

First Lady Hillary Rodham Clinton National Committee to Prevent Child Abuse Awards

October 6, 1998

Thank you Leland for your hard work and leadership on behalf of children and families. Thank you for that very kind introduction. Maura, thank you for your leadership, Sid, whom I have known for so many years and I have worked with on issues like this many years ago. Thank you for your steadfast concern and leadership. To all of the artists and entertainers that Mickey Shapiro named and honored, thank you for bringing your extraordinary talents and artistry to this important issue.

I am so pleased that we have been joined by Senator Rockefeller, Senator Chaffee and Congressman Camp. Congresswoman Kennelly could not be with us, but they are among the real heroes of the continuing efforts to ensure that abused children, neglected children, foster children, vulnerable children around our country are given the support they deserve to have from all of us, the adults of our country.

I am very honored to be here because this is the issue that I have cared about for more than half my life now, starting back in 1970 when I was fortunate to begin through my law school classes, to work with those who were abused and those who were abusers. I have looked into the eyes of so many children and seen the devastating effects of abuse and neglect. I have looked into the eyes of adults who have abused their children and know they were once abused themselves and they can't find their way out of that vicious cycle.

So many of you who are committed to this issue understand clearly that prevention and education are the most important commitment we can make. My friend Michael Bolton said it well when he said we need to continue to increase our awareness and our resources to understand the needs and drives and compulsions and histories to be the best possible parents.

But we also know that there are some families where that is not possible and we have to do all that we can to give children another chance in a permanent, loving family. So we have to focus as broadly as we can on the entire family and community. That is why it is so important that we put resources into the Healthy Families America program which you started back in 1992. And it is helping mothers everywhere.

I visited, with Leland and others, a program near here in Virginia. Before attending the program event, I stopped in the home of a single mother named Felicia in Alexandria. Once depressed and scared about the responsibility of parenting her child, worried about if she could do what needed to be done to keep her child safe and healthy, she found herself in the Healthy Families America Program.

She was so pleased to have me visit her home with her young son, a smiling, healthy baby, and to meet her home visitor, who was there to meet me to talk about how they had worked together to ensure that Felicia could be the best possible mother she could be.

The home visitor would come into the home and evaluate the child's growth and answer the mother's questions, which every mother I know of has, and to make sure that any signs of difficulty or stress can be dealt with right there.

Felicia told me what she believes, which I happen to believe, that home visiting would help any mother and particularly young mothers and mothers under stress. It is also one of those preventive measures that would save us money as well as heartbreak and tragedy if we would invest more in it.

It can reduce government assistance, it can reduce child abuse, it can even prevent unintended second pregnancies and substance abuse and lower the number of childhood hospitalizations. All of which cost us -- taxpayers and citizens -- money if they are not prevented. It can also reduce juvenile crime.

All parents who need this kind of support, I believe, should have access to it. It would be a very good investment in our future and in the futures of so many children. I appreciate deeply how you are bringing Healthy Families America to so many communities across our country. And you are doing it with the help of corporate sponsors who understand that it is a good community investment and a way to save money and lives,

We know also that preventing child abuse requires strengthening our entire child welfare system -- preserving families where possible and facilitating adoptions when necessary. Thanks to the President and the Members of Congress you are honoring today, among countless others, we have made great progress in meeting those goals.

Children are better off today because we passed the Family and Medical Leave Act which allows parents to take time off to adopt a child without losing their jobs or their health insurance. They are better off because of the Multi-Ethnic Placement Act which ended discrimination in adoptions based on race and ethnicity and put the child's best interest first. They are better off because of increased tax breaks which make families easier to adopt, especially children with special needs.

Children are and will be better off because we were able to come together across party lines to pass the landmark Adoption and Safe Families Act. Too often in the past we have had polarized discussions about how best to protect abused and neglected children. Thankfully the legislation which was passed last year ended, I hope, that false debate.

It says that of course children need loving parents, and we should do everything in our power to keep families intact, but we have to put the health and safety of children as our first concern. No longer will states be required to try and keep children with parents who have tortured, abandoned or chronically abused a child.

Reasonable effort will now truly be reasonable, striking a better balance between family preservation and the well-being of the child. When I talk to children in foster care, which I do as often as I can, I am always saddened by the number of them who feel stigmatized, like they did something wrong to end up in foster care.

I will never forget a young boy who came to visit Bill and me in the Oval Office a few years ago when we were trying to encourage more adoption and permanent placements for children. This young boy was living in foster care in Virginia. And when Bill asked him where he was living in Virginia, he answered, "all over." That means nowhere.

By moving children more quickly from foster care into permanent families, we have made it clear that foster care is a temporary safe haven, not a place to grow up in. And through this new legislation we have provided states with financial incentives to increase the number of adoptions each year.

Now these are all important accomplishments and certainly a long way from where we were just a few years ago in terms of our priorities and what we want to do for children and for families. But we have a lot yet to be accomplished. If we are going to fulfill the promises of the child welfare and adoption and foster care reforms we have enacted, we have to make sure they are implemented right and that states are held accountable; that the goals are really translated into results.

We have to provide more support and education to judges and others on the front lines who increasingly make critical decisions about children's lives. And if, despite our best efforts,

children are abused and neglected, we have to intervene more effectively to help them.

The President has proposed a new \$10 million initiative that brings together Head Start, law enforcement, mental health and social services to help reduce the effects of violence on children between the ages of birth and six. The Senate has already included this initiative in its Appropriations bill. And I hope the House of Representatives will vote as well so that we can try to do more to coordinate what needs to be done to help our youngest children.

This is especially critical because most of our children who are going into foster care are under six. So we have to intervene more quickly. We have to make decisions as to whether they can go home safely or if they should be put up for adoption into a loving family so they can have a chance at a real life ahead of them.

I hope the Congress will also act on a proposal for a \$3 billion Early Learning Fund which provides a variety of services including home visiting. I just want to emphasize home visiting because we have some very strong evidence that when it is done correctly it really pays off.

We also have to do more to help young people who age out of the foster care system. I met with a group of them a few weeks ago. Sixteen-, 17-, 18-, 19-, 20-year-olds, who had been in foster care for a number of years and then all of a sudden they finish high school or turn 18. Imagine how you would feel if you were told you had to suddenly take care of yourself if you were only 18 years old.

I heard a lot of stories from these young people. I heard about how desperate they were to find places to live, how torn they were about whether to go back to the original family that they were taken from because of drugs or abuse or other chronic problems. It is not a surprise that a number of those young people find trouble because they don't have any continuing support.

But many others somehow make it, but we sure don't make it easy for them. I met one young woman, who in fact introduced me, who had been in foster care since age thirteen. She had aged out the system, but luckily she had done well enough at school to go to college and then worked and saved money and was admitted to my alma mater, Yale Law School. Well, she is a shining example of a success story out of the foster care system. But we need more such stories, for we don't have nearly enough.

Just imagine what we could accomplish for all of these children if we tackled all these issues effect them in a bi-partisan way in the same way we approached the Adoption and Safe Families Act. Unfortunately, even as we speak, there is a bill working its way through Congress that I think would turn the clock back, because it would treat young runaways and truants as adults and put them into adult prisons.

This runs counter to everything we have learned about kids who are often running away from abuse, about kids who are running from abuse need from the rest of us. In fact, it was one of the first things I did when I worked for Sid Johnson and others to find out what happened to young children, some as young as nine or ten, most of them teenagers, who were put into adult prisons.

We documented unspeakable horrors. We found that they were eight times more likely to commit suicide, five times more likely to be sexually assaulted than if they were in some kind of other facility. So in 1974, Congress, acting on a wealth of evidence, acted to separate juveniles from adults in prisons. Now there are some in Congress who would turn the clock back and have made this a part of the Juvenile Justice Bill. It's being rushed through Congress without so much as a debate on the Senate floor.

All of you who know about child abuse and know about the effects of violence, think for a

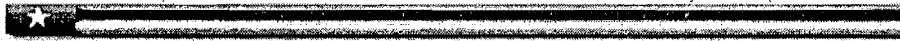
minute of the additional problems we are creating for ourselves by treating these young people in the worst possible way that literally removes any hope of their becoming productive citizens by throwing them in with hardened criminals into adult prisons and jails.

So we have to look at all of the remaining issues. We've made a lot of progress on preventing child abuse, educating people, creating coalitions in the private and public sector. The Committee has been a fabulous leader in making clear what needs to be done to tackle this dreadful problem. But let's keep moving forward and let's not go backwards. Let's make it possible for us to build on the progress that we have made.

I often say that there are no Democratic or Republican children, there are only American children and they have no better friends than all of you, who are part of and support the National Committee to Prevent Child Abuse. You know what is important. You know that children can win when adults choose progress over division and it is because of your leadership that we have a lot to celebrate in our country today.

But I hope that we will not rest and we will continue to do what we have learned to prevent child abuse and to remedy the terrible effects of it when it has occurred as soon as possible so that every child has the chance to reach his or her God given promise. This is an exciting time for those of us who care about children and their welfare. Because in the last several years we've made some big strides in laying down a foundation that communities can build on.

And I believe that if we continue in a positive, productive way, taking into account both the research and the common human experience that we all share about what makes a child who has been abused break that cycle, what helps prevent that abuse from occurring in the first place then we can continue to save lives, save families, and be worthy as adults in a nation that claims to care about children and needs to translate that claim into reality for every child.



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FAX



FAX

Date:

6-10-99

Attention:

Ruby Shamir

From:

Monica Sohn

Number of Pages (including this cover):

3

Comments:

Prevent Child Abuse America

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Memo

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TO: Ruby Shamir
FROM: Monica Sohn
SUBJECT: Video Taping
DATE: June 10, 1999

cc:

Per our discussion, I have drafted some talking points for Mrs. Clinton's video message at our Healthy Families Awards dinner on September 7th in New York City.

First let me give you a brief overview of the event itself. The dinner, hosted by Tom Brokaw and chaired by the top leaders of New York's financial community will honor Leland Brendsel, chairman and CEO of Freddie Mac, and recording artist, Michael Bolton for their outstanding achievement in improving the lives of children and families. It is our hope that the dinner will raise at least \$1 million for the Healthy Families America program.

We would like Mrs. Clinton's video message to kick off the evening's proceedings and therefore should include a welcome and introduction. I have listed this in the talking points below.

Thank you very much for your help on this. We are deeply appreciative of Mrs. Clinton's willingness to participate in this special event. I will call you in the coming days to follow-up. In the meantime, if you have any questions or need additional information, please call me at (312) 663-3520 ext. 133.

Talking Points:

- A welcome and thank you to all of the evening's participants
- The First Lady and the President wish they could be here this evening and are proud to be involved in such an important and meaningful event
- Thank Leland Brendsel and Michael Bolton for their leadership and commitment to children and families. (Leland is raising \$15 million to expand the Healthy Families America (HFA) initiative. Michael, Prevent Child Abuse America's honorary chairman, has provided continuing support to HFA and is actively involved in furthering children's causes through his own foundation)



- Acknowledge the need for new parents to have help and support given all the stresses facing new parents today
- Discuss how the efforts to give children a safe and healthy start create positive and lasting outcomes for children and the country
- Acknowledge the mission of Healthy Families America: to promote positive parenting, improve child health and development and prevent child abuse and neglect
- The First Lady herself has seen the benefits of the program firsthand through her participation in a home visit
- The First Lady salutes the corporate sponsors who recognize that HFA is a wise community investment that saves money and lives and are helping to bring HFA to more communities across the country



FAX



FAX

Date:

6-14-99

Attention:

Ruby Shamir

From:

Monica Sohn

Number of Pages (including this cover):

5

Comments:

Attached is some information about our Healthy Families America Program. Please call me if you need additional information. I will call on Wednesday to follow-up. Thanks.

Prevent Child Abuse America

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Healthy Families America: Because we know what works

Healthy Families America is an initiative spearheaded by Prevent Child Abuse America to establish a nationwide, voluntary home visitation program for expectant and new parents to promote positive parenting, improve child health and development, and reduce child abuse and neglect.

Already underway at over 300 sites nationwide, Healthy Families America:

- offers services to parents prenatally or at the time of birth to identify the presence of stressors that may inhibit positive parenting practices;
- offers parenting education and support commensurate with the level of need;
- makes weekly home visits available to interested families;
- collaborates with other family support organizations to provide a comprehensive array of services to families and avoid duplication of effort.

Healthy Families America is based on two decades of research, the experiences of Hawaii's successful Healthy Start program, and best practices from numerous communities and prevention models. Launched in 1992 with a grant from Ronald McDonald House Charities, the private and public sector has enthusiastically embraced Healthy Families America.

The reason is simple: Healthy Families America works. Various studies indicate that those engaged in HFA services showed a significant decrease in their overall potential for child abuse and neglect and parental stress. Ongoing research shows positive results, particularly in the areas of parent-child interaction and parental capacity. Other findings from selected HFA sites indicate health benefits for children of participating parents, as shown by the following:

- Ninety percent or more of the children whose parents are enrolled are up-to-date on their immunizations. (By comparison, only 70% of poor children are up-to-date on their immunizations.)
- Ninety percent or more are keeping appointments for well-baby check-ups.
- More than 94% of parents have identified an appropriate and stable source of medical care for their child.

With your help, Prevent Child Abuse America will raise \$15 million to expand and grow HFA in every state, and to maintain and improve the quality of its services.

What makes Healthy Families America successful?

Using home visitation as a means to prevent child abuse is not a new idea. Home visits can be effective because they literally reach families where they live. A supportive, nonjudgmental home visitor may be a new parent's only positive influence.

Healthy Families America's home visitation program provides an extensive array of services to improve the functioning of the entire family and reduce stress, so that parents are better able to care for and enjoy their child.

Here are some of the critical elements that make HFA successful.

Parents contacted at birth — or preferably earlier — Families are offered services through prenatal clinics and hospitals, including much-needed encouragement and education. Families at risk can be identified before abuse has a chance to occur.

Long-term visits — Many existing programs send home visitors as infrequently as once a month, and stop after a few months. Participants in Healthy Families America may receive visits weekly or on a schedule based on individual needs.

Small caseloads — This assures that home visitors have an adequate amount of time to spend with each family.

Comprehensive and collaborative — Because no single program can address the entire range of families' needs, Healthy Families America home visitors do more than promote positive parenting. They work closely with other public and private agencies in the community to address a wide range of issues and avoid duplication of efforts.

Flexibility — While each HFA site incorporates the critical elements that research has found to contribute to program effectiveness, Healthy Families America acknowledges that no two families or communities are alike. So HFA staff are trained to respond to a family's particular needs and work within their community's unique cultural framework.

An ongoing commitment to the highest professional standards — Continuing staff education, technical support, and quality assurance are essential components of HFA. Prevent Child Abuse America contracted with the Council on Accreditation to develop the tools currently used to assure the quality of every HFA site.

Healthy Families America does more than prevent abuse

Child abuse isn't just one problem. Experts now say that many social ills, from teenage pregnancy to violent crime, can be traced to the physical and emotional abuse of children.

The good news is that when child abuse prevention works, it can make enormous headway on many fronts. Healthy Families America helps build strong families and create environments in which a child's physical, emotional, and cognitive health is nurtured and can grow to its fullest potential. Various studies of existing Healthy Families America programs have shown that participants were more likely to:

- become educated health care consumers, no longer relying on costly emergency room visits for their care;
- have improved access to health care providers;
- immunize their children;
- have lower welfare dependency;
- show improved interaction with their child.

Recent scientific advances in brain development indicate that early childhood experiences physically determine how the circuits of the brain are wired.

Positive stimulation and loving interaction with parents or caregivers strengthen the brain's synapses, increasing the infant's ability to learn and develop emotionally. Conversely, the brain's physical structure can also be permanently altered by traumatic early experiences. Children who live with chronic stress and fear suffer a reduced capacity to learn. According to Baylor College of Medicine's noted brain development expert Dr. Bruce Perry, "a piece of the child is lost forever."

While the people most directly touched by the program are the children and their parents, anecdotal evidence from the HFA site network suggests that Healthy Families America helps to provide services and stability to other family members as well. A younger sister may be encouraged to avoid pregnancy and stay in school; a grandmother may gain access to regular medical care for a chronic health problem. When the whole family is supported by a caring relationship with an HFA home visitor, everyone can win.

The time is right

The public supports the idea of Healthy Families America. In a recent survey by Prevent Child Abuse America, seventy-three percent of all parents surveyed think home visits, offered on a voluntary basis, are a good idea.

Policy-makers embrace HFA. Prevent Child Abuse America is now working with public and private agencies in all fifty states to initiate or expand HFA home visitation systems. In states with existing home visitor programs, HFA seeks to work with all players to develop a collective vision of the future.

Already, Healthy Families America's presence has led to some unprecedented and exceptionally productive partnerships. In Indiana, private agencies have joined with six state government agencies and two state universities to develop a system that provides services to families in all ninety-two counties.

Third-party payers are coming forward. A few HFA sites have received reimbursements from third-party payers. This practice may become more widespread as hospitals and insurance companies become increasingly concerned about the effects of releasing new mothers and their infants within twenty-four to forty-eight hours of delivery. The American Hospital Association, the American Medical Association, the American Academy of Pediatrics, and other prominent organizations recognize the need for third-party payers to include home visits in coverage, as part of well-baby care.

The Healthy Families America (HFA) initiative ... is the most hopeful and promising development that has occurred within the memory of anyone working in the field of child maltreatment.

— Judith Ann Bays, M.D.
American Academy of Pediatrics



What is Child Maltreatment?

Fact Sheet

Child abuse and neglect are defined in both Federal and State legislation. The Federal legislation provides a foundation for States by identifying a minimum set of acts or behaviors that characterize maltreatment. This legislation also defines what acts are considered physical abuse, neglect, and sexual abuse.

How Do We Define Child Abuse And Neglect?

The **Child Abuse Prevention and Treatment Act (CAPTA)**, as amended and reauthorized in October 1996 (Public Law 104-235, Section 111; 42 U.S.C. 5105g) provides the following definitions.

Child is a person who has not attained the lesser of:

- The age of 18
- Except in cases of sexual abuse, the age specified by the child protection law of the State in which the child resides.

Child abuse and neglect is, at a minimum:

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

Sexual abuse is:

- The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct
- The rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

Withholding of medically indicated treatment is: The failure to respond to the infant's life threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) that in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

But, the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, and medication) to an infant when, in the treating physician's or physicians' reasonable medical judgment:

- The infant is chronically and irreversibly comatose
- The provision of such treatment would
 - Merely prolong dying
 - Not be effective in ameliorating or correcting all of the infant's life-threatening conditions
 - Otherwise be futile in terms of the survival of the infant
- The provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane.

Each State is responsible for providing its own definitions of child abuse and neglect within the civil and criminal context. Civil laws, or statutes, describe the circumstances and conditions that obligate mandated reporters to report known or suspected cases of abuse, and they provide definitions necessary for juvenile/family courts to take custody of a child alleged to have been maltreated. Criminal statutes specify the forms of maltreatment that are criminally punishable. (The State Statutes Series from the National Clearinghouse on Child Abuse and Neglect Information and the American Prosecutors Research Institute summarizes nearly 40 civil and criminal State statutes pertaining to child maltreatment.)

WHAT ARE THE MAIN TYPES OF MAL TREATMENT?

There are four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. While State definitions may vary, operational definitions include the following:

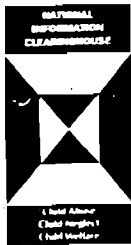
Physical Abuse is characterized by the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking or otherwise harming a child. The parent or caretaker may not have intended to hurt the child, rather the injury may have resulted from over-discipline or physical punishment.

Child Neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* includes refusal of or delay in seeking health care, abandonment, expulsion from the home or refusal to allow a runaway to return home, and inadequate supervision. *Educational neglect* includes the allowance of chronic truancy, failure to enroll a child of mandatory school age in school, and failure to attend to a special educational need. *Emotional neglect* includes such actions as marked inattention to the child's needs for affection, refusal of or failure to provide needed psychological care, spouse abuse in the child's presence, and permission of drug or alcohol use by the child. The assessment of child neglect requires consideration of cultural values and standards of care as well as recognition that the failure to provide the necessities of life may be related to poverty.

Sexual Abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Many experts believe that sexual abuse is the most under-reported form of child maltreatment because of the secrecy or "conspiracy of silence" that so often characterizes these cases.

Emotional Abuse (psychological/verbal abuse/mental injury) includes acts or omissions by the parents or other caregivers that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. In some cases of emotional abuse, the acts of parents or other caregivers alone, without any harm evident in the child's behavior or condition, are sufficient to warrant child protective services (CPS) intervention. For example, the parents/caregivers may use extreme or bizarre forms of punishment, such as confinement of a child in a dark closet. Less severe acts, such as habitual scapegoating, belittling, or rejecting treatment, are often difficult to prove and, therefore, CPS may not be able to intervene without evidence of harm to the child.

Although any of the forms of child maltreatment may be found separately, they often occur in combination. Emotional abuse is almost always present when other forms are identified. For more information, contact the Clearinghouse.



Child Abuse and Neglect National Statistics

Fact Sheet

REPORTS: In 1996, child protective services agencies investigated more than 2 million reports alleging maltreatment of more than 3 million children.

- The national rate of children who were reported was 44 per 1,000 children in the population.
- Reports were received from professionals (52%); persons in the families of the victims, including parents, other relatives, and the victims themselves (18%); and friends and neighbors (9%). Twenty percent of reports were from other or anonymous persons.
- It is estimated that almost two-thirds of substantiated or indicated reports were from professional sources—education, social services, law enforcement, and medicine.

VICTIMS: Child protective services agencies determined that almost 1 million children were identified as victims of substantiated or indicated abuse or neglect in 1996, an approximate 18 percent increase since 1990.

- The national rate of victimization was 15 victims per 1,000 children in the population.
- More than half (52 percent) of all victims suffered neglect, while almost a quarter (24%) suffered physical abuse. About 12 percent of the victims were sexually abused. Children suffering medical neglect and emotional maltreatment accounted for 3 percent and 6 percent of all victims, respectively. A greater proportion of neglect and medical neglect victims were children younger than 8 years old, while a greater proportion of physical, sexual, and emotional abuse victims were children age 8 or older.
- More than half (53%) of all victims were white. African American children represented the second-largest group of victims (27%). Hispanic children were about 11 percent of victims, American Indian/Alaska Native children about 2 percent of victims, and Asian/Pacific Islander children about 1 percent of victims. The percentages of African American and American Indian/Alaska Native victims were disproportionately high, almost twice their representation in the national child population.
- An estimated 1,077 child maltreatment fatalities occurred in the 50 States and the District of Columbia in 1996. Based on data from a subset of States, children younger than age 4 accounted for 76 percent of fatalities.

PERPETRATORS: Seventy-seven percent of perpetrators of child maltreatment were parents, and an additional 11 percent were other relatives of the victim.

- It is estimated that over 80 percent of all perpetrators were under age 40 and that almost two-thirds were females.
- An estimated three-quarters of neglect and medical neglect cases were associated with female perpetrators, while almost three-quarters of sexual abuse cases were associated with male perpetrators.

Source: U.S. Department of Health and Human Services. *Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System*. (Washington, DC: U.S. Government Printing Office, 1998).

For more information or to order your free copy of *Child Maltreatment 1996*, contact:

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A service of the Children's Bureau ■ Administration for Children and Families ■ U.S. Department of Health and Human Services



Frequently Asked Questions on Child Abuse and Neglect

Fact Sheet

To answer frequently asked questions on child abuse and neglect, this fact sheet synthesizes information from several federally supported sources. Much of the data comes from the National Child Abuse and Neglect Data System (NCANDS) and the National Incidence Study (NIS) of Child Abuse and Neglect, both sponsored by the U.S. Department of Health and Human Services. The NCANDS annually collects and analyzes information on child maltreatment provided by State child protective services (CPS) agencies. These CPS agencies are public social service organizations with the primary responsibility for receiving and responding to reports of alleged maltreatment. The NIS periodically surveys community professionals who come into contact with children (5,600 professionals in 1993) to estimate the incidence of child maltreatment, including cases both reported and not reported to CPS.

1. How many children are reported and investigated as abused or neglected?

In 1996, CPS agencies investigated an estimated 2 million reports that involved the alleged maltreatment of approximately 3 million children.

2. How many children are victims of maltreatment?

In 1996, CPS agencies determined that almost 1 million children were victims of substantiated or indicated child abuse and neglect. The term "substantiated" means that an allegation of maltreatment was confirmed according to the level of evidence required by State law or State policy. The term "indicated" is an investigation finding used by some States when there is insufficient evidence to substantiate a case under State law or policy, but there is reason to suspect that maltreatment occurred or that there is risk of future maltreatment.

Several studies suggest that more children suffer from abuse or neglect than are evident in official statistics from State CPS agencies. Based on reports received and investigated by CPS, about 15 children per 1,000 younger than 18 in the general population were victims of abuse or neglect. In comparison, the NIS-3 estimated that 42 children per 1,000 in the population were harmed or endangered by maltreatment.

3. Is the number of abused and neglected children increasing?

Nationally, the number of victims of substantiated or indicated maltreatment increased approximately 18 percent between 1990 and 1996, the period of NCANDS' data collection. The greatest increase occurred in the early 1990s, with a leveling off in the most recent years.

The NIS found even more dramatic increases in maltreatment. Between 1986 (NIS-2) and 1993 (NIS-3), the estimated number of children who experienced harm from abuse and neglect increased 67 percent (from 931,000 children to 1,553,800). In particular, the estimated number of seriously injured children quadrupled from 141,700 in 1986 to 565,000 in 1993.

4. What are the most common types of maltreatment?

Neglect is the most common form of child maltreatment. CPS investigations determined that 52 percent of victims in 1996 suffered neglect; 24 percent, physical abuse; 12 percent, sexual abuse; 6 percent, emotional maltreatment; and 3 percent, medical neglect. Many children suffer more than one type of maltreatment.

5. Who are the child victims?

Child abuse and neglect affects children of all ages. Among children confirmed as victims by CPS agencies in 1996, more than half were 7 years old or younger, and one-quarter were younger than 4 years old. Approximately 26 percent of victims were children ages 8 to 12; another 21 percent were youth ages 13 to 18. A greater proportion of neglect and medical neglect victims were children younger than 8, while a greater proportion of physical, sexual, and emotional abuse victims were children age 8 or older.

In 1996, approximately 52 percent of victims of maltreatment were female, and 48 percent were male. Available data suggest that some differences exist in the types of maltreatment experienced by male and female children. A review of data from 11 States showed that 77 percent of sexual abuse victims were girls and 23 percent boys. Victims of emotional maltreatment also were somewhat more likely to be female (53%) than male (47%).

Conversely, a slightly greater proportion of victims of other types of maltreatment were male, with males comprising approximately 51 percent of neglect victims and 52 percent of both physical abuse and medical neglect victims.

More than half (53 %) of all victims were white, while 27 percent were African American. Hispanic children were about 11 percent of victims, American Indian/Alaska Native children about 2 percent of victims, and Asian/Pacific Islander children about 1 percent of victims.

While children of families in all income levels suffer maltreatment, research suggests that family income is

strongly related to incidence rates. The NIS-3 found that children from families with annual incomes below \$15,000 per year were more than 25 times more likely than children from families with annual income above \$30,000 to have been harmed or endangered by abuse or neglect.

6. How many children die from abuse or neglect?

Based on data reported by CPS agencies in 1996, it is estimated that nationwide, 1,077 children died as a result of abuse or neglect. Children age 3 and under accounted for approximately three-quarters of these child fatalities. The actual number of deaths may be higher, as not all child maltreatment fatalities are known to CPS.

7. Who abuses and neglects children?

In 1996, the majority of perpetrators of child maltreatment (77%) were parents, and another 11 percent were other relatives of the victim. People who were in other caretaking relationships to the victim (e.g., child care providers, foster parents, and facility staff) accounted for only 2 percent of perpetrators. About 10 percent of all perpetrators were classified as noncaretakers or unknown. (In many States, perpetrators of child maltreatment by definition must be in a caretaking role.)

An estimated 81 percent of all perpetrators were under age 40. Overall, approximately 61 percent of perpetrators were female, although perpetrator gender differed by type of maltreatment. Neglect and medical neglect were most often attributed to female perpetrators, while sexual abuse was most often attributed to male perpetrators.

8. Who reports child maltreatment?

In 1996, more than half (52%) of all reports alleging maltreatment and referred for investigation came from

professionals, including educators, law enforcement and justice officials, social services workers, and medical and mental health personnel. About 18 percent of reports were received from relatives of the child or the victims themselves, 9 percent from friends and neighbors, 12 percent from anonymous sources, and 8 percent from other sources. An estimated two-thirds of substantiated or indicated reports were from professional sources.

9. Are victims of child abuse more likely to engage in criminality later in life?

According to a 1992 study sponsored by the National Institute of Justice (NIJ), maltreatment in childhood increases the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent. Being abused or neglected in childhood increases the likelihood of arrest for females by 77 percent. A related 1994 NIJ study indicated that children who were sexually abused were 28 times more likely than a control group of non-abused children to be arrested for prostitution as an adult.

10. Is there any evidence linking alcohol or other drug use to child maltreatment?

A 1999 study by the National Center on Addiction and Substance Abuse found that children of substance-abusing parents were almost 3 times likelier to be abused and more than 4 times likelier to be neglected than children of parents who are not substance abusers. Other studies suggest that an estimated 50 percent to 80 percent of all child abuse cases substantiated by CPS involve some degree of substance abuse by the child's parents.

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Child Fatalities

Fact Sheet

Children are one of the most vulnerable groups in our society. Child fatalities due to maltreatment represent the worst case scenario in attempts to protect children. Despite the efforts of the child protection system, child fatalities remain a serious problem. Although the untimely deaths of children due to illness and accidents have been closely monitored, the same cannot be said of children who have died as the result of physical assault or severe neglect. Intervention strategies targeted at resolving this problem face complex challenges.

Child Fatalities Due to Maltreatment Are Increasing

Although child deaths caused by abuse and/or neglect are relatively infrequent, the rate of child maltreatment fatalities, confirmed by Child Protective Services (CPS) to have been the result of child maltreatment, has steadily increased over the last decade. The National Child Abuse and Neglect Data System (NCANDS) reported that in 1996 there were an estimated 1,077 child fatalities, or 1.6 children per 100,000 in the general population. (This estimate was based on reports from 40 States that reported a total of 917 fatalities.) The U.S. Advisory Board on Child Abuse and Neglect in *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*, reported that a more realistic estimate of annual child deaths as a result of abuse and neglect, both known and unknown to CPS agencies, is about 2,000, or approximately five children per day. Experts such as Ryan Rainey from the National Center for Prosecution of Child Abuse believe that the number of child deaths from maltreatment per year may be as high as 5,000.

The Actual Number of Child Fatalities May Be Underreported

Determining the actual numbers of children who die annually from abuse is complex. Many researchers and practitioners believe that child fatalities are underreported because some deaths labeled as accidents, child homicides, and/or Sudden Infant Death Syndrome (SIDS) might be attributed to child maltreatment if more comprehensive investigations were conducted. It is difficult to distinguish a child who has been suffocated from a child who has died as a result of SIDS, or a child who was dropped, pushed, or thrown from a child who dies from a legitimate fall. Some researchers and practitioners have gone so far as to estimate that there may be twice the number of deaths as a result of abuse and/or neglect as are reported by NCANDS if cases unknown to CPS agencies are included.

There is a Lack of Standard Terminology for Child Fatalities

To further complicate the issue, different terminology is used to discuss child fatalities, sometimes interchangeably. NCANDS defines "child fatality" as a child dying from abuse or neglect, because either (a) the injury from the abuse or neglect was the cause of death, or (b) the abuse and/or neglect was a contributing factor to the cause of death. Researchers such as Finkelhor and Christoffel use the term "child abuse homicide" to define a childhood death resulting from maltreatment (either assault or neglect) by a responsible caretaker. Law enforcement and criminal justice agencies also use the term "child abuse homicide," but their definition, while including the caretaker as perpetrator, also includes the "criminal act of homicide by non-caretakers" (death at the hands of another, felony child endangerment, and criminal neglect). More specifically, the term "infanticide" is increasingly used to define the murdering of children younger than 6 or 12 months by their parents.

Young Children are the Most Vulnerable

Research supports that very young children (age 5 and younger) are the most frequent victims of child fatalities. NCANDS data for 1996 from a subset of States demonstrated that children younger than age 4 accounted for 76 percent of fatalities. This population is the most vulnerable for many reasons including their small size and inability to defend themselves. The fatal abuse usually occurs in one of two ways: repeated abuse and/or neglect over a period of time (battered child syndrome) or in a single, impulsive incident of assault (drowning, suffocating, or shaking the baby, for example).

Primary Caretakers are the Most Frequent Perpetrators

No matter how the fatal abuse occurs, one fact of great concern is that most of the perpetrators are, by definition, primary caretakers such as parents and other relatives.

Though there is no single profile for the perpetrator of fatal child abuse, there are consistent characteristics that reappear in studies. Frequently the perpetrator is a young adult in his/her mid-20s without a high school diploma, living at or below the poverty level, depressed, and who may have difficulty coping with stressful situations. In many instances, the perpetrator has experienced violence first-hand.

The Response to Fatal Child Abuse or Neglect Is Complex

The response to the problem is often hampered by inconsistencies:

- The inaccurate reporting of the number of children who die each year as a result of abuse and neglect
- The lack of national standards for child autopsies or death investigations
- The different roles that CPS agencies play in the investigation process
- The use in many States of an elected coroner who is not required to have any medical or child abuse and neglect training rather than a medical examiner.

Child Fatality Review Teams

To address some of these inconsistencies, multidisciplinary/multiagency Child Fatality Review Teams have emerged in many States to provide a coordinated approach to the investigation of child deaths. These teams are comprised of prosecutors, coroners or

medical examiners, law enforcement personnel, CPS workers, public health care providers, and others.

The teams review cases of child deaths and facilitate appropriate follow-up. The follow-up may include assuring that services are provided for surviving family members, providing information to assist in the prosecution of perpetrators, and developing recommendations to improve child protection and community support systems. In addition, teams can assist in determining avenues for prevention efforts and improving training for front-line workers. Well-designed, properly organized Child Fatality Review Teams appear to offer the greatest hope for defining the underlying nature and scope of fatalities due to child abuse and neglect and for offering solutions.

Prevention Services Are Key

When addressing the issue of child maltreatment, and especially child fatalities, prevention is a recurring theme. In 1995, the U.S. Advisory Board on Child Abuse and Neglect recommended a universal approach to the prevention of child fatalities that would reach out to all families through the implementation of several key strategies. These efforts would begin by providing services such as home visitation by trained professionals or paraprofessionals, hospital-linked outreach to parents of infants and toddlers, community-based programs designed for the specific needs of neighborhoods, and effective public education campaigns.

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How to Start a Child Abuse Prevention Program in Your Community

Fact Sheet

This fact sheet provides a starting point for community members who want to establish a child abuse and neglect prevention program. The steps described here are common to most prevention initiatives. Because each community is unique, the process will unfold differently in each. The three main phases of launching a prevention program are planning, implementation, and continuation.

PHASE ONE: PLANNING

During the planning phase, community members need to take steps to mobilize support, assess needs, secure funding, and plan for evaluation.

Mobilizing community support. In some communities, a well-publicized and tragic incident catalyzes community efforts to prevent child abuse and neglect. In other communities, an individual or group might build on a general community awareness and concern to create a formal prevention program aimed at keeping children safe and families strong. Potential stakeholders in prevention efforts include educators, law enforcement officers, health and human services staff, community leaders (such as presidents of neighborhood associations), clergy and spiritual leaders, parents, local government personnel, and business leaders.

Assessing community resources. A community resource assessment gathers information about community assets as well as gaps in services. Identified stakeholders help assess the scope and quality of services by pooling information from their own organizations and agencies as well as gathering demographic data. Many colleges and universities provide technical assistance to communities conducting resource assessments.

Selecting the prevention program design. Prevention programs take many forms including family resource centers, home visiting programs, parenting education programs, and public awareness campaigns.

Planners will use the information gathered through the assessment to design a program appropriate for their community. Whatever design they select, planners need to ensure that the prevention program reflects an understanding of, and respect for, cultural norms that influence child rearing. One way that prevention programs can bridge cultural gaps is by delivering services and materials in languages other than English. Draw on a particular cultural community's strengths by

involving members in planning the program. Involve parents in developing and delivering services as board members, task force members, and volunteers.

Securing funding. Some communities might have sufficient resources to launch a prevention program, but many communities will need to secure funding, possibly from more than one source. The four main sources of funds for prevention programs are the Federal government, State governments, foundations, and corporations. Along with start-up funds, planners must consider how they will fund the program over the long haul.

Evaluating the program. Planners should build evaluation into the prevention program and budget. An evaluator should participate in program planning and be viewed by the community as an integral part of the program. Emphasizing evaluation right from the start can help persuade funding sources to commit financial resources to the program. Again, many colleges and universities can provide technical assistance in designing and implementing program evaluations.

PHASE TWO: IMPLEMENTATION

During phase two, the group recruits and trains staff, starts delivering services, and begins to use feedback to improve service delivery.

Recruiting and training staff. When recruiting staff, consider an individual's ability to understand and meet the community's expectations and to deliver services with cultural sensitivity and competence. The composition of the staff should mirror the community they serve. Recruiting neighborhood residents as staff will bring credibility to program efforts. Consider serving as a training ground for neighborhood residents re-entering the workforce or a field placement for graduate students in social work and early childhood education. Remember that an important part of staff training is to treat community members with respect and dignity.

Ensuring access. Make sure that the program's target audiences have easy access to services. Locate programs in the community to be served. Ensuring access to public transportation, providing child care, and linking the program to established community programs and institutions increase the likelihood that residents will take part in the program. Get the word out about the program using materials and channels familiar to community members—notice in grocery stores, brochures in medical clinics, and advertisements in church bulletins and free community papers.

Using feedback to improve services. Build frequent opportunities for information updates and feedback in to the program. Ask for feedback from community members who come back for services and from those who don't. Schedule staff retreats to review progress and update strategic plans. Look at both tangible and intangible results. Celebrate even the smallest success with the community as a whole.

PHASE THREE: CONTINUATION

For programs to succeed in the long-term in preventing child abuse and neglect, they must become a permanent part of the community's public landscape and secure long-term funding. The keys to securing continuation funding are:

- Start early
- Establish a team that includes program personnel and community supporters
- Develop a plan that targets sources and has a step-by-step timeline
- Generate data showing the effectiveness of the program
- Work at continuation every day.

Program framers must solidify relationships with funding sources and develop a team of supporters that are knowledgeable about, and feel a sense of ownership of, the prevention program. Program staff, board members, volunteers, consumers, referral sources, and community leaders are all part of the team that will help embed the program in the community.

Utilization data (e.g., number of participants served, amount of services offered) are helpful, but outcome data are critical. What difference does the program make? If this program is not continued, what will the community lose? What costs, economic and human, will be incurred? Programs that last are able to show that they work.

RESOURCES

Community Collaboration and Assessment

The Asset-Based Community Development Institute
Institute for Policy Research
Northwestern University
2040 Sheridan Road
Evanston, IL 60208-4100
847-491-8712
Web site: <http://www.nwu.edu/IPR>

Prevention Program Designs

The National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW
Washington, DC 20447
800-FYI-3366 or 703-385-7565
Web site: <http://www.calib.com/nccan/ch/database/prevpro.htm>

Evaluation

The W.K. Kellogg Foundation
One Michigan Avenue East
Battle Creek, MI 49017-4058
616-968-1611
Web site: <http://www.wkkf.org/Publications/evalhndbk>

Funding

The Department of Health and Human Services
Children's Bureau
330 C Street, SW
Washington, DC 20447
Web site: <http://www.acf.dhhs.gov/programs/cb/>

The Foundation Center
79 Fifth Avenue
New York, NY 10003
Web site: <http://fdncenter.org>

Continuation/Sustainability

The Community Tool Box
University of Kansas
Work Group on Health Promotion and Community Development
4082 Dole Center
Lawrence, KS 66045
785-864-0533
Web site: <http://ctb.lsi.ukans.edu/ctb/part-13.html>



State Toll-Free Child Abuse Reporting Numbers

Resource Listing

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

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

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

Alaska (AK)
800-478-4444

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

Arkansas (AR)
800-482-5964

Connecticut (CT)
800-842-2288
800-624-5518 (TDD/hearing
impaired)

Delaware (DE)
800-292-9582

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

Illinois (IL)
800-252-2873

Indiana (IN)
800-562-2407

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999

Maryland (MD)
800-332-6347

Massachusetts (MA)
800-792-5200

Michigan (MI)
800-942-4357

Mississippi (MS)
800-222-8000

Missouri (MO)
800-392-3738

Montana (MT)
800-332-6100

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757

New Hampshire (NH)
800-894-5533

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

New Mexico (NM)
800-432-2075

New York (NY)
800-342-3720

North Carolina (NC)
800-662-7030

Oklahoma (OK)
800-522-3511

Oregon (OR)
800-854-3508

Pennsylvania (PA)
800-932-0313

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

Texas (TX)
800-252-5400

Utah (UT)
800-678-9399

Virginia (VA)
800-552-7096

Washington (WA)
800-562-5624

West Virginia (WV)
800-352-6513

Wyoming (WY)
800-457-3659



Community Responsibility for Child Protection

Fact Sheet

The importance of the family in American society is central to our nation's history and tradition. Society presumes that parents act in their child's best interest. Therefore, parents have a right to rear their child as long as they are willing and able to protect him or her. When parents cannot meet their child's needs and protect him or her from harm, society has a responsibility to intervene to protect the health and welfare of the child. Any intervention into family life on behalf of a child should be guided by Federal and State laws as well as by accepted professional standards for practice.

The community's responsibility for child protection is based on the following tenets:

- Communities should develop and implement programs to strengthen families and prevent the likelihood of child abuse and neglect.
- Child maltreatment is a community problem; no single agency or individual has the necessary knowledge, skills, resources, or societal mandate to provide the assistance to abused and neglected children and their families.
- Intervention must be sensitive to culture, values, religion, and other differences.
- Professionals must recognize that most parents do not intend to harm their children. Rather, abuse and neglect may be the result of a combination of psychological, social, situational, and societal factors.
- Service providers should recognize that many adults who maltreat children have the capacity to change their abusive/neglectful behavior, given sufficient help and resources to do so.
- To help families protect their children and meet their basic needs, the community's response should be nonpunitive, noncritical, and conducted in the least intrusive manner possible.
- Growing up in their own family is optimal for children, as long as the children's safety can be assured.
- When parents cannot or will not meet their child's needs, removal from the home may be necessary. All efforts to develop a permanent plan for the child should be made as quickly as possible.

If you suspect a child you know is being abused or neglected, contact your local child protective services agency, or call your State or national hotline number.

The above information was adapted from A Coordinated Response to Child Abuse and Neglect: A Basic User Manual. To order your free copy or a list of the titles in the User Manual Series, contact the National Clearinghouse on Child Abuse Information.



Actions for Faith Communities for Child Abuse Prevention

Fact Sheet

Some of a community's most influential organizations are its religious institutions. Churches, temples, synagogues, mosques, and other faith-based groups play an important role in reaching out to and helping families and children at risk. Spiritual leaders can use their religious messages as a positive force in supporting child abuse and neglect prevention. Faith organizations are in a unique position to fill in the gaps of their individual communities' needs. Prevention activities for faith communities may include the following:

- Acknowledge child abuse and neglect as a major concern for the faith community, and affirm that religious and lay leaders are dedicated to the concern.
- Raise awareness of child abuse and neglect by setting aside a day in April to observe Child Abuse Prevention Month and celebrate children and families.
- Train religious and lay leaders to recognize the signs and symptoms of abuse and neglect, to work with victims and their families, and to make appropriate referrals.
- Participate in interfaith and/or interagency groups working on community prevention programs and services.
- Host self-help or parent education and support groups at faith community facilities and stay informed about local resource and referral services.
- Share information on how to report suspected child abuse or neglect, including toll-free "hot lines" and other prevention resources, in bulletins and newsletters.
- Sponsor on-site after-school programs and safety training for latchkey children.
- Provide information on child development, parental stress, and community resources and supports for parents during counseling sessions.
- Establish a big brothers and big sisters program to work one-on-one with children in families under stress.
- Offer respite care to congregation and community members in need of short-term relief from caregiving responsibilities.
- Organize a "Baby Supplies" drive to collect diapers, formula, car seats, and other supplies for young pregnant women in need.
- Establish a program that pairs pregnant teens with older women in the congregation willing to serve as partners through the pregnancy and childbirth.

More➔

Additional Resources

This list is for informational purposes only and inclusion does not constitute an endorsement by the Clearinghouse or the Children's Bureau. Please contact the Clearinghouse if you have additional information on child abuse prevention activities in the faith community.

Churches at Work: Safe Place Initiative
220 I St., NE, Suite 150
Washington, DC 20002
Phone: 202-608-1875
Fax: 202-547-4834
Web page: <http://www.worldvision.org>

Lutheran Social Services of Minnesota
2485 Como Ave.
St. Paul, MN 55108-5260
Phone: 651-642-5990 or 800-582-5260

National Council of Jewish Women
53 West 23rd St.
New York, NY 10010
Phone: 212-645-4048
Fax: 212-645-7466
Web page: <http://www.ncjw.org>

Associated Catholic Charities
P.O. Box 66508
Houston, TX 77266
Phone: 713-526-4611
Fax: 713-526-1546
E-mail: carthchar@hern.org

Congregations Concerned for Children
1671 Summit Ave.
Saint Paul, MN 55105-1884
Phone: 651-646-8805, ext. 20

Church of Jesus Christ of Latter Day Saints
(Mormon)
Public Affairs Office
50 E. North Temple
Salt Lake City, UT 84015
Phone: 800-453-3860

For more information about preventing child abuse and neglect, contact:

National Clearinghouse on Child Abuse and Neglect Information
(800) FYI-3366
E-mail: nccanch@calib.com
Web page: <http://www.calib.com/nccanch>



Community Collaboration Child Abuse Prevention

Selected Readings

Brethauer, S.R.; Westfall, T. (1996). Community building in selected rural sites: "Stirring the pot." *Protecting Children*, 12(1):12-15. Englewood, CO: American Humane Association.

This article describes the development and implementation of Family Centers in three rural counties, funded with a grant from NCCAN. The project emphasized community collaboration and empowerment to prevent child abuse and neglect. Each county established a consortium working group, assessed needs and resources, identified and prioritized needs, and planned and implemented a center in the community. Planning groups were charged with creating innovative services and procedures. Resistance to change was overcome with persistence and enthusiasm from the community. The program was effective in obtaining the involvement of all parts of the community.

Bruner, C. (1997). *Defining the Prize: From Agreed-Upon Outcomes to Results-Based Accountability: A Matter of Commitment (Community Collaboration Guidebook Series)*. Des Moines, IA: National Center for Service Integration Child and Family Policy Center.

This book describes the role of outcomes in collaborative efforts to improve community services. Outcomes can be used to build support for systems reform, develop strategies for improving services, and establish accountability. Community collaboratives are advised to involve key stakeholders in the definition of outcomes; develop measurable indicators and a system for tracking progress; identify economic, social, educational, and other characteristics of success; create strategies to enhance those characteristics in the target community; and establish accountability systems to assess the effectiveness of strategies. Criteria for indicators of child well-being are outlined and sample instruments are provided.

Carter Center. (1996). The Case for Kids. Community Strategies for Children and Families: Promoting Positive Outcomes. Atlanta, GA: Carter Center.

This report summarizes the proceedings of a symposium co-sponsored by the Carter Center Mental Health Program, the University of South Florida Mental Health Institute, and the Center for the Study of Social Policy to discuss a national strategy to protect children. The presentations and resulting discussions identified problems with current systems and developed a vision for community collaboration to support families. Specific needs include preparation of parents and regeneration of neighborhoods to encourage children and help them be successful. The community collaboration approach will require new forms of practice and systems to serve families. The approach should also focus on building social capital (systems of support) in neighborhoods. Recommendations for the formation and implementation of a national strategy toward community support include: grassroots mobilization; involvement of corporate leadership; and research to determine characteristics of effective programs. Symposium participants emphasized that the national strategy must be culturally sensitive to the needs and resources of African Americans, Latino Americans, Asian Americans, and Native Americans.

Gray, B.; Duran, A.; Segal, A. (Eds). (1997). *Revisiting the Critical Elements of Comprehensive Community Initiatives*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

This study describes the results of interviews and observations of 14 comprehensive community initiatives judged to be successful in creating effective strategies for working with low-income children and families. The 14 initiatives selected varied in origin (health, community development, education, and social services). Shared themes and elements are grouped in five main subject areas: (1) Leadership/Management: most sites attributed strong leadership to their success. Leaders that were patient and will

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Community Collaboration for Child Abuse Prevention

Selected Web Sites

Asset-Based Community Development Institute Northwestern University, Institute for Policy Research

<http://www.nwu.edu/IPR/abcd.html>

The Asset-Based Community Development Institute was established to develop resources and tools for community builders involved in the process of capacity-based initiatives to help them identify, nurture, and mobilize neighborhood assets. Their approach is that individual skills, institutional resources, and associational strengths are the most effective building blocks for regenerating communities in either rural or urban settings.

Children and Families in Cities Program National League of Cities

<http://www.nlc.org/families.htm>

The Children and Families in Cities mobilizes community officials and leaders to improve conditions for children and families through research, training, publications, policy and program analysis, and help with the development and implementation of community-based action plans. The focus of the project is the interdependence between the success of the communities and the success of the families who live in them. Topics addressed include education, rebuilding neighborhoods, local governance in support of families, and planning for community development and family support.

Clearinghouse on Community-Based Approaches to Child Protection

Center for the Study of Social Policy

<http://www.cssp.org/cpcintro.html>

The Clearinghouse on Community-Based Approaches to Child Protection disseminates information about State and local improvements to child protective services (CPS) and promotes changes within the CPS system. The Clearinghouse focuses on changes that promote community-based systems of child protection and serves as a resource for those interested in system reform. The Clearinghouse collection includes legislation, State-specific documents, program descriptions and evaluations, and materials from technical assistance providers.

Community Mobilization Forum Families at Work Institute

<http://www.familiesandwork.org/forums/index.html>

The Community Mobilization Forum provides information, tools, and materials that communities need to begin efforts aimed at improving the quality of life for children and families. The Forum provides information on getting started, lessons learned, tools and materials, and ideas for tailoring programs to your community's needs.

Do Something: Community Connections Campaign Pew Charitable Trusts

<http://www.dosomething.org/connections/default.asp>

Do Something is a national campaign designed to connect young people with civic organizations in an effort to strengthen America's communities. The organization offers a curriculum, training program, handbook, media materials, and Web site to help community organizations recruit and involve young people in their community-building activities. Materials are also available to help community organizations identify meaningful roles for young people, implement effective outreach and recruitment strategies, and develop ways to train and support young people.

Family Resource Information, Education, and Network Development Services (FRIENDS) Chapel Hill Training-Outreach Project, Inc. and Family Resource Coalition of America

<http://frca.org/friends.htm>

The FRIENDS Resource Center offers a range of services to help States, tribal organizations, and local programs develop community-based family resource programs and networks. Training and technical assistance are available on a range of topics including community assessment, network building, marketing, collaboration, and family involvement.

Front Porch Project American Humane Association

<http://www.americanhumane.org/currinit.html>

The Front Porch Project provides training to citizens on how to recognize potential abuse and neglect and the appropriate avenues they can use to intervene. Through targeted public awareness campaigns and local social services agencies, this program works to increase the public's knowledge about the subject of child abuse and neglect.

Healthy Communities—Healthy Youth Search Institute

<http://www.search-institute.org/communities/hchv.htm>

The mission of Healthy Communities – Healthy Youth is to motivate and equip individuals, organizations, and their leaders to join together in nurturing competent, caring, and responsible children and adolescents. This program provides assistance with research and evaluation, resource materials, training materials, technical assistance, and networking opportunities.

Joint Center for Sustainable Communities National Association of Counties and U.S. Conference of Mayors

http://www.naco.org/programs/comm_dev/center/index.cfm and

<http://www.usmayors.org/USCM/sustainable>

The Joint Center for Sustainable Communities represents a collaboration between the National Association of Counties and the U.S. Conference of Mayors. Its primary mission is to provide a forum for cities and counties to work together to develop long-term policies and programs that will lead to healthier and stronger communities. The Joint Center promotes community leadership initiatives, provides technical assistance and training, and conducts community policy and educational forums.

National Alliance of Children's Trust and Prevention Funds

<http://www.msu.edu/user/millsda/index.html>

The National Alliance of Children's Trust and Prevention Funds works with State Children's Trust funds and partner organizations to build and maintain a system of programs and services that prevent child abuse and neglect. Efforts to support children involve strengthening families by enabling parents to provide their children with safe, healthy, and nurturing childhoods. The Alliance aims to increase public awareness, public – private partnerships, and resources available for the prevention of child abuse and neglect.

National Clearinghouse on Child Abuse and Neglect Information, Children's Bureau

<http://www.calib.com/nccanch>

The Clearinghouse provides information, resources, and technical assistance to professionals in the fields of child abuse and neglect and child welfare. Information specialists offer tailored services and products to meet requestors needs. Program specialists in Prevention, Child Welfare, and State Statutes provide information on current research; model programs; promising practices; Federal, State, and local initiatives; and customized database searches and bibliographies. The Clearinghouse maintains the nation's largest database of child maltreatment materials, a prevention program database, and a database of national child abuse and neglect related organizations. The theme of the Clearinghouse's Prevention Month 1999 Web site is community collaboration for prevention.

National Community Building Network

<http://www.ncbn.org>

The National Community Building Network is an alliance of urban initiatives working at the community level to reduce poverty and create social and economic opportunities through comprehensive community building strategies. The Network provides a forum for community practitioners, researchers, foundations, and others engaged in neighborhood revitalization to share their common interests, insights, and field-tested strategies for rebuilding communities which can then offer better opportunities for disadvantaged children and their families. The Network also works to collectively shape comprehensive community building policies at the federal, State, and local levels.

Program on Human and Community Development MacArthur Foundation

<http://www.macfdn.org/programs/hcd.htm>

The Program on Human and Community Development organizes its work around four areas of interest: access to economics opportunities, building community capacity, child and youth development, and mental health policy and research. Within this framework, the program supports research, policy analysis, and practical interventions, and seeks to integrate research and practice as a means of increasing the effectiveness of both.

Rebuilding Communities

Annie E. Casey Foundation

<http://www.aecf.org/aecinit.htm>

Launched in 1993, Rebuilding Communities is an initiative designed to demonstrate that troubled, low-income communities can become safe, supportive environments where children and families can thrive. The program seeks to maximize the capacity and impact of neighborhood resources and institutions; to establish effective neighborhood collaboratives to which State and local resources and authority could be devolved; to improving housing and social and physical infrastructure; and to increase public and private investment in the neighborhoods.

Starting Points State and Community Partnerships for Young Children

Carnegie Corporation of New York

<http://www.carnegie.org/startingpoints/index.html>

Established in 1996, the Starting Points State and Community Partnerships program was initiated to enable cities and States to adopt and implement the reforms highlighted in the 1994 Report *Starting Point: Meeting the Needs of Our Youngest Children*. The report offers comprehensive recommendations including preparation for responsible parenthood, improved preventative health and childcare, and stronger community support for families. Activities developed to meet these goals include home visits and prenatal health care for pregnant women, Head Start programs and improved child care services, improved employment and job training programs for young parents, and community outreach programs aimed at preventing teenage pregnancy.



Building Safe and Strong Communities Through Collaboration

National Clearinghouse on Child Abuse and Neglect Information

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Phone: (800) FYI-3366
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Much-needed initiatives to treat the immediate and long-term consequences of child abuse and neglect are costly. To address steadily growing needs cost-effectively, Federal programs increasingly require community agencies to collaborate in providing services to children, youth, and families. Moreover, policy makers increasingly aim to capture the social and economic benefits of preventing abuse and neglect by supporting programs designed to strengthen families and communities.

*Building a viable partnership
requires long-term planning and
a clear vision...*

Many agencies and organizations have responded to community needs and funding requirements by forming partnerships and coalitions to coordinate service delivery. These collaborations pursue a common goal—to use available resources more efficiently by eliminating service fragmentation and duplication. Moreover, collaboration can improve service delivery by enhancing communication among agencies about issues affecting clients and providers.

Building a viable partnership requires long-term planning and a clear vision of what promoting shared goals can mean to community agencies, organizations, and residents. To some community groups, the idea of a long-term collaboration may imply that they will receive less of already scarce resources. Crisis-oriented organizations may need to be convinced that they have a role to play in a partnership aimed at prevention. Community members who do not have an agency or organization affiliation, but whose opinions and ideas are crucial nonetheless, may have to overcome some initial hesitancy about joining in to what may appear to be yet another inadequate effort. As Bruner (1991) observes, "The

goal of collaboration is much greater than simply changing the processes by which services are provided. Its ultimate aim must be to successfully address family or societal problems that are unlikely to be effectively managed by persons or agencies working separately."

These initial hesitations can be overcome through diligence and delivery of a consistent, positive message about what the prevention partnership can accomplish for the total community. The message should focus on the community's strengths and the desire to build on those strengths to ensure stronger families and a safer environment for children. Partnership members should believe that together they can accomplish much more for the community than an organization or agency can accomplish alone.

INSIDE...

- ✓ Deciding to Collaborate
- ✓ Key Elements of Successful Collaborations
- ✓ Community Assessment
- ✓ Goal Setting
- ✓ Strategic Planning
- ✓ Implementation
- ✓ Evaluation
- ✓ Institutionalization
- ✓ Prevention Through Collaboration: A Look Ahead

DECIDING TO COLLABORATE

Child abuse and neglect prevention programs are in a perfect position to reach out to other organizations, agencies, and community members in collaborative ventures. Child abuse and neglect are not isolated family problems; they are community problems. Schools, churches, health care facilities, and businesses are all affected by the physical and emotional damage done to the community's future—its children. It is in the community's interest to promote strong

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families and safe children because the repercussions of child abuse and neglect are so profound and far reaching. Studies show that physical and emotional abuse and neglect can lead to many additional problems for children, including juvenile crime, behavioral and learning difficulties in school, psychiatric illnesses, and a greater probability of violent behavior toward family members as an adult. Because the effects of child abuse and neglect reverberate through all community institutions—schools, health and human services agencies, law enforcement, the business sector, and faith communities—prevention partnerships can serve as a catalyst for examining the community's response to a number of issues that affect children and families. The child abuse and neglect prevention partnership can lead the way to a comprehensive look at community assets and the development of strategies for community development.

...prevention partnerships can serve as a catalyst for examining the community's response to a number of issues that affect children and families

Successful partnerships, like any worthwhile endeavor, take time, energy, and planning. Before you approach potential partners, think carefully about what your organization brings to the collaborative and what you hope to achieve. Consider the following questions as you plan your collaborative effort:

- Is your organization meeting its goals regarding child abuse prevention?
- Could a collaborative effort expand or enhance your prevention activities?
- Do other organizations in your community provide similar services or target similar audiences?
- Could another organization help your group gain access to community leaders, target audiences, funding sources, or other resources?
- Are your organization's environment, leadership, and staff open to sharing information and resources with potential partners.

KEY ELEMENTS OF SUCCESSFUL COLLABORATIONS

Successful collaboratives forge strong relationships and a sense of inclusion among members. Often agencies and organizations have not worked as closely together as the partnership requires. In the early stages of partnership development, members learn about each other and their respective organizations and move beyond preconceived notions of how a particular profession or organization operates. Developing trust and a shared vision takes time. Partners must share their fears and expectations and disclose their needs and feelings of mistrust. Out of this dialogue should come a recognition of the strengths that each partner brings to the collaboration and a commitment to cultivate those strengths. There must be a genuine flow of information to enable partners to learn the value of each other's unique perspectives and knowledge (Fantuzzo et al., 1998). Partnership members should strive to develop an organizational structure, a meeting format, and an approach to decision making that encourage the participation of all partnership members.

Efforts should be made to recruit nontraditional partners such as members of the faith community, and representatives of the media, arts and humanities organizations, and community businesses.

The prevention partnership provides an opportunity for the participation of all agencies and organizations with a vested interest in strengthening families and the community. These stakeholders include schools, health agencies, social services agencies, law enforcement, and local government. Community members with no direct agency or organizational affiliation should also be viewed as stakeholders and an integral part of the partnership. Efforts should be made to recruit nontraditional partners such as members of the faith community, and representatives of the media, arts and humanities organizations, and community businesses. It is important that the partnership reflect as nearly as possible the racial, ethnic, and cultural makeup of the community it is intended to serve. Although recruitment might be difficult, the rewards are great in terms of legitimacy within the community-at-large. The infusion of new ideas and new ways of looking at things is valuable. From this inclusive approach can come innovative approaches to community issues that a single agency or organization would not have been able to

generate on its own. Inclusiveness acts as a catalyst for innovation by bringing into the partnership a wide range of experiences, ideas, and community awareness.

Partnership members may have to carefully define the boundaries of the community toward which their efforts will be directed. A community may be loosely defined as a group of people residing in a specific geographic area who are bound together by political, economic, and social interests. In urban areas, a community may comprise several city blocks whereas in more rural and sparsely populated areas a community may span several counties. In major metropolitan areas, a more expansive definition of community might include the core city and the far reaching suburbs that surround it. When collaborative efforts are undertaken, however, it is always important to clearly define the target area for partnership activities.

Efforts can always begin small and expand gradually to cover more territory as the partnership increases in size and resources. (Mulroy, 1997)

Along with building trust and inclusiveness, collaboratives have several key tasks to carry out: community assessment, goal setting, strategic planning, implementation, and evaluation.

COMMUNITY ASSESSMENT

As Kretzmann (1996) writes, "The hard truth is that development must start from within the community and, in most of our urban neighborhoods, there is no other choice. Creative neighborhood leaders across the country have begun to recognize this hard truth, and have shifted their practices accordingly. They are discovering that wherever there are effective community development efforts, these efforts are based upon an understanding, or map, of the community's assets, capacities and abilities. For it is clear that even the

Effective coalitions can:

- ✓ Accomplish through collaboration what single individuals or organizations cannot
- ✓ Prevent duplication of individual or organization intervention efforts, filling gaps in services
- ✓ Enhance the power of advocacy and resource development
- ✓ Create more public recognition and visibility for efforts
- ✓ Provide a more systematic, comprehensive approach to problems
- ✓ Provide more opportunities for new projects.

(Strengthening Homeless Families, 1994)

poorest neighborhood is a place where individuals and organizations represent resources upon which to rebuild. The key to neighborhood regeneration, then, is to begin connecting them with one another in ways that multiply power and effectiveness" The extent of community assessment activities will depend on the time, staff, and funding of the partnership. However, it is important that partnership members share knowledge about the community they are serving. This knowledge encompasses more than the focus of a particular agency, organization, or individual. Assessments may be limited to a compilation of demographic data from census records, results of surveys conducted by others, and responses by partnership members to questions about community assets and service needs. Assessments may be expanded to include focus group discussions, town meetings, and telephone or mailed surveys to partnership members and the community-at-large. These assessments are vital to goal setting and planning for prevention activities. They provide a comprehensive set of data which the partnership can use to set realistic goals and objectives and make long-term plans. The

The assessment can be a major way to focus the partnership on community development as a prevention strategy.

assessment provides clarity about service delivery duplication presents opportunities for coordination. The assessment can also reveal how community members view service delivery and what they feel are the community's strengths and weaknesses. Finding ways to enhance existing community strengths and develop new ones is a major component of successful prevention efforts. The assessment can be a major way to focus the partnership on community development as a prevention strategy.

GOAL SETTING

With the knowledge gained from a community assessment and the shared vision of promoting a strong community, partnership members can set realistic goals targeting children and families. Since the orientation of the partnership is prevention, goals should address those areas will enhance the community's inherent strengths and develop strengths in area where the assessment has revealed a need.

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U.S. Department of Health and Human Services, Administration for Children and Families. (1997). *Strengthening homeless families: A partnership-building guide*. Washington, DC: Government Printing Office.

For more information, contact the Clearinghouse
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"Don't Shake the Baby" is a national public awareness campaign, organized in all 50 States, the District of Columbia, and Puerto Rico, focused on decreasing the incidence of Shaken Baby Syndrome and thereby decreasing disability and death caused by child maltreatment.

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Fax

To: Nicole Rabner	From: Monica Sohn
Fax: 202-456-2878	Pages: 5
Phone:	Date: 5-5-99
Re: Video Request	CC:

• Comments:



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Memo

TO: Nicole Rabner
FROM: Monica Sohn
SUBJECT: Video Request (Script Attached)
DATE: May 5, 1999

cc:

Thank you again for all your help on this. We are so thrilled to be able to include the First Lady in this special project.

Attached you will find a one-page document detailing the event and the multimedia project as well as the draft script that we have prepared. The script is based on the First Lady's speech at our awards luncheon in D.C. last October as well as some points she made in the first chapter of her book, "It Takes A Village"

Please forward all billing information and video footage directly to me at the address listed above.

I will call you later to make sure you have received all the necessary information. If you need anything in the meantime, please feel free to call me at (312) 663-3520 ext. 133.

at the end we are producing a doc short

Rabner

Conversational int style



**Prevent Child Abuse America's
Healthy Families America Awards Dinner
Honoring Leland C. Brendsel and Michael Bolton
For their outstanding achievement
In improving the lives of children and families**

On Tuesday, September 7, from 6:00 p.m. - 10:00 p.m. at the Pierre Hotel in New York City, leaders from New York's financial community will come together to honor Leland C. Brendsel, chairman and CEO of Freddie Mac, and recording artist Michael Bolton for their commitment to improving the lives of children and families.

This exciting event will involve many of the top financial leaders from New York's financial community. Event Chairman, Laurence D. Fink, chairman and CEO of BlackRock Financial, has already secured an impressive group of co-chairs, including, Jon S. Corzine, chairman and senior partner of Goldman, Sachs and Co., Warren Spector, executive vice president of Bear Stearns, and David Komansky, chairman and CEO of Merrill Lynch.

At the event, we will show a multimedia video presentation about the importance of the earliest years of life and the Healthy Families America program. While this video will make its debut at this event, it will serve as valuable tool well beyond the awards dinner delivering the prevention message to a variety of audiences including, potential prevention partners, state legislators and future funders. The video will feature families participating in the Healthy Families America program as well as interviews with Dr. T. Berry Brazelton and Rob Reiner.

It is our hope that this event will help raise at least \$1 million for Prevent Child Abuse America's effective prevention program - Healthy Families America. Healthy Families America offers support and education through voluntary home visitation to parents of newborns. Healthy Families America promotes positive parenting, helps strengthen a child's emotional, physical, and cognitive health, prevents child abuse and neglect, and can also help prevent a host of other social ills. Although there are currently more than 320 HFA sites across the country, there are still many communities in need who do not have access to HFA services. The money raised will help bring HFA to more families in more communities across the country.

This event promises to be a great success and will provide an incredible opportunity to raise even greater awareness about early childhood, brain development and the critical link between child abuse and neglect and other social problems facing our country today. But more important, this event will help deliver critical support by making Healthy Families America available to thousands of children and families across the country who wish to participate in this special program

First Lady Script
Healthy Families America Video Presentation
May 5, 1999

o Column on
home visiting
visiting & helping
from project
o speech in October/Nov
that came to present
LA

When Chelsea was born, I was overwhelmed by the love and responsibility I felt for her. Bill and I were truly blessed...not only did we have a healthy and beautiful baby...we also had the help, support and resources we needed to give her the very best care and attention.

I think about all the parents who don't have the help and support that Bill and I had with Chelsea...who never learned from their own parents how to love and care for a child...who are isolated, alone...and overwhelmed at the prospect of caring for a new baby.

Science tells us...research tells us...and our own lives tell us...that the foundation for strong and happy children is a good and healthy start at birth. We cannot afford to wait until children are four or five. We need to support families and invest in children right from the start. That's where we can truly make a difference.

Healthy Families America is one of the best approaches I can think of to give children what they need and deserve. It's helping to create positive, lasting change for children...for families... and for this country.

I am so happy that Healthy Families America is being made available in more communities throughout the county. Thanks to the help of the public and private sectors who understand that it's a wise investment in their communities and in their country's economic future.

As a country, If we fail our children...then nothing else we do really matters very much. That's why supporting Healthy Families America is so important. Because it shows that we are committed to our children...our families...and to our nation's future.

FORMAT FOR VIDEO BRIEFINGS

Briefings must include the following information, written in 2-3 paragraphs in memo form (see sample attached). Be sure to contact group or organization for most current information.

Background on event/conference, ie.

- Who - who's event is this? Please include background on the organization
- What - what is event about? Is there a **theme**?
- When is event? Is this an annual event? First year?
- Where? (be specific -city; convention center/hotel/school, etc.)
- Why? Purpose of event
- Note HRC previous interaction with group/organization/event

Event format/program

- Other speakers/participants
- Speaking order
- Audience - composition and size, including key people
- Special acknowledgements (for speechwriter)
- When will video be shown? (Date, time, during what part of program)
- Who will introduce the video?
- PSA's (Public Service Announcements): include when/when to be broadcast, and who is the targeted audience

Please provide briefing on disk (or e-mail) and one hard copy. Thanks.
Rm. 197 OEOB

USAID "Lessons Without Borders" conference

The U.S. Agency for International Development (USAID) will be holding the "Lessons Without Borders" conference on Monday, September 16th in Baltimore, Maryland. You have been asked to record a 3 minute video which will be used for two purposes. One will be as a part of a larger video that the USAID is producing on their "Lessons Without Borders" program. Approximately 300-400 development professionals from around the country and 500 members of the faculty and student body of Johns Hopkins University are expected to see that video which will be shown at Johns Hopkins' Shriver Hall.

In addition, your video will be shown at a dinner being held to increase awareness of the International Center for Health and Population Research, formerly known as the International Center for Diarrheal Disease Research, in Bangladesh. As you will recall, you visited that facility in April of last year. Attending the dinner will be CEO's of various corporate and philanthropic organizations. A major contributor to the endowment for the research center is the Ford Foundation. Secretary of Health and Human Services Donna Shalala is expected to be the keynote speaker at the dinner, and Demisse Habte, Director of the Center in Bangladesh, will also participate. Your video will be introduced by Brian Atwood, Director of USAID.

"Lessons Without Borders" is a program created by the USAID and launched by Vice President Al Gore in 1994. The purpose of this program is to draw on global experiences to help solve domestic problems in the U.S. It was designed to share some of what the USAID has learned in other countries with poor communities in the United States. The conference provides a forum for technical exchanges between domestic and international experts. The idea for this conference grew out of a discussion between USAID director Brian Atwood and Marian Wright Edelman, executive director of the Children's Defense Fund.



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Bonnie Riach
Michael Rosengarden
Haim Saban
Roberta A. Sacks
Ginger M. Salazar*
John Smith III
W. Clement Stone
Clarice Dibble Walker
Linden E. Wheeler

*Executive Committee

Executive Director
A. Sidney Johnson III

Founder
Donna J. Stone

March 23, 1999

Mrs. Hillary Rodham Clinton
c/o Ms. Nicole Rabner
Office of the First Lady
1600 Pennsylvania Avenue
Washington D.C. 20500

Dear Mrs. ~~Clinton~~ ^{Hillam}:

I am writing to you about a special HFA video presentation that we are developing for our June 21 fundraising dinner, honoring Leland C. Brendsel.

I am aware that you will be out of the country on the date of the event. However, we would be honored if we could include your interview in this important video. It will initially be presented at the aforementioned fundraising dinner, but will also serve as a valuable tool for the Healthy Families America initiative well beyond the event.

This video presentation offers an incredible opportunity to deliver a strong message about the importance of the earliest years of life and what we as a society can do to produce positive outcomes for our children.

You have been tremendously supportive of Healthy Families America and for that we are deeply grateful. Your participation in this project would build upon your past support and allow you to communicate your vision for our nation's children in the next millenium. It would also help us build the support we need to expand the Healthy Families America initiative to serve more families in more communities across the country.

I will be contacting you shortly about your interest and availability. In the meantime, if you have any questions, please feel free to contact me at (312) 663-3520.

Again, thank you for your leadership and support and for your outstanding commitment to America's children and families

Sincerely,

A. Sidney Johnson III
Executive Director

cc: Nicole Rabner

Evan -

This is far away,
but I think we
should do it
down the road when
we do videos.

Nicole

I cannot thank you
enough for all your help
and leadership.

Prevent Child Abuse America

200 S. Michigan Avenue

NATIONAL CHILD ABUSE PREVENTION MONTH, 1999

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BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

Children bring happiness to our lives and hope to our future; they are our greatest joy and our most important responsibility. Whether as loving parents or concerned citizens, we must do everything we can to nurture them, protect them, raise them in an atmosphere of love and respect, and create for them an environment in which they can grow into healthy, well-adjusted, and productive adults.

Tragically, however, statistics confirm that not all of America's children enjoy the benefits of a safe, loving home. Instead, hundreds of thousands of children each year suffer abuse and neglect, most often at the hands of their own parents or other family members. The horrors of physical or emotional trauma deny these young people their childhood, and our abused children carry the psychological scars of their mistreatment throughout their lives. Worse yet, for some -- particularly those under 3 years old -- the abuse they endure is fatal.

My Administration is committed to promoting effective policies and innovative programs to protect children from harm and to mitigate the stresses on families that can ignite violence in the home. We have implemented a comprehensive agenda that includes increased funding at the State level to ensure that maternal and child health programs are expanded to include child protection, family preservation, and support; we have released prevention grants for community-based family services in all 50 States; and we have worked with the Congress to pass the Adoption and Safe Families Act of 1997, the Violent Crime Control and Law Enforcement Act of 1994, and the National Child Protection Act of 1993, all of which support child abuse prevention efforts in State and local jurisdictions.

Yet government programs alone cannot prevent child abuse. As a society that cares about the health and well-being of our children, we must forge caring, cooperative alliances that include government as a partner, but also involve schools, community organizations, businesses, religious groups, and especially parents and family members themselves -- indeed, everyone who has a stake in the future of American families. During this special month, as we focus our Nation's attention on the disturbing problem of child abuse, let us remember that behind every heartbreaking statistic is a child whose health, happiness, and future depend on our ability to recognize the signs of abuse and our refusal to tolerate abuse in our homes and communities.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim April 1999 as National Child Abuse Prevention Month. I call upon all Americans to observe this month by demonstrating our gratitude to those who work to keep our children safe, and by taking action in our own communities to make them healthier places in which children can grow and thrive.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of April, in the year of our Lord nineteen hundred and ninety-nine, and of the Independence of the United States of America the two hundred and twenty-third.

WILLIAM J. CLINTON

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Date: April 1, 1999
For Release: Immediately
Contact: Michael Kharfen ACF, (202) 401-9215
Mark Weber, SAMHSA, (301) 443-8956

Headline: HHS REPORTS NEW CHILD ABUSE AND NEGLECT STATISTICS

President Clinton issues proclamation for April as Child Abuse and Neglect Prevention Month and HHS distributes prevention materials nationwide

HHS Secretary Donna E. Shalala today reported that 1997 national child abuse and neglect statistics continued to decline slightly to under one million children as reported by states. The decline, the fourth in a row reported by the federal government, came as the nation marked April as National Child Abuse and Neglect Prevention Month.

"Though we're reporting a slight decline in children as victims of abuse and neglect - these numbers nevertheless represent an unacceptable human tragedy we must do more to prevent," said Secretary Shalala. "The Clinton administration is committed to supporting innovative community efforts to give children at risk a better chance for a safe and nurturing permanent home. We also encourage states to recognize the connections between substance abuse and child abuse, which are taking a toll on so many American families."

Based on preliminary state-reported child abuse and neglect statistics, HHS estimates that child protective service agencies investigated reports of alleged maltreatment of nearly three million children. Of those children investigated, states found that 963,870 children were victims of abuse and neglect. In a trend starting four years ago, the number of children abused and neglected has decreased from a record 1,018,692 in 1993. Though state reports capture much of child abuse and neglect, separate studies have found that the number of victims may be higher. Parents and relatives continue to be the main perpetrators of maltreatment. Parents comprised 75 percent and other relatives 10 percent of perpetrators. Non-related individuals were 6 percent.

According to a new report, substance abuse is a substantial factor in a third of all child abuse and neglect cases, and up to two-thirds of foster care cases. The report, "Blending Perspectives and Building Common Ground," written collaboratively by three HHS divisions - the Administration for Children and Families, the Office of the Assistant Secretary for Planning and Evaluation, and the Substance Abuse and Mental Health Services

Administration - provides recommendations on the need for closer coordination between the child protection and substance abuse treatment systems.

"This report highlights the critical importance of creating and strengthening collaborations across agency and discipline lines," said Olivia A. Golden, HHS assistant secretary for children and families. "By working together we can eliminate barriers to effective treatment for families."

"Families where there is child abuse and neglect often face multiple problems that require comprehensive solutions," said SAMHSA Administrator Nelba Chavez, Ph.D. "Our experience and research has shown that integrating substance abuse and mental health services into social and health programs is critical to meeting the needs of parents and children."

The department will be distributing several thousand packets of prevention information to states and local child welfare agencies and community organizations as a part of Child Abuse and Neglect Prevention Month. This information is also available at the following Web site:

<http://www.acf.dhhs.gov>. The prevention materials can also be obtained by calling the National Clearinghouse on Child Abuse and Neglect at 1-800-FYI-3366.

The Clinton administration has promoted and supported policies and innovative programs to address the problems of child maltreatment and substance abuse. In 1997, President Clinton signed into law the Adoption and Safe Families Act based on proposals in his Adoption 2002 plan. The law strengthened protections for children and promotes permanent placements through more timely decisions by the child welfare system.

HHS also provides grants to states and local communities for programs that work with infants in the child welfare system born to parents who are substance abusers and has granted waivers to several states to use federal foster care funds more flexibly to provide substance abuse services. It has also encouraged and participated in joint meetings of state child protective and substance abuse services directors.

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Note: HHS press releases are available on the World Wide Web at: