CHAPTER 3

What Is Child Maltreatment?

To prevent and respond to child abuse and neglect effectively, there needs to be a common understanding of the definitions of those actions and omissions that constitute child maltreatment. Unfortunately, there is no single, universally applied definition of child abuse and neglect. Over the past several decades, different stakeholders—including State and Federal legislative bodies, agency officials, and researchers—have developed definitions of maltreatment for different purposes. Definitions vary across these groups and within them. For example, legal definitions describing the different forms of child maltreatment for reporting and criminal prosecution purposes are found mainly in State statutes, and definitions vary from State to State. Similarly, agency guidelines for accepting reports, conducting investigations, and providing interventions vary from State to State and sometimes from county to county. In addition, researchers use varying methods to measure and define abuse and neglect, making it difficult to compare findings across studies. Despite the differences, there are commonalities across definitions. This chapter describes sources of definitions in Federal and State laws and summarizes those elements commonly recognized as child maltreatment.

Definitions in Federal Law

The Child Abuse Prevention and Treatment Act (CAPTA) provides minimum standards for defining physical child abuse, child neglect, and sexual abuse that States must incorporate in their statutory definitions to receive Federal funds. Under CAPTA, child abuse and neglect means:

- Any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, or exploitation;
- An act or failure to act that presents an imminent risk of serious harm.

The definition of child abuse and neglect refers specifically to parents and other caregivers. A "child" under this definition generally means a person who is under the age of 18 or who is not an emancipated minor. In cases of child sexual abuse, a "child" is one who has not attained the age of 18 or the age specified by the child protection law of the State in which the child resides, whichever is younger.

While CAPTA provides definitions for sexual abuse and the special cases related to withholding or failing to provide medically indicated treatment, it does not provide specific definitions for other types of maltreatment—physical abuse, neglect, or psychological maltreatment.

CAPTA Definition of Sexual Abuse

CAPTA defines "sexual abuse" as:

"[T]he employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct;"

"[T]he rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."

CAPTA Definition of Withholding of Medically Indicated Treatment

CAPTA defines the "withholding of medically indicated treatment" as:

"[T]he failure to respond to the infant's life-threatening conditions by providing treatment...which, in the treating physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions."

The term "withholding of medically indicated treatment" does not include the failure to provide treatment (other than appropriate nutrition, hydration, and medication) to an infant when, in the treating physician's reasonable medical judgment:

- The infant is chronically and irreversibly comatose;
- The provision of such treatment would merely prolong dying;
- The provision of such treatment would not be effective in ameliorating or correcting all of the infant's life-threatening conditions;
- The provision of such treatment would otherwise be futile in terms of the survival of the infant;
- The provision of such treatment would be virtually futile in terms of the survival of the infant, and the treatment itself under such circumstances would be inhumane.[2]

Sources of Definitions in State Law

While the Federal legislation sets minimum definitional standards, each State is responsible for providing its own definition of maltreatment within civil and criminal contexts. The problem of child maltreatment is generally subject to State laws (both statutes and case law) and administrative regulations. Definitions of child abuse and neglect are located primarily in three places within each State's statutory code:

- **Mandatory child maltreatment reporting statutes (civil laws)** provide definitions of child maltreatment to guide those individuals mandated to identify and report suspected child abuse. These reports activate the child protection process. (See Chapter 9, "What Does the Child Protection Process Look Like?," for more information on mandated reporters and reporting procedures.)
- **Criminal statutes** define those forms of child maltreatment that are criminally punishable. In most jurisdictions, child maltreatment is criminally punishable when one or more of the following statutory crimes have been committed: homicide, murder, manslaughter, false imprisonment, assault, battery, criminal neglect and abandonment, emotional and physical abuse, child pornography, child prostitution, computer crimes, rape, deviant sexual assault, indecent exposure, child endangerment, and reckless endangerment.
- **Juvenile court jurisdiction statutes** provide definitions of the circumstances necessary for the court to have jurisdiction over a child alleged to have been abused or neglected. When the child's safety cannot be ensured in the home, these statutes allow the court to take custody of a child and to order specific treatment services for the parents and child.

Together, these legal definitions of child abuse and neglect determine the minimum standards of care and protection for children and serve as important guidelines for professionals regarding those acts and omissions that constitute child maltreatment.

Child protective services (CPS) workers use statutory definitions of child maltreatment to determine whether maltreatment has occurred and when intervention into family life is necessary. For particular localities within a State, local CPS policies and procedures, based on statutes and regulations, further define different types of maltreatment and the conditions under which intervention and services are warranted.

State Statutes

To review a summary of reporting laws, visit the State Statutes section of the National Clearinghouse on Child Abuse and Neglect's Web site at **www.calib.com/nccanch/statutes.**

General Definitions by Type of Maltreatment

There are four commonly recognized forms of child abuse or maltreatment:

- Physical
- Sexual
- Neglect
- Psychological

There is great variation from State to State regarding the details and specificity of child abuse definitions, but it is still possible to identify commonalities among each different type of child maltreatment. These commonalities, in part, reflect societal views of parental actions that are seen as improper or unacceptable because they place children at a risk of physical and emotional harm.

Physical Abuse

Generally, physical abuse is characterized by physical injury, such as bruises and fractures that result from:

- Punching
- Beating
- Kicking
- Biting
- Shaking
- Throwing
- Stabbing
- Choking
- Hitting with a hand, stick, strap, or other object
- Burning

Although an injury resulting from physical abuse is not accidental, the parent or caregiver may not have intended to hurt the child. The injury may have resulted from severe discipline, including injurious spanking, or physical punishment that is inappropriate to the child's age or condition. The injury may be the result of a single episode or of repeated episodes and can range in severity from minor marks and bruising to death.

Some cultural practices are generally not defined as physical abuse, but may result in physically hurting children. For example:

- "Coining" or *cao gio*—a practice to treat illness by rubbing the body forcefully with a coin or other hard object.
- *Moxabustion*—an Asian folkloric remedy that burns the skin.

As Howard Dubowitz, a leading researcher in the field, explains: "While cultural practices are generally respected, if the injury or harm is significant, professionals typically work with parents to discourage harmful behavior and suggest preferable alternatives."[3]

Sexual Abuse

Child sexual abuse generally refers to sexual acts, sexually motivated behaviors involving children, or sexual exploitation of children.[4] Child sexual abuse includes a wide range of behaviors, such as:

- Oral, anal, or genital penile penetration;
- Anal or genital digital or other penetration;
- Genital contact with no intrusion;
- Fondling of a child's breasts or buttocks;
- Indecent exposure;
- Inadequate or inappropriate supervision of a child's voluntary sexual activities;

- Use of a child in prostitution, pornography, Internet crimes, or other sexually exploitative activities.

Sexual abuse includes both touching offenses (fondling or sexual intercourse) and nontouching offenses (exposing a child to pornographic materials) and can involve varying degrees of violence and emotional trauma. The most commonly reported cases involve incest—sexual abuse occurring among family members, including those in biological families, adoptive families, and step-families.[5] Incest most often occurs within a father-daughter relationship; however, mother-son, father-son, and sibling-sibling incest also occurs. Sexual abuse is also sometimes committed by other relatives or caretakers, such as aunts, uncles, grandparents, cousins, or the boyfriend or girlfriend of a parent.

Child Neglect

Child neglect, the most common form of child maltreatment, is generally characterized by omissions in care resulting in significant harm or risk of significant harm. Neglect is frequently defined in terms of a failure to provide for the child's basic needs—deprivation of adequate food, clothing, shelter, supervision, or medical care. Neglect laws often exclude circumstances in which a child's needs are not met because of poverty or an inability to provide. In addition, many States establish religious exemptions for parents who choose not to seek medical care for their children due to religious beliefs that may prohibit medical intervention.

The Department of Health and Human Services' *Third National Incidence Study of Child Abuse and Neglect* (NIS-3)[6] is the single most comprehensive source of information about the current incidence of child maltreatment in the United States. NIS-3 worked with researchers and practitioners to define physical, educational, and emotional neglect in a succinct and clear manner, as described below.

Physical Neglect

- **Refusal of health care**—the failure to provide or allow needed care in accordance with recommendations of a competent health care professional for a physical injury, illness, medical condition, or impairment.
- **Delay in health care**—the failure to seek timely and appropriate medical care for a serious health problem that any reasonable layman would have recognized as needing professional medical attention.
- **Abandonment**—the desertion of a child without arranging for reasonable care and supervision.
- **Expulsion**—other blatant refusals of custody, such as permanent or indefinite expulsion of a child from the home without adequate arrangement for care by others or refusal to accept custody of a returned runaway.
- **Inadequate supervision**—leaving a child unsupervised or inadequately supervised for extended periods of time or allowing the child to remain away from home overnight without the parent or caretaker knowing or attempting to determine the child's whereabouts.
- **Other physical neglect**—includes inadequate nutrition, clothing, or hygiene; conspicuous inattention to avoidable hazards in the home; and other forms of reckless disregard of the child's safety and welfare (e.g., driving with the child while intoxicated, leaving a young child in a car unattended).

Educational Neglect

- **Permitted chronic truancy**—habitual absenteeism from school averaging at least 5 days a month if the parent or guardian is informed of the problem and does not attempt to intervene.

- **Failure to enroll or other truancy**—failure to register or enroll a child of mandatory school age, causing the child to miss at least 1 month of school; or a pattern of keeping a school-aged child home without valid reasons.
- **Inattention to special education need**—refusal to allow or failure to obtain recommended remedial education services or neglect in obtaining or following through with treatment for a child's diagnosed learning disorder or other special education need without reasonable cause.

Emotional Neglect

- **Inadequate nurturing or affection**—marked inattention to the child's needs for affection, emotional support, or attention.
- **Chronic or extreme spouse abuse**—exposure to chronic or extreme spouse abuse or other domestic violence in the child's presence.
- **Permitted drug or alcohol abuse**—encouragement or permitting of drug or alcohol use by the child.
- **Permitted other maladaptive behavior**—encouragement or permitting of other maladaptive behavior (e.g., chronic delinquency, severe assault) under circumstances where the parent or caregiver has reason to be aware of the existence and seriousness of the problem but does not intervene.
- **Refusal of psychological care**—refusal to allow needed and available treatment for a child's emotional or behavioral impairment or problem in accordance with a competent professional recommendation.
- **Delay in psychological care**—failure to seek or provide needed treatment for a child's emotional or behavioral impairment or problem that any reasonable layman would have recognized as needing professional, psychological attention (e.g., suicide attempt).

Spotlight on Chronic Neglect

One issue in defining child neglect involves consideration of "incidents" of neglect versus a pattern of behavior that indicates neglect. Susan J. Zuravin, from the University of Maryland at Baltimore School of Social Work, recommends that if some behaviors occur in a "chronic pattern," they should be considered neglectful.[7] Examples include lack of supervision, inadequate hygiene, and failure to meet a child's educational needs. This suggests that rather than focusing on individual incidents that may or may not be classified as "neglectful," one should look at an accumulation of incidents that may together constitute neglect. "If CPS focuses only on the immediate allegation before them and not the pattern reflected in multiple referrals, then many neglected children will continue to be inappropriately excluded from the CPS system."[8] For example, a family exhibiting a pattern of behavior that may constitute neglect might include frequent reports of not having enough food in the home or keeping older children home from school to watch younger children. In most CPS systems, however, the criteria for identifying neglect focuses on recent, discrete, verifiable incidents.

One study found that many children who had been referred to CPS for neglect did not receive services because their cases did not meet the criteria for "incidents" of neglect. It also found, however, that all of these children had, in fact, suffered severe developmental consequences. In recognition of this issue, the Missouri Division of Family Services (n.d.) has assigned one of its CPS staff as a "Chronic Neglect Specialist." This office defines chronic neglect as ". . . a persistent pattern of family functioning in which the caregiver has not sustained and/or met the basic needs of the children which results in harm to the child." The focus here is on the "accumulation of harm." CPS and community agencies across the country are recognizing the importance of early intervention and service provision to support families so that neglect does not become chronic or lead to other negative consequences.[9]

Psychological Maltreatment

Psychological maltreatment—also known as emotional abuse and neglect—refers to "a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs."[10] Summarizing research and expert opinion, Stuart N. Hart, Ph.D., and Marla R. Brassard, Ph.D., present six categories of psychological maltreatment:

- Spurning (e.g., belittling, hostile rejecting, ridiculing);
- Terrorizing (e.g., threatening violence against a child, placing a child in a recognizably dangerous situation);
- Isolating (e.g., confining the child, placing unreasonable limitations on the child's freedom of movement, restricting the child from social interactions);
- Exploiting or corrupting (e.g., modeling antisocial behavior such as criminal activities, encouraging prostitution, permitting substance abuse);
- Denying emotional responsiveness (e.g., ignoring the child's attempts to interact, failing to express affection);
- Mental health, medical, and educational neglect (e.g., refusing to allow or failing to provide treatment for serious mental health or medical problems, ignoring the need for services for serious educational needs).[11]

To warrant intervention, psychological maltreatment must be sustained and repetitive. For less severe acts, such as habitual scapegoating or belittling, demonstrable harm to the child is often required for CPS to intervene.

Psychological maltreatment is the most difficult form of child maltreatment to identify. In part, the difficulty in detection occurs because the effects of psychological maltreatment, such as lags in development, learning problems, and speech disorders, are often evident in both children who have experienced and those who have *not* experienced maltreatment. Additionally, the effects of psychological maltreatment may only become evident in later developmental stages of the child's life.

Although any of the forms of child maltreatment may be found alone, they often occur in combination. Psychological maltreatment is almost always present when other forms are identified.

Case Examples of Maltreatment

Physical Abuse

During a violent fight between her mother and her mother's boyfriend, 8-year-old Kerry called 911. She told the operator that her mother's boyfriend always hit her mommy when he came home drunk. In addition, Kerry said she was worried about her 5-year-old brother, Aaron, because he tried to help their mom and the boyfriend punched him in the face. As a result, Aaron fell, hit his head on the coffee table, and had not moved since. The operator heard yelling in the background and the mother screaming, "Get off the phone!" When the police and paramedics arrived, Aaron was unconscious and the mother had numerous bruises on her face.

Child Neglect

Robert and Carlotta are the parents of a 9-month-old son named Ruiz. Robert and Carlotta used various drugs together until Robert was arrested and sent to prison for distributing cocaine. Since Robert's arrest, Carlotta has been living with different relatives and friends. Recently, she left her son with her sister who also has a history of drug use. Her sister then went to a local bar and left Ruiz unattended. After hearing the baby boy cry for over an hour, the neighbors called the police. When Carlotta arrived to pick up Ruiz, the police and the CPS worker were also there. It appeared that she had been using drugs.

Sexual Abuse

Jody, age 11, said that she was asleep in her bedroom and that her father came in and took off his robe and underwear. She stated that he got into bed with her and pulled up her nightgown and put his private part on her private part. She stated that he pushed hard and it hurt. Jody said that the same thing had happened before while her mother was at work. Jody stated that she told her mother, but her father insisted that she was telling a lie.

Psychological Abuse

Jackie is a 7-year-old girl who lives with her mother. Jackie's mother often screams at her, calls her degrading names, and threatens to kill her when Jackie misbehaves. Jackie doesn't talk in class anymore, doesn't have any friends in her neighborhood, and has lost a lot of weight.

CHAPTER 4

What Is the Scope of the Problem?

Each year, hundreds of thousands of children in the United States are victims of maltreatment. Knowledge of the scope of the problem is drawn primarily from data reported by State child protective service (CPS) agencies to the National Child Abuse and Neglect Data System (NCANDS). Not all maltreatment, however, is known by the authorities. This chapter summarizes the 2000 NCANDS findings related to the number and characteristics of child maltreatment victims and perpetrators reported to CPS and also discusses estimates of the actual incidence of abuse and neglect, including incidents that are not reported to CPS.

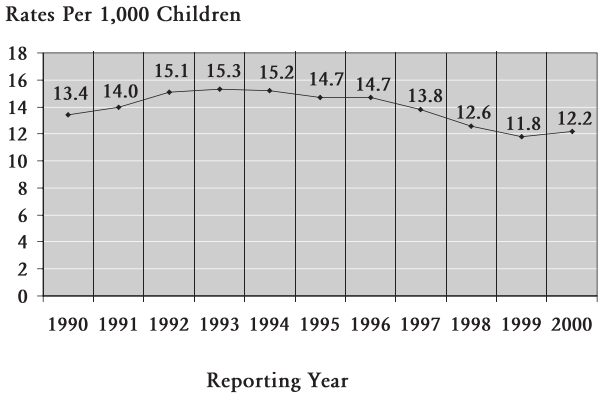
Reported Child Maltreatment Victims

The number of children actually maltreated is unknown. In 2000, there were an estimated 879,000 victims of maltreatment nationwide.[12] The term "victims" refers to those children who were found by CPS to have experienced abuse or neglect (i.e., substantiated cases).

During that same year, an estimated 3 million referrals were made to CPS regarding one or more children in a family, and nearly two-thirds of those referrals were "screened in" for investigation of potential maltreatment. "Screened in" indicates that the referral was deemed appropriate for investigation or assessment based on State statutes and agency guidelines. The CPS processes for screening referrals, conducting investigations, and substantiating maltreatment are described further in Chapter 9, "What Does the Child Protection Process Look Like?"

For every 1,000 children in the population in 2000, approximately 12 were victims of maltreatment.[13] Exhibit 4-1 presents NCANDS data on the reported annual victimization rates over the past 11 years.

Exhibit 4-1
Trend of Reported Victimization 1990–2000



Source: *Child Maltreatment 2000*

Types of Maltreatment

The following findings describe reported child victimization rates by major types of maltreatment as stated in NCANDS for 2000:

- **Neglect.** More than half of all reported victims (62.8 percent) suffered neglect (including medical neglect), an estimated rate of 7 per 1,000 children.
- **Physical abuse.** Approximately one-fifth of all known victims (19.3 percent) were physically abused, an estimated rate of 2 per 1,000 children.
- **Sexual abuse.** Of all reported maltreated children, just over one-tenth (10.1 percent) had been sexually abused, an estimated rate of 1 per 1,000 children.
- **Psychological maltreatment.** Less than one-tenth (7.7 percent) were identified as victims of psychological maltreatment, or less than 1 per 1,000 children.[14]

Keep in mind that some children are reported as victims of more than one type of maltreatment.

Characteristics of Victims

Overall, in 2000, 52 percent of victims of child maltreatment were girls and 48 percent were boys. While rates of most types of maltreatment were similar for both sexes, more girls than boys were sexually abused.

The youngest and most vulnerable children—children under the age of 3—had the highest victimization rate, approximately 16 per 1,000.[15] Overall, rates of victimization declined as children's age increased. (Victimization patterns by age, however, differ by type of maltreatment.)

While children of every race and ethnicity were maltreated, victimization rates varied. Out of all children reported as maltreated in 2000:

- 50.6 percent of victims were White;
- 24.7 percent of victims were African American;
- 14.2 percent of victims were Hispanic;
- 1.6 percent of victims were American Indian-Alaska Native;
- 1.4 percent of victims were Asian-Pacific Islander.[16]

It is important to remember that these figures represent those children who have been referred to CPS, investigated, and found to have credible evidence of maltreatment. Other studies suggest that there are not significant differences in the actual incidence of maltreatment by race, but rather that certain races may receive different attention during the processes of referral, investigation, and service allocation.[17]

Fatalities

According to NCANDS, an estimated 1,200 children known to CPS died of abuse and neglect in 2000. Over two-fifths of these children (43.7 percent) were less than 1 year old. Child maltreatment fatalities were more frequently associated with neglect (34.9 percent) than with other types of maltreatment, including physical abuse.

Child Maltreatment Perpetrators

The majority of victims reported to NCANDS in 2000 (78.8 percent) were maltreated by a parent. This is not surprising given that child maltreatment is defined as the abuse or neglect of children by parents or caregivers. The definition of who is considered a caregiver (e.g., babysitter, daycare worker, residential facility staff, relatives, or household members) varies

from State to State. Approximately three-fifths of perpetrators of maltreatment (59.9 percent) were women. Nearly 42 percent of that group of women perpetrators were younger than 30. While mothers were more frequently identified as perpetrators of neglect and physical abuse (the most common forms of maltreatment), fathers were more frequently identified as the perpetrators of sexual abuse.[18]

Nonreported Child Abuse and Neglect

Not all victims of abuse and neglect are reported to CPS and not all reports are verifiable. As such, the statistics presented above likely underrepresent the true scope of child maltreatment. The *Third National Incidence Study of Child Abuse and Neglect* (NIS-3) surveyed community-level professionals (e.g., educators, medical professionals, and mental health care providers) who came into contact with children in 1993. The study estimated that less than one-third of the children who were identified as having experienced harm from abuse or neglect had been investigated by CPS.[19] General population surveys also suggest that maltreatment is higher than the official reports. For example, based on what parents say they did in disciplining their children, a 1995 Gallup Poll estimated the number of physical abuse victims to be 16 times the official reported number of victims for that time period.

Key Sources of Child Abuse and Neglect Statistics

The primary sources of national statistics on child abuse and neglect are two reports sponsored by the Children's Bureau of the U.S. Department of Health and Human Services:

- **Child Maltreatment: Reports from the States to the National Child Abuse and Neglect Data System (NCANDS).** NCANDS collects national information on maltreated children known to State CPS. The annual NCANDS report presents national and State level findings on the number and sources of child abuse and neglect reports, investigation dispositions, types of maltreatment, characteristics of children victimized, relationship of perpetrators to victims, and services provided for child maltreatment victims.

- **National Incidence Study of Child Abuse and Neglect (NIS).** NIS is designed to estimate the actual number of abused and neglected children nationwide including both cases reported and cases not reported to CPS. NIS bases estimates on information provided by a nationally representative sample of community professionals (e.g., educators, law enforcement personnel, medical professionals, and other service providers) who come into contact with maltreated children.

The most recent reports from these studies are available from the National Clearinghouse on Child Abuse and Neglect Information, 800-FYI-3366, nccanch@calib.com, or online at **www.calib.com/nccanch.**

CHAPTER 5

What Factors Contribute to Child Abuse and Neglect?

There is no single known cause of child maltreatment. Nor is there any single description that captures all families in which children are victims of abuse and neglect. Child maltreatment occurs across socio-economic, religious, cultural, racial, and ethnic groups. While no specific causes definitively have been identified that lead a parent or other caregiver to abuse or neglect a child, research has recognized a number of risk factors or attributes commonly associated with maltreatment. Children within families and environments in which these factors exist have a higher probability of experiencing maltreatment. It must be emphasized, however, that while certain factors often are present among families where maltreatment occurs, this does not mean that the presence of these factors will *always* result in child abuse and neglect. The factors that may contribute to maltreatment in one family may not result in child abuse and neglect in another family. For example, several researchers note the relation between poverty and maltreatment, yet it must be noted that most people living in poverty do not harm their children. Professionals who intervene in cases of child maltreatment must recognize the multiple, complex causes of the problem and must tailor their assessment and treatment of children and families to meet the specific needs and circumstances of the family.

Risk factors associated with child maltreatment can be grouped in four domains:

- Parent or caregiver factors
- Family factors
- Child factors
- Environmental factors

It is increasingly recognized that child maltreatment arises from the interaction of multiple factors across these four domains.[20] The sections that follow examine risk factors in each category. Available research suggests that different factors may play varying roles in accounting for different forms of child maltreatment (physical abuse, sexual abuse, neglect, and psychological or emotional abuse). Some of these differences are highlighted throughout the chapter.

A greater understanding of risk factors can help professionals working with children and families both to identify maltreatment and high-risk situations and to intervene appropriately. Assessment of the specific risk factors that affect a family may influence the prioritization of intervention services for that family (e.g., substance abuse treatment). Moreover, addressing risk and protective factors can help to prevent child abuse and neglect. For example, prevention programs may focus on increasing social supports for families (thereby reducing the risk of social isolation) or

providing parent education to improve parent's age-appropriate expectations for their children. Prevention activities and their link to risk factors are discussed further in Chapter 7, "What Can Be Done to Prevent Child Abuse and Neglect?"

Parent or Caregiver Factors

Parent or caregiver factors potentially contributing to maltreatment relate to:

- Personality characteristics and psychological well-being
- History of maltreatment
- Substance abuse
- Attitudes and knowledge
- Age

Personality Characteristics and Psychological Well-being

No consistent set of characteristics or personality traits has been associated with maltreating parents or caregivers. Some characteristics frequently identified in those who are physically abusive or neglectful include low self-esteem, an external locus of control (i.e., belief that events are determined by chance or outside forces beyond one's personal control), poor impulse control, depression, anxiety, and antisocial behavior.[21] While some maltreating parents or caregivers experience behavioral and emotional difficulties, severe mental disorders are not common.[22]

Parental Histories and the Cycle of Abuse

A parent's childhood history plays a large part in how he or she may behave as a parent. Individuals with poor parental role models or those who did not have their own needs met may find it very difficult to meet the needs of their children.

While the estimated number varies, child maltreatment literature commonly supports the finding that some maltreating parents or caregivers were victims of abuse and neglect themselves as children.[23] One review of the relevant research suggested that about one-third of all individuals who were maltreated will subject their children to maltreatment.[24] Children who either experienced maltreatment or witnessed violence between their parents or caregivers may learn violent behavior and may also learn to justify violent behavior as appropriate.[25]

An incorrect conclusion from this finding, however, is that a maltreated child will always grow up to become a maltreating parent. There are individuals who have not been abused as children who become abusive, as well as individuals who have been abused as children and do not subsequently abuse their own children. In the research review noted above, approximately two-thirds of all individuals who were maltreated did not subject their children to abuse or neglect.[26]

It is not known why some parents or caregivers who were maltreated as children abuse or neglect their own children and others with a similar history do not.[27] While every individual is responsible for his or her actions, research suggests the presence of emotionally supportive relationships may help lessen the risk of the intergenerational cycle of abuse.[28]

Substance Abuse

Parental substance abuse is reported to be a contributing factor for between one- and two-thirds of maltreated children in the child welfare system.[29] Research supports the association between substance abuse and child maltreatment.[30] For example:

- A retrospective study of maltreatment experience in Chicago found children whose parents abused alcohol and other drugs were almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who were not substance abusers.[31]

- A Department of Health and Human Services study found all types of maltreatment, and particularly neglect, to be more likely in alcohol-abusing families than in nonalcohol-abusing families.[32]

Substance abuse can interfere with a parent's mental functioning, judgment, inhibitions, and protective capacity. Parents significantly affected by the use of drugs and alcohol may neglect the needs of their children, spend money on drugs instead of household expenses, or get involved in criminal activities that jeopardize their children's health or safety.[33] Also, studies suggest that substance abuse can influence parental discipline choices and child-rearing styles.[34]

Over the past decade, prenatal exposure of children to drugs and alcohol during their mother's pregnancy and its potentially negative, developmental consequences has been an issue of particular concern. The number of children born each year exposed to drugs or alcohol is estimated to be between 550,000 and 750,000.[35] While this issue has received much attention, children who are exposed prenatally represent only a small proportion of children negatively affected by parental substance abuse.[36]

The number and complexity of co-occurring family problems often makes it difficult to understand the full impact of substance abuse on child maltreatment.[37] Substance abuse and child maltreatment often co-occur with other problems, including mental illness, HIV/AIDS or other health problems, domestic violence, poverty, and prior child maltreatment. These co-occurring problems produce extremely complex situations that can be difficult to resolve.[38] Because many of the problems may be important and urgent, it can be difficult to prioritize what services to provide. Additionally, identifying and obtaining appropriate resources to address these needs is a challenge in many communities.

Attitudes and Knowledge

Negative attitudes and attributions about a child's behavior and inaccurate knowledge about child development may play a contributing role in child maltreatment.[39] For example, some studies have found that mothers who physically abuse their children have both more negative and higher than normal expectations of their children, as well as less understanding of appropriate developmental norms.[40] Not all research, however, has found differences in parental expectations.[41]

A parent's lack of knowledge about normal child development may result in unrealistic expectations. Unmet expectations can culminate in inappropriate punishment (e.g., a parent hitting a one-year-old for soiling his pants). Other parents may become frustrated with not knowing how to manage a child's behavior and may lash out at the child. Still others may have attitudes that devalue children or view them as property.

Age

Caretaker age may be a risk factor for some forms of maltreatment, although research findings are inconsistent.[42] Some studies of physical abuse, in particular, have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than did older mothers.[43] Other contributing factors, such as lower economic status, lack of social support, and high stress levels may influence the link between younger childbirth—particularly teenage parenthood—and child abuse.[44]

Family Factors

Specific life situations of some families—such as marital conflict, domestic violence, single parenthood, unemployment, financial stress, and social isolation—may increase the likelihood of maltreatment. While these factors by themselves may

not cause maltreatment, they frequently contribute to negative patterns of family functioning.

Family Structure

Children living with single parents may be at higher risk of experiencing physical and sexual abuse and neglect than children living with two biological parents.[45] Single parent households are substantially more likely to have incomes below the poverty line. Lower income, the increased stress associated with the sole burden of family responsibilities, and fewer supports are thought to contribute to the risk of single parents maltreating their children. In 1998, 23 percent of children lived in households with a single mother, and 4 percent lived in households with a single father.[46] A strong, positive relationship between the child and the father, whether he resides in the home or not, contributes to the child's development and may lessen the risk of abuse.

In addition, studies have found that compared to similar non-neglecting families, neglectful families tend to have more children or greater numbers of people living in the household.[47] Chronically neglecting families often are characterized by a chaotic household with changing constellations of adult and child figures (e.g., a mother and her children who live on and off with various others, such as the mother's mother, the mother's sister, or a boyfriend).[48]

The Child Abuse and Father Absence Connection

- The rate of child abuse in single parent households is 27.3 children per 1,000, which is nearly twice the rate of child abuse in two parent households (15.5 children per 1,000).
- An analysis of child abuse cases in a nationally representative sample of 42 counties found that children from single parent families are more likely to be victims of physical and sexual abuse than children who live with both biological parents. Compared to their peers living with both parents, children in single parent homes had:
  - 77 percent greater risk of being physically abused;
  - 87 percent greater risk of being harmed by physical neglect;
  - 165 percent greater risk of experiencing notable physical neglect;
  - 74 percent greater risk of suffering from emotional neglect;
  - 80 percent greater risk of suffering serious injury as a result of abuse;
  - 120 percent greater risk of experiencing some type of maltreatment overall.
- A national survey of nearly 1,000 parents found that 7.4 percent of children who lived with one parent had been sexually abused, compared to only 4.2 percent of children who lived with both biological parents.
- Using data from 1,000 students tracked from seventh or eighth grade in 1988 through high school in 1992, researchers determined that only 3.2 percent of the boys and girls who were raised with both biological parents had a history of maltreatment. However, a full 18.6 percent of those in other family situations had been maltreated.
- A study of 156 victims of child sexual abuse found that the majority of the children came from disrupted or single-parent homes; only 31 percent of the children lived with both biological parents. Although stepfamilies make up only about 10 percent of all families, 27 percent of the abused children in this study lived with either a stepfather or the mother's boyfriend.[49]

Marital Conflict and Domestic Violence

According to published studies, in 30 to 60 percent of families where spouse abuse takes place, child maltreatment also occurs.[50] Children in violent homes may witness parental violence, may be victims of physical abuse themselves, and may be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears.[51] A child who witnesses parental violence is at risk for also being maltreated, but, even if the child is not maltreated, he or she may experience harmful emotional consequences from witnessing the parental violence.[52]

Stress

Stress is also thought to play a significant role in family functioning, although its exact relationship with maltreatment is not fully understood.[53] Physical abuse has been associated with stressful life events, parenting stress, and emotional distress in various studies.[54] Similarly, some studies have found that neglectful families report more day-to-day stress than

non-neglectful families.[55] It is not clear, however, whether maltreating parents actually *experience* more life stress or, rather, *perceive* more events and life experiences as being stressful.[56] In addition, specific stressful situations (e.g., losing a job, physical illness, marital problems, or the death of a family member) may exacerbate certain characteristics of the family members affected, such as hostility, anxiety, or depression, and that may also aggravate the level of family conflict and maltreatment.[57]

Parent-Child Interaction

Families involved in child maltreatment seldom recognize or reward their child's positive behaviors, while having strong responses to their child's negative behaviors.[58] Maltreating parents have been found to be less supportive, affectionate, playful, and responsive with their children than parents who do not abuse their children.[59] Research on maltreating parents, particularly physically abusive mothers, found that these parents were more likely to use harsh discipline strategies (e.g., hitting, prolonged isolation) and verbal aggression and less likely to use positive parenting strategies (e.g., using time outs, reasoning, and recognizing and encouraging the child's successes).[60]

Child Factors

Children are not responsible for being victims of maltreatment. Certain factors, however, can make some children more vulnerable to maltreating behavior. The child's age and development—physical, mental, emotional, and social—may increase the child's vulnerability to maltreatment, depending on the interactions of these characteristics with the parental factors previously discussed.

Age

The relationship between a child's age and maltreatment is not clear cut and may differ by type of maltreatment. In 2000, for example, the rate of documented maltreatment was highest for children between birth and 3 years of age (15.7 victims per 1,000 children of this age in the population) and declined as age increased.[61] The inverse relationship between age and maltreatment is particularly strong for neglect, but not as evident for other types of maltreatment (physical, emotional, or sexual abuse).

Infants and young children, due to their small physical size, early developmental status, and need for constant care, can be particularly vulnerable to child maltreatment. Very young children are more likely to experience certain forms of maltreatment, such as shaken baby syndrome and nonorganic failure to thrive. Teenagers, on the other hand, are at greater risk for sexual abuse.[62]

Disabilities

Children with physical, cognitive, and emotional disabilities appear to experience higher rates of maltreatment than do other children.[63] A national study, completed in 1993, found that children with disabilities were 1.7 times more likely to be maltreated than children without disabilities.[64] To date, the full degree to which disabilities precede or are a result of maltreatment is unclear.

In general, children who are perceived by their parents as "different" or who have special needs—including children with disabilities, as well as children with chronic illnesses or children with difficult temperaments—may be at greater risk of maltreatment.[65] The demands of caring for these children may overwhelm their parents. Disruptions may occur in the bonding or attachment processes, particularly if children are unresponsive to affection or if children are separated by frequent hospitalizations.[66] Children with disabilities also may be vulnerable to repeated maltreatment because they may not understand that the abusive behaviors are inappropriate, and they may be unable to escape or defend themselves in abusive situations.[67] Some researchers and advocates have suggested that some

societal attitudes, practices, and beliefs that devalue and depersonalize children with disabilities sanction abusive behavior and contribute to their higher risk of maltreatment.[68] For instance, there may be greater tolerance of a caregiver verbally berating or physically responding to a disabled child's inability to accomplish a task or act in an expected way than there would be if similar behavior was directed at a normally abled child.

Other Child Characteristics

While some studies suggest that infants born prematurely or with low birth-weight may be at increased risk for maltreatment, other studies do not.[69] The relationship between low birth-weight and maltreatment may be attributable to higher maternal stress heightened by high caregiver demands, but it also may be related to poor parental education about low birth-weight, lack of accessible prenatal care, and other factors, such as substance abuse or domestic violence.[70]

Child factors such as aggression, attention deficits, difficult temperaments, and behavior problems—or the parental perceptions of such problems—have been associated with increased risk for all types of child maltreatment.[71] These factors may contribute indirectly to child maltreatment when interacting with certain parental characteristics, such as poor coping skills, poor ability to empathize with the child, or difficulty controlling emotions. In addition, these same child characteristics may be reinforced by the maltreatment (e.g., a physically abused child may develop aggressive behaviors that elicit harsh reactions from others) and create conditions that can lead to recurring maltreatment.[72]

Environmental Factors

Environmental factors are often found in combination with parent, family, and child factors, as highlighted in previous sections of this chapter. Environmental factors include poverty and unemployment, social isolation, and community characteristics. It is important to reiterate that most parents or caregivers who live in these types of environments are not abusive.

Poverty and Unemployment

Poverty and unemployment show strong associations with child maltreatment, particularly neglect.[73] The NIS-3 study, for example, found that children from families with annual incomes below $15,000 in 1993 were more than 22 times more likely to be harmed by child abuse and neglect as compared to children from families with annual incomes above $30,000.[74] It is important to underscore that most poor people do not maltreat their children. However, poverty—particularly when interacting with other risk factors such as depression, substance abuse, and social isolation—can increase the likelihood of maltreatment. In 1999, 85 percent of States identified poverty and substance abuse as the top two problems challenging families reported to child protective service (CPS) agencies.[75]

Rod Plotnik, emeritus professor, Department of Psychology, San Diego State University, describes several theories related to the association between poverty and maltreatment, all of which may hold some truth. One theory is that low income creates greater family stress, which, in turn, leads to higher chances of maltreatment. A second theory is that parents with low incomes, despite good intentions, may be unable to provide adequate care while raising children in high-risk neighborhoods with unsafe or crowded housing and inadequate daycare. A third theory is that some other characteristics may make parents more likely to be both poor and abusive. For example, a parent may have a substance abuse problem that impedes the parent's ability to obtain and maintain a job, which also may contribute to abusive behavior. A final theory is that poor families may experience maltreatment at rates similar to other families, but that maltreatment in poor families is reported to CPS more frequently, in part because they have more contact with and are under greater

scrutiny from individuals who are legally mandated to report suspected child maltreatment.[76]

Social Isolation and Social Support

Some studies indicate that compared to other parents, parents who maltreat their children report experiencing greater isolation, more loneliness, and less social support.[77] Social isolation may contribute to maltreatment because parents have less material and emotional support, do not have positive parenting role models, and feel less pressure to conform to conventional standards of parenting behaviors.[78] It is not clear, however, whether social isolation in some cases precedes and serves as a contributing factor to maltreatment or whether it is a consequence of the behavioral dynamics of maltreatment.[79]

Violent Communities

Children living in dangerous neighborhoods have been found to be at higher risk than children from safer neighborhoods for severe neglect and physical abuse, as well as child sexual victimization.[80] Some risk may be associated with the poverty found in dangerous neighborhoods, however, concerns remain that violence may seem an acceptable response or behavior to individuals who witness it more frequently.

Societal attitudes and the promotion of violence in cultural norms and the media have been suggested as risk factors for physical abuse.[81] In addition, while the research is controversial, some studies show a positive relationship between televised violence and aggressive behaviors, particularly for individuals who watch substantial amounts of television.[82]

Protective Factors

Just as there are factors that place families at risk for maltreating their children, there are other factors that may protect them from vulnerabilities—factors that promote resilience. In general, research has found that supportive, emotionally satisfying relationships with a network of relatives or friends can help minimize the risk of parents maltreating children, especially during stressful life events.[83] For example, parents who were abused as children are less likely to abuse their own children if they have resolved internal conflicts and pain related to their history of abuse and if they have an intact, stable, supportive, and nonabusive relationship with their partner.[84] Additionally, programs on marriage education and enhancement may provide a roadmap of expected challenges such as the birth of the first child, parenting adolescents, and common gender differences which may act as a protective factor by strengthening families.[85]

CHAPTER 6

What Are the Consequences of Child Abuse and Neglect?

The consequences of child maltreatment can be profound and may endure long after the abuse or neglect occurs. The effects can appear in childhood, adolescence, or adulthood, and may affect various aspects of an individual's development (e.g., physical, cognitive, psychological, and behavioral). These effects range in consequence from minor physical injuries, low self-esteem, attention disorders, and poor peer relations to severe brain damage, extremely violent behavior, and death.[86]

While substantial evidence exists for the negative consequences of maltreatment, practitioners should be aware of the limitations of current research. First, many research efforts have studied the effects of child maltreatment among individuals from lower socio-economic backgrounds, prison populations, mental health patients, or other clinical populations who may exhibit the most serious behavior problems and whose families often have had many other problems (e.g., poverty, parental substance abuse, domestic violence). Further, many early studies examining consequences did not compare outcomes among maltreated individuals with outcomes among individuals who had not experienced maltreatment. In addition, studies often rely on official records or self-reporting of current or past child maltreatment, both of which may undercount the true prevalence of maltreatment. Finally, the nature and extent of maltreatment are different for each child and family, and these differences may influence the consequences.

Despite the above challenges, it is still possible to identify effects that have been more commonly associated with individuals who have experienced abuse and neglect. These effects are discussed in the sections that follow as they relate to three overlapping areas:

- Health and physical effects
- Intellectual and cognitive development
- Emotional, psychological, and behavioral consequences

While maltreated children have a higher risk of certain problems, it cannot be concluded that any given consequence will always occur. Not all children who have been maltreated will suffer severe consequences. A number of factors may influence the effects of maltreatment, including the child's age and developmental status at the time of the maltreatment, as well as the type, the frequency, the duration, and the severity of the maltreatment and co-occurring problems.[87] In addition, research has identified certain protective factors that mediate the effects of maltreatment. These protective factors and a child's resilience to negative consequences are addressed in the final section of this chapter.

Health and Physical Effects

Health and physical effects can include the immediate effects of bruises, burns, lacerations, and broken bones and also longer-term effects of brain damage, hemorrhages, and permanent disabilities. Negative effects on physical development can result from physical trauma (e.g., blows to the head or body, violent shaking, scalding with hot water, or asphyxiation) and from neglect (e.g., inadequate nutrition, lack of adequate motor stimulation, or withholding medical treatments). Specific physical effects as they relate to the early brain development of infants are highlighted in the following sections, along with some general health problems associated with maltreatment. The issue of child fatalities, the most tragic consequence of child maltreatment, is discussed in Chapter 4, "What Is the Scope of the Problem?"

Physical Effects on Infants

Infants and young children are particularly vulnerable to the physical effects of maltreatment. Shaking an infant may result in bruising, bleeding, and swelling in the brain. The health consequences of "shaken baby syndrome" can range from vomiting or irritability to more severe effects, such as concussions, respiratory distress, seizures, and death.[88] Other possible consequences include partial loss of vision or blindness, learning disabilities, mental retardation, cerebral palsy, or paralysis.[89]

Infants who have been neglected and malnourished may experience a condition known as "nonorganic failure to thrive." With this condition, the child's weight, height, and motor development fall significantly below age-appropriate ranges with no medical or organic cause. The death of the child is the end result in extreme cases. Nonorganic failure to thrive can result in continued growth retardation as well as cognitive and psychological problems.[90] Even with treatment, the long-term consequences can include continued growth problems, diminished cognitive abilities, retardation, and socio-emotional deficits such as poor impulse control.

Effects on Brain Development

Over the last decade, researchers have enhanced the field's understanding of the adverse effects of maltreatment on early brain development. Recent brain research has established a foundation for the neurobiological explanations for many of the physical, cognitive, social, and emotional difficulties exhibited by children who experienced maltreatment in their early years.

One explanation begins with the link between chronic physical abuse, sexual abuse, or neglect and the chronic stress it typically causes in a young child. In reaction to this persistent stress associated with ongoing maltreatment, the child's brain may strengthen the pathways among neurons that are involved in the fear response. As a result, the brain may become "wired" to experience the world as hostile and uncaring. This negative perspective may influence the child's later interactions, prompting the child to become anxious and overly aggressive or withdrawn.[91]

Research shows that maltreatment also may inhibit the appropriate development of certain regions of the brain. A neglected infant or young child, for example, may not be exposed to stimuli that would activate important regions of the brain and strengthen cognitive pathways. Consequently, the connections among neurons in these inactivated regions can literally whither away, hampering the individual's later functioning. If the regions responsible for emotional regulation are not activated, the child may have trouble controlling his or her emotions and behaving or interacting appropriately (e.g., impulsive behavior, difficulties in social interactions, or a lack of empathy).[92]

Other Health-related Problems

Maltreatment may affect an individual's health in a number of direct and indirect ways. Victims of sexual abuse, for example, may become infected with sexually transmitted diseases including syphilis and human immunodeficiency virus (HIV). Studies have found that women who had experienced sexual abuse were more likely to experience ongoing health problems such as chronic pelvic pain and other gynecologic problems, gastrointestinal problems, headaches, and obesity.[93] Recent research suggests that adults who were maltreated as children show higher levels of many health problems not typically associated with abuse and neglect—heart disease, cancer, chronic lung disease, and liver disease.[94] The link between maltreatment and these diseases may be depression, which can influence the immune system and may lead to higher risk behaviors such as smoking, alcohol and drug use, and overeating.[95]

Cognitive Development and Academic Achievement

Current research differs on findings related to the consequences of maltreatment on cognitive development, verbal abilities, and problem-solving skills. Some studies find evidence of lowered intellectual and cognitive functioning in abused children as compared to children who had not been abused,[96] and other studies find no differences.[97]

Research has consistently found that maltreatment increases the risk of lower academic achievement and problematic school performance.[98] Abused and neglected children in these studies received lower grades and test scores than did nonmaltreated children.

Emotional, Psychosocial, and Behavioral Development

All types of maltreatment—physical abuse, sexual abuse, neglect, and psychological or emotional maltreatment—can affect a child's emotional and psychological well-being and lead to behavioral problems. These consequences may appear immediately after the maltreatment or years later.

Emotional and Psychological Consequences

While there is no single set of behaviors that is characteristic of all children who have been abused and neglected, the presence of emotional and psychological problems among many maltreated children is well documented. Clinicians and researchers report behaviors that range from passive and withdrawn to active and aggressive.[99] Physically and sexually abused children often exhibit both internalizing and externalizing problems.[100] Emotional and psychosocial problems identified among individuals who were maltreated as children include:

- Low self-esteem
- Depression and anxiety
- Post-traumatic stress disorder (PTSD)
- Attachment difficulties
- Eating disorders
- Poor peer relations
- Self-injurious behavior (e.g., suicide attempts)[101]

Maltreated children who developed insecure attachments to caregivers may become more mistrustful of others and less ready to learn from adults. They also may experience difficulties in

understanding the emotions of others, regulating their own emotions, and in forming and maintaining relationships with peers.[102]

Violence, Substance Abuse, and Other Problem Behaviors

Individuals victimized by child maltreatment are more likely than people who were not maltreated to engage in juvenile delinquency, adult criminality, and violent behavior.[103] A study sponsored by the National Institute of Justice followed cases from childhood through adulthood and compared arrest records of a group of substantiated cases of maltreatment with a comparison group composed of individuals who were not officially recorded as maltreated. While most members of both groups had no juvenile or adult criminal records, being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent and as a young adult by 38 percent.[104] Physically abused children were the most likely of maltreated children to be arrested later for violent crime, followed closely by neglected children.

Other studies also have found maltreated children to be at increased risk (at least 25 percent more likely) for a variety of adolescent problem behaviors, including delinquency, teen pregnancy, drug use, low academic achievement, and mental health problems.[105] It must be underscored, however, that while the risk is higher, most abused and neglected children will not become delinquent, experience adolescent problem behaviors, or become involved in violent crime.

Research also suggests a relationship between child maltreatment and later substance abuse.[106] In addition to being a risk factor, child maltreatment, particularly sexual abuse, may be a precursor of substance abuse.[107]

Resilience

Not every child who is maltreated will experience the negative consequences discussed above. "Protective factors" that appear to mediate or serve as a "buffer" against the effects of the negative experiences may include:

- Personal characteristics, such as optimism, high self-esteem, high intelligence, or a sense of hopefulness.[108]
- Social support and relationships with a supportive adult(s).[109]

The finding that the seriousness of negative effects experienced by victims can be influenced by the availability of support from parents, relatives, professionals, and others has important implications for prevention and early intervention, discussed later in this manual.

Studies have documented the link between abuse and neglect of children and a range of physical, emotional, psychological, and behavioral problems. In addition to the tragic consequences endured by the children who have been maltreated, society pays a high monetary cost for child maltreatment. The costs for child maltreatment include both direct costs (i.e., those associated with the immediate needs of abused and neglected children) and indirect costs (i.e., those associated with the longer term and secondary effects of child maltreatment). Since some maltreatment goes unrecognized and it is difficult to link costs to specific incidents, it is not possible to determine the actual cost of child abuse and neglect. As estimated by Prevent Child Abuse America, the total annual cost of child abuse and neglect in the United States may be as high as $94 billion, as shown in Exhibit 6-1.

Exhibit 6-1 The Estimated Costs of Child Maltreatment[110]	
Source of Costs	**Estimated Annual Cost**
Direct Costs	
Hospitalization	$6,205,395,000
Chronic health problems	$2,987,957,400
Mental health care system	$425,110,400
Child welfare system	$14,400,000,000
Law enforcement	$24,709,800
Judicial system	$341,174,702
Total direct costs	$24,384,347,302
Indirect Costs	
Special education	$223,607,803
Mental health and health care	$4,627,636,025
Juvenile delinquency	$8,805,291,372
Lost productivity to society (due to unemployment)	$656,000,000
Adult criminality	$55,380,000,000
Total indirect costs	$69,692,535,227
Total Cost	**$94,076,882,529**

CHAPTER 7

What Can Be Done to Prevent Child Abuse and Neglect?

The seriousness of the effects of maltreatment, presented in the previous chapter, underscore the importance for professionals, along with concerned community members, to help prevent child maltreatment. To break the cycle of maltreatment, communities across the country must continue to develop and implement strategies that prevent abuse or neglect from happening. While experts agree that the causes of child abuse and neglect are complex, it is possible to develop prevention initiatives that address known risk factors. This chapter provides an overview of prevention as a strategy, differentiates the various types of prevention activities, describes major prevention program models, and presents the roles of various sectors in prevention efforts.

Prevention as a Strategy

Prevention efforts most commonly occur before a problem develops so that the problem itself, or some manifestation of the problem, can be stopped or lessened.[111] Child abuse and neglect prevention covers a broad spectrum of services—such as public awareness, parent education, and home visitation—for audiences ranging from the general public to individuals who have abused or neglected a child. Community groups, social services agencies, schools, and other concerned citizens may provide these services. Typically, prevention activities attempt to deter predictable problems, protect existing states of health, and promote desired life objectives.[112] More specifically, family support services, a major component of child abuse prevention, are designed to strengthen and stabilize families, increase parental abilities, provide a safe and stable family environment, and enhance child development.[113]

To prevent child abuse and neglect, programs may focus on one or several risk factors discussed in Chapter 5, "What Factors Contribute to Child Abuse and Neglect?" For example, prevention programs may include:

- Substance abuse treatment programs for women with children;
- Respite care programs for families with children who have disabilities;
- Parent education programs and support groups for families affected by domestic violence.

Many prevention programs also focus efforts on strengthening child and family protective factors such as the knowledge and skills children need to help protect themselves from sexual abuse, the promotion of positive interactions between children and parents, and the knowledge and skills parents need to raise healthy, happy children.

Types of Prevention Activities

Child abuse and neglect prevention activities generally occur at three basic levels:

- Primary, or universal, prevention activities are directed at the general population with the goal of stopping the occurrence of maltreatment before it starts.
- Secondary, or selective, prevention activities focus on families at high risk of maltreatment to alleviate conditions associated with the problem.
- Tertiary, or indicated, prevention activities direct services to families where maltreatment has occurred to reduce the negative consequences of the maltreatment and to prevent its recurrence.

Primary or Universal Prevention

Primary prevention includes activities or services available to the general public. Frequently such activities aim to raise awareness among community members, the public, service providers, and decision-makers about the scope and problems associated with child maltreatment. For example:

- Public awareness campaigns informing citizens how and where to report suspected child abuse and neglect;
- Public service announcements on the radio or television encouraging parents to use nonviolent forms of discipline.

These types of programs are particularly popular during April, which is designated by presidential proclamation as Child Abuse Prevention Month. Other primary prevention efforts focus on support services available to the general population, such as pediatric care for all children, childcare, or parent education classes.

Secondary or Selective Prevention

Secondary prevention activities focus efforts and resources on children and families known to be at higher risk for maltreatment. Several risk factors such as substance abuse, young maternal age, developmental disabilities, and poverty are associated with child maltreatment. Programs may direct services to communities or neighborhoods that have a high incidence of one or several risk factors. Examples of secondary prevention programs include the following:

- Parent education programs located in high schools for teen mothers;
- Substance abuse treatment programs for parents with young children;
- Respite care for families who have children with special needs;
- Family resource centers offering information and referral services to families living in low-income neighborhoods.

Family support activities that are available to individuals identified as at risk or community members in a high-risk neighborhood also are considered secondary prevention. For example, local hospitals or community organizations may offer prenatal care and parenting classes to new or expectant parents. Local agencies may provide home visitation services for at risk families with infants and young children. Family support services are intended to assist parents in creating safe home environments and fostering healthy children.

Tertiary or Indicated Prevention

Tertiary prevention activities focus efforts on families in which maltreatment has already occurred. The goal of these programs is to prevent maltreatment from recurring and to reduce the negative consequences associated with maltreatment (e.g., social-emotional problems in children, lower academic achievement,

decreased family functioning). These prevention programs may include services such as:

- Intensive family preservation services with trained mental health counselors available to families 24 hours per day for several weeks;
- Parent mentor programs with stable, nonabusive families acting as "role models" and providing support to families in crisis;
- Mental health services for children and families affected by maltreatment to improve family communication and functioning.

A combination of primary, secondary, and tertiary prevention services are necessary for any community to provide a full continuum of services to deter the devastating effects of child maltreatment.

Major Prevention Program Models

Many popular prevention programs are patterned after one of four models:

- Public awareness activities
- Parent education programs
- Skills-based curricula for children
- Home visitation programs

Public Awareness Activities

Public awareness activities are an important part of an overall approach to addressing child abuse and neglect. The purpose of public awareness activities is to raise community awareness of child abuse and neglect as a public issue and to provide the public with information about available resources and solutions. Such activities have the potential to reach diverse community audiences: parents and prospective parents, children, and community members, including professionals, who are critical to the identification and reporting of abuse.

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 support for healthy parenting practices, child safety skills, and protocols for reporting suspected maltreatment.

Organizations Supporting Public Awareness Activities

State Children's Trust Funds

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 coordinate prevention activities throughout their 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 posters for community groups, schools, and many other professionals working with children. The poster may encourage parents to use positive discipline techniques or encourage children to say "no" to touching that makes them uncomfortable.

Don't Shake the Baby Campaign

One of the largest public awareness initiatives focuses on the prevention of Shaken Baby Syndrome. A national network of *Don't Shake the Baby* State contacts was established to ensure that all professionals involved in the care of children (e.g., teachers, physicians, nurses, home visitors, parent educators) become aware of the dangers associated with shaking infants. In addition to professionals, this campaign targets parents to alert them to the dangers of shaking their baby as well as playing with the baby in certain ways (e.g., throwing the baby in the air, bouncing the baby on a knee, twisting the baby in the air).

Prevent Child Abuse America

Prevent Child Abuse America, formerly the National Committee to Prevent Child Abuse (NCPCA), is a leading national organization actively engaged in public awareness activities. Prevent Child Abuse America, together with Marvel Comics, developed Spider-Man comic books that address child sexual abuse and child safety issues. This organization also distributes an information packet each year to assist community groups planning Child Abuse Prevention Month activities. Both the national office and Prevent Child Abuse America State Chapters throughout the country provide public awareness and other activities to prevent child abuse and neglect.

Blue Ribbon Campaign

The Blue Ribbon Campaign began as a tribute from a Virginia grandmother to a grandchild whose battered body was found at the bottom of a canal. By tying a blue ribbon—signifying the pain and bruises suffered by abused children—around the antennae of her van, Bonnie Finney sought to raise awareness of the devastating effects of child abuse and neglect. Since those early days in the 1980s, the Blue Ribbon Campaign has grown into a national effort to raise awareness of the scope and problem of child maltreatment. The blue ribbon, often worn during April for Child Abuse Prevention Month, serves as the most recognized symbol for child abuse prevention.

Parent Education Programs

Parent education programs focus on enhancing parental competencies and promoting healthy parenting practices and typically target teen and highly stressed parents. Some of these programs are led by professionals or paraprofessionals, while others are facilitated by parents who provide mutual support and discuss personal experiences. These programs address issues such as:

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

Parent education programs are designed and structured differently, usually depending on the curriculum being used and the target audience. Programs may be short-term (i.e., those offering classes once a week for 6 to 12 weeks) or they may be more intensive (i.e., those offering services more than once a week and for up to 1 year). Popular parent education programs include:

- Parents as Teachers—visit **www.patnc.org** for more information;
- Every Person Influences Children (EPIC)—visit **www.epicforchildren.org** for more information;
- The Nurturing Parenting Program—visit **www.nurturingparenting.com** for more information.

In addition to parent education programs, mutual support groups also may strengthen families and help prevent child maltreatment. For example, *Parents Anonymous* affiliates work within their communities and States to provide support and resources to overwhelmed families struggling to cope with everyday stresses and strains.

Skills-based Curricula for Children

Many schools and local community social service organizations 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. Many curricula have a parent education component 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 skills-based curricula include programs such as *Talk About Touching, Safe Child*, *Reach, Recovery, Challenge*, *Good Touch/Bad Touch*, *Kids on the Block*, and *Illusion Theater.*

Home Visitation Programs

Home visitation programs that emphasize the health and well-being of children and families have existed in the United States since the late 19th century. Organizations and agencies in fields as varied as education, maternal and child health, and health and human services, use home visitation programs to help strengthen families. Home visitation programs offer a variety of family-focused services

to pregnant mothers and families with newborns. Activities encompass structured visits in the family's home, informal visits, and telephone calls. Topics addressed through these programs often include:

- Positive parenting practices and nonviolent discipline techniques;
- Child development;
- Maternal and child health issues;
- Accessing available social services;
- Establishing social supports and networks;
- Learning to advocate for oneself, one's child, and one's family;
- Preventing accidental childhood injuries through the development of a safe home environment.

Recent evaluations suggest that both short- and long-term positive outcomes may occur for mothers and children receiving home visitation services. During a two-year period, nurses provided home visitation services to a group of poor, unmarried, teen mothers in Elmira, New York. Only 4 percent of the nurse-visited families had verified reports of child abuse and neglect compared to 19 percent of the families who did not receive home visits by nurses.[114] A follow-up study further supported these positive results: the number of verified reports of child maltreatment for the nurse-visited group of mothers was nearly half that of mothers who did not receive home visitation services during the next 15 years.[115] Additional positive outcomes among nurse-visited mothers included lower levels of smoking, fewer and better-spaced subsequent pregnancies, and more months working, as well as fewer emergency room visits by children for injuries. Several studies of home visitation programs using nonmedical professionals also showed a significantly lower number of verified maltreatment reports for home-visited mothers.[116]

Home Visitation Programs

- **Home Visitation 2000** provides services to first-time mothers in Denver, Colorado. This program focuses efforts on improving maternal health, environmental health (home safety), quality of caregiving for infants and toddlers, maternal life course development (education and employment), and social support. For more information, visit **www.unitedwaydenver.org/IRIS/aa0g6f81.htm.**
- **Hawaii's Healthy Start** is a statewide, multisite program that screens, identifies, and provides services to families at high risk for child abuse and neglect. Most families are enrolled after the birth of a child, but some enroll during the prenatal period. For more information, visit **www.state.hi.us/doh/legrpts2002/mchs_healthystart.pdf.**
- **Healthy Families America** (HFA) is a national initiative launched by Prevent Child Abuse America and Ronald McDonald House Charities in 1992. Modeled after Hawaii's Healthy Start, HFA currently has home visitation programs in more than 3,000 sites across the country. For more information, visit **www.healthyfamiliesamerica.org.**

Role of Various Entities in Prevention Efforts

Prevention programs typically are administered through specific entities, based on an area of interest or professional expertise. Increasingly, health care providers, community organizations, social services agencies, schools, the faith community, and employers are becoming involved in the well-being of children and families. All members of the community are working together to prevent child maltreatment and ensure the health and safety of children and families. The following sections describe how these organizations are providing prevention services to strengthen and support families.

Health Care Providers

Health care providers are in a unique position to assist in the prevention of child maltreatment. These professionals have routine access to children and families by providing regular appointments, immunizations, and interventions to common illnesses. Activities that promote the health of children and their parents and contribute to the prevention of child maltreatment include:

- Prenatal health care that improves pregnancy outcomes and health among new mothers and infants;
- Early childhood health care that supports normal development and the health of young children;
- Family-centered birthing and perinatal coaching that strengthens early attachment between parents and their children;
- Home health visitation that provides support, education, and community linkages for new parents;
- Support programs that assist parents of children with special health and developmental problems.

Primary care providers emphasize the prevention of disease and the promotion of health and well-being. With this foundation, they have a natural role in the prevention of child abuse and neglect.

Community-based Organizations

Many community organizations offer a wide range of services for children and families. Boys and Girls Clubs, scouting troops, and local YMCA/YWCAs provide social and recreational opportunities for children and families. Community centers, food banks, emergency assistance programs, and shelters offer various family support services to increase family resources and decrease stress. Exchange Clubs, fraternal organizations, advocacy groups, and ethnic, cultural, and religious organizations also support child maltreatment prevention activities.

Specific examples of prevention activities found within community-based organizations include:

- Self-help and mutual aid groups that provide nonjudgmental support and assistance to troubled families;
- Natural support networks that provide families with informal helpers and community resources;
- Child and respite care programs that reduce the stress parents experience and provide positive modeling for parents and children.

Many grassroots efforts develop dynamic partnerships of professionals, businesses, faith-based organizations, concerned citizens, and other groups interested in creating prevention efforts that address the needs of their community.

Social Services Agencies

Increasingly, social service agencies and professionals are expanding their focus to include programs that prevent family problems from escalating to abuse or neglect. Effective social service initiatives for strengthening families and preventing child maltreatment include:

- Parent education services, which help parents to develop adequate child-rearing knowledge and skills;
- Parent aide programs, which provide supportive, one-on-one relationships for parents;
- Crisis and emergency services, which support parents and children at times of exceptional stress or crisis;
- Treatment for abused children, which prevents an intergenerational repetition of family violence.

As State and local social service agencies examine new ways of "doing business," many are pooling resources to provide more prevention services.

Schools

With increased public and professional attention on the serious social problems affecting children and adolescents, schools have become the focus for many new prevention efforts including:

- Comprehensive, integrated prevention curricula to provide children with the skills, knowledge, and information necessary to cope successfully with the challenges of childhood and adolescence;
- Personal safety programs;
- Support programs for children with special needs to help reduce the stress on families with a child with disabilities.

Since most children attend public or private schools, school-based prevention activities have the potential to reach the majority of U.S. children.

Faith Community

Religious institutions are among the most influential organizations in many communities. Churches, temples, synagogues, mosques, and other faith-based groups play an important role in reaching out to and helping families at risk. Spiritual leaders can use their religious messages as a positive force in preventing child abuse and neglect and advocating nonabusive parenting practices. Faith communities frequently foster and offer important social supports to families.[117] Empirical studies suggest a significant relationship between an individual's participation in faith practices and physical and mental well-being.[118] Improved social supports and enhanced well-being can help strengthen families and act as protective factors. Faith communities can participate in prevention efforts through activities such as:

- Training religious and lay leaders to recognize the signs and symptoms of child maltreatment;
- Sponsoring or allowing self-help, parent education, and support groups to meet at their facilities;
- Offering respite care for congregation members in need of short-term relief from caregiving responsibilities;
- Collecting clothes and baby care products (e.g., diapers, car seats) for new parents;
- Sponsoring after school programs and safety training for latchkey children;
- Organizing mentoring programs that pair responsible adults with children;
- Disseminating information on child development, parental stress, and community resources for parents;

- Offering special outreach and education programs for parents and students associated with parochial schools.

Employers

As the number of parents working outside the home continues to grow, the need increases for workplace policies that support family functioning and promote the prevention of child maltreatment. Family-focused initiatives for the workplace include:

- Flexible work schedules and other "family friendly" policies that help employees to balance the demands of their work and parental commitments;
- Parental leave policies that reduce stress on new parents and help facilitate positive attachments between parents and their infants;
- Employer-supported child care;
- Family-oriented policies that support healthy and humane working conditions and ensure adequate family income;
- Employee assistance programs that can provide information on reducing stress.

For all working parents, a supportive work environment can help ease the stress of the dual responsibilities of work and family. For some already vulnerable parents, a supportive work climate may prevent family dysfunction, breakdown, abuse, and neglect.[119]

Working together, the various sectors of the community—health care providers, community-based organizations, social services agencies, schools, the faith community, employers, other community practitioners and concerned citizens—can help strengthen families, foster healthy child development, and reduce child maltreatment.

For more information on child abuse and neglect prevention, contact one of the organizations listed in Appendix B.

CHAPTER 8

Which Laws and Policies Guide Public Intervention in Child Maltreatment?

Most Americans believe, and professionals agree, that parents are in the best position to nurture, protect, and care for the needs of their children. Although most parents are usually capable of meeting these needs, the State has the authority to intervene in the parent-child relationship if a parent is unable or fails to protect his or her child from preventable and significant harm. The purpose of this chapter is to present basic information about the Federal and State governments' power and authority to intervene into the private lives of families when child maltreatment is alleged. The first section reviews the Federal role in addressing child maltreatment, while the second section discusses the basis for State intervention in family life, highlights State child maltreatment reporting statutes, and describes the functions of civil and criminal courts.

The Federal Role in Addressing Child Abuse and Neglect

States initiated mechanisms to assist and protect children prior to any Federal-level activity. In 1912, the Federal government established the Children's Bureau to address these issues. Federal programs designed to support child welfare services and to direct Federal aid to families date from 1935, with the passage of the Social Security Act (SSA). Since State-supervised and State-administered programs were already in place, the child welfare policy of the SSA layered Federal funds over existing State-level foundations. These child welfare programs, thus, were new only to the extent that they established a uniform framework for administration.[120] Congress has amended the Act several times and changed the Act significantly with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Within the Federal government, the Children's Bureau and its Office on Child Abuse and Neglect (OCAN) serve as a focal point for efforts to respond to the problem of child maltreatment.

Parens Patriae

The basis for intervention in child maltreatment is grounded in the concept of *parens patriae*—a legal term that asserts the government's role in protecting the interests of children and intervening when parents fail to provide proper care. The legal framework regarding the parent-child relationship balances the rights and responsibilities among parent, child, and State, as guided by Federal statutes. It has long been recognized that parents have a fundamental liberty interest, protected by the Constitution, to raise their children as they choose. This parent-child relationship grants certain rights, duties, and obligations to both parent and child, including the responsibility of the parent to protect the child's safety and well-being. If a parent, however, is unable

or unwilling to meet this responsibility, the State has the power and authority to take action to protect a child from significant harm.

A series of U.S. Supreme Court cases have defined when it is constitutional for the State to intervene in family life.[121] Although the Court has given parents great latitude in the upbringing and education of their children, it has held that the rights of parenthood and the family have limits and can be regulated in the interest of the public. The Court has further concluded that the State, as *parens patriae*, may restrict the parent's control by regulating or prohibiting the child's labor, requiring school attendance, and intervening in other ways to promote the child's well-being.[122] This doctrine has evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children, who represent the future of the community. When basic needs of children are not met or when their rights have been violated, as with cases of child maltreatment, the State has an obligation to intervene to assist the affected individuals.

Federal Legislation and Programs

Over the past several decades, Congress also has passed significant pieces of child welfare legislation that support the States' duty and power to act on behalf of a child when parents are unable or unwilling. Key Federal legislation that addresses the protection of maltreated children are highlighted below:

- **The Child Abuse Prevention and Treatment Act** (CAPTA) of 1974 (P.L. 93-247) was established to ensure that victimized children are identified and reported to appropriate authorities. The Act was most recently amended in 1996 (P.L. 104-235) and continues to provide minimum standards for definitions and reports of child maltreatment.
- **The Adoption Assistance and Child Welfare Act** of 1980 (P.L. 96-272) requires States to establish programs and implement procedures to support maltreated children and their families, in their own homes, and facilitate family reunification following out-of-home placements.
- **Family Preservation and Support Services Program** enacted as part of the **Omnibus Budget Reconciliation Act** of 1993 (P.L. 103-66) provides funding for prevention and support services for families at risk of maltreatment and family preservation services for families experiencing crises that might lead to out-of-home placement.
- **The Adoption and Safe Families Act** (ASFA) of 1997 (P.L. 105-89) was built on earlier laws and reforms in the field to promote the safety, permanency, and well-being of maltreated children. A component of ASFA is the Promoting Safe and Stable Families (PSSF) Program, which was developed from and expanded upon the Family Preservation and Support Services Program mentioned above. While the legislation reaffirms the importance of making reasonable efforts to preserve and reunify families, it also specifies instances where reunification efforts do not have to be made (e.g., when a child is not safe with his or her family), establishes tighter time frames for termination of parental rights, and promotes adoption initiatives.
- **Child Abuse Prevention and Enforcement Act** of 2000 (P.L. 106-177) focuses on improving the criminal justice system's ability to provide timely, accurate criminal-record information to agencies engaged in child protection, and enhancing prevention and law enforcement activities.

- **Strengthening Abuse and Neglect Courts Act** of 2000 (P.L.106-314) was designed to improve the administrative efficiency and effectiveness of the courts' handling of abuse and neglect cases.

- **Promoting Safe and Stable Families Program Reauthorization** of 2002 (P.L.107-133) continued to build upon ASFA by extending the PSSF for an additional 5 years and increasing discretionary funding. It also created several new programs including a new state grant program that provides education and training vouchers for youth aging out of foster care and a mentoring program for children with incarcerated parents.

These and other pieces of legislation also provide for a variety of funding streams—particularly State grant and discretionary grant programs—which support prevention and treatment services for children and families.

Federal Agencies

The Children's Bureau, an agency within the Administration for Children and Families (ACF), Administration on Children, Youth and Families, U.S. Department of Health and Human Services, is the focal point for Federal efforts to address the problem of child abuse and neglect. The Children's Bureau's mission is to provide for the safety, permanency, and well-being of children and families through leadership, support for necessary services, and productive partnerships with States, Tribes, and communities. The Children's Bureau fulfills this mission through its Office on Child Abuse and Neglect (OCAN) and its five divisions:

- OCAN provides leadership and direction on the issues of child maltreatment and the prevention of abuse and neglect as directed by CAPTA and the Children's Justice Act. Also, OCAN is the focal point for interagency collaborative efforts, national conferences, and special initiatives related to child abuse and neglect.

- The Division of Child Welfare Capacity Building provides leadership and direction in the areas of training, technical assistance, and information dissemination as directed by Titles IV-B and IV-E of the Social Security Act (SSA) and CAPTA.

- The Division of Policy provides leadership and direction in policy development and interpretation as directed by Titles IV-B and IV-E of SSA, the Basic State Grant (BSG), and CAPTA.

- The Division of Program Implementation provides leadership and direction in the operation and review of programs as directed by Titles IV-B and IV-E of SSA, CAPTA, and BSG.

- The Division of Data, Research, and Innovation provides leadership and direction in program development, innovation, research, and management of the Bureau's information systems as directed by Titles IV-B and IV-E of SSA and CAPTA.

- The Division of State Systems provides leadership and direction to States in the development and operation of automated systems, including all Statewide Automated Child Welfare Information System (SACWIS), to support welfare programs under Titles IV-B and IV-E of SSA.

While this discussion focuses primarily on activities related to child protection and the "front end" of the child welfare system (e.g., prevention, investigation, assessment, and service planning), the Children's Bureau also oversees activities and programs related to foster care, permanency planning, adoption, and other "back end" child welfare issues.

Selected Child Maltreatment State Grant Programs

The following are selected, legislatively mandated child maltreatment or child welfare grant programs available to State entities that meet certain eligibility requirements:

- **Basic State Grants** provide funds for States to enhance their child protective services (CPS) systems and to develop and strengthen child maltreatment prevention, treatment, and research programs.
- **The Community-based Family Resource and Support (CBFRS) Program** supports the development of comprehensive networks of community-based, prevention-focused family resource and support programs.
- **Children's Justice Act (CJA) Grants** help States to develop, establish, and operate programs designed to improve the investigation and prosecution of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, and fatality cases.
- **Child Welfare Services** assist State public welfare agencies in delivering child welfare services (including preventive interventions, alternative placements, and reunification services) with the goal of keeping families together.
- **Promoting Safe and Stable Families Program** (formerly called the Family Preservation and Support Services Program) supplies funds to States to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions. These services are aimed at preventing the risk of abuse as well as promoting nurturing families, assisting families at risk of having a child removed from the home, promoting the timely return of a child to his or her home, and, if returning home is not an option, placing a child in a permanent setting with services that support the family.

The Office on Child Abuse and Neglect convenes a Federal Interagency Work Group (FEDIAWG) on Child Abuse and Neglect that provides a forum for collaboration among Federal agencies with an interest in child maltreatment. The FEDIAWG shares information, makes policy and programmatic recommendations, implements joint activities, and works toward establishing complementary agendas in the areas of training, research, legislation, information dissemination, and delivery of services as they relate to the prevention, intervention, and treatment of child abuse and neglect.

In addition to the Children's Bureau, several other Federal agencies support programs and research and demonstration initiatives related to child maltreatment and child protection. For example, the Child Protection Division within the Office on Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice, conducts research, provides training and technical assistance, and supports demonstration programs that address child victimization and missing and exploited children. Several agencies within the U.S. Department of Health and Human Services—including the National Institutes for Health (NIH), Centers for Disease Control and Prevention, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Service Administration (SAMHSA), to name a few—conduct research and support service delivery

on the identification, prevention, and treatment of child maltreatment as well as risk factors and consequences.

Basis for State Intervention

States must comply with the child abuse and neglect guidelines mandated under CAPTA in order to receive Federal funds. Beyond that, however, States generally have autonomy in how services are provided to maltreated children and their families. All States have enacted child maltreatment laws that play a significant role in reporting and intervening in cases of child abuse and neglect. In order to enforce these laws, civil and criminal courts often must intervene in the lives of families when parents are unable or unwilling to provide for the safety and well-being of their children.

State Reporting Statutes

Many States define the parent-child legal relationship in their State statutes. These statutes define who is considered a "parent" (birth or adoptive parent) or other caregiver and indicate that the law imposes rights, privileges, duties, and obligations on this relationship. As noted above, the State has the authority to intervene in this relationship if the parent fails to provide for or protect the child. The State's intervention into family life is often triggered by a report of child maltreatment by a voluntary or mandated reporter as defined by State law under the CAPTA requirements.

Through mandated reporting statutes, the State requires certain individuals, typically defined by profession (e.g., health care professionals), to identify and help protect children from harm. These statutes also include definitions of the acts and omissions considered abuse and neglect in a particular State. Reports of suspected maltreatment, which are required under such laws, activate the child protection process. Currently, all States, the District of Columbia, and U.S. territories have enacted statutes requiring that the maltreatment of children be reported to a designated agency or official. Reporting laws generally specify the conditions under which the State may intervene in family life. (See Chapter 9, "What Does the Child Protection Process Look Like?", for more information about reporting of maltreatment and child protection procedures after a report has been made.)

Child Protective Service Agency

State legislation mandates that CPS agencies respond to reports of alleged child maltreatment and children at risk of maltreatment, determine the safety of the children who are the subject of the report, and decide what initial response is needed. Intervention into family life on behalf of children must be guided by the legal basis for action and sound family-centered practice.[123] While CPS agencies are at the center of the child protection system, an array of service providers and community professionals collaborate to protect children and support families. (See Chapter 10, "Who Should Be Involved in Child Protection at the Community Level?", for further information about the roles and responsibilities of various community practitioners in child protection.)

Civil Court Intervention

Family and juvenile courts have the authority to make decisions about what happens to a child after he or she has been identified as needing the court's protection. The courts' involvement is initiated by the filing of a petition, usually by CPS, containing the allegations of abuse or neglect. The primary purpose of these courts is to resolve conflict and otherwise intervene in the lives of families in a manner that promotes the best interest of the child. The court is responsible for making the final determination about whether a child ought to be removed from his or her home, where a child is to be placed, or whether to terminate parental rights.

In cases of child maltreatment, family and juvenile court intervention may be required when:

- Families refuse to cooperate after an initial assessment has determined that an incident of abuse or neglect has occurred;
- The child is determined to be in imminent danger of harm and the child's safety cannot be assured in the home through services provided to the family;
- Families are unwilling to accept needed services, yet maltreatment exists and the safety of the child is a concern.

There are four types of court hearings held in family or juvenile courts when abused and neglected children are involved:

- Emergency hearings are convened to determine the need for intervention on behalf of, or emergency protection of, a child who may have been a victim of maltreatment.
- Adjudicatory hearings are held to determine whether a child has been maltreated or whether some other legal basis exists for the State to intervene to protect the child.
- Dispositional hearings are convened to determine the action to be taken on the case after adjudication, for example, whether State custody and out-of-home placement is necessary and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.
- Review hearings are held to review the dispositions and to determine the need to continue out-of-home placement, services, or court jurisdiction of a child.

One of the most drastic options available to a juvenile or family court judge is the termination of parental rights. Parental behaviors that may lead to such action are usually defined in State statutes. The parent-child relationship may be limited or ended, thus making the child eligible for temporary or permanent placement or adoption, when a parent:

- Abandons the child;
- Has a long-term mental illness or deficiency;
- Severely or chronically abuses or neglects the child or other children in the household;
- Has a long-term alcohol or drug abuse problem;
- Fails to support or maintain contact with the child.

Parental rights are not terminated simply because a person is not a model parent. In all States, parental rights can be terminated only if the State can prove by clear and convincing evidence that a parent has failed to provide for or protect the child in one of the ways defined in a State's statutes. Most State statutes also contain provisions for parents to voluntarily relinquish their rights. In addition to temporarily placing children in out-of-home care, the State has the authority to return a child to his or her parents. Children may return home once a determination is made that they will be safe and that their parents will be able to provide the appropriate care.

Criminal Court Intervention

Depending on State law, behavior that constitutes child abuse and neglect in the civil court process may also be considered a crime. Each State has enacted criminal statutes that define those forms of child abuse and neglect that are criminally punishable. In most jurisdictions, child maltreatment is criminally punishable when one or more of the following statutory crimes have been committed:

- Homicide, murder, or manslaughter
- False imprisonment
- Assault or battery
- Criminal neglect and abandonment

- Emotional, physical, or sexual abuse
- Pornography or child prostitution
- Rape or deviant sexual assault
- Indecent exposure
- Child endangerment or reckless endangerment

The same family may be simultaneously involved in both a criminal and civil case. Criminal prosecution, however, is directed at deterring future incidents and rehabilitating the defendant rather than ensuring the safety of the child. In a criminal case, the burden of proof–beyond a reasonable doubt–is higher than in a civil case and the rules of evidence are more stringent.

Responsibility for investigation of crimes related to child abuse and neglect rests with law enforcement agencies and the district attorney or local prosecutor. They are vested with the responsibility for deciding under what circumstances prosecution of perpetrators of child abuse and neglect will occur. Criminal courts serve to protect victims and the public from offenders and to rehabilitate those who break the law.

The defendant in a criminal case is entitled to full protection guaranteed by the Fourth, Fifth, and Sixth amendments to the U.S. Constitution. These protections include the right to a jury, the right to cross-examination, the right to appointed counsel, and the right to a public and speedy trial. Criminal prosecution may result in such penalties as probation or incarceration.

CHAPTER 9

What Does the Child Protection Process Look Like?

This chapter traces the child protection process beginning with the identification and reporting of suspected child maltreatment. As previously discussed, every State has enacted reporting laws. These laws provide guidance to individuals required to identify and report suspected maltreatment, require investigations by specified agencies to determine if a child was abused, and provide for the delivery of protective services and treatment to maltreated children and their families. Reports of maltreatment required under such laws activate the child protection process, which includes:

- Intake
- Initial assessment and investigation
- Family assessment
- Case planning
- Service provision
- Evaluation of family progress
- Case closure

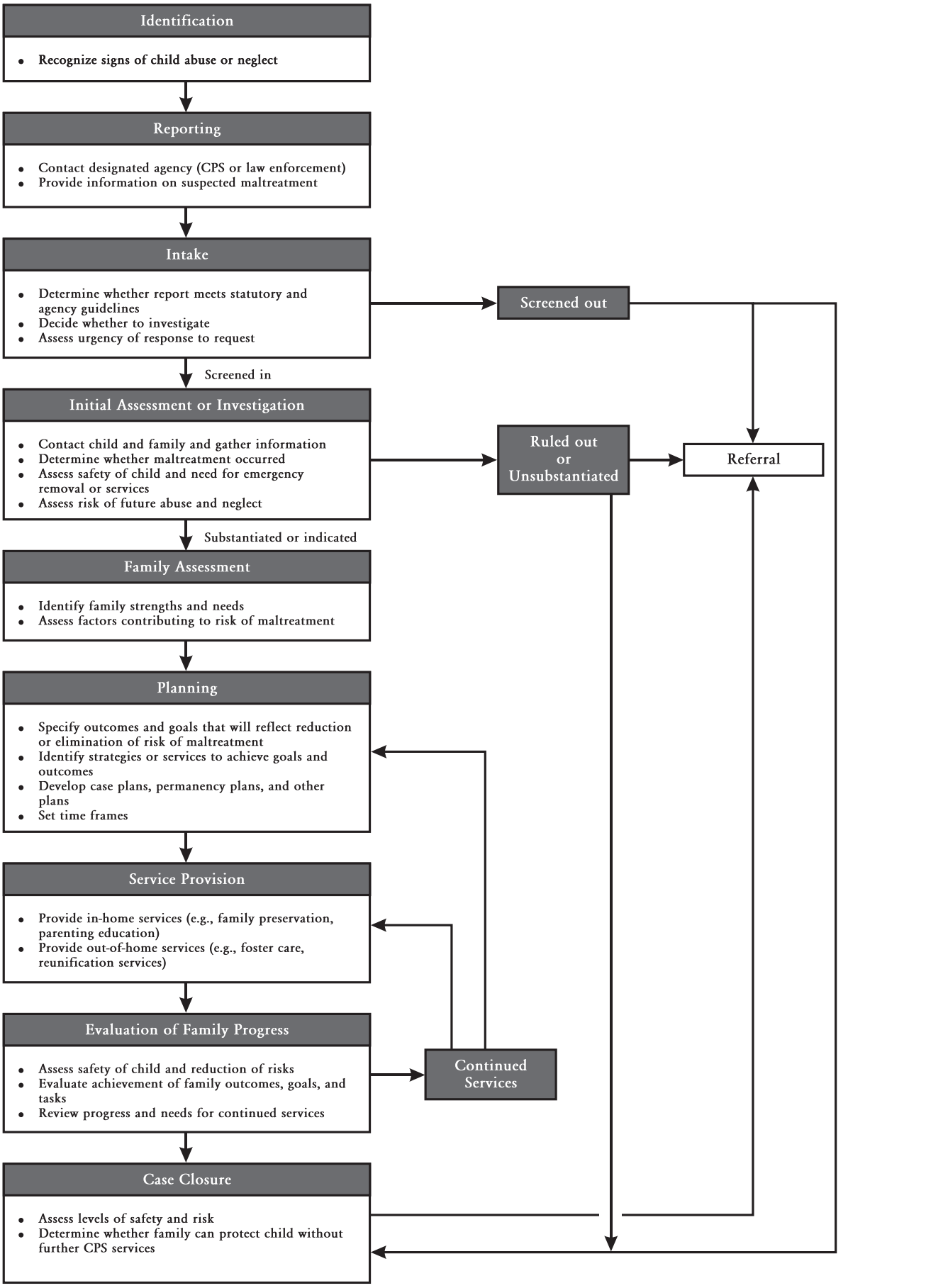
Exhibit 9-1 presents an overview of the typical child protection process for most locales and is described further below.

Identification

The first step in any child protection response system is the identification of possible incidents of child maltreatment. Medical personnel, educators, child care providers, mental health professionals, law enforcement personnel, the clergy, and other professionals are often in a position to observe families and children on an ongoing basis and identify abuse or neglect when they occur. Private citizens, such as family members, friends, and neighbors, also may identify suspected incidents of child maltreatment.

To ensure that community professionals working with children and families recognize possible indicators of child maltreatment, preservice and inservice training must be provided on an ongoing basis. In addition, public awareness campaigns should be planned and implemented to promote understanding of the problem in the community.

Exhibit 9-1
Overview of Child Protection Process



Reporting

The next step in responding to child maltreatment is to report the suspected incident. Although there is tremendous variation in the requirements described in State reporting laws, they typically:

- Specify selected individuals mandated to report suspected child maltreatment;
- Define reportable conditions;
- Explain how, when, and to whom reports are to be filed and the information to be contained in the report;
- Describe the agencies designated to receive and investigate reports;
- Describe the abrogation of certain privileged communication rights (e.g., doctor-patient);
- Provide immunity from legal liability for reporters;
- Provide penalties for failure to report and false reporting.

Key aspects of reporting laws are described in the sections that follow.

Mandatory Reporters

Every State has statutes identifying mandatory reporters of child maltreatment and the circumstances under which they are required to report. This designation creates a legal responsibility to report, which can result in criminal and civil liability for failure to report as required. In approximately 18 States, *any person* who suspects child abuse or neglect is required to report.[124] Most States, however, limit mandatory reporting to professionals working with children. Individuals typically designated as mandatory reporters include:

- Physicians, nurses, hospital personnel, and dentists
- Medical examiners
- Coroners
- Mental health professionals
- Social workers
- School personnel
- Child care providers
- Law enforcement officers

In addition, any person in any State *may* report incidents of suspected abuse or neglect.

The legal standards used to determine when a mandatory reporter is required to notify authorities of abuse or neglect also vary slightly from State to State. Typically, a report must be made when a reporter has reasonable cause to know, suspect, or believe that a child has been abused or neglected.

State Statutes

To review a summary of reporting laws, visit the State Statutes section of the National Clearinghouse on Child Abuse and Neglect Web site at **www.calib.com/nccanch/statutes.**

Exhibit 9-2	
Sources of Child Abuse and Neglect Reports in 2000[125]	
Reporter	**Percent**
Education personnel	16.1
Legal, law enforcement, criminal justice personnel	15.2
Social services and mental health personnel	14.4
Medical personnel	8.3
Child daycare and substitute care providers	2.0
Anonymous or unknown reporters	13.6
Other relatives	8.3
Friends and neighbors	5.9
Parents	5.9
Alleged victims	0.9
Alleged perpetrators	0.1
Other	9.2
Based only on sources of "screened-in" referrals in 2000	

Reporting Procedures

Every State has reporting laws specifying procedures that a mandatory reporter must follow when making a report of suspected child abuse and neglect. Generally, these procedures specify how, where, when, and what to report.

How and When to Report

The majority of States require that reports of child maltreatment be made orally—either by telephone or in person—to the specified authorities. Some States require that a written report follow the oral report, while in other States written reports are filed only upon request, and still other States require written reports only from mandated reporters.

Reports of suspected maltreatment are required by statute to be made immediately to protect children from potentially serious consequences that may be caused by a delay in reporting. While an individual may want to collect additional information before reporting, waiting for proof may place the child in danger.

Who Receives the Reports

Each State designates specific agencies to receive reports of child abuse and neglect. In most States, child protective services (CPS) has the primary responsibility for receiving reports. Other States allow reports to be made to either CPS or law enforcement. Some State laws require that certain forms of maltreatment—such as sexual abuse, child pornography, or severe physical abuse—be reported to law enforcement in addition to CPS. The nature of the relationship of the alleged perpetrator may also affect where reports are made. Most alleged cases of child maltreatment within the family are reportable to CPS. Depending on the State, reports of allegations of abuse or neglect by other caregivers, such as foster parents, daycare providers, teachers or residential care providers, may need to be filed with a law enforcement office. Additionally, in some States, allegations of abuse in out-of-home care are reported to a centralized investigative body within CPS at the State or regional level.

In most States, statutes also include requirements for cross-system reporting procedures or information

Reporting Child Abuse and Neglect

See Appendix C for a list of State toll-free telephone numbers for reporting suspected child abuse or call the Childhelp USA National Child Abuse Hotline at 1-800-4-A-CHILD. This hotline is available 24 hours a day, 7 days a week.

sharing among professional entities. Typically, reports are shared among social services agencies, law enforcement, and prosecutors' offices.

Contents of the Report

Reporting laws also describe the information that must be contained in the report. Typically, reports contain the following information:

- The name, age, sex, and address of the child;
- The nature and extent of the child's injuries or condition;
- The name and address of the parent or other person(s) responsible for the child's care;
- Any other information relevant to the investigation.

It is essential that reporters provide as much detailed information as possible about:

- The child, the child's condition, and the child's whereabouts;
- The parents and their whereabouts;
- The person alleged to have caused the child's condition and his or her current location;
- The family, including other children in the home;
- The type and nature of the maltreatment, such as the length of time it has been occurring, whether the maltreatment has increased in severity or frequency, and whether objects or weapons were used.

If the alleged maltreatment occurred in an out-of-home care setting, reporters should provide information about the setting, such as hours of operation; number of other children in the facility, if known; and identification of any others in the facility who may have information about the alleged maltreatment. The more comprehensive the information provided by the reporter, the better able CPS staff will be to evaluate the appropriateness of the report for CPS intervention, determine the urgency of the response needed, and prepare for an initial assessment and investigation, if warranted.

While most States allow anonymous reporting, it is preferred that reporters provide their name and contact information. This information will enable a caseworker to ask follow-up questions or obtain clarification. At intake, caseworkers should discuss immunity for reporters, issues of confidentiality, and the extent and nature of follow up with the reporter upon completion of the initial assessment or investigation.

Special Issues, Exceptions, and Penalties Related to Reporting

To encourage reporting of child maltreatment and provide protection for reporters, State statutes include provisions related to privileged communications, immunity for reporters, and penalties for failure to report. The laws also discourage intentionally false reporting through specified penalties.

Privileged Communications

The law provides special protection to communications in certain relationships. For example, the content of communications between

an attorney and client, physician and patient, and clergy and congregant often is protected by a privilege. This means that professionals in such relationships are prohibited from disclosing confidential information communicated to them by their client, patient, or penitent to any unauthorized person. Mandatory child abuse reporting statutes specify when communications are confidential. The attorney-client privilege is most frequently maintained by States. The privilege pertaining to clergy-congregant also is frequently recognized by States. Most States, however, void the physician-patient, mental health professional-patient, and husband-wife privileges in instances of child maltreatment. When a privileged communication is voided, a mandated reporter must report instances of child maltreatment and cooperate in the ensuing investigation.

Immunity to Reporters

Every State provides immunity from civil or criminal liability for individuals making reports of suspected or known instances of child abuse or neglect. Immunity provisions typically apply both to mandatory reporters and permissive reporters (i.e., individuals not required under law to report). These provisions may not prevent the filing of civil lawsuits, but they help prevent, within limitations, an outcome unfavorable to the reporter. Immunity provisions, like other aspects of reporting statutes, vary from State to State. The majority of jurisdictions require that reports be made in good faith. A number of States include a presumption in their statutes that the reporter is acting in good faith. Immunity, therefore, does not extend to reports made maliciously or in bad faith.

Penalties for Failure to Report

To encourage reporting, the majority of States now provide in their reporting statutes a specific penalty for failure to report suspected cases of abuse. Most of these jurisdictions impose penalties on mandatory reporters who knowingly or willfully fail to report suspected abuse. Failure to report is typically classified as a misdemeanor. Sanctions specified in the statutes are generally in the form of a fine or imprisonment.

Penalties for False Reporting

In order to prevent malicious or intentional false reporting, the majority of States impose penalties for false reporting of abuse. Most of these jurisdictions impose penalties on mandatory reporters who knowingly or willfully file a false report of abuse or neglect. False reporting is typically classified as a misdemeanor. Sanctions specified in the statutes are generally in the form of a fine or imprisonment.

Problems in Reporting

Paradoxically, both underreporting and overreporting have been cited as problems in the identification of child abuse and neglect.

Underreporting

Numerous professionals admit that during their careers, they have failed to report suspected maltreatment to the appropriate agencies.[126] One possible reason is that professionals still lack training and knowledge about legal obligations and procedures for reporting. The issue of subjectivity also may account for some of the underreporting of abuse. Many laws defining child maltreatment are broadly written with ambiguous requirements, which may result in professionals lacking guidance and clarity regarding when intervention is required.

One of the biggest obstacles to reporting is personal feelings. Some people do not want to get involved. Others have difficulty reporting a person they suspect is an abuser, especially if they know that person well. Still others may think they can help the family more by working with the child or family themselves. Mandated reporters may believe that their professional relationship with the child will be strained if they report their suspicions of abuse. When a professional has established a relationship

with a parent or family prior to recognizing maltreatment, reporting becomes a delicate issue.

Some reporters also may be reluctant to report because they have had negative experiences with CPS or they view social services agencies as overburdened, understaffed, or incompetent. At times, professionals become concerned that nothing will be done if they report or that the investigation and service provision will do more harm than good. Consequently, they choose not to report. This reluctance to report, which can have serious consequences for a child in an unsafe situation, underscores the critical need for ongoing communication and feedback between CPS and mandated reporters. It also underscores the need for CPS to function sensitively and competently in the best interests of the child while creating as little disruption as possible.

Professionals must report regardless of their concerns or previous experiences. The law requires it, and no exemptions are granted to those who have had a bad experience. In addition, while reporting does not guarantee that the situation will improve, not reporting guarantees that, if abuse and neglect exists, the child will continue to be at risk of further and perhaps more serious harm.

Overreporting

Only a portion of reports received and investigated by CPS reflect children who are found to be victims of, or at risk for, maltreatment. While the children and families in these reports may be in need of help or services, they frequently do not meet the legal definition of maltreatment in that family's jurisdiction. This apparent pattern of over-reporting raises several concerns. First, children and families who will not receive child welfare services may be subjected to an intrusive public agency investigation. Second, these reports may divert CPS resources from higher risk cases.

Overreporting may occur in a community following a serious case of child maltreatment that receives a lot of media attention. There is often a significant increase in the number of reports of suspected child maltreatment made during such times, in part because the community's awareness has been heightened.

Intake

Intake is the point at which reports of suspected child maltreatment are received by the agency designated by the State (typically the CPS agency and sometimes the police department). The agency receiving the report must make two primary decisions at intake:

- Does the reported information meet the statutory and agency guidelines for child maltreatment?
- How urgent is the required response?

The first decision consists of three essential steps:

1. Gathering sufficient information from the reporter to allow accurate decision-making;
2. Evaluating the information to determine if it meets the statutory and agency guidelines for child maltreatment;
3. Assessing the credibility of the reporter based on the relationship of the alleged victim and family, knowledge of the family and circumstances, and apparent motives for reporting.

There will be a check of agency records and State central registries to determine if the family is currently involved in an open case or has a history of involvement in a maltreatment case. (A central registry is a database containing information on all previously substantiated reports of child maltreatment.)

When the agency determines that an initial assessment or investigation is warranted, the report is "screened in"; cases closed without further investigation are referred to as "screened out." While screening rates vary substantially across States, CPS

agencies screened in and investigated approximately 62 percent of the nearly 3 million report referrals received nationwide in 2000.[127] In some instances, screened out cases will receive referrals to other community services (e.g., substance abuse treatment, mental health services, child care, domestic violence shelters, or income support agencies).

Once the CPS agency determines that an initial assessment is warranted, the immediacy of the response is evaluated. The decision regarding the urgency of the response is based on an analysis of the information gathered to determine if the child is at imminent risk of serious harm. This decision will be based upon a number of factors including:

- The nature of the act or omission;
- The severity of harm to the child;
- The relationship of the child to the person responsible for the maltreatment;
- The access of the perpetrator to the child;
- The child's vulnerability (e.g., due to age, illness, or disability);
- The other known cases of maltreatment by the parent or caregiver;
- The availability of persons who can protect the child.

Some CPS agencies provide guidelines for initial assessment response times, although it is difficult to generalize. Caseworkers are required to respond to reports within a specified time, typically ranging from 24 to 72 hours on more serious cases. If it is determined that the child in a report may not be safe, caseworkers must respond immediately.

Initial Assessment or Investigation

The initial assessment or investigation follows the intake process for those reports that are screened in.

Primary Initial Assessment or Investigation Decisions

The purpose of the initial assessment or investigation of cases of child abuse and neglect is to determine the following:

- Is child maltreatment substantiated as defined by State statute?
- Is the child at risk of maltreatment and what is the level of risk?
- Is the child safe, and if not, what type of agency or community response will ensure the child's safety in the least intrusive manner?
- If the child's safety cannot be assured within the family, what type and level of care does the child need?
- Does the family have emergency needs that must be met?
- Should ongoing agency services be offered to the family to reduce the risk or address the treatment needs of the child?

CPS agencies and law enforcement are each responsible for conducting initial assessments or investigations in cases of child abuse and neglect. Exhibit 9-3 presents the primary decisions or issues considered at this stage according to the agency that typically considers the decision.

Involvement of Other Professionals

In addition to CPS and law enforcement, other disciplines have a role to play in the initial assessment process:

- **Medical personnel** may be involved in assessing and responding to the medical needs of a child or parent and perhaps in documenting the nature and extent of maltreatment. It is helpful to have medical practitioners in each community who have had specific training in

Exhibit 9-3 Primary Decisions Considered During Initial Assessment or Investigation		
CPS	**Law Enforcement**	**CPS and Law Enforcement**
Is the child safe? If not, what measures are necessary to ensure the child's safety? Did the child suffer maltreatment or is he or she threatened by harm as defined by the State reporting law? Is maltreatment likely to occur in the future? If so, what is the level of risk of maltreatment? Are there emergency needs in the family that must be met? Are continuing agency services necessary to protect the child and reduce the risk of maltreatment occurring in the future?	Did a crime occur? Who is the alleged offender? Is there evidence to arrest the alleged offender? Has all physical evidence been obtained, preserved, and/or photographed? Have all witnesses been interviewed?	Do sources of corroboration or witnesses exist? Has all physical evidence been obtained or preserved? Are there any other victims (e.g., siblings)? Should the child be taken into protective custody?

child maltreatment because they will provide a more complete and accurate evaluation than will an examiner without specific training.

- **Mental health personnel** may be involved in assessing the effects of any alleged maltreatment and in determining the validity of specific allegations. At this stage of the CPS process, referrals to mental health providers are primarily for help in determining whether abuse occurred, whether there is sufficient information to file charges related to child maltreatment, and whether the child is capable of providing valid and reliable information. In addition, referrals to mental health practitioners may be made for assistance in assessing the safety of the child. For example, parents or caregivers may be referred for an evaluation of their mental status, the presence of psychiatric problems, personality disorders, or substance abuse.

- **Teachers and child care providers** may be involved in providing direct information about the effects of maltreatment and in describing information pertinent to risk assessment. In addition, during the investigative stage, educators provide support for the efforts of CPS and law enforcement. For example, if the CPS caseworker or law enforcement needs to interview the child in the school, the school should provide a private place for the interview.

- **Foster care, residential, or child care licensing personnel** may participate in the initial assessment if abuse is allegedly committed by an out-of-home caregiver. Each State differs with respect to who is responsible for initially assessing or investigating allegations of child abuse and neglect in out-of-home care. In some States, local CPS staffs have

Major Types of Investigation Dispositions

- **Substantiated** is an investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.
- **Indicated** or **Reason to Suspect** is an investigation disposition that concludes that maltreatment cannot be substantiated under State law or policy, but there is reason to suspect that the child may have been maltreated or was at risk of maltreatment. This is applicable only to States that distinguish between substantiated and indicated dispositions.
- **Not Substantiated** is an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or is at risk of being maltreated.[128]

responsibility for investigating certain types of allegations, for example, those in foster care and daycare. Frequently, the investigation of alleged maltreatment in institutional settings is handled by central or regional CPS or licensing staff, rather than by local CPS agencies. Depending on the nature of the allegations, law enforcement agencies also will assume a primary role in investigating these types of cases.

Other community service providers also may have past experience with the child or family and may be used as a resource in addressing any emergency needs that the child or family may have.

Investigation in Out-of-Home Care Settings

In cases of child maltreatment in out-of-home care (e.g., residential facilities, foster homes), an investigation must be completed by an independent authority designated by the State. For cases involving out-of-home care abuse, there are other decisions and issues to consider:

- Did the reported event occur?
- Are personnel actions indicated and, if so, are they being initiated appropriately by the child care facility?
- What responsibility do others in the facility have for any incident of maltreatment, and is a corrective action plan needed to prevent the likelihood of future incidents?
- Can the problem, if validated, be addressed administratively?
- Is the administrative authority responsible and, if so, in what manner?
- Should the facility's or foster care or other child care provider's license be revoked?

These decisions are made by thoroughly gathering and analyzing information from and about the child, family, or in some cases, the out-of-home provider. Typically, a protocol is employed for interviewing the child victim, family members, the person alleged to have maltreated the child, and others possessing information about the child and the family.

Family Assessment

The family assessment is a comprehensive process for identifying, considering, and weighing factors that affect the child's safety, permanency, and well-being. The family assessment is a process designed to gain a greater understanding about the strengths, needs,

Differential Response Systems

Over the past decade, States have begun to enhance CPS practice and build community partnerships in responding to cases of child maltreatment. One area of CPS reform emphasizes greater flexibility in responding to allegations of abuse and neglect. A "dual track" or "multiple track" response permits CPS agencies to respond differentially according to the children's safety, the degree of risk present, and the family's needs for support services. Implementation models vary across States piloting differential response systems. Typically, in cases where abuse and neglect are severe or serious criminal offenses against children have occurred, an investigation will commence. The investigation focuses on evidence gathering and may include a referral to law enforcement. In less serious cases of child maltreatment, where the family may benefit from community services, an assessment will be conducted. In these cases the facts regarding what happened will be obtained, but the intervention will emphasize the comprehensive assessment of family strengths and needs and an appropriate match with community services.

The assessment is designed to be a process where parents or caregivers are partners with CPS, and that partnership begins with the very first contact. In addition, the family's support network is frequently brought into the process. States that have implemented the differential response strategy have shown that a majority of cases now coming to CPS can be handled safely through an approach that emphasizes service delivery and voluntary family participation as well as the fact finding of "traditional" CPS investigations.[129]

and resources of the family so that children can be safe and the risk of maltreatment can be reduced. The family assessment is initiated immediately after the decision is made that ongoing services are needed. The following are the key decisions made as a result of the family assessment:

- What are the risks and needs of this family that affect safety, permanency, or well-being?
- What are the effects of maltreatment that affect safety, permanency, and well-being?
- What are the individual and family strengths?
- How do the family members perceive their conditions, problems, and strengths?
- What must change in order for the effects of maltreatment to be addressed and for the risk of maltreatment to be reduced or eliminated?
- What is the parent's or caregiver's level of readiness for change? What is their motivation and capacity to assure safety, permanency, and well-being?

Family assessment should be strengths-based, culturally sensitive, and developed with the family. In addition to gathering information regarding problems, risks, and needs, strengths should be identified that may mitigate the identified concern(s) and the family's stated goals as they relate to each problem. The strengths identified will provide the foundation upon which the family can change.

Assessments should be conducted in a partnership with the family to help parents or caregivers recognize and remedy conditions so children can safely remain in their own home. Family assessments must be individualized and tailored to the unique strengths and needs of each family. When possible, this assessment also should be undertaken in conjunction with the extended family and support network through family decision-making meetings and other processes designed to involve this network in the process.[130]

Concurrent Planning

The passage of the Adoption and Safe Families Act (ASFA) in 1997 has resulted in time limits for permanency for children and termination of parental rights so that children are provided safe, stable, and permanent placements more quickly. Concurrent planning works toward reunification of children in care with their birth families while at the same time establishing a "back-up" permanency plan that will be implemented if the children cannot be reunified with their birth family. The concurrent plan provides a safeguard to assure secure childhood attachments by developing a stronger bond to the birth families and simultaneously supporting ties between the child and other possible permanent families, for example, kin or foster parents. Concurrent permanency plans provide a structured approach to move children quickly from temporary foster care to the stability of a safe and continuous family home.[131]

Planning

The comprehensive assessment of the family's circumstances and conditions is the foundation on which the case plan is built. Armed with this knowledge, CPS caseworkers, other service providers or community professionals, and the family and its support network will determine the best possible strategies for reducing or eliminating the behaviors and conditions contributing to the risk of maltreatment of the child. The purposes of case planning are to identify the strategies with clients that will help address the effects of maltreatment and lessen the risk of further abuse and neglect; to provide a clear and specific guide for the professional and the family for changing the behaviors and conditions that impact risk; to provide a benchmark for measuring client progress toward achieving outcomes; and to provide a framework for case decision-making.

The key decisions made at the case planning stage are:

- What are the client outcomes that, when achieved, will indicate that risk has been reduced and the effects of maltreatment have been successfully addressed?
- What goals must be accomplished to achieve the outcomes?
- What intervention approaches or services will facilitate the successful goal achievement and the accomplishment of outcomes?
- How and when will progress toward achievement of these outcomes and goals be evaluated?

In order to achieve the client outcomes, the case plan must be developed with, not for, the family. Involving the family in planning serves several purposes. It facilitates the family's investment in and commitment to the plan, it empowers parents or caregivers to take the necessary action to change behavior, and ensures that the agency and the family are working toward the same end. Some CPS agencies use models that optimize family strengths in the planning process. These models bring together the family, the extended family, and others important in the family's life—for example, friends, clergy, neighbors—to make decisions regarding how best to ensure the safety of the family members.

Service Provision

Once the case plan has been developed, the CPS caseworker must provide or arrange for services identified in the plan to help family members achieve the outcomes, goals, and tasks outlined in the case plan. Selecting and matching interventions that will support the family in achieving outcomes and goals is a major responsibility in child protection.

The needs of families are often complex. As discussed in Chapter 5, child abuse and neglect is caused by multiple and interacting intrapersonal, interpersonal, and environmental factors. Interventions need to address as many of these contributing issues as possible.[132] Research on the effectiveness of child abuse and neglect treatment suggests that successful intervention with maltreating families requires addressing both the interpersonal and concrete needs (e.g., housing, child care) of all family members. Evaluation projects found that programs that rely solely upon professional therapy, without augmenting the service strategies with other supportive or remedial services to children and families, will offer less opportunity for maximizing client gains.[133]

Therefore, each community must provide a broad range of services to meet the multidimensional needs of abused and neglected children and their families. These may include:

- Services provided to the entire family (e.g., family preservation services, multisystemic therapy for children and families, or family strengthening programs);
- Services provided specifically to parents or caregivers (e.g., sex offender treatment, parent education, substance abuse treatment, or mutual support programs);
- Services provided to children (e.g., counseling, therapeutic preschool, peer-based training, or mentoring programs).

Depending on the assessed needs, strengths, and safety issues, services may be provided either in or out of the family's home. When a child is unsafe because the risk of imminent harm is great or when the child's behavioral and emotional needs cannot be addressed at home, out-of-home placement services, such as foster care, should be considered.

Selection of services in a particular case is based on:

- Assessing factors that contribute to the risk of maltreatment;
- Identifying family strengths;
- Targeting outcomes for change;
- Identifying treatment approaches best suited to the desired outcome, based on any available research evidence;
- Listing resources available and accessible in the community.

The CPS caseworker serves as the case manager, articulating the needs of the family, coordinating services provided to them, and advocating on their behalf.[134] The case management functions include: collecting and analyzing information, reaching decisions at all stages of the case process, coordinating services provided by others, and directly providing supportive services. This critical case-management function requires open and continuous communication among CPS, the family, and other service providers; developing a teamwork relationship; clarifying roles and responsibilities in delivering and monitoring services; and reaching consensus on goals and methods for monitoring progress toward goal achievement.

Evaluation of Family Progress

Evaluating whether risk behaviors and conditions have changed is central to case decisions. Monitoring change should begin as soon as an intervention is implemented and should continue throughout the life of a case until appropriate outcomes have been achieved.[135]

The importance of evaluating family progress is to help answer the following questions:

- Is the child safe? Have the protective factors, strengths, or the safety factors changed, warranting a change or elimination of the safety plan or the development of a safety plan?
- What changes, if any, have occurred with respect to the conditions and behaviors contributing to the risk of maltreatment?

- What outcomes have been accomplished and how does the caseworker know that they have been accomplished?
- What progress has been made toward achieving case goals?
- Have the services been effective in helping clients achieve outcomes and goals and, if not, what adjustments need to be made to improve outcomes?
- What is the current level of risk in the family?
- Have the risk factors been reduced sufficiently so that parents or caregivers can protect their children and meet their developmental needs so the case can be closed?
- Has it been determined that reunification is not likely in the ASFA-required time frames and there is no significant progress toward outcomes? If so, is an alternative permanent plan goal needed?

Since intervention and service provision to families at risk of maltreatment is a collaborative effort between CPS and other agencies or individual providers, the evaluation of family progress must be a collaborative venture. It is the CPS caseworker's responsibility to manage the comparison of client progress based on information reported from all service providers. In some cases, it may be appropriate to convene a team meeting to review the progress in relation to the family assessment and the case plan.

The process of evaluating family progress is a continual case management function. Once the case plan is established, each client contact will be focused on assessing the progress being made to achieve established outcomes, goals, and tasks, and to reassess safety. Formal case evaluations should occur at regular intervals. Good practice suggests evaluation of progress at least every 3 months.

Case Closure

Closure is the point at which the agency no longer maintains an active relationship with the family. The decision to end the agency's involvement must be based on the monitoring and evaluation of the case. ASFA requires decisions regarding case closure to be made in conjunction with the family and individuals important to the family. The preeminent concerns that inform case closure decisions are based on safety and permanency outcomes. The agency should support the family's right to self-determination by ending services when the risks to child safety have been reduced significantly and the family believes they no longer need services.[136]

For more detailed information on the child protection process, check other manuals in the series at **www.calib.com/nccanch/pubs/usermanual.cfm.**

CHAPTER 10

Who Should Be Involved in Child Protection at the Community Level?

Child protective services (CPS) is typically the central agency in each community's child protection system. It usually plays the lead role in coordinating communication and services among the various disciplines responsible for addressing child maltreatment. In addition to CPS, law enforcement, educators, child care providers, health care providers, mental health care providers, legal and judicial system professionals, substitute care providers, support service providers, domestic violence victim advocates, substance abuse treatment providers, and concerned community members all play important roles in keeping children safe. All relevant professionals must be aware of their role in child protection and the unique knowledge and skills they bring to their community's prevention and intervention efforts. They must also understand the roles, responsibilities, and expertise of other professionals.

Child Protective Services

CPS is the agency mandated in most States to respond to reports of child abuse and neglect.

CPS is responsible for:

- Receiving reports of child abuse and neglect;
- Conducting initial assessments and investigations regarding suspected maltreatment;
- Conducting assessments of family strengths, resources, and needs;
- Developing individualized case plans;
- Providing direct services to support families in addressing the problems that led to maltreatment and reducing the risk of subsequent maltreatment;
- Coordinating services provided by other professionals;
- Completing case management functions such as maintaining case records, systematically reviewing case plans, and developing court reports.

CPS also helps educate the community about child abuse and neglect and seeks to enhance community prevention and treatment resources.

Law Enforcement

In the initial stages of the child protection response, law enforcement and CPS often have similar responsibilities. Law enforcement's involvement in the initial assessment and investigation of child abuse and neglect varies across States and communities. For example, in many States, sexual abuse or severe physical abuse must be investigated by law enforcement. In a few States, abuse

allegations are reported initially to law enforcement rather than to CPS.[137] Whether the community has a protocol for joint or separate initial assessments and investigations, a high degree of coordination between CPS and law enforcement is necessary to minimize the confusion and trauma to the child as a result of system intervention.

The primary responsibilities of law enforcement include:

- Identifying and reporting suspected child maltreatment;
- Receiving reports of child abuse and neglect;
- Conducting investigations of reports of child maltreatment when there is a suspicion that a crime has been committed;
- Gathering physical evidence;
- Determining whether sufficient evidence exists to prosecute alleged offenders;
- Assisting with any need to secure the protection of the child;
- Providing protection to CPS staff when a caseworker's personal safety may be in jeopardy if confrontation occurs with alleged offenders;
- Supporting the victim through the criminal court process.

In several States, law enforcement plays a key role in multidisciplinary teams or Child Advocacy Centers (CACs). These teams and centers aim to reduce the trauma to the child caused by multiple interviewing. They also work to improve the prosecution of cases, particularly in sexual abuse cases.[138] (For more information on multidisciplinary teams and CACs, see Chapter 11, "How Can Organizations Work Together to Protect Children?")

Educators and Early Child Care Providers

Principals, teachers, school social workers, and counselors, as well as early childhood education and child care providers, play a critical role in the community child protection system. Key functions of educators include:

- Developing and implementing prevention programs for children and parents;
- Identifying and reporting suspected child abuse and neglect;
- Recognizing and reporting child abuse and neglect occurring in the school system or child care program;
- Developing a school or program policy for reporting instances of child abuse and neglect and cooperating with CPS investigations;
- Keeping CPS informed of the changes or improvements in the child's behavior and condition following the investigation;
- Providing input in diagnostic and treatment services for the child;
- Supporting the child through potentially traumatic events, for example, court hearings and out-of-home placement;
- Providing support services for parents such as school-sponsored self-help groups;
- Serving on child maltreatment multidisciplinary teams.

Health Care Providers

Physicians, nurses, emergency medical technicians, and other medical personnel play a major role in the child protection system in every community. Key functions of health care providers include:

- Identifying and reporting suspected cases of child abuse and neglect;
- Providing diagnostic and treatment services (medical and psychiatric) for maltreated children and their families;
- Providing consultation to CPS regarding medical aspects of child abuse and neglect;
- Participating on the multidisciplinary case-consultation team;
- Providing expert testimony in child protection judicial proceedings;
- Providing information to parents regarding the needs, care, and treatment of children;
- Identifying and providing support for families at risk of child maltreatment;
- Developing and conducting primary prevention programs;
- Providing training for medical and nonmedical professionals regarding the medical aspects of child abuse and neglect;
- Participating on community multidisciplinary teams.

Mental Health Professionals

Mental health services are a prerequisite for any community system designed to prevent and treat child abuse and neglect. Key functions of psychiatrists, psychologists, social workers, and other mental health professionals include:

- Identifying and reporting suspected cases of child abuse and neglect;
- Conducting necessary evaluations of abused and neglected children and their families;
- Providing treatment for abused and neglected children and their families;
- Providing clinical consultation to CPS;
- Providing expert testimony in child protection judicial proceedings;
- Providing self-help groups for parents who have maltreated or are at risk of maltreating their children;
- Developing and implementing prevention programs;
- Participating on community multidisciplinary teams.

Legal and Judicial System Professionals

Responsibilities of legal professionals vary depending upon who the attorney's client is and the stage of a judicial proceeding.

Attorneys representing the CPS agency who are responsible for presenting child maltreatment cases in court:

- Assure that CPS personnel are given appropriate legal advice and consultation, for example, on decisions regarding emergency removal of children;
- Prepare necessary legal pleadings when court intervention becomes necessary;
- Participate in multidisciplinary team meetings when potential legal actions on behalf of the child may be explored;
- Prepare CPS caseworkers, expert witnesses, and other witnesses, especially children, for testifying in court.

Criminal prosecutors:

- Assure that any criminal action is coordinated with a civil child protection proceeding involving the same child;
- Assure that the child is adequately prepared for testifying;
- Provide the child with victim advocacy services when necessary;
- Assist the court in arriving at a sentence that serves the interest of justice and assures that proper treatment is provided;
- Participate in multidisciplinary team meetings when potential legal actions on behalf of the child may be explored.

Guardians ad Litem, legal counsel for children, and court-appointed special advocates (CASAs):

- Assure that the needs and interests of a child in child protection judicial proceedings are fully protected;
- Conduct an independent investigation into background and facts of the case;
- Determine the child's educational, psychological, and other treatment needs and help assure that the judicial intervention leads to appropriate treatment;
- Facilitate a speedy, nonadversarial resolution of the case whenever possible and appropriate.

Defense attorneys for the parents or other maltreating caregiver:

- Assure that the parents' or caregivers' statutory and constitutional rights are fully protected in any judicial proceeding;
- Assure that the parents or caregivers understand the judicial process and the potential impact of the process.

Juvenile or family court judges:

- Provide emergency protective orders when necessary, 24 hours a day, 7 days a week;
- Resolve speedily all court cases of alleged child maltreatment;
- Apply relevant case law and adjust the court process, as appropriate, to deal sensitively with child victims;
- Encourage the development of greater community resources for maltreated children and their families.

Court personnel help assure that children and families are dealt with sensitively throughout the judicial process. It is important for all family members to feel respected by the legal system as they go through a process that may feel intimidating and overwhelming. They also identify possible child maltreatment in cases before the court for other reasons, for example, delinquency.

Kinship Care

In recent decades, increasing numbers of substitute care providers are relatives of the maltreated children. "Kinship care" often involves formal child placement by the child welfare agency and juvenile court in the home of a child's relative–most frequently the child's grandmother.[139] Kinship care offers several benefits including greater familiarity between the caregiver and the child, potentially less traumatic placements, more visitation and contact with birth parents, and fewer placement changes.[140]

Substitute Care Providers

When children are removed from their parents' care and placed in foster care or residential care to ensure their safety, foster parents and residential care providers become part of the treatment team, which is focused on the objective of family reunification. Substitute care providers help ensure that the basic needs of maltreated children are met in safe, stable, and nurturing environments. Foster families typically become a part of their child's extended family and help negotiate relationships that support the birth parents and case plan goals.

Faith Community

Clergy and spiritual leaders can play important roles in supporting families and protecting children by:

- Providing counseling, support, and spiritual leadership to their congregation;
- Developing and implementing prevention programs to help stop child maltreatment;
- Identifying and reporting suspected child abuse and neglect;
- Supporting the child and family through potentially traumatic events, for example, court hearings and out-of-home placement;
- Attending family team meetings to help make decisions about case plans;
- Organizing self-help or mutual support groups at their facilities for parents who have maltreated a child or are at risk for doing so;
- Participating in community multidisciplinary teams.

Community Organizations and Support Services Providers

There are many other individuals who support the community intervention efforts, including youth service workers, community-based organizations, housing and job assistance agencies, civic groups, volunteers, and parent aides. These individuals offer prevention, support, and treatment services to abused and neglected children and their families. Support services frequently address the reduction of risk factors and enhancement of protective factors discussed in Chapter 5, "What Factors Contribute to Child Abuse and Neglect?" Involvement may occur prior to CPS involvement (e.g., supporting families at risk), concurrent with CPS involvement (e.g., attending family team meetings to help make decisions about case plans), or following CPS involvement (e.g., providing ongoing support and services).

Some examples of the diverse community support provided to maltreated children and their families include:

- Home visitors supporting new parents and modeling appropriate parenting practices;

- Substance abuse treatment providers offering services to parents who are addicted to drugs;
- Big Brother/Big Sister Organizations providing mentoring and social opportunities for maltreated children;
- Domestic violence shelters offering safe housing arrangements for abused spouses and their children;
- Neighborhood centers helping to build family skills and providing networking opportunities;
- Homeless shelter staff providing homemaking and advocacy services for families in a shelter;
- Child care programs offering respite care to stressed parents;
- Family service agencies lending support to teen parents.

As part of ongoing CPS reform movements across the country, community organizations and support service providers increasingly are playing more active roles in collaborative child protection efforts.

Concerned Citizens

In addition to the various practitioners described above, concerned citizens, particularly friends and neighbors, play an important role in responding to child maltreatment. All individuals in the community can contribute to the protection of children by providing social and emotional support to fellow community members, reporting suspected maltreatment, modeling good parenting behaviors, advocating for needed resources, and helping educate others about the problems of maltreatment.

CHAPTER 11

How Can Organizations Work Together to Protect Children?

National, State, and local movements to integrate services and improve collaboration have been among the most significant trends in human services over the last decade.[141] Catalysts supporting this trend toward increased collaboration include changes in Federal funding programs that now encourage collaborative efforts and the desire to enhance service delivery to clients who exhibit multifaceted problems.[142] Likewise, many communities are experimenting with a new approach to child protection and family well-being by broadening the commitment and responsibility from a single public agency to the community.[143]

This chapter examines the essential elements of a well-coordinated child protection system. Other manuals in the series include more detailed information regarding community collaboration and integrated service systems.

Principles to Guide Collaboration

Collaboration is grounded in interdependent relationships. There are several basic guidelines to foster collaborative efforts:

- **Build and maintain trust.** Trust enables people to share information, perceptions, and feedback. Professionals and nonprofessionals working together must trust each other, respect each other, view each other as an important contributor, and value the uniqueness of their colleagues. Collaborators can build trust by:
  - Reaching agreement regarding norms for behavior for working together;
  - Developing mutual respect, which enables them to be creative, take risks, and openly explore difficult issues;
  - Correcting common misconceptions and learning up-to-date information regarding other agencies;
  - Developing an informal, relaxed atmosphere, for example, by getting to know team members outside of the work setting;
  - Viewing all participants as equal members in designing and implementing the collaborative efforts.[144]
- **Reach agreement on core values.** All the parties must reach consensus on a core set of values for the collaborative effort. Each of the parties must honor the importance of the values and their implementation in practice.
- **Reach agreement and stay focused on common goals.** A well-coordinated system is based on agreement between all of the parties on common goals, such as the prevention of child abuse, the safety of children, and the permanency for children. In spite of the fact that the professionals or agencies involved in child welfare have differences in philosophy,

focus, mission, and perceptions, which may sometimes come into conflict with one another, it is possible to agree on common goals. This requires that all parties:

- Set aside or merge their vested interests;
- Believe that by developing and maintaining common goals children and families will attain more positive outcomes.

- **Develop a common language.** Each profession and agency has its own terminology, jargon, and acronyms. It is important to help the parties overcome language barriers. Each of the parties should:
  - Explain the technical language, words, and phrases they use;
  - Refrain from using acronyms and professional jargon;
  - Achieve a common understanding of what terms mean, for example, "strengths-based" or "family involvement."
- **Demonstrate respect for the knowledge and experience of each person.** Respect is a fundamental starting point for understanding and action. Effective collaboration requires the expertise and knowledge of all parties, who should listen to and be respectful of each person's opinions and ideas. Any misunderstandings, unreasonable expectations, myths, previous problems, or other issues must be worked through.
- **Assume positive intentions of the parties.** When a variety of professionals, as well as nonprofessionals, comes together to develop and implement a collaborative effort, they bring with them different ideas, perspectives, and approaches. It is important to believe that each of the parties is genuinely interested in working toward the agreed upon goals and positive outcomes for children and families.
- **Recognize the strengths, needs, and limitations of all of the parties.** Each person and agency comes to the collaborative process with strengths, needs, and limitations. For example, community agencies bring with them specific resources needed to build an effective community response to child maltreatment. They also bring with them limitations, such as differing missions, goals, policies, and procedures. Capitalizing on the strengths and being aware of and addressing any barriers to participation are essential. It may require being open to and exploring alternative ways individuals can contribute to the collaborative effort.
- **Work through conflict.** Conflict is healthy and inevitable when people work together collaboratively. The extent to which people feel comfortable with conflict and airing differences affects reaching consensus or an acceptable conclusion. Since communication is a significant part of one's culture, great care must be taken to encourage the equal participation of all members.
- **Share decision-making, risk taking, and accountability.** A true collaborative effort means that decisions are made and risks are taken as a team. Members participate in planning and decision-making and openly collaborate with others. All members feel a professional responsibility for the performance of the partnership. This means the entire team is accountable for achieving the outcomes and goals.[145]

Effective Leadership— An Essential Component of Successful Collaboration

Leadership is key to successful collaboration. The leader:

- Assures that all of the stakeholders are represented on the team;

- Is able to search for and discover opportunities, benefits, and resources;
- Can build trust across agencies, professionals, and nonprofessionals;
- Is responsive to the needs of the group;
- Is flexible and can flow with the dynamics of the group;
- Understands the dynamics of power, authority, and influence and uses this knowledge to facilitate collaboration;
- Is able to manage conflict effectively;
- Does not promote his or her own agenda to the exclusion of others;
- Understands and responds appropriately to people from diverse cultures;
- Treats all members with respect;
- Facilitates group discussions effectively;
- Frames needs, problems, and opportunities for the group.[146]

Collaborative Models

The following models demonstrate the effectiveness of collaboration.

Fatality Review Team

In the event of a child's death due to abuse or neglect, a child fatality review team provides a systemic and multidisciplinary means to identify discrepancies between policy and practice and gaps in communication systems. Child fatality review teams typically consist of representatives from pertinent agencies or offices, such as CPS, law enforcement, and the coroner or medical examiner.

The outcomes achieved through child fatality review teams include: the improvement of child protection through better coordination and collection of information; the protection of siblings in at-risk families; a decrease in the number of child deaths; and an enhanced collection of evidence, which improves the prosecution of abusers.[147]

Child Advocacy Centers

Child advocacy centers (CAC) are community-based facilities designed to coordinate services to victims of nonfatal abuse and neglect, especially in cases of child sexual abuse and severe physical abuse. The key goal of these centers is to reduce the trauma to victims that may result from agency intervention. CACs seek to improve the handling of cases at key points in the child protection process—investigation, prosecution, and treatment—by assuring the collaboration of the key professionals and agencies involved.[148]

The Child Advocacy Center is a child-friendly facility where all of the key professionals—child protective services (CPS), law enforcement, prosecutors, mental health professionals, and child advocates—are co-located. Also, CACs typically work closely with medical personnel who specialize in child sexual abuse. CACs enhance coordination and achievement of positive outcomes by the close proximity of professionals, the assignment of a child advocate who monitors the case through the various systems, and the case review, which promotes formal and informal discussion of cases.

Conclusion

Every child deserves to grow up in a safe and nurturing environment. Unfortunately, hundreds of thousands of children are reported to be victims of child abuse and neglect each year.[150] An untold number of other children are maltreated but not

reported to responding agencies. As outlined in this manual, a number of practitioners and professionals assume different roles and responsibilities in identifying and responding to reported cases of child abuse and neglect. Child maltreatment, however, is so widespread and, thus, such a significant issue that every citizen and organization shares in the responsibility for responding to this problem.

Interventions are designed to strengthen families as an integral part of ensuring child safety, permanency, and well-being. This includes promoting responsible parenting, fostering families' support networks, and providing comprehensive services customized to meet the circumstances, strengths, and needs of each family.

This manual is intended as a foundation for understanding child maltreatment issues and responses. Interested parties are encouraged to read the accompanying profession-specific and special-issue publications contained in the *User Manual Series*.

Integrated Service Delivery Systems

Many communities throughout the United States are attempting to create integrated service delivery systems that honor the unique strengths, needs, and culture of each child and family. One example is the six sites implementing "Partnerships in Action," which brings together families and child welfare, mental health, and other related systems.

- The program in Branch County, Michigan, assessed and redesigned community-based services to develop a seamless, integrated system of care for pregnant women and their families with newborn children (up to 6 years of age).
- The program in the Pueblo of Zuni, New Mexico, created a single point of entry among tribal agencies for families experiencing domestic violence and child abuse. Also, the program strengthened domestic violence codes and created a state-of-the-art shelter for female victims of domestic violence and their children.
- The program in Lorain County, Ohio, developed an infrastructure to provide the strongest possible community safety net for adolescents who "fell through the cracks" because their needs were not severe enough to require immediate, crisis, or intensive services from child welfare or mental health agencies. An essential part of the program was the development of a written operational interagency agreement.
- The Rhode Island program provided seed money to communities to develop a specialized team approach for transition planning for youth with multiple agency needs who are incarcerated in a training school.
- The program in Sedgwick County, Kansas, collaborated with a private contractor providing foster care to develop individualized plans of care for children diagnosed with serious emotional disturbances in need of mental health services. They also provided training to staff regarding family involvement.
- The program in Maryland identified the individual and collective effects of multiple reform efforts in the State and identified ways the efforts could reinforce each other.[149]

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APPENDIX A
Glossary of Terms

Adjudicatory Hearings – held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) – signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

CASA – court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure – the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan – the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Case Planning – the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

Caseworker Competency – demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) – the law (P.L. 93-247) that provides a foundation for a national definition of child abuse and neglect. Reauthorized in October 1996 (P.L. 104-235), it was up for reauthorization at the time of publication. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Child Protective Services (CPS) – the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

Concurrent Planning – identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.

Cultural Competence – a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Differential Response – an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as "dual track" or "multi-track" response, it permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support. See "dual track."

Dispositional Hearings – held by the juvenile and family court to determine the disposition of children after cases have been adjudicated, such as whether placement of the child in out-of-home care is necessary and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Dual Track – term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See "differential response."

Evaluation of Family Progress – the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Family Assessment – the stage of the child protection process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the family members.

Family Unity Model – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Full Disclosure – CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem – a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the "best interest" of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs – prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family's home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity – established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Initial Assessment or Investigation – the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child's protection, and determines services needed.

Intake – the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol – a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts – established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Kinship Care – formal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Liaison – the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Mandated Reporter – groups of professionals required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include: educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers.

Multidisciplinary Team – established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These terms may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect – the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

Out-of-Home Care – child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

Parent or caretaker – person responsible for the care of the child.

***Parens Patriae* Doctrine** - originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State's power to ensure the protection and rights of children as a unique class.

Physical Abuse – the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Primary Prevention – activities geared to a sample of the general population to prevent child abuse and neglect from occurring. Also referred to as "universal prevention."

Protocol – an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Protective Factors – strengths and resources that appear to mediate or serve as a "buffer" against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Psychological Maltreatment – a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term "psychological maltreatment" is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time – a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Review Hearings – held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk – the likelihood that a child will be maltreated in the future.

Risk Assessment – to assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors – behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety – absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment – a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

Safety Plan – a casework document developed when it is determined that the child is in imminent risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and assure the child's protection.

Secondary Prevention – activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

Service Agreement – the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

Service Provision – the stage of the CPS casework process when CPS and other service providers provide specific services geared toward the reduction of risk of maltreatment.

Sexual Abuse – inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely be the police and criminal courts.

Substantiated – an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that credible evidence exists that child abuse or neglect has occurred.

Tertiary Prevention – treatment efforts geared to address situations where child maltreatment has already occurred with the goals of preventing child

maltreatment from occurring in the future and of avoiding the harmful effects of child maltreatment.

Treatment – the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Universal Prevention – activities and services directed at the general public with the goal of stopping the occurrence of maltreatment before it starts. Also referred to as "primary prevention."

Unsubstantiated (not substantiated) – an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.

APPENDIX B

Resource Listings of Selected National Organizations Concerned with Child Maltreatment

Listed below are several representatives of the many national organizations and groups that deal with various aspects of child maltreatment. Please visit **www.calib.com/nccanch** to view a more comprehensive list of resources and visit **www.calib.com/nccanch/database/index.cfm** to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

For the General Public

American Bar Association Center on Children and the Law

address: 740 15th St., NW
Washington, DC 20005

phone: (202) 662-1720

fax: (202) 662-1755

e-mail: ctrchildlaw@abanet.org

Web site: www.abanet.org/child

Promotes improvement of laws and policies affecting children and provides education in child-related law topics.

Childhelp USA

address: 15757 North 78th St.
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD
(800) 2-A-CHILD (TDD line)
(480) 922-8212

fax: (480) 922-7061

e-mail: help@childhelpusa.org

Web site: www.childhelpusa.org

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents and operates a national hotline.

National Center for Missing and Exploited Children (NCMEC)

address: Charles B. Wang International
Children's Building
699 Prince St.
Alexandria, VA 22314-3175

phone: (800) 843-5678
(703) 274-3900

fax: (703) 274-2220

Web site: www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

Parents Anonymous

address: 675 West Foothill Blvd., Suite 220
Claremont, CA 91711

phone: (909) 621-6184

fax: (909) 625-6304

e-mail: parentsanon@msn.com

Web site: www.parentsanonymous.org

Leads mutual support groups to help parents provide nurturing environments for their families.

Community Partners

The Center for Faith-based and Community Initiatives

e-mail: CFBCI@hhs.gov

Web site: www.hhs.gov/faith

Welcomes the participation of faith-based and community-based organizations as valued and essential partners with the U.S. Department of Health and Human Services. Funding goes to faith-based organizations through Head Start and to programs for refugee resettlement, runaway and homeless youth, independent living, child care, child support enforcement, and child welfare.

Family Support America
(formerly Family Resource Coalition of America)

address: 20 N. Wacker Dr., Suite 1100
Chicago, IL 60606

phone: (312) 338-0900

fax: (312) 338-1522

e-mail: info@familysupportamerica.org

Web site: www.familysupportamerica.org

Works to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members.

National Children's Alliance

address: 1612 K St., NW, Suite 500
Washington, DC 20006

phone: (800) 239-9950
(202) 452-6001

fax: (202) 452-6002

e-mail: info@nca-online.org

Web site: www.nca-online.org

Provides training, technical assistance, and networking opportunities to communities seeking to plan, establish, and improve Children's Advocacy Centers.

National Exchange Club Foundation for the Prevention of Child Abuse

address: 3050 Central Ave.
Toledo, OH 43606-1700

phone: (800) 924-2643
(419) 535-3232

fax: (419) 535-1989

e-mail: info@preventchildabuse.com

Web site: www.nationalexchangeclub.com

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

National Fatherhood Initiative

address: 101 Lake Forest Blvd., Suite 360
Gaithersburg, MD 20877

phone: (301) 948-0599

fax: (301) 948-4325

Web site: www.fatherhood.org

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

Prevention Organizations

National Alliance of Children's Trust and Prevention Funds (ACT)

address: Michigan State University
Department of Psychology
East Lansing, MI 48824-1117

phone: (517) 432-5096

fax: (517) 432-2476

e-mail: millsda@msu.edu

Web site: www.ctfalliance.org

Assists State children's trust and prevention funds to strengthen families and protect children from harm.

Prevent Child Abuse America

address: 200 South Michigan Ave., 17th Floor
Chicago, IL 60604-2404

phone: (800) 835-2671 (orders)
(312) 663-3520

fax: (312) 939-8962

e-mail: mailbox@preventchildabuse.org

Web site: www.preventchildabuse.org

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing. Also, provides information and statistics on child abuse.

Shaken Baby Syndrome Prevention Plus

address: 649 Main St., Suite B Groveport, OH 43125

phone: (800) 858-5222
(614) 836-8360

fax: (614) 836-8359

e-mail: sbspp@aol.com

Web site: www.sbsplus.com

Develops, studies, and disseminates information and materials designed to prevent shaken baby syndrome and other forms of physical child abuse and to increase positive parenting and child care.

Child Welfare Organizations

American Humane Association Children's Division

address: 63 Inverness Dr., East
Englewood, CO 80112-5117

phone: (800) 227-4645
(303) 792-9900

fax: (303) 792-5333

e-mail: children@americanhumane.org

Web site: www.americanhumane.org

Conducts research, analysis, and training to help public and private agencies respond to child maltreatment.

American Public Human Services Association

address: 810 First St., NE, Suite 500
Washington, DC 20002-4267

phone: (202) 682-0100

fax: (202) 289-6555

Web site: www.aphsa.org

Addresses program and policy issues related to the administration and delivery of publicly funded human services. Professional membership organization.

American Professional Society on the Abuse of Children

address: 940 N.E. 13th St.
CHO 3B-3406
Oklahoma City, OK 73104

phone: (405) 271-8202

fax: (405) 271-2931

e-mail: tricia-williams@ouhsc.edu

Web site: www.apsac.org

Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

AVANCE Family Support and Education Program

address: 301 South Frio, Suite 380
San Antonio, TX 78207

phone: (210) 270-4630

fax: (210) 270-4612

Web site: www.avance.org

Operates a national training center to share and disseminate information, material, and curricula to service providers and policy makers interested in supporting high-risk Hispanic families.

Child Welfare League of America

address: 440 First St., NW, Third Floor
Washington, DC 20001-2085

phone: (202) 638-2952

fax: (202) 638-4004

Web site: www.cwla.org

Provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public about emerging issues affecting children.

Children's Defense Fund

address: 25 E St., NW
Washington, DC 20001

phone: (202) 628-8787

fax: (202) 662-3540

e-mail: cdfinfo@childrensdefense.org

Web site: www.childrensdefense.org

Provides technical assistance to State and local child advocates, gathers and disseminates data on children, and advocates for children's issues.

National Black Child Development Institute

address: 1023 15th St., NW, Suite 600
Washington, DC 20005

phone: (202) 387-1281

fax: (202) 234-1738

e-mail: moreinfo@nbcdi.org

Web site: www.nbcdi.org

Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

National Children's Advocacy Center

address: 200 Westside Sq., Suite 700
Huntsville AL 35801

phone: (256) 533-0531

fax: (256) 534-6883

e-mail: webmaster@ncac-hsv.org

Web site: www.ncac-hsv.org

Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association

address: 5100 SW Macadam Ave., Suite 300
Portland, OR 97201

phone: (503) 222-4044

fax: (503) 222-4007

e-mail: info@nicwa.org

Web site: www.nicwa.org

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.

National Resource Center on Child Maltreatment

address: Child Welfare Institute
3950 Shackleford Rd., Suite 175
Duluth, GA 30096

phone: (770) 935-8484

fax: (770) 935-0344

e-mail: tsmith@gocwi.org

Web site: www.gocwi.org

Helps States, local agencies, and Tribes develop effective and efficient child protective services systems. Jointly operated by the Child Welfare Institute and ACTION for Child Protection, it responds to needs related to prevention, identification, intervention, and treatment of child abuse and neglect.

For More Information

National Clearinghouse on Child Abuse and Neglect Information

address: 330 C St., SW
Washington, DC 20447

phone: (800) 394-3366
(703) 385-7565

fax: (703) 385-3206

e-mail: nccanch@calib.com

Web site: www.calib.com/nccanch

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.

APPENDIX C

State Toll-free Telephone Numbers for Reporting Child Abuse

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have an in-State toll-free telephone number, listed below, for reporting suspected abuse. **The reporting party must be calling from the same State where the child is allegedly being abused for most of the following numbers to be valid.**

For States not listed or when the reporting party resides in a different State than the child, please call **Childhelp, 800-4-A-Child** (800-422-4453), or your local CPS agency.

Alaska (AK)
800-478-4444

Arizona (AZ)
888-SOS-CHILD
(888-767-2445)

Arkansas (AR)
800-482-5964

Connecticut (CT)
800-842-2288
800-624-5518 (TDD)

Delaware (DE)
800-292-9582

Florida (FL)
800-96-ABUSE
(800-962-2873)

Illinois (IL)
800-252-2873

Indiana (IN)
800-800-5556

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999

Maryland (MD)
800-332-6347

Massachusetts (MA)
800-792-5200

Michigan (MI)
800-942-4357

Mississippi (MS)
800-222-8000

Missouri (MO)
800-392-3738

Montana (MT)
800-332-6100

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757

New Hampshire (NH)
800-894-5533
800-852-3388 (after hours)

New Jersey (NJ)
800-792-8610
800-835-5510 (TDD)

New Mexico (NM)
800-797-3260

New York (NY)
800-342-3720

North Dakota (ND)
800-245-3736

Oklahoma (OK)
800-522-3511

Oregon (OR)
800-854-3508, ext. 2402

Pennsylvania (PA)
800-932-0313

Rhode Island (RI)
800-RI-CHILD
(800-742-4453)

Texas (TX)
800-252-5400

Utah (UT)
800-678-9399

Vermont (VT)
800-649-5285

Virginia (VA)
800-552-7096

Washington (WA)
866-END-HARM
(866-363-4276)

West Virginia (WV)
800-352-6513

Wyoming (WY)
800-457-3659

To view or obtain copies of other manuals in this series, contact the National Clearinghouse on Child Abuse and Neglect Information at:

800-FYI-3366
nccanch@calib.com
www.calib.com/nccanch/pubs/usermanual.cfm