



FRIENDS Report



Making the Case for Preventing Child Abuse and Neglect ***An Overview of Cost Effective Prevention Strategies***

It is vitally important that any approach to protecting children and strengthening families includes a strong prevention component. The increased effectiveness in terms of human and other costs is significant when families are helped to build on their own strengths, use community resources appropriately to meet their needs and to provide safe and caring homes for their children.



Although there is limited rigorous research that identifies proven, cost effective child abuse and neglect prevention programs, there is a growing body of knowledge regarding the value of prevention strategies and programs that can demonstrate positive outcomes for targeted populations. This report will provide the following:

- A brief review of the cost-benefits of child abuse and neglect prevention;
- Identification of a number of noteworthy prevention programs and strategies, including some evaluation data;
- Discussion of the limitations of the existing research;
- Identification of important factors to consider in the replications of prevention programs;
- Additional prevention resources for more information.



The value of prevention

Historically public resources have primarily gone into tertiary prevention or treatment programs. These programs, while necessary and lifesaving, cost states millions of dollars annually. A study conducted by Prevent Child Abuse America in 2001 estimates the costs related to child abuse and neglect to be greater than \$90 billion each year. Direct costs include those associated with hospitalization, mental health care, the child welfare system, the legal system, etc. Indirect costs such as mental health and health care, special education, juvenile delinquency and adult criminality, to name a few, are estimated to cost the nation far more than the direct costs.



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In terms of indirect effects of child maltreatment, the Adverse Childhood Experiences (ACE) study, led by the Centers for Disease Control and Prevention (CDC), posed the question of whether, and how, childhood experiences affect adult health decades later. The study included 17,421 adults at Kaiser Permanente's Department of Preventive Medicine in San Diego, California and the findings show the important relationship between emotional experiences as children and physical and mental health as adults. They concluded that there exists "a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults." It therefore makes sense to provide activities that promote actions or behaviors that prevent child abuse in order to save the precious available resources.

In a study conducted by the Michigan Children's Trust Fund, costs of providing prevention services to all first-time parents in the State were compared to those of funds expended for child abuse/neglect treatment. Given the high cost of treatment and the relatively lower cost of prevention, it was concluded that "investments in prevention can be cost effective if they result in even modest reductions in abuse events (Caldwell, 1992)."

Measuring Effectiveness

While the field clamors to receive validation that prevention programs and strategies are indeed preventing child maltreatment, ethical field research cannot definitively conclude that an intervention prevents something from occurring. According to *Emerging Practices in the Prevention of Child Abuse and Neglect*, "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 (Thomas, Thomas, D., Leicht, C., Hughes, C., Madigan, A., Dowell, K., 2003, p. 57)." It further states "...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."

Acceptable means of alluding to the effectiveness of prevention programs is rather through reducing risk factors and strengthening or increasing protective factors in caregiving. (For a listing of common risk and protective factors, visit <http://nccanch.acf.hhs.gov/topics/prevention/emerging/emerging.cfm>)

In this decade most agencies realize they must provide evidence of reducing risk factors and increasing protective factors by evaluating their programs in terms of outcomes achieved. Funders are demanding to know whether or not the funds provided actually make a difference and whether the goals and objectives of the programs are achieved. So while one cannot demonstrate whether or not something *did not* occur as the result of an intervention, one can measure whether or not a discrete behavior was learned and ultimately practiced as the result of an intervention. For example, a parent education class might teach child development where parents are taught developmentally appropriate activities and behaviors for their toddlers. Parents learn, and subsequently practice, providing appropriate activities for their toddlers. One could conclude that a result of knowledge and skills learned might be the promotion of actions or behaviors that prevent abuse.

Noteworthy Prevention Programs

According to *Emerging Practices in the Prevention of Child Abuse and Neglect*, "there are three 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.

Home Visitation Programs

While not universally positive across all evaluations, research suggests that home visiting can be an effective approach to preventing child maltreatment. The CDC recently completed a systematic review of the effectiveness of home visiting and found it to be an effective strategy for preventing child maltreatment for

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certain populations (<http://thecommunityguide.org/violence/default.htm>).

Nurse Family Partnership (www.nccfc.org) Dr. David Olds of the University of Colorado found positive short and long term outcomes for young first-time mothers and their children who participated in this program. This is one of the few prevention programs that has used an experimental research design which randomized participants into treatment and control groups. Outcomes included decreased rates of child maltreatment (79% fewer reports), juvenile delinquency (56% fewer arrests in 15 year olds), and maternal criminality (69% fewer arrests); increased economic self-sufficiency and increased social-emotional development (Thomas, et al., 2003; Lutzker, 2004).

The Public Health Nursing Infant Home Visitation program in Wyoming is based on the nurse-family partnership model and targets low income, pregnant women and families with infants, incarcerated women, women with histories of substance abuse or mental illness, and victims of domestic violence. Public Health nurses provide the visits and services for up to the infant's 24th month (Lutzker 2004).

Healthy Families America (www.healthyfamiliesamerica.org) is a national program model designed to help expectant and new parents get their children off to a healthy start. Families participate voluntarily in the program and receive home visiting and referrals from trained staff. By providing services to overburdened families, Healthy Families America fits into the continuum of services provided to families in many communities. Healthy Families America exists in over 440 communities in the United States and Canada. 90% of all the families who are invited to participate in the program accept services. Approximately 30 evaluations have been or are currently being conducted at the state or site level across the country. The findings from quasi-experimental designs demonstrate positive outcomes in the areas of reducing child maltreatment; ensuring healthy child development; encouraging school readiness; promoting family self-sufficiency; and demonstrating positive parenting (PCA

America, 2002). Some of the more recent research has demonstrated mixed results.

Healthy Families Arizona (www.lescroyemilligan/hfaz/nfaz.htm) is an example of the statewide implementation of the Healthy Families America model. The program provides a statewide system of home visitation services that builds on family strengths, promotes health, optimizes child development and prevents child abuse and neglect. Intensity of services depends on family needs and gradually decreases from weekly home visits to quarterly home visits. Services are provided for up to 5 years.

Project SafeCare and *Project 12-Ways* use in-home strategies to prevent and treat child maltreatment. *Project 12-Ways*, ongoing in Illinois since 1979, offers parent training and a host of other skill training. Data suggest that *Project 12-Ways* is more effective than other services offered to families in the same region. *Project SafeCare*, a home visiting program originally developed in Illinois and California, uses a succinct teaching format to focus on parent-child interaction training, home safety, and child health care. The program has proven effective in reducing subsequent reports of suspected maltreatment and in preventing neglect (Lutzker, 2004; Valle, et al., 2004). The State of Oklahoma is currently testing and evaluating a statewide replication of this model.

The *Healthy Start* program provides home-based, parent education and support services to high-risk mothers. In addition to findings of 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 (Thomas, et al., 2003).

The *Family Connections* program (www.family.umaryland.edu) based out of the University of Maryland, Baltimore is a community-based neglect prevention program targeting at risk families with children between the ages of 5 and 11. Evaluation results show *Family Connections* improves protective factors such as parenting skills and attitudes, and reduces risk factors

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such as parent depression, caregiver drug use, caregiver stress, and children's behavioral problems. The program also demonstrated reduced incidents of child abuse and neglect and increased child safety and well-being. This program is now being replicated in eight communities with funding from the Children's Bureau, U.S. Department of Health and Human Services.

STEEP (Steps Toward Effective, Enjoyable Parenting) (<http://education.umn.edu/ICD/harriscenter/STEEPinfo.htm>) is an intensive intervention program of home visits and group sessions for high-risk women and their first-born children. Participants demonstrated better understanding of child development, better life management skills, fewer depressive symptoms, and more organized and appropriately stimulating home environments compared to a control group (Thomas, et al., 2003).

Parenting Partnerships is a home visitation program based on the *STEEP* program and is designed to meet the needs of medically fragile children living in socially vulnerable families. The Tacoma, Washington program also includes monthly group meetings.

Some other interesting models of home visitation programs which have not yet undergone more rigorous research include:

The *Miami Safe Start* project provides maltreated children under age 3 with assessments and referrals to early intervention services. The project videotapes mother-child interactions and uses standard assessment tools to refer families to needed services to prevent further maltreatment (Lutzker 2004).

The *Hui Makuakane Program* was developed in response to a need to engage fathers in the *Hana Like Home Visitor Program*. The Honolulu program 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.

The *Fussy Baby Program* (www.oaklandfamilyservices.org) in Michigan uses Infant Mental Health Specialists to provide weekly home visits to families of children birth to 3 years with regulatory or behavioral disorders.

Parent Education Programs and Parent Support Groups

A few studies have demonstrated positive findings focused on short-term gains in knowledge, skills or abilities but little is known about the impact of these programs on child maltreatment in the long term (Thomas, et al., 2003). The National Committee for Prevention of Child Abuse (now Prevent Child Abuse America) conducted an evaluation of 14 parent programs that served 1078 parents who received parent education services between 1990-1991. They found that parents' potential for physical child abuse decreased significantly. Additionally there was an observed reduction in the use of corporal punishment and inadequate supervision of their children. Participants also demonstrated greater responsiveness to the emotional needs of their children (Thomas, et al., 2003).

Parent Education Programs

The Nurturing Program (www.nurturingparent.com), developed by Stephen Bavolek, is a parenting education program that focuses on creating improvement in four parenting constructs - inappropriate parental expectations, lack of empathy toward the child, belief in corporal punishment and parent-child role reversal. While the results of the evaluation were positive, showing significant improvements from pre- to post-test in each of the four areas, the use of a control group could make a stronger case for the program's efficacy (Cowan, 2001).

The *Positive Parenting Program*, or the *Triple P*, was developed as a "universal" parenting program that can be introduced early in the parenting process in order to prevent child maltreatment. The *Triple P* was originally developed in Australia. In 2004 the CDC funded the University of South Carolina to implement and evaluate an efficacious universal parenting intervention. The

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University is evaluating the *Triple P*. The program has five levels that vary in intensity. Level One provides information; Levels Two and Three provide brief consultations for parents of children with typical behavioral problems; and Levels Four and Five provide 10 or more sessions to address severe child behavioral problems (www.cdc.gov/ncipc/pub-res/parenting).

Parents as Teachers (PAT) is an international early childhood parent education and family support program serving families throughout pregnancy until their children enter kindergarten, usually age 5. The program is designed to enhance child development and school achievement through parent education accessible to all families. It is a universal access model (www.patnc.org).

The *Effective Black Parenting Program* is based on an achievement orientation of African American parenting. It provides an excellent learning and relearning context to help parents of African American children do the best job possible. Its basic ideas are derived from the writing of African-American parenting scholars, from research with African-American parents, and from adaptations of parenting skills that have been found helpful in raising children of all ethnic and socioeconomic backgrounds (www.nbccongress.org/black-catholic-news/effective_black_parenting_program.asp).

Parent Support Groups

Parents Anonymous® Programs (www.parentsanonymous.org) include weekly, free of charge Parents Anonymous® Groups which are co-led by parents and professional Group Facilitators trained in the Parents Anonymous® model of mutual support and shared leadership. Parents can join a Parents Anonymous® Group at any time and attend for as long as they wish. They transform attitudes, learn new behaviors and create long-term positive changes in their families. While parents are meeting, their children and teens attend the Parents Anonymous® Children's Program where they engage in a variety of hands-on activities that stimulate positive emotional growth and development.

Circle of Parents is a parent mutual self-help support program based on a simple and time tested model: through peer-to-peer leadership and support at weekly meetings, people in a parenting capacity can, over time, gain self-esteem, overcome isolation and improve their parenting skills by exchanging support and positive parenting suggestions (www.preventchildabusewi.org/circle).

Programs offered in the Schools or Child Care Settings

Families and Schools Together (FAST) is a multifamily group intervention designed to build protective factors for children (4 to 12 years old) and empower parents to be the primary prevention agents for their own children. A collaborative team of parents, trained professionals and school personnel recruit participants and then deliver FAST program components to five to 25 families at a time. Team members do not lecture at FAST, but structure highly participatory, research-based activities with turn taking, experiential learning and parent support (www.wcer.wisc.edu/fast/). The FAST experimental studies across populations and sites show statistically significant results in the following areas: Improved FAST child's academic competence and performance; Improved FAST child's behavior (social skills and attention span); Reduced FAST child's problem behaviors (aggression, anxiety, and depression in classroom); Increased FAST parent involvement in school; Reduced FAST child's aggression and anxiety at home; Reduced family conflict; Increased the friendship networks for families.

In addition to the above-mentioned programs, The PACE program (*Parenting Our Children to Excellence*) is a group intervention program for parents and caregivers of preschool children who are socio-economically disadvantaged. The *Parent-Child Interaction Therapy (PCIT)* is a dyadic parent-child intervention focused on improving parent-child relationships and parents' management skills.

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A growing trend in prevention is the effort to infuse prevention principles into existing situations where parents engage regularly with staff. The most recent example is the work underway at the Center for the Study of Social Policy (CSSP), funded by the Doris Duke Charitable Foundation. CSSP recently identified 21 exemplary early child care programs that work with families to reduce child abuse. These programs help parents develop parenting skills, understand child development, and access community and social supports. Focusing on families enrolled in child care programs can potentially help large numbers of children. Families often develop long-term relationships with their child care providers and share information about their family life that they would not ordinarily share with government intervention services (Lutzker 2004). (For more information go to www.cssp.org/doris_duke/)

Respite and Crisis Care Programs

Evaluation of respite and crisis care programs by the ARCH National Resource Center (www.archrespite.org) provided promising results in the prevention of child maltreatment. Respite care services provide short-term care to children with disabilities or chronic or terminal illnesses or to children who are at risk of abuse and neglect. The temporary relief to caregivers significantly reduced stress and parents reported that crisis care services helped to keep their child safe and reduced the risk of harm to their children (ARCH, 2003).

Family Resource and Support Centers

Family Support Centers or Family Resource Centers provide a number of services that promote the strengthening of families and a strong sense of community. Some of the centers include above mentioned services such as home visiting and parent education programs, as well as job training, substance abuse prevention programs, counseling, child care, etc. One outcome through the provision of this array of services

is the development of protective factors resulting in the prevention of child abuse and neglect.

As mentioned earlier, while one cannot measure something that did not occur, with the proper tools, one can measure the reduction of risk factors and the strengthening of protective factors. Common protective factors include, but are not limited to, such things as secure attachment, supportive family environment, parental coping skills, family expectations of pro-social behavior, access to health care, consistent employment and adequate housing. Many of the individual community-based programs evaluate their services and an effort is underway through the FRIENDS Resource Center and the Community Based Child Abuse Prevention programs to amass some aggregate outcome data on programs providing similar services across the country.

Web Resources

There are several web resources available which list a variety of model programs or best practices for serving children and families. Appendix B offers additional web resources.

The Promising Practices Network (www.promisingpractices.net/default.asp) highlights programs and practices that credible research indicates are effective in improving outcomes for children, youth and families. One of the programs highlighted as a proven program on the website is the *Nurse Family Partnership* which provides home visits by registered nurses to first time mothers, beginning during pregnancy and continuing through the child's second birthday.

Blueprints for Violence Prevention website (www.colorado.edu/cspv/blueprints/) is another valuable resource. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and *Blueprints* have evolved into a large scale prevention initiative both identifying model programs and providing training and technical assistance to help sites choose and implement a set of demonstrated effective programs with a high degree of integrity.

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Two websites that provide information on substance abuse and other high risk behaviors are *SAMHSA Model Programs* (www.modelprograms.samhsa.gov) and *CSAP* (www.northeastcapt.org/science/). *SAMHSA* serves as a comprehensive resource for anyone interested in learning more about model programs that prevented or reduced substance abuse. *CSAP* offers a variety of resources in substance abuse prevention. Given the strong linkages between child abuse and neglect and substance abuse, prevention of substance abuse may be viewed as a strategy for preventing child abuse.

The Children's Bureau's *National Clearinghouse on Child Abuse and Neglect Information's Prevention* website (www.nccanch.acf.hhs.gov/topics/prevention/index) provides a wealth of information resources to help communities develop, promote, and sustain child abuse prevention programs and activities.

State Children's Trust and Prevention Funds (www.ctfalliance.org) are major supporters of effective prevention programs in communities throughout the country. They collectively provide approximately \$100 million to fund hundreds of programs serving a widely diverse range of two million children and families.

Important Factors to Consider

The programs described in the previous section of this report are working to prevent child abuse and neglect in various communities throughout the country. When implementing them in new locations, it is important to maintain the integrity of the program model by ensuring program fidelity. The positive results achieved thus far with these models are based on a constellation of factors, activities and materials. *Replications* should include all pertinent aspects of a program model. If there is interest in *adapting* a program model, the results may vary. When adapting a program, new evaluation is needed to ensure that the changes in components continue to offer positive results. Lutzker (2004) offered three key evaluation recommendations for State officials who are trying to prevent child abuse and neglect as follows: (1) If they are involved in evaluating a program they should

affiliate with very solid research teams. The teams should have considerable expertise in evaluation and a record of producing publishable outcomes. (2) States should adopt programs that have been shown scientifically to be effective. Avoid programs whose evaluations turn out to be self-evaluations. (3) Once states choose a program, they should start small. Then if the outcome data look good, they can scale up and start expanding gradually.

Deborah Daro and Anne Cohn Donnelly, both respected researchers in the child abuse prevention field, reported in *Child Abuse and Neglect* (2002) that child abuse prevention efforts have peaked in several waves during the past thirty years. The first wave promoted the concept of prevention and the need to make the public aware of the problem. The second wave resulted in a prevention continuum that included numerous programs for families who knew they needed help. The third wave, which is still influencing our work, saw a return to the scientific and empirical roots that were important in the first wave. See Appendix A for some resources in programs that purport positive prevention evaluation results.

Daro and Donnelly caution against common mistakes in the prevention field and offer the following advice:

- Avoid oversimplifying the work of prevention and recognize the importance of an ecological framework;
- Recognize that prevention will be successful in many situations, but not all – it's important not to set the bar unrealistically high;
- Accept that some parents may not participate in or benefit from prevention programs;
- Be sure to establish significant partnerships between local child protective service agencies and local child abuse prevention programs;
- Ensure that existing programs have necessary supports and are well-integrated into the community before developing new programs;
- Work to create the political will to realize meaningful legislative reforms that promote prevention.

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Given the importance of preventing child abuse and neglect and the wide range of programs and strategies available, there is no reason to delay investments in prevention. To help ensure success in new and existing prevention programs, consider the following steps:

- Assess the current strengths in the public child welfare system and in the communities for preventing child abuse and neglect;
- Build effective partnerships with important partners in prevention, including community based child abuse prevention programs, the faith community, early childhood programs, schools, health care providers and other relevant entities;
- Engage parent leaders who have experience using services to strengthen their families as key partners in planning, implementing and evaluating prevention activities;
- Review national models of prevention programs and incorporate those that best fit the state's needs and interests;
- Utilize training and technical assistance opportunities to support these activities as needed. The FRIENDS National Resource Center (www.friendsnc.org) can provide a variety of technical assistance. Through the National Alliance of Children's Trust and Prevention Funds (www.ctfalliance.org), one of the partners in FRIENDS, state children's trust funds provide valuable peer support to each other and can be a useful resource to their peers in other states.

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The following articles are available through the National Clearinghouse on Child Abuse and Neglect Information

Positive Outcomes in Prevention Programs

Child Neglect Demonstration Projects: A Synthesis of Lessons Learned, National Clearinghouse on Child Abuse and Neglect Information, 2004.

Using Evidence-based Parenting Programs to Advance CDC Efforts in Child Maltreatment Prevention, Valle, Linda Anne, Whitaker, Daniel J., Lutzker, John R., Filene, Jill H., Wyatt, Jennifer M. U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2004.

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To access these article, visit the National Clearinghouse on Child Abuse and Neglect at <http://nccanch.acf.hhs.gov>

Child Abuse Prevention Organizations & Resources

The Administration for Children and Families (ACF) (www.acf.hhs.gov), within the Department of Health and Human Services (HHS), is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following: families and individuals empowered to increase their own economic independence and productivity; strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children; partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries; services planned, reformed, and integrated to improve needed access; and a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

ARCH National Respite Network & Resource Center (www.archrespite.org) is a web site devoted to issues regarding the provision of respite (temporary relief for caregivers and families) to caregivers and families who are caring for people with disabilities or other special needs such as chronic or terminal illnesses, or who are at risk of abuse and neglect, through a variety of means including Federal Legislation.

The Center for Community Partnerships in Child Welfare (<http://www.cssp.org/center/index.html>) works with jurisdictions across the country to improve the response to protecting society's most vulnerable children. The Center provides funding and technical assistance to help communities keep children safe from abuse and neglect and strengthen families. This work engages the public child protection agency, human services providers, local organizations, the faith community, and neighborhood leaders. The promise of community partnership is that children will be safer, families will be healthier, and communities will be stronger. The motto is, "Keeping Children Safe is Everybody's Business." A community partnership approach to child abuse prevention requires a significant shift in ownership so that everyone in a neighborhood believes they have a role in keeping children safe and supporting families. The partnership harnesses the creative talents of neighborhood leaders, human services providers, the faith community and local organizations to work with the public child protection agency to enhance safety and well-being for all families.

The Center for the Study of Social Policy (www.cssp.org) strives to help states and localities implement creative and effective strategies that strengthen disadvantaged communities and families and ensure that children grow up healthy, safe, successful in school and ready for productive adulthood.

The Centers for Disease Control and Prevention (CDC) utilizes a public health approach to address child maltreatment. This approach has four steps: define the problem, identify risk and protective factors, develop and test prevention strategies and assure widespread adoption of prevention principles and strategies. Much of the CDC's work to prevent child abuse and neglect takes place through their National Center for Injury Prevention and Control. They are funding numerous prevention strategies throughout the country. (www.cdc.gov)

The Child Abuse Prevention Network (www.child-abuse.com) operates as a collaborative among its 1000 members and partners. They provide access to over 1,500 professionals in research and related field through various electronic mailing lists, including the National Data Archive on Child Abuse and Neglect, Child-Abuse-L for professionals in the field, SIGCA-MD-L for physician and those involved in the clinical issues, HUSITA-L list for human services information technology applications, and SBSpro for the particular issue of Shaken Baby Syndrome.

The Child Welfare League of America (CWLA) (www.cwla.org) is the nation's oldest and largest membership-based child welfare organization. They are committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm.

The Children's Defense Fund (CDF) (www.childrensdefense.org) has worked toward, and made great progress in, reducing the numbers of neglected, sick, uneducated, and poor children in the United States. CDF's research, public education campaigns, budget and policy advocacy and coalition building have contributed to millions of children gaining immunizations, health care, child care, Head Start, a right to education, adoptions, a chance to escape poverty, and protections in our child welfare, mental health, and juvenile justice systems.

Family Support America (www.familysupportamerica.org) is recognized worldwide as a pioneer in the family support movement. Their reputation is based on decades of leadership in building on families' strengths. Family Support America has been the nation's catalyst, clearinghouse, and thought leader in family support,

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based on a bedrock belief: If you want to help families, ask parents what they want.

The FRIENDS National Resource Center (www.friendsnrc.org), a service of the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, is a partnership of 6 organizations that work together to provide training and technical assistance to state lead agencies for Community Based Child Abuse Prevention (CBCAP) programs. CBCAP, authorized by Title II of the Child Abuse Prevention and Treatment Act, provides Federal funds to a Lead Agency designated by the Governor in every State to support community-based child abuse prevention programs and activities.

The National Alliance of Children’s Trust and Prevention Funds (www.ctfalliance.org) initiates and engages in national efforts that assist state Children’s Trust and Prevention Funds in strengthening families to prevent child abuse and neglect. This includes promoting and supporting a system of services, laws, practices, and attitudes that supports families by enabling them to provide their children with a safe, healthy, and nurturing childhood. Members of the National Alliance of Children’s Trust and Prevention Funds are catalysts for the development of community-based child abuse and neglect prevention programs in their states. They are also incubators for innovative new programs and services related to strengthening families to prevent child abuse and neglect.

The National Black Child Development Institute (NBCDI) (www.nbcdi.org) is a nonprofit organization that has provided and supported programs, workshops, and resources for African American children, their parents and communities in early health and education; health, elementary and secondary education, child welfare, and parenting. Through hands-on service and community-outreach programs, NBCDI initiates positive change for the health, welfare, and educational needs of all African American children.

The National Clearinghouse on Child Abuse and Neglect Information Clearinghouse (www.nccanch.acf.hhs.gov) is a service of the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The mission of the Clearinghouse is to connect professionals and concerned citizens to timely and well-balanced information on programs, research, legislation, and statistics regarding the safety, permanency, and well-being of children and families.

The National Exchange Club Foundation (www.preventchildabuse.com) is committed to making a difference in the lives of children, families and communities through its national prevention of child abuse program. The Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers who utilize the parent aide program and provide support to parents at risk.

The National Head Start Association (www.nhsa.org) is a private not-for-profit membership organization dedicated exclusively to meeting the needs of Head Start children and their families. The Association provides support for the entire Head Start community by advocating for policies that strengthen services to Head Start children and their families; by providing extensive training and professional development to Head Start staff; and by developing and disseminating research, information, and resources that enrich Head Start program delivery.

The National Indian Child Welfare Association (NICWA) (www.nicwa.org) works to address the issues of child abuse and neglect through training, research, public policy, and grass roots community development. NICWA also works to support compliance with the Indian Child Welfare Act of 1978, which seeks to keep American Indian children with American Indian families.

Parents Anonymous® Inc. (www.parentsanonymous.org) is the nation’s oldest child abuse prevention organization that focuses on parent leadership and mutual support to strengthen families and build caring communities that support safe and nurturing homes for all children. They lead a dynamic national network of organizations that provide weekly, free of charge, community based Parents Anonymous® Groups and Children’s Programs. They are national leaders in helping individuals, organizations and systems achieve meaningful Shared Leadership by building partnerships between parents and professionals. Their *Shared Leadership in Action* Program is based on research into leadership practices and strategies that promote the development and growth of leadership in parents.

Prevent Child Abuse America (www.preventchildabuse.org) has been a national leader since 1972 in building awareness, providing education and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of our nation’s children. Working with chapters in 39 states and the District of Columbia, they provide leadership to promote and implement prevention efforts at both the national and local levels.