

WORKING P A P E R

Child Abuse and Neglect Prevention

Reports from the Field and
Ideas for the Future

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RAND CHILD POLICY

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1. Introduction

Child maltreatment, which includes both child abuse and neglect, is a serious problem in the United States. Just over 900,000 children were victims of abuse or neglect in 2006 (1), according to the most recent annual statistical report on child maltreatment from the Administration on Children, Youth and Families (ACYF). The ACYF report also notes that children under the age of one are at the highest risk of maltreatment, and that neglect is by far the most common type of maltreatment experienced by children (1). Billions of public and private dollars are spent each year on prevention and intervention (2; 3). Research on the risk factors for abuse and neglect has supported a range of practices and programs to prevent abuse and neglect. The child welfare system plays a significant role in treating children who are victims of abuse or neglect, in taking action early to prevent maltreatment, and in intervening to minimize the damage of maltreatment after it has occurred. However, the problem of child abuse and neglect persists.

The Doris Duke Charitable Foundation (DDCF) launched the Child Abuse Prevention Program in 2000. The program's mission is to protect children from abuse and neglect in order to promote children's healthy development, with an emphasis on preventing abuse and neglect *before* they occur. In 2007, the Child Abuse Prevention Program approached the RAND Corporation's Promising Practices Network with the opportunity to gather information that DDCF would use as part of an External Program Review of its Child Abuse Prevention Program. DDCF conducts similar reviews for all of its grantmaking programs. The goals of the DDCF review are to answer the following questions:

- Are we [DDCF] still addressing critical opportunities and needs?
- Have we devised appropriate strategies for meeting these opportunities and needs?
- Have we effectively implemented our strategies?
- What should we consider doing differently in the future?

- What has been the role of DDCF in this field? How is the foundation perceived?

Based on the information gathered through the External Program Review, the Child Abuse Prevention Program staff and the DDCF Board of Trustees will consider making changes to the program's current funding strategies, creating new funding strategies, and revising the processes for soliciting and selecting projects to fund.

The RAND Promising Practices Network project described in this report supports the DDCF review and informs DDCF grantmaking by addressing two broad questions:

1. What is the current state of the prevention field?
2. Are there new or innovative strategies emerging from the field that may substantially reduce child maltreatment?

Specifically, we addressed these questions:

- What populations are being served?
- What strategies are used to prevent child abuse and neglect?
- What are the settings that people in the prevention field are working in?
- What is the state of the field's abilities to address needs and how has it changed over time?
- What are the priority areas for the future in terms of populations and approaches?

In addition to meeting the immediate needs of DDCF for reviewing its Child Abuse Prevention Program, a major goal of the RAND Promising Practices Network information-gathering project is to share findings with practitioners, policymakers, advocates, funders, and others who are similarly committed to preventing child abuse and neglect. By sharing this information broadly, the project will help those in the field determine if new strategies should be considered to substantially reduce abuse and neglect, or if existing strategies should be implemented more widely.

This report describes the two primary activities that the RAND Promising Practices Network undertook to answer these questions.

First, we commissioned papers from six professionals in the area of child abuse and neglect who have diverse experiences and perspectives. We asked them to respond to this question in their papers: *“If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?”*

We asked the same question of survey participants in the second information-gathering activity: a web-based survey of individuals who work in the child abuse and neglect field. To our knowledge, this was the first survey targeted to this group. In addition to the \$5 million question, the survey included 18 questions in areas related to the project’s research questions. For example, one question asked “In the last few years, overall do you think organizations’ abilities (e.g., staff skills, funding resources, knowledge of prevention strategies, etc.) to prevent child abuse and neglect have improved, stayed the same, or gotten.” We also asked respondents what age group their organization primarily worked on behalf of and what child abuse and neglect prevention strategies their organization provided or supported.

The survey was designed to take the current “temperature” of the child abuse and neglect field as well as identify potential future directions for the field in terms of emerging priorities and prevention strategies. We expect that the results of the project’s activities will be of interest to a wide group of individuals in the field.

In this paper, we will describe in greater detail our approach to the two information-gathering activities, the findings of both, and some observations that should aid the DDCF Child Abuse Prevention Program in its External Review process.

- Chapter 2 discusses the papers written by the six child abuse and neglect experts and the major themes that emerged in those papers.
- Chapter 3 describes the survey we fielded on the web and the overall findings.
- Chapter 4 summarizes our findings and offers some ideas for how to improve prevention of child abuse and neglect in the future.
- Appendix A offers some samples of survey respondents’ answers to the \$5 million question that was also posed to the six experts who wrote papers.

- Appendix B offers the survey questions and a summary of the answers given.

2. Expert Papers: Methods and Results

Since one of the goals of this project was to gather information about innovative ways to prevent child abuse and neglect, we commissioned papers from six knowledgeable professionals. They were:

- Linda Baker – Director, FRIENDS National Resource Center for Community-Based Child Abuse Prevention
- Mary Carrasco, MD – Director, International and Community Health, Pittsburgh Mercy Health System
- Deborah Daro, Ph.D. – Research Fellow, Chapin Hall Center for Children, University of Chicago
- J. Paige Greene – Executive Director, Richland County CASA, South Carolina
- Pete Hershberger – Arizona State Representative, Arizona House of Representatives
- Elba Montalvo – Executive Director, The Committee for Hispanic Children and Families, Inc.

We asked the authors to write a response to the question, *“If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?”* The full text of all six papers and the authors’ biographical information can be found online at www.promisingpractices.net/experts/experts_childabuse.asp. To spur further discussion, we posted the six papers on the Promising Practices Network Web site and encouraged Web site visitors to respond to the papers or to answer the question themselves.

Author Selection Process and Instructions

To identify potential authors, we conducted a Web-based search for professionals actively working on behalf of vulnerable children and solicited ideas from our RAND and DDCF colleagues. Our goal in selecting authors was to have a broad range of perspectives and experience represented. Therefore, we initially identified a large group of

practitioners, policymakers, and researchers from which to choose. In making the final selections, we aimed for geographic diversity and having at least one person who represented the views of a minority or hard-to-reach population. We deliberately did not select authors who were known for being strongly committed to a particular prevention strategy or heavily invested in a specific program or practice.

All six authors who were invited to participate accepted the invitation and agreed to meet the deadline for completing the paper. The authors were instructed to write a four-to-six page paper with the tone of a thought piece rather than an academic paper.

What the Experts Told Us

We believe that the six authors met the goal of this aspect of the project by delivering thoughtfully-written papers that present a range of innovative ideas and strategies to prevent child abuse and neglect. A brief synopsis of each paper is provided below. The full text of all six papers is available on www.promisingpractices.net.

Linda Baker – Director, FRIENDS National Resource Center for Community-Based Child Abuse Prevention

Ms. Baker's paper describes a four-pronged strategy that would be guided by a national working group of diverse stakeholders. The four-pronged strategy includes (1) a national social marketing campaign to increase public understanding and support, (2) efforts to strengthen public policies and practices that could have the potential of preventing child abuse and neglect, (3) improving the prevention field's capacity for using evidence-based practices by supporting activities to translate research into practice and enhance practitioner's literacy level in understanding research, and (4), expanding the use of evidence-based programs and practices.

Mary Carrasco, MD – Director, International and Community Health, Pittsburgh Mercy Health System

Dr. Carrasco discusses the need to adjust the child welfare system to have a stronger *prevention* orientation as opposed to the traditional *intervention* orientation and to modify state and federal policies that will enable funding streams to support a prevention

approach. Dr. Carrasco recommends a shift away from providing interventions to individuals on a one-to-one level toward a public health approach that reaches out to involve the community and engages them in creating an environment that supports all families, promotes general child well-being, and creates a sense of “community responsibility for children, families, and neighbors.” As part of this plan, Dr. Carrasco recommends testing this strategy in a small number of community demonstration sites.

Deborah Daro, Ph.D. – Research Fellow, Chapin Hall Center for Children, University of Chicago

Dr. Daro suggests two possible options for making significant progress in the prevention of child abuse and neglect. The first option is to launch a major effort to create public will and personal investment in preventing child abuse and neglect. This approach involves going beyond interventions that have the goal of changing parent or caretaker behavior. The issue is greater than that. As Dr. Daro puts it, “the problem [of child abuse and neglect] and its solution are not simply a matter of parents doing a better job but rather creating a context in which ‘doing better’ is easier.” The second option is to nurture systemic reforms, such as having communities offer universal supports to all new parents that will identify newborns’ needs and connect families with resources in their community in a non-stigmatizing way.

J. Paige Greene – Executive Director, Richland County CASA, South Carolina

Ms. Greene promotes the implementation of Community Resource Centers (CRCs) as a way to prevent child abuse and neglect. Different from the sometimes sterile or cold atmosphere of child welfare and family services agencies, CRCs provide a warm, home-like atmosphere that is welcoming to families in need. CRCs are geographically located where they can best serve the families who have high need for a range of social services. CRCs offer resources such as emergency financial assistance to meet immediate need, and resources such as child care, job skills training, and parenting education to meet medium- and long-term needs. CRCs are a one-stop shop for families to find support and meet the needs that may contribute to their risk for child abuse and neglect.

Pete Hershberger – Arizona State Representative, Arizona House of Representatives

Representative Hershberger focuses on a specific type of abuse that is seen most often with infants--shaken baby syndrome. Parents or other caregivers who are frustrated with an infant's crying may shake the baby so vigorously that the baby suffers serious physical injury with possible developmental disabilities later on. Rep. Hershberger suggests widespread expansion of interventions to prevent shaken baby syndrome. These interventions typically include parenting education provided within hospitals at the time of a baby's birth and follow-up home visits.

Elba Montalvo – Executive Director, The Committee for Hispanic Children and Families, Inc.

Ms. Montalvo discusses the unique challenges faced by immigrant families and the factors that place them at risk for improper treatment by the child welfare system. Factors such as language barriers and immigration status restrict families' access to support services despite their eligibility for services based on their economic situation. Ms. Montalvo suggests changing the focus of *child welfare* from formal child protective services that become involved when there is suspicion of abuse or neglect, to a more comprehensive concept of child well-being and the system and resources that should be in place to promote well-being. To accomplish this shift, Ms. Montalvo recommends educating and motivating policymakers to make necessary legislative changes to support families' well-being, provide parenting education and community-based support to families in need, and assure that a continuum of services is available to families to meet their range of needs. The components of this approach would benefit all families. Ms. Montalvo also explains how these components uniquely intersect with issues facing immigrant families. Providing culturally and linguistically appropriate services are important elements of any program that serves families.

Major Themes

The papers suggest that many people share the view that the current child welfare system is not adequately oriented toward prevention or that it is failing to meet the goals of prevention. Our six experts had many thoughtful ideas about how to prevent child abuse and neglect, and they suggested specific actions that could be taken by individual organizations and groups of organizations working together.

Their recommendations fell into two broad categories:

1. **Taking a system-level approach**, with multi-faceted activities such as conducting a national social marketing campaign, developing public policy, and advancing research and development of evidence-based practices. This approach requires the involvement of multiple stakeholders.
2. **Taking a population or strategy-specific approach** meant to affect individuals or families. This approach would focus on a particular strategy such as developing comprehensive and coordinated systems of support for newborns and their parents or opening community response centers in high-need areas. For example, Ms. Montalvo discussed the specific needs of immigrant children and Rep. Hershberger suggested a focus on preventing shaken baby syndrome and using that work as a model to address other types of abuse or neglect.

All or most of the authors:

- Believed that investing five million dollars a year for five years could make a significant impact on the prevention field or at least on a particular issue within the prevention field (e.g., reducing the incidence of shaken baby syndrome).
- Suggested that using demonstration projects within various communities would be a valuable way to test their approaches. Enhancing the capacity of the community to meet families' needs, or considering community context as a risk *and* protective factor to a greater degree was mentioned by several authors.
- Discussed the importance of raising public awareness of child abuse and neglect and the role the public can play in encouraging policy change.

While no single roadmap emerged from the papers, the abundance of ideas provided by our six experts offers a potential starting point for an organization or coalition of organizations to develop a plan to prevent child abuse and neglect.

3. Web Survey: Methods and Results

Survey Development

The overarching goals that drove the survey development process were to characterize the current state of the abuse and neglect prevention field and identify any new and effective strategies being used for prevention. As part of characterizing the state of the field we sought to identify any key changes in the field and important contextual – i.e., political or financial – factors. We set out to learn the following:

- What populations are being served?
- What strategies are used to prevent child abuse and neglect?
- What are the settings that people in the prevention field are working in?
- What is the state of the field's abilities to address needs and how has it changed over time?
- What are the priority areas for the future in terms of populations and approaches?

Based on these areas, the survey development team outlined the various survey domains to include and began developing questions. An iterative process was conducted involving reviewing and receiving feedback on the survey domains and questions with Child Abuse Prevention Program staff, a subset of DDCF grantees, and colleagues. After multiple iterations and finessing of the question wording, a near-final version of the survey was completed that contained 18 questions that were a mixture of multiple choice and open-ended questions soliciting write-in answers. Once the content was nearly finalized, the survey was converted to an online version, on a survey hosting Web site called SurveyMonkey.com. The online version of the survey was tested by Child Abuse Prevention Program staff and colleagues as well as three invited professionals working in the prevention field. Testing focused on assuring the clarity of the questions and potential responses, the time it took to complete the survey (target completion time=approximately 10 minutes), and identifying any technical errors in the survey programming. The survey questions and response options are included in Appendix B.

We also included in the survey one more question, the same open-ended question asked of the six experts who wrote papers for us: *“If you had \$5 million to spend each year for five years on the prevention of child abuse and neglect in the United States, how would you spend it?”*

Survey Dissemination Strategy

After the survey was reviewed and approved by RAND’s Human Subjects Protection Committee, we developed a plan for fielding it. Our goal was to reach the highest number possible of potential respondents and to have the survey responses be representative of the entire broad prevention field. The audience for the survey included practitioners, policymakers, researchers, advocates, and funders who work on behalf of child well-being, and in particular on preventing child abuse and neglect.

We disseminated the survey through e-mailed and online survey invitations that briefly described the survey, RAND’s Promising Practices Network, and an incentive for taking the survey, and included a link to the survey itself. The survey invitation appeared on the home page of the Promising Practices Network Web site (www.promisingpractices.net) for the duration of the survey period and was also included in the Network’s monthly e-mail newsletter that is sent to over 4,000 subscribers. Through Internet searches and colleague suggestions, we identified foundations and child policy and advocacy organizations working in the area of child abuse and neglect. Within those organizations, we identified key contacts we believed would have relevant input for the survey and sent the survey to them. We also requested that they forward the survey invitation to any of their colleagues who may have relevant knowledge. Additionally we asked individuals to include the survey invitation in any electronic newsletters or message boards that they operate, and several of them agreed.

To maximize the potential response rate, we kept the survey in the field for three months (June, July, and August 2008) and provided an incentive for completing the survey in the form of a chance to win a \$50 gift certificate from Amazon.com through a random drawing of all survey respondents who chose to participate. The actual survey was anonymous, except for those people who opted to provide their name and contact information in order to participate in the random drawing. We are aware of several organizations that disseminated the survey invitation through their electronic newsletters and by posting a link to the survey on their Web sites. We requested information from these organizations about the number of newsletter subscribers and Web site visitors that may have received or seen the invitation in order to

determine an approximate number of people in our beginning sample size. However, due to the paucity of information we received and the unknowable number of times a person could have forwarded the survey invitation, we are not able to report with any confidence a meaningful number of individuals who received an invitation to take the survey.

Survey Results

A total of 2,313 respondents completed the online survey. Only about 1 percent of respondents were from countries other than the United States, and we limit the analyses that follow to the 2,292 U.S. respondents.

In this section of the report, we:

- Describe the survey respondents
- Summarize their responses to questions about:
 - The current state of the child abuse and prevention field
 - Priorities for preventing child abuse and neglect
 - Future directions for the field
 - How to spend \$5 million a year for five years to prevent child abuse and neglect

Nearly two-thirds (65 percent) of survey respondents (n=1,500) wrote in an answer to the open-ended \$5 million question. Since the responses covered a broad range of ideas, we coded and analyzed these responses to identify common themes. We first reviewed a sample of 200 responses and wrote a brief description of each idea contained in every response. Then, we reviewed the list of ideas to identify those that occurred three or more times. This produced a list of 17 “themes” that we then used to code the entire set of responses. Both authors coded all responses, and when both authors had coded a response that differed from the other author, we discussed and resolved these discrepancies. Details about the responses are provided later in this section.

Note that, as part of our methodology, we conducted analyses to assess whether various groups of respondents answered particular questions in different ways. However, most of the questions included a large number of categories, which meant that the sample sizes were generally not large enough to draw reliable conclusions about subgroup differences in responses. In other words, the large number of subgroups implied that the sizes of the subgroups were small, and therefore we were unlikely to be able to detect subgroup differences in responses. Furthermore,

inspection of intergroup differences on most questions suggested that differences in response patterns would generally not change the conclusions for the question. For example, while the precise percentage of each subgroup selecting an answer might be different, the rank ordering of responses within each subgroup was generally the same.

Characteristics of Survey Respondents

Survey respondents represented a wide variety of organizations, as shown in Figure 3.1. Overall, the range of respondents indicates that organizations providing early childhood services contributed the largest number of responses (18 percent), followed by advocacy organizations (11 percent), and child welfare/protective services (10 percent) and government (10 percent). Over a quarter of respondents indicated that they were in the “Other” category, and this included a diverse set of write-in responses, many of which indicated that the organization was some type of private non-profit organization. Overall, the participation of these respondents suggests that the survey achieved its goal of reaching individuals familiar with the child abuse and neglect prevention field and that it included broad representation from the field.

Respondents also represented a wide cross section of positions within their organizations, and a large number of individuals in leadership positions (see Figure 3.2). Nearly a quarter of respondents (24 percent) were in the most heavily represented position of Supervisor/Manager/Administrator. Executive Directors comprised 17 percent of respondents. Another 16 percent responded that their role was in the “Other” category, and no other category contributed more than 10 percent.

Figure 3.1
Respondents' Types of Organizations

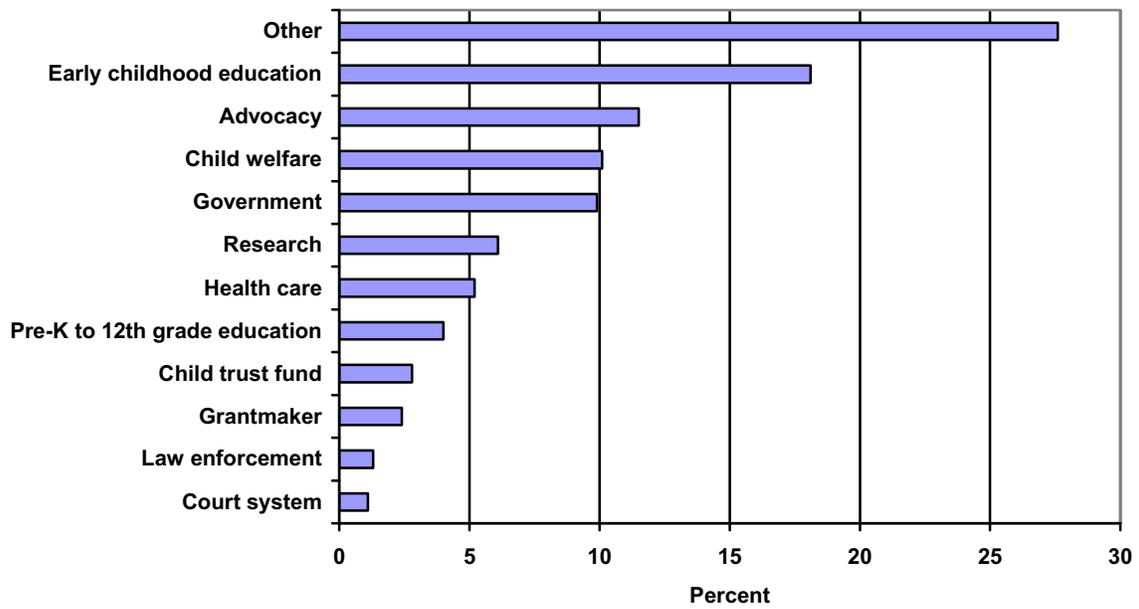
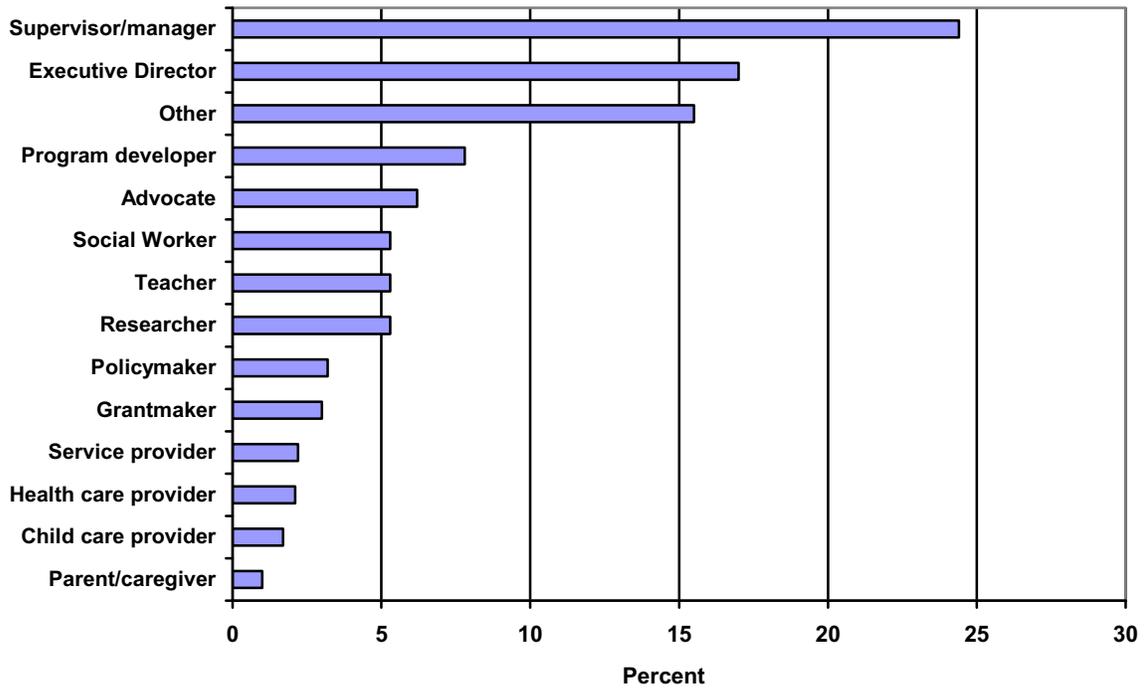


Figure 3.2
Respondents' Primary Roles or Positions



The survey also achieved broad geographic representation, with respondents from 50 states and the District of Columbia. When compared to the distribution of children in the United States by region, the Western region was overrepresented among survey respondents and the Southern region was underrepresented (see Figures 3.3 and 3.4).

Figure 3.3
Distribution of Respondents by Region

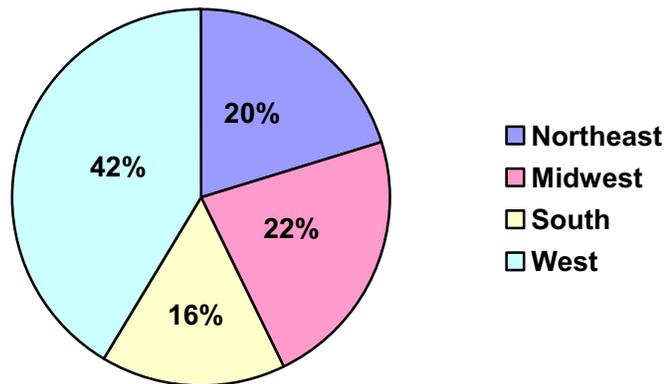
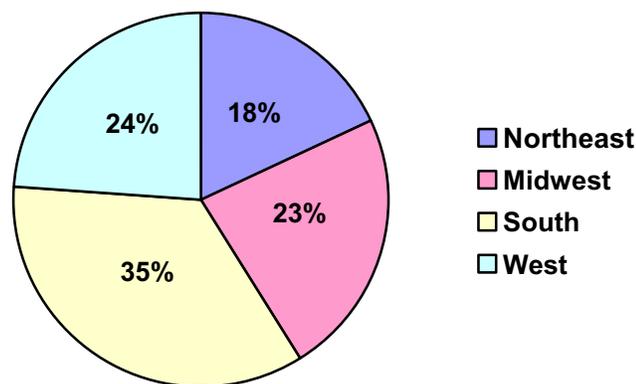


Figure 3.4
Distribution of Children Under Age 18 by Region (2005 estimates)



Source: U.S. Census Bureau, State Interim Population Projections by Age and Sex: 2004 - 2030, Table C.1. The selected age groups of total population by region and division (<http://www.census.gov/population/www/projections/projectionsagesex.html>), accessed October 25, 2008).

The survey also queried respondents as to whether their organizations were currently grantees of the Doris Duke Charitable Foundation, the sponsor of this project. Of the 2,137 respondents who answered this question, 4 percent reported being grantees of DDCF, 18 percent replied that they did not know, and the remainder responded that they were not.

It is unknown whether survey respondents characterize some approximation to a “representative” sample of individuals from the child abuse and neglect prevention field, primarily because accurate data regarding the characteristics of the field do not exist. Furthermore, it is unclear exactly how to conceptualize the field for this purpose. What we are able to say with confidence is that the survey responses represent a wide spectrum of organizations, positions, and geography rather than being concentrated among one area of the field, such as grant makers or court officials.

Present Status of the Field

Respondents were asked to indicate all the age groups that their organizations serve. About 11 percent of respondents indicated that this question was not applicable to them. Among those for whom the question was applicable, the most frequent response was ages 3-6 (67 percent), followed by ages 0-2 (62 percent). All other age groups were served by about half of respondents (Figure 3.5). This shows that most organizations in the field served a variety of age groups rather than focusing primarily on only one age group.

The survey results also showed that organizations serve a wide spectrum of subgroups of children and families. This question was not applicable to approximately 8 percent of respondents, and the remaining analysis excluded those responses. When asked to indicate all subgroups that their organizations worked directly with or on behalf of, respondents most frequently replied parents of young children (74 percent) and families living in poverty (68 percent). However, it is notable that respondents mentioned nine other subgroups between 40 and 60 percent of the time (Figure 3.6).

Figure 3.5
Organizations' Target Age Groups
 (Checked all that applied)

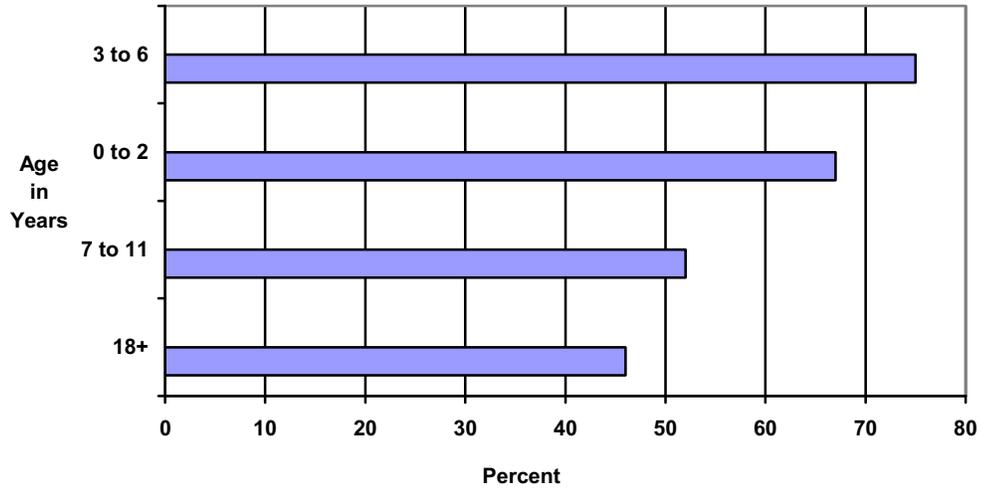
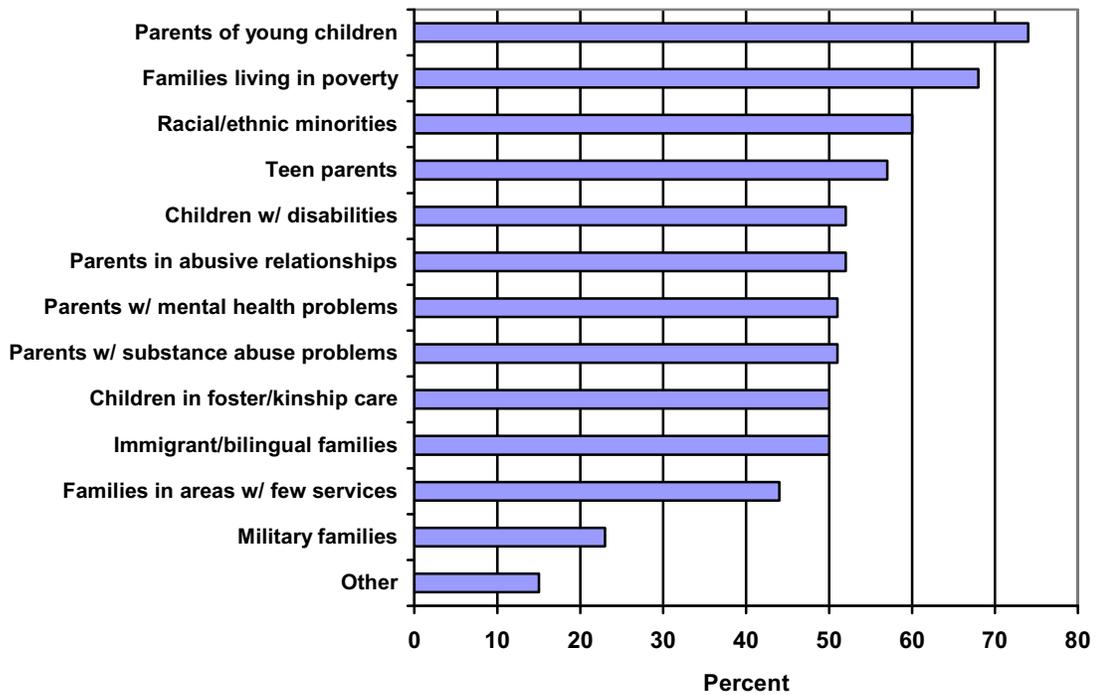
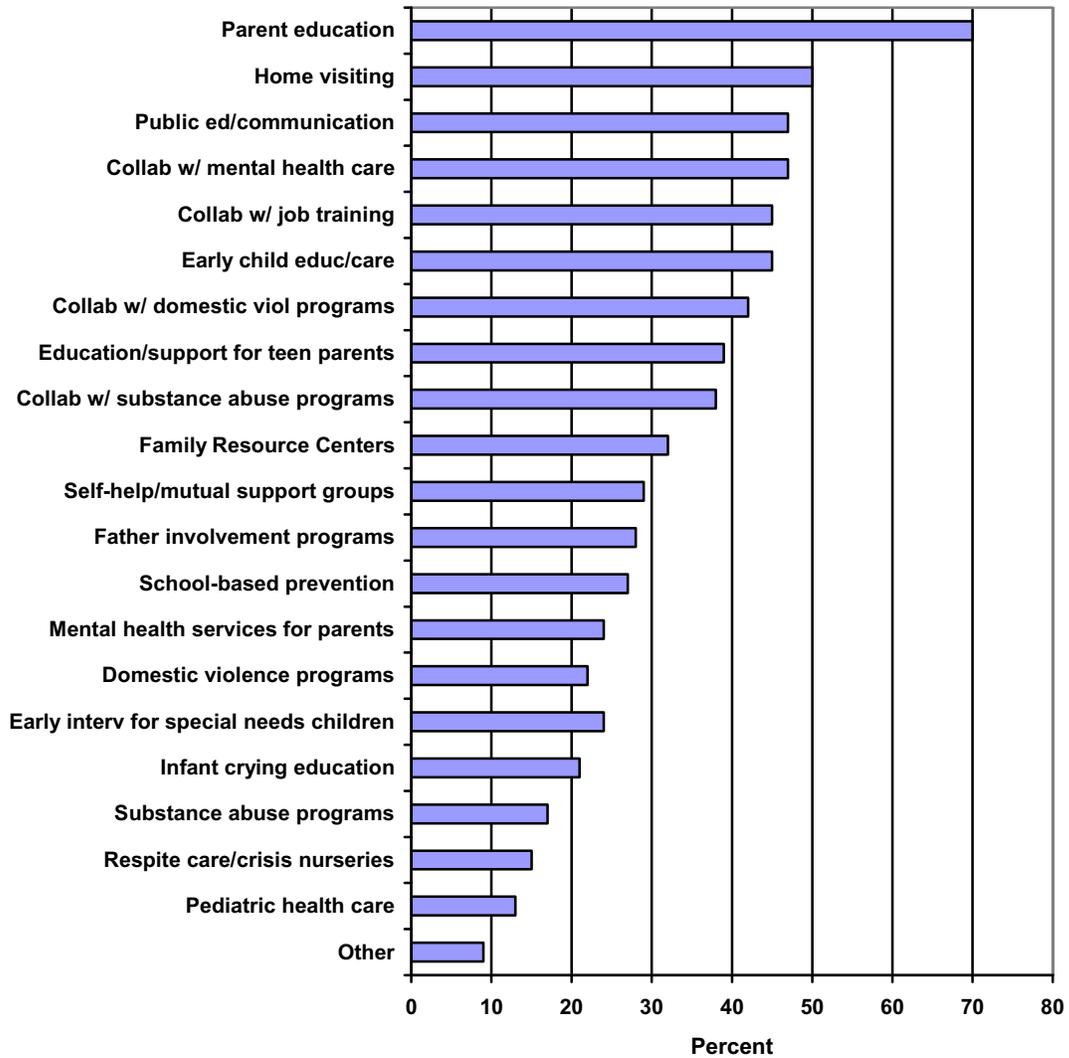


Figure 3.6
Subgroups that Organizations Work Directly With or on Behalf Of
 (Checked all that applied)



While organizations served a wide variety of age groups and a broad spectrum of sub-populations, we observed a clear leader among the strategies that organizations provide or support. Over two thirds of organizations provided or supported parent education (Figure 3.7). Organizations also reported using another six strategies – home visiting, public education/communication, prevention within early childhood education/child care, collaboration with mental health services (i.e., linkages with mental health services to augment their own services), collaboration with domestic violence programs, and training for direct service workers – between 40 and 50 percent of the time.

Figure 3.7
Strategies that Organizations Currently Provide or Support
(Checked all that applied)



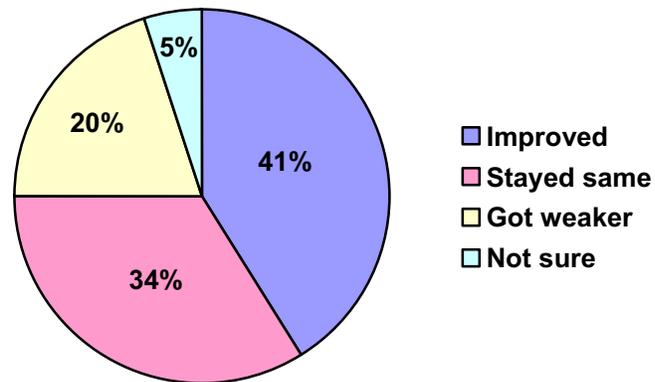
Another question used to capture the current status of the field was a question that asked respondents to indicate whether factors that impact child abuse and neglect prevention had improved, stayed the same, or gotten weaker in the last few years. Out of 14 factors, respondents were most likely to report that the factor had “stayed the same” for 12 of them (Table 3.1). Only one factor—funding—was described as having “gotten weaker,” by 57 percent of respondents. Similarly, only one factor—partnerships/collaboration among organizations—was described as having “improved” by 53 percent of respondents.

Table 3.1
Most Frequent Response Regarding Whether Factors Had Improved, Stayed the Same, or Gotten Weaker in the Last Few Years in the Field as a Whole

Factor	Percent
Improved	
Partnerships/collaboration among organizations	53
Gotten weaker	
Funding	57
Stayed the same	
Policy/legislation	50
Communication/public education	43
Development of new prevention strategies	44
Quality of existing prevention strategies	55
Professional development/training opportunities	42
National leaders in the field	49
State-level leaders in the field	46
Local-level leaders in the field	48
Use of research findings	40
Advocacy	46
Reaching target populations	46
Serving hard-to-reach populations	43

Finally, we also asked respondents to indicate whether overall, they think that organizations’ abilities (e.g., staff skills, funding resources, knowledge of prevention strategies, etc.) to prevent child abuse and neglect in the last few years have improved, stayed the same, or gotten weaker. In this case, the most common response was “Improved” (41 percent), and 34 percent of respondents replied “Stayed the Same” (Figure 3.8).

Figure 3.8
Organizations' Abilities to Prevent Child Abuse and Neglect in the Last Few Years



Priorities of the Field

We also asked respondents to share their views on what priorities the child abuse and neglect field should place on a number of areas. These included age groups, sub-populations and type of abuse or neglect.

In terms of age groups, nearly two-thirds of respondents indicated that children age two and younger should be the highest priority (63 percent). Roughly another quarter of respondents indicated that children between the ages of three and six should be the highest priority (24 percent). Children between the ages of seven and 11 were selected by about one in twelve respondents, and the remaining respondents selected children aged 12 to 17 (Figure 3.9).

We also inquired about what two sub-populations respondents thought should be the field's highest priority. In this case, five different categories were each mentioned by approximately a quarter or more of the respondents: families living in poverty, parents with substance abuse problems, new parents, teen parents, and parents in abusive relationships (Figure 3.10).

Figure 3.9
Age Group that Should be the Highest Priority

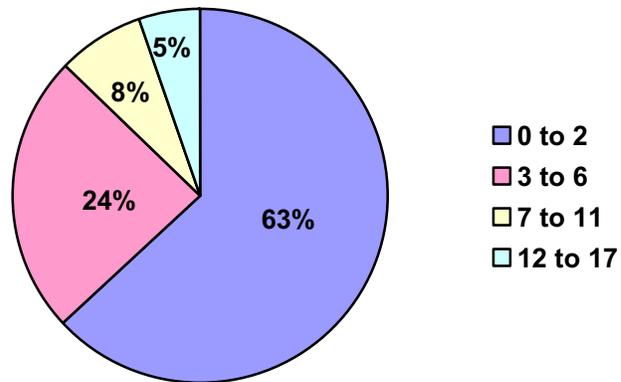
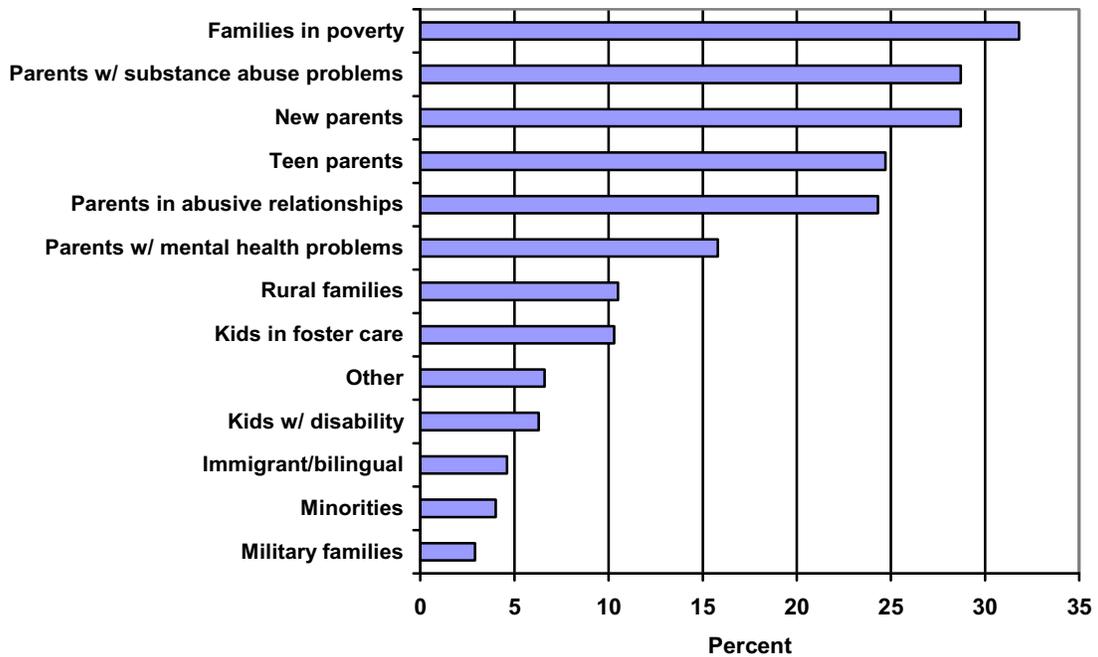


Figure 3.10
Populations that Should be the Highest Priority for Prevention Efforts
 (Checked up to two)

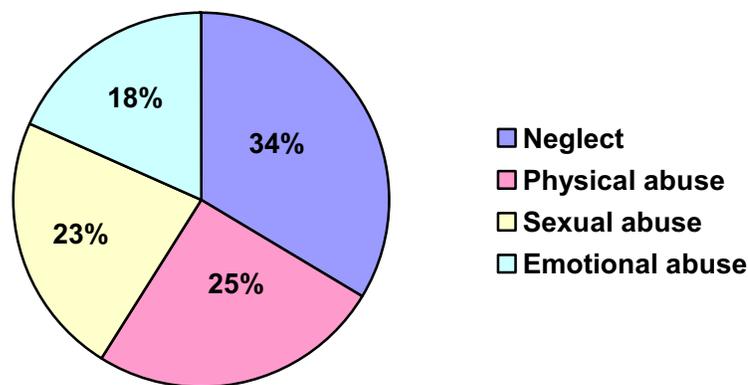


Finally, we asked respondents to select the type of abuse or neglect that should be the highest priority for prevention efforts. Consistent with the incidence of types of maltreatment, the survey results showed that

respondents selected neglect most often, followed by physical abuse, sexual abuse, and emotional abuse. However, the distribution of our survey responses about the priorities for types of maltreatment does not reflect the actual distribution of the incidence of maltreatment types. Data indicate that neglect represents nearly two-thirds of maltreatment (1), while only about a third of survey respondents selected neglect as the highest priority for prevention (Figure 3.11). The survey responses display a more even distribution between the four choices relative to the true incidence.

Figure 3.11

Type of Child Maltreatment that Should be the Highest Priority



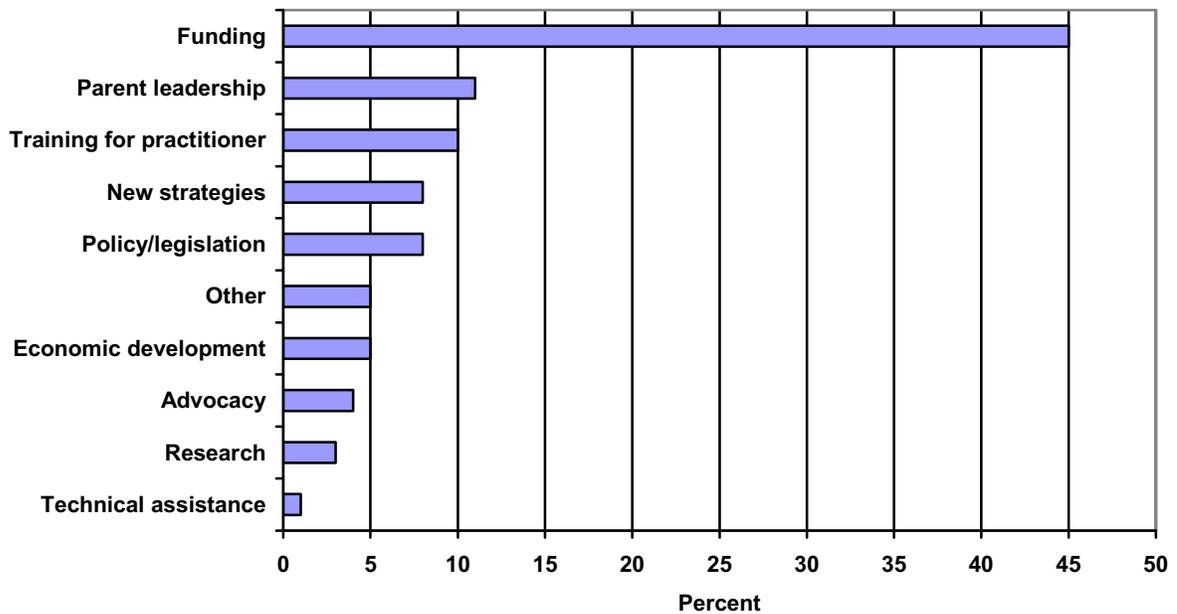
Future Areas of Focus

One of the priorities for the survey was garnering the field's view of the direction child abuse and neglect prevention efforts should move toward in the future. We solicited input on this issue through three survey questions.

The first question asked which one area of prevention is most important to develop or improve in order to better prevent child abuse and neglect. The most common response to this question – funding for specific services/strategies – had nearly four times as many responses as the next most common response, with 45 percent (representing 1,000 respondents) choosing this answer (Figure 3.12). Five other choices received between five and 10 percent of responses.

Figure 3.12

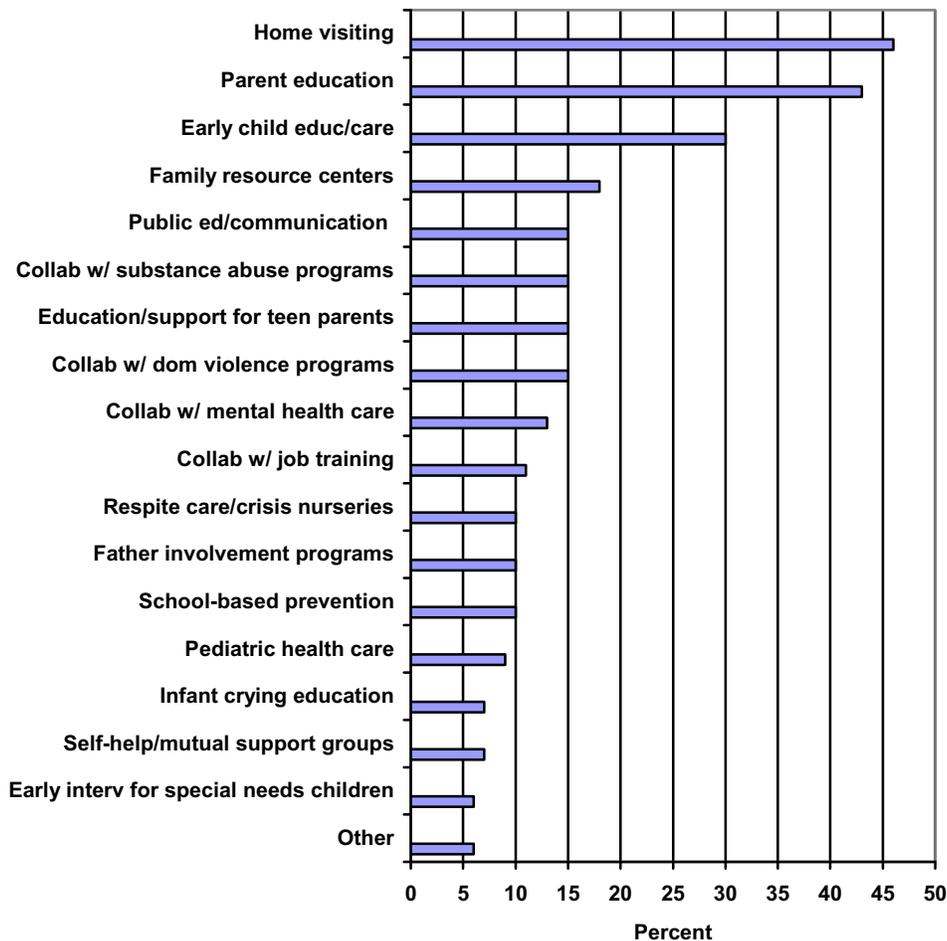
One Area of Prevention Field that is Most Important to Develop or Improve



We also asked respondents to indicate whether they thought that improvements in the prevention field should be focused at the national, state, or local level. The most common response was the local level (43 percent), followed by the state level (30 percent), and the national level (19 percent). Some respondents answered “not sure” to this question (8 percent).

The survey also asked which strategies hold the greatest promise for preventing child abuse and neglect (respondents could select up to three). Two strategies clearly stood out from the set of 19 possible responses: 46 percent of respondents selected home visiting and 43 percent selected parent education. The next most frequently selected strategy was prevention within early childhood education/child care with 30 percent. There were 10 other strategies that respondents selected between 10 and 20 percent of the time, and the other five responses were chosen less than 10 percent of the time (see Figure 3.13).

Figure 3.13
Strategies that Hold the Greatest Promise for Preventing Child Abuse and Neglect
(Checked up to three)



How Respondents Would Spend \$5 Million Each Year for Five Years to Prevent Child Abuse and Neglect

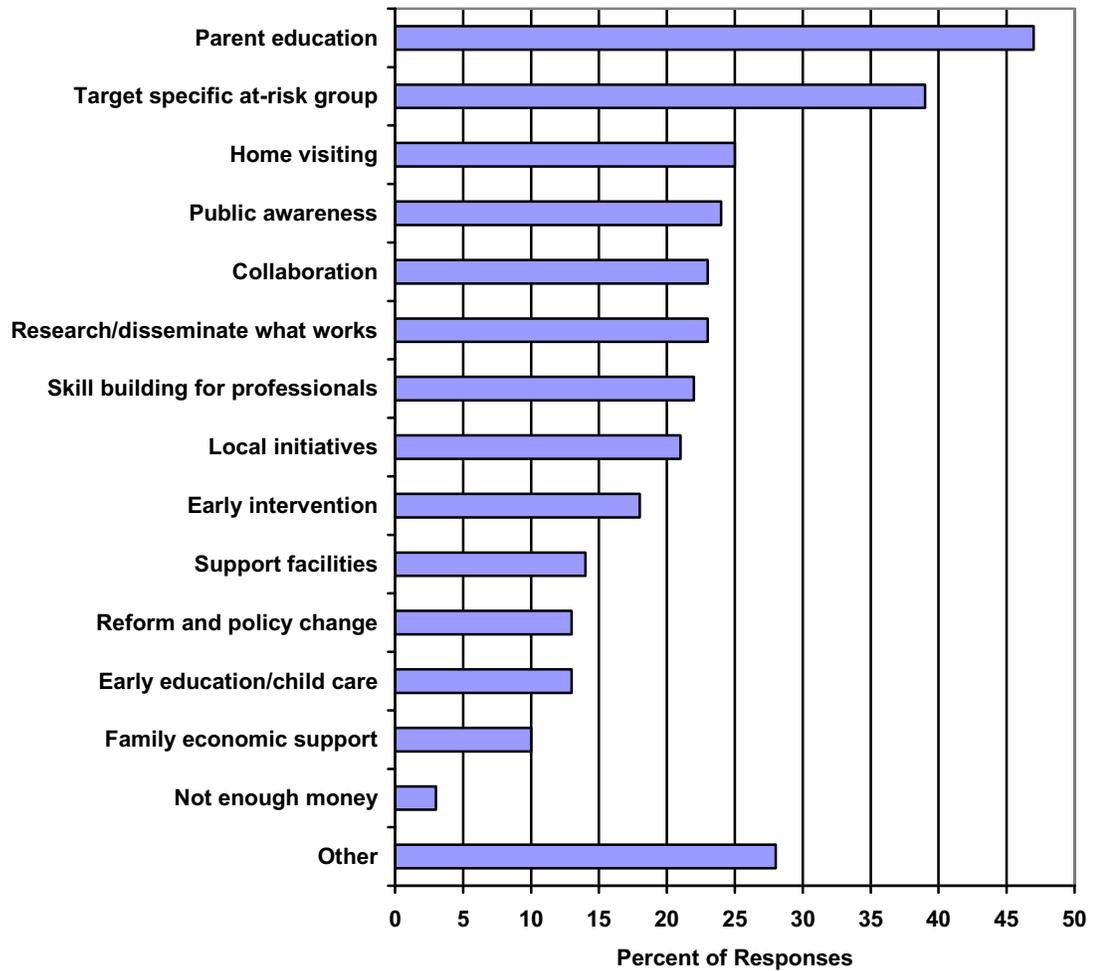
Nearly two-thirds (65 percent) of survey respondents (n=1,500) wrote in an answer to the open-ended \$5 million question. The figure below lists the 17 themes that were identified in the answers to the \$5 million question and the number of times they were found (Figure 3.14). There was strong congruence between the themes raised in the answers to this question and those that were apparent in the responses to the other survey questions. For instance, parent education and home visiting emerged as the two specific strategies mentioned most often in the open-

ended question. These were also the two strategies that respondents most often provided currently (see Figure 3.6 above) and most often mentioned as having the greatest promise for preventing child abuse and neglect. It is also noteworthy that the only issue that respondents identified as having gotten weaker in the last few years—funding (see Table 1)—was also one of the top themes suggested in the responses to the open-ended question about how to spend prevention dollars. Other recurring themes in both sets of responses are those that emphasize early intervention and local initiatives.

There were also a number of themes that were not captured elsewhere or received greater emphasis in the open-ended responses. The most noteworthy of these was a clear recommendation to focus efforts on at-risk groups. Respondents often single out parents with substance abuse problems, teen parents and parents with mental health issues as needing attention for prevention efforts. Respondents also frequently mentioned providing training for all young people *before* they became parents, much in the same way that educational systems provide public health information on substance abuse prevention, driver's education or pregnancy prevention. Another strategy that was more prominent in the open-ended responses was using a \$5 million annual budget on public awareness campaigns for the general public or policymakers. Similarly, the need to disseminate information on "what works" in child abuse and neglect prevention emerged as a common theme in the responses to this question.

Figure 3.14

Themes Suggested in Responding to Write-in Question: “If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?”



Sample Write-in Responses

In addition to coding and analyzing the themes we found in the write-in answers to the “\$5 million question,” we also have selected several write-in responses that we considered to be especially unique, new, or innovative, or that were exceptional examples of the themes we identified. These selected examples are provided in Appendix A, in their unedited and original form.

4. Conclusions

This project was unique in its effort to obtain input from individuals who work in the field of child abuse and neglect prevention—or in any social services discipline for that matter—for the purpose of informing an organization’s strategic investments. The growth and ubiquity of the Internet enabled us to capture the perspectives of those who work in the field on a daily basis. It is noteworthy that DDCF combined the more traditional strategy of soliciting input from an expert advisory panel that was also convened to inform the External Review with the fresh approach RAND used in this project to gain insights from the field.

As a whole, the expert papers and survey results characterized the current and future state of the child abuse and neglect prevention field as follows:

- Members of the field contributed a wealth of ideas about how to prevent child abuse and neglect. These ideas include comprehensive system-level approaches as well as taking a population or strategy-specific approach and implementing strategies at a more local level. To move forward on any one approach will likely require financial investments, policy changes, and a reframing of the child welfare system to be more prevention-oriented.
- The suggestions made in the expert papers and the survey results reinforced each other.
- Most factors that impact child abuse and neglect prevention have generally improved or stayed the same in the last few years, with the majority staying the same. The findings paint a portrait of a field in a relatively “steady state,” as opposed to one going through major upheavals. Despite the apparent current status of the field, there is evidence in the data we collected that professionals in the field are in favor of meaningful changes.
- A notable exception to the characterization of a stable field was that funding has gotten weaker and is the area most often cited as in need of improvement.

- Most individuals recognize the value of prevention in a field dominated by a treatment paradigm. Additionally, the responses indicate a readiness to focus on the most at-risk families and a preference for intervening as early in the families' lives (or *future* parents' lives) as is practical.
- The results also suggest the primacy of parents in the prevention field. Strategies selected as holding the greatest promise for preventing child abuse and neglect (home visiting and parent education) as well as the populations that organizations currently work with (parents of young children) and strategies currently employed (parent education) reflect this. Additionally, the theme of providing *universal* support and education to all parents was prominent in the responses. The availability of more widespread parenting support may remove some of the stigma felt by parents who may be at risk for abusing or neglecting their children and ask for help. This stigma was mentioned by many survey respondents as a barrier to parents seeking assistance.
- Finally, much of the data collected through the project's activities point to increasing the focus of improvements and investments at the local level first, followed by the state and national level.

This project collected a wealth of information from all corners of the child abuse and neglect prevention field. We identified many themes that the Doris Duke Charitable Foundation's Child Abuse Prevention Program could consider in reviewing the program's priorities and strategies; however, no "silver bullet" emerged.

Endnotes

(1) *Child Maltreatment 2006*, Administration on Children, Youth and Families, 2008.

(2) *Time for Reform: Investing in Prevention: Keeping Children Safe at Home*, Pew Charitable Trusts, 2007.

(3) *Children & Youth Funding Update*, The Foundation Center, 2002.

Appendix A. Sample Survey Write-in Responses

Examples of strategies focusing on early intervention (pre-natal to newborn):

- Classes in the hospital setting after delivery that teach calming methods and ways to handle difficult and stressful situations for a new parent. Unacceptable parenting behavior is developed as easily as unacceptable behaviors are developed for a child. Training for OB/GYN offices and hospital staff of ways to help identify potential abusers. Compassionate education offered to a new or prospective parent on ways to deal with stressors that may trigger memories of painful situations in their past.
- I would use \$5 million a year for five years to move forward a system of universal prenatal-early childhood services that 1) reach out to identify all pregnant women and parents of newborns, to provide basic health, developmental, and community services information and assess families' needs for further services and refer families to those services; 2) provide parenting education and support services for families who need relatively low levels of continuing assistance; 3) provide intensive home visiting services, such as Healthy Families New York, for the most challenged families. The project would need to include both community-level demonstrations and state-level policy research and analysis, with the two levels relating to each other. The community-level demonstrations would best be placed in locations that have made some progress in establishing that "pyramid" of services; the state-level analysis would be not only evaluate the process and outcomes of the demonstrations, but be essential in identifying the challenges and impediments to the system - often bureaucratic regulations, reporting systems, etc. as well as ongoing funding for services. The fifth year would

include in-depth report and recommendations for expanding beyond the demonstrations.

Examples of strategies focusing on professional development and strengthening current child and family welfare services:

- Often time the first line of defense for children is the care providers who interact with them on a daily basis. Although there are attempts to train child care providers how to recognize and deal with abuse, many feel uncomfortable or unsure how to talk with families, make reports or what constitutes abuse and neglect. I would use these funds to create a training and information campaign targeted to early care providers that demystifies child abuse and neglect and empowers providers to advocate for the families and children they care for daily.
- That's \$100,000 per state per year. I'd work with Public Health Professionals and Child Protection Officials in each state to conduct a needs assessment in each state to determine training needs for pediatricians, other health care providers and child care providers. Based on the needs assessment, develop a calendar of high quality trainings offered at various times and locations in each state. Dissemination of research and best practices in child abuse prevention would be an important component of the trainings.

Examples of strategies advocating for policy or legislative changes:

- Educate state policy makers: 1. Educate them on the impact of adverse childhood experiences and the resulting child traumatic stress (toxic stress) on a developing brain and the lifelong costs to individuals, families, communities and our society. They determine the state priorities, which predict available resources, funding streams, and service priorities and distribution. State policies have a direct effect on local policies and practices, which directly impact service provider systems and the families they serve. 2. Encourage state policy makers to focus their resources on

early childcare and public schools – to locate mental health and behavior health services in the schools, train all school personnel in prevention, train and reward early childcare providers, create a culture of care in all of our institutions, prioritize child welfare and use as the single most important measure of a state’s greatness the well-being of their children.

3. Use the Adverse Childhood Experiences (ACE) Study findings and the costs that neglect and abuse cost us as a nation at the top of the resiliency chain. Use the juvenile and criminal justice data and the costs at the other end of the resiliency chain. It has to be couched in terms of \$\$\$\$\$ - - or they won’t hear it – and frame it in terms of investment vs. expense. We are going to spend the \$\$, but if we invest, we can get a return! 4. Link the populations you listed in your survey, i.e., let state policy makers know that homeless families, families affected by mental health and behavioral health problems, military families, and teen parents are ALL pieces of the same puzzle. If we reach parents in school, “care” for children in schools and child care systems, we will need fewer detention centers, alternative schools, jails and prisons.

- Change national policy to make it more normative for young/first-time parents to receive intensive coaching for health and parent-infant attachment during pregnancy and the first two years of life. Make respite care programs normative and widely available, particularly among parents of children with disabilities. Invest in research to develop truly effective domestic violence prevention and intervention programs and attend carefully to children's experience and needs in those programs.

Examples of comprehensive strategies:

- If I had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the U.S., I would set up an innovative 3-tiered program: one tier for developing a physical structure - a place families can call "home" and shop for the services they need most; a second tier would be for the services, including preventative care for behavioral health, parent education, and wellness; and a third tier would be used for reaching out to the community to volunteer and fund these

services. The organization would use a collaborative model and partner with local, state and federal government and non-profit agencies. It would be run using a management style that inspires creativity and focuses on strengths-based practices. The organization would be run by intelligent practitioners of social and human services who can make change happen in a positive light, both within the organization, as well as with families. The organization would inspire world leaders to lead in a new way that catalyzes peaceful living.

- Funds would support a comprehensive approach to addressing child abuse prevention and include but not be limited to universal home visiting services; family resource centers in every community or neighborhood, public education efforts to promote parenting education in all types of settings both formal and informal, primary prevention efforts that link early care and education/child care and family support practices; and increased research to demonstrate the efficacy of these approaches. Funds would also be used to promote community building strategies that focus on families in poverty and rural communities where services are limited. Parent advocate programs might also be a possible strategy as well as alternative response approaches currently being piloted in many states. Distribution and planning for the funds would be done in collaboration with key stakeholders both public and private, building on existing efforts such as the Early Childhood Coordinated Services planning process.
- If we had \$5 million to spend each year over the next five years, we would make an investment in improving the quality and availability of services within a comprehensive continuum that addresses the needs of the entire family. Services would include: home visiting; center-based, full-day child care and early childhood education; parent support and education; quality, clinical services for both children and parents; and specific assistance to help families overcome the obstacles of abuse and neglect and achieve self-sufficiency. Services would be designed to address the needs of children and parents during all aspects of the lifecycle, and services would be both age-appropriate and culturally sensitive. We would also use funding to expand services to immigrant communities, who experience language

barriers and other barriers to receiving services, and enhance services to hard-to-reach, isolated families, such as families who experience substance abuse, mental illness, and domestic violence. In addition, we would begin an initiative to improve professional development and training among staff to increase staff retention, decrease burn-out, and improve the overall quality of programming.

Examples of strategies focusing on a particular abuse and neglect risk factor:

- I would target the population impacted by domestic violence. The money would be used to fund services to victims of domestic violence so that they can become free from their abusers within a supportive and empowering climate. Children in homes where DV is occurring are very likely to be physically abused, emotionally abused, and neglected. Assisting victims in becoming free in a sustainable way makes the children safer too. An emphasis would be placed on housing, childcare, education and employment for the victims to ensure their ability to support themselves and their children. I also believe there must be a national effort to develop legal advocacy, financial assistance and pro bono resources to prevent batterers from getting custody of their children, especially through the "parental alienation" route. Many children are being forced to live with their abusive parent.

Examples of strategies focusing on a particular at-risk group:

- Preventing abuse and neglect is a very complex issue. I believe that money needs to be used to impact parents the earlier the better. New parents, teen parents, low-income or parents that already have other risk factors need to be educated and informed as soon as their babies are born. They need to be educated about where help is available. Support groups work well. Money invested in family organizations, parent education programs,

respite care are all important. Many abuse cases are the result of generational abuse. Many parents really haven't learned acceptable ways in dealing with stressful situations. We need more help for children that aren't old enough to speak for themselves, that's why early, early intervention is so important. At the state level, more money needs to be invested in the hiring of adequate numbers of CPS workers. Their caseloads are way too big and cannot be expected to stay on top of all the cases that are assigned to them. Many slip through the cracks. This is unacceptable. Many of these parents aren't bad people; they just really need help and the one-on-one type of help. This takes money to do. Volunteers can do some of this work, but it takes professional people to manage and train the volunteers.

- The reported incidence of abuse and neglect for children with disabilities is staggeringly high! Yet current efforts to highlight, much less reduce, the frequency of abuse is not adequately addressed by child abuse and neglect professionals. This is abuse and neglect from the professional community. It is time the advocacy for children's well-being exposes and addresses the universal abuse of children with disabilities.
- Prevention programs that work with teens before they are parents and may be dealing with parents who are abusive in a variety of forms is where I would spend a major portion of the money. If we can break the cycle and educate those who are being impacted to see and do something differently I believe we are impacting abuse much more effectively. The challenge is the evaluation of prevention and how do we know. The other piece that should be included is parent support programs that help educate and support parents of all ages, from the very young to teens. Parents many times feel they are alone in this role of parenting and if there were programs that were sensitive and respectful to the needs of parents that would have some impact. Finding the leaders in the community that have influence on these parents will get them there.

Examples of strategies focusing on a particular practice or program:

- Respite and Crisis Services -- these services provide immediate help to families reluctant for something more intrusive such as home visiting or comprehensive support, immediately protect the child from harm and then provide an important bridge for building trust and offering more services.
- I would spend it by increasing funding of existing successful Family Resources Centers and target adding new ones that are mentored and supported by successful ones. I would give them enough funding to do outreach to rural sites outside the larger communities where they are housed. I would prioritize opportunities for them to learn from each other and opportunities to collaborate with other organizations to get more out of the funding. I would fund those programs to use research based tools like Parents as Teachers and give them the tools to reach more families. I would fund mileage and food to support more opportunities for families to participate in these programs and more marketing funding to help inform families that these services are out there for all families.
- Two major areas would be parent education offered at many community programs and locations and professional development on issues related to child abuse prevention for practitioners working with children and families. The parent education program should not be seen as a child abuse prevention program but one that is offered to all parents in a program or community. One of the outcomes will be child abuse and neglect prevention. The programs should be targeted to parents of children of all ages with a special emphasis on parent with very young children. Practitioners including early care and education teachers and staff, public school teachers, medical professionals, and staff of many community services should receive professional development and training in understanding the issues related to child abuse and neglect including emotional abuse, understanding the potential factors that prevent abuse and neglect, and learning

about child abuse resources and how to report abuse and neglect to the appropriate authorities.

Examples of strategies focusing on increasing the evidence-base behind prevention programs and expanding the use of evidence-based programs:

- I would support a coordinated approach to: **translate current research into "lessons for the field" so that we promote what we know **support a small cadre of highly credible and creative researchers to develop new approaches to evaluation of prevention programs and initiatives (including systems change evaluation) **link this cadre of researchers to a small group of states willing to test out statewide approaches to CAN (child abuse and neglect) prevention (based on what research tells us as well as innovation), from programs on the ground to systems integration that support strong families and neighborhoods to statewide policy changes that support what is shown to work. **develop a strategic communications plan either through the DDCF or grantee that creates a "drum roll" around the findings of the researchers and states, and translates those findings into practical and targeted tips for implementation and application to diverse communities (ethnically, geographically, etc).
- I would release it to state health programs to release through an RFA process to local communities. I would want the proposals from local communities to be based on best or promising practices, to be culturally relevant, to show evidence of local buy-in and strong collaboration, and to be data driven. The proposals should either be able to indicate community readiness, or a community readiness assessment should be built into the proposed project. I would want the local communities to be able to identify the evidence based strategies that would be most appropriate for their communities, and I would want a portion of the money to be designated for evaluation. I would expect the state health departments to provide technical assistance throughout the projects. I would want the funders to provide additional technical assistance and training through Web

conferences, conference calls with local and state providers, distribution of relevant articles and research, etc.

- I would start with identifying the research based best practices for prevention and 1-3 best practices that have not been adequately researched to date. Next identify urban, rural and suburban communities with the most promise of adequately carrying out demonstration projects (RFP process) and more than adequately fund projects with research components to carry out 3-5 year projects to demonstrate effectiveness and ultimate cost effectiveness. I would also reserve a hefty amount of money to adequately examine methods of helping the "field" make the shift to appropriately responding to the neglect issues that we know are so damaging to children (i.e. brain size reduction, inability to carry out more than one step instructions due to neglect, etc.) Research has demonstrated the negative and often irreversible effects of neglect but the response by communities and practitioners is still the same as it was 25 years ago. These children are also neglected by the system if we do not make major shifts. That ought to more than use up 5 million dollars.

<p>Examples of strategies with an economic development focus:</p>

- I would conduct a large-scale experimental evaluation of the effect of economic assistance on preventing child maltreatment. Poverty is perhaps the most consistent correlate of child maltreatment, particularly of child neglect (the most common reported form of child maltreatment), yet we have very little understanding of how poverty and income affect the risk of abuse or neglect. I'd love to see something akin to a "reverse welfare reform" experiment, where families identified as income eligible are randomly assigned to receive time-limited cash assistance with no strings attached. This sounds unconventional, but the reality is that there has never been a study of rigorous design that seeks to isolate the role of income/poverty on child maltreatment risk. The closest we've seen is a Delaware evaluation of the impact of welfare reform-like policies, and these researchers found that the experimental group had a higher rate of neglect reports. However, we don't know from this experiment whether the

withdrawal of cash assistance, the requirement of employment, or other policies bundled with the reform are responsible for this increase. I think there is a tremendous amount of value in learning once and for all whether poverty/income in and of itself has a proximal role in the etiology of child maltreatment. Wouldn't it be informative to know what % of child maltreatment risk is attributable to poverty alone? Of course, it won't be the silver bullet (economic assistance), but assuming it has a significant impact, it would force those designing prevention efforts to incorporate economic assistance aspects into their models.

Examples of strategies with public awareness components:

- If I had \$5 million dollars to spend each year, I would implement a comprehensive universal media campaign designed to educate the public on what effective prevention strategies are that all families and caregivers could utilize. The overall goal of the campaign would be to promote the prevention of child abuse and neglect through improved parenting and community engagement. I would saturate campaign messages and materials in all places that parents frequent on a daily/weekly basis. This includes: libraries, schools, parks, doctor's offices, clinics, girl/boy scout clubs, grocery stores, shopping malls, movie theaters, after school camps, etc. There would be parenting tips and a community listing of resources included on each piece of literature distributed. Public service announcements that reinforce campaign messages would be developed and aired. I would utilize volunteers and civic organizations to help implement the campaign and train others in the community on what prevention is and that child abuse and neglect can be prevented. Training for all media outlets would be included on an annual basis. The training would educate reporters and journalists on the importance of printing a message focused on solutions rather than just the problem. An evaluation would be conducted to measure the public's understanding of prevention strategies, their knowledge on child development and developmentally appropriate practices, and their perception if abuse and neglect can be prevented before it ever occurs. This will give us a look at

how the general population perceives prevention and in what areas we need to further focus our attention.

Examples of strategies involving collaborations or community partnerships:

- The greatest challenge to effective child abuse prevention is the fact that society's systematic approach to child abuse is reactive—responding after abuse occurs. Intervention dwarfs prevention in terms of dollars and human resource allocations, research, etc. Prevention programs are generally delivered in piecemeal fashion, with very little strategic thinking about the best overall strategies to employ collaboratively. Therefore, if I had \$25 million to spend over five years, I would use the money to induce a more systematic approach to prevention. I would provide five year grants to pilot projects aimed at creating comprehensive, collaborative, systematic, culturally-competent local initiatives to prevent abuse for all children in the community. Collaboratives representing the populace of counties, municipalities, or states could apply for the grants. Grantees would use the funds to engage in planning tasks for up to two years, including but not limited to: assessing current local practice, developing theories of change, creating timelines, community engagement and stakeholder meetings, planning for a systematic approach to prevention, and gathering data for baseline measurements. Communities would develop upstream measurements (for example nonviolent parenting practices, parental support, etc.) to insure that changes likely to prevent abuse could be tracked. Grantees would be encouraged to build on existing programs in their communities, fill identified gaps, and insure that a full complement of programs, linkages, and points of entry are included. Sustainability would also be an important element for consideration. Implementation would follow planning. Outcomes would be tracked and compared to baseline data. With a comprehensive, systematic approach to prevention, I believe these pilot projects would improve outcomes for families, resulting in data that could be used to pass legislation to create and fund systems of prevention everywhere in the country.

Examples of strategies that stood out as unique among the other responses or presented a new, uncommonly mentioned idea:

- Training for family advocates in every community to help identify and help families in stress that are at risk for child abuse. This would include intervention for teen parents, parents involved in substance abuse, and any parent who self-identifies seeking help. Family advocates {FA's} would work in partnership with local hospitals and birth centers, preschools, public health nurses and elementary schools. FA's would become mentors and partners with parents to help them feel supported and able to learn parenting skills and stress reduction techniques, as well as resources beyond the advocate.
- Develop a system such as the teaching corps so that pre service teachers can work in a variety of programs and organizations to educate about child abuse. People who work in this program would need training and a system to network with others for support as they perform their jobs. I find that the college students I teach, even though they are preparing to becoming teachers, have little awareness of what they could do concerning child abuse and neglect except the understanding that they are mandated reporters. Their participation in a program would be a viable way for them to learn more and serve others before they begin their planned teaching careers where they would then also use what they have learned and experienced. An incentive could be a loan forgiveness program.

Appendix B. Survey Questions and Answers

A Survey on the Prevention of Child Abuse and Neglect

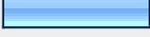
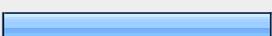
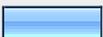
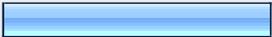
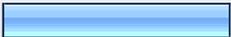
1. In the last few years, overall do you think organizations' abilities (e.g., staff skills, funding resources, knowledge of prevention strategies, etc.) to prevent child abuse and neglect have:

		Response Percent	Response Count
Improved		41.0%	948
Stayed the same		34.0%	786
Gotten weaker		20.1%	464
Not Sure		5.0%	115
<i>answered question</i>			2311
<i>skipped question</i>			2

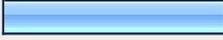
2. The table below lists factors that may impact the prevention of child abuse and neglect. Considering the child abuse and neglect prevention field as a whole, please indicate if these factors have improved, stayed the same, or gotten weaker in the last few years.

	Improved	Stayed the Same	Gotten Weaker	Not Sure	Response Count
Funding	11.4% (260)	25.4% (578)	56.5% (1286)	6.7% (152)	2276
Policy/Legislation	23.7% (539)	50.1% (1137)	19.6% (446)	6.5% (148)	2270
Communication/public education	39.0% (883)	42.5% (964)	16.8% (381)	1.7% (38)	2266
Partnerships/collaboration among organizations	52.5% (1192)	32.9% (747)	11.0% (250)	3.6% (82)	2271
Development of new prevention strategies	36.7% (831)	43.7% (991)	13.5% (305)	6.2% (140)	2267
Quality of existing prevention strategies	26.7% (605)	54.6% (1238)	14.1% (320)	4.5% (103)	2266
Professional development/Training opportunities	35.6% (809)	42.1% (956)	17.3% (393)	5.0% (113)	2271
National leaders in the field	17.5% (395)	48.5% (1096)	16.8% (380)	17.2% (389)	2260
State-level leaders in the field	18.7% (423)	46.1% (1043)	21.4% (484)	13.8% (311)	2261
Local-level leaders in the field	22.5% (509)	47.9% (1082)	17.9% (404)	11.7% (265)	2260
Use of research findings	34.5% (777)	39.8% (898)	13.5% (305)	12.2% (274)	2254

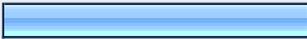
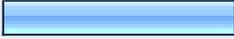
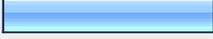
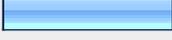
Advocacy	34.0% (771)	45.7% (1034)	16.4% (372)	3.9% (88)	2265
Reaching target populations	19.3% (437)	46.5% (1051)	25.9% (585)	8.2% (186)	2259
Serving hard-to-reach clients	13.6% (303)	43.4% (971)	32.8% (734)	10.2% (227)	2235
Comments:					441
answered question					2281
skipped question					32

3. Which of the following <u>two</u> populations should be the highest priority for prevention efforts? (CHECK UP TO TWO BOXES)			
		Response Percent	Response Count
Teen parents		25.1%	570
Recent immigrant and bilingual families		4.7%	106
Racial/ethnic minorities		4.1%	93
Parents with mental health problems		16.1%	365
Parents with substance abuse problems		29.2%	665
Families living in poverty		32.2%	732
Families living in areas with few social services (e.g. rural families)		10.6%	242
New parents		29.2%	664
Parents in abusive relationships		24.7%	561
Military families		3.0%	68
Children with disabilities		6.4%	146
Children in foster or kinship care		10.6%	242
Not sure		0.8%	19
Other		6.7%	152
If you checked Other above, please specify			177
answered question			2274
skipped question			39

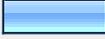
4. Given that it can be difficult to reach everyone in need, select the age group that should be the highest priority for prevention efforts.

		Response Percent	Response Count
0-2 (infants and toddlers)		63.0%	1414
3-6 (early childhood)		24.1%	540
7-11 (elementary school)		7.6%	170
12-17 (middle school/junior high/high school)		5.3%	119
		answered question	2243
		skipped question	70

5. Given that it can be difficult to address every problem, select the type of child maltreatment that should be the highest priority for prevention efforts.

		Response Percent	Response Count
Neglect		33.4%	744
Physical Abuse		25.2%	561
Sexual Abuse		22.9%	510
Emotional Abuse		18.4%	410
		answered question	2225
		skipped question	88

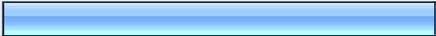
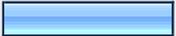
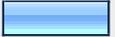
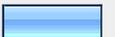
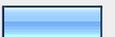
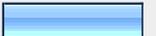
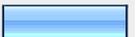
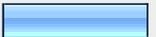
6. In order to better prevent child abuse and neglect, which one area of the prevention field is most important to develop or improve?

		Response Percent	Response Count
Funding for specific services/strategies		44.9%	1006
Developing new strategies		8.6%	192
Policy/Legislation		7.7%	172
Parent leadership		11.1%	250
Economic development		4.9%	109
Research		2.6%	59
Advocacy		4.3%	97
Training of practitioners		9.7%	218
Technical assistance		0.8%	19
Other		5.4%	121
If you checked Other above, please specify			153
answered question			2243
skipped question			70

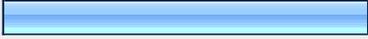
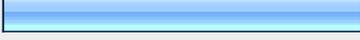
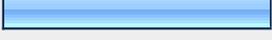
7. When considering the prevention field, should improvements be focused on the national, state, or local level?

		Response Percent	Response Count
National		19.4%	436
State		29.7%	667
Local		42.8%	959
Not sure		8.1%	181
answered question			2243
skipped question			70

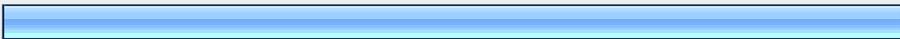
8. Which three strategies hold the greatest promise for preventing child abuse and neglect? (CHECK UP TO THREE BOXES)

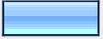
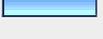
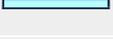
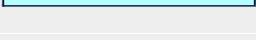
		Response Percent	Response Count
Home visiting		47.4%	1064
Parent education		44.2%	992
Family Resource Centers		18.4%	413
Collaboration with job training/economic development programs		11.4%	256
Self-help/mutual support groups		6.7%	151
Father involvement programs		10.4%	234
Public education/Communication		15.9%	356
Infant crying education/services		7.6%	170
Respite care/crisis nurseries		10.7%	239
Prevention within Pediatric Health Care		9.3%	209
Prevention within quality Early Childhood Education/Child Care		31.2%	700
School-based Prevention		10.4%	234
Prevention within Early Intervention Services for disabled/special needs children		6.6%	148
Education/support for teen parents		15.2%	340
Collaboration with mental health services		13.3%	298
Collaboration with substance abuse treatment		15.7%	353
Collaboration with domestic violence programs		15.1%	339
Not sure		0.8%	18
Other		6.0%	134
If you checked Other above, please specify			164
answered question			2243

	<i>skipped question</i>	70
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9. What are your top <u>two sources for information</u> on child abuse and neglect issues? (CHECK UP TO TWO BOXES)			
		Response Percent	Response Count
Experience with clients		40.1%	900
Interactions with colleagues		50.7%	1137
Newsletters		9.2%	207
Academic/Research literature		39.1%	878
Conferences		29.3%	658
Mainstream media		8.8%	197
Web sites		17.1%	383
Other		4.9%	109
If you checked Other above, please specify			112
<i>answered question</i>			2243
<i>skipped question</i>			70

10. If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it? (Maximum 2,000 characters)	
<p>If you would like to answer the remaining survey questions, and come back to this question at the end, use the Next and Back buttons to move forward and backward within the survey.</p> <p>(Please note: We may select a few responses to this question to post anonymously on the Promising Practices Network web page - www.promisingpractices.net. See last page of survey for more information.)</p>	
	Response Count
	1500
<i>answered question</i>	
1500	
<i>skipped question</i>	
813	

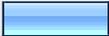
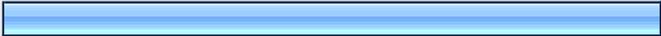
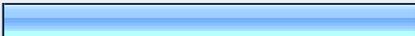
11. In what state are you located? (If not located in the U.S., please tell us what country you are from in the "Other" field)			Response Percent	Response Count
State:			99.1%	2081
Other non-U.S. Country:			1.0%	22
			answered question	2099
			skipped question	214

12. Which option below best describes the <u>type of organization</u> you are affiliated with? (CHECK ONLY ONE)			Response Percent	Response Count
Child Welfare/Protective Services			10.1%	218
Law Enforcement			1.3%	28
Court System			1.1%	23
Healthcare			5.3%	114
Early Childhood Education			18.0%	388
School (Pre-K through 12)			4.0%	86
Academic/Research Institution			6.3%	136
Government			9.9%	214
Grantmaker/Foundation			2.4%	52
Children's Trust Fund			2.7%	59
Advocacy			11.4%	246
Other			27.6%	596
			If you checked Other above, please specify	605
			answered question	2160
			skipped question	153

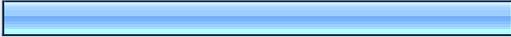
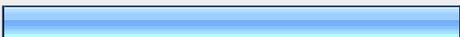
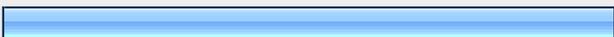
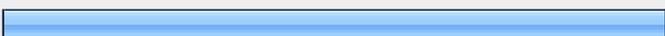
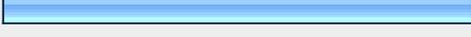
13. Which best describes your primary role or position in your organization? (CHECK ONLY ONE)

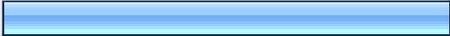
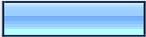
		Response Percent	Response Count
Case worker or Social Worker	<input type="checkbox"/>	5.3%	115
Early Intervention Provider (e.g., home visitor)	<input type="checkbox"/>	2.2%	47
Child Care Provider	<input type="checkbox"/>	1.7%	36
Teacher	<input type="checkbox"/>	5.4%	116
Healthcare Provider	<input type="checkbox"/>	2.2%	47
Researcher/Faculty	<input type="checkbox"/>	5.3%	114
Policymaker or Policy Staff	<input type="checkbox"/>	3.1%	68
Grantmaker/Program Officer	<input type="checkbox"/>	3.1%	66
Program Developer	<input type="checkbox"/>	7.8%	168
Executive Director	<input type="checkbox"/>	17.1%	370
Supervisor/Manager/Administrator	<input checked="" type="checkbox"/>	24.2%	523
Advocate	<input type="checkbox"/>	6.1%	132
Parent/Caregiver	<input type="checkbox"/>	1.0%	21
Other	<input type="checkbox"/>	15.6%	337
If you checked Other above, please specify			339
answered question			2160
skipped question			153

14. What age group below best describes your organization's target population(s)? (CHECK ALL THAT APPLY)

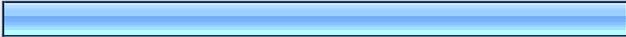
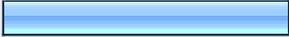
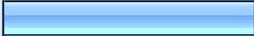
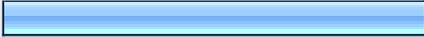
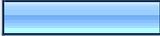
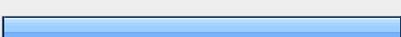
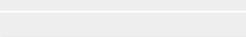
		Response Percent	Response Count
Not applicable		11.4%	245
0-2 (infants and toddlers)		66.4%	1423
3-6 (early childhood)		72.5%	1553
7-11 (elementary school)		50.4%	1079
12-17 (middle school/junior high – high school)		45.4%	972
18+		34.5%	739
		answered question	2142
		skipped question	171

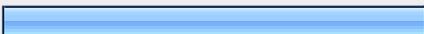
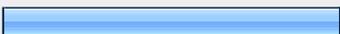
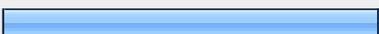
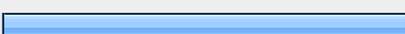
15. Which of the following subgroups of children or families does your organization work directly with, or on behalf of? (CHECK ALL THAT APPLY)

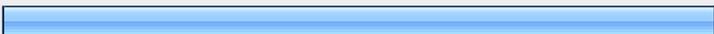
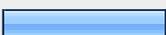
		Response Percent	Response Count
Not applicable - My organization does not work directly with, or on behalf of, children or families		9.0%	193
Teen parents		56.0%	1200
Recent immigrants and bilingual families		49.1%	1052
Racial/ethnic minorities		59.5%	1274
Parents with mental health problems		50.3%	1077
Parents with substance abuse problems		50.3%	1077
Families living in poverty		67.2%	1440
Families living in areas with few social services (e.g., rural families)		44.0%	942
Parents of young children		73.1%	1566
Parents in abusive relationships		51.6%	1106

Military families		22.3%	478
Children with disabilities		51.8%	1110
Children in foster or kinship care		49.2%	1053
Other		15.4%	330
If you checked Other above, please specify			340
			answered question
			2142
			skipped question
			171

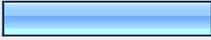
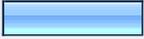
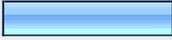
16. Which of the following child abuse and neglect prevention strategies do you, or your organization, currently provide or support? (CHECK ALL THAT APPLY)

		Response Percent	Response Count
Not applicable - my organization does not work directly with children or families		9.9%	212
Home visiting		49.3%	1056
Parent Education		68.7%	1471
Family Resource Centers		31.4%	672
Self-help/mutual support groups		28.3%	606
Father involvement programs		27.5%	588
Public education/Communication		46.3%	992
Mental health services for parents		24.0%	514
Domestic violence programs		22.1%	473
Substance abuse programs		17.1%	366
Infant crying education/services		20.2%	433
Respite care/crisis nurseries		14.7%	315
Prevention within Pediatric Health Care		13.2%	282
Prevention within Early Childhood Education/Child Care		43.7%	935
School-based Prevention		26.7%	572

Prevention within Early Intervention Services for disabled/special needs children		23.8%	509
Education/support for teen parents		38.1%	817
Collaboration with mental health services		46.4%	994
Collaboration with substance abuse treatment		37.1%	794
Collaboration with domestic violence programs		41.1%	881
Training for direct service workers		44.3%	949
Other		9.0%	193
If you checked Other above, please specify			201
answered question			2142
skipped question			171

17. Is your organization currently a Doris Duke Charitable Foundation grantee?			
		Response Percent	Response Count
Yes		3.7%	80
No		78.5%	1678
Don't know		17.7%	379
answered question			2137
skipped question			176

18. Which of the following prevention strategies or resources have you heard of? (CHECK ALL THAT APPLY)

		Response Percent	Response Count
Strengthening Families Through Early Care and Education program		82.0%	1397
Period of PURPLE Crying		22.7%	386
Fussy Baby Network		15.0%	255
The Future of Children Journal		21.6%	368
Nurse Family Partnership		43.8%	746
SafeCare program		18.5%	316
Practicing Safety program		9.0%	153
		<i>answered question</i>	1704
		<i>skipped question</i>	609

19. OPTIONAL: If you would like to enter the random drawing for one of five \$50 gift certificates redeemable at Amazon.com, provide your name, e-mail address and phone number below. Entering your name and contact information is entirely voluntary. This information will only be used to notify you if you win the drawing and not to link your name with your survey responses.

		Response Percent	Response Count
First and Last Name:		99.6%	1587
Email Address:		99.9%	1591
Phone Number:		96.5%	1537
		<i>answered question</i>	1593
		<i>skipped question</i>	720