WORKING
PAPER

Preventing Child Abuse and Neglect in the United States

Six Experts' Views

EDITED BY REBECCA SHAW AND M. REBECCA KILBURN

WR-596

July 2008

Prepared for the Doris Duke Charitable Foundation

CHILD POLICY

PREFACE

On behalf of the Doris Duke Charitable Foundation's Child Abuse Prevention Program, the RAND Corporation's Promising Practices Network (www.promisingpractices.net) asked six professionals knowledgeable about child abuse and neglect prevention to answer the following 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 authors represent a variety of backgrounds and perspectives. Each author has written a thoughtful response to the question, and taken together, the set of papers offers a broad range of innovative ideas and strategies to make a significant impact on the prevention of child abuse and neglect.

CONTENTS

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?"

By Linda Baker

What an exciting time to be working in child abuse and neglect prevention. While child abuse and neglect statistics are sobering, innovative ideas are emerging and new partnerships are being forged, creating an environment ripe for positive change. It is important that during this inventive time we coordinate our efforts and maximize our resources. If I were in the position to make funding decisions over the next five years that would prevent child abuse and neglect, I would start by convening a national working group of researchers, policymakers, practitioners, parents, and other experts to provide guidance and feedback throughout the five-year funding period. Four subcommittees of the working group would be formed with each focused on one of the following four funding priorities.

Funding Outcomes and Activities

1. **Increase public understanding of and support for the prevention of child abuse and neglect through funding a national social marketing campaign.**

In order to significantly impact the rate of child abuse and neglect, there needs to be an increased public understanding of the risk and protective factors related to child maltreatment and an increase in public support for prevention activities. An effective social marketing campaign would influence people's ideas, attitudes, and behaviors, resulting in them taking action to create positive change. A successful campaign would also influence the behavior of parents at risk of abusing or neglecting their children by providing them with much needed information about when, where, and how to seek help.

We have all been involved in public awareness campaigns that have fallen short of our goals. It behooves us to closely examine previous successful social marketing campaigns, such as smoking cessation, to find the factors and messages that contributed to their success. One relatively new communication strategy that has shown positive results is that of strategic frame analysis and reframing child abuse and neglect (www.friendsnrc.org/reframing/Index1.htm). Activities funded in the social marketing initiative would include the following:

- Engage a national marketing firm in the development and implementation of a results oriented social marketing campaign using reframing techniques.
- Identify the outcomes to be achieved and a process for measuring the impact of the campaign, and the effectiveness of the messages and strategies employed.
- Undertake a continuous evaluation of the outcomes of the campaign and revise strategies or messages as required.
- Prepare and distribute the social marketing research to those in the field, helping them understand the lessons learned and how to use the information for their campaigns.

2. Increase public policies and practices that promote and fund the prevention of child abuse and neglect.

Public policies must align with and support prevention programs and practices that prevent child abuse and neglect. It is critical that national organizations provide the training, technical assistance, and information that their state chapters/affiliates require in order to successfully advocate for systemic changes needed to strengthen and support families. The critical role that foundations and parents play in advocacy efforts is recognized in the following activities that would be undertaken to increase public policies and practices that promote and fund prevention:

- Engage national organizations and funders in a collaborative process that will identify two to three major issues that they all agree to target for systems change. A shared plan will be developed with each national organization supporting its state chapter/affiliates by cosponsoring two joint regional meetings per year to foster a common vision and a sense of shared responsibility. Ongoing technical assistance will be provided to prepare the state organizations and parents to advocate for the identified changes in public and/or organizational policies and practices. This effort would be evaluated, and the lessons learned would be shared with those in the field.
- Engage foundations that fund prevention programs in setting joint funding priorities.
- Train parents in the art of advocacy and support their leadership efforts to advocate for family strengthening programs and policies.

3. Improve the understanding and usefulness of research for practitioners.

For many frontline service workers and administrators, trying to read and make sense of a research article is akin to reading an article written in a foreign language. While research should inform practice, and practice should inform research, it won't happen to the fullest extent possible until we start speaking the same language. Activities to improve the understanding and usefulness of research include the following:

- Host a symposium for researchers, parents, practitioners, and funders to dialogue and problem solve the "research-to-practice" issues.
- Assist in "translating" research findings and new knowledge into practical applications that practitioners can use to improve programs and practices.
- Develop tools to assist practitioners in evaluating research in order for them to become better consumers of the research.

4. Increase the number of prevention programs supported by evidence.

Funders want to invest in programs that are based on evidence, and consumers have the right to expect they are participating in programs that will achieve positive outcomes. To promote the utilization of evidence-based and evidence-informed prevention programs and practices the following activities would be funded:

- Work with a select group of researchers to redefine scientific rigor to include a broader approach and new methods for measuring impact and determining evidence.
- Invite programs to apply to be "innovators" in evidence-based and evidence-informed programs. Selected programs would receive funding to participate in an evaluation process that would contribute to the qualitative and quantitative evidence supporting the program.
- Provide intensive training and technical assistance to help programs operationalize their definitions of service using a tool such as the FRIENDS Tool for Critical Discussions
- Construct measurement systems and collect data to ascertain the outcomes achieved through the services during the project period.
- Document the process and findings, and publish materials to inform the field.

Through our collaborative efforts to increase public understanding and support of prevention, to increase public policies and practices promoting and funding prevention, to improve the understanding and usefulness of research findings, and to increase the number of programs supported by evidence, we can create positive change. We can prevent child abuse and neglect. What an exciting time to be working in the field of child abuse and neglect prevention!

About the author:

Linda Baker, MSW, is Director of the *FRIENDS National Resource Center for Community-Based Child Abuse Prevention, part of the Chapel Hill Training Outreach Project, Inc.*

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?"

By Mary Carrasco, MD

The system of care for suspected victims of child abuse and neglect in the United States was developed at a time when child abuse, even in its severest forms, was not openly acknowledged as occurring. At that time, we had no public infrastructure for intervening in child abuse, so the vital first step was to enlist police, hospitals, and local government in stopping the most dangerous forms of child abuse. In doing so, we created a system that was so weighted toward the most severe cases of abuse that our resources were thrown into the end stage of the continuum of maltreatment—millions of dollars for court hearings and billions of dollars in child protective services and foster care. The fact that there is a range of child maltreatment calling for different approaches along that continuum is something that gradually took hold as an idea. However, our distribution of resources has never caught up with this understanding. State and federal requirements that mandate certain levels of intervention continue to make it difficult to employ child abuse funds in what could be more useful ways.

The child welfare system has evolved to begin caring for less-severe abuse, but the system of interventions has not adjusted adequately; we have kept incentives aligned with *tertiary intervention* rather than *prevention.* We have made the same mistakes in our child welfare system as we have in our health care system: Our investments are well after we could have prevented crises; and the responsibility and reimbursement for prevention, evaluation, and child abuse intervention do not necessarily reside in the same agency or share incentives.

Even when we do invest in prevention services, those that we label "proven" tend to be very expensive and are most commonly based on one-to-one interventions that require a highly trained professional *intervening* – as opposed to *facilitating growth* of a subject. We assume that the qualities of the intervention can be captured in a document that can then be replicated with the same or similar effects in another setting, without accounting for personal variation in delivery. Little emphasis is given to the fact that some practitioners will never acquire the skills necessary to assist families regardless of the amount of training their receive. That fact in and of itself negates some of the assurance provided by a randomly controlled trial has demonstrated effectiveness because it will necessarily have the same result under a different set of conditions with different staff. Another problem with most of the "proven" interventions is that the families who agree to participate and persist in the study interventions are often the least likely to be those with the highest risk of negative outcomes.

Use of one-to-one interventions are unlikely to lead to marked declines in child abuse rates or improved parenting or child well-being for the population as a whole for a number of reasons, the most compelling being cost. The nation will never have enough funds to rely on one-to-one interventions by specially trained personnel in the field of child abuse, even if some funds are moved from intervention services to prevention. And while there are efforts at welfare reform under way, these are not bold enough to truly effect change at the population level in prevention of abuse because most are still focused on secondary and tertiary prevention.

If I were able to direct $5 million every year over the next five years to effect this shift, I would recommend investing the funds in leading an effort toward community engagement using a public health approach rather than the traditional programmatic approach. The public health approach begins by looking at the issue as one of greater child well-being rather than prevention

that takes place one social worker or nurse at a time, although these services may be needed for some families. It is often possible to engage high-risk families if the parents are first encountered in a nonthreatening and nonadversarial way and without conveying they are bad parents. This approach can then be used to screen and engage many more high-risk families than can the traditional approach.

What is needed is a shift to a public health model of child abuse prevention, which focuses on changing community environments rather than targeting only those deemed to be at risk in the same way that even partial immunization of the public lowers community risk. To reduce abuse and increase child well-being, we need to promote a sense of community responsibility for children, families, and neighbors. We need to empower people in the community to know how to be helpful when they see a parent or caregiver under duress and to convey to all parents in a community that they can reach out for help when they need it and that they will get the help they need without penalty.

In high-risk communities, this kind of change often requires outside assistance. A neighborhood family support center based on a public health model could be the focus of the intervention, but those at the center must feel a responsibility toward everyone in the community, not just the center's initial users. There must be a special focus on engaging nonusers and making them feel welcome. Many early family support centers started out this way, as an alternative to categorical programs, but over time many have, in an effort to demonstrate effectiveness, become focused more exclusively on those users willing to commit to long-term interventions rather than the broader community, including many of the higher risk who may be reluctant to engage in that way. The success of the program should be judged by indicators for the whole area served and not just for the users.

We would begin by assembling a national group of thought leaders from government, nonprofit organizations, and the private sector to jointly agree upon the changes to the system that we wish to support in a limited number of community demonstration sites. The members of this group can also assist in determining how federal and state requirements should be changed.

We need to identify a small number of demographically varied geographic areas that can demonstrate that they are ready for change and can obtain federal and state waivers from binding regulations so that the local sites may use funds more flexibly and demonstrate the effectiveness of prevention efforts in an entire, significantly sized population—not just for the willing program participants we so often see in controlled studies.

National staff would develop criteria for choosing sites and for soliciting proposals. They would then assist demonstration sites with planning their strategies for change and obtaining state and federal waivers, and they would oversee local sites' implementation of new programs, documenting their effectiveness at the community level. Many sites that have the potential ability to conduct effective programs do not have either financial resources or the expertise needed to do so.

An important element in the prevention efforts we fund an awareness of the qualities of the people providing the service, including their ability to engage hard-to-reach populations—not just their "credentials," such as amount of training they have received, whether or not they are licensed, etc. Successful interventions often depend on a few individuals with special abilities to connect with and inspire others, and identifying such people requires special efforts.

There also needs to be a national public awareness component for the program to help change the environment in which abuse develops. One example of this approach would be the "One Kind Word" program. In addition, part of this public awareness effort should focus on a

broader cause of the diminished well-being of some children in our society: the sexualization of young girls. Girls cannot miss the messages the media delivers, the sum of which tells them that their value depends on their sexual appeal or behavior to the exclusion of other qualities. I would like to see that, as part of their work to promote the well being of all children in their communities, the demonstration sites join together with a national program to organize an effort to counter the media's message—from helping to organize protests against television, ads, and other media that engage in the sexualization of children to advocating for laws that clarify public standards for messages involving children.

About the author:

Mary Carrasco, MD is Director of International and Community Health at Pittsburgh Mercy Health System.

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?"

By Deborah Daro, Ph.D.

Child Abuse Prevention Investments--What Are the Best Bets?

If one is looking for "low hanging fruit" or the perfect, parsimonious solution to the child abuse dilemma, options in the prevention garden are limited. Proven strategies with the potential to reduce rates of maltreatment among high-risk populations are generally intensive direct service interventions that are both costly and difficult to implement with consistent quality. In addition, such efforts frequently target very specific subpopulations, offering little in the way of assistance to the most challenged families (e.g., those suffering mental health issues, domestic violence, or substance abuse) or those unable or unwilling to access support. Unless impacts can be achieved across the full spectrum of families, measurable and meaningful reductions in the incidence of maltreatment are unlikely to be realized.

Substantially improving the power of prevention efforts will require more than service replication. Innovation is now needed to unravel and resolve the contextual or adaptive challenges that have limited the scope, efficiency, and sustainability of prevention efforts for the past 30 years (Daro and Cohn-Donnelly, 2002). Such challenges include, among other issues, generating public will to accept responsibility for child safety at both an individual and collective level and fostering greater collaboration and integration across the public and private sectors. If interested in addressing these types of contextual challenges, the Doris Duke Foundation might consider two child abuse prevention options--a national initiative to increase public will and personal investment in child abuse prevention *or* strengthening the learning opportunities within

selected communities regarding how best to structure and sustain comprehensive and coordinated systems of support for newborns and their parents.

Option 1--Creating Public Will

Shortly after Henry Kempe initiated professional and political recognition of child abuse in the mid 1960s, advocates launched a concerted effort to educate the general public. To some extent, people believed that an effective prevention system hinged on dramatically increasing public awareness about and understanding of the problem. Public service announcements on TV and radio, were supplemented by extensive news coverage of particularly atrocious cases. By the 1980s, combating child abuse had become a central theme among federal and state governments as well as among philanthropic, corporate, and civic organizations. Collectively, these efforts created a climate that fostered new ideas, generated greater public and private resources, ignited public interest, and inspired a generation of new leaders.

More recently, efforts aimed at engaging the general public and corporate sector in understanding and investing in child abuse prevention have waned. Interest has shifted to a broader concern with early intervention and investment in the first few years of life. Such a shift represents an important contribution to enhancing prevention efforts and improving outcomes for children in a variety of domains. Educating parents and policymakers on the importance of early parent-child attachment and how best to nurture a young child's development offers a broad, inclusive message that raises the bar and expectations for how children should be cared for. However, the message leaves out the equally important story that for many children this standard is often not achieved and that some parents and others entrusted with the care of young children act in ways that are harmful (sometimes substantially harmful) to a child's physical and emotional development. It leaves out the message that successfully confronting child abuse is

not just about changing parenting behavior. It also is about generating the public will to change personal behaviors and public policy in ways that effectively support all parents and provide well-researched and effective alternatives for children when their parents cannot provide safe and nurturing care.

Child abuse is indeed a public health issue, which means the problem 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. Prevention planners often adopt a public health framework but frequently ignore the underlying message in public health--the importance of context and, as Larry Wallack has described, the language of interconnectedness in which the ability of individuals to act in ways supportive of their own health and the health of their children is, in part, a function of the environment and cultural imperatives we collectively set for ourselves (Wallack and Lawrence, 2005). Within this framework, a public education campaign could be developed that would instruct individuals how to ***offer direct assistance*** (e.g., provide respite care, offer emotional support, and assist families in sorting through their options and selecting appropriate supports); ***refer families to local resources*** (e.g., family resource centers, home visitation options, access to health care, and access to child welfare services); or ***advocate for change*** (e.g., advocate for the needs of a specific family, lobby policymakers to invest in preventive and therapeutic services, or work with neighbors to alter normative standards with respect to caring for children). The dual objectives of such a campaign would be both ***education*** around the issue and ***motivation*** to accept personal responsibility for achieving the change we desire.

Option 2: Nurturing Systemic Reforms

The pool of evidence-based child abuse prevention strategies, while limited, is growing. Home-based as well as center- and group-based interventions are being tested, replicated, and

promoted in many communities. However, a recurring theme in many prevention domains, be the focus child abuse prevention, school readiness, or child health and well-being, is the importance of context. Limiting efforts to only those with "problems" has done little to change the normative context with respect to service utilization or parental practices. And the process often results in marginalized programs that are the first to be cut in times of budget distress. Not everyone needs intensive services--however, few manage without the help of someone. Communities that offer universal supports to all new parents create an opportunity to both normalize the process of seeking and receiving help around the time a child is born as well as engage a higher proportion of those families reluctant to accept targeted interventions for fear of stigmatization.

Many state and local municipalities are creating comprehensive strategies for assessing the needs of newborns and their parents and providing ways to connect families to the interventions most appropriate for their level of need. These systems draw together not only key public institutions (e.g., health, education, and child welfare) but also augment these public resources through partnerships with the local nonprofit sector. To be successful, such systems need to do more than deliver a set of services or a product. They need to leverage fundamental change in how organizations partner with each other and establish a shared mission; in how public resources are prioritized; in how families determine, access, and utilize support to meet their child-rearing responsibilities; and in how communities perceive their collective responsibility for child protection.

By selecting a set of communities in which these efforts are under way, the Doris Duke Charitable Foundation can provide the intellectual capital and rigorous oversight central to ensuring that such efforts are not an end in themselves but rather the beginning of a new way of

meeting the needs of families. If these efforts are to be field-building, careful discipline will be needed in both how they are planned and how they are implemented. And their success will be measured not only in terms of how this type of systemic approach impacts families but also in terms of how the strategy impacts institutions and normative perceptions. To contribute ***meaningful*** information to the broader field, care needs to be taken to better define these strategies, establish explicit benchmarks for assessing progress (e.g., number of families enrolled/contacted, number of agencies engaged in the effort, and number of families provided tangible assistance), and ensure that all parties are willing to make midpoint corrections if core benchmarks are not achieved. Foundation investment in these efforts can greatly enhance the likelihood that this type of structural rigor will be achieved and that the lessons learned will be robust and appropriately disseminated.

References

Deborah Daro and Anne Cohn Donnelly, "Charting the Waves of Prevention: Two Steps Forward, One Step Back," *Child Abuse and Neglect,* Vol. 26, No. 6–7, 2002, pp. 731–742.

Lawrence Wallack and Regina Lawrence, "Talking About Public Health: Developing America's 'Second Language,'" *American Journal of Public Health*, Vol. 95, No. 4, 2005, pp. 567–570.

About the author:

Deborah Daro, Ph.D., is a Research Fellow at Chapin Hall Center for Children at the University of Chicago.

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?"

By J. Paige Greene

When Hurricane Katrina struck, I was privileged to live and work in a community that established an emergency response center. As a volunteer "Shepherd" at this site, I, along with others, was provided with a brief training and assigned to a family. In one short day, I had been trained, was assigned to a family in need, and assisted them in completing a food stamp application and Medicaid application, helped them obtain physical examinations and medications, made contact with FEMA and three displaced relatives, and secured food, clothing, transportation and hotel accommodations. By the week's end, the adult family member secured transportation and steady employment (where he remains employed today!). During this experience, I could not help but reflect on my 20+ years in child welfare and the difficult systems that children and families must navigate their way through to receive services. This experience provides the foundation for my belief in Community Resource Centers (CRC) as an effective means for tackling the national plight of child abuse and neglect. If I had $5 million to spend each year for the next five years to prevent child abuse and neglect, I would use these funds establish several Community Response Centers.

Community Response Centers (CRC) are community response "homes," which are geographically situated in the 'heart' of a community that is strategically identified as an area having the greatest need for or/ potential to serve the most 'at-risk' families. Although administered by a team of professionals, a CRC resembles a home atmosphere rather than the traditional government facilities in place to serve families. With a "one-stop shopping"

approach, CRCs conduct assessments, teach parenting skills, and train volunteers around a kitchen table, creating an inviting, non-threatening environment for all. Families frequently become intimidated by the current model of child serving agencies, in which they must sit across a desk from someone dressed in a suit, often in a very cold, sterile office setting. The ability to 'transfer' learned skills of all types is far greater when families feel an immediate sense of comfort in a 'home-like' setting where the barriers of inferiority are eliminated.

The Community Response Center model works exactly as the name implies – Communities (people and systems) respond to identified community needs. Families help families – in their community of residence – addressing the needs of the family unit as a "whole." All services provided through CRCs are designed to preserve the family unit through education and immediate responses to their problems. Preserving the family equates to preserving the community.

When natural or man-made disaster strikes, the American Red Cross responds by going directly into the community and setting up emergency response centers. Basic human needs are assessed and addressed by on-site resource providers, who are accessible to all in need.

A CRC follows the Red Cross model in providing an effective method of healing human crisis. What could be more tragically disastrous and crippling for families and community than child abuse? By establishing a CRC, a community can address, resolve, and eliminate the issues leading up to and perpetuating child abuse and neglect. By educating families at risk, providing immediate responses (services) to their needs, and utilizing the powerful work of volunteers as service providers, family and community restoration begins--resulting in a positive outcome that affects all generations. A community approach is mission critical – due to the immediacy of the family's need as well as the sustainability of the effort when project funding is exhausted.

CRCs would serve as the 'hub' for community agencies responding to child abuse and neglect (e.g., Department of Social Services / Department of Juvenile Justice / Mental Health / Department Health Environment Control / Guardia Ad Litem / Courts / etc.). Through a collaborative commitment and braiding of resources, community agencies begin to provide optimal services as one organization rather than isolated entities. This multi-systems approach is by far more readily available and capable of addressing a family's needs compared to the current method.

Like the American Red Cross, CRCs would employ key staff to direct the program while the primary service delivery would be provided through a workforce of volunteers. Many of the volunteers would be family members or other significant people in the lives of families in need. Like a three-legged stool, CRC have a three-part focus: in this case, equally involving community ownership, comprehensive assessment & immediate response, and volunteerism.

Community ownership begins with the onset of CRC development in a community. Community leaders are given active voices in the CRC. Through their active participation, community leaders develop a sense of ownership ,while fiscal trust is established in the community through a transparent budgetary process. This important facet of CRC educates community leaders about funding resources, provides them with an on-going cost analysis, and assists them in lobbying for augmented funding and projections. As desired outcomes are accomplished, CRC cost-effectiveness is realized within the community. By the end of the five-year period, community CRCs will be financially autonomous.

Comprehensive assessments and immediate responses to identified families at risk preserve the family unit by focusing on family as a whole rather than the child, parent, or caretaker individually. The comprehensive assessment addresses target issues facing at-risk

families, including physical and mental health, educational, job skills, housing, day care, transportation, substance abuse, food, clothing, etc. Immediate services are available to address immediate needs, while non-crisis influences are addressed through an educational approach in the family home (budgeting / housekeeping skills / parenting).

CRC recruits, trains and supports community volunteers who are culturally competent and actively committed to family preservation. As the community becomes educated about CRCs, volunteers will be recruited to provide direct, in-home services. Of equal significance, many of the volunteer resources will be connected to the identified families, many through family or friends. Through CRC training, volunteers will acquire the skills necessary to coach families towards independence. Upon stabilization, families once identified as families at risk may themselves become volunteers to help other families in need.

With the allocated project funding, several Community Response Centers could be established and become operational and self-sustaining within the five year time frame – but more importantly, thousands of families could be preserved and child abuse and neglect could be significantly reduced.

About the author:

Jennifer Paige Greene is Executive Director of Richland County CASA in South Carolina.

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?"

By Representative Pete Hershberger

The needless and tragic death of a young child from abuse and neglect hits the front page of the newspapers in the United States on a weekly basis. The media asks us and we ask ourselves, “Could this have been prevented? Why wasn’t this prevented?” We investigate to discover whether the child and the family were known to the state agency charged with child safety and if law enforcement was involved with the family and/or the alleged perpetrator. As the news of the tragedy fades with time, a battle continues in our state capitols across the country. Who is to blame? How do we fix this system? How much will it cost? One side of the argument blames the state for not knowing or, most often, not acting to protect the child, not pulling the child out of the home and arresting those abusing parents. The other side blames the state for intruding in the lives of families and pulling the children out of their family homes and traumatizing them in a foster care system with poor outcomes.

The answers to these questions lie in balance: a professional state agency acting to protect the safety of children and respecting parental rights. This agency has well-trained, well-paid staff with proper caseloads and has the resources to provide services to children and families. Our first goal, as federal guidelines direct us, is to keep the child *safely* in the home or reunite the child when this can be done *safely,* because we know that the safest, best place for a child is a healthy intact family.

But wait …

This is the same debate we're having across the country, and it doesn't deal with, in fact, it distracts us from addressing, the causes of abuse and neglect. It's reactive. It doesn't deal with prevention. We need more attention and resources paid to the underlying causes of abuse and neglect.

Having said this, I acknowledge that this is no small task. While not all inclusive, the list of causes of abuse and neglect includes severe poverty, substance abuse, mental illness, and violence, particularly, domestic violence. How does $5 million a year for five years stack up against these issues? Not very well. If I were given $500 million a year for five years I would have chosen to combat substance abuse for its devastating impact on children and families and our society as a whole. Five million dollars on the other hand requires a focused response to a recognized problem.

I have chosen prevention of shaken baby syndrome (SBS) as a specific problem. This is a problem that is 100 percent preventable, and in addressing this, we can model key components of successful prevention programming: an educational, early intervention model; the principle that science and research should inform policy; and, yes, the safest, best place for a child is a healthy intact family.

SBS is a serious form of child maltreatment involving cerebral trauma inflicted by violent shaking, often in the absence of external signs of injury, but it may be accompanied by impact injuries to the head and/or broken ribs, arms, and legs. Victims are most often in the two to nine month age range, and the shaking is usually triggered by the inconsolable crying of the victim. Most perpetrators of SBS don't intend to harm the child; they just want the crying to stop and are overcome by frustration. The three classic injuries are intracranial injuries (subdural hematoma, diffuse traumatic axonal injury, and cerebral edema), retinal hemorrhages, and skeletal injuries.

In addition to the fatal or near fatal injuries resulting from violent shaking, survivors may suffer learning disabilities or psychomotor delays that become apparent only when the child goes to school. Although the incidence of SBS is low (1,000 to 4,000 incidents of SBS are reported each year in pediatric hospitals across the country (Beardsley, 1997), the costs to the victim, family, and society are huge. Estimates of lifetime costs for survivors of SBS range from $1 million to $9 million (National Brain Association, 2005), with 60 percent to 70 percent of costs borne by state and/or federal agencies (Medicaid, Early Intervention Parts C and B, etc.).

I propose to use $5 million a year for five years to saturate new parent education in hospitals and home visiting programs in states to be determined to ensure that continued, consistent parent education is always provided about the prevention of SBS. The program will be based on Never Shake a Baby Arizona and will provide (1) hospital-based education at birthing hospitals provided by trained nurses with accompanying materials and parent kits for parents of newborn babies and (2) home-based visiting programs by trained nurses, social workers, and lay health workers to at risk families of newborn babies, as determined by Early Head Start, Healthy Families, and state Medicaid eligibility, with accompanying materials and parent kits.

The Never Shake a Baby Arizona model of universal parent education is based on a program developed by pediatric neurologist Dr. Mark Dias, with research conducted in western New York state and published in *Pediatrics*, 2005. In this model, education is provided at a vulnerable time for parents (they want to be the best parents for their new baby); by an authority figure (nurse, health educator, or home visitor); and involves a social contract in which parents commit to passing on knowledge gained about the dangers of shaking infants to all who care for their child. Crying is normal infant behavior; parents (and the public) need to understand that, anticipate it, and plan to deal with it appropriately. The distinct focus of Never Shake A Baby

Arizona is on developing a nurturing relationship between parent and child, using tips for the parent for handling him or herself and the child in what may be stressful times, and passing on this information to all who care for their child. Research has shown that educating parents at the time of birth about coping with crying is the most effective way of reducing the incidence of this child maltreatment. A reduction in SBS cases of 47 percent was documented after only five years of implementing the Dias program in hospitals in western New York State (Dias, 2005). Costs for materials and coordination can be as low as $3.25 per birth.

The program consists of nurse/health educator training, a parent education video, take-home brochures, and commitment forms. Evaluation of the consistency and effectiveness of the education is tracked on a monthly basis, and the evaluator can spot problems, indicating a lack of parent education provided. A nurse/educator training module can be used to train nurses/health educators in groups and/or in an individual online learning format. It is most attractive when participation provides continuing education units. The parent video, a 10-minute video in English and at least one other dominant language (e.g., Spanish), ideally viewed by both parents, gives critical information about SBS, what causes it, and how to use safe methods to soothe infant crying and diffuse parent frustration or panic. The take-home brochure reiterates information about SBS and the tips for calming the baby and the caregiver. It also highlights the national ChildHelp crisis line answered 24 hours a day, seven days a week by trained counselors. The commitment form requests that parents sign the commitment statement acknowledging receipt of information about SBS and commit to passing the information on to all who care for their child. The commitment form also requests that the parents fill out their plan ahead of time for how they could calm their infant and themselves, and whom they could call for advice and/or relief in stressful times. To evaluate program effectiveness and to track the number of parents

educated in each hospital and/or program each month, the commitment statement is returned to the program coordinator for entry into a database. Monthly reports are generated and returned to each hospital and/or program and reported on a Web site so all can see their own progress and others' progress in reaching the goal of educating 90 percent of all birth parents.

A key aspect of the program is the training and quality of the nurses, health educators, and social workers working with the families. As these facilitators interact with and teach new parents, they will convey the importance of the developing relationship between a parent and a child. Here we rely on what we have learned through science and research. The Center for the Developing Child at Harvard University draws together some of the top scientists and researchers in the country. It proclaims that early childhood development and brain architecture is shaped to a great extent by the interaction between genetics and early experience. Much of this experience comes from the relationship between a parent and a child.

The program to prevent Shaken Baby Syndrome can not only reduce the incidence of these tragic injuries to babies, but can foster positive environments and relationships in families for normal learning and the development of very young children, because we know that the safest, best place for a child is a healthy intact family.

References

Beardsley, D. The dangers of shaking a baby. *The Wellesley TAB* March 18, 1997. pp.31-33.

Center on the Developing Child at Harvard University: http://www.developingchild.harvard.edu/

M. S. Dias, K. Smith, K DeGuehery, P. Mazur, V. Li, and M. L. Shaffer, "Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital-Based, Parent Education Program, *Pediatrics,* Vol. 115, No. 4, 2005, pp. e470-e477.

Never Shake a Baby Arizona: www.nsbaz.org

National Brain Association, 2005
http://www.biausa.org/WVirginia/about.htm

About the author:

Representative Pete Hershberger is Chairman of the Arizona House Human Services Committee, co-founder and Chairman of the Arizona Children's Caucus, and Chairman of the Human Services and Welfare Committee of the National Conference of State Legislatures.

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?"

By Elba Montalvo

Child Welfare = Family Well-being

The creation of systems of prevention that originate from the perspective that most families are committed to maintaining the safety and well-being of children, rather than from a punitive mind-set that assumes the worst about parents, would fundamentally change the state of child welfare and help prevent the incidence of child abuse and neglect. With 355,000 calls made in New York State last year to report cases of child abuse and neglect (Carrion, 2008), it has never been more important to dedicate funds in meaningful ways toward the protection of our nation's greatest asset. The vast majority of children who are reported to the child welfare system hail from families who want the best for them and truly strive to achieve stability and consistency for their children (New York State Citizen Review Panels for Child Protective Services, 2007)

Language and cultural barriers, complications with immigration status, and misunderstanding of the system by workers and families place immigrant children at greater risk for removal and unnecessary placement in foster care and place families at greater risk of not receiving necessary services toward reunification (CHCF, 2003). Latino citizens also experience barriers to accessing services designed to assist families, because Puerto Rican or Mexican family members who are citizens and have been in this country for generations are also subject to institutionalized marginalization that leaves them out of mainstream support programs. Immigrant status and limited English ability affects the health and well-being of Latino families,

including difficulty obtaining employment, access to adequate and affordable health care, and the likelihood of poverty—all of which predispose families to become involved in the child welfare system.

Immigrant families are significantly less educated and more economically disadvantaged than native born families. Twenty-seven percent of children of immigrants are poor, compared with 19 percent of children of native born parents (Capps et. al., 2004). Despite this poverty, immigrants are less likely to receive Temporary Assistance for Needy Families (TANF), food stamps, housing assistance, or subsidized child care (Capps et. al., 2004). As a result of this poverty, they are more likely to live in crowded housing, have food insecurity, and experience high stress levels. These factors contribute to a higher risk for involvement in child welfare systems, which further threaten the security and stability of immigrant families.

At The Committee for Hispanic Children and Families (CHCF), we believe that child welfare encompasses the well-being of children, not just when child protective services become involved with a family, but prior to that crisis. By focusing on the protection of the well-being of children, and by default the well-being of families, child welfare becomes more and more about providing families with the services needed to become self-sufficient to raise healthy, safe, and contented children. With $5 million every year for the next five years, a comprehensive plan for communities most afflicted by child abuse and neglect can be put in place, consisting of the following elements.

Commitment to Policy and Program

Real change is possible with a two-pronged approach that encompasses a mutual dedication to program and advocacy initiatives (Crutchfield et. al., 2008). Utilizing information from working with families in order to educate policymakers is the most effective way to build

awareness at the top levels of influence and to motivate leaders to reassess policies or legislation that directly affects the well-being of families. Community members would benefit from training programs that develop their ability to communicate trends they observe in their community and to devise recommendations in order to guide policymakers in distributing resources and creating service strategies that draw from familial and cultural strengths.

Educational Supports -

As in any situation, knowledge is power. Especially with young families, knowledge can make a significant difference in the manner in which they raise their children, and whether the choices they make will benefit their well-being as a family. Most successful parents receive support from their extended families even before their children are born. However, in situations in which families are isolated, such as with immigrant families who live far from their relatives or close friends, the community must step in to provide supports to help parents create a nurturing environment for their children. Home visiting programs are vital in helping families succeed in providing the best for their children. Such programs involve professionals and/or trained community members who come to the parents' homes to identify ways to make their environment baby friendly, help parents practice positive parenting techniques that reinforce their child's development through touch and stimulation, teach parents about safety in terms of appropriate feeding and sleeping methods, and connect parents with other young parents to support one another during the difficult first months after a baby's birth and beyond.

Educational supports also consist of other kinds of information sharing, including classes and workshops on such topics as conflict mediation, to reduce unhealthy, negative forms of communication between family members. Workshops that focus on financial literacy, which emphasize the importance of responsible spending choices, how to use coupons and shop

intelligently, use techniques to build savings, the importance of good credit, and how to use a bank are also critical to family well-being. For immigrant parents, education about the child welfare laws which explain the expectations of parents in this country in terms of discipline, education, and care for children—can reduce their potential involvement in child welfare.

Continuum of Services -

The self-sufficiency of families depends also on access to services that can assist them in times of crisis. In communities afflicted by poverty, families typically experience a dearth of services, and immigrant families are particularly affected because of their unique challenges to accessing assistance. A continuum of community-based services is essential, provided by a mix of professionals and trained community leaders who can identify families in need and connect them with services, including housing, legal assistance, counseling or therapy, financial assistance, educational opportunities for professional development, scholarships, and loans to individuals interested in starting small businesses or family day care programs. Seemingly barren neighborhoods with few points of assistance may actually have a myriad of resources under the surface that can be identified by community and peer leaders. Oftentimes, immigrant families come to this country with a skill that is not immediately recognized and that can be cultivated and fostered by a community-based network of support programs.

Connection Between Child Welfare and Immigration -

Children of immigrants, particularly undocumented immigrants, are at a distinct disadvantage because their parents are often marginalized from services that can potentially assist them in obtaining self-sufficiency. Fear of deportation and legal reprisal often prevents undocumented parents from seeking health or mental health care, enrolling in educational or professional development programs, using financial institutions, or simply utilizing social

supports. Compounding these threats to family preservation, the Department of Homeland Security has launched a series of raids resulting in the forcible separation of children from parents accused of violating immigration laws (Capps et. al., 2007). Advocacy that demonstrates the connection between our nation's treatment of undocumented immigrants and the subsequent threats to child well-being, both prior to and after a raid or arrest that separates the family and further traumatizes the child, is crucial.

Connection Between Child Welfare and Domestic Violence -

CHCF was one of the first agencies to bring to light the connection between domestic violence and child welfare with its groundbreaking film, *Dolores,* in 1987. Too often, the victimized parent is further victimized by the removal of their child because the parent is deemed to have failed to protect the child from an abusive parent or partner. The child's trauma after witnessing family violence is compounded when he or she is separated from his parents. Community supports for parents seeking assistance in cases of domestic abuse must be attentive to the need to keep the children with the parent to preserve some consistency if the parent is fit to care for the child. It is vital to educate professionals to sensitively and safely assist the abused parent and child as a unit, so as not to further disrupt the family and traumatize the child.

Involvement of Fathers -

Whether fathers live in the home or not, too often they are not meaningfully involved in the lives of their children, which has implications for the family's financial stability as well as the child's positive development. Involving fathers in children's lives in healthy ways is beneficial because it provides a balance of role models for children, and parents can share responsibilities in maintaining a safe and secure home. Forming groups in the community for fathers is critical for family success. Such groups should address fathers' unique challenges in

raising children today and the particular shame that men are socialized to feel when they struggle to provide for their family. The groups should include suggestions and advice about how to make the time they spend with their children more meaningful through positive play and activities. Programs should create unique opportunities for men to create bonding relationships with their children and make their involvement in the lives of their children a healthy experience for the family, regardless of the status of their relationship with the mother.

Culturally and Linguistically Appropriate Services

None of these programs would succeed without a commitment to attention to culture and language. "The ways in which social services are planned and implemented need to be culturally sensitive to be effective," states the National Association of Social Workers in its standards for cultural competence (NASW, 2001). Creating incentives for community members to become involved in the provision of services and developing indigenous leadership is important for family preservation, because community members are the most knowledgeable and qualified persons to connect with families in need of assistance. Community members who are trained to identify signs of crisis are able to intervene in a timely fashion because trust and rapport already exists, and they are able to connect their friends and neighbors with supports designed to help them. CHCF's cutting edge program, Circles of Support, utilizes this ideal: Community members are trained in nontraditional therapeutic techniques to build the capacity of individuals to cope with trauma and pain. Professionals who are not members of the community must be trained in the unique cultural dynamics so that their interventions are effective and lasting (Rios et. al., 2007).

A community-based network of supports that complements and builds on the existing strengths of the community's families is the most effective tool in the prevention of child abuse

and neglect. A special focus on Latino families, which are among the fastest growing populations in the United States, is imperative in an effort to stem the tide of involvement in child welfare because they are among the most vulnerable families to the effects of poverty and lack of access to services that could help preserve their well-being. With $5 million over the next five years, progress can be made toward fortifying families and truly protecting our nation's children.

References

Gladys Carrion, Commissioner, New York State Office of Children and Family Services, Comments made at the Child Abuse and Prevention Kick-Off Event, New York, April 4, 2008.

New York State Citizen Review Panels for Child Protective Services, 2007 Annual Report and Recommendations, Albany, N.Y.: Schuyler Center for Analysis and Advocacy, 2007.

Committee for Hispanic Children & Families (CHCF), *Creating a Latino Child Welfare Agenda: A Strategic Framework for Change,* New York: The Committee, 2003.

Randy Capps, Michael Fix, Jason Ost, Jane Reardon-Anderson, , Jeffrey S. Passel, *The Health and Well-Being of Young Children of Immigrants*, Washington, D.C.: Urban Institute, 2004.

Leslie R. Crutchfield, Heather McLeod Grant, *Forces for Good: The Six Practices of High-Impact Nonprofits,* San Francisco, Calif.: Jossey-Bass, 2008.

Randolph Capps, Rosa Maria Castaneda, Ajay Chaudry, and Robert Santos, *Paying the Price: The Impact of Immigration Raids on America's Children,* Washington, D.C.: National Council of La Raza, 2007.

National Association of Social Workers, NASW Standards for Cultural Competence in Social Work Practice, Atlanta, Ga.: NASW Press, June 23, 2001.

Elsa Rios and Sandra Duque, *Bridging the Cultural Divide: Building a Continuum of Support Services for Latino Families,* New York: Committee for Hispanic Children and Families, Inc., 2007.

About the author:

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