.

States say they need a boost now so they can shore up their economies and comply with costly new federal requirements in the Elementary and Secondary Education Act.

## **What's at Stake in 2003**

A closely divided Congress in 2002 meant that every decision became quickly politicized. While the Republicans now have a majority in both the House and Senate, and a Republican president in the White House, there's little likelihood that 2003 will be much different...especially as the 2004 presidential election grows near.

When the new Congress convenes January 7 lawmakers will face unfinished business remaining from the 107th Congress. Most of the spending bills that serve families, children and their communities have not yet been approved for the fiscal year that began October 1, 2002, and major legislation in these areas is up for reauthorization in 2003. So the congressional agenda is crowded with bills affecting programs providing child care, child nutrition, affordable housing, services to help runaway and homeless youth, child health insurance, welfare, and job training for low-income parents.

In addition, the Congress will need to address budget planning for the new fiscal year, FY 2004. The Administration has said it will call for more tax cuts and a fast track for budget decisions so that their proposed constraints on federal domestic spending will be locked in by April.

## White House Regulations

Also, with the crowded legislative calendar, child advocates will be paying close attention to regulatory policy shifts in 2003. The administration is expected to issue new rules that will change the way we test the safety of drugs prescribed for young children, eliminate the option for paid family leave, and pull back on environmental protections. These rule changes often take place without much public debate or scrutiny.

Advocates can stay up-to-date with what is happening in Washington through action alerts and information provided by national child advocacy organizations or keep subscribing to the Connect for Kids Weekly.

## It's a Small World

At Connect for Kids we cover domestic issues that affect children and families. Our world is becoming more interconnected. We cannot ignore major trends and events around the globe. HIV/AIDS is the worst epidemic to hit the earth in seven centuries, and its victims worldwide are young adults—the parents and workers that typically care for and protect the world's children. War, famine, terrorism, environmental degradation and a worldwide slumping economy threaten not only our wealth, but also our neighbors' stability. Keep up with global news through our partner, One World.

Jan Richter is Advocacy Director and writer of Connect for Kids weekly newsletter. She'd welcome comments or questions about this story. Send your response to Jan Richter: [jan@connectforkids.org](mailto:jan@connectforkids.org)

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## Child Care Now, Yet Many Families Can't Afford It

Studies repeatedly have shown that good quality child care—care that provides a loving, safe, and stable environment—helps children enter school ready to succeed, improve their skills, and stay safe while their parents work.

The positive impact of good care is even greater for low-income children. Yet in many communities, families cannot find adequate and affordable care.

Child care is unaffordable for many families. Full-day child care can easily cost between \$4,000 and \$10,000 a year—at least as much as public college tuition. Yet one-quarter of America's families with young children earn less than \$25,000 a year, and a family with both parents working full time at minimum wage earns only \$21,400 a year.


## Some Families Must Choose Between Rent Or Child Care

Many low-income parents who are unable to get help paying for child care are forced to make impossible choices—whether to pay for rent, food or child care; whether to choose less expensive (but potentially detrimental) care for their children; and for some, having no choice but to turn to welfare.

The Child Care and Development Block Grant (CCDBG)—our major federal child care program—is the primary source of support for families who cannot afford the quality child care that is critical to their ability to find and keep a job and to prepare their children to succeed in school.

## Only One Of Seven Children Are Eligible

Nationally, only one out of seven children eligible under federal law receives help. In two-fifths of the states, a family earning just \$25,000 a year



would not qualify for assistance. Over one-third of states place eligible families who apply for help on waiting lists or turn them away without even taking their names.

Congress must invest an additional \$11.25 billion over the next five years in CCDBG to serve an additional one million children and families who need help paying for child care. They must also support new incentives to bolster the quality of child care to help children get ready for school.

TO LEARN MORE about to participate in the campaign for CHILD CARE NOW: FAMILIES WORKING, CHILDREN LEARNING, contact Jamie Stubbs at (202) 662-3556 or write to Child Care Now!, 25 E St, NW, Washington, DC 20001.

For Further information, Contact:  
The Children's Defense Fund  
25 E Street, NW  
Washington, D. C. 20001  
Phone: (202) 626-8787

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## Suggested Reading

By Cynthia Blair

### Sexual Harassment in the Military

The sexual harassment of Lieutenant Paula Coughlin at the Navy's 1992 Tailhook convention in Las Vegas made headline news. Lieutenant Coughlin reported being forced to run a gauntlet of officers who abused her verbally, physically, and sexually.

Yet while Tailhook became a high-profile case that received national coverage, the prevalence of sexual harassment and rape in the military is one of the country's most closely-guarded secrets. *In For Love of Country: Confronting Rape and Sexual Harassment in the U.S. Military*, author Terri Spahr Nelson examines its pervasiveness. A decorated United States Army veteran and private practice psychotherapist who specializes in sexual trauma recovering, Nelson provides an honest look at some little-known facts.

And those facts are shocking indeed. Over one-third of military women experience sexual harassment. The Department of Veterans Affairs once estimated that between 60,000 and 200,000 women veterans have been sexually assaulted while on active duty. There are repeated reports of male Marines breaking into female marines' bedrooms at night and raping them. Of 327 women treated for stress disorders at a VA facility, 63% reported physical sexual harassment and 43% reported rape or


attempted rape. Nearly half of all women who entered active duty after 1981 have reported being a victim of sexual abuse or rape while serving in the military.

As horrifying as these statistics are, the truth is that victims are frequently too intimidated or fearful of repercussions to report these instances of abuse. Even when they do, the incidents are often "handled internally," meaning they are never recorded as a crime. And figures compiled from 1994 to 1996 indicate that the rate of conviction is abysmally low, ranging from 6% to 15%.

Who is to blame? According to Nelson, "the single greatest contributing reason for the proliferation of this unrest within lies in the hands of the leadership. From the field commanders to the advisors at the Pentagon, they have the power and authority to address this problem or to ignore it."

In the book's final chapter, Nelson outlines ways of confronting the problem, making suggestions for both victims and the military. They range from ensuring confidentiality in counseling to including more women in the reporting process of harassment. *For Love of Country* is a comprehensive and important look at the culture of abuse that proliferates in the military, focusing sorely-needed attention on one of the nation's greatest scandals.

*For Love of Country: Confronting Rape and Sexual*



*Harassment in the U.S. Military*, by T.S. Nelson, is published by The Haworth Maltreatment & Trauma Press, an imprint of The Haworth Press, Inc.

## Trauma and Juvenile Behavior

*Trauma and Juvenile Delinquency: Theory, Research, and Interventions* looks at the relationship between young people's traumatic experiences and their behavioral disturbances. Edited by Ricky Greenwald, PsyD, the book examines such topics as the connection between traumatic victimization and oppositional/defiance problems, ways in which exposure to violence, delinquent activity and post-traumatic stress symptomatology (PTSD) are related, and ways of developing group therapy services for incarcerated male juvenile offenders with PTSD.

The first half of the book addresses theory and research. The first article, "The Role of Trauma in Conduct Disorder," by Ricky Greenwald, proposes trauma as a key to understanding the development and persistence of conduct disorder. The author discusses research, prevention, and treatment implications. In "Chaos and Trauma in the Lives of Adolescent Females with Antisocial Behavior and Delinquency," Patricia Chamberlain and Kevin J. Moore explore the complex problems that female adolescents face when they enter the juvenile justice system. They describe a treatment approach, as well as pilot data on its feasibility.

In another article, "Neurobiological Disturbances in Youth with Childhood Trauma and in Youth with Conduct Disorder," Deborah S. Lipschitz, Charles A. Morgan III, and Steven M. Southwick look at the symptoms of behavioral dyscontrol that traumatized children often present, including aggression, impulsivity, and hyperactivity. They examine the symptom overlap between childhood PTSD and the disruptive behavioral spectrum disorders, including ADHD, ODD, and CD.

The book's second section explores interventions. Robert A. McMackin, Mary Beth Leisen, Leslie Sattler, Karen Krinsley, and David S. Riggs' article, "Preliminary Development of Trauma-Focused Treatment Groups for Incarcerated Juvenile Offenders," describes initial efforts to develop group therapy services for incarcerated male juvenile offenders with

histories of significant trauma exposure and current symptoms of PTSD. In "Cognitive Processing Therapy for Incarcerated Adolescents with PTSD," Julia Ahrens and Lillian Rexford present the findings of a study that evaluated the effect of short-term, cognitive processing therapy (CPT) treatment on self-reported symptoms of trauma, including anxiety, depression, intrusion, avoidance, and numbing.

A third article in the section, "A Controlled Study of Eye Movement Desensitization and Reprocessing (EMDR) for Boys with Conduct Problems," by Glenn B. Soberman, Ricky Greenwald, and David L. Rule, explores eye movement desensitization and reprocessing (EMDR) as a promising treatment for trauma. The authors present the findings of a study of 29 boys with conduct problems in residential or day treatment, which support EMDR's use as a trauma treatment for boys aged 10 to 16.

*Trauma and Juvenile Delinquency: Theory, Research, and Interventions*, edited by Ricky Greenwald, PsyD, is published by The Haworth Maltreatment & Trauma Press, an imprint of The Haworth Press, Inc.

## Preventing Bullying

While the classic image of the 99-pound weakling having sand kicked in his face has become a joke, the realities of bullying and victimization are no laughing matter. *Bullying Behavior: Current Issues, Research, and Interventions*, edited by Robert A. Geffner, PhD, ABPN, Marti Loring, PhD, LCSW, and Corinna Young, MS, looks at the topic of youth violence, exploring theoretical perspectives as well as interventions that help address the problem.

The book is divided into three sections. In the first, "Theoretical Perspectives," Susan M. Swearer and Beth Doll's article, "Bullying in Schools: An Ecological Framework," argues that research on bullying and victimization has established that they are both ecological phenomena that emerge from social, physical, institutional and community contexts, as well as the individuals' characteristics. Neil F. Gottheil and Eric F. Dubow then propose potential explanations for the stability of bully and victim behavior in "Tripartite Beliefs Models of Bully and Victim Be-

havior.” Dorothy L. Espelage and Christine S. Asidao put a face on both bullies and victims in “Conversations with Middle School Students About Bullying and Victimization: Should We Be Concerned?” The two authors interviewed 89 students in grades 6 through 8 from three schools in mid-sized Midwestern towns as a means of determining prevention and intervention programs. In a fourth article, “The Roles of Dominance and Bullying in the Development of Early Heterosexual Relationships,” Anthony D. Pelligrini hypothesizes that aggression and social dominance play important roles in heterosexual relationships as adolescents mature sexually.

The second section, “Dynamics of Bullying Behavior: Clinical Research,” comprises three articles. In “The Interrelationships of Behavioral Indices of Bully and Victim Behavior,” Neil F. Gottheil and Eric F. Dubow examine the interrelations of three behavioral indices of bully and victim behavior, each of which is assumed to represent a different reporting perspective of the bully and victim experience: a peer derived point of view, a self-referential report, and a newly developed self-report measure of one’s perceptions of how he/she is perceived by his/her peers, specifically with regard to bully and victim behavior.

In a third article, “Psychosocial Correlates in Bullying and Victimization: The Relationship Between Depression, Anxiety, and Bully/Victim Status,” Susan M. Swearer, Samuel Y. Song, Paulette Tam Cary, John W. Eagle, and William T. Mickelson examine differences between bullies, victims, and bully-victims on internalizing psychopathology, including depression and anxiety. The authors looked at 66 male and 67 female sixth grade students from a Midwestern middle school. Dorothy L. Espelage and Melissa K. Holt examine the association between peer dynamics and bullying behavior among early adolescents in “Bullying and Victimization During Early Adolescence: Peer Influences and Psychosocial Correlates.”


The third section is entitled “Interventions and Prevention.” Linda R. Jeffrey, DeMond Miller, and Margaret Linn conclude that school bullies create a climate of fear and intimidation that affects not only direct targets, but witnesses, as well, in

“Middle School Bullying as a Context for the Development of Passive Observers to the Victimization of Others.” The authors surveyed New Jersey middle school students, finding that 8th graders were more indifferent to bullying and less sympathetic to victims than 5th graders, as well as more likely to identify themselves as outsiders and bully’s assistants in bullying situations. Ellen Sanchez, Trina Reed Robertson, Carol Marie Lewis, Barri Rosenbluth, Tom Bohman, and David M. Casey explore the Expect Respect Elementary School Project in “Preventing Bullying and Sexual Harassment in Elementary Schools: The Expect Respect Model.” The three-year Project, funded by the U.S. Centers for Disease Control and Prevention, established a model for the primary prevention of dating violence by addressing bullying and sexual harassment on public school campuses. The article summarizes the findings from the project’s first year. In “Self-Efficacy in a New Training Model for the Prevention of Bullying in Schools,” Natasha M. Howard, Arthur M. Horne, and David Jolliff summarize the findings of a study that examined the effectiveness of an intervention program designed to increase teachers’ knowledge, as well as their use of effective intervention skills, as a means of decreasing bullying in middle schools.

*Bullying Behavior: Current Issues, Research, and Interventions*, edited by Robert A. Geffner, PhD, ABPN, Marti Loring, PhD, LCSW, and Corinna Young, MS, is published by The Haworth Maltreatment & Trauma Press, an imprint of The Haworth Press, Inc.

## **Correcting Misinformation about Sexual Abuse**

While the topic of the sexual abuse of children has been covered widely in both the popular media and professional literature, a great deal of misinformation has been disseminated. *Misinformation Concerning Child Sexual Abuse and Adult Survivors*, edited by Charles L. Whitfield, MD, FASAM, Joyanna Silberg, PhD, and Paul Jay Fink, MD, provides state-of-the-science information that will be of



tremendous value to anyone who works with victims, offenders, or families in which sexual abuse has occurred.

The book addresses myths like “false memory syndrome,” “recovered memory therapy,” and the “lack of harm” to some sexually abused boys. It also explores forensic issues and ways in which the long-term impact of childhood sexual abuse is frequently misrepresented in court and outlines treatment recommendations and guidelines for addressing the memory controversy in clinical practice. Also included are three expert examinations of the well-known, yet frequently misrepresented, review of long-term child sexual abuse outcomes by Rind, Tromovitch, and Bauserman.

The book comprises three sections. The first, “Misinformation/Disinformation about Child Sexual Abuse,” includes two articles: “Crisis or Creation? A Systematic Examination of ‘False Memory Syndrome,’” by Stephanie J. Dallam, and “The Legend of Robert Halsey,” by Ross E. Cheit, which looks at the case history of a child molester who was convicted and sentenced to two life sentences in 1993 and the ways in which public and academic resources were subsequently misused to claim he was wrongly convicted.

The book’s second section, “Forensic Issues,” includes “The ‘False Memory’ Defense: Using Disinformation and Junk Science In and Out of Court,” by Charles L. Whitfield, and “(Mis)Representations of the Long-Term Effects of Childhood Sexual Abuse in the Courts,” by Daniel Brown. The third section, “Long Term Sequelae of Child Sexual Abuse and Clinical Implications,” includes three articles on the 1998 Meta-Analytic Review of Child Sexual Abuse Outcomes Reported by Rind, Tomovitch and Bauserman,” as well as a final article on “Implications of the Memory Controversy for Clinical Practice: An Overview of Treatment Recommendations and Guidelines.”

*Misinformation Concerning Child Sexual Abuse and Adult Survivors*, edited by Charles L. Whitfield, MD, FASAM, Joyanna Silberg, PhD, and Paul Jay Fink, MD, is published by The Haworth Maltreatment & Trauma Press, an imprint of The Haworth Press, Inc.

## **The Impact of 9/11 on Trauma Practice**

The terrorist attack of September 11, 2001, had a tremendous impact on trauma practice, presenting a unique challenge for professionals. *Trauma Practice in the Wake of September 11, 2001*, edited by Steven N. Gold and Jan Faust, examines the ways in which trauma practitioners responded to this horrific event.

The book explores the psychology of terrorism and the traumatic impact of terrorism on those who were directly affected, as well as on the general population. It offers ways of helping children, teenagers, and adults cope with the aftermath, plus advice on how to deal with “compassion fatigue,” defined as emotional depletion among professionals who work with traumatized populations.


One of the book’s articles, “Tuesday Morning September 11, 2001: The Green Cross Project’s Role as a Case Study in Community-Based Traumatology Services,” by Charles R. Figley, Kathleen Regan Figley, and James Norman, is a report on the experience of the Green Cross’s leaders following the World Trade Center disaster. The Green Cross is one of the most prominent organizations providing psychological disaster response services. In addition, the book includes interviews with both an Israeli psychologist and a Palestinian psychiatrist that focus on the impact of terrorist acts on their citizens.

Trauma Practice is a comprehensive resource designed to help trauma practitioners and educators effectively meet the challenges that face them following the catastrophic attack of September 11, 2001.

*Trauma Practice in the Wake of September 11, 2001*, edited by Steven N. Gold and Jan Faust, is published by The Haworth Maltreatment & Trauma Press, an imprint of The Haworth Press, Inc.

## **Juvenile Violence**

Gang fights, guns in schools, drug abuse... the newspaper headlines and the six o’clock news are filled with horrifying reports of youth violence.



*Kids Who Commit Adult Crimes: Serious Criminality by Juvenile Offenders*, by R. Barri Flowers, provides a comprehensive, multidisciplinary look at this timely issue.

The book consists of four sections. The first explores serious juvenile crime, including youth gangs, the role of drugs, dating violence, and family violence. The second section offers biological, psychological, and sociological perspectives on juvenile delinquency and criminal behavior.

In the third section, the justice system with respect to juvenile crime is addressed. Topics range from the police to courts to custody and confinement. A final section looks at responses to juvenile violence, including federal laws, intervention, and control strategies.

*Kids Who Commit Adult Crimes* is intended to be a primary or supplementary text for coursework in juvenile deviance at both the undergraduate and graduate levels. It spans a range of related fields, including criminal justice, juvenile delinquency, criminology, sociology, psychology, child abuse, racial and ethnic studies, law, and substance abuse. In addition to serving as a welcome addition to the body of literature addressing juvenile criminality, the book provides a new perspective on this all-important topic.

*Kids Who Commit Adult Crimes: Serious Criminality by Juvenile Offenders*, by R. Barri Flowers, is published by The Haworth Press, Inc.

## **Treating Post-Traumatic Stress Disorder**

*Simple and Complex Post-Traumatic Stress Disorder: Strategies for Comprehensive Treatment in Clinical Practice*, edited by Mary Beth Williams, PhD and John F. Sommer, Jr., is, in the words of its editors, “about healing and the ways to promote healing through the use of individual treatment, crisis intervention, group treatment, and self-help. It is about the resilience of the human soul to go on, even after the most horrific of events. It is an acknowledgment of the strength of many trauma survivors as they ‘slog through’ lakes of tar that seem to stretch

endlessly in front of them.”

The book comprises articles by some of trauma studies’ most highly respected experts, who discuss the practical applications of their research and experience for clients ranging from battered children to war veterans. It explores clinical practice techniques, delivering state-of-the-art techniques and information.

Specifically, it covers the issues, stages, and modalities of PTSD treatment. It begins with assessment and diagnosis, then explores various treatments, including psychopharmacological treatment, cognitive behavioral treatment, short-term treatment, and group treatments. It also looks at treatment strategies for children, families, hostages, police, and veterans.

The book is divided into twenty chapters that cover such topics as the various types of treatment, as well as such subjects as dealing with traumatic stress in family systems, trauma in the classroom, police hostage situations, and even working with survivors and the news media. *Simple and Complex Post-Traumatic Stress Disorder* is a valuable resource for clinicians and researchers, as well as law enforcement officials and academics who study trauma.

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## **Dealing with Domestic Violence**

While the initial response to domestic violence – the establishment of shelters for battered women – has played a critical role in dealing with this problem, another level of response is also needed: batterer intervention programs. Without treatment, batterers may well continue their abusive patterns in future relationships.

*Domestic Violence Offenders: Current Interventions, Research, and Implications for Policies and Standards*, edited by Robert A. Geffner, PhD, ABPN and Alan Rosenbaum, PhD, addresses this

issue, along with others that are pertinent to domestic abuse, providing state-of-the-art information on domestic violence programs and interventions in the United States. The book delves into such areas as the implications of research and policies for individuals who are providing interventions, the history of batterer intervention programs, and common aspects of various intervention programs, including confidentiality, group structure and length, partner contacts, leadership configuration, and program goals. It also looks at such topics as power and control, anger management, and substance abuse, areas that are addressed by most programs. Also examined are the frequently misunderstood issue of female partner aggression and violence, the advantages of conjoint therapy in certain instances, and the Stages of Change approach to domestic violence treatment.

Domestic Violence Offenders presents outcome research on programs for batterers, as well as legal standards for individuals who have been arrested for domestic violence. In addition, the book suggests a more inclusive and less rigid process for the creation of standards and policies.

Specifically, the book is divided into five sections: Introduction and Existing Standards for Those Who Batter; Intervention Techniques for Male and Female Domestic Violence Offenders; Nonconventional Approaches for Intervention in Cases of Spouse/Partner Abuse, including the Stages of Change approach, safety planning based on lethality assessment, and conjoint therapy for partners engaging in physically aggressive behavior; Research and Evaluation Concerning Domestic Violence Offenders; and Implications for Policies and Standards in Domestic Violence Offender Intervention. In the book's final section, Alan Rosenbaum and Robert A. Geffner address Future Directions in Mandated Standards for Domestic Violence Offenders.

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## Women on the Edge of Society


*Women at the Margins: Neglect, Punishment, and Resistance*, edited by Josefina Figueira-McDonough and Rosemary C. Sarri, looks at women who have become disconnected from mainstream society because of age, race, gender, health, incarceration, domestic abuse, unwanted pregnancy, unemployment, and economics. The book addresses such timely and important topics as the effects of welfare reform, incarcerated women, low-income housing for women, teenage pregnancy, women and the justice system, and recidivism and reintegration. It also addresses the subject of the children of women in prison and jail.

Section I is entitled, "Increasing the Dual Control of Women and Distorting Their Strength." Articles include "Welfare Reform: Tightening the Screws," by Joel F. Handler; "The Forgotten Group: Women in Prisons and Jails," by Sheryl Pimlott and Rosemary C. Sarri, and "The Storm is Passing Over: Marginalized African-American Women," by Harriette Pipes McAdoo.

Section II discusses "Blockages to Autonomy." Deborah M. Whitley and Paula L. Dressel look at political and economic policies in "The Controllers and the Controlled," and Diana M. Pearce studies the effects of welfare in "Welfare Reform Now That We Know It: Enforcing Women's Poverty and Preventing Self-Sufficiency." A third article, "Low-Income Women and Housing: Where Will They Live," by Elizabeth A. Mulroy," addresses the affordable housing crisis, arguing that housing is primarily a women's issue.

The book's third section covers "Gender, Age, and Health Interactions." Anna Celeste Burke addresses "Triple Jeopardy: Women Marginalized by Substance Abuse, Poverty, and Incarceration." Edith Elisabeth Flynn explores "Life at the Margins: Older Women Living in Poverty," including the older female prisoner. Judy Walruff examines teenage pregnancy, with respect to the conflict of developmental issues and policy, welfare reform, parental care access, and support services, in "Teenage Pregnancy: Mediating Rotten Outcomes and Improving Opportunities."

Section IV, "Bad Women, Undeserving



Mothers,” looks at the issue of mothers in prison. The section’s three articles address such topics as excessive punishment for women, incarcerated women and the child welfare system, and factors influencing successful versus unsuccessful reintegration. The book’s two final sections cover practical information about the law and recommendations for strategies.

*Women at the Margins* is a valuable resource for professionals in the areas of sociology, social work, the legal and penal systems, and academics.

*Women at the Margins: Neglect, Punishment, and Resistance*, edited by Josefina Figueira-McDonough and Rosemary C. Sarri, is published by The Haworth Press, Inc.

## Pastoral Care for PTSD

*Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul*, by Dalene Fuller Rogers was written for both members of the clergy and mental health professionals, providing explanations of spiritual issues that trauma survivors face, including grief, anger, suffering, forgiveness, and healing. The book serves as an overview of the nature of post-traumatic stress disorder (PTSD), examining its causes, manifestations, and problems.

The book offers a practical way of supporting people through the healing process. It encompasses a practical methodology for crisis intervention, case studies, and a discussion of the theological dimensions of trauma and suffering. It examines ways in which churches might be able to help prevent the trauma that leads to PRSD, and gives methods for using scripture as a source of healing. It also looks at veterans’ special needs and addresses the potential for caregiver burnout and ways of preventing it.

*Pastoral Care for Post-Traumatic Stress Disorder* stresses hope, healing and compassion, making it a valuable resource for anyone who works with PTSD survivors in a spiritual setting.

*Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul*, by Dalene Fuller Rogers, is published by The Haworth Pastoral Press, an imprint of The Haworth Press, Inc.

## New Journal on School Violence

The phenomenon of school violence has given rise to a new journal, *Journal of School Violence*. The journal, edited by Edwin G. Gerler, Jr., offers information on a wide range of related topics, including threat assessment, hostage situations, stalking behavior, teacher safety, social policy, staff training, and international and cross-cultural studies. It explores such topics as gender issues, including girl gangs; violence in preadolescents; emotional violence and trauma; self-esteem and violence; and sexuality and violence.

The journal’s charter issue, published in May 2002, comprises five articles. “The Awareness of Risky Peer Group Behaviors on School Grounds as Predictors of Students’ Victimization on School Grounds: Part I –Elementary Schools,” by Ron Avi Astor, Rami Benbenishty, Roxana Marachi, Muhammad M. Hau-Yahia, Anat Zeira, Suzanne Perkins-Hart, and Ronald O. Pitner, examines the effects of the awareness of peer group behaviors, including drug use, students carrying weapons, and vandalism, on students’ experiences of school victimization. The study on which the article was based is one of few conducted in the Middle East.

A second article, “The Cycle of Violence and Disconnection Among Rural Middle School Students: Teacher Disconnection as a Consequence of Violence,” by Michael J. Karcher, examines a hypothesized relationship between early violent behavior and subsequent connectedness in middle school. In “Weapons in an Affluent Suburban School,” authors Stephanie R. Hawkins, Amy Campanaro, Traci Bice Pitts, and Hans Steiner give the results of an investigation designed to describe the self-reported violence and weapon carrying behavior of affluent suburban teenagers in the San Francisco Bay area.

Detris Honora and Anthony Rolle discuss research that suggests that incongruence between the way in which a child views him or herself and the aspirations pursued can lead to maladaptive externalizing behaviors in the form of school violence in “A Discussion of the Incongruence Between Optimism and Academic Performance and its Influence on



School Violence.” The journal’s final article, “Linking Academics and Social Learning: Perceptions of School Staff to a Violence Prevention Program at an Alternative School,” by Ronnie Casella and Joan Burstyn, examines how school staff members conceptualize their work with youths in an alternative school for weapon policy offenders after undergoing at least a year of a whole-school violence prevention program conducted by the Syracuse University Violence Prevention Project.

*Journal of School Violence*, edited by Edwin G. Gerler, is published by The Haworth Press, Inc.

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# Sacred Hearts

## John Edward Gill

“The Papa Joe look-alike contests in Key West come to mind when reading *Sacred Hearts*. It is not that Gill looks much like Ernest Hemingway on the book-jacket picture but that his writing style resembles Hemingway so much.

Bill Townsend and Nicole Berman, the two main characters in the book, are lovers. Bill has a congenital heart condition, while Nicole has a nearly fatal automobile accident during the course of the story.

The action alternates between Paris and Long Island... the physical settings are described in exquisite detail.”

—ForeWordreviews.com

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