EMERGING PRACTICES

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Emerging Practices in the Prevention of Child Abuse and Neglect

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Acknowledgments

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Contributors

Catherine Nolan, Director, Office on Child Abuse and Neglect, provided vision for the project and oversight throughout. Melissa Lim Brodowski, Federal Project Officer, provided substantial technical direction for the report and tirelessly guided the writing phase. Susan Orr, Associate Commissioner of the Children's Bureau, also reviewed drafts of the report and provided critical content and editorial suggestions.

Members of the Advisory Group served in a technical advisory capacity during the early phases of the project, helping to conceptualize, develop, and implement the methodology. In the later phases, members of the Advisory Group toiled as a team of reviewers to evaluate the pool of nominations submitted under this first-ever, federally funded implementation of a program nomination procedure specifically targeted toward programs for the prevention of child maltreatment. Members of the Advisory Group also reviewed the original draft, and brought their collective influence to bear on the final product. The programs profiled herein, and that which is written and highlighted about each, represents the lasting contribution of the Advisory Group to this project.

Other ACF staff, past and present, also made important contributions to the project, including Hae Young Park, Molly Cornelius, and Eleanor Wagoner, now at the Child Care Bureau, who developed the original idea for the project.

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I. Introduction

Over the past decade, increasing resources have been devoted to the problem of child abuse and neglect. Numerous child abuse prevention programs, with State and Federal financial support, now operate in an array of settings including schools, prisons, hospitals, places of worship, and in dedicated facilities, and may target either general or specific populations. Child abuse prevention programs now increasingly reflect recognition that the problems besetting families, which can elevate the risks to children, are complex and interconnected, and that those problems require coordinated, holistic responses.

As research on child abuse and neglect has begun to demonstrate linkages between maltreatment and long-term adverse effects and other social problems, the last decade also has been marked by increasing knowledge-sharing and cooperation among public and private agencies with interests in the health of children, adolescents, and families. New initiatives now span professions and fields, altering the traditional dynamics of discovery and problem solving and expanding the possibilities in terms of collaborations and leveraging of available resources.

The impact of maltreatment on children and society is staggering and disheartening. Maltreatment can have devastating immediate and long-term physical, psychological, and behavioral effects on children; abuse and neglect ended in death for approximately 1,200 children in 2000. For children suffering physical injury at the hands of an abuser, a considerable range of medical resources may be immediately mobilized, including emergency rooms and trauma centers and orthopedic, neurological, and radiological treatment. Child maltreatment also has an impact on law enforcement and the judicial and correction systems, which incur costs for the investigation, prosecution, and confinement of perpetrators who are accused and convicted of child abuse and neglect.

Until recently, estimates of the costs associated with child abuse and neglect have been limited to the immediate and short-term consequences. Recent research, however, clearly shows that early victimization portends future difficulty for victims and a higher propensity for problem behavior as juveniles and, later, as adults. Properly counted, the real, long-term costs of child maltreatment add exponentially to cost estimates of the immediate consequences.

The Promise of Prevention

Prevention is a major initiative of the U.S. Department of Health and Human Services. With strong leadership from the Administration and the Secretary, a primary focus of this effort is to share information on prevention programs that demonstrate positive outcomes for children and families. As part of this vision, the Children's Bureau, Office on Child Abuse and Neglect (OCAN), has launched a Child Abuse Prevention Initiative to promote greater visibility for child abuse prevention activities in 2003-2004. The *Emerging Practices in the Prevention of Child Abuse and Neglect* project is one important component of this Initiative.

Recognition of the need to reduce the risks faced by vulnerable children can be found in current public and private efforts aimed at strengthening families and building capacities and resilience. The Healthy Marriage and Responsible Fatherhood initiatives from the Administration for Children and Families are both designed to protect children through approaches that encourage the enrichment of relationships between parents, and between parents and their children. In one-parent households, new initiatives are focusing on increasing access and visitation, developing the nurturing capabilities of noncustodial parents, and improving the relationship between custodial and noncustodial parents. Other important initiatives are focusing on reducing teen pregnancy and out-of-wedlock births, addressing substance use and abuse among parents, improving opportunities for adoption, increasing child support compliance, ensuring safe and adequate child care, promoting safe and stable families, and providing work opportunities for ex-offenders who are parents.

Efforts to raise awareness about social problems, such as the hazards of smoking and tobacco use and driving under the influence of alcohol and illegal substances, are compelling. Such efforts have energized professionals across fields about the potential of public education campaigns, in concert with various direct programs and services targeted toward high-risk populations, to reduce socially undesirable outcomes and medically hazardous behaviors among both adults and teenagers. With increasing recognition of the human suffering and social costs of child maltreatment, the promise and prospects of initiatives that can prevent maltreatment in the first place have demonstrated a capacity to galvanize practitioners, researchers, and policy makers who can sometimes bring different perspectives to the problem.

Yet, despite the potential long-term benefits of preventing child abuse and neglect, only a small percentage of all resources specifically earmarked for child maltreatment in the United States is actually devoted to prevention. Furthermore, investment in prevention can be highly vulnerable during economic downturns, when legislatures search for line items to trim from overburdened State and Federal budgets.

About This Project

In FY 2001, the Children's Bureau initiated the *Emerging Practices in the Prevention of Child Abuse and Neglect* project to harvest new information on programs and initiatives operating around the country for the prevention of child maltreatment, and to disseminate that information to the professional community. The project involved scanning the environment for current information on prevention and seeking input directly from child abuse and neglect prevention programs. Under the guidance of an Advisory Group of experts in the field of child abuse prevention, including both practitioners and researchers, the Office on Child Abuse and Neglect developed and implemented a program nomination strategy to learn more about current effective and innovative prevention programs.

Nominations of programs and initiatives were accepted from across the field from June through August 2002. The pool of submitted nominations was peer reviewed by members of the Advisory Group in October-November 2002. This report presents the outcomes of both the literature review and the nomination process.

This project complements a closely related effort that is now underway to learn more about new developments in maltreatment prevention. The U.S. Centers for Disease Control and Prevention (CDC) is now in the early stages of developing a national audit of child maltreatment prevention programs. The CDC project will identify all existing child maltreatment programs and collect a wide range of descriptive data that will include program history, type(s) of abuse targeted, the level of prevention, the populations served, the services provided, and the medium and setting for services. In addition, the project will collect program evaluation data, where available, which will include both research design characteristics and information on specific outcomes. Though still in the early stages of development, the CDC project offers the potential of providing a substantial platform to support a host of activities in the maltreatment community, from connecting practitioners to interesting new programs to tracking growth in the field in the important area of evaluation research.

This report begins with an overview of maltreatment, which briefly describes existing national models of prevention, and is followed by the results of the nomination process for effective and innovative child maltreatment prevention programs. The report concludes with a discussion of the limits of existing knowledge about the effectiveness of prevention, the need to expand efforts to understand the performance and impact of prevention programs, and observations about this process and recommendations for next steps.

II. Maltreatment Incidence, Impact, and Existing Models of Prevention

Nature and Scope of Child Maltreatment in the United States

Abuse and neglect of children occurs in families from all walks of life, and across all socioeconomic, religious, and ethnic groups. There is no single, identifiable cause of child maltreatment; rather, it occurs as a result of an interaction of multiple forces impacting the family. While certain factors related to parents, children, families, and the environment are commonly associated with a greater incidence of child maltreatment, the presence of these factors alone is not sufficient for abusive situations to develop. Stated differently, the presence of known risk factors does not always lead to family violence, and factors that may cause violence in one family may not result in violence in another family (DePanfilis & Salus, 1992).

There are four main types of child maltreatment: physical abuse, child neglect, sexual abuse, and emotional abuse. Physical abuse is the infliction of physical injury by various methods, even if the perpetrator does not intend harm. Child neglect is the failure to provide for the child's basic needs and can be physical, educational, or emotional. Sexual abuse is the involvement of a child in any kind of sexual act, including prostitution or pornography; many believe this is the most underreported type of abuse. Emotional abuse is an act or omission that has caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. These types of maltreatment often occur together within a family, though they can appear alone as well.

How Many Children are Maltreated or At Risk of Maltreatment?

In 2000, nearly 2 million reports of alleged child abuse or neglect were investigated by child protective services agencies, representing more than 2.7 million children who were alleged victims of maltreatment and who were referred for investigation (U.S. Department of Health and Human Services, 2002). Of these children, approximately 879,000 were found to be victims of maltreatment, meaning that sufficient evidence was found to substantiate or indicate the report of child maltreatment.

This reflects a national rate of approximately 12.2 children per 1,000 children younger than 18 years of age in the general population who were found to be substantiated or indicated victims of maltreatment. This estimate represents an *annual* rate of abuse among children under 18. However, an individual child's likelihood of being abused over the course of his or her childhood may be higher. A study that analyzed local data on abuse rates of children in Cuyahoga County, Ohio estimated that nearly 17 percent of children born between 1998 and 2000 could be expected to have substantiated reports of maltreatment before reaching age 8, though the largest occurrence for any given year of age (birth to age one) was less than 5 percent (Sabol, Polousky, & Billing, 2002).

Nearly two-thirds of child victims (62.8%) suffered neglect, including medical neglect, while nearly one-fifth (19.3%) suffered physical abuse and approximately 10 percent suffered sexual abuse. The risk of maltreatment is highest for children under 4 years of age. Moreover, children with a prior history of victimization were more than three times as likely to experience recurrence compared with children without a prior history.

Recent Trends In Observed Rates of Maltreatment

The 2000 Annual Report from the National Child Abuse and Neglect Data System (NCANDS) indicates that national child abuse incidence rates increased in each year from 1990-1993, and decreased in each year through 1999. The rate of victimization was 13.4 per 1,000 children in 1990. The rate peaked at 15.3 children per 1,000 in 1993, then decreased to 11.8 per 1,000 in 1999, while increasing slightly to 12.2 children per 1,000 in 2000. Meanwhile, the National Incidence Studies (NIS) found that rates of child maltreatment under the *Harm* Standard increased 149 percent from the time the first

NIS study (NIS-1) was conducted in 1980 to the time the latest NIS study (NIS-3) was conducted in 1993.

Factors most commonly attributed to the increase in observed rates are: a greater public awareness of the reporting system through media and education; reporting system changes, such as a centralized intake, more effective intake assessments, use of standardized screening tools, and newly implemented data systems; increased rates of substance abuse; and changing standards and definitions of what constitutes abuse, both over time and across professions (Tzeng, Jackson, & Karlson, 1991; Wang & Daro, 1997).

Factors Influencing Risks To Children

While there are varying schools of thought on the origins of maltreatment, most theories of child maltreatment recognize that the root causes can be organized into a framework of four principal systems: 1) the child, 2) the family, 3) the community, and 4) the society. Though children are not responsible for the abuse inflicted upon them, certain child characteristics have been found to increase the risk or potential for maltreatment. Children with disabilities or mental retardation, for example, are significantly more likely to be abused (Crosse, Kaye, & Ratnofsky, 1993; Schilling & Schinke, 1984). Evidence also suggests that age and gender are predictive of maltreatment risk. Younger children are more likely to be neglected, while the risk for sexual abuse increases with age (Mraovick & Wilson, 1999). Female children and adolescents are significantly more likely than males to suffer sexual abuse.

Important characteristics of the family are linked with child maltreatment. Families in which there is substance abuse are more likely to experience abuse or are at a higher risk of abuse (Ammerman et al., 1999; Besinger et al., 1999; U.S. Department of Health and Human Services, 1993). But, identifying families in which substance abuse is present can be difficult. The Child Welfare League of America (2001) recently found that substance abuse is present in 40-80 percent of families in which children are abuse victims. Recent studies also have established a link between having a history of childhood abuse and becoming a victimizer later in life, including Clarke et al. (1999), confirming some of the earliest work in the field. Dilillo, Tremblay, and Peterson (2000) found that childhood sexual abuse increased the risk of perpetrating physical abuse on children as adults. Domestic violence and lack of parenting or communication skills also increase the risks of maltreatment to children.

Factors related to the community and the larger society also are linked with child maltreatment. Poverty, for example, has been linked with maltreatment, particularly neglect, in each of the national incidence studies (Sedlak & Broadhurst, 1996), and has been associated with child neglect by Black (2000) and found to be a strong predictor of substantiated child maltreatment by Lee and Goerge (1999). Bishop and Leadbeater (1999) found that abusive mothers reported fewer friends in their social support networks, less contact with friends, and lower ratings of quality support received from friends. Violence and unemployment are other community-level variables that have been found to be associated with child maltreatment. Perhaps the least understood and studied level of child maltreatment is that of societal factors. Ecological theories postulate that factors such as the narrow legal definitions of child maltreatment, the social acceptance of violence (as evidenced by video games, television and films, and music lyrics), and political or religious views that value noninterference in families above all may be associated with child maltreatment (Tzeng, Jackson & Karlson, 1991).

Researchers, practitioners, and policy makers are now increasingly thinking about protective factors within children and families that can reduce risks, build family capacity, and foster resilience. In 1987, case studies of three victims of child maltreatment began to shed light on the dynamics of survival in high-risk settings. Resilience in maltreated children was found to be related to personal characteristics that included a child's ability to: recognize danger and adapt, distance oneself from intense feelings, create relationships that are crucial for support, and project oneself into a time and place in the future in which the perpetrator is no longer present (Mrazek & Mrazek, 1987).

Since then, researchers have continued to explore why certain children with risk factors become victims and other children with the same factors do not. What are the factors that appear to protect children from the risks of maltreatment? In a recent overview by the Family Support Network, factors that may protect children from maltreatment include child factors, parent and family factors, social and environmental factors. Child factors that may protect children include good health, an above-average intelligence, hobbies or interests, good peer relationships, an easy temperament, a positive disposition, an active coping style, positive self-esteem, good social skills, an internal locus of control, and a balance between seeking help and autonomy.

Parent and family protective factors that may protect children include secure attachment with children, parental reconciliation with their own childhood history of abuse, supportive family environment including those with two-parent households, household rules and monitoring of the child, extended family support, stable relationship with parents, family expectations of pro-social behavior, and high parental education. Social and environmental risk factors that may protect children include middle to high socioeconomic status, access to health care and social services, consistent parental employment, adequate housing, family participation in a religious faith, good schools, and supportive adults outside the family who serve as role models or mentors (Family Support Network, 2002). Some recent studies have found that families with two married parents encounter more stable home environments, fewer years in poverty, and diminished material hardship (Lerman, 2002).

Consequences and Costs of Child Maltreatment

The impact of child maltreatment is profound and enormous. A single incident affects the victim not only today, but quite often tomorrow and beyond as well. That incident also reverberates through families and across institutions—including medical and mental health resources, law enforcement and judicial systems, public social services, and nonprofit helping agencies—as they respond to the incident and support the victim in the aftermath.

Abuse and Neglect of Children Can Have A Long-Lasting Legacy

Maltreatment has immediate physical effects on children that include broken bones, physical disability, mutilation, and sensory impairment; maltreatment ended in death for approximately 1,200 children in 2000. Child maltreatment is known to have considerable long-term psychological and behavioral effects on survivors that include mental retardation and intellectual and social deficiencies, as well as an increased risk for difficulty in school, delinquency, and violent criminal behavior.

According to social science researcher Cathy Spatz Widom, being abused or neglected as a child increased the likelihood of being arrested as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent (Widom, 1992). More recent studies have found that victims of abuse or neglect are over-represented among high-risk, male juvenile parolees (Wiebush, McNulty, & Le, 2000), as well as among both adult male and female offenders incarcerated in State prisons (Harlow, 1999). Results of these studies are essentially consistent with a number of other studies of the same general hypothesis that established empirical links between maltreatment and later deviant or criminal behavior (Alfaro, 1981; Kelly, Thornberry, & Smith, 1997; McCord, 1983). It is well known that children who suffer abuse or neglect are also more likely, as adults, to abuse children themselves.

Child maltreatment also has a tremendous impact on law enforcement and the judicial and correctional systems, which incur extraordinary costs for the investigation, prosecution, and confinement of perpetrators accused and convicted of child abuse and neglect. In a national survey of criminal justice practitioners, 91 percent of responding prosecutors and 82 percent of public defenders said that child and spouse maltreatment contribute to workload problems in their offices. Four out of five judges (79%) noted that child abuse cases contribute to workload problems, while 85 percent noted that domestic violence cases do so. Meanwhile, the majority of administrators of correctional facilities suggested that offenders in such cases contribute to jail crowding problems (National Institute of Justice, 1995).

Local social services agencies, which provide child protective services, foster care and other out-of-home placements, along with family preservation, rehabilitation, and treatment programs, are also engaged in the aftermath of child abuse and neglect. Families with victims suffering long-term injuries or trauma may rely on Medicaid, income maintenance programs such as Temporary Assistance to Needy Families (TANF) and food stamps, and services provided through State and local departments of mental health. Nonprofit entities also may be engaged, including child fatality review teams and children's trust fund organizations (National Research Council, 1998).

Costs of Maltreatment to Society are Extraordinary

Prevent Child Abuse America, a national advocacy organization, recently generated the first national estimates of the annual costs of child abuse and neglect in the United States. That analysis, which includes estimates of the direct or immediate costs of abuse as well as the indirect or long-term costs, suggests that child abuse and neglect costs the nation $258 million each day, or approximately $94 billion each year (Prevent Child Abuse America, 2001).

The direct costs of abuse, which include costs associated with hospitalization, chronic health problems, mental health care, the child welfare system, law enforcement, and the judicial system, were estimated at approximately $24 billion each year. Indirect costs of abuse, which include costs associated with special education, mental health and health care, juvenile delinquency, lost productivity, and adult criminality, were estimated at approximately $70 billion each year. Prevent Child Abuse America cautions that its estimates likely understate the true annual cost since the analysis did not capture the full range of indirect costs, such as cash and food assistance to adults whose difficulties can be directly traced to past maltreatment.

As perhaps the most comprehensive analysis to date in terms of the component costs of maltreatment that it includes, recent estimates by Prevent Child Abuse America dwarf the results of all earlier analyses of the costs of violence in American families. The magnitude of these estimates is startling, and they may begin to exert influence on the manner in which the problem is approached and the direction of future public policy.

What is Prevention and Why Is it Important?

Prevention of child abuse and neglect has taken on many forms since the 1960s when C. Henry Kempe identified the Battered Child Syndrome. Policy makers, legislators, professionals, and concerned citizens have struggled to find effective ways to prevent violence against children. The term "prevention" has several meanings. Prevention can be used to represent activities that promote an action or behavior. The term is also used to represent activities that stop an action or behavior. A dictionary defines prevention as "stopping or keeping from doing or happening; hindering."

Why Does Prevention Matter?

Prevention of socially undesirable and hazardous behaviors cannot only save lives, but also precious resources. While impossible to entirely eradicate certain kinds of behavior that can have tragic human consequences, including the maltreatment of children, human service professionals have been buoyed by improvements over time across numerous major indices that measure the health and well-being of individuals and families. Public education campaigns that increase awareness by delivering steady messages can alter behavior, saving lives and critical resources in the process. The following illustrate a few of the significant recent trends in health-related measures of well-being:

- Alcohol-related traffic deaths have dropped substantially from the early 1980s to 2001, attributable, in part, to national campaigns to elevate public awareness and change behavior such as the "Designated Driver" campaign. Traffic fatalities in alcohol-related accidents declined 13 percent from 20,159 fatalities reported in 1991 (49 percent of total traffic fatalities for the year) to 17,448 reported in 2001 (41 percent of total fatalities); total fatalities per year are down approximately 30 percent since 1982

(National Highway Traffic Safety Administration, 2002). Though fatalities increased slightly from 2000 to 2001, the 20-year trend represents a tremendous savings in prevented injury and avoided loss of life.

- There has been a dramatic reduction in the AIDS incidence among adult, adolescent and mother-to-child, or perinatal, HIV transmission rates. Between 1992 and 1997, perinatally acquired AIDS cases declined 66 percent in the United States. The U.S. Centers for Disease Control and Prevention (CDC) recently estimated a net savings of $38 million in preventing 656 new HIV infections, based on medical care costs alone. Though these figures are encouraging, new adult cases have begun to move upward again among specific subpopulations, a reminder that trends are influenced by factors that can change in the short term (U.S. Centers for Disease Control and Prevention, 1999a).

- Continuing a downward trend in adolescent pregnancy that began in the early 1990s, the CDC reported that the national pregnancy rate for adolescents ages 15-19 declined by 7.8 percent from 1995-1997. There was also an overall decline of 7.5 percent in the abortion rate for adolescents ages 15-19 (U.S. Centers for Disease Control and Prevention, 2000). In addition, all States have applied at some point for the Maternal and Child Health Bureau abstinence education block grant funds and most are using the monies in innovative ways to promote abstinence from sexual activity as the healthiest choice for youth (Devaney et al., 2002).

- Though concerns remain about the relatively steady rate among 18-24 year olds, the CDC reported substantial decreases from 1993 to 2000 in smoking prevalence for all other age groups. The estimated direct and indirect costs associated with smoking exceed $68 billion annually (U.S. Centers for Disease Control and Prevention, 2002).

With sustained advocacy from groups such as Mothers Against Drunk Driving (MADD), the problem of alcohol-related traffic fatalities has become a case study in the critical elements that are necessary to bring about meaningful social change. In addition to sensitizing the public to the hazards of driving under the influence, which has been accomplished by giving a personal face to the human tragedy of alcohol-related traffic accidents, advocacy groups have utilized an array of effective tactics. These include lobbying for lower legal blood-alcohol limits, more severe penalties for offenders, innovative strategies for prevention, stricter standards on advertising of alcohol, and higher excise taxes that are designed to reduce demand for alcohol.

Studies conducted by the Michigan Children's Trust Fund and the Colorado Children's Trust Fund illustrate the potential value of child maltreatment programs that can reduce incidence. In 1992, the Michigan Children's Trust Fund estimated that the cost of responding to child maltreatment in Michigan was $823 million annually, including the estimated costs associated with low-weight births, child fatalities and preventable infant mortality, medical treatment, child protective services, foster care, juvenile and adult criminality, and psychological problems. In contrast, the cost of providing prevention services to all first-time parents in Michigan was estimated at $43 million annually. The study concludes that while the incidence of abuse cannot be reduced to zero, investments in prevention can be cost effective if they result in even modest reductions in abuse events (Caldwell, 1992).

A similar study commissioned by the Colorado Children's Trust Fund estimated that responding to child maltreatment costs Colorado $402 million annually, whereas home visitation services for high-risk families would cost Colorado just $24 million annually (Gould & O'Brien, 1995).

Existing Framework For Prevention In the Field of Child Maltreatment

With respect to human services, prevention typically consists of methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of well-being, or promote desired outcomes or behaviors (adapted from Bloom, 1996). Professionals working to prevent child abuse and neglect have

"borrowed" from other disciplines, including public health, education, and mental health. Though all these disciplines influence and guide practice, perhaps public health has had the greatest influence in organizing a framework of prevention services. That framework consists of three levels of services: *primary* prevention programs, which can be directed at the general population (universal); *secondary* prevention programs, which are targeted to individuals or families in which maltreatment is more likely (high risk); and *tertiary* prevention programs, targeted toward families in which abuse has already occurred (indicated).

Primary prevention activities can be directed at the general population and attempt to stop the occurrence of maltreatment. All members of the community have access to and may benefit from services directed at the general population. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Universal approaches to primary prevention might include:

- Public service announcements that encourage positive parenting;
- Parent education programs and support groups that focus on child development and age-appropriate expectations and the roles and responsibilities of parenting;
- Family support and family strengthening programs that enhance the ability of families to access existing services, resources and support interactions among family members; and
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.

Secondary prevention activities with a high-risk focus are offered to populations that may have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may direct services to communities or neighborhoods that have a high incidence of any or all of these risk factors. Approaches to prevention programs that focus on high-risk populations might include:

- Parent education programs located, for example, in high schools that focus on teen parents, or within substance abuse treatment programs for mothers and families with young children;
- Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting;
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes;
- Respite care for families that have children with special needs; and
- Family resource centers that offer information and referral services to families living in low-income neighborhoods.

Tertiary prevention activities focus on families where maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. These prevention programs may include services such as:

- Intensive family preservation services with trained mental health counselors that are available to families 24 hours per day for a short period of time (e.g., 6-8 weeks);
- Parent mentor programs with stable, non-abusive families acting as "role models" and providing support to families in crisis;
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes; and
- Mental health services for children and families affected by maltreatment to improve family communication and functioning.

Distinctions between primary, secondary, and tertiary prevention, while perhaps useful for some purposes, do not necessarily reflect the way prevention-related services are actually organized and provided on the ground. Rather than sorting prevention initiatives into mutually exclusive categories, prevention is increasingly recognized as a continuum.

Federal Funding of Prevention Activities in the United States

Various sources of funding are available to States and local jurisdictions to finance child abuse and neglect prevention activities. At the Federal level, the Children's Bureau, which is responsible for assisting States in providing services that are designed to protect children and strengthen families, administers 9 State grant programs and 6 discretionary grant programs. Title II of the Child Abuse Prevention and Treatment Act (CAPTA), for example, authorizes the Community-Based Family Resource and Support (CBFRS) program to help develop networks of community-based, prevention-focused family resource and support programs. CBFRS funds are invested by the States in accordance with their own strengths and needs, and supplemented by State funds and other local resources. Some key components of CBFRS-funded programs include statewide prevention networks, home visiting, mutual support, parent education and support, respite care, and public awareness activities. The program also encourages States to maximize and leverage funding through partnerships and collaborations with other prevention-related programs.

Under the Promoting Safe and Stable Families program, capped matching entitlement grants to States are awarded to support four specific activities, including community-based family support services to support and strengthen vulnerable families before abuse or neglect occurs, intensive family preservation activities, time-limited family reunification services, and adoption promotion and support services. States also receive basic grants for developing and implementing child abuse and neglect prevention and treatment programs, while discretionary funds are available to support research and demonstration projects.

Various sources other than the Children's Bureau also support maltreatment prevention activities, including Federal agencies, such as the CDC, the Maternal and Child Health Bureau, and the U.S. Department of Justice; State agencies through earmarked State funds; and foundations and nonprofit organizations. Though this section only provides general information on Federal sources of funds, many State organizations have been very creative at utilizing a variety of public and private funding streams such as the State general fund appropriations, State income tax check-offs, license plates, foundations, and fundraising. Appendix B identifies local contacts for more information regarding various States' efforts.

The following section presents an overview of some of the nation's most well-known prevention programs, many of which are established, multisite programs with lengthy histories of service in communities across the country.

What Kinds of Prevention Programs Currently Exist?

Child maltreatment prevention services operating in communities today generally fall within a typology that includes several major approaches or methodologies: public awareness activities, skill-based curricula for children, parent education programs and support groups, home visitation programs, respite and crisis care programs, and family resource centers. In recent years, programs have been developed and implemented in a wider array of settings including prisons, places of worship, hospitals, and schools.

Public Awareness Activities

Public awareness activities are an important part of an overall approach to address child abuse and neglect. Such activities have the potential to reach diverse community audiences, including parents and prospective parents, children, and community members. In designing prevention education and public information activities, national, State, and local organizations use a variety of media to promote these activities, including:

- Public service announcements
- Press releases
- Posters
- Information kits and brochures
- Television or video documentaries and dramas.

Through these media, communities are able to promote healthy parenting practices, child safety skills, and protocols for reporting suspected maltreatment.

One of the largest child maltreatment public awareness initiatives is focused on the prevention of Shaken Baby Syndrome. A national network of State contacts for Don't Shake the Baby was established to ensure that all professionals involved in the care of children (e.g., teachers, physicians, nurses, home visitors, parent educators) became aware of the dangers associated with shaking infants. In addition to professionals, this campaign targeted parents to alert them to the dangers of shaking their babies and to provide information on positive coping skills when caring for a crying infant. Another initiative designed to capture attention and raise public awareness is *STOP IT NOW!*, which is a primary prevention media campaign that targets male and female sexual abuse perpetrators and other adults, calling on abusers and potential abusers to stop and seek help. *STOP IT NOW!* also increases public awareness about the trauma of sexual abuse. People are encouraged to call a toll-free help line for information and referrals regarding child sexual abuse.

Prevent Child Abuse America, formerly the National Committee to Prevent Child Abuse, also directs efforts to increase public awareness of the dangers and signs of child maltreatment. In collaboration with Marvel Comics, Prevent Child Abuse America developed Spider-Man comic books to address child sexual abuse and other child safety issues. In addition, Prevent Child Abuse America distributes an information packet each year to assist community groups in planning Child Abuse Prevention Month activities. Chapters in 37 States and one in the District of Columbia provide ongoing public awareness and other activities to prevent child maltreatment.

State Children's Trust Funds (CTFs) exist in all 50 States and the District of Columbia with the specific goal of preventing child maltreatment. CTFs and their local councils and affiliates coordinate prevention activities throughout each State by promoting and funding a variety of community-based programs, including public awareness campaigns, home visitation programs, skills-based curricula for children, and parent education and support activities. In addition, many CTFs develop and distribute public awareness materials for community groups, schools, and many other professionals working with children. These materials may include posters, bookmarks, magnets, and scripts for public service announcements. Many of the Children's Trust Funds also have been designated as the State lead agencies for the CBFRS program.

Skills-Based Curricula for Children

Many schools and social service organizations in local communities offer skills-based curricula to teach children safety and protection skills. Most of these programs focus efforts on preventing child sexual abuse and teaching children to distinguish appropriate touching from inappropriate touching. Other programs focus on preparing young people to function successfully in society, while still others teach or enhance protective behaviors in children. Curricula may have a parent education component as well to give parents and other caregivers the knowledge and skills necessary to recognize and discuss sexual abuse with their children. Curricula may use various methods to teach children skills, including:

- Workshops and school lessons
- Puppet shows and role-playing activities
- Films and videos
- Workbooks, storybooks, and comics.

Examples of skill-based curricula include programs such as Talk About Touching, Safe Child, Good Touch/Bad Touch, Kids on the Block, and Illusion Theater.

Parent Education Programs and Parent Support Groups

Perhaps the most prominent prevention activity is parent education. Typically, these programs focus on decreasing parenting practices and behaviors associated with child abuse and neglect. Though parent education programs may serve the general community, many are directed at populations determined to be at risk for child maltreatment. These programs address issues such as:

- Developing and practicing positive discipline techniques
- Learning age-appropriate child development skills and milestones
- Promoting positive play and interaction between parents and children
- Locating and accessing community services and supports.

Parent education programs are designed and structured differently, usually depending on the curriculum used and the target audience. Programs may be short-term, offering classes once weekly for 6-12 weeks, or programs may be more intensive, offering services more than once weekly for up to a year. Well-known parent education programs include *Parents as Teachers, National Parent Aide Network, Meld, Effective Parenting Information for Children (EPIC), Parents and Children Together (P.A.C.T.),* and the *Nurturing Program.*

- The *Parents as Teachers* program targets parents with children from birth to 5 years old and focuses on child development; recommends activities that encourage language development, intellectual growth, and social and motor skills; and strengthens the parent-child relationship. This program has 4 components, including personal home visits, group meetings, developmental screenings, and connection to community resources.
- The *National Parent Aide Network*, a component of the National Exchange Club Foundation, is a national network of professionally trained individuals who become friends and role models to parents and teach them how to be responsible and bond with their children. Parent aides provide support, encouragement, and genuine and caring friendships; focus on the good qualities of the parents; serve as an outside social control to stop abuse immediately; and address special needs of the family by referring them to community agencies when necessary.
- *Meld* offers educational and support services for parents to help them set goals and make decisions for their education, work, and family life that increase their self-confidence, self-sufficiency, and ability to manage a family successfully, and to reduce family isolation that can lead to abuse and neglect.
- *Effective Parenting Information for Children (EPIC)* provides a series of workshops to train parents and teachers to assist children in developing life skills and civic values leading to responsible adulthood and parenting.
- *Parents and Children Together (P.A.C.T.)* is a program in which parents and children participate in playtime, build family skills, and connect emotionally. P.A.C.T. also encourages parents to focus on child development and communication.
- The *Nurturing Program* is a family-based program that involves both parents and children in activities, focusing on building a positive regard for self and others. There are 15 Nurturing Programs that are focused on specific populations (e.g., Parents and Children Birth to 5 Years, Parents and Children 4 to 12 Years, Hispanic Parents and Children Birth to 5 Years, and Families in Substance Abuse Recovery). Programs are home based or group based and range from 1½ to 3 hours per week for 9-45 weeks.

In addition to parent education programs, parent support groups also work to strengthen families and prevent child maltreatment. Two well-known programs include:

- *Parents Anonymous® Inc.,* founded in 1969, leads an international network of accredited organizations that implement community-based, weekly, free-of-charge Parents Anonymous® Groups for parents and other caregivers. In Parents Anonymous® Groups, co-led by parent group leaders and group facilitators, parents find a caring, mutually supportive environment where they can learn new parenting strategies and create long-lasting, positive changes in their families. Their children participate in complementary Parents Anonymous® Children's Programs that promote positive social and emotional development.

- *Circle of Parents,* a collaboration of Prevent Child Abuse America and the National Family Support Roundtable, provides parent self-help support groups to anyone in a parenting role. These groups offer parents a place to discuss the challenges of raising kids and to exchange ideas. Funded through a grant from the Children's Bureau, Office on Child Abuse and Neglect, this is an effort to expand and enhance parent self-help support groups across the country. Most established groups have a free program for children as well. The groups provide a place where anyone in a parenting role can discuss the successes and challenges of raising children, find and share support, and learn new parenting skills.

Home Visitation Programs

Home visitation programs have existed in the United States since the late 19th century. As a strategy for preventing child maltreatment, home visitation came to the forefront of the national agenda in 1991 when the U.S. Advisory Board on Child Abuse and Neglect recommended universal implementation of home visitation programs. Rather than a specific program or activity, home visitation is a strategy for service delivery. Many organizations and agencies in fields as varied as education, maternal and child health, and health and human services use home visitation programs to strengthen and support families.

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies and young children. Activities offered through home visitation programs may include structured visits in the family's home, informal visits, and telephone calls that focus on topics such as:

- Positive parenting practices and nonviolent discipline techniques
- Child development
- Availability and accessibility of social services
- Establishment of social supports and networks
- Advocacy for the parent, child, and family
- Maternal and child health issues
- Prevention of accidental childhood injuries through the development of safe home environments.

As the popularity of home visitation programs has increased, so too has the number and diversity of organizations offering these services. Both large and small organizations are establishing programs and providing community-based services to a wide-ranging population. For example:

- *Nurse Family Partnership*, originally established as the Prenatal/Early Infancy Project at experimental sites in Elmira, New York, and Memphis, Tennessee, provides services to first-time mothers from the early stages of pregnancy through the child's first two years of life. Nurses provide home visits in accordance with a structured schedule, focusing on maternal health, parental role and life course, family and friends, and community services. The program, which is now available in numerous states, targets critical pregnancy outcomes, the prevention of child abuse and neglect, and subsequent unintended pregnancies.

- *Healthy Families America (HFA),* a national initiative launched in 1992 by Prevent Child Abuse America and modeled after Hawaii's Healthy Start, links expectant and new mothers to trained staff who provide home visits and referrals to community services. HFA currently has home visitation

programs in over 420 communities in the United States and Canada.

- *Early Head Start,* an outgrowth of Head Start established in 1994 specifically for low-income families with infants and toddlers and pregnant women, promotes healthy prenatal outcomes, enhances the development of very young children, and promotes healthy family functioning. The community-based program provides parent education, comprehensive health and mental health services, and home visits.

- *Home Instruction Program for Preschool Youngsters (HIPPY)* is an educational enrichment program that builds on the natural bond between a parent and child. The home visitation model helps parents prepare their preschool-aged children for successful, early school experiences and strengthens the bond between schools, families, and communities.

- *Parent Child Home Program (PCHP)* is a home visitation program serving families challenged by the many obstacles to educational success, including poverty, low levels of education, and language difficulties. In play sessions with parents and children, the home visitor demonstrates various parenting techniques. An emphasis is placed on parent-child interaction and the development of verbal and language skills necessary to succeed in school.

- Hawaii's *Healthy Start Program* is a multisite program in Hawaii that screens, identifies, and provides services to families at risk for child abuse and neglect. Most participants are enrolled after the birth of a child; however, approximately 10 percent of participants enroll during the prenatal period.

- *Project 12-Ways* takes a comprehensive approach to prevention that uses an ecobehavioral model to teach parents new skills and knowledge regarding basic parenting, child development, and safety, while providing support to address some of the underlying problems affecting families. At intake, each family's individual needs are assessed and goals identified. Project counselors recommend services and meet with each family once or twice per week, monitoring the family's progress. Started in 1979 in Illinois, the model has since been replicated in California and is now a statewide model in Oklahoma.

Respite and Crisis Care Programs

Respite care services provide short-term care to children who have disabilities or chronic or terminal illnesses, who are in danger of abuse or neglect, or who have experienced abuse or neglect. For caregivers in stressful situations (they may be parents, foster or adoptive parents, or other relatives or guardians), respite care services provide temporary relief from the ongoing responsibilities of caring for children in the home. Crisis care is a unique form of respite. It is provided to children, with or without a disability, when the family is in crisis. Crisis care services may be referred to as crisis respite, emergency respite, crisis nursery, crisis stabilization, or shelter care (ARCH National Resource Center, 1998).

When family caregivers are not able to take a break from constantly providing care and supervision for their children, stress builds. This elevated stress can lead to increased incidences of abuse, divorce, and out-of-home placement of the dependent family member. Respite services are provided in a variety of settings, within or outside of the family home. Services are generally short term (ranging from a few hours to a few weeks), and are provided on either a planned or an emergency basis. Both respite and crisis care services can be provided by other family members, friends, neighbors, community recreation programs, child or dependent care providers or centers, home health aides, family resource centers, community human service providers and respite or crisis care agencies. In addition to care and supervision, many respite and crisis care providers also offer a variety of support services to families, including referrals to other programs, counseling, case management, meals, transportation, social activities, lodging, medications, personal care, and assistance with activities of daily living (ARCH National Resource Center, 1998).

Family Resource Centers

Family resource centers are sometimes called family support centers, family centers, parent-child resource centers, family resource schools, or parent education

centers. Each family resource center works with community members to develop specific services that meet the needs of the people who use the center and the community that surrounds it. This is accomplished by involving community members in design, implementation, and evaluation. Many centers require that advisory boards oversee the day-to-day operation of the centers, and that more than one-half of the board members be parents.

Family resource centers are located in a variety of community settings and serve diverse populations. Depending upon the resources available in the community, family resource centers may be located in churches, school buildings, hospitals, housing projects, restored buildings, or new structures. Based in the places where families naturally congregate, family resource centers serve as a central support within the community around which families can build their lives, regardless of the challenges they face.

Family resource centers promote both the strengthening of families through formal and informal sources of support and the restoration of a strong sense of community. Services may include parent skill training, drop-in centers, home visiting, job training, substance abuse prevention, violence prevention, services for children with special needs, mental health or family counseling, child care, literacy, respite and crisis care services, assistance with basic economic needs, and housing.

What Do We Know About the Effectiveness of Prevention?

There are 3 principal areas where research on maltreatment prevention has historically been most concentrated: home visitation programs, parent education programs, and school-based programs for the prevention of child sexual abuse. The following sections summarize what is known about prevention from research and evaluation in these areas.

Home Visitation Programs

Research on the impact of home visitation programs is one area in which there is a relative abundance of evidence, and that evidence, while not universally positive across all evaluations, suggests that home visiting can be an effective approach. David Olds, at the University of Colorado Health Sciences Center, has pioneered high quality, experimental research in the area of home visitation. Through the course of several replications and long-term follow-up studies over a period of 20 years, Dr. Olds has found positive, short-term and long-term outcomes for young, first-time mothers and their children in several areas, including decreased rates of child maltreatment, juvenile delinquency, and maternal criminality; increased economic self sufficiency; and increased social-emotional development (Olds et al., 1997).

The 1999 *Future of Children* report on home visiting programs also noted that despite some positive findings, many of the programs still struggled in numerous areas. Challenges were raised concerning enrolling, engaging, and retaining families. Similar issues were raised about the use of paraprofessionals versus nurses, staff retention, and the training needed by home visitors. When program benefits were demonstrated, this often only impacted a subset of families, and benefits were rarely seen for all program goals. The following are findings on home visitation from other recent work:

- An evaluation of *Family TIES,* a program of services for first-time teen mothers during pregnancy, found that teen mothers who received weekly home visits made significantly higher gains in creating a safe and healthy home environment compared with participants who received traditional family support services at a health center. The program had no significant effect on the childbearing philosophies or psychological well-being of participating mothers (Luster et al., 1996).

- An evaluation of the *Healthy Start* program, part of the Hampton Family Resource Project that provides home-based, parent education and support services to high-risk mothers, found several positive outcomes for families, including reductions in pregnancy risk status, birth complications, and subsequent pregnancies, and increases in childhood immunization rates and the number of adequate/safer home environments. The study also reported a

reduced number of confirmed reports of child abuse and neglect (Galano & Huntington, 1996).

- An evaluation of *STEEP (Steps Toward Effective, Enjoyable Parenting)*, an intensive intervention program of home visits and group sessions for high-risk women and their first-born children, found that compared to a control group, program participants demonstrated better understanding of child development, better life management skills, fewer depressive symptoms, and more organized and appropriately stimulating home-environments. The *STEEP* program also served as a buffer against stress, enabling parents to remain more sensitive to their children's needs even in the face of stressful life circumstances (Egeland & Erickson, 1993; Erickson & Egeland, 1999).

Leventhal suggests nine factors that are necessary for successful home-based services. They include: early intervention, intensive services over a sustained period, development of a therapeutic relationship between the home visitor and parent, careful observation of the home situation, focus on parenting skills, child-centered services focusing on the needs of the child, provision of "concrete" services (e.g., shelter, health care), inclusion of fathers in services, and ongoing review of family needs to determine frequency and intensity of services (Leventhal, 1997).

Parent Education

Some research also has concentrated on the impact of programs that provide education for parents that can reduce risks to children. The record is neither rich nor, on the whole, particularly compelling. However, a few studies have demonstrated positive findings. Many of the existing studies in this area rely on outcomes that do not include actual child maltreatment reports, but focus on short-term gains in knowledge, skills, or abilities. Thus, taken as a whole, little is known about the impact of these programs on child maltreatment in the long term.

From the late 1980s to the early 1990s, the William Penn Foundation funded 14 child abuse prevention demonstration programs in Philadelphia and surrounding suburban areas, and sponsored one of the most comprehensive evaluations of parent education services in the early 1990s. The National Committee for Prevention of Child Abuse conducted the evaluation of this initiative, integrating outcomes from all 14 programs. Data were gathered from 1,078 parents who received services between March 1990 and July 1991 across the 14 sites.

Researchers found that parents' potential for physical child abuse decreased significantly as measured by the Child Abuse Potential Inventory (CAP). Participants exhibiting the highest risk at pretest (i.e., the highest CAP scores) showed the greatest gains at post-test (i.e., the greatest decrease in CAP scores). Total CAP scores, as well as three subscales (distress, rigidity, and unhappiness), decreased significantly. In addition to an observed reduction in child abuse potential, there were observed reductions in the use of corporal punishment and inadequate supervision of their children, while participants demonstrated greater responsiveness to the emotional needs of their children (National Committee for Prevention of Child Abuse, 1992).

More recent evaluations of programs also have focused on families considered to be at risk for child maltreatment. The Bavolek Nurturing Program is a parenting education program that specifically focuses on four parenting constructs, including inappropriate parental expectations, lack of empathy toward the child, belief in corporal punishment, and parent-child role reversal. A secondary analysis using a convenience sample of at-risk rural families found significant improvements from pre- to post-test in each of these four areas, as measured by the Adult-Adolescent Parenting Inventory, with the post-test results consistent with nurturing parenting attitudes. While the results of the study were positive, the researchers acknowledge critical limitations, including the lack of a control group (Cowen, 2001).

Another such program offered 12-week parent education services to teen mothers in an effort to promote healthy, nurturing families. In an analysis of mothers participating in this program, researchers found positive, though not statistically significant, increases in knowledge of child development and attitudes toward

parenting and discipline (Britner & Reppucci, 1997). Furthermore, families who participated in the parent education program had significantly fewer substantiated reports of child maltreatment than families who did not participate in the program.

An earlier study focused on a group of high-risk mothers receiving services through an intensive parent education program administered by the National Institute of Mental Health. Mothers with at least one child and who were considered very high risk for child maltreatment were recruited for the program during pregnancy (prior to 26 weeks gestation). The intensive program offered concrete services (e.g., assistance with transportation, assistance returning to school, arranging care for children, reducing bad habits such as smoking and overeating, and financial management), as well as abstract services (e.g., assisting the participant in better understanding others and themselves, and providing someone with whom to talk).

Following participation in the study, mothers reported high rates of satisfaction with the program and improvements in their parenting and life skills (Pharis & Levin, 1991). Both staff and participants reported that positive growth had occurred in 13 areas of the mothers' lives between onset of pregnancy (or entry into the program) and the interview (conducted at least one year after the intervention had begun).

School-based Programs for Prevention of Child Sexual Abuse

Programs for children and parents that are designed to raise awareness about child sexual abuse is another area where there has been a recent and relatively concentrated research focus. Available research suggests that such programs can be successful at imparting information, but there is little evidence to conclude that these programs actually prevent child sexual abuse. A recent study published in 2000 utilized meta-analysis techniques to evaluate existing school-based, child sexual abuse prevention programs. Based on 27 control group studies, the study reported that children who participated in prevention programs performed significantly higher than control group children on outcome measures used in the studies, indicating improvements in knowledge and skills concerning sexual abuse. In the process of developing the sample of studies to include in the analysis, the researchers indicated that they identified no studies that had analyzed the effect of prevention programs on actual rates of abuse (Davis & Gidycz, 2000).

Few studies have attempted to establish a relationship between acquisition of knowledge about child sexual abuse and subsequent behavior change in children. In perhaps the only study of its kind, Finkelhor et al. conducted a national telephone survey of 2,000 children ages 10-16. The researchers found that children who had participated in school-based sexual abuse prevention programs not only demonstrated greater knowledge about sexual abuse, but also reported that these children were more likely to exhibit protective behaviors and utilize protective strategies when threatened or victimized (Finkelhor & Dzuiba-Leatherman, 1995).

In a follow-up study conducted the next year, during which a considerable proportion of the original 2,000-child sample was recontacted, the researchers again found that children who had participated in school-based sexual abuse prevention programs were more likely to use protective strategies (e.g., yelling, running, telling an authority). However, there was no evidence that these children, when threatened with abuse, were any more likely to stop the victimization than children who had not participated in school-based sexual abuse prevention programs (Finkelhor, Asdigian, & Dzuiba-Leatherman, 1995).

Since then, two recent studies have explored the correlation between knowledge gains and behavior change, and actual victimization. In an important recent study of 825 female undergraduates, for example, researchers found that young women who had not participated in a school-based prevention program were nearly twice as likely to have experienced child sexual abuse as young women who had participated in a program (Gibson & Leitenberg, 2000). Also within the last few years, results of a survey of high school students found that students who had participated in a general abuse prevention program were significantly less likely to have reported an incident of physical abuse. There appeared to be no difference between the two groups

of students in terms of the incidence of sexual abuse (Ko & Cosden, 2001). Both of these studies, however, utilized small, local samples and relied considerably on self-report data of past experiences. Thus, there are important concerns with the generalizability of the results, as well as the vulnerability of the data to the hazards of memory.

The next section of this report presents profiles of the featured programs in the Effective and Innovative categories following a peer review of the pool of nominations submitted to the Office on Child Abuse and Neglect in 2002 under the *Emerging Practices in the Prevention of Child Abuse and Neglect* project.

III. Featured Programs from the First Emerging Practices Review Process

The Children's Bureau's Office on Child Abuse and Neglect is pleased to present the results of the *Emerging Practices in the Prevention of Child Abuse and Neglect* project, which was initiated to identify effective and innovative programs in child abuse and neglect prevention around the nation. In partnership with the prevention community, OCAN implemented this review to elevate our understanding of prevention programs and initiatives, and to share information on emerging and promising practices with the field.

To ensure that this initiative reflected the needs of the field, an Advisory Group of experts in the field of child maltreatment, prevention, and evaluation was assembled to provide input into the planning and development of the review. OCAN then designed and implemented a nomination process whereby professionals, working at the program level, could nominate programs that would be instructive to the entire field and warrant national attention based on strong performance. Advisory Group members served as peer reviewers for all nominated programs. The initiative targeted two main categories of programs:

- **Effective Programs**, designed to identify programs and initiatives that have shown positive prevention outcomes, and organized into two tiers:
  - ***Demonstrated Effective:*** For programs subjected to rigorous evaluation using an experimental design. Available evidence of effectiveness is positive, and outcomes can be considered definitive on strength of design.
  - ***Reported Effective:*** For programs subjected to evaluation using a quasi- or nonexperimental design. Available evidence of effectiveness is positive, but outcomes cannot be considered definitive because of design considerations.
- **Innovative Programs,** designed to identify programs and initiatives that have overcome a particular challenge or obstacle to success through innovative methods, or are showcasing an exciting new approach to prevention.

From June through August 2002, child abuse and neglect prevention professionals were invited to submit nominations of programs for consideration as "Effective" or "Innovative." OCAN received 7 nominations under the "Effective" category and 21 nominations for consideration as "Innovative." All nominators were required to submit an application documenting the following for each program:

- Program mission, goals, and objectives
- Primary program activities and services
- Program staffing
- Target population.

Additionally, nominations submitted as "Effective" were required to describe their evaluation design, methodology, and results, and submit copies of any evaluation reports. "Innovative" applicants were required to document the program's significant activities and accomplishments. Each program also submitted three references. See Appendix A for a copy of the nomination instrument.

Once nominations were submitted, supplemental information was sought from programs only in direct response to specific reviewer questions. Additionally, contact was made with a sample of references to gain additional clarification about the innovative aspects of programs. At no time were site visits conducted to gather program or evaluation information.

Nomination Review

Working with a diverse pool of nominations, the Advisory Group met in October and November 2002 to review each nomination and to reach consensus regarding the final disposition and categorization of each nominated program. Nominations of programs submitted as "Effective" were reviewed with an emphasis on the quality of the methodological design and the integrity of the resulting program outcomes. For those submitted as "Innovative," reviewers looked for new, creative ideas and strategies for preventing child abuse and neglect.

During the course of the review, however, it became apparent that a substantial number of nominations did not meet the criteria for "Innovative" because of program age and activities or the criteria for "Effective" due to inconclusive outcomes based on methodological design considerations. However, many of these programs either had interesting and unique aspects or had made a concerted effort to undertake research and evaluation with limited resources. The Advisory Group concluded that these programs had features that would be informative to the field. Consequently, the Advisory Group wanted to recognize the "noteworthy aspects" of those programs, especially those that made a good effort at evaluation and presented positive preliminary results, as well as programs with some unique aspect that could possibly be replicable or programs that could become candidates for more rigorous evaluation.

Review Results

The **Effective Program** review presents programs that have focused efforts on evaluation and have conclusive or preliminary positive outcomes. While further study is needed, this review provided some evidence that certain approaches are working. There were three programs selected under the two categories of "Demonstrated Effective" and "Reported Effective." These programs represent three distinct approaches with specific strategies that may be effective in preventing child abuse and neglect. The diversity of these programs is reflected in their services, ranging from parent education to family support services to emergency services. While targeting families and children at risk for child abuse and neglect, each of these programs was designed to increase protective factors and reduce risk factors related to child abuse and neglect. Findings from the evaluations of these three programs suggest that these approaches are likely to lead to:

- Improved parenting skills and efficacy
- Better relationships between the caregiver and the child
- Reduced stressors, including child behavior problems, which may contribute to child abuse and neglect.

While these programs offer promising, replicable approaches to preventing child abuse and neglect, additional evaluation studies using more rigorous research designs are still needed.

The **Innovative Program** review presents programs that showcase a new strategy in prevention, have overcome barriers to success, or have dealt creatively with a particular issue. Each Innovative program is presented in a profile outlining the primary program goals and activities of the program and describing the unique characteristics of the program that make it "Innovative." The rest of this section presents brief profiles that outline the noteworthy aspects of other nominated programs that are informative to the field.

Highlights of innovative aspects from the nominations include:

- Combining a parent education curriculum with an alternative treatment protocol for stress and anxiety reduction in order to improve focus and retention
- Developing tailored services specifically targeted for grossly underserved, high-risk populations (e.g., homeless families, children of incarcerated fathers)
- Strengthening relationships between incarcerated fathers and their children
- Utilizing a low-cost, multi-layered process for recruiting and retaining high-risk youth

- Implementing creative solutions for common problems (e.g., involving fathers in family services, reaching out to the rural community).

Together, these reviews provide a snapshot of some emerging practices in child abuse and neglect prevention and can help inform the field regarding interesting and important initiatives. The following sections highlight programs from the Emerging Practices review.

Demonstrated Effective Programs

The “Demonstrated Effective Programs” category was designed to identify programs that show positive outcomes in the prevention of child abuse and neglect using rigorous evaluation methods including an experimental design. The Family Connections program was the only program that was nominated for this category. The Advisory Group determined that this program has undergone rigorous evaluation using an experimental design with random assignment, and the results demonstrate positive outcomes for participants.

Family Connections

Baltimore, Maryland

Univ. of MD School of Social Work
525 West Redwood Street
Baltimore, MD 21201
(410) 706-3609
(410) 706-6046-Fax
http://www.family.umaryland.edu
Contact: Diane DePanfilis, Ph.D., MSW

Family Connections is a community-based program of the University of Maryland, Baltimore Center for Families. This program promotes the safety and well-being of children and families through family and community services, professional education and training, and research and evaluation. The primary goal is to develop, implement, and evaluate the effectiveness of early intervention models of community-based, neglect-prevention, psychosocial service programs for families who are having significant difficulty meeting the needs of their children. Program results have suggested that it improves parenting skills, reduces parental depression, and reduces children's behavioral problems.

The program is built on a set of 9 practice principles that have evolved from what is known to work best with vulnerable families: community outreach; family assessment and customized interventions; helping alliance; empowerment approaches; strengths' perspective; cultural competence; developmental appropriateness; outcome-driven service plans; and emphasis on positive attitudes and the qualities of helpers.

Targeted Outcomes

Family Connections is designed to increase protective factors by:

- Promoting supportive caregiver-child relationships
- Increasing the use of positive discipline methods
- Increasing close monitoring and supervision by the caregiver
- Improving the coping strategies of caregivers
- Promoting social support and community connections
- Promoting spirituality, cultural roots, and economic stability.

Family Connections also addresses risk factors by:

- Reducing the caregiver's mental and physical health problems
- Reducing the child's behavioral, mental, and physical health problems
- Improving poor caregiver-child relationships
- Reducing family conflict
- Reducing social isolation
- Helping families reduce poverty
- Reducing community violence

Program Type:

Psychosocial early intervention

Target Population:

At-risk families with children ages 5-11

Setting:

Community

Essential Components:

Emergency assistance

Family assessment

Social support

- Reducing incidents of child abuse and neglect
- Increasing child well-being.

Target Population

Family Connections targets families who have: 1) at least one child between the ages of 5 and 11 years; 2) no current CPS involvement; 3) a stated willingness to participate; 4) an exhibited risk for one or more of 19 operationalized neglect subtypes; and 5) at least two additional risk factors for child abuse and neglect.

How the Program Works

Family Connections involves:

- Quickly identifying informal support systems and contacting potential resources that can meet each family's identified needs (e.g., the lack of food, a utility turn off, an eviction notice), and then guiding and encouraging clients in taking the necessary steps to access help.
- Making multiple contacts with various family and support system members, both individually and in combination, in a range of settings during the first 30 days of service to get an accurate picture of the intrapsychic, interpersonal, familial, neighborhood, and community strengths and needs.
- Developing a mutually negotiated service plan that functionally defines outcomes, goals, and objectives for work in specific and concrete terms that will increase family capacities and reduce neglect risk.
- Providing a combination of home- and community-based crisis intervention; problem-solving, cognitive, and behavioral strategies with individuals, families, and groups to guide interventions that build on family strengths and concomitantly address concrete and dynamic family functioning issues.
- Identifying and connecting with a broad network of community resources that enable the staff to assist families in meeting needs that threaten healthy family-functioning.
- Creating opportunities for caregivers and their children to experience positive and enjoyable interactions with each other and their peers; to begin or continue to develop a support network that reflects each caregiver's commitment to build a stronger, healthier family; and to further expand the perception of community by visiting family-friendly Baltimore attractions.

Evaluation Design

The Family Connections program was evaluated using an experimental pre- and post- design with a comparison group of families who received a shorter period of services. Specifics of the evaluation design include:

- 2 intervention groups - 3 months of services vs. 9 months of services
- Random assignment to intervention groups
- 26 outcome measures including:
  - Child Behavior Checklist
  - AAPI
  - Parenting Stress Index
  - Parenting Sense of Competence Scale
  - Self-report Family Instrument
  - CAGE, CES Depressed Mood Scale
  - Home Observation for Measure of the Environment
  - Support Functions Scale
  - Family Support Scale
  - Family Functioning Style Scale

- Child Well-being Scales
- Family Risk Scales
- Data collected at intake, every 3 months during service (for 9-month intervention), case closure, 6 months following case closure
- Sample size: Caregivers N=154, children N=473

Evaluation Findings

The evaluation findings suggest that Family Connections can: (1) increase the protective factors for child neglect; (2) decrease the risk factors for child neglect; (3) reduce the incidents of child abuse and neglect; and (4) increase child safety and well-being.

Program Outcomes

- Increase in appropriate parenting attitudes*
- Increase in satisfaction with parenting, and social support of trusting and authoritative figures in their lives*
- Decrease in depressive symptoms
- Decrease in caregiver drug use*
- Decrease in caregiver stress and everyday stress*
- Decrease in child behavior problems

* Significant differences over time for both treatment groups but no difference between treatment groups.

Reported Effective Programs

The “Reported Effective Programs” category was designed to identify programs that have shown positive outcomes in the prevention of child abuse and neglect using quasi- or non-experimental methods. The Advisory Group reviewed each nomination’s evaluation methodologies and reported results. The Circle of Security program and the Families and Centers Empowered Together program were selected from the nominations submitted. These programs show credible positive outcomes derived from research using quasi-experimental methodologies.

Circle of Security

Spokane, Washington

Center for Clinical Intervention
807 West 7th
Spokane, WA 99204
(509) 455-7654
circleofsecurity@attbi.com
Contact: Dr. Kent Hoffman

The Circle of Security program is a 20-week, group-based, parent educational and psychotherapeutic intervention designed to shift patterns of caregiving interactions in high-risk, caregiver-child dyads to a more appropriate developmental pathway. Using edited videotapes of their interactions with their children, caregivers are encouraged to: 1) increase their sensitivity and appropriate responsiveness to their children's signals for closeness and comfort, affect regulation, and exploration and autonomy; 2) increase their ability to reflect on their own and their child's behaviors, thoughts, and feelings regarding their attachment—caregiving interactions; and 3) reflect on experiences in their own histories that affect their current caregiving patterns.

Preliminary evaluation results have suggested that Circle of Security may lead to more appropriate caregiving strategies and increased attachment between caregivers and their children.

Targeted Outcomes

The Circle of Security program is designed to:

- Decrease risk factors among families who demonstrate disordered or insecure attachment patterns, and who show potential for resilience and the capacity to change.
- Enhance caregiver observation skills, reflective functioning, affect regulation regarding self and others, and empathy.
- Facilitate caregivers' ability to create more secure attachments with their children.
- Foster understanding and community support related to attachment issues of high-risk families.

Program Type:

Parent education

Target Population:

Head Start/Early Head Start families

Setting:

Head Start centers

Essential Components:

Group instruction

Video of caregiver/child interactions

How the Program Works

The Circle of Security program is based at Head Start and Early Head Start centers. The three major program components are:

- The identification and assessment of high-risk families by Head Start staff, a university-based assessment team, and Circle of Security therapists.
- A 20-week program of weekly, 1 hour and 15 minute sessions broken down as follows: 4 weeks of educational material focused on creating secure and emotional attachments; 15 weeks focused on specific, diagnostically-informed video review interventions with caregivers; and 1 week of review, celebration, and closure.
- Collateral support for caregivers and children between group meetings provided by Head Start teachers and family service coordinators.

Evaluation Design

The Circle of Security program was evaluated using a quasi-experimental, pre- and post- design with no comparison group. Specifics of the evaluation included:

- 6 outcome measures: Parenting Stress Index, Achenbach Child Behavior Checklist, Barklay Disruptive Behavior Disorders Rating Scale Parent Form, Barnard Difficult Life Circumstances, Strange Situation video, and the Circle of Security Interview.
- Data was collected at baseline, within 10 days of last group meeting, and 1 year after completing the program.
- Sample size: N=57 caregiver/child dyads who completed the 1-year follow-up taping (Sample bias is inherent in the selection of dyads for treatment - dyads are screened to recruit those who indicate an insecure or disordered attachment and a life situation that supports their capacity to complete the 20-week group.)

Evaluation Findings

Further evaluation studies using more rigorous research methodologies are needed to determine the impact of the Circle of Security program. However, preliminary evaluation findings have been positive, suggesting that Circle of Security may have:

- Increased ordered child and caregiver strategies (order strategies include secure, ambivalent, and avoidant, as opposed to disorganized and insecure-other)
- Increased secure caregiver strategies
- Increased secure child attachment
- Increased caregiver affection, sensitivity, delight, and support for exploration
- Decreased caregiver rejection, neglect, flat affect, and role reversal.

Families and Centers Empowered Together (FACET)

Wilmington, Delaware

Office of Prevention and Early Intervention
1825 Faulkland Road
Wilmington, DE 19805-1195
(302) 892-4511
Contact: Scott Rosas

Families and Centers Empowered Together (FACET) is a family support and empowerment prevention program developed by Delaware's Office of Prevention and Early Intervention.

The program seeks to develop and sustain an environment of family support and empowerment within child care centers in high-risk neighborhoods by providing a range of services onsite for families whose children are enrolled. The program also maintains Parent Councils that select programs and activities that reflect the needs and desires of families with an overall goal of promoting health and parent participation.

Preliminary evaluation findings suggest that FACET may improve parenting efficacy, decision-making skills, family cohesion, family communication, and family coping.

Targeted Outcomes

The FACET program is designed to:

- Increase social support and reduce isolation among parents with children
- Empower parents to become equal partners in the education and care of their children
- Build the strength and resiliency of families.

Program Type:

Family support

Target Population:

Families in urban, high-risk, low-income areas

Setting:

Child care centers

Essential Components:

Family support services

Family activities

How the Program Works

The FACET program is based upon the national Parent Services Project. The program offers a range of activities, services, and training opportunities. Key components include:

- A Parent Council (parent leadership for selection of activities and programs)
- Family support and family-building activities
- Parent decision-making fund (resources to help pay for activities)
- Family lending library
- Family support services
- FACET cluster (joint meetings of program sites)
- Training and consultation.

Evaluation Methodology

Two preliminary evaluations of FACET have been conducted including: 1) a demonstration using a quasi-experimental, pre- and post- design with a comparison group of families from non-FACET child care centers and 2) a post-only, follow-up study that also included a comparison group of families from non-FACET child care centers. Specific characteristics of the evaluation studies included:

- The nonrandom assignment of families to FACET and comparison groups (for both studies)
- Several outcome measures including:
  - Self-administered parent questionnaire to capture satisfaction, parenting efficacy, social support, decision-making, family cohesion, and knowledge and skills related to alcohol, tobacco, and other drugs (demonstration study)
  - Self-report parent survey to capture extent to which families are characterized by different qualities and the manner in which different combinations of strengths define a family's functioning style-this survey included the Family Functioning Style Scale (follow-up study).
- Data collected at baseline and then annually (demonstration study); data collected at exit from program (follow-up study)
- Sample size: Demonstration study N=320; follow-up study N=198. (The follow-up study has a self-selection bias in comparing low and high participation groups.)

Evaluation Findings

Further evaluation studies using more rigorous research methodologies are needed to determine the impact of the FACET program. However, preliminary evaluation findings have been positive and FACET may have:

- Increased parenting efficiency
- Increased use of effective decision-making skills
- Increased family cohesion*
- Improved family communication*
- Improved family coping*

* Among families who participated frequently compared with families who participated infrequently.

Innovative Programs

The "Innovative Programs" category was designed to identify programs that have overcome a particular challenge or obstacle to success through innovative methods or that are showcasing an exciting new approach to prevention. The Advisory Group reviewed each program with an emphasis on the aspects of the program considered innovative within the national context of child abuse and neglect prevention efforts. Programs selected as innovative were utilizing a unique strategy in prevention, using an interesting new approach, or had dealt particularly well with a challenge.

Acupuncture Initiative to Improve Retention In a Parenting Class

Vancouver, Washington

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Southwest Washington Health District
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Vancouver, WA 98663
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(360) 397-8424 - fax
mrenaud@swwhd.wa.gov
Contact: Mary Renaud

Program Type:

Parent education

Target Population:

Adults in childbearing years

Setting:

Health care center

Essential Components:

Classroom instruction

Optional ear needling

The Southwest Washington Health District offers a series of award-winning parenting classes, "Make Parenting a Pleasure." In response to obstacles in retaining and engaging participants, the program implemented an acupuncture initiative. An ear needling protocol was initiated as an optional intervention as part of the stress management segment of the parenting class. By using the acupuncture procedure, the program hopes to prevent child abuse and neglect by decreasing stress and anxiety among parents, increasing social support, and increasing parents' receptiveness to the messages of the parent education curriculum.

What Does the Acupuncture Initiative Seek to Accomplish?

The purpose of the "Make Parenting a Pleasure" parent education program is to increase the personal skills and abilities that lead to successful parenting, thereby reducing the incidence of child abuse and neglect in families attending the series. After identifying a high level of stress among many participants and a problem with getting participants to complete the parent education series, the acupuncture initiative was implemented with the goals of:

- Increasing the number of sessions attended by participants in the parenting classes
- Reducing the risks associated with stress, anxiety, depression, and addictions.

By engaging participants in the "Make Parenting a Pleasure" curriculum for a longer period of time, and decreasing their stress and anxiety levels, the initiative aims to:

- Help parents develop stronger social relationships with other class participants over time
- Increase the participants' receptivity to the messages in the parent education curriculum
- Increase the likelihood that parents will make desirable behavior changes.

What Activities or Services Does the Acupuncture Initiative Provide?

Participants and program staff are invited to come an hour early each week before the parenting class to receive an acupuncture treatment from a public health nurse. Participation is entirely optional. The procedure consists of the following:

- During the third week of the parent education curriculum covering stress management, the treatment is demonstrated on a staff person
- Class participants are invited to receive the treatment before each class for all the subsequent weeks
- In the same room in which the classes are held, chairs are set up in a circle, lights are dimmed, and quiet music is played
- An ear needing protocol, the NADA *5-point protocol,* is administered during which thin acupuncture needles are placed at specific sites in the outer ear.

Innovative Characteristics of the Acupuncture Initiative

- Combines a parent education curriculum with a treatment protocol for stress reduction using traditional Asian medicine
- Utilizes a unique strategy (acupuncture) to overcome barriers to service provision
- Represents research that has demonstrated that the treatment protocol may be effective in reducing anger; improving energy, mood, and concentration; and controlling anxiety, insomnia, and agitation.

Other Achievements:

- Improved attendance and attention of parenting class participants
- Overcame resistance to acupuncture as a valid treatment from a variety of sources
- Reduced barriers and built trust between participants and staff by inviting clients to participate in acupuncture treatment with staff members
- Assisted staff in coping with a high-stress work environment through acupuncture.

Fathers and Children Together (FACT)

Lexington, Kentucky

Prevent Child Abuse Kentucky
489 East Main Street
Lexington, Kentucky 40507
(859) 225-8879
Contact: Trey Berlin, BSW

The Fathers and Children Together (FACT) program, a component of Prevent Child Abuse Kentucky, is a prison-based parenting program located at a State minimum-security institution, Blackburn Correctional Complex in Lexington, Kentucky. The program was developed in response to a need among incarcerated fathers to receive parent education. Through a 13-week classroom-based education curriculum, special father-child visiting sessions, family outreach efforts, and leadership opportunities, FACT aims to prevent child abuse and neglect while striving to reduce recidivism among incarcerated fathers.

Program Type:

Parent education

Target Population:

Incarcerated fathers

Setting:

Minimum security prison

Essential Components:

Classroom instruction

Father-child visitation

Family outreach

What Does Fact Seek to Accomplish?

The mission of FACT is to prevent abusive and neglectful parenting practices among incarcerated fathers while striving to reduce recidivism by strengthening parental knowledge and raising the importance of fatherhood. Specifically, the program aims to reduce the potential for child abuse and neglect and promote the involvement of fathers in the lives of children by creating positive father and child experiences, providing opportunities for learning inside prison, and promoting protective factors and coping skills for maltreatment risk factors. The program's goals are to address parental and family risk and protective factors by:

- Increasing both the knowledge and use of effective parenting skills among incarcerated fathers
- Helping incarcerated fathers feel less isolated from their children and families
- Recognizing the important role of a father in the life of his child
- Increasing the understanding of how life experiences can affect parenting skills.

What Activities or Services are Provided by FACT?

Classroom Education

- Twelve content lesson plans modified from parent education materials developed by PCA
- Topics include discipline, relationships, communication, anger management and self-esteem, domestic violence awareness, and the effects of substance abuse on children
- Sessions are discussion-based, using the curriculum as a framework, and one-half are led by guest speakers and topical experts
- Handouts, overheads, and videos expose participants to appropriate parenting skills

- Providing optional homework assignments in "Long Distance Dads" workbooks to help develop positive and warm parent-child relationships.

Special Visits

- Father-child visitations with special assistance from social workers or volunteers are offered every 6-8 weeks to program participants and graduates
- Visits are designed to provide an opportunity for participants to practice learned skills.

Family Outreach

- A newsletter is published tri-annually and distributed to families, participants, and staff and is designed to inform families of participants about the program and its benefits.
- Storybook Project- fathers can select a story book of their choice, tape record themselves reading it, and send both the tape and book to their children once per week. This provides an opportunity for increased father-child communication.

The FACT program is open to all inmates, at any time during their incarceration. After inmates complete the program, they are able to continue to participate in FACT activities, including the Special Visits, ongoing classes, and the Storybook Project. Upon their release from prison, participants are referred to similar services within their communities.

Innovative Characteristics of the FACT program

- Develop and implement services for the grossly underserved, high-risk population of incarcerated fathers and their children, where no services existed previously
- Utilizes creative approaches to strengthening the unique relationship between incarcerated fathers and their children by combining education with opportunities to practice new skills
- Encourages fathers to focus on their children and make their children's needs a priority instead of focusing on their own needs and problems
- Ongoing collaboration between the Blackburn Correction Complex and PCA Kentucky in operating and continually developing the program.

Freepops Communities Together for Kids

Northfield, Minnesota

Freepops Coordinator
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sheri.speckan@nfld.k12.mn.us
Contact: Sheri Speckan

Freepops, a program of Communities Together for Kids (CTF-Kids), is a free summer and after-school program offering structured, supervised educational and recreational activities to at-risk youth ages 6 to 14. CTF-Kids supports programs throughout high-risk communities in Rice County, Minnesota and is focused on promoting healthy families through collaborations among professionals and agencies concerned about children, community members, and parents. Freepops is supported by CTF-Kids as a child abuse prevention outreach program aimed at teaching children about personal safety and other prosocial behaviors.

What Does Freepops Seek to Accomplish?

CTF-Kids seeks to prevent child maltreatment by providing educational opportunities and materials to parents, children, and professionals and by supporting, promoting, and implementing activities that encourage nonviolence, healthy decision-making, and the strengthening of families. Freepops aims to teach at-risk children and youth about personal safety and other prosocial behaviors. Specifically, Freepops has the following goals:

Program Type:

Child outreach

Target Population:

Children and youth ages 6 to 14

Setting:

High-risk communities

Essential Components:

Community outreach

Recreational activities

Skill-based lessons

- Increase the number of at-risk youth participating in programs led by caring and supportive adult role models
- Increase participants' positive social behaviors, sense of personal safety, and life skills through participation in enrichment activities.

What Activities or Services are Provided by Freepops?

Freepops offers structured, supervised educational and recreational activities that build skills in conflict resolution, healthy decision-making, and personal health and safety for children and youth. Children are broken up into groups based on age and gender and move as a group through a series of stations, which include recreational activities, sports, water games, and arts and crafts. At least two of the stations include a presentation or lesson on a skill-building topic. The presentations and lessons are designed to be interactive, can be modified to be age-appropriate, and cover topics such as:

- Personal safety
- Hands are not for hitting
- What to do if you or someone you know is being abused
- Conflict resolution
- Healthy decision-making
- Anger management.

These presentations and lessons are led by a child advocate from the WomanSafe Center, a domestic violence and sexual assault organization in the community. The advocate also distributes informational materials (e.g., brochures, coloring books) to children to encourage disclosure about abuse and neglect. The Freepops program also includes field trips to local recreational and sporting events. Freepops is held twice a week for 10 weeks in 4 high-risk communities during the summer, and once a week at 3 schools during the school year.

Innovative Characteristics of Freepops

- Offers services onsite through collaborative relationships with service agencies that allow the program to provide services to those who may not otherwise receive them
- Utilizes a unique multilayered process of recruiting and retaining participants through communication with social service providers and school personnel, door-to-door outreach to families, and letter writing to children and families
- Provides prevention instruction through child-focused, casual, fun, and constructive activities with age-appropriate materials and supplemental information for parents.

Other Achievements:

- Gained acceptance and a trusting reputation in communities by being responsive to community needs
- Recruited a high-risk population and sustained their participation in the program
- Increased accessibility of services in high-risk communities by holding Freepops at sites within walking distance of the target population
- Engaged a child advocate from a partnering domestic violence organization to whom the children participating in Freepops have reported incidents of abuse or neglect.

Homes for the Homeless Family Crisis Nurseries

New York, New York

Homes for the Homeless
36 Cooper Square, 6th floor
New York, NY 10003
(212) 529-5252
(212) 529-7698 - fax
www.homesforthehomeless.com

Homes for the Homeless (HFH) Family Crisis Nurseries work with families residing in New York City who are in need of respite care for their children during a time of crisis. HFH provides temporary shelter for children and follow-up use of the nursery, as well as educational programs and support for parents. Through these activities, HFH aims to prevent child abuse and neglect by strengthening and preserving homeless families and by offering them an alternative to placing their children in unsafe, high-risk situations or foster care during times of crisis.

Program Type:

Crisis nurseries/respite care

Target Population:

Homeless families

Setting:

Homeless shelters/service centers

Essential Components:

Temporary shelter for children

Parent education

Parent support

What Does Homes for the Homeless Seek to Accomplish?

The mission of HFH is to preserve families and prevent unnecessary foster care placements by intervening at the moment of crisis and by addressing the underlying issues that precipitate crisis. The HFH Crisis Nurseries attempt to prevent child abuse and neglect by offering homeless parents and parents in the community the opportunity to resolve their immediate crises while simultaneously confronting the factors that threaten family stability. It offers parents the continued support they need to create healthy and secure homes for their children. Several distinct objectives provide a framework for participants in HFH services:

- Immediate reduction in stress as a result of crisis care
- Addresses their crisis through crisis care and related services
- Prevents foster care placement and increase ability to keep their children safe
- Increases ability to safely discipline their children
- Gains confidence in parenting abilities through parenting classes
- Gains confidence in problem-solving ability through the parent support group.

What Activities or Services are Provided by Homes for the Homeless?

The HFH Crisis Nurseries provide temporary, emergency childcare along with parent support and education, and intensive home-based aftercare services. Each nursery can accommodate up to 10 children during the day and 6 at night. Children are able to stay for up to 72 hours and can visit for up to 30 days a year. HFH provides an array of services for the entire family, including:

Children's Services

- Safe and child-friendly environment
- Education based on the High/Scope "plan to review" model
- Playground equipment

- Activities designed to stimulate children's physical and cognitive skills
- Daytime and overnight care
- Medical care.

Parent Services

- Counseling
- Parent education
- Referral services
- Crisis counseling
- 24-hour hotline (Parent-Line)
- Substance abuse counseling
- Parent education
- Women's health and sexuality education
- Family violence education
- Stress management education.

HFH also provides aftercare services for up to 18 months to help create long-term solutions that foster a safe and supportive environment for children. These services include crisis intervention, home visits, counseling, advocacy, parenting classes, job training, and referrals for community resources.

Innovative Characteristics of Homes for the Homeless

- Provides emergency and support services to homeless families in high demand areas, an extremely underserved population with respect to child abuse and neglect prevention
- Supplies immediately accessible services to families by being located within the HFH family shelters and assists in providing comprehensive support to those who may be unaware of other available resources
- Collaborates with Head Start and other agencies to provide continued services to impoverished children and their families and combines existing resources to fill previously unmet needs
- Provides aftercare and follow-up services to families for up to 18 months (HFH Crisis Nurseries are providing more than just crisis intervention).

Other Achievements:

- Undertook public education efforts as outreach to inform the community and local service agencies about the importance of crisis and respite care in prevention
- Served as a template for creating similar services throughout the State of New York.

Hui Makuakane

Honolulu, Hawaii

Hui Makuakane
1505 Dillingham Blvd., Suite 208
Honolulu, HI 96819
(808) 841-2245

The Hui Makuakane Program recognizes the important role of fathers in the family and supports that role through a variety of activities, including home visits, group activities, and crisis support. The program was developed in response to a need to engage fathers in the Hana Like Home Visitor Program, a Healthy Families in Hawaii home visitation program for the entire family. Receiving referrals from the Hana Like Program, Hui Makuakane provides supportive services to fathers, both in and out of the home, with the goal of preventing child abuse and neglect by engaging fathers in the lives of their children and supporting them as effective parents and positive role models.

Program Type:

Home visitation/father support

Target Population:

Fathers

Setting:

In home

Essential Components:

Home visiting

Crisis counseling

Group and family recreation

What Does Hui Makuakane Seek to Accomplish?

Hui Makuakane aims to recognize and support the role of fathers in the family. Through its services, the program seeks to accomplish the following 6 goals, including to:

- Increase fathers' understanding of how their babies grow and what to expect as they grow
- Increase fathers' knowledge of the kinds of activities they can do with their children to help them grow and develop
- Increase the amount of time fathers spend with their children in play and in fulfilling their day-to-day needs (e.g., changing diapers, feeding)
- Teach fathers how to set limits and enforce them using positive disciplinary techniques
- Help fathers feel good about themselves as parents and to have loving, nurturing relationships with their children
- Help fathers set personal goals and make progress toward those goals.

The program also hopes to engage fathers and increase their participation in the services for the entire family.

What Activities or Services Does Hui Makuakane Provide?

The Hui Makuakane Program recognizes and provides support to the father's role in the family through group activities, home visits, career development, job help, support in crisis, referral to other community resources, and outreach to fathers in correctional facilities. Home visits by Father Facilitators for all fathers enrolled in the program are the primary service provided by Hui Makuakane. The program provides several other services aimed at strengthening families, encouraging positive parent-child interaction, and engaging fathers in nurturing their children, partners, and themselves:

- Father Facilitators provide personal help with answering fathers' questions about their children and learning new and fun activities to do with their children
- Infant massage instruction is provided during home visits as a way to increase positive parent-child interaction
- Father Facilitators help fathers establish and reach vocational and educational goals
- Referrals are made to other community resources to help fathers meet their goals
- Fathers have 24-hour access to Father Facilitators via cell phones in case of a crisis
- Group outings are available for the entire family, for just fathers in the program, for just fathers and children, or for just fathers and their partners.

Innovative Characteristics of Hui Makuakane

- Addresses a primary problem faced by home visiting programs of involving the father in the care of the child and in provided services
- Utilizes a father-focused, home visiting curriculum developed specifically for the unique needs of the program
- Provides father-focused services through the use of Father Facilitators who engage fathers and teach them the importance of their role in the care of their children
- Fills a gap in services where programs have previously struggled or failed.

Other Achievements:

- Collaborated with Healthy Families in Hawaii resulting in increased involvement and participation among fathers during family home visits by the Hana Like Home Visiting Program.

Parenting Partnership

Tacoma, Washington

Parenting Partnership
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Tacoma, WA 98415-0299
(253) 403-1478
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Contact: Mary Quinlan, MS

Parenting Partnership is a home visitation program based on the STEEP program service model and is designed to meet the needs of medically fragile children living in socially vulnerable families. The program was developed after staff of the Mary Bridge Children's Hospital identified a need for post-neonatal intensive care unit support for unprepared, isolated parents with medically fragile children. Through weekly home visits and monthly support group meetings, Parenting Partnership hopes to prevent maltreatment by helping parents resolve their abuse histories, foster predictable, responsive care for their sick infant, ameliorate social isolation, and increase problem-solving skills.

Program Type:

Home visitation

Target Population:

Families of medically fragile infants

Setting:

In home

Essential Components:

Home visiting

Parent support groups

What Does Parenting Partnership Seek to Accomplish?

Parenting Partnership seeks to prevent child abuse and neglect among families whose infant is compromised due to prematurity or another congenital condition and whose parents have childhood histories of abuse and endorse high levels of stress related to the care of their infant. The mission of the program is to bolster protective factors among these families with the categorical intent being the reduction of child maltreatment for a population of at-risk children who cannot afford to be further compromised. By focusing on enhancing a variety of protective factors, the program seeks to help parents achieve the following goals:

- Read, understand, and respond effectively to their child's unique behavioral cues
- Perceive the care they provide from the infant's perspective
- Exhibit a minimum of 5 behaviors associated with secure parent-child attachment
- Build and maintain a responsive social support network
- Understand child development, in general, as well as their own child's developmental prognosis, needs, and progress.

What Activities or Services Does Parenting Partnership Provide?

The Parenting Partnership provides weekly home visits by a clinician for the first three years of a child's life. Visits are approximately one hour in duration and are comprised of a variety of therapeutic activities intended to enhance parenting skills and resolve issues related to the parents' own difficult childhood. These include:

- Helping parents link their baby's experience with their own
- Assisting in cue reading and promoting positive behaviors through videotaping parent-child interactions (e.g., during bath time)

- Reviewing the child's medical and developmental needs
- Providing an appropriate role model for parents.

On the first 2 visits, a nurse accompanies the clinician to assist with questions or issues concerning the infant's medical care. The program also includes monthly group meetings that serve as a psychoeducational and social support function, covering a particular topic of interest (e.g., defining "good mother") and engaging participants in a discussion or a related activity.

Innovative Characteristics of Parenting Partnership

- Provides services for two very high-risk populations using a needs-based intervention simultaneously—special needs or medically fragile children and parents with childhood histories of abuse and neglect
- Addresses the gap in follow-up services provided to parents of medically fragile children needing specialized, constant care
- Commits to long-term (three year), intensive involvement with needy families
- Utilizes creative problem-solving strategies
- Incorporates best practices from a number of proven programs from research in infant mental health and the evidence-based STEEP model.

Other Achievements*:*

- Identified a problem and found a solution that enhances the safety of exceptionally vulnerable children
- Provided important medical, social, and fiscal benefits by reducing the number of injuries treated in emergency rooms due to maltreatment.

Parents Encouraging Parents

Grangeville, Idaho

Parents Encouraging Parents
Grangeville, ID 83530
(208) 983-1620
parentingonline@yahoo.com
http://www.parentingonline.org
Contact: Nathalie Kretzmann, Director

Parents Encouraging Parents (PEP) is a parent education program offering live, interactive parenting classes over the Internet. Providing classes online, PEP provides parents with the opportunity to attend classes anonymously in their own homes and is able to meet the needs of parents without access to classes locally. Through these online classes in which participants are able to hear the lecture, view PowerPoint presentations, receive resource materials, and ask questions, PEP hopes to prevent child abuse and neglect by strengthening families nationwide.

Program Type:

Parent education

Target Population:

Parents nationwide

Setting:

Online

Essential Components:

Web-based parenting classes

Phone/e-mail consultations

Home visits

What Does Parents Encouraging Parents Seek to Accomplish?

With the aim of preventing and reducing child abuse and neglect, PEP is dedicated to strengthening families by providing parents with education, skills, and support. PEP is a primary and secondary prevention program with the following goals, including to:

- Enable parents to create a positive and warm parent-child relationship and to improve parent-child interaction
- Encourage and inspire parents in their roles as parents
- Share with parents accurate information about child development, developmental stages, and related age-appropriate expectations for child behavior
- Increase parents' ability to match rules and supervision to the age of the children.

What Activities or Services are Provided by Parents Encouraging Parents?

PEP strives to help parents by providing them with the information, techniques, and support they need through parenting classes, online and in person, as well as through individual parenting consultation over the phone, via e-mail, and in person. The parenting classes consist of a 14-unit series that meets each week for 90 minutes. The classes stress the importance that expressions of love, positive communication and interaction, praise, encouragement, and positive expectations play in building a warm relationship between parent and child and in the effectiveness of positive discipline. Content of the classes includes:

- Nurturing children's emotional needs
- Helping children deal with divorce/separation
- Disciplinary techniques
- Preparing parents for the teen years
- Handling children's negative emotions
- Dealing with children's anger and acting out behaviors

- Helping children deal with drugs, alcohol, and sex
- Coping with stepfamily situations
- Parenting while in recovery from drug/alcohol abuse.

Online classes are presented in real time (i.e., live) and are fully interactive so that parents can hear the lecture, view PowerPoint slides, and ask questions via a microphone or through typed text chats, as needed. The same issues are covered in groups who meet with the instructor in person. Individual consultations are available to anyone who attends a parenting class in person or via the Internet. This may include home visits for persons residing in the area, while others receive consultation with the instructors through e-mail or telephone.

Innovative Characteristics of Parents Encouraging Parents

- Utilizes technology combined with a local infrastructure to reach out to large numbers of parents and families with well-designed messages
- Identifies a unique solution to the problem of reaching parents in rural and isolated communities
- Provides a safe medium to address a variety of barriers, including accessibility and confidentiality
- Provides a simple solution for parents required or mandated to attend parenting classes
- Allows for instructors to track parent attendance and engagement in online parenting classes through interactive requirements and activities.

Other Achievements:

- Created opportunities for parents to talk with other parents
- Partnered with Head Start and Even Start
- Reached a nationwide audience with participants in 20 states.

Programs with Noteworthy Aspects

In the course of the program review, it became apparent that several programs did not meet the criteria for consideration as "Effective" due to methodological design issues, or "Innovative" due to program age or strategy. It also was clear that many of these programs had interesting and unique characteristics, or had attempted to conduct good research with limited resources. The Advisory Group recognized that these programs each had noteworthy aspects that may be informative to other professionals in the prevention of child abuse and neglect. They are presented in the following sections with programs nominated as "Reported Effective" presented first, and programs nominated as "Innovative" presented second.

Healthy Families Arizona

Phoenix, Arizona

Healthy Families Arizona
Office of Prevention and Family Support
Arizona Department of Economic Security
1789 W. Jefferson, Site code 940 A
Phoenix, AZ 85007
(602) 542-1563
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www.lecroymilligan.com/hfaz/hfaz.htm
Rachel.whyte@mail.de.state.az.us
Contact: Rachel Whyte, CISW

Program Type:

Home visitation

Target Population:

At-risk families with newborns

Setting:

Home

Essential Components:

Home visits

Linking families with prevention services

Healthy Families Arizona provides a statewide system of home visitation services that builds on family strengths, promotes health, optimizes child development, and prevents child abuse and neglect. Healthy Families Arizona targets families with multiple risk factors for child abuse and neglect. The program coordinates with hospitals to identify mothers giving birth in specific geographic regions and whose family characteristics may place them at risk for committing child abuse and neglect. Families who are identified are then assessed for enrollment into the program. If the assessment indicates that Healthy Families Arizona can address the family's needs, the family is offered services. Enrollment into the program is completely voluntary. The primary goals of Healthy Families Arizona are to promote child health and development, enhance positive parent-child interaction, and prevent child abuse and neglect.

Home visitation is the core service for families enrolled in Healthy Families Arizona. Intensity of service depends on family needs, and gradually decreases from weekly home visits to quarterly home visits. Services are provided for up to 5 years. Home visitors link families to health care systems with emphasis on primary prevention. Families may also be linked to financial services, food and housing assistance services, childcare, job training, family support centers, substance abuse treatment programs, domestic violence shelters, and school readiness programs. Services focus primarily on enhancing parent-child interaction, child development, and family functioning.

Noteworthy Aspects of the Healthy Families Arizona Program:

- Extra attention is paid to involve and retain fathers in the program
- An independent evaluation team is in place to evaluate program effectiveness
- A Management Information System (MIS) is in place to track data from participants.

Sacramento Crisis Nursery

Sacramento, California

Sacramento Children's Home
4533 Pasadena Avenue
Sacramento, CA 95821
(916) 679-3606
(916) 979-9654-Fax
Sue.bonk@kidopolis.net
Contact: Sue Bonk

The mission of the Sacramento Crisis Nursery is to prevent child abuse and neglect by providing support to families in crisis through residential respite care for children from birth to 5. All Nursery services are geared toward supporting and strengthening the role of the parent as the primary caregiver to provide a stable nurturing environment in which their children can succeed academically, socially, physically, and emotionally.

The Sacramento Crisis Nursery provides respite (relief) care and early intervention services to families who are experiencing a crisis. Ultimately, the program seeks to increase the capacity of parents to be more responsible for themselves and the health and well-being of their children.

The Crisis Nursery provides immediate safety and security to children at risk of being abused or neglected. All children staying at the Nursery are checked for and receive needed immunizations, physical exams, and developmental assessments. Childcare staff also provide tailored services to children with special needs. Children are given nutritious meals and appropriate developmental activities. Children are registered in school if they are school age, and Head Start or preschool programs, if appropriate. Parents must visit the Nursery every other day and participate in activities with their children. Staff work with the entire family primarily through a case-managed service that includes intake and diagnosis, counseling and consulting, referrals to services, coordinating services, client advocacy, follow-up on completion of services, mediation, transportation, and in-home follow-up.

Program Type:

Crisis nursery/respite care

Target Population:

At-risk families with children from birth to age 5

Setting:

Nursery and child care center

Essential Components:

Respite services

Parent support

Noteworthy Aspects of the Sacramento Crisis Nursery:

- Well-connected and integrated with child protective services without stigmatizing families
- Fills an immediate need for families who are in crisis
- Integrates respite care with parenting skills training and case management services.

Assessment Services Model Pilot

Austin, Texas

Assessment Services Model Pilot
Austin, TX 78714
(512) 438-5320
larry.burgess@tdprs.state.tx.us
http://www.childtrauma.org/Core_Assess_fact_sheet.htm
Contact: Larry Burgess

The Assessment Services Model Pilot program is noteworthy in that it shifts the focus of child protective services (CPS) from ensuring availability of services to ensuring that services meet the specific needs of children and families involved with CPS. The program provides proactive, comprehensive assessments to address shortcomings in the current system. In this way, the program bridges a gap in services by ensuring tailored and appropriate interventions that build on existing services to create more effective systems for children.

Program Type:

Comprehensive assessment of need for services

Target Population:

All families involved with CPS

Setting:

Child Protective Services

Essential Components:

Web-based assessment tools of strengths and vulnerabilities for children, youth, and parents

First STEPS

Atlanta, Georgia

Prevent Child Abuse Georgia
1720 Peachtree Street, NW, Suite 600
Atlanta, GA 30309
(404) 870-6565
http://www.preventchildabusega.org

The First STEPS Program is notable as a cost-effective, highly replicable and adaptable model for reaching a large number of families. By visiting with parents at birth or prenatally and by providing sustained follow-up, First STEPS intervenes when vulnerability is high and when parents are most approachable, and is able to address a wide range of risk factors before maltreatment occurs. Finally, by collaborating with Healthy Families, this model provides a continuum of services that allows for the level of intensity of support to be increased based on the needs of families.

Program Type:

Family support

Target Population:

All new parents

Setting:

Hospital/prenatal clinic

Essential Components:

In-person hospital visits

Phone contact for up to 6 months

Referrals to community services

From Darkness To Light

Charleston, South Carolina

From Darkness to Light
247 Meeting Street
Charleston, SC 29402
(843) 965-5444

From Darkness to Light is a noteworthy public awareness and education campaign in that it shifts the responsibility of child sexual abuse prevention from children to adults. Utilizing common sense messages for adults and parents, the public service announcements and advertisements center around preventing situations from happening, recognizing signs, and reacting responsibly. The initiative also follows up their media messages by providing a hotline for information and referral to local resources, and is developing a training and education program for educators, the faith community, and physicians on recognizing and responding to signs of child sexual abuse.

Program Type:

Public awareness and education

Target Population:

General adult public

Setting:

Television, radio, and print ads

Essential Components:

Public service announcements and paid advertisements on prevalence and consequences of sexual abuse

Hotline

Fussy Baby Program

Pontiac, Michigan

Oakland Family Services
114 Orchard Lake Road
Pontiac, MI 48341
(248) 858-7215
http://www.oaklandfamilyservices.org
Contact: Janet Carpenter, Program Supervisor

The Fussy Baby Program (FBP) is noteworthy in its focus on the behaviors and needs of at-risk children (i.e., those with a regulatory disorder), as well as the resulting parental stress in identifying families in need of services. FBP uses Infant Mental Health Specialists to support the family in weekly home visits, and a collaborative, multidisciplinary team of medical, mental health, and educational professions to develop a family service plan. This program bridges a gap in services based on the child's and family's needs.

Program Type:

Home visitation

Target Population:

Children (birth to 3 years) with regulatory or behavioral disorders

Setting:

In home

Essential Components:

Weekly home visitation

Comprehensive assessment

Family Service Plan (with referral)

Middle Way Family Education

Austin, Texas

Middle Way Family Education Program
Austin, TX 78752
(512) 459-5490
dgarza@familyforward.org
Contact: Dorothy Garza, LMSW

The Middle Way Family Education program has been implemented in over 150 locations throughout Texas, and is notable in its flexibility and adaptability for diverse settings and a wide variety of service populations. It uses the unique characteristics and talents of the target population in service provision, and extends wraparound services to the entire family. It also is noteworthy in its success in engaging schools and communities, and in providing transitional support from education to practice through support groups.

Program Type:

Family Education and Support

Target Population:

Children and parents at risk due to social or environmental factors

Setting:

Schools, socials services, health care, and correctional facilities

Essential Components:

Interrelated curricula for parents, teens, and children at 3 age levels

Support groups

Family Service Plan (with referral)

New Jersey Child Assault Prevention Project (NJ CAP)

Sewell, New Jersey

The NJ CAP Regional Training Center
606 Delsea Drive
Sewell, NJ 08080
(856) 582-7000
njcap@eirc.org

One of the New Jersey Child Assault Prevention Project's (New Jersey CAP) most notable accomplishments is the collaborative efforts made between program staff, school personnel, parents, and students in preventing child assault (in all its forms) and promoting personal safety. Furthermore, New Jersey CAP follows up its 25-year-old, well-developed, highly replicated curriculum with individual consultations between students and CAP facilitators, which provides an opportunity for students to review the workshops from a personal perspective and disclose incidents of assault.

Program Type:

Teacher, parent, child education

Target Population:

School staff, parents, and students of all grade levels

Setting:

Schools

Essential Components:

Education-based workshops for school staff, parents, students

One-on-one review for students

Parents Anonymous®

Children's Program

Claremont, California

Parents Anonymous®, Inc.
675 West Foothill Blvd., Suite 220
Claremont, CA 91711
Contact: Sandra Williams, Ph.D.

The Parents Anonymous® Children's Program is notable for providing a supportive, safe environment for children where they gain positive social skills, improve their problem-solving abilities, and increase their self-esteem. While parents attend the Parents Anonymous®Groups, children engage in a variety of fun, age-appropriate, hands-on activities that stimulate their emotional and social development. Staff are trained on the nationally standardized Parents Anonymous® model. The curriculum-based Children's Program provides an opportunity for children of all ages to learn from one another, helps ensure that children's needs are met, and supports positive family changes.

Program Type:

Family education and support

Target Population:

Children of parents participating in Parents Anonymous® Groups

Setting:

Schools, community based organizations, family centers, churches

Essential Components:

Support groups for children

Age-appropriate activities

Complementary time and location with Parents Anonymous® Groups

Parent Leadership Program

Claremont, California

Parents Anonymous®, Inc.
675 West Foothill Blvd., Suite 220
Claremont, CA 91711
Contact: Teresa Rafael, M.S.W.

The Parents Anonymous® Parent Leadership program is notable for its commitment to making parent leadership a priority and building a system for promoting leadership among parents and service providers through innovative training and technical assistance strategies. Parents Anonymous® Inc. has developed and disseminated best practices for creating and supporting meaningful leadership roles for parents. Parent leaders are parents who have utilized services and who represent a voice in partnership with staff to help shape policies, programs, and practices. Meaningful parent leadership promotes positive outcomes for families and creates positive systemic change.

Program Type:

Parent leadership training and support

Target Population:

Parents, agency staff, teachers, childcare workers, etc.

Setting:

Community based organizations, state agencies, schools, and any family strengthening system

Essential Components:

Training and technical assistance

Parent leadership development

Parent leader recruitment and support

Relief Nursery, Inc.

Eugene, Oregon

Relief Nursery, Inc.
1720 West 25th Avenue
Eugene, OR 97405
(541) 343-9706
information@reliefnursery.org

The Relief Nursery is notable for its unique emphasis on providing a blend of services with the development of specific goals for each family, while being accessible for respite care and crisis intervention. The Nursery attempts to address the needs of the entire family instead of focusing on children or parents, and addresses risk factors for abuse with a concentration on substance abuse. This is a strong, effective model of child protection and family preservation that builds on the belief that children are best served when they remain with their families.

Program Type:

Crisis nursery and respite care, home visiting, comprehensive services

Target Population:

Children and parents at risk due to social or environmental factors

Setting:

Nursery facility

Essential Components:

Respite care, crisis intervention

Parent education and support

Substance abuse recovery support

Family services

Today's Single Parent

Chicago, Illinois

Today's Single Parent
Chicago, IL 60615
(773) 955-1471
Contact: Lea Kirby

The Today's Single Parent program is noteworthy for targeting single parents and supporting them in their efforts to be good parents regardless of their marital status. The program takes a culturally sensitive approach that responds to the needs of its diverse target population. The program also address violence against both oneself and others, including the operation of a domestic violence parenting program that promotes the prevention of child abuse and neglect.

Program Type:

Parent education and support

Target Population:

Single parents

Setting:

Community-based organization

Essential Components:

Culturally sensitive parent training for single parents

Hands-on activities

Domestic violence parenting program

IV. Future Directions

The *Emerging Practices in the Prevention of Child Abuse and Neglect* project was initiated by the Children's Bureau as a collaboration between the agency and the professional community to generate new information about effective and innovative approaches to the prevention of child maltreatment. While the information contained in this report contributes to an ever-broadening body of knowledge about the type and range of programs in the United States for the prevention of maltreatment, it is clear that much more can and must be learned about the *effectiveness* of these programs in terms of what works and for whom. This section discusses the need to expand existing knowledge about effectiveness, describes the goal of integrating research into practice, and identifies potential next steps for this project.

Need to Expand Existing Knowledge About Effectiveness of Prevention

Existing knowledge about the efficacy of prevention in the field of child maltreatment is limited; clearly, all the major prevention models and strategies could benefit from more rigorous study. Based on the evidence available today, home visitation programs have demonstrated some capacity to improve family functioning and wellness, reducing the risks faced by children. While there is evidence that a few home visitation programs actually reduce the number and severity of subsequent child abuse reports, evaluations of other home visitation programs have not measured program impact on incidence of maltreatment or have found no differences over time between experimental and control groups.

The record for parent education programs, which strive to increase family wellness by improving the knowledge and skills of parents, is neither rich nor, on the whole, particularly compelling. Though numerous studies of parent education programs have demonstrated positive findings, these findings have largely been limited to short-term gains among participants in parenting knowledge, skills, and abilities. The issue of *statistical* versus *clinical* significance is an important one. Many of the studies report findings of statistically significant differences between "treatment" and comparison groups on these measures. The question to be asked, however, is whether observed differences in short-term knowledge gains are meaningful in terms of actually protecting children, i.e., are the knowledge gains correlated with fewer actual abuse incidents? Taken as a whole, little is known about the impact of these programs on child maltreatment in the long term.

Programs for children and parents that are designed to raise awareness about child sexual abuse is another area where there has been a recent and relatively concentrated research focus. Available research suggests that such programs, like parent education programs, can be successful at imparting information and changing behavior, but there is little evidence to conclude that these programs actually prevent child sexual abuse. Though a few very recent studies have examined the relationship between knowledge and behavior and subsequent incidence of maltreatment, leading to some encouraging findings, these studies have been idiosyncratic and the results, therefore, are not widely generalizable.

Very little is known about the effectiveness of universal initiatives that seek to prevent maltreatment by raising public awareness. Measurement of the effectiveness of these initiatives faces its own unique complexities. In the particular area of Shaken Baby Syndrome, for example, understanding and recognition among medical professionals of the constellation of injuries that constitutes the syndrome continues to progress, steadily increasing the reliability of the diagnosis. There is currently no national mechanism for counting cases, however, so the true incidence of the syndrome is not well understood. Until such time, evidence of the effectiveness of initiatives to prevent the syndrome will continue to be limited.

Still, in a recent discussion of the historical "waves" of prevention, Daro and Donnelly conclude that there has been substantial progress for prevention as a concept over the last three decades. Progress can be found today

in stronger, more diversified partnerships, increasingly rigorous research, greater pooling of resources across agencies, and more unified thinking and sense of purpose (Daro & Donnelly, 2002).

Integrating Research Into Practice

Research and evaluation studies provide program administrators, policy makers, and service providers with information and insight into whether programs work and for whom. Rather than relying upon anecdotal evidence or intuition, programs are able to link services with performance measures and outcomes. The results can be used to revise or refine specific approaches, policies, and practices to ensure better outcomes for children and families.

There has been a long history of tension among researchers and service providers, however, with both often feeling disconnected from one another. Service providers and program administrators sometimes feel as if research is artificial or inapplicable, or that it applies to services that are materially different from what their programs offer. In addition, many programs lack the funding to cover the cost of evaluations, or sometimes evaluations are conducted as an afterthought to program design. It is important for researchers to conduct applied studies in real-world settings. At the same time, it is important also for service providers to be open to accepting results that may call for changes in their delivery methods or mechanisms.

Research has produced considerable, new information in recent years about specific types of services, such as home visitation programs, school-based sexual abuse prevention programs, or parent education programs. In addition, some studies have focused on the effects of specific elements of programs, such as the intensity or length of services. However, it is difficult for program staff, who do not necessarily speak the language of researchers, to sift through the available research and determine the potential impact that research results may have on their programs. Bridging this gap continues to be a critically important challenge.

Though the notion of demonstrating impact through evaluation has made great strides, the maltreatment prevention community needs to continue to engender a results-based approach to management. Managing for results focuses an organization on its specific goals and objectives and entails the selection of appropriate performance measures and the use and the reporting of those measures for purposes of ensuring program accountability and promoting effective and efficient allocation of resources. This process should be engaged at the earliest possible point, as part of development and implementation of the entire program concept.

Though service providers increasingly recognize the importance of evaluation and performance measurement, and the connection between demonstrating impact and funding security, there is a present and understandable gap between the recognition and will of providers and their actual capacities. Thus, the field needs to continue to promote and encourage collaboration between service providers and local entities holding evaluation research capabilities, whether in arms of State and local government, universities, or other organizations. These connections are fundamentally important to professionals in the field who share a common interest in understanding the dynamics of what works in prevention and for whom.

Emerging Practices: A Pilot Test and Next Steps

The *Emerging Practices in the Prevention of Child Abuse and Neglect* project represents a first-ever deployment of a federally funded program nomination procedure specifically targeted toward programs for the prevention of child maltreatment. Working with a diverse pool of nominations, the Advisory Group met in October and November 2002 to review each nomination and to reach consensus regarding the final disposition and categorization of each nominated program. Nominations of programs submitted as "Effective" were reviewed with an emphasis on the quality of the methodological design and the integrity of the resulting program outcomes. For those submitted as "Innovative," reviewers looked for new, creative ideas and strategies for preventing child abuse and neglect.

The project faced considerable challenges, and there were important lessons learned for any future use of this methodology. One particular challenge for this project was the reality that prevention programs are diverse. The population of existing programs that should fall within the parameters of a project like this is not easily identifiable. The most difficult of all inclusion issues was whether the population of programs of interest to this process should include only those programs that define themselves as child maltreatment prevention programs. What about programs that are not specifically geared toward maltreatment prevention, but have the capacity to prevent maltreatment just the same by increasing family capacity, such as a parent-child reading program? The answer to this question drives a number of tasks that are critical to deploying any program nomination procedure, first and foremost of which is how national outreach and promotion of the project is conducted.

Under this first effort, the nomination process was intentionally designed not to be unduly restrictive, but rather to cast a wide net. The goal was to learn more about "what's out there" in terms of new programs on the prevention landscape, as well as to generate a sufficient number of nominations with which to work. Thus, the two principal nomination categories—Effective and Innovative—were broadly circumscribed in a way that would open the process to the maximum extent possible, leaving the burden of selection to the panel of expert reviewers.

During the course of the review, however, it became apparent that a substantial number of nominations did not meet the criteria for "Innovative" because of program age and activities, or the criteria for "Effective" due to inconclusive outcomes based on methodological design considerations. However, many of these programs either had interesting and unique aspects or had made a concerted effort to undertake research and evaluation with limited resources. The Advisory Group concluded that these programs had features that would be informative to the field. Consequently, the Advisory Group wanted to recognize the "noteworthy aspects" of those programs, especially those that made a good effort at evaluation and presented positive preliminary results, as well as programs with some unique aspect that could possibly be replicable or programs that could become candidates for more rigorous evaluation.

A careful review of the nomination categories utilized under this project will precede any future use of this methodology, with specific consideration given to clarifying and expanding the framework of categories to reflect the universe of prevention programs more precisely. This would require potential nominators to consider their programs against more specific requirements and standards, ensuring more unified, homogenous categories of programs for consideration. In addition, within categories, it may be possible to implement a numeric scale or rating system that would reduce interpretability and maximize objectivity, standardization, and interrater reliability.

A nomination process like this one is inevitably vulnerable to self-selection biases. While this report presents new information on numerous programs, it also is true that a number of widely known and respected programs were not nominated. The omission of major program models in this first-ever effort has implications for any future deployment of this methodology in terms of outreach and promotion. Any future use of the methodology may utilize an invitation procedure to ensure that known models are aware and have sufficient time to respond.

Finally, the review process was limited to information in accordance with submission requirements identified in the nomination instrument, supplemented, if available, by any reports containing supporting evaluative analysis. It is not altogether clear, however, whether all programs made the best possible case for their nominations. Some nominations, in fact, were not supported by sufficiently apparent internal logic in terms of the connections between what they do, why, and what they intend to accomplish. Site visits to programs were not possible in this initial effort, but will be considered in the future to collect additional information about programs in terms of services, delivery, setting, and participants.

Summary Observations About the Programs

Anticipated from the start, the programs nominated for consideration under this project are quite diverse with respect to the populations with which they work, the specific strategies they employ, and the level of intensity with which they involved families. A common thread among most, however, is an attempt to change both parental knowledge and practice by building relationships through some form of interaction between a family and a teacher, home visitor, or counselor. Research suggests that the issue of "dosage," or the intensity and duration of involvement with families, is a crucial one that drives the potential for change and improvements in functioning. Particularly for vulnerable populations, there may need to be significant involvement (relatively high dosages) to produce sufficiently meaningful and durable changes. One size is not likely to fit all; different strategies may be needed for very different populations.

While these programs had specific components, their successes are likely to be, to a significant degree, a function of the skills of their frontline staff at engaging families who are the target for the intervention, as well as in relationship development, communications, diagnosis, and modeling. Future exploration of effective practices will need to look beyond specific programs to the people who operate them and their skills in these particular domains, including how the program helps promote those skills among staff.

How This Report Will Be Used

The *Emerging Practices in the Prevention of Child Abuse and Neglect* project is one important component of a larger Child Abuse Prevention Initiative to promote greater visibility for child abuse prevention program and activities in 2003-2004. With support from the U.S. Department of Health and Human Services, this Initiative includes a series of events and partnerships with the broader child abuse prevention community to raise awareness of the issue in a much more visible and comprehensive way than ever before.

Based on the results of the nomination process, it is clear that more support is needed to develop a stronger evidence base for promising prevention program strategies. Part of the overall strategy needs to include increasing awareness among service providers about resources and opportunities that are already available at the Federal, State, and local levels. Over the last few years, the Children's Bureau has provided technical assistance on evaluation to all its discretionary grant programs. In addition, the FRIENDS National Resource Center for the Community-Based Family Resource and Support (CBFRS) Program provides training and technical assistance to the lead agencies in each State around the continuum of evaluation approaches.

In its yearly funding announcement, the Children's Bureau has emphasized that applications should include a clear logic model that presents the conceptual framework for the program, and explains the linkages between the problems and conditions that are the focus of the program and its goals and objectives. Through these efforts, the Children's Bureau hopes to encourage prospective applicants and funded programs to include a focus on outcomes and evaluation as an integral part of their policy and program planning.

As part of the Prevention Initiative, the Children's Bureau plans to support future work based on the findings of this report that can contribute to advancing theory, policy, and evidence-based practice in child abuse prevention. Certainly, more resources will need to be available in order to improve the capacity of prevention programs for demonstrating effectiveness in reducing child maltreatment. The Children's Bureau will be exploring various mechanisms to further this work through various partnerships with other Federal agencies and through the existing Federal Interagency Workgroup on Child Abuse and Neglect. Various State and local public and private agencies and foundations also have recognized the importance of prevention and have made commitments to support similar efforts.

This report will be used as a catalyst to launch an important discussion about short- and long-term goals for the prevention field. The primary goals of this discussion are to:

- Consider the gaps in our knowledge about the effectiveness of maltreatment prevention;
- Identify future directions and priorities for research; and
- Link research findings to the creation of effective, new prevention programs.

Federal, State, and local prevention organizations will need to continue to work together to strengthen the knowledge base. Much more work is needed to develop a national research agenda for child abuse prevention that identifies gaps, prescribes new questions to be addressed, and presents potential programs and program sites on which to focus future resources. The *Emerging Practices in the Prevention of Child Abuse and Neglect* project has provided some of the first steps and identified some research directions from which to start.

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Appendix A

OMB CONTROL NO.: 0970-0238
EXPIRATION DATE: 5/31/2005

EMERGING PRACTICES IN CHILD ABUSE AND NEGLECT PREVENTION

Effective Programs and Innovative Programs

Nomination Procedures and Application

ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
CHILDREN'S BUREAU
OFFICE ON CHILD ABUSE AND NEGLECT

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EMERGING PRACTICES IN CHILD ABUSE AND NEGLECT

I. OVERVIEW

The Children's Bureau's Office on Child Abuse and Neglect (OCAN) announces a new and exciting initiative entitled *Emerging Practices in Child Abuse and Neglect Prevention*. In partnership with the prevention community, OCAN, with the assistance of Caliber Associates, is conducting a comprehensive review of child abuse and neglect prevention initiatives around the nation. The overarching objective of this review is to achieve a greater understanding of the kinds of programs and initiatives that operate today across the country in the child abuse and neglect prevention field, which, particularly over the last decade, has become increasingly active, complex, and interconnected with other fields of inquiry (e.g., substance abuse, juvenile delinquency).

Child abuse and neglect prevention today includes a broad spectrum of programs and services, including parent education, home visitation, respite care, support groups, mentoring, child personal safety education, family resource centers, media campaigns, and policy advocacy campaigns. Programs may target the general population with the goal of facilitating prevention through awareness and marriage/family strengthening, and/or may target specific populations at risk for child abuse/neglect with the goal of reducing the factors placing them at risk.

These programs operate on budgets that draw on funding streams that may include federal, state, and local sources. There are models with lengthy histories that operate at multiple sites, some of which are known nationally and internationally, but there are also programs that are small and newer, for which little is known at all. As programs have proliferated in both type and number, the need for reliable information on program effectiveness becomes more acute. Some programs have been subject to evaluation, using an array of designs and methods, while others have yet to collect data on program effectiveness.

This initiative will focus on two major categories of programs:

- Effective programs and initiatives that have shown positive prevention outcomes, which can be organized in two tiers as follows:

  - *Demonstrated Effective* programs, where experimental research designs have been employed that generated positive, conclusive outcomes.

  - *Reported Effective* programs, where quasi-experimental or non-experimental methods have been employed that have generated positive, but not necessarily conclusive/deterministic, outcomes.

- Programs that are newer and innovative, that have overcome a particular challenge through innovative methods or programs that are showcasing a new and creative method of prevention that is based soundly in research.

The reviews will together provide a clearer picture of current prevention efforts. Thus, the practical outcome of this project is to summarize current directions in child abuse and neglect prevention programming, and then share with the field the best available information on emerging and promising practices.

II. REVIEW AND SELECTION OF PROGRAMS

All nominations received by the due date will undergo an initial screening by Caliber staff. The initial screening will identify whether the nomination packet contains all the required pieces of information from the Nomination and Application procedures. Nominations with incomplete or erroneous information will be rejected and will not be made available for review. Each nomination accepted will be sorted into three major categories for review: a) Demonstrated Effective Programs, Tier 1; b) Reported Effective Programs, Tier 2; and c) Innovative Programs. Eligibility for Tier 1, Demonstrated Effective Programs, will be based on design characteristics, to include experimental frameworks utilizing random assignment of participants to experimental and control groups. Each of these tracks is described in more detail below.

Track 1: Effective Programs

The number and diversity of child abuse and neglect programs requires that the nomination of programs under this track be made by experts in the field of child abuse

and neglect prevention who are most qualified to identify effective programs. Therefore, under Track 1, child abuse and neglect professionals will act as an important filter by narrowing the focus of the examination to programs with available evaluation data that provide evidence of their effectiveness in reducing child maltreatment.

The purpose of the Track 1 review is to determine which existing programs or initiatives are most effective in reducing child maltreatment or in improving on the risk and protective factors associated with child maltreatment. **Tier 1, for *Demonstrated Effective* Programs**, is restricted to programs that have undergone rigorous evaluation using an experimental research design (i.e., random assignment to experimental and control groups). Programs that have undergone evaluation using any other design type should be nominated under **Tier 2, for *Reported Effective* Programs**. Programs with reported process outcomes only (e.g., numbers of families served or units of services provided) are not encouraged to submit.

Nominators are asked to determine the appropriate tier in which to nominate a program and specify in the nomination application. Submission requirements are otherwise essentially the same.

Track 2: Innovative Programs

Not only does the field of child abuse and neglect prevention include programs that have demonstrated their effectiveness through rigorous evaluation, it also includes younger programs that have not yet had a chance to be fully evaluated but that have noteworthy accomplishments. For the latter programs, OCAN has devised the Innovative Programs track. This review will highlight programs that have overcome barriers to success, have dealt extremely well with a particular problem, or are showcasing an exciting new research-based initiative in prevention. OCAN recognizes that the child abuse and neglect prevention field, as a whole, is not as developed in terms of research compared to other professional fields. OCAN also recognizes that this field is full of noteworthy programs that are doing wonderful things in prevention. The results of this review will educate us about strategies for overcoming barriers and obstacles to success and about new strategies for preventing child abuse and neglect.

Once nominations have been assigned to the appropriate category for review, Caliber staff will create Program profiles and Research profiles, where appropriate, for each nomination submitted and accepted. The purpose of these profiles will be to extract the necessary information for the Peer Review Panel and present it in a way that is standardized for all nominations submitted and accepted. Program profiles will include

sections about the program goals and objectives, program activities and services, staffing, target population, and other basic information about the program. The Research profiles will include sections that identify the details of the research methodology and evaluation findings. The Program and Research profiles, distilled from the entirety of the completed nomination and supplemental reports, will be compiled and given to the panel for review.

This preliminary step is intended to systematize the information—boiling it down to the crucial elements—and to ensure an efficient and consistently uniform review. The only disposition that will be reached at this point is whether or not each submitted nomination is complete in terms of the submission requirements; no judgments about the actual *quality* of the nomination will be rendered prior to the peer review.

Once this has been completed, Caliber and OCAN will prepare for the actual peer review process. The Peer Review Panel will be instructed to utilize a standardized tool to assess the quality and effectiveness of the programs using the data from the Program and Research profiles.

The Nomination Process

The nomination application packet for the Emerging Practices in Child Abuse and Neglect Prevention Project is designed specifically to seek out programs that demonstrate results in terms of research-based effectiveness or that have used innovative or creative approaches in prevention programming. In the application packet, nominators will find information on the criteria for program nomination, as well as the specific submission requirements and procedures.

Each applicant will receive a letter of acknowledgment once a completed application is submitted. Each completed application will be examined by an objective team. For applications in the first tier of Track 1, the team will confirm the required design elements (i.e., experimental design with random assignment to experimental and control groups). For applications in the second tier of Track 1, the team will sort applications by design type (e.g., non-random comparison, pre-post, participant satisfaction) and review the conclusions drawn. The Peer Review Panel will review each nomination in the context of strength of design characteristics, as well as potential threats to internal and external validity and reliability, and examine the conclusions drawn.

It is critically important to note that the objective here is not to render judgments and exclude programs from this process, but rather to document and describe the state of the field with respect to program types and what is known in terms of program

effectiveness. It is possible, however, that an application will be rejected because it is not responsive to the requirements. In such cases, the applicant will be notified in writing.

For applications in Track 2, the team will document and describe the operational characteristics of all the programs and initiatives for which applications were submitted. The team, on its own judgment, may choose to specifically highlight programs that may be particularly noteworthy or interesting to the field.

Please refer to the **Specific Rules and Guidance for All Nominators** on page 7 for more information about eligible nominators and rules for nomination.

III. PRODUCTS

The Office on Child Abuse and Neglect anticipates that this initiative will offer new insights regarding current child abuse and neglect prevention programming. The initiative is expected to culminate in a publication suitable for widespread dissemination that summarizes the nominated programs and initiatives, and that provides an objective, professional context for information on program effectiveness.

SPECIFIC RULES AND GUIDANCE FOR ALL NOMINATORS

1. Nominators of programs under Track 1 cannot be current employees of the programs they wish to nominate. There are no such restrictions by employment status under Track 2. Self-nominations, therefore, are accepted for Track 2 only.

2. Nominators may nominate no more than two programs under Track 1 and two programs under Track 2 for a total of four nominations per nominator.

3. For a program to be considered under both Track 1 and under Track 2, two separate nominations must be sent in (though they may be from the same individual).

4. Nominators may only nominate primary or secondary prevention programs.

5. The nomination manual is available on-line through a link with the National Clearinghouse on Child Abuse and Neglect Web site (http://www.calib.com/nccanch).

6. Nominators may submit their nominations on line (except for the cover sheet and references) at the National Clearinghouse on Child Abuse and Neglect Web site (http://www.calib.com/nccanch).

7. Please discuss plans for nomination with necessary program administrators and other stakeholders as a collaborative relationship with the program director and references are necessary to complete the nomination process (nominator and program director signatures are required on the cover sheet).

8. Nomination packets will not be reviewed until the cover sheet is received with signatures from both the nominator and the program director.

9. A program nomination will not be considered complete until all of the following are received:

    - Nomination document narrative (if not submitting on-line we must receive an electronic copy on disk),
    - Cover sheet with original signatures from nominator and program director
    - 3 original, signed reference forms,
    - Submission form (can be completed on-line when submitting through the web or sent in with a hard copy submission).

10. Please ensure that anything submitted through hard copy or electronic form has the name of the nominator, the name of the program being nominated, and the point of contact at the program. This will ensure that all applications are kept together.

11. Please ensure that all complete nominations are received at Caliber Associates by **5:30pm on August 15, 2002**. Nomination packets completed or received after that date will not be reviewed.

TRACK 1:
EFFECTIVE PROGRAMS

NOMINATION AND APPLICATION PROCEDURES

TRACK 1: EFFECTIVE PROGRAMS

I. INTRODUCTION

An important objective of the nomination process for the Effective Programs track is to identify programs within the field of child abuse and neglect prevention that are exemplary in terms of effectiveness in decreasing child abuse and neglect and its precursors. Child abuse and neglect professionals will act as an important filter in narrowing the focus of the examination to programs with available evaluation data demonstrating their effectiveness in reducing child maltreatment. Nominators are invited to nominate other programs that they feel demonstrate research-based effectiveness in preventing child abuse and neglect. An extensive collaborative relationship between the nominator and the program is necessary for completion of the nomination application; therefore, nominators may nominate no more than two programs for consideration under the Effective Programs track. Nomination packets and materials will be available to the field on-line at the National Clearinghouse on Child Abuse and Neglect website (http://www.calib.com/nccanch). This section outlines the nomination process, rules, and procedures for the Effective Programs track.

II. TIME TABLE FOR NOMINATION PROCESS

- **June 15, 2002** - Announcements/Nomination packets distributed

- **August 15, 2002**- Deadline for Nomination packets to be submitted and received at Caliber Associates

III. NOMINATORS

Professionals in the field of child abuse and neglect are invited to nominate up to two programs that they believe meet the nomination criteria (outlined below). Only persons outside of the program may submit a nomination for that program. When nominating a program, remember that a close collaborative working relationship between the nominator and the program will be required to complete the nomination process, as both the nominator and the program director must sign the Nomination Cover Sheet. By signing the Nomination Cover Sheet, both the nominator and the program director acknowledge that all the information contained in the application is correct. We

encourage you to discuss plans for nomination with necessary program administrators and other stakeholders.

Only the first two nomination applications received from each nominator will be accepted for review. Please ensure that applications are sent in by the deadline specified above, as any nomination application received after 5:30 pm on **August 15, 2002** will not be reviewed.

IV. NOMINATION CRITERIA

For both the *Demonstrated Effective* and the *Reported Effective* tiers within Track 1, programs must meet the following criteria to be nominated:

- The program must be primarily focused on: 1) the prevention and reduction of child abuse and neglect, or 2) reducing a risk factor or building a protective factor associated with child maltreatment.

- The program must be considered a primary or secondary prevention program.

- The program must be able to document and demonstrate success in achieving the above outcomes, by providing written evaluation reports/articles or other documents.

- The program, through evaluation, must have documented sustained, positive effects on: 1) increasing one or more protective factors associated with preventing child maltreatment; 2) reducing one or more risk factors associated with child maltreatment; 3) decreasing child maltreatment (sexual, physical or emotional); or 4) increasing child personal safety and well being.

- The program must be able to provide at least three references, including contact information, using the Reference Forms included in this packet.

- The program must be willing to cooperate and work collaboratively with the nominator, Caliber Associates, and the Office on Child Abuse and Neglect throughout the duration of this project.

- The program must be willing to host a site visit with Caliber Associates staff, so that more in-depth information about the program can be gathered from program staff and possibly from clients (when appropriate).

If the program meets the above criteria, nominators are to determine the appropriate tier in which to submit the program nomination as follows:

- Eligibility for the *Demonstrated Effective* tier is restricted to programs for which positive outcomes have been shown through experimental research designs using random assignment to experimental and control groups. All other program nominations should be submitted under the *Reported Effective* tier. Programs with reported process outcomes only (e.g., numbers of families served or units of services provided) are not encouraged to submit.

V. APPLICATION PROCEDURES

The nomination process will be a collaboration between the nominator and the program being nominated. The final nomination packet may be returned to Caliber Associates through on-line form, however, the Cover Sheet and references with original signatures must be returned to Caliber Associates in hard copy form.

- Nomination packets can be obtained from the National Clearinghouse on Child Abuse and Neglect website (http://www.calib.com/nccanch).

- The completed application for the Effective Programs track must include:

  - An original, signed Cover Sheet (included in this packet),
  - Three original, signed Reference Forms (included in this packet),
  - Submission form – completed on-line or sent in through hard copy , and
  - The narrative application which adheres to the guidelines set forth below (must include at least one electronic copy either through submission on-line or through providing a copy on disk).

- Please ensure that every separate part of the application submitted to Caliber Associates is labeled with the program nominator's name, the program's name, and the name of the point-of-contact at the program.

- ***Nomination applications for the Effective Programs track are due <u>August 15, 2002.</u> All parts of the nomination application must be in by this date or the nomination will not be considered!*** Some parts of the nomination application may be submitted on-line at National Clearinghouse on Child Abuse and Neglect website (http://www.calib.com/nccanch), however **nominators must also submit the original signed, completed Cover Sheet and references to**:

  Caliber Associates
  Attn: David Thomas
  10530 Rosehaven St., Suite 400
  Fairfax, VA 22030

VI. APPLICATION GUIDELINES

To nominate a program under Track 1: Effective Programs, nominators must submit an application that provides a description of the program, as well as its proven results in decreasing child maltreatment and/or its precursors. Please follow the guidelines below to prepare nomination applications:

- All applications should be **typed**, on only **one side of the paper**, with **1-inch margins**, and a **font size of at least 12 points**. All pages should be numbered and accounted for in the Table of Contents.

- The total application should not exceed **12 pages**. The Cover Sheet, Abstract, Table of Contents, Reference Forms and any attachments are not included in the 12 page limit. Applications may contain fewer pages as long as all application elements are addressed.

- The only attachments allowed are one copy each of evaluation reports, published evaluation articles, or other evaluation documents which will support claims of program effectiveness as determined through rigorous evaluation. These documents must have been prepared within the past three years. Attachments other than those specified will not be reviewed.

- Please note that the application Cover Sheet requires the signatures of both the nominator and the director of the nominated program. By signing the Cover Sheet, both parties affirm that they have read the application and acknowledge that all information contained in the application is accurate.

VII. THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) Control Number. Public reporting burden for this collection of information is estimated to average 8 to 10 hours per Application response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

In accordance with the Paperwork Reduction Act of 1995 (Pub. L.104-13), the information collection requirements in this Program Instruction have been approved through May 31, 2005 by the Office of Management and Budget under OMB Control Number: 0970-0238.

VIII. APPLICATION CONTENTS

The application must include the following information, in the order specified below:

- Cover Sheet;
- Abstract;
- Table of Contents;
- Program goals and objectives;
- Primary program activities and services;
- Program staffing;
- Target population;
- Evaluation methodology;
- Evaluation findings with a focus on the specific risk and protective factors associated with child maltreatment affected by the program;

- References;
- Logic model (if applicable);
- Attachments; and
- Submission form.

Each of these components is described in greater detail next.

1. Cover Sheet

The Cover Sheet is included in this nomination packet. On this sheet, include contact information for the nominator and the director of the nominated program. Both the nominator and director of the nominated program must sign this sheet. Signatures verify that the information contained in the application is accurate and complete. Applications will not be reviewed until the completed Cover Sheet is received.

2. Abstract

Each application must include an original abstract of no more than 200 words outlining:

- The overall mission of the program;
- Primary activities/services;
- The length and duration of the program;
- Program location and facilities; and
- Major evaluation findings.

In addition to the 200 words, and on the same piece of paper, contact information where the public can receive more information about the program must be provided. In the event that the nominated program is designated to be an Effective Program, this abstract will be modified and used in publicly disseminated publications that result from this project.

3. Table of Contents

Each application must include a table of contents that includes every section of the application.

4. Program Goals and Objectives

This section should identify the program's mission, goals, and objectives. This section should also specify how the program addresses the problem of child abuse and neglect through prevention. Please address the risk and protective factors the program is intended to have an impact on and how that impact should manifest itself in terms of improving child safety and well being and preventing child abuse and neglect. The goals and objectives should specify:

- What the program expects to achieve through the activities and services;
- The time frame in which these achievements are expected to take place; and
- The individuals/organizations/systems expected to be affected by the program's activities or services.

5. Primary Program Activities or Services

In this section, please describe the activities and methods used by the program to achieve its goals and objectives. Applications should clearly describe the activities and services, including their scope, intensity, and duration. If programs use multiple strategies, each strategy should be described. In this section, applications should describe:

- The activities, services, methods, etc. the program uses to address the risk and/or protective factors related to child maltreatment;
- How the program operates in terms of structure and funding;
- How each activity or service addresses the risk and/or protective factors of child abuse; and

- The elements of the program that can be replicated or adopted by other communities and how that replication can be achieved.

6. Program Staffing

This section should describe the staff (paid staff, volunteers, and others) responsible for providing and overseeing the program's services and activities. Be sure to describe in detail:

- Staff positions, minimum qualifications, and associated responsibilities including each staff position's status as paid or un-paid and the number of hours per week that staff in those positions work;

- An estimated rate of staff turnover for the past year;

- The qualities that staff bring to the program which makes the program especially beneficial to the clients; and

- The types of training (ongoing and initial) that staff must undergo, including training on the cultural issues of the program's target population.

7. Target population

Describe the population (s) served by the program, by describing the specific characteristics of the population. Address the following questions:

- What target population(s) does the program serve (describe demographic and socioeconomic characteristics, risk and protective factors, cultural considerations, unique or special needs)?

- How is the population recruited and retained in the program?

- What are the most common obstacles that clients must overcome to be successful in the program? How do clients overcome these obstacles to be successful?

Please also provide a brief description of the community in which the program operates, including its cultural context.

8. Evaluation Methodology

In this section, please describe the methods used to conduct research to determine the effectiveness of the program in increasing one or more protective factors or decreasing one or more risk factors associated with child maltreatment. Applications must address the following:

- Research design -- what type of research design was used (i.e., experimental design, quasi-experimental design, non-experimental design)?

- Control group -- were data collected from a control or comparison group of similar clients who did not receive the program or who received different services?

- Random assignment – were clients randomly assigned to the program or to the control/comparison group?

- Data collection – what data collection tools were used and what were the data collection time points?

- Sample size – what was the sample size for the evaluation?

In addition, please provide a brief design critique, both in terms of known or potential threats to internal validity as well as limits on the generalizability of scientific findings.

9. Evaluation Findings

In this section, please describe the major outcomes, impacts, results, or changes in: 1) increasing one or more protective factors for child abuse and neglect; 2) reducing one or more risk factors for child abuse and neglect; 3) reducing actual child maltreatment incidents; or 4) increasing child personal safety and well being that can be attributed to your program. Be sure to include a description of the analysis methodology and specify the long-term, sustainable effects of the program if, in fact, evaluation data has provided evidence of such sustained effects.

10. References

Each application must include three independent references from individuals who cannot be classified as staff members. References may come from organizations and government agencies with a professional relationship to the program (e.g. community partners, funding sources, other programs). References must be willing to provide contact information and must outline their relationships with the program. Each reference must also be willing to cooperate with Caliber Associates and OCAN in the event further contact is made with that person regarding the program nomination. Contact with references by Caliber Associates and/or OCAN should be anticipated.

11. Logic Model/Planning Model (if applicable)

A logic model is a graphic representation of the current conditions that the program seeks to address, how the program addresses those conditions, and the anticipated outcomes of the methods taken to address those conditions. If the program has developed a logic model, please attach the model to the application as an attachment. Logic models should include the existing conditions that lead to a need for the program, the resources available to the program (inputs), the activities/services provided by the program, the expected outputs (i.e., number of clients served, number of activities conducted), and the anticipated initial, intermediate, and long-term outcomes.

12. Attachments

One copy each of evaluation reports, published evaluation articles, or other evaluation documents, which support claims of program effectiveness, may be attached to the application. This attachment should be brief and not include extraneous information unnecessary to the review. If the document you wish to attach is part of a larger publication (i.e., a journal article), please send only the portion of the publication relevant to the program.

13. Submission form

The submission form is included in this application packet and may be completed on-line when submitting the nomination application. If it is not possible for you to complete this form on-line, please include a completed copy in your submission package. The submission form contains some brief background information as well as some information about the status of any evaluation being done on the nominated program.

TRACK 2:
INNOVATIVE PROGRAMS

NOMINATION AND APPLICATION PROCEDURES

TRACK 2: INNOVATIVE PROGRAMS

I. INTRODUCTION

It is clear that many noteworthy programs designed to address child abuse and neglect may not yet have data available to demonstrate their effectiveness. The Innovative Programs track was developed to highlight programs that have been particularly creative in overcoming obstacles to program success or that have taken an innovative approach to prevention programming. Any individual with knowledge of a child abuse and neglect prevention program that meets the criteria for eligibility may nominate up to two programs for review as an Innovative Program. Nomination application packets may be obtained at the National Clearinghouse on Child Abuse and Neglect website (http://www.calib.com/nccanch). Before completing the nomination application, nominators should contact the programs directly to inform the program of their intent to nominate those programs, and to ensure the program's willingness to cooperate and collaborate in providing necessary information.

II. TIME TABLE FOR NOMINATION PROCESS

- **June 15, 2002** - Announcements/Nomination packets distributed
- **August 15, 2002** - Deadline for Nomination packets to be submitted and received at Caliber Associates

III. NOMINATORS

Any individual with knowledge of a child abuse and neglect prevention program that meets the criteria for eligibility may nominate up to two programs for review as an Innovative Program. When nominating a program, remember that a close collaborative working relationship between the nominator and the program will be required to complete the nomination process, as both the nominator and the program director must sign the Nomination Cover Sheet. By signing the Nomination Cover Sheet, both the nominator and the program director acknowledge that all the information contained in the application is correct. We encourage you to discuss plans for nomination with necessary program administrators and other stakeholders.

Only the first two nomination application packets received from each nominator will be accepted for review. Please ensure that applications are sent in by the deadline

specified above, as any nomination application received after 5:30 pm on **August 15, 2002** will not be reviewed.

IV. NOMINATION CRITERIA

For the Innovative Program track, programs or initiatives must meet the following criteria to be nominated:

- The program must be primarily focused on: 1) the prevention and reduction of child abuse and neglect, or 2) reducing a risk factor or building a protective factor associated with child maltreatment.

- The program must be considered a primary or secondary prevention program.

- The program must have done something particularly innovative or creative in its operation. For example:

  - Be able to identify a particular challenge or obstacle to success which was overcome and discuss how the program accomplished this,
  - Be able to identify a particularly difficult target population and how the program adapted its operations to meet clients' needs, or
  - Be able to discuss how this program is showcasing an innovative yet research-based method of child abuse and neglect prevention.

- The program must be able to provide at least three references, including contact information, using the Reference Forms included in this packet.

- The program must be willing to cooperate and work collaboratively with the nominator, Caliber Associates, and the Office on Child Abuse and Neglect throughout the duration of this project.

- The program must be willing to host a site visit with Caliber Associates staff, so that more in-depth information about the program can be gathered from program staff and possibly from clients (when appropriate).

V. APPLICATION PROCEDURES

The nomination process will be a collaboration between the nominator and the program being nominated. The final nomination packet may be returned to Caliber Associates through on-line form, however, the Cover Sheet and references with original signatures must be returned to Caliber Associates in hard copy form.

- Nomination packets can be obtained from the National Clearinghouse on Child Abuse and Neglect website (http://www.calib.com/nccanch).

- The completed application for the Innovative Programs track must include:

  - An original, signed Cover Sheet (included in this packet),
  - Three original, signed Reference Forms (included in this packet),
  - The Submission Form – completed on-line or sent in through hard copy,
  - The narrative application which adheres to the guidelines set forth below (must include at least one electronic copy either through submission on-line or through providing a copy on disk).

- Please ensure that every separate part of the application submitted to Caliber Associates is labeled with the program nominator's name, the program's name, and the name of the point-of-contact at the program.

- ***Nomination applications for the Innovative Program track are due August 15th, 2002. All parts of the nomination application must be in by this date or the nomination will not be considered!*** Some parts of nomination application may be submitted on-line at the National Clearinghouse on Child Abuse and Neglect website (http://www.calib.com/nccanch), however **nominators must also submit the original signed, completed Cover Sheet and references** to:

  Caliber Associates
  Attn: David Thomas
  10530 Rosehaven St., Suite 400
  Fairfax, VA 22030

VI. APPLICATION GUIDELINES

To nominate a program under Track 2: Innovative Programs, nominators must submit an application that provides a description of the program, as well as a complete discussion of noteworthy accomplishments/activities. Please follow the guidelines listed below to prepare nomination applications:

- All responses should be **typed**, on only **one side of the paper**, with **1-inch margins,** and a font size of at least **12 points**. All pages should be **numbered** and accounted for in the table of contents (including appendices).

- The total application should not exceed **9 pages**. The Cover Sheet, Abstract, and Table of Contents, Reference Forms, and attachments are not included in the 9-page limit. Applications may contain fewer pages as long as all application elements are addressed.

- The only attachment allowed is one copy of a single publication of any kind that highlights the noteworthy accomplishment or activity for which the program is being nominated. This attachment should be brief and not include extraneous information unnecessary to the review.

- Please note that the application Cover Sheet requires the signatures of both the nominator and the director of the nominated program. By signing the Cover Sheet, both parties affirm that they have read the application and acknowledge that all information contained in the application is accurate.

VII. THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) Control Number. Public reporting burden for this collection of information is estimated to average 8 to 10 hours per Application response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

In accordance with the Paperwork Reduction Act of 1995 (Pub. L.104-13), the information collection requirements in this Program Instruction have been approved through May 31, 2005 by the Office of Management and Budget under OMB Control Number: 0970-0238.

VIII. APPLICATION CONTENTS

The application must include the following information, in the order specified below:

- Cover Sheet;
- Abstract;
- Table of Contents;
- Program goals and objectives;
- Primary program activities and services;
- Program staffing;
- Target population;
- References;
- Logic model (if applicable);
- Attachments; and
- Submission form.

Each of these components is described in greater detail next.

1. Cover Sheet

The Cover Sheet is included in this nomination packet. On this sheet, include contact information for the nominator and the director of the nominated program. Both the nominator and director of the nominated program must sign this sheet. Signatures verify that the information contained in the application is accurate and complete. The program will not undergo the review process until the completed cover sheet is received.

2. Abstract

Each application must include an original abstract of no more than 200 words outlining:

- The overall mission of the program;
- Primary activities/services;
- Program location and facilities; and
- Description of creative problem solving or innovative programming.

In addition to the 200 words, but on the same piece of paper, contact information where the public can receive more information about the program must be provided. In the event that the nominated program is designated to be an Innovative Program, this abstract will be modified and used in publicly disseminated publications that result from this project.

3. Table of Contents

Each application must include a table of contents that includes every section in the application.

4. Program Goals/Objectives

This section should identify the program's mission, goals, and objectives. This section should also specify how this program addresses the problem of child abuse and neglect through prevention. Please address the risk and protective factors this program is intended to have an impact on and how that impact should manifest itself in terms of improving child safety and well being and preventing child abuse and neglect. The goals and objectives should specify:

- What the program expects to achieve through the activities and services;
- The time frame in which these achievements are expected to take place; and

- The individuals/organizations/systems expected to be affected by the program's activities or services.

5. Primary Program Activities or Services

In this section, please describe the activities and methods used by the program to achieve its goals and objectives. Applications should clearly describe the activities and services, including their scope, intensity, and duration. If programs use multiple strategies, each strategy should be described. In this section, applications should describe:

- The activities, services, methods, etc the program uses to address the risk and/or protective factors related to child maltreatment;

- How the program operates in terms of structure and funding;

- How each activity or service addresses the risk and/or protective factors of child abuse; and

- The elements of the program that can be replicated or adopted by other communities and how that replication can be achieved.

6. Program Staffing

This section should describe the staff (paid staff, volunteers, and others) responsible for providing and overseeing the program's services and activities. Be sure to describe in detail:

- Staff positions, minimum qualifications, and associated responsibilities including each staff position's status as paid or un-paid and the number of hours per week that staff in those positions work;

- An estimated rate of staff turnover for the past year;

- The qualities that staff bring to the program which makes the program especially beneficial to the clients; and

- The types of training (ongoing and initial) that staff must undergo, including training on the cultural issues of the program's target population.

7. Target Population

Describe the population (s) served by the program, by describing the specific characteristics of the population. Address the following questions:

- What target population(s) does the program serve (describe demographic and socioeconomic characteristics, risk and protective factors, cultural considerations, unique or special needs)?

- How is the population recruited and retained in the program?

- What are the most common obstacles that clients must overcome to be successful in the program? How do clients overcome these obstacles to be successful?

Please also provide a brief description of the community in which the program operates, including its cultural context.

8. Noteworthy Accomplishments/Activities

In this section, describe the noteworthy activity or accomplishment that is the basis for the program's nomination. Please describe in detail the issue/problem at hand, the program's reaction to the issue/problem, and how the program has changed as a result of addressing this issue/problem. Please be sure to include enough detail in the description so that someone with no knowledge of the program will clearly understand the problem, the chain of events, and the impact that addressing the problem/issue had on the program.

9. References

Each application must include three independent references from individuals who cannot be classified as staff members. References may come from organizations and government agencies with a professional relationship to the program (e.g. community partners, funding sources, other programs). References must be willing to provide contact information and must outline their relationships with the program. Each

reference must also be willing to cooperate with Caliber Associates and OCAN in the event further contact is made with that person regarding the program nomination. Contact with references by Caliber Associates and/or OCAN should be anticipated.

10. Logic Model (if applicable)

A logic model is a graphic representation of the current conditions that the program seeks to address, how the program addresses those conditions, and the anticipated outcomes of the methods taken to address those conditions. If the program has developed a logic model, please attach the model to the application as an attachment. Logic models should include the existing conditions that lead to a need for the program, the resources available to the program (inputs), the activities/services provided by the program, the expected outputs (i.e., number of clients served, number of activities conducted), and the anticipated initial, intermediate, and long-term outcomes.

11. Attachments

One copy of a single publication of any kind that highlights the noteworthy accomplishment or activity for which the program is being nominated may be attached to the application. This attachment should be brief and not include extraneous information unnecessary to the review. If the document you wish to attach is part of a larger publication (i.e., a magazine article), please send only the portion of the publication relevant to the program. An attachment is not necessary and will only be used for supplemental information.

12. Submission Form

The submission form is included in this application packet and may be completed on-line when submitting the nomination application. If it is not possible for you to complete this form on-line, please include a completed copy in your submission package. The submission form contains some brief background information as well as some information about the status of any evaluation being done on the program.

APPENDIX A: COVER SHEET FORM

OMB CONTROL NO.: 0970-0238
EXPIRATION DATE: 5/31/2005

EMERGING PRACTICES IN CHILD ABUSE AND NEGLECT PREVENTION

Nomination Cover Sheet

Please provide the following information about the program submitted:

What track and tier is this program being nominated for?

- ❑ Track 2: Effective Programs
  - ❑ Tier 1: Reported Effective
  - ❑ Tier 2: Demonstrated Effective
- ❑ Track 2: Innovative Program

What type of child abuse and/or neglect does this program address:

Does this program follow a national model? _____ If so, please state the model that is followed: _____

Nominating Individual/Organization Information:

Nominating Individual: _____

Affiliated Organization: _____

Address: _____

_____

_____

Phone: _____

Fax: _____

E-mail: _____

I have reviewed the information provided in this nomination and certify that it is complete and accurate.

_____ _____

Nominator's Signature Date

Nominated Program Information:

Program Director: _____

Name of Program: _____

Agency (If Applicable): _____

Address: _____

_____

_____

Phone: _____

Fax: _____

E-mail: _____

I have reviewed the information provided in this nomination and certify that it is complete and accurate.

_____ _____

Program Director's Signature Date

APPENDIX B: REFERENCE FORM

OMB CONTROL NO.: 0970-0238
EXPIRATION DATE: 5/31/2005

EMERGING PRACTICES IN CHILD ABUSE AND NEGLECT PREVENTION

Reference Form

Name of Nominated Program: _____

Name of Person Nominating Program: _____

Your Name: _____

Affiliated Organization: _____

Address: _____

_____

_____

Phone: _____

Fax: _____

E-mail: _____

Please provide a brief description of your relationship to the Program: _____

_____

_____

_____

_____

I agree to be a reference for this program's nomination to the Emerging Practices in Child Abuse and Neglect Project. I will be open to further contact by OCAN or by Caliber Associates to discuss this program, whether by phone, e-mail, or in-person.

_____ _____

Signature of Reference Person Date

APPENDIX C: SUBMISSION PAGE

(TO BE INCLUDED ONLY IF IT IS NOT BEING FILLED OUT ELECTRONICALLY AT http://www.calib.com/nccanch)

EMERGING PRACTICES IN CHILD ABUSE AND NEGLECT PREVENTION

Submission form

If you are submitting your nomination application in hard copy form, please include this page of information with your submission. If submitting through the submission form at http://www.calib.com/nccanch, you will fill out this information on-line and will not need to complete this form in hard copy. Please ensure that you fill this out and submit this once.

1. Date of submission: _____

2. Nominator

   Name: _____

   Phone: _____

3. Nominated Program

   Point of Contact: _____

   Phone: _____

4. Please check all of the boxes that represent the type of population served by the nominated program:

   - ❑ Child
   - ❑ Adolescent
   - ❑ Siblings
   - ❑ Parent
   - ❑ Family
   - ❑ School
   - ❑ Community
   - ❑ Other: _____

5. Has the program/initiative undergone any formal or informal evaluation? (i.e., have outcomes been analyzed?)

   - ❑ Yes
   - ❑ No
   - ❑ Uncertain

   If the program has been evaluated, are the data reported and available?

   - ❑ Yes
   - ❑ No
   - ❑ Uncertain

6. Are you submitting your application on-line or in hard copy form with an electronic disk?

   - ❑ On-line
   - ❑ Hard copy – with an electronic disk

APPENDIX D: RISK AND PROTECTIVE FACTORS ASSOCIATED WITH CHILD ABUSE AND NEGLECT

Common Risk Factors for Child Abuse and Neglect*

Child risk factors

Premature birth, birth anomalies, low birth weight, exposure to toxins in utero
Temperament: difficult or slow to warm up
Physical/cognitive/emotional disability, Chronic or serious illness
Childhood trauma
Anti-social peer group
Age
Child aggression, behavior problems, attention deficits

Parental/Family Risk Factors

Personality Factors
- External locus of control
- Poor impulse control
- Depression/anxiety
- Low tolerance for frustration
- Feelings of insecurity
- Lack of trust

Insecure attachment with own parents
Childhood history of abuse
High parental conflict, Domestic violence
Family structure – single parent with lack of support, high # of children in household
Social isolation, lack of support
Parental psychopathology
Substance abuse
Separation/divorce, especially high conflict divorce
Age
High general stress level
Poor parent-child interaction, negative attitudes and attributions about child's behavior
Inaccurate knowledge and expectations about child development

Social/Environmental Risk Factors

Low SES
Stressful life events
Lack of access to medical care, health insurance, adequate child care, and social services
Parental unemployment; homelessness
Social isolation/lack of social support
Exposure to racism/discrimination
Poor schools
Exposure to environmental toxins
Dangerous/violent neighborhood
Community violence

* please note that this is not an all-inclusive or exhaustive list. These factors do not imply causality and should not be interpreted as such

Common Protective Factors for Child Abuse and Neglect*

Child Protective Factors

Good health, history of adequate development
Above-average intelligence
Hobbies and Interests
Good Peer Relationships
Personality Factors
- Easy temperament
- Positive disposition
- Active coping style
- Positive self-esteem
- Good social skills
- Internal locus of control
- Balance between help seeking and autonomy

Parental/Family Protective factors

Secure attachment; positive and warm parent-child relationship
Supportive family environment
Household rules/structure; parental monitoring of child
Extended family support and involvement, including caregiving help
Stable relationship with parents
Parents have a model of competence and good coping skills
Family expectations of pro-social behavior
High parental education

Social Environmental Risk Factors

mid to high SES
Access to health care and social services
Consistent parental employment
Adequate housing
Family religious faith participation
Good schools
Supportive adults outside of family who serve as role models/mentors to child

* please note that this is not an all-inclusive or exhaustive list. These factors do not imply causality and should not be interpreted as such

References

National Research Council. (1993). *Understanding child abuse and neglect*. Washington, D.C.: National Academy Press.

Black, D.A., Heyman, R.E., & Smith Slep, A.M. (2001). Risk Factors for child physical abuse. *Aggression and Violent Behavior*, 6, 121-188.

Chalk, R. & King, R.A. (1998). *Violence in families: Assessing prevention and treatment programs*. Washington, D.C.: National Academy Press, p.41-50.

Davies, D.(1999). *Child Development: A Practitioner's Guide*. New York, NY: Guilford Press.

Harrington, D. & Dubowitz, H. (1999). Preventing child maltreatment. In Hampton, R.L. (Ed.) *Family Violence: 2nd Edition. Prevention and Treatment*. Thousand Oaks, CA: Sage Publications.

Heyman, R.E. & Smith Slep, A.M. (2001). Risk factors for family violence: Introduction to the special series. *Aggression and Violent Behavior*, 6, 115-119.

Schumaker, J.A.; Smith Slep, A.M., & Heyman, R.E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior*, 6, 231-254.

Appendix B

Community-Based Family Resource and Support—FY 2002

State Contacts

Alabama

Kitty Hancock Terry OR Alicia Luckie
The Children's Trust Fund of Alabama
PO Box 4251
Montgomery, Alabama 36103

(Office) 334-242-5710; (Fax) 334-242-5711
E-Mail: kterry@ctf.state.al.us
aluckie@ctf.state.al.us

Alaska

Shari Paul, Program Officer
Alaska Children's Trust Fund
Division of Family and Youth Services
P.O. Box 110630
Juneau, AK 99811-0630

Diane DiSanto, Special Assistant to the Commissioner
Department of Health & Social Services
P.O. Box 240249
Anchorage, AK 99524-0249

Shari (Office) 907-465-4870; (Fax) 907-465-3397
E-Mail: Shari_Paul@health.state.ak.us
Diane (Office) 907-269-7800; (Fax) 907-561-1308
E-Mail: diane_disanto@health.state.ak.us

Arizona

Valerie Roberson, CAP Fund Coordinator
OR Rachel Whyte, Acting Coordinator
Department of Economic Security
Office of Prevention & Family Support
P.O. Box 6123, Site Code 940A
Phoenix, Arizona 85005

Valerie (Office) 602-542-0817; (Fax) 602-542-1933
E-Mail: valerie.roberson@mail.de.state.az.us
Rachel (Office) 602-542-1563; (Fax) 602-542-1933
E-Mail: rachel.whyte@mail.de.state.az.us

Arkansas

Sherri Jo McLemore, Director
Children's Trust Fund/State CAN Prevention Board
415 North McKinley, Ste 275
Little Rock, Arkansas 72205

(Office) 501-664-2227; (Fax) 501-664-2229
E-Mail: acap@arkansas.net

California

Susan Rodda, Program Manager (primary contact) or
Dixie Ferguson, Consultant, Prevention Network Development Unit
California Department of Social Services
Office of Child Abuse Prevention
744 P Street, Mail Station 19-82
Sacramento, California 95814

Sue: (Office) 916-445-2771; (Fax) 916-323-8103
E-Mail: susan.rodda@dss.ca.gov
Dixie: (Office) 916-445-2903; (Fax) 916-323-8103
E-Mail: dixie.ferguson@dss.ca.gov

Colorado

Scott Bates
Department of Public Health and Environment
Prevention Services Division, PSD-A2
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

(Office) 303-692-2942; (Fax) 303-691-7852
E-Mail: scott.bates@state.co.us

Connecticut

Karen Foley-Schain
Children's Trust Fund
505 Hudson Street
Hartford, Connecticut 06106

(Office) 860-550-6466; (Fax) 860-566-6728
E-Mail: karen.foley-schain@po.state.ct.us

Delaware

Richard Donges, Executive Director
Delaware Children's Trust Fund
P.O. Box 2363
Wilmington, Delaware 19899

(Office) 302-836-8550; (Fax) 302-836-8827
E-Mail: dctf@rcn.com

District of Columbia

Kinaya Sokoya, Executive Director
or Sonali Patel
DC Children's Trust Fund
2021 L Street, NW, Suite 205
Washington, D.C. 20036

(Office) 202-624-5555; (Fax) 202-624-0396
E-Mail: Kinaya: ksokoya@dcctf.org
Sonali: spatel@dcctf.org

Florida

Mark Holtzclaw
Department of Children and Families
PDFSPR Grants Management/Prevention
1317 Winewood Boulevard; Bldg. 8 – Room 309
Tallahassee, Florida 32399-0700

Randi 850-922-7541; (Fax) 850-488-9616
E-Mail: Mark_Holtzclaw@dcf.state.fl.us

Georgia

Susan S. Phillips
Children's Trust Fund Commission
1720 Peachtree Street, NW, Suite 912N
Atlanta, Georgia 30309-2439

(Office) 404-206-6035; (Fax) 404-206-6041
E-Mail: ssphillips@cwbusiness.com

Hawaii

Althea Momi Kamau, Chief Maternal &
Child Health Branch
Marlene Lee, Supervisor, Child Health Services Section
Hawaii Department of Health
Maternal and Child Health Branch
741 A Sunset Avenue
Honolulu, Hawaii 96816

(Office): Althea: 808-733-4044; (Fax) 808-733-8369
Marlene:808-733-9028; (Fax) 808-733-9032
E-Mail: Althea: amkamau@fhsd.health.state.hi.us
Marlene: mhlee@fhsd.health.state.hi.us

Idaho

Nancy Hausner
Idaho Children's Trust Fund
450 W. State Street; P.O. Box 2015
Boise, Idaho 83701-2015

(Office) 208-386-9317; (Fax) 208-386-9955
E-Mail: hausnern@idhw.state.id.us

Illinois

Bobby Hall or Nancie Brown
Department of Children & Family Services
406 East Monroe St.
Springfield, Illinois 62701-1498

Bobby Hall (Office) 217-785-2580
E-Mail: bhall@idcfs.state.il.us
Nancie Brown (Office) 217-785-0825
E-Mail: Nbrown1@idcfs.state.il.us

Indiana

Jill Larimore
Family and Social Services Administration (MS08)
Division of Family and Children
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Set-aside Grantees (10/1/02 through 9/30/05)

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Southern California Indian Center: NA CBFRS program

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"Friends" National Resource Center for CBFRS

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Website: http://www.friendsnrc.org

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The following national organizations and programs have local chapters in States and communities across the country. Please call the national office or go to the Web site listing to identify a local office near you.

National Organizations with Local Chapters*

Alliance for Children and Families

The Alliance for Children and Families, an international membership association, represents more than 350 private, nonprofit child- and family-serving organizations providing a vast array of services ranging from residential care to abuse prevention and intervention.

Phone: (414) 359-1040
Web site:www.alliance1.org

AVANCE Family Support and Education Program

AVANCE provides support and education services to low-income families to strengthen their family, enhance parenting skills to nurture the optimal development of children, promote educational success, and foster the personal and economic success of parents.

Phone: (210) 270-4630
Web site:www.avance.org
Local contacts:www.avance.org (See link for "Contact.")

Child Welfare League of America (CWLA)

CWLA is an association of more than 1,100 public and private nonprofit agencies that coordinate national and local child abuse prevention efforts and assist over 3.5 million abused and neglected children and their families each year with a wide range of services.

Phone: (202) 638-2954
Web site:www.cwla.org
Local contacts:www.cwla.org/members/members.htm

Circle of Parents

Circle of Parents provides parent self-help support groups to anyone in a parenting role. These groups offer parents a place to discuss the challenges of raising kids, exchange ideas, and offer support.

Phone: (312) 663-3520
Web site:www.circleofparents.org
Local contacts:www.circleofparents.org/locator/index.html

Family Support America (FSA)

Family Support America promotes family support for ensuring the well-being of our children. FSA advocates on behalf of families and provides technical assistance, training and education, conferences, and publications.

Phone: (312) 338-0900
Web site:www.familysupportamerica.org
Local contacts:
www.familysupportamerica.org/content/mapping_dir/find.asp

The FRIENDS (Family Resource Information, Education and Network Services) National Resource Center for Community-Based Family Resource and Support Programs.

FRIENDS provides technical assistance and information to State leads of Community-Based Family Resource and Support programs to help States in their efforts of reducing the incidence of child abuse and neglect and strengthening families.

Phone: (312) 338-0900
Web site:www.friendsnrc.org
Local contacts:www.chtop.com/FRIENDS/CBFRScontacts.htm

**This is an existing resource list maintained by the National Clearinghouse on Child Abuse and Neglect Information.*

Healthy Families America®

Healthy Families America®, a program of Prevent Child Abuse America, promotes positive parenting and child health and development through voluntary home visits by trained staff.

Phone: (312) 663-3520
Web site:www.healthyfamiliesamerica.org
Local contacts:www.healthyfamiliesamerica.org/contacts/state_system_primary_contacts.html

MELD: Programs to Strengthen Families

MELD offers educational and support services for parents, trainsfamily service providers to apply best practices, and publishes resource materials for parents and service providers.

Phone: (612) 332-7563
Web site:www.meld.org
Local contacts:www.meld.org/sitemaplist.cfm

National Alliance of Children's Trust and Prevention Funds

The National Alliance of Children's Trust and Prevention Funds works to build and maintain a system of services, laws, practices, and attitudes that prevent child abuse and neglect. The Alliance supports a network of State Children's Trust and Prevention Funds, which provide resources for local child abuse prevention activities.

Phone: (202) 296-6645
Web site:www.msu.edu/user/millsda
Local contacts:www.msu.edu/user/millsda/states.html

National Exchange Club Foundation for the Prevention of Child Abuse

The Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers that utilize the parent aide program to provide support to families at risk for abuse.

Phone: (800) 924-2643
Web site:www.preventchildabuse.com
Local contacts:www.preventchildabuse.com/usamap.htm

Parents Anonymous® Inc.

Parents Anonymous® Inc. leads a dynamic international network of accredited organizations that implement weekly, ongoing Parents Anonymous® Adult and Children's Groups that are free of charge to participants and based on a shared leadership model.

Phone: (909) 621-6184
Web site:www.parentsanonymous.org

Prevent Child Abuse America

With chapters in nearly 40 States and the District of Columbia Prevent Child Abuse America provides leadership to promote and implement child abuse prevention efforts at both the national and local levels.

Phone: (312) 663-3520
Web site:www.preventchildabuse.org
Local contacts:www.preventchildabuse.org/get_local/index.html

The following national organizations are among many that provide information and services to support the prevention of child abuse and neglect. Inclusion on this list is for information purposes and does not constitute an endorsement.

National Organizations that Provide Information, Training, and Technical Assistance

American Professional Society on the Abuse of Children (APSAC)

The American Professional Society on the Abuse of Children is a national, multidisciplinary organization that works to improve the practice of professionals in the field of child abuse and neglect.

Phone: (405) 271-8202
Web site:www.apsac.org

Center for the Prevention of Sexual and Domestic Violence

The Center is an interreligious educational resource that works to address issues of sexual and domestic violence by engaging religious leaders in the task of ending abuse, and by preparing human services professionals to recognize and attend to the religious questions and issues that may arise in their work with women and children in crisis.

Phone: (206) 634-1903
Web site:www.cpsdv.org

Childhelp USA®

In addition to a 24-hour National Child Abuse Hotline (1-800-4-A-CHILD®), Childhelp USA® directly serves abused children through residential treatment facilities, child advocacy centers, group homes, foster care, preschool programs (including Head Start), child abuse prevention programs, and community outreach.

Phone: (480) 922-8212
Web site:www.childhelpusa.org

Children's Defense Fund

The Children's Defense Fund focuses on key issues affecting the well-being of children by helping develop, implement, and monitor State and Federal policies.

Phone: (202) 628-8787
Web site:www.childrensdefense.org

International Society for the Prevention of Child Abuse and Neglect (ISPCAN)

ISPCAN brings together a worldwide cross-section of professionals to work toward the prevention and treatment of child abuse, neglect, and exploitation globally by increasing public awareness, developing activities to prevent violence, and promoting the rights of children in all regions of the world.

Phone: (630) 221-1311
Web site:www.ispcan.org

Kempe Children's Center

The Kempe Children's Center provides clinical treatment, training, research, education, and program development to prevent and treat child abuse and neglect.

Phone: (303) 864-5252
Web site:www.kempecenter.com

National Clearinghouse on Child Abuse and Neglect Information

The Clearinghouse provides information products and technical assistance services to help professionals locate information related to child abuse and neglect and related child welfare issues.

Phone: (800) FYI-3366
Web site:www.calib.com/nccanch

National Council on Child Abuse and Family Violence (NCCAFV)

NCCAFV works to strengthen community child abuse and family violence prevention and treatment programs across the country through public awareness and education, professional development, and organizational development.

Phone: (202) 429-6695
Web site: http://nccafv.org

National Indian Child Welfare Association (NICWA)

NICWA is a membership organization of Tribes, individuals, and private organizations that works to promote Indian child welfare and address child abuse and neglect through training, research, public policy, and grassroots community development.

Phone: (503) 222-4044
Web site:www.nicwa.org

Shaken Baby Syndrome Prevention Plus

Shaken Baby Syndrome Prevention Plus develops, studies, and disseminates information and materials designed to prevent Shaken Baby Syndrome and other forms of physical child abuse, as well as to increase positive parenting and childcare.

Phone: (614) 836-8360
Web site:www.sbsplus.com

STOP IT NOW!

STOP IT NOW! works to end the sexual abuse of children by calling on abusers and potential abusers to stop and seek help, educating adults about the ways to stop sexual abuse, and increasing public awareness of the trauma of child sexual abuse.

Phone: (413) 268-3096
Web site:www.stopitnow.com

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect