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SPECIAL ISSUE

PREVENTING PHYSICAL CHILD ABUSE AND NEGLECT

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APSAC: Ensuring that everyone affected by child abuse and neglect receives the best possible professional response.

Preventing Physical Child Abuse and Neglect: Overview

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Quietly but steadily, child abuse prevention efforts are growing throughout hundreds of communities across the United States. These activities range from the establishment of local home visitation programs, mutual aid support groups, and center-based programs, to larger public education, research, and state and national-level advocacy initiatives—all sharing the goal of stopping physical child abuse and neglect before they ever start. Although efforts to prevent child abuse have not yet garnered the same degree of public attention as intervention in cases where child abuse has already occurred, the goal of prevention is no less compelling: If this goal is achieved, children, families, and the professionals who work with them can not only avoid the traumata associated with child maltreatment, but can also steer clear of some of the wrenching challenges accompanying child protective intervention, which aims at either preserving families in a high state of risk or placing maltreated children away from home and in situations fraught with their own risks.

The recent rapid advancement of physical abuse and neglect prevention activities has been propelled forward by several highly promising research studies suggesting that, if carefully targeted and delivered, child abuse prevention services *can* reduce the risk for child abuse and neglect before it ever occurs. Perhaps because the aims of prevention are to avert maltreatment that has not yet occurred—and therefore is not easy to "see"—prevention efforts have been particularly reliant on research that sheds light on appropriate targets for prevention, optimal intervention strategies and models, and the limitations and future directions for prevention efforts.

Given the rapid set of developments occurring in child abuse prevention practices and research, we thought it timely to organize a special issue of the *APSAC Advisor* to highlight trends and issues in this dynamic field. We are privileged to include contributions by a number of outstanding experts, such as Deborah Daro, one of the early scholars and architects of the field. She provides us with an overarching perspective on prevention issues, the state of the field now, and the likely challenges to moving forward. Howard Dubowitz, who has importantly drawn the field's attention to the most prevalent form of child maltreatment, namely, child neglect, takes on prevention efforts specifically addressing this concern.

There is an overrepresentation in the child welfare system of families of color as well as what initially appears to be a favorable responsiveness to prevention services by such families when compared with white families. Therefore, we have organized a Forum of three interrelated articles addressing the issues of race, class, and child abuse prevention, authored by Dennette Derezotes, Sandra Chipungu, Samuel Myers, and Tricia Bent-Goodley.

Finally, because child abuse and neglect prevention appears poised to take on the form of a national movement, we have asked some of the key players at national agencies to introduce us to their agendas and activities: Sidney Johnson at Prevent Child Abuse America, Rodney Hammond at the Centers for Disease Control and Prevention, and Cheryl Boyce at the National Institute of Mental Health.

Here we want to acknowledge especially the generous support provided by Prevent Child Abuse America, which has underwritten this special issue devoted to the prevention of physical child abuse and neglect. We hope you find this information of value, and we welcome your thoughts and input.

CHILD ABUSE PREVENTION: ACCOMPLISHMENTS AND CHALLENGES

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Child abuse prevention as a concept and as a field has come a long way in the past thirty years (Daro & Cohn-Donnelly, 2002a). Today's prevention practitioners, advocates, and researchers have a greater appreciation for the complexity of the problem they seek to resolve and are slightly more resistant to overstating their case. Prevention efforts have established stronger, more diversified partnerships that are engaging more people and institutions.

Prevention research is more rigorous in terms of methods and measures and is more frequently cited in the articulation of specific program and policy decisions. Program evaluations are documenting more consistent and robust outcomes. As members of a field, prevention advocates are less competitive and are learning how to work across service models and problem areas. Evidence of this commitment to collaboration can be found in the growing number of community partnerships to promote child protection and early childhood education. State and county governments across the country are finding ways to pool their resources and think beyond their own agency or bureaucratic boundaries. All of these trends suggest society can expect more from its future investments in prevention. To garner these added benefits, however, prevention practitioners and researchers need to value what has been learned and to recognize they can do better.

Lessons Learned

In investigating the features of successful programs, many professionals have written about the importance of building innovations around strong theories of change that establish clear, coherent linkages among participant needs, program goals, program structure, and staff skills (Berlin, O'Neal, & Brooks-Gunn, 1998; Fulbright-Anderson, Kubisch, & Connell, 1998; Olds, Henderson, Kitzman, Eckenrode, Cole, & Tatelbaum, 1999; Weiss, 1995). Others have emphasized the need for greater attention to the role that community values and resources play in a child's development (Earls, 1998; Melton & Berry, 1994; Schorr, 1997) and the importance of continuous adherence to quality standards in both structuring programs and hiring and supervising staff (Dunst, 1995; Schorr, 1997; Wasik & Bryant, 2001).

Within these parameters, child abuse prevention advocates have designed and implemented a number of diverse and effective prevention efforts. Concerns over parental rights and family privacy have led prevention advocates to frame these efforts in terms of those risk factors identified in the literature as resulting in a higher probability of abuse or neglect. Such factors include both demographic characteristics (e.g., poverty, single parent status, young maternal age) as well as psychosocial characteristics (e.g., low frustration tolerance, substance abuse, limited knowledge of child development, situational stress). Therefore, when prevention efforts have sought universal coverage, they generally have used strategies that pose minimal threats to family privacy or parental control.

Volumes have been written about the efficacy of individual prevention strategies and broad prevention systems (Daro, 1988; Daro & Cohn-Donnelly, 2002b; Willis, Holden, & Rosenberg, 1992). Home visitation programs, group-based interventions, family resource centers, public awareness campaigns, and institutional reforms all have been used to reduce a child's risk for physical abuse or neglect.

Each strategy has produced some changes in targeted outcome areas with selected populations. Several center-based programs and support groups have demonstrated strong outcomes in extending the time between pregnancies and improving parental capacity among teen moms (Baker, Piotrkowski, & Brooks-Gunn, 1999; Carter & Harvey, 1996; Daro & Cohn-Donnelly, 2002b). In contrast, home-based interventions appear particularly attractive to low-income, new parents struggling to balance the demands of child rearing with their own need for personal support (Daro & Cohn-Donnelly, 2002b; Guterman, 2001). Strong empirical evidence for any of these strategies, however, is limited. In some cases, the absence of consistent outcomes reflects measurement difficulties (e.g., no solid baseline data, lack of standardized assessment measures in certain domains, incomplete or inaccurate administrative data systems). In other cases, the evaluations of these strategies have not incorporated rigorous designs (e.g., controlled randomized trials or quasi-experimental designs) or identified samples large enough to detect more subtle changes in attitudes or behaviors. In still other cases, implementation difficulties, such as high staff turnover rates, poor participant identification procedures, or dramatic changes in community context, have limited a strategy's potential.

Despite these difficulties, the number of prevention efforts is increasing, and most programs continue to enjoy strong political support. Not all efforts, however, are equally effective or appropriate across cultures or parenting difficulties. Research suggests that child abuse prevention programs can improve their effectiveness by embracing certain best practice standards (Daro, 2000; Guterman, 2001). Among the most promising standards are the following:

- Initiate services early in the parent-child relationship, either at the time a baby is born or, if possible, when a woman becomes pregnant.
- Offer a service dosage compatible with service objectives.
- Recognize that achieving sustained change with high-risk families requires intensive, long-term efforts.
- Address participants' personal needs as well as their parenting responsibilities.
- Provide a specific set of developmentally appropriate services for children.
- Offer strong linkages to other local service providers.

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Finally, program managers need to pay special attention to whom they hire and their manner of support (Wasik & Bryant, 2001). That is, funding prevention efforts need to keep in mind that prevention is often about building relationships not simply about delivering a product. Consequently, care must be taken to insure that caseloads are low enough to allow staff to spend the time necessary with each family to establish firm relationships. Also, programs must offer intensive training at the front end and solid, reflective supervision to avoid worker burnout and sustain service quality.

Moving Forward

Despite early and thoughtful interventions, many recipients will indeed mistreat their children or remain unable to provide the consistent nurturing and supervision necessary for their child's safe and full development. Such limitations call for new thinking in how prevention efforts are crafted and presented to potential participants. Specifically, these reflections suggest that future prevention efforts need to be built upon three key principles.

First, prevention programs need to focus not merely on changing individual behaviors but also on using these services as a springboard for systemic reforms in health and social service institutions. Establishing a series of solid, well-implemented direct service programs is one level of change. Integrating these efforts into a coherent system of support that can be used to leverage broader, institutional change is a more challenging and less obvious process. Although many private and public agencies have engaged in efforts to alter the way major institutions interface with families, few consistent success stories exist (Kagan, 1996; Schorr, 1997; St. Pierre, Layzer, Goodson, & Bernstein, 1997). Developing and sustaining such systemic success stories are essential components of success.

Second, such efforts need to offer community planners flexible, empirically based criteria for "building" their own prevention programs. Simply adopting predetermined, monolithic intervention strategies has not produced a steady expansion of high quality, effective interventions (Brookings Institute, 1998; Schorr, 1997). Replication efforts need to include a specific planning phase in which local stakeholders (e.g., potential participants, local service providers, funders, the general public) assess the scope of maltreatment in their community, identify local human and social service resources, and craft a service delivery system in keeping with local realities.

Finally, intensive efforts for those families facing the greatest challenges need to be nested within a more broadly defined network of support services. Successfully engaging and retaining those parents facing the greatest challenges will not result from more stringent efforts to identify and serve only these parents. Until systems are established that normalize the parent support process by assessing and meeting the needs of *all* new parents, prevention efforts will continue to struggle with issues of stigmatization and deficit-directed imagery.

At present, the vast majority of public and social investment in addressing the problem of child abuse is focused on tertiary care (ie., treatment). In the absence of any dramatic shift in mission, agency directors and line staff have no incentive to retool their operations or to alter their funding streams to accommodate the alternative service delivery methods and values represented by prevention advocates. Prevention efforts will remain marginalized and, ultimately, ineffective until this imbalance is corrected.

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Preventing Child Neglect: Promoting Children's Health, Development, and Safety

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The neglect of neglect has become a cliché, yet it remains true. There has, however, been increased funding for research on neglect by federal agencies and greater interest by professionals in the field. Despite this progress, neglect—which is often insidious, not dramatic, and strongly linked to difficult-to-change social problems—has not become the priority it deserves to be. Neglect is by far the most common form of child maltreatment, constituting over half of identified cases in both CPS and community samples (U.S. DHHS, 1996; U.S. DHHS, 2002).

As with other forms of child maltreatment, the human costs of child neglect to individuals, families, communities, and our society are huge, as are the fiscal costs (Gaudin, 1999; Hildyard & Wolfe, 2002). The case for preventing child neglect is clearly compelling, especially when one considers that the dividends of preventive policies and programs should be far richer than just preventing the neglect of children. For example, Olds and colleagues (Olds, Henderson, & Kitzman, 1997; Olds, Henderson, Kitzman, Eckenrode, Cole, & Tatelbaum, 1999) found that in addition to diminished rates of abuse and neglect, nurse home visitation led to such benefits as improved maternal health habits, fewer perinatal complications, and fewer problems with the justice system. At its heart, preventing child maltreatment aims to strengthen families and support parents to help ensure good care of children.

There is much overlapping of the problems contributing to child neglect, physical abuse, and psychological maltreatment. Thus, few programs specifically target neglect, and much of this article applies more broadly. There are also different levels of prevention. But the focus here is on the prevention of neglect before it occurs, including primary (i.e., efforts targeting a broad population, such as screening for risk factors in pediatric primary care) and secondary strategies (e.g., programs for high-risk groups, such as low-income teen moms), but not tertiary approaches (i.e., treatment).

What We Don't Know

It is important to acknowledge what we don't know. Aside from home visitation programs, there remains a paucity of rigorously evaluated prevention efforts targeting child maltreatment, for a few reasons. Funding for research in this area has been puny. Given the demand for services, evaluation appears to be a "luxury." The relatively low rate of maltreatment—even in high-risk populations—requires many program participants to look for possibly significant effects. It follows that we should be cautious in our advocacy. In the face of inadequate knowledge, we still must intervene. We hope that this will be with caution, guided by the best available theory and knowledge. And, there is a good deal that we do know about child neglect.

Defining Neglect

A clear conception of what constitutes neglect is needed to guide our prevention efforts. *Neglect* is usually defined as "omissions in care by parents or caregivers resulting in significant harm, or the risk of significant harm." This view, broadly accepted in the current child welfare framework, focuses narrowly on parents and implicitly blames them. It fails to adequately consider the circumstances that impede parenting as well as other circumstances that directly impair children's health, development, and safety.

A broader, less blaming, and more constructive alternative is to view neglect from a child's perspective: neglect occurs when a child's basic need(s) is not met (Dubowitz, Black, Star, & Zuravin, 1993). Basic needs include adequate food, clothing, health care, education, supervision, protection from environmental hazards, nurturance, support, affection, and a home. This broad definition does not mean that every such circumstance requires CPS involvement, but it does indicate when a child needs help.

Preventing children's neglect and meeting their basic needs require an understanding of what contributes to the problem (i.e., risk factors) and what are the buffering influences (i.e., protective factors). Protective factors, strengths, have been too long overlooked. They are key to effective intervention.

Understanding Child Neglect

Parents do have the primary responsibility to meet their children's basic needs, but the maxim "It takes a village to raise a child" is also true. Even when taking a narrow view of "negligent" parents, we need to acknowledge the many and often interacting influences on families and parents as they act to meet their children's needs (Belsky, 1980; 1993). Thus, there is no single cause of child neglect. Among the possible contributors to neglect, for example, are the following:

Child and Parent Influences

Infants and young children are naturally dependent and especially vulnerable to maltreatment. Further, children with disabilities are at increased risk. Maternal depression has been linked to neglect as has alcohol and substance abuse. The limited involvement of many fathers in children's lives should not be overlooked (Dubowitz, Giarding, & Gustavon, 2000). In contrast, a child's intelligence and parents' desire that their child be healthy appear to be protective factors.

Family Influences

Multiple stressors, including those related to poverty and few social supports, often contribute to neglect (U.S. DHHS, 1996). Children's exposure to domestic violence is a serious concern and can reasonably be construed as a form of neglect—children need to be adequately protected from environmental hazards (Kerig & Fedorowicz, 1999). But blaming victimized mothers for failing to protect their children is inappropriate, an illustration of "blaming the victim." Strong kinship ties, however, help buffer the stresses a family experiences.

Community Influences

Communities with few resources and many isolated families place children at risk for neglect (Garbarino & Sherman, 1980; Korbin, 2003). Cultural ideas related to health care or supervisory arrange-

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ments may lead to children's needs not being adequately met (Dubowitz, 2002). In contrast, safe communities with good resources for families can help ensure children's basic needs are met.

Societal Influences

Poverty and its associated burdens have been strongly linked to neglect (Drake & Pandey, 1996). The lack of state and federal policies that help support families and children are also contributors to neglect (Gelles, 1999). Medicaid and the WIC food program, however, have helped meet children's needs for health care and food (e.g., Beuscher, Laoson, Nelson, & Lenihan, 1993).

Promising Strategies for Prevention

The following approaches have shown the most promise as ways in which to help prevent child neglect:

Identification of and Response to Risk Factors

Prevention hinges on the early identification of risk factors. Considerable work has been done on screening in health care settings for depression, alcohol and substance abuse, and domestic violence. For example, Whooley and colleagues (Whooley, Avins, Miranda, & Browner, 1997) found that just two questions worked quite well in detecting depression. Risk factors may often be masked, and professionals need to consider how to better identify these and to facilitate appropriate help (Dubowitz, 2002). It is important that screening be done sensitively, targeting problems where effective services are available. And a screen is just a screen, not a diagnosis. Further assessment is needed to guide an appropriate response.

Home Visitation Programs

These programs maintain that interventions in the home provide staff with a good grasp of a family's circumstances and foster a close relationship between parents and interventionists. With this foundation, interventionists are enabled to provide support and guidance, serve as role models for child rearing, and help link families to other community resources. In rigorously conducted studies, Olds and colleagues (Olds, Henderson, & Kitzman, 1997; Olds et al., 1999) showed the efficacy of nurse home visitors in reducing rates of abuse and neglect, as well as other benefits. The program significantly benefited families at *very* high risk for adverse outcomes (first-time, single, teen, and low-income mothers), who received the highest "dose" of intervention, beginning with home visits during pregnancy and continuing until the child was 2 years old. The encouraging results helped spawn a home visitation movement with the development of many programs nationwide. Some of these have been part of Healthy Families America, meeting credentialing criteria. However, great variation exists in home visitation programs, and the results have been somewhat mixed (Gomby, Culross, & Behrman, 1999). Guterman (2001) has ably summarized the lessons learned from research in this promising area.

Family Support/Resource and Parent Education Programs

These programs reflect key principles related to social support, parent education, improving parent-child relationships, and enhancing the growth and development of all family members (Kagan, Cohen, Hailen, Pritchard, & Colen, 1996; Weiss & Halpern, 1991). Programs vary considerably. Some are comprehensive, but others address specific issues, such as school readiness, homelessness, or families with incarcerated members. Many of these programs started at a grassroots level and involve substantial input from parents. Most are center-based; some have home visitation. One example is the Parent Services Project, serving over 19,000 families in 1997, providing childcare, parenting education, concrete assistance, and recreational activities for families (Kisker & Ross, 1997). Another example is a longitudinal study of 20 federally funded Child-Parent Centers in or adjacent to Chicago public elementary schools (Reynolds, 2001). Researchers found that family support services and parent involvement in classrooms resulted in significant school success (e.g., 29% more high school graduates compared with the control group) and less crime and delinquency (e.g., 33% fewer children arrested). Over 20,000 family support programs and centers are listed nationwide, serving approximately six million families (Strauss, 2001).

Other Programs

A variety of other programs promote children's health, development, and safety. Although there may be a paucity of science, the programs have a solid theoretical basis (Garbarino & Sherman, 1980). For example, our knowledge of the impact of depression on adults who are involved with parenting and children, and also of the effectiveness of treatment of both adults and children, indicates that treatment helps ensure children's needs are met, thereby serving the goal of neglect prevention. Similarly, efforts to address alcohol and substance abuse and domestic violence should help prevent neglect. Hunger remains a problem in the United States, and programs such as WIC help meet the nutritional needs of low-income children. Respite care programs provide valuable temporary relief to parents and caregivers. Self-help groups such as Parents Anonymous may enhance parents' coping abilities. Mentoring programs such as the Home Instruction Program for Preschool Youngsters (HIPPY) may help develop parenting skills and school readiness. It seems likely that these numerous approaches are valuable to families and children, in a variety of ways.

Federal policies and programs. Terrific local programs alone are not enough to confront the enormous problem of child neglect. It is clear that broad systemic issues contribute to neglect and that national policies are needed to address the problem. In addition, evidence indicates that some policies have been very effective (Plotnick, 1998; Aber, 2001). Medicaid and the State Child Health Insurance Program (CHIP) have helped millions of children receive health care. The Earned Income Tax Credit (EITC) has helped lift many working families out of poverty. The Child Abuse Prevention and Treatment Act (CAPTA), the main federal legislation concerning child maltreatment, supports prevention activities, including research to examine what works. As professionals—through contact with our legislators, voting, and the associations with which we are affiliated—we can advocate for better policies and programs to meet children's needs.

State policies and programs. Children's Trust Funds in all 50 states focus on preventing child maltreatment. Revenues are from varied sources, including tax returns with special check-offs, marriage licenses, and divorce filings. The funds are used for small grants for a variety of prevention services for high-risk families.

Using a child-focused view of neglect, knowledge of promising approaches, guidance from clinical experience, and creativity, we can help prevent the neglect of children. We need to build on what we know. We should keep in mind that the absence of proof (of effectiveness) is not proof that an intervention is not effective. At the same time, we should strive to build our knowledge of what works, to guide and improve our efforts. Finally, child neglect needs to be recognized as the serious problem it is, one that jeopardizes children's health, development, and safety.

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Forum on Race, Poverty, and Child Abuse Prevention Research

John K. Holton, PhD
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Several decades ago, researchers alerted the child abuse and neglect field to the disparity in the numbers of children of a racial minority (primarily African American), compared with children classified as white, reported for child maltreatment and placed in different program services of state child welfare agencies around the country. The racial disparity was confirmed by national surveys gathering information on victims of abuse and neglect, but little subsequent work was done to understand how and why children classified as in the minority throughout the nation had become the majority in state child protective services (CPS).

National incidence studies on the phenomenon of child maltreatment maintain that etiology and occurrence are unrelated to the race of perpetrator or victim. Instead, the presence of risk factors, chiefly poverty or low-income, is cited as a more robust explanatory variable. Because race (and, to some degree, ethnicity) is confounded, equally or more important measurable variables, such as income, education, and unequal institutional treatment, are emphasized in research. In many studies, therefore, race tends to be politely avoided or sympathetically dismissed, frequently devalued, or simplified.

Despite the uneven record of scientific investigation of this important domain, research findings have produced far-reaching insights about the role race plays, often independent of income, in reporting, interpreting, treating, and preventing child maltreatment. As child welfare administrators grapple to answer questions on factors associated with racial disparities; as prevention researchers and practitioners position themselves to shape and guide policy decisions impacting child welfare systems; and as the country becomes more ethnically diverse, we believe it is important for all to revisit the inroads of this neglected topic.

We are pleased to showcase three examples of current child maltreatment research that examine situations in which race matters. Sandra Chipungu and Tricia Bent-Goodley provide an overview of the nature of child welfare services in which the recipients are impoverished and of a minority. They also offer a canopy of constructive concepts to move practitioners and administrators toward more effective service delivery and prevention strategies.

Samuel Myers and his colleagues pursue a different course. They investigate two competing theories assumed to produce disparities—the existence of individual or systemic discrimination in reporting and substantiating child maltreatment versus the prevalence of structural risk factors that dictate interventions and need for services.

Finally, Dennette Derozotes reports on the work of a consortium of researchers who are systematically examining the causes of disproportionate representation and differential treatment in child welfare.

The works presented here are stimulating and may energize the prevention field to lead the country in unraveling the roles played by one's race, ethnicity, and socioeconomic status in situations where the outcome is child maltreatment.

Race, Poverty, and Child Maltreatment

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The aim of this article is to highlight the roles of race and poverty in child maltreatment and to offer recommendations for better practitioner response. Preventive services include activities such as family support services, family-based services, wraparound services, intensive family preservation services, and home-based services (Pecora, Whittaker, Maluccio, & Barth, 2000). The intention behind prevention services is to "strengthen family functioning" (p. 229) and to avoid out-of-home placement. Key components of effective preventive services are (1) early intervention, (2) home-based services, (3) sound relationships between professionals and families that provide regular interaction and serve as positive role models, (4) child-focused services that include fathers as active participants, (5) tailored services, (6) emphasis on family support, (7) flexible service duration available on a continuous basis, (8) behavioral parent training, and (9) strengthening support and community networks (Dawson & Berry, 2002; Pecora et al., 2000).

Race and Maltreatment

Discriminatory treatment in the child welfare system was first documented three decades ago (Billingsley & Giovannoni, 1972), and research examples continue to accumulate in the literature. For instance, race is a factor in the decision to report perceived neglect (Chipungu & Bent-Goodley, in press; Hill, 1997; Zellman, 1992). Health care professionals have differentially screened for abuse and reported parents of color for maltreatment compared with white families showing the same concerns (Lane, Rubin, Monteith, & Christian, 2002). African American women have been differentially reported for drug misuse and child maltreatment compared with white women under similar circumstances (Chasnoff, Landress, & Barrett, 1990). African Americans are also more likely to receive lower quality child welfare services than whites as evidenced by fewer casework contacts, poor follow-up, limited referrals, and poor working relationships with caseworkers, particularly those of a different race (Courtney et al.,1996; Everett, Chipungu, & Leashore, 1997; Pinderhughes, 1991).

"Long-term poverty [is] strongly linked to race, family structure, parental health, and location of residence"

(Lewit, Terman, & Behrman, 1997, p. 8).

Today, 40% of Latino and African American children live below the poverty line.

Poverty and Maltreatment

The child welfare system has evolved into the safety net for poor children. Most of the children in foster care are poor and funded by Title IV-E. Poor children are 2 times as likely to have developmental delays and mental disabilities; 3 times as likely to be hospitalized for chronic illness; and 5 times more likely than nonpoor children to die from a physical illness (Golden, 1997; Lewit, Terman, & Behrman, 1997). "Long-term poverty [is] strongly linked to race, family structure, parental health, and location of residence" (Lewit, Terman, & Behrman, 1997, p. 8). African Americans are 3 times as likely as whites to "have incomes too low to meet even the adult's needs in the family" (Betson & Michael, 1997, p. 29). Today, 40% of Latino and African American children live below the poverty line. Coupled with poverty, unemployment is a presenting problem for nearly 34% of neglecting caregivers (U.S. DHHS, 1997). Families with some form of family income are more likely to be offered family preservation services; whereas, families showing no income are more likely to have a child placed in foster care (Dawson & Berry, 2002).

Implications for Practitioners and Administrators

A number of solutions are being used by practitioners and administrators to create change for children and families.

Culturally Competent Practice

Staff members representing the community's composition are needed on all service levels. Child welfare and prevention workers need to receive training in culturally competent practice. A system of measuring and monitoring one's application of cultural competence should be developed and tied with performance evaluations. Using a culturally competent approach, practitioners can discern whether an issue is related to poor housing, substance abuse, mental health, or a combination of these versus child maltreatment.

Coalition Building

Child welfare and prevention agencies need to conduct an analysis of services available in the communities from which most of their cases are drawn. Coalition building of formal and informal community networks should become a priority of administrators. Preferred strategies include lobbying for mutual concerns and increasing community linkages and services, such as child care and affordable housing.

Community Accountability

By establishing a community advisory board (CAB), with members selected by the community, agencies can move toward greater community accountability (Golden, 1997; Macdonald, 2001; Schorr, 2000).

Policy Advocacy

Policy advocacy needs to take place on local, state, and federal levels to promote (1) increased and targeted funding for culturally competent prevention and research; (2) increased funding for affordable housing; (3) increased funding for community-based, culturally competent mental health, substance abuse, and domestic violence services; and (4) increased economic development and investment in jobs in communities of color.

Race and poverty are so complexly integrated that one must be prepared to fully examine both when considering the quality of preventive care. The answer does not rest with any one entity; instead, the responsibility to change this system lies with all of us.

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Why Are Children of Color Overrepresented in Reports to Child Protective Services?

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Alarming stories of black children tied to bedposts and left to starve (O'Donnell, 2003; Shogren, 2003) while under supervision of Child Protective Services (CPS) or of black children in foster care who are simply unaccounted for month after month (Canedy, 2002) remind us of a stark reality: African American and other minority children are disproportionately found in the official child welfare population. Effectiveness in preventing maltreatment among ***all children*** requires understanding why and how ***some children*** appear disproportionately at different stages in the official report and substantiation process.

The Roy Wilkins Center for Human Relations and Social Justice at the Hubert H. Humphrey Institute of Public Affairs, University of Minnesota, is in the middle of a 5-year, NIH-funded project attempting to understand racial disparities in child maltreatment reports and substantiations. In our studies, we investigate some statistical inconsistencies that experts in the field have been unable to resolve.

First and foremost is the inconsistency between the main findings of the National Incidence Studies (NIS)[1] and the National Child Abuse and Neglect Data Set (NCANDS).[2] For example, the NIS does not find meaningful statistical differences by race in child maltreatment, but the NCANDS and related studies find wide racial gaps. These two studies used different measures of child maltreatment. The NIS data measure known but unreported as well as reported child maltreatment, and the NCANDS data capture only reported and substantiated maltreatment. The logical places, then, to look for racial bias would be at the reporting and substantiation stages. To explain the findings of racial gaps in the NCANDS data but none in the NIS data, children of color would need to have higher report rates or higher substantiation rates than whites, or both.

Of course, bias is a strong word. Even if we could demonstrate that children of color have higher report rates or higher substantiation rates than whites, we would also need to show that these rates could not also be explained by legitimate factors, such as the type of maltreatment, the source of the report, the age or gender of the child, or the economic circumstances of the family. If, for example, neglect is found to be more prevalent among the poor, and blacks are more likely to be poor than whites, then higher reporting and substantiation rates among blacks would not establish racial bias. To establish racial bias, one must show that *identically situated* blacks and whites are treated differently (Myers, 1993).

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We have conducted several studies using the NIS data and found that *reporting* bias does not seem to be at the root of the finding of official overrepresentation of African American children in the CPS (Ards, Chung, & Myers, 1998; Ards, Myers, Chung, Malkis, & Hagerty, in press). Although it may be intuitively appealing to blame police, teachers, or other mandated reporters for overreporting children of color, our findings simply do not lend support to this hypothesis.

We have also looked for racial bias in substantiation rates in Minnesota. We *do* find statistically significant differences, once we controlled for relevant factors (Ards, Myers, & Malkis with Sugrue & Zhou, 2002; in press). This finding, however, is not replicated in national data, so it is not clear that substantiation bias is the sole answer to the question (Ards, Chung, & Myers, 1998, 1999, 2001; Morton, 1999).

We are also collecting qualitative data to measure possible racial bias among case workers. This is a delicate task, because some child protective service workers are reluctant to be interviewed. On the one hand, we need to know the attitudes and perceptions of the front-line workers, and on the other, we must respect their privacy. We do not want personnel to feel that studies such as ours are witch hunts. Nonetheless, we are confident that our qualitative data will provide valuable insights in helping us unravel the complexities of racial disparities.

Development of policies on prevention strategies requires that we unravel the race and child maltreatment mystery. Are children of color disproportionately found in the child protective services because of failures to intervene and prevent neglect and abuse?

Or, alternatively, are there equal rates of abuse and neglect among identically situated families across races and ethnicities but unequal rates of reporting, assessment, out-of-home placement, or service delivery, or a combination of these? Is the racial disproportionality a signal of racial discrimination within the child protective services, a discrimination that harms families of color and produces inefficiencies in the delivery of services?

Or, quite benignly, is the racial disproportionality an illusion, an artifact of differential exposure to poverty, welfare services, or high-risk neighborhoods? Perhaps racial disproportionality is not about race at all.

Depending on the answers to these questions, preventive measures would take different forms. Our initial findings and our intuition suggest that parts of the answers to all three possibilities may explain why children of color are disproportionately found among those reported as abused or neglected. Thus, preventive approaches may need to account for all of these paths to racial disproportionality.

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Notes

[1] The National Incidence Study (NIS) is a congressionally mandated, periodic effort of the National Center on Child Abuse and Neglect (NCCAN). The first NIS (NIS-1), mandated under P.L. 93-247 (1974), was conducted in 1979 and 1980 and published in 1981. The second NIS (NIS-2), mandated under P.L. 98-457 (1984), was conducted in 1986 and 1987 and published in 1988. The third NIS (NIS-3) was mandated under P.L. 100-294 (as amended). The NIS-3 data were collected in 1993 and 1994, analyses conducted in 1995 and 1996, and these results published in 1996. A key objective of the NIS-3 was to provide updated estimates of the incidence of child abuse and neglect in the United States and measure changes in incidence from the earlier studies. http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm

[2] The National Child Abuse and Neglect Data System (NCANDS) was developed by the Children's Bureau of the U.S. Department of Human Services in partnership with the states to collect annual statistics on child maltreatment from state CPS agencies. http://www.calib.com/nccanch/prevmnth/scope/ncands.cfm

A Multifaceted Approach to Addressing the Disproportional Representation of Children of Different Racial and Ethnic Origins in the Child Welfare System

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The disproportional representation of children of different racial and ethnic origins has been a major concern for child welfare professionals for decades. By 2000, children of color accounted for 6 out of 10 of the more than 550,000 children in foster care, yet they comprise only 3 out of 10 of all children in this country (Derezotes & Hill, in press; Bartholet, 1999; McCabe et al., 1999).

The persistence of this problem may be due, at least in part, to differing perspectives on the issues. Within the child welfare field there are two perspectives regarding the causes for disproportional representation. Some see it as appropriate. They believe that because families comprising racial and ethnic minorities have higher levels of poverty, more single parents, and higher rates of joblessness, they are perceived to be at greater risk of child maltreatment and in greater need of child welfare services than nonminority families (Giles & Franklyn-Stokes, 1989; McCabe et al., 1999). Others consider disproportional representation a systemic problem, because minorities are not believed to maltreat their children more than whites. Representatives of this perspective believe that changes are needed to change child welfare policies and practices to reduce disproportionality (Holton, 1990; Hill, 1999, Morton, 1999; Roberts, 2002).

One coordinated effort designed to examine and address issues of racial disproportionality in the child welfare system is the Race Matters Consortium, a diverse group of child welfare experts representing different aspects of the child welfare field: research, policy, administration, practice, and advocacy interests.

One coordinated effort designed to examine and address issues of racial disproportionality in the child welfare system is the Race Matters Consortium, a diverse group of child welfare experts representing different aspects of the child welfare field: research, policy, administration, practice, and advocacy interests. Originating through the efforts of the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign; Westat; and Casey Family Programs, the Consortium is a completely voluntary effort in which participants systematically examine the causes of disproportional representation as well as methods that might eliminate underlying problems.

The Consortium model looks at issues affecting minority children at key points at which decisions are made in the child welfare system (Derezotes & Poertner, in press). Are children of different races and ethnic backgrounds exposed to the same types of maltreatment? Are children of color overreported? Are white children underreported? What are comparative investigation and substantiation rates? How many children of different racial types receive services in their home? Who enters out-of-home placement? The decision-point approach addresses these problems by identifying the rates of maltreatment experienced among children of different races as well as the differential treatment paths and modalities for children of different racial and ethnic backgrounds.

To date, the Consortium has been successful in a number of efforts: the execution of two forums examining disproportionality; the development of agreed upon definitions of relevant terms; the creation of a model for systematic review of the various factors impacting children and families of color; the completion of a book examining the over representation of African Americans in the child welfare system (Derezotes & Poertner, in press); participation and presentations in other national efforts examining these issues; and the development and maintenance of three work groups designed to address policy, research, and social marketing concerns.

These and similar types of collaborations provide a necessary vehicle for interested professionals to work together to examine the issues discussed here. To prevent disproportionality, its source must first be identified. For example, several studies have shown that disproportional treatment of children of different racial and ethnic groups exists in the child welfare system (Capellari, Eckenrode, & Powers, 1993; Courtney, et al., 1996; Garland & Besinger, 1997; McCabe, et al., 1999; Wulczyn, Brunner, & Goerge, 1999). To understand how this might occur, we suggest that one look to the differences in children's services, which are asked to respond to various federal and state policies, agency/site administrative rules, child welfare practices, community structures and resources, and family and individual dynamics.

Federal and State Policies Guide Practice

As new policies are crafted, practices change according to new regulations and types of funding. In addition, private agencies and regional state offices will have their own implementation guidelines that influence the way workers execute their jobs. Moreover, communities are set up in very different ways and have a disparity of resources from one to another.

How does community composition impact a family's experiences within the child welfare system? Families are diverse. How are child protection investigations completed to reflect this diversity? It is imperative that professionals, who are called to be concerned about providing the best services available for children and families of all races, develop and maintain skills essential to cross-cultural practice.

Helping professionals need to be aware of their own behaviors, habits, and customs that are culturally based, so that a broader understanding of cultural differences may occur. Developing a basic knowledge of a client's culture, cultivating an ability to recognize what one personally does not know, and gaining awareness of how to obtain relevant information are starting points. Once foundations are in place, professionals will benefit from their own genuine respectful curiosity about the client as well as emerging skills for working collaboratively in relationship with others rather than from a position of power. These practices are not only relevant for direct practice but are also critical in the development, application, and implementation of policy and administrative practices. However, if systems are designed using policies that reflect biased attitudes, whether intended or not, such biases are often passed on throughout the system.

One way to help eliminate bias is to master effective cross-cultural communication. Cross-cultural communicators respect individuals from other cultures, make continued and sincere attempts to understand the world from others' points of view, are open to new learning, are flexible, have a sense of humor, tolerate ambiguity well, and approach others with a desire to learn (Giles & Franklyn-Stokes, 1989). This can be particularly crucial for individuals who provide services in prevention and child protective services, because they are the first individuals to make contact with families in need of assistance. It is the ability of these workers, in the initial phases of service provision, to assess the strengths and needs of the family accurately and objectively within the family's own context. This offers the child and the entire family an opportunity to receive the most appropriate services as well as the best chance to remain intact.

One way to help eliminate bias is to master effective cross-cultural communication. Cross-cultural communicators respect individuals from other cultures, make continued and sincere attempts to understand the world from others' points of view, are open to new learning, are flexible, have a sense of humor, tolerate ambiguity well, and approach others with a desire to learn (Giles & Franklyn-Stokes, 1989).

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Preventing the Abuse and Neglect of Our Nation's Children

A. Sidney Johnson III, President & CEO
Prevent Child Abuse America

Prevent Child Abuse America (PCA America) has been working to strengthen families for over 30 years. Founded in 1972 by Donna J. Stone, and previously known as the National Committee to Prevent Child Abuse, PCA America is the country's leading organization working at the national, state, and local levels to prevent the abuse and neglect of our nation's children.

Backed by a network of chapters in 39 states and the District of Columbia, PCA America is committed to preventing child abuse before it occurs. This organization is leading the way in building awareness, providing education, and inspiring hope in everyone involved in preventing child maltreatment. Based on our core principles of valuing children, strengthening families, and engaging communities, PCA America's work in prevention is accomplished through several vehicles.

Healthy Families America®

Healthy Families America (HFA) is PCA America's signature prevention program (www.healthyfamiliesamerica.org), created in response to research findings that most abuse and neglect occurs among children under the age of 2 and almost all fatalities due to maltreatment, among children under age 5 (U.S. DHHS, 2002; Peddle, Wang, & Reid, 2002; National Research Council, 1993). Through close partnerships with local public and private organizations, HFA provides myriad services, including parenting education, appropriate child development, health care linkages, and referrals to other community services.

Since 1992, the number of HFA program sites has grown from 25 to 459. In 2001, 50,000 families were served in 39 states, the District of Columbia, and Canada.

In partnership with Ronald McDonald House Charities, and with ongoing support from the Freddie Mac Foundation, HFA was launched by PCA America in 1991 as a national, voluntary home visitation program for new and expectant parents, focusing on three equally important goals: to promote positive parenting, to encourage child health and development, and to prevent child abuse and neglect. Since 1992, the number of HFA program sites has grown from 25 to 459. In 2001, 50,000 families were served in 39 states, the District of Columbia, and Canada. Over the past decade, HFA has become a major focus of PCA America and a major national model program.

Of most importance, HFA has been found to benefit families. Our HFA research folder documents recent reviews of more than 15 evaluation studies of HFA programs in 12 states. These conclude that HFA programs have increased immunization rates among children, the use of prenatal care, and access to primary medical services; improved parent-child interactions and school readiness; decreased dependency on welfare; and reduced child maltreatment. (http://www.preventchildabuse.org/learn_more/research_docs/hfa_research_folder.html).

The Chapters

We believe prevention best occurs–-and must be supported–-at the community level. Therefore, local chapters were established early in the organization's history to ensure that PCA America's mission was replicated at the state and community levels. The special needs of each state are met through the support, vision, and leadership of each chapter, and chapter programs are supported by the guidance and assistance of the National Office.

Although united in their shared dedication to the prevention of child abuse and neglect, each chapter is unique in the programs and services it offers. All chapters have a statewide scope, advocate on prevention issues, offer public education on prevention, and serve as an information resource. In addition, 74% sponsor Child Abuse Prevention Month activities each April, 68% hold statewide conferences, 61% operate "help-lines," 53% offer parent support programs, 42% sponsor school-based programs, and 37% provide direct service. All PCA America chapters are separate, independent 501(c)(3) organizations governed by volunteer boards and staffed by professionals in the field.

Circle of Parents™

Parenthood is one of the most important, rewarding, and challenging responsibilities any of us faces, although sometimes the demands parents experience can be overwhelming. Many communities have found that parent-to-parent support groups can help immensely.

Through a grant from the U.S. Department of Health and Human Services, Office on Child Abuse and Neglect (OCAN), and with support from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), PCA America and the National Family Support Roundtable formed a national collaboration to expand and enhance family support services to include parent self-help support groups across the country. This collaborative project–-Circle of Parents–-offers free weekly meetings, in which parents come together to exchange insights into common parenting challenges. The Circle of Parents manages and grows **a** national network of these groups, develops strategies to connect groups to underserved populations, and provides a model of shared leadership and mutual assistance. Since its inception in 2000, the Circle of Parents has grown its membership to include 22 statewide and two regional organizations that encompass over 600 local groups.

Advocacy

PCA America founded, belongs to, and supports the National Child Abuse Coalition, which represents more than 30 national organizations and works at the federal level to educate public policymakers about preventing child abuse. PCA America is also a key participant in the National Call to Action, a collaboration of organizations throughout the country focused on the goal of preventing child abuse and neglect. PCA America continues to improve its access to a variety of national funding streams that support prevention efforts, including the Child Abuse Prevention and Treatment Act (CAPTA) and the Temporary Assistance for Needy Families program (TANF). It also continues to communicate with various chapters, family support groups, and HFA sites through its web site, action alerts, legislative updates, and monthly bulletins. Since 2001, PCA America has worked with U.S. Representative Tom Delay and other members of Congress first to obtain and then to grow annual appropriations for the Centers for Disease Control and Prevention to study child abuse and neglect.

Research

The National Center on Child Abuse Prevention Research (National Center) was established in 1986 at PCA America to develop original research, evaluate prevention programs, enhance links among researchers and practitioners, and underscore our commitment to be a research-based organization. The National Center disseminates information about the prevention of child maltreatment across the country and provides training and consulting services to numerous organizations.

One of the most important times of the year for child abuse advocates is during the nationwide observance of Child Abuse Prevention Month each April. This month-long observance is dedicated to increasing public awareness about the continuing problem of child abuse and neglect ....

Our early work in tracking national reports of abuse and neglect annually reported to state child protective services helped lead to NCANDS, the National Child Abuse & Neglect Data System, administered by the U.S. Department of Health and Human Services, which directs the nation's reporting of child maltreatment statistics. Today, in collaboration with other researchers around the country, the National Center continues to be at the forefront of the surveillance of child maltreatment, the evaluation of prevention programs, and the development of a national, participatory research agenda for child abuse and neglect prevention.

Prevention Education

One of the most important times of the year for child abuse advocates is during the nationwide observance of Child Abuse Prevention Month each April. This month-long observance is dedicated to increasing public awareness about the continuing problem of child abuse and neglect and is a time for us to focus our country's efforts and resources on the critical issue of prevention. Public awareness efforts of PCA America in communities across the nation make use of our web site (www.preventchildabuse.org), which has an average of 1,250 visitors every day, publication library of more than 70 titles, *Lookin' Up* newsletter, and annual Community Resource Packets.

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For nearly 30 years, PCA America has collaborated with the Advertising Council, developing and distributing award-winning print, radio, and television ads that have helped raise awareness of abuse and neglect. Our latest campaign, which was launched in April 2002, "A Child Is Helpless–You Are Not," shows more strongly than ever that prevention is possible and underscores community responsibility.

Current Developments

PCA America has been working closely with leaders of the U.S. Catholic Church as they respond to the sexual abuse issues the Church is currently addressing. As part of this initiative, PCA America leaders recently discussed the issue of child sexual abuse and its prevention with the Church's newly created National Review Board/Safe Environments Subcommittee. Although the U.S. Catholic Church clearly needs to take corrective action steps, such as a zero tolerance policy for sexual abuse by priests, we have emphasized the great opportunity of the Church to be proactive by requiring prevention education to children, parents, priests, and volunteers as part of its policy to establish safe environments in every diocese.

Future Initiatives

We are now devoting much of our energy to more clearly strengthening and defining our national focus. This is being accomplished by creating national research and public policy agendas, as called for in our strategic plan. To these ends, we are convening meetings with experts from all areas of the child abuse and neglect prevention field to better understand what research questions remain—which ones need to be asked as well as answered. In addition, we are examining what legislative efforts we might need to gain further support for our mission, and we are increasing our commitment to developing bipartisan political backing of child abuse and neglect prevention.

Unfortunately, child abuse and neglect still exist in our communities. However, I am pleased that PCA America—with its network of community-based services, advocacy efforts, and research and prevention education—is helping to lead our nation toward prevention of the abuse and neglect of our children, the most innocent and defenseless of us all.

References

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Peddle, N., Wang, C.-T., Diaz, J., & Reid, R. (2002). *Current trends in child abuse prevention and fatalities: The 2000 fifty-state survey* (Working Paper 808). Chicago: Prevent Child Abuse America.

U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2002). *Child maltreatment 2000.* Washington, DC: Government Printing Office.

What Has CDC Been Doing and What Is CDC Interested in Doing to Address the Prevention of Child Maltreatment?

Rodney Hammond, PhD
Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

CDC recognizes child maltreatment as a serious public health problem with extensive short- and long-term effects. In addition to the immediate physical and emotional outcomes of maltreatment, children who have experienced abuse and neglect are at increased risk of adverse health effects and risky health behaviors in adulthood. Child maltreatment has been linked to higher rates of alcoholism, drug abuse, depression, smoking, sexual promiscuity, suicide, violence, and chronic disease.

To address child maltreatment, CDC emphasizes empirical research with direct implications for prevention. CDC is also interested in studying the links between child maltreatment and other forms of violence, such as youth violence, suicide, intimate partner violence, and sexual assault.

CDC is working to improve systems that acquire and track information about child maltreatment and child fatalities. Current data systems only capture information about child maltreatment that is severe enough to come to the attention of the child protective services system. As a result, many cases of child abuse are believed to go unreported and unnoticed. CDC is also developing the National Violent Death Reporting System to gather accurate data from states and communities on deaths from violence and to assist policy makers and community leaders in making educated decisions about strategies and programs to prevent violence.

The lack of common, consistently applied definitions also complicates efforts to monitor and track the scope of the problem....Developing common definitions is the first step in assessing the true magnitude of the problem of child maltreatment in the United States.

The lack of common, consistently applied definitions also complicates efforts to monitor and track the scope of the problem. CDC is developing and testing common definitions so that states can accurately and consistently record information about child deaths. Developing common definitions is the first step in assessing the true magnitude of the problem of child maltreatment in the United States.

Further, the CDC is interested in preventing child maltreatment through programs that promote positive parent-child interactions and improve parenting skills. Such programs and policies may provide perpetrators and potential perpetrators with skills to better manage behavior *before* violence can occur. We are currently implementing and evaluating the effectiveness of an innovative parenting program that uses multiple levels of intervention tailored for parents with differing skill sets and needs.

Even the most effective parenting programs will have limited influence on preventing child maltreatment if parents do not attend programs or do not endorse the need to learn and use alternative parenting skills. CDC is funding a 4-year project that is testing the efficacy of various enhancements or service delivery methods for reducing attrition and enhancing parental compliance and engagement in effective parenting programs. Researchers are examining the impact of the strategies on parental attendance, attrition rates, compliance, readiness to change parenting behaviors, parent and child outcomes, and incidents of child maltreatment.

Many communities want to implement prevention programs for child maltreatment. However, few programs have been rigorously evaluated to determine if they are effective. CDC is systematically reviewing prevention programs and creating a database of promising programs and interventions. When completed, the database will include information about target populations, location, activities, evaluation methods, outcomes, and other details to help communities replicate successful programs. The database will be an essential tool in identifying and replicating promising programs for preventing child maltreatment.

What Kinds of Prevention Activities Would CDC Encourage?

Within the field of child maltreatment prevention there is a great need for primary prevention to stop initial occurrences of child maltreatment. CDC encourages researchers and practitioners to explore prevention approaches directed at perpetrators and potential perpetrators. Research to support the development of effective perpetrator prevention programs is essential. CDC encourages collaboration with other organizations to study child maltreatment and apply research findings to practice.

What Future Efforts Are Being Considered to Support the Prevention of Child Abuse and Neglect?

CDC recently developed and published the *Injury Research Agenda* to identify and articulate the highest priorities for injury and violence prevention at CDC. The agenda strategically guides key decisions about prevention resources and research to help bridge identified gaps. Research priorities identified for preventing child maltreatment include emphasizing primary prevention by focusing on perpetration research, developing and evaluating programs, and disseminating programs that have proven to be effective.

Opportunities for the Prevention of Child Maltreatment, NIMH

Cheryl A. Boyce, PhD
National Institute of Mental Health
National Institutes of Health
Department of Health and Human Services

In 1996, the Appropriations Committees of both the House and the Senate requested that the National Institutes of Health (NIH) within the Department of Health and Human Services (DHHS) convene a working group of its component organizations, supporting research on child abuse and neglect to (1) assess the state-of-the-science, (2) make recommendations for a research agenda, and (3) develop plans for future coordination efforts at NIH. Accordingly, NIH established the NIH Child Abuse and Neglect Working Group (CANWG), with representatives from the major research institutes and offices supporting research in this area.

NIMH was designated as the lead institute for the working group and continues to draw upon its April 1997 blueprint for action to develop the child abuse and neglect area. The NIH CANWG has continued regular monthly meetings with an increasing number of involved NIH institutes, as well as met with other federal partners within the Department of Education, the Department of Justice, and the Children's Bureau of the Department of Health & Human Services (DHHS). Dr. Cheryl A. Boyce (NIMH) cochairs and convenes the NIH CANWG along with Dr. Margaret Feerick (NICHD).

As a result of interagency collaborations, as well as outside continuing consultation and input from researchers, professional organizations, and advocacy groups, several major initiatives have been implemented with NIMH as the lead or cosponsor on the majority of these activities. Of all research areas of child maltreatment, the child neglect area has received the least systematic research attention, despite the fact that child neglect is the most frequently reported type of maltreatment, particularly in the early years of life.

Of all research areas of child maltreatment, the child neglect area has received the least systematic research attention, despite the fact that child neglect is the most frequently reported type of maltreatment, particularly in the early years of life.

NIMH organized and cosponsored a request for applications and a subsequent program announcement, entitled "Research on Child Neglect," with multiple NIH institutes (including the National Institute of Child Health and Human Development (NICHD), National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Neurological Disorders and Stroke (NINDS), and National Institute of Dental and Craniofacial Research (NIDCR), the NIH Office of Behavioral and Social Sciences Research (OBSSR); the Children's Bureau, the U.S. DHHS; Office of Special Education, U.S. Department of Education; and the U.S. Department of Justice). These announcements have successfully funded 19 research projects to date and created the Federal Child Neglect Research Consortium, chaired by Dr. Boyce. NIMH is the primary funding institute for five of these projects and cofunds several others (see http://www.nimh.nih.gov/canwg/cangrantees1.cfm for abstracts).

Following a series of conferences and presentations on developing new child abuse and neglect investigators, several NIH institutes cosponsored an ongoing program announcement (PA) for research career awards in child abuse and neglect to increase the number of researchers in this fragile, underdeveloped area (see http://grants1.nih.gov/grants/guide/pa-files/PA-99-133.html for the current announcement). NIMH has funded several successful career awards in child abuse and neglect. For example, one mentored career award investigator in child maltreatment has now received two innovative investigator-initiated research grants (R01s) on the psychobiological aspects of child abuse and neglect. Other career awardees and new research investigators have successfully developed intervention development grants (R21s). In collaboration with NICHD, NIDA, and the Children's Bureau, NIMH has also participated in efforts to increase the accuracy, reliability, and validity of definitions and classifications used in child abuse and neglect research through meetings with experts in the fields of child maltreatment, physical injuries, and data classification systems. Most recently, NIMH cosponsored a meeting on inflicted head trauma in childhood with NICHD.

Research on the prevention of the biological and behavioral effects of child abuse and neglect is encouraged through traditional research grants such as R01s, and through research training programs and grant support of scientific meetings. The Congress applauded the NIH CANWG for its efforts in fiscal year 2003 appropriation hearings and encouraged NIH to "proceed at a high level of attention with addressing the research agenda." NIMH has continued to serve as the lead institute to achieve the goals of the research agenda with great success and enthusiasm from the research field as well as professional and advocacy groups.

Please see http://www.nimh.nih.gov/canwg/canwgsum.cfm for a full listing of specific opportunities and resources from the NIH CANWG, www.nimh.nih.gov for information on NIMH, and www.nih.gov for information on NIH opportunities, including support of the scientific meetings and research grants that are briefly mentioned above.

11th Annual APSAC Colloquium

APSAC is excited to announce its 11th Annual Colloquium, to be held in the popular vacation destination of Orlando, Florida, on July 23–26, 2003. The Colloquium will be held at the Hyatt Orlando, located at 6375 Irlo Bronson Memorial Highway in Kissimmee, Florida. The hotel is in a prime location, just 1.5 miles from the main gates of Walt Disney World© Resort and a short drive to Sea World©, Universal Orlando, Busch Gardens, Kennedy Space Center, and other attractions. People are starting to make their plans, so make your reservations soon! The number of the hotel is 1-800-233-1234. If you would like to bring your family to join you in Orlando, the Hyatt has extended the APSAC rate of $99/night for 5 days before and after the Colloquium. If you have not received a Colloquium brochure, please contact Tricia Williams, JD, at (405) 271-8202.

The Hyatt Orlando, Site of the 2003 APSAC Colloquium

APSAC is pleased to announce a collaboration with the Department of Children and Families Professional Development Center of the State of Florida. In addition to the sessions that are printed in the Colloquium brochure, two additional all-day institutes on issues relevant to child protection will occur Wednesday, July 23—"Decision Making and Critical Assessments" and "Mental Health Issues in Child Protection: Dealing with the Mental Health of Parents and/or Children in the Child Welfare System." Although these two institutes are being sponsored specifically for child protection workers in Florida, anyone is welcome to attend. Also on Wednesday is the pre-conference institute, focusing on cultural issues surrounding child abuse and neglect. This day always offers topics not generally covered in depth at the other training opportunities. For the latest session titles and names of Colloquium presenters, check out our web site at www.APSAC.org.

We will follow the conference format that worked so well last year in New Orleans. Again, all of our research presentations will appear in the core of the agenda, each within its own track. In addition, to offer a more advanced focus on issues, some of the workshops on Friday will be 6 hours in length. Overall, the Colloquium will continue to provide the most in-depth, up-to-date information on child abuse and neglect. For the latest session titles and names of Colloquium presenters, check out our web site at www.APSAC.org. We hope to see you there! For additional information, please contact Tricia Williams, JD, at 405-271-8202.

APSAC 4th Annual Silent Auction

The silent auction will be held in conjunction with the Colloquium. On Wednesday, July 23, you may begin viewing all items up for sale. Final bids will be taken during the opening reception on Thursday, July 24. Items range from great speakers to travel getaways, so get your checkbooks ready! All proceeds go to fund additional APSAC professional education opportunities. If you would like to donate an item to the auction, fill out the donation form included in this issue located on page 20.

Sarah Maiter Appointed to the APSAC Board

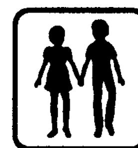
At its early February meeting, the APSAC Board of Directors voted to invite Sarah Maiter, PhD, to join the APSAC Board. Dr. Maiter accepted the appointment for a 3-year term.

Dr. Matier currently serves as Assistant Professor in Social Work and as Coordinator of International Placements at Wilfrid Laurier University in Ontario, Canada. Her background includes extensive practice, teaching, and continuing education training experience in child protection in Canada, the United States, and South Africa. She has been a trainer for the Ontario Association of Children's Aid Societies, an agency that provides child protection training to all of Ontario's 56 child protection agencies. Dr. Matier has a particular interest in developing child protection services that are antiracist and culturally competent. She has presented at past APSAC Colloquiums and has been an active member of the diversity committee. Dr. Matier brings to the Board expertise from the perspective of a front-line child welfare practitioner, a researcher, and an academic whose experience includes roles as diverse as an investigator, on-going service provider, foster-care worker, and program developer.

The APSAC Web Site Is Open for Business

You are in for a pleasant surprise when you visit www.APSAC.com. The new web site is user friendly and secure for the use of credit cards. It provides information about services (Colloquium, Clinics, Institutes), publications (*The Advisor*, *Child Maltreatment*, *Practice Guidelines*, and others), and resources (Chapter Toolkits, Resource Links, and the Shopping Mall). The site also provides forms for new membership, membership renewal, publication orders, Colloquium registration, and payments.

The Shopping Mall allows members and nonmembers to support APSAC through personal on-line shopping at a comprehensive network of on-line merchants. The 150 merchants include such well-known names as L.L.Bean, Amazon.com, Land's End, and Cooking.com. A portion of each sale will go directly to APSAC at no extra cost to the buyer. So please visit the web site and shop on-line!



Solita Alvarez Honored for Oustanding Service to APSAC

At the beginning of 1998, APSAC contracted with an accounting firm to provide an on-site accountant to work 2 or 3 days a week in the APSAC office in Chicago. Solita Alvarez was assigned the job and was the APSAC accounting person until she closed the APSAC office in Chicago at the end of January 2003. From the beginning, she was an exemplary employee who quickly developed a deep interest in the success of the organization.

When we discontinued the job of Executive Director and decentralized operations to sites in Oklahoma, South Carolina, and California, Solita continued to work in the Chicago office. In addition to handling all accounting functions, banking, credit card transactions, and government reports, Ms. Alvarez helped pack all the materials that had to be shipped to our "outposts" and redirected mail, e-mail, and telephone calls that continued to arrive at the Chicago office. During the most critical financial period, she kept a close watch on every expenditure, communicated with creditors, and worked alone in the Chicago office.

Solita also looked for and located a much smaller office into which she moved in January 2002. She organized and helped to execute the move, including disposing of office equipment and furnishings that were no longer needed. She continued to manage our financial affairs and even suggested finding an independent contractor to work off-site to replace her and eliminate the expense of the Chicago office. When the Board followed her suggestion and hired a new accounting person in Oklahoma, Judy Forgey, Solita trained her for several days in the Chicago office, even inviting Judy to stay at her home.

To recognize Solita's significant contribution to APSAC, the Board presented her a plaque and an appreciation bonus. All the members who have worked with Solita Alvarez appreciate her efforts and will greatly miss her.

APSAC IS PLEASED TO ANNOUNCE THE FOLLOWING PROFESSIONAL EDUCATION EVENTS!
PLAN NOW TO ATTEND!

Forensic Interview Clinics
Ann Arbor, Michigan, May 6–10, 2003
Cape Cod, Massachusetts, June 22–26, 2003

11th Annual Colloquium
Orlando, Florida, July 23–26, 2003

Child Abuse/Child Trauma Treatment Conference
Maui, Hawaii, December 1–5, 2003

12th Annual Colloquium
Hollywood, California, August 4–7, 2004

13th Annual Colloquium
New Orleans, Louisiana, June 15–18, 2005

Prevent Child Abuse America

is pleased to sponsor this issue of the APSAC Advisor, and salutes all those dedicated to the prevention of maltreatment of our nation's children.

Prevent Child Abuse
America

Child Maltreatment Goes Online

Starting with the first issue of 2003, *Child Maltreatment* is being delivered to APSAC members electronically. Access is provided via the Ingenta platform (www.ingenta.com). Ingenta provides the entire journal, as well as past issues— exactly as they appear in print— in Adobe Acrobat format. You can access Ingenta from any computer with a web browser and an Internet connection. You can also request that selected articles be e-mailed or faxed to you.

Electronic access is provided to all APSAC members as a basic benefit of membership. With this type of service, you can access the journal from a variety of locations anywhere in the world, including your home and office. Other advantages include the fact that it saves storage space, is environmentally friendlier than a printed journal, is easier to make a printed copy of a single article, and is searchable. Electronic copies are also more portable—you can download an issue or selected articles to your laptop, Palm, or PDA and take them with you on the road, or download them from the Ingenta site with a web-enabled wireless device. Electronic access is also less expensive and helps us keep down the cost of a basic APSAC membership, yet still provides members with the most up-to-date information available.

APSAC recognizes that some members may prefer the familiar printed version of the journal, which continues to be available both to individuals and institutions. We expect that many members will want both the electronic and the printed versions. APSAC members wishing to receive both versions may do so for a nominal additional annual fee of $15. Just check the box when you renew your APSAC membership, and you will receive *CM* in both forms.

APSAC members can gain access to the electronic version by logging on to the Ingenta web site with a user name and password. To register and set up access to your journal, use the following steps:

Go to www.ingenta.com
If you have not already registered with ingenta.com, please click on Sign Up and select Personal Registration
Follow the online instructions to register and set up access to *Child Maltreatment.* You will need your Subscriber ID [Member] number.
If you have already registered with ingenta.com, please enter your user name and password to access the My Ingenta area of the site and set up further subscriptions.
You will need a copy of Adobe Acrobat Reader on your computer or PDA, which you can download at no cost from www.adobe.com/products/acrobat/readstep2.html.

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN (APSAC)

Donor Acknowledgement Form

4TH ANNUAL SILENT AUCTION 11TH ANNUAL APSAC COLLOQUIUM
July 23-26, 2003 Orlando, FL

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Description of donated item: ____

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______Item will be mailed to Bente' J. Hess at below address

______Item will be hand delivered to conference on or before the evening of July 23.

Make a copy of this form for your records, and send a copy along with your donated item to:

Bente' J. Hess, MSS, LSW, Southwest MS CAC, PO Box 7283, McComb, MS 39649

Phone: 601-684-4009 FAX: 601-684-4039 email: bente@telepak.net DEADLINE: July 5, 2003

CONFERENCE CALENDAR

2003 CONFERENCES

April 10-11, 2003
Children's Institute International Conference on Children and Trauma, Pasadena, CA
call 213-385-5100 ext. 2089
or visit www.childrensinstitute.org

April 17-18, 2003
2nd Annual Conference hosted by Prevent Child Abuse Nebraska, Lincoln, NE
call 402-476-7226
or visit www.pcanebraska.org

April 23-25, 2003
International Conference on Domestic Violence, Sexual Assault, and Stalking, San Diego, CA
call 858-679-2913
or visit www.MYSATI.com

May 1-2, 2003
2003 National Conference on Sex Offender Registration and Management, Washington, DC
call 703-894-0481
or visit www.PerformanceWeb.org

May 5-7, 2003
Child Welfare League of America Conference on Preventing and Managing Behavioral Crisies, Los Angeles, CA
call 617-769-4003
or visit www.cwla.org/conferences

May 6-10, 2003
APSAC Forensic Interviewing Clinic, Ann Arbor, MI
call 405-271-8202 or
fax 405-371-2931 or
e-mail: Tricia-Williams@ouhsc.edu

May 11-14, 2003
2nd International Conference on School Violence, Quebec City, Canada
e-mail: quebec2003@agoracom.qc.ca

May 11-14, 2003
Child & Youth Health Congress
e-mail: congress@venuewest.com
or visit
www.venuewest.com/childhealth2003

June 5-6, 2003
African American Children and Domestic Violence: Prevention and Intervention, Minneapolis, MN
call Dedra Owens at 202-944-3840
or e-mail: dowens@urbanomics.com

June 22-26, 2003
APSAC Forensic Interviewing Clinic, Cape Cod, MA
call 405-271-8202 or
fax 405-271-2931 or
e-mail: Tricia-Williams@ouhsc.edu

July13-16, 2003
8th International Family Violence Research Conference, Portsmouth, NH
visit www.unh.edu/frl

July 23-26, 2003
11th Annual APSAC Colloquium, Orlando, FL
call 405-271-8202
e-mail: Tricia-Williams@ouhsc.edu
or visit www.apsac.org

September 16-20, 2003
8th International Conference on Family Violence, San Diego, CA
call 858-623-2777 ext. 416
or fax 858-646-0761
or e-mail: fvconf@alliant.edu

August 2003
San Diego Summer Seminars,
August 4-8 Session A,
August 18-20 Session B
August 20-22 Session C
Presented by the Children's Hospital San Diego, CA
call 858-966-4972
or e-mail: lkwilson@chsd.org

September 18-21, 2003
10th Male Survivor International Conference, Twin Cities of Minneapolis & St. Paul, MN
visit www.malesurvivor.org

October 8-11, 2003
22nd Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, St. Louis, MO
call 503-643-1023
or fax 503-643-5084
or e-mail: connie@atsa.com

November 19-22, 2003
55th Annual Meeting of the American Society of Criminology, Denver, CO
call 614-292-9207
or fax 614-292-6767
or e-mail: asc41@infinet.com

December 1-5, 2003
APSAC Child Abuse/Child Trauma Treatment Conference, Maui, HI
call 405-271-8202
or fax 405-271-2931
or e-mail: Tricia-Williams@ouhsc.edu

WASHINGTON UPDATE

By Thomas Birch, JD

CAPTA BILLS MOVE IN CONGRESS

On March 20, 2003, the Senate passed by unanimous consent S.342, Keeping Children and Families Safe Act of 2003, the Child Abuse Prevention and Treatment Act (CAPTA) reauthorization bill. The legislation is the same as approved by the Senate Health, Education, Labor, and Pensions (HELP) Committee on Feb. 12.

The House is expected to pass H.R.14, its version of the CAPTA measure, before the end of March. Once the few differences between the two bills have been resolved, which is expected to happen quickly, the CAPTA reauthorization will be completed.

The two measures are almost identical. The House and Senate bills authorize CAPTA appropriations through 2008 at levels slightly above the current authorized funding and well above appropriations in 2003: CAPTA basic state grants and discretionary grants would have a combined authorization at $120 million (FY03 appropriations equal $56 million); CAPTA Title II community-based grants would be authorized at $80 million (FY03 appropriation equals $33 million.)

By incorporating many provisions proposed by the National Child Abuse Coalition, both bills address themes of 1) improving linkages between CPS and health care, mental health, and developmental services, 2) adding attention to the use of basic state grants for improving the CPS infrastructure, and 3) putting prevention as the focus of the Title II community-based grants, renaming the program as the "Community-Based Grants for the Prevention of Child Abuse and Neglect." Both bills define these community-based, prevention-focused programs to include such activities as family resource programs, family support programs, voluntary home visiting programs, respite care programs, parent education, and mutual support programs.

The principle difference between the new House and Senate bills is the so-called Greenwood provision. The House bill returns to the original language authored by Rep. Jim Greenwood (R-PA), requiring hospitals to report to child protective services the birth of fetal alcohol or drug-exposed infants. The House also requires that the infant's plan of care include referral to a Part C agency responsible for children with developmental disabilities.

The Senate language would require referral to CPS only as "appropriate," and there is no reference to Part C agencies. The Senate provision does not include children born with fetal alcohol syndrome.

Both the House and Senate bills, in addition to reauthorizing CAPTA, extend the authority for the Family Violence Prevention and Services Act, the Adoption Opportunities Act, and the Abandoned Infants Assistance Act.

SUPREME COURT UPHOLDS SEX OFFENDER REGISTRIES, REJECTS MEGAN'S LAW CHALLENGES

The U.S. Supreme Court ruled in two cases decided on March 5, 2003, that Megan's Laws – enacted in all 50 states to provide the public with information about potential sex predators – do not violate the individual rights of sex offenders.

In *Connecticut Department of Public Safety v. Doe*, the justices voted 9-0 to deny the claim that the state's law violated the constitutional guarantee of due process by not affording sex offenders a hearing before posting their names. In the court's opinion, Chief Justice William H. Rehnquist wrote that whether or not the individual is currently dangerous "is of no consequence under Connecticut's law." The state's web site says that the individuals listed may not necessarily be dangerous.

In *Smith v. Doe*, the Supreme Court's 6-3 ruling held that Alaska's law listing sex offenders did not constitute double jeopardy or violate the Constitution's prohibition on ex post facto laws because the listing could not be considered punishment in addition to the sentences already served. The dissenters in the Alaska case, Justices Ruth Bader Ginsburg, Stephen G. Breyer, and John Paul Stevens, disagreed and said the law was indeed a form of punishment.

Within two years of the 1994 rape and murder of Megan Kanka by a neighbor who, unknown to her parents, was a convicted child molester, every state and the District of Columbia had enacted laws to identify the presence of sex offenders to their communities. The Supreme Court's ruling is the first in this area of law, which until now civil libertarians and others have succeeded in scaling back.

BUSH BUDGET SLIGHTS CHILD WELFARE PROGRAMS

The President's 2004 budget proposal delivered to Congress in February treats child welfare spending as a low priority. The spending focus is on defense and homeland security. The opportunities for improving funding for the basic scheme of programs constituting the federal response to protecting children and preventing the abuse and neglect of children go largely neglected in this budget. Although a few services for children and families, like the Promoting Safe and Stable Families Program and the Maternal and Child Health Block Grant, are tagged with increases, funding for most child welfare programs—including those in child protection and child abuse and neglect prevention–are held even. Other new spending on child and family welfare would go to such Bush administration priorities as promoting responsible fatherhood and healthy marriages, supporting maternity group homes, and developing mentors for children of prisoners.

At the same time, the prospects for improving the spending picture for child welfare are decreasing as President Bush proposes to shrink the size of the federal pie with more tax cuts. The President is asking Congress to continue depleting revenue sources by enacting new tax cuts that would cost nearly $1.5 trillion over 10 years, on top of the $1.35 trillion lost in revenue from tax cuts enacted in 2001. The Senate has challenged the President on his tax cut proposals; the issue is expected to continue through much of the current legislative session.

BUSH ASKS CHANGES IN CHILD WELFARE AND HEALTH SERVICES

With the budget numbers sent to Capitol Hill, the Bush administration unveiled a set of policy changes proposed for core federal programs ensuring children's safety, health, and well-being. In addition to the administration's spending requests, the budget comes with legislative proposals to change federal laws in child welfare, health care for children, and Head Start.

First, the President is asking Congress to change the Title IV-E funding to states for foster care and adoption subsidies by offering an optional alternative plan to a limited number of states. States choosing to participate would receive funds as "flexible grants" to create child welfare systems meant to offer "a strong emphasis on prevention and family support." According to the administration's budget documents, states would be required to:

- uphold the child safety protections mandated in the Adoption and Safe Families Act,
- maintain existing levels of state spending in child welfare programs, and
- continue to participate in the HHS Child and Family Services Reviews.

States would be able to draw from the TANF contingency fund for additional funding "under certain circumstances if a severe foster care crisis were to arise." The Bush administration proposal promises to be the focus of serious consideration among child welfare advocates as Congress takes up the child welfare reform plan in the months ahead.

Second, in health care for children, President Bush proposes to merge Medicaid and the State Children's Health Insurance Program (S-CHIP) funding to form a block grant. A block grant in child health care funding could have the effect of forcing children to compete with seniors and people with disabilities for health services.

Third, the Bush administration proposes to shift the mission of Head Start away from comprehensive services aimed at fostering the healthy development for young children from low-income families, to focus on "school readiness, improving teacher training, and mandating a system to determine the success of Head Start programs in preparing children for school," according to the administration's budget documents. The imminent reauthorization of Head Start will provide the platform for congressional consideration of the plan to redirect the Head Start program toward new efforts at promoting literacy and school readiness.

SUPREME COURT REFUSES TO REVIEW JUVENILE EXECUTIONS

The U.S. Supreme Court on January 27 refused to hear a constitutional challenge to the death penalty for juvenile offenders in the case of *Hain v. Mullen*. It appears that those justices who favor eliminating the death penalty for juveniles may have concluded they lack the votes to win on a Supreme Court review of the issue.

Last October, when the court refused to hear a Kentucky death row case involving a juvenile offender, Justices John Paul Stevens, David H. Souter, Ruth Bader Ginsburg, and Stephen G. Breyer signed a dissenting opinion saying that juveniles lack the maturity to warrant the sanction of capital punishment, that in such cases the imposition of the death penalty violates the Constitution's ban on cruel and unusual punishment, and that juveniles who commit capital crimes should be treated the same as mentally retarded persons for whom the Supreme Court has ruled out the death penalty.

FAMILY LEAVE ACT BEFORE SUPREME COURT

The right of state employees to demand monetary damages for violations of the Family and Medical Leave Act was argued before the Supreme Court on January 15 in the case of *Nevada Department of Human Resources v. Hibbs*. The 1993 law, the first statute enacted by President Clinton on taking office, was defended by the Bush administration's Justice Department lawyer who argued that the law ensures gender equity in the workplace protected by the 14th Amendment of the Constitution.

William Hibbs sued the Nevada state agency after he was fired for taking leave to stay home to care for his seriously ill wife. The state argued that the Family and Medical Leave Act is simply an economic regulation, under which the Congress cannot subject a state to lawsuits for monetary damages.

The deciding vote in the case appears to be Justice Sandra Day O'Connor, who is both a supporter of states' rights and an advocate for gender equity. A decision in the case is expected in June.

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