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

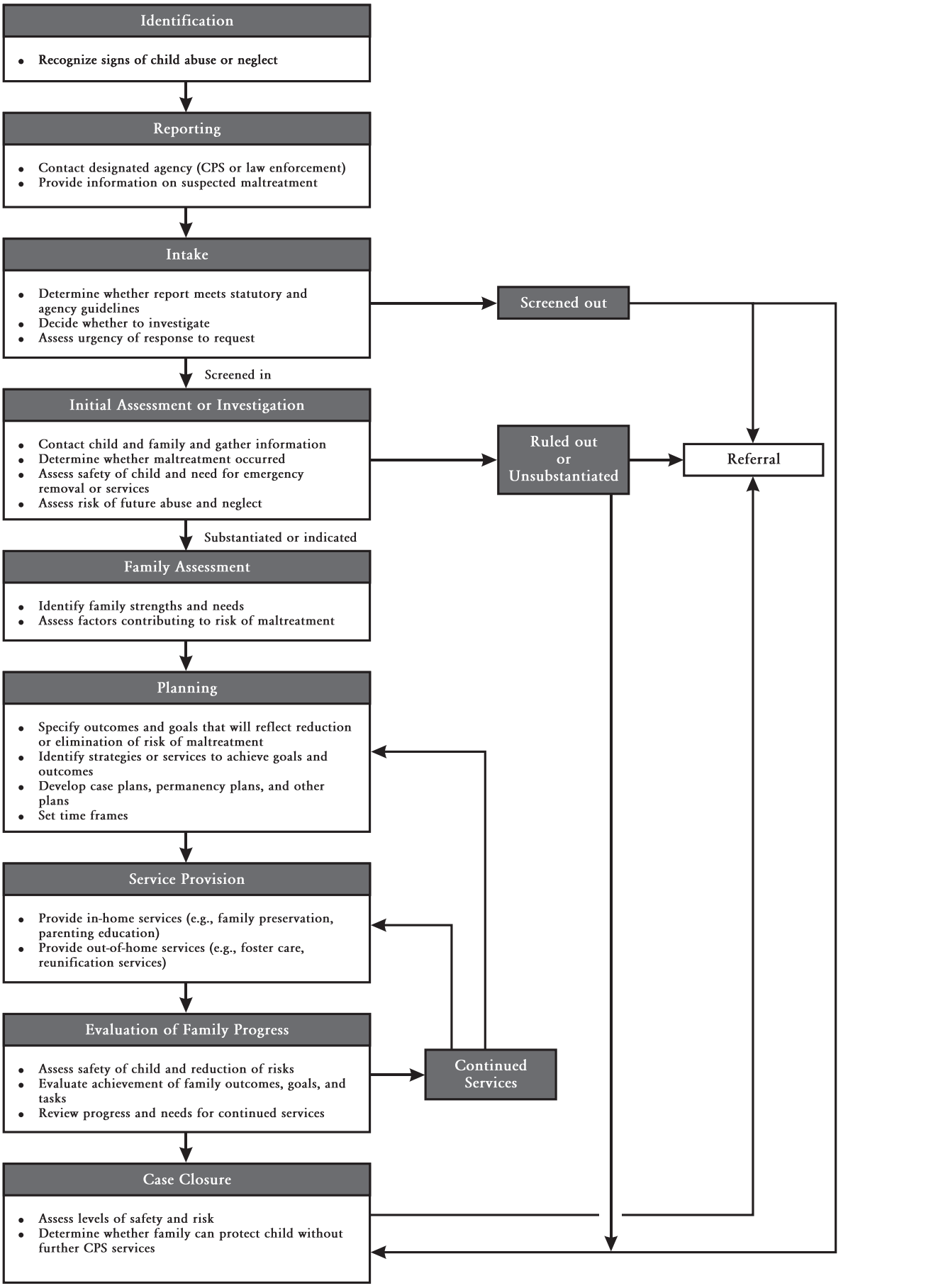
Exhibit 9-1 presents an overview of the typical child protection process for most locales and is described further below.

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