

Executive Summary

Child maltreatment is a devastating problem affecting the lives of tens of thousands of children in North Carolina annually. In our state, a child is mistreated every fifteen minutes by a parent or caretaker. Every two weeks a child dies from abuse. For those children who experience abuse or neglect, the effects of the maltreatment upon their emotional, cognitive, and physical development can be quite serious - including severe physical injuries, neurological damage, cognitive deficits, emotional/behavioral problems, and increased risk for depression, substance abuse, poor school performance, and juvenile delinquency/adult crime. Child maltreatment is an expensive social problem that costs North Carolina approximately \$3 billion annually.¹ Child protective services, court costs, and medical care account for some of the direct costs, while indirect costs include mental health treatment services and special education programs.

Despite the enormous social and economic costs of child maltreatment in North Carolina, comprehensive efforts to prevent child maltreatment have faced a number of challenges. These include a lack of direction and vision for prevention activities across the state, resulting in fragmented efforts across multiple systems, an absence of public leadership at the state level and insufficient funding that is not strategically focused on evidence-based or research-based programs shown to reduce maltreatment or strengthen families. North Carolina also has a limited measurement system that cannot accurately provide information on the true incidence of the problem. Such challenges have hindered the state's capacity to effectively reduce the maltreatment of its youngest citizens.

NC Institute of Medicine Task Force on Child Abuse Prevention

In 2003, Prevent Child Abuse North Carolina (PCA North Carolina) launched the Gaining Ground Initiative, a multi-year effort to identify and implement strategies to reduce child maltreatment in North Carolina. Recognizing the challenges facing state and local efforts to prevent maltreatment, PCA North Carolina approached the NC Institute of Medicine about the possibility of convening a statewide Task Force on Child Abuse Prevention. The Task Force on Child Abuse Prevention was led by the Honorable Carmen Hooker Odom, Secretary of the NC Department of Health and Human Services, and Marian Earls, MD, FAAP, Medical Director of Guilford Child Health, Inc., and a leading advocate for child maltreatment prevention efforts across the state. The Task Force on Child Abuse Prevention, funded by the Duke Endowment, was comprised of fifty-one additional members including representatives from the departments of human services, education, juvenile justice, the NC General Assembly, healthcare providers, community-based service organizations, local businesses, universities, and the faith community. In addition, the work of the Task Force on Child

Abuse Prevention was supported by eleven individuals who served on a Steering Committee that guided the work of the entire project, twenty-five people who reviewed the research literature for evidence-based and research-based child maltreatment prevention programs, and fifteen people who worked on developing a child maltreatment monitoring/surveillance system. The Task Force on Child Abuse Prevention met over the course of nine months (October 2004 - June 2005).

Child Maltreatment in North Carolina

Child maltreatment is an act or failure to act which results in significant harm or risk of harm to a minor.² Maltreatment may be committed by a family member, caregiver, or other adult. Typically, professionals recognize four types of child maltreatment: physical abuse, neglect, sexual abuse, and emotional/psychological abuse. In many cases, children experience multiple forms of maltreatment simultaneously. Child maltreatment also varies in terms of frequency, severity, and occurs with other forms of family violence such as domestic violence.³

Child maltreatment is a form of trauma and can have a significant adverse impact on a child's social, cognitive, and emotional development. Depending on a number of factors, including the age of the child and frequency/severity of abuse, the trauma associated with child maltreatment may negatively alter a child's neurological development, impairing his ability to develop normally and participate in higher cognitive functions.⁴ Consequently, children who experience maltreatment may demonstrate attention deficits, problems with abstract reasoning and decision-making, and lower intelligence quotients that may lead to poor school performance and a need for special education services.⁵ They may also demonstrate negative behavioral and emotional responses, such as higher rates of post-traumatic stress disorder, depression and mood disorders, alcohol and drug use, and personality disorders.⁶ Other developmental effects include speech delays, deficits in interpreting language, gross motor delays, and sensory integration problems. Children who are maltreated may also have problems developing appropriate social relationships, trust, and attachments.⁷ An estimated 30% of maltreated children will go on to abuse or neglect their own children later in life.⁸

Multiple factors at the individual, family, neighborhood, and societal levels interact to contribute to or protect against child maltreatment. The likelihood of maltreatment increases when risk factors outweigh protective factors that strengthen families.

The Central Registry tracks the number of children investigated and substantiated for child maltreatment by local departments of social services. In state fiscal year 2004-2004, it reported that 113,557 children were subject to an investigative or family assessment, and 27,310 children were substantiated or found in need of services. In addition, thirty children were the victims of child abuse homicides in 2004. The Central Registry does not collect data on every child who has been maltreated, only those that come to the attention of the departments of social services, were perpetrated by a caretaker (parent, guardian, or childcare provider), and meet the statutory definitions of abuse and neglect.

Other sources of data, including CarolinaSAFE - an anonymous, random telephone survey conducted with mothers of children aged birth to seventeen years in North and South Carolina - suggest that the actual incidence of maltreatment may be much higher than official estimates. CarolinaSAFE found that mothers self-reported physical abuse of their children at a rate more than forty times higher than the Central Registry substantiation rates in either state. This study also found sexual abuse to be fifteen times higher than official state-level statistics.⁹

Despite the limited data concerning incidence of maltreatment, there is a consensus among professionals and researchers that the number of children experiencing maltreatment constitutes one of the most serious public health issues in the state.

Child Maltreatment Prevention

Child maltreatment prevention efforts include activities, strategies, or programs to reduce risk factors and increase protective factors associated with child maltreatment. These efforts are designed to increase the capacity of parents, caretakers, and communities to protect, nurture, and promote the healthy development of children. While a number of activities can comprise child maltreatment prevention, activities are typically placed into three categories:

- > **Universal strategies** target activities to the general population with the goal of preventing child maltreatment from ever occurring.
- > **Selective strategies** target activities to a group with specific risk factors with the goal of preventing child maltreatment from occurring in that group.
- > **Indicated strategies** target activities to a group that has experienced maltreatment with the goal of preventing its reoccurrence.

An effective statewide child maltreatment prevention initiative should provide an array of universal, selective, and indicated child maltreatment prevention activities. Historically, North Carolina has focused the majority of its efforts and resources on indicated strategies, targeting individuals or families that have experienced abuse with the goal of preventing its re-occurrence. Little state-level attention has been directed toward preventing child maltreatment from occurring in the first place.

To effectively reduce child maltreatment in North Carolina, state and local communities must shift attention and resources towards pregnancy and the early years of childhood (birth to five years) because those developmental periods offer the best “windows of opportunity” for helping families develop nurturing, responsive relationships that promote healthy child development.¹⁰ This would require community and institutional support of parenting, including support and services for every expectant family and parents with young children. Services should then be added to this universal base of support through programs such as parent education and home visiting, which respond to the developmental needs of the child or the evolving parent-child relationship. Such a prevention system would help all parents and children before abusive/neglectful behaviors become established and difficult to modify; promote help-seeking behavior as a normal and expected activity for all parents; and provide more targeted services to higher-risk families.

An effective child maltreatment prevention system should integrate services across public and private agencies, and be culturally and linguistically appropriate. The system should be built around evidence-based and theory-based models that have been shown to work, in order to ensure that limited resources are used most effectively. Further, sufficient resources should be allocated to ensure the program staffing, training, technical assistance, and evaluations are adequate to successfully implement a child maltreatment prevention effort.

Vision for Children, Families, and Communities

We envision that

- > Children are nurtured, supported, and protected within safe and stable homes and community environments.
- > Families recognize the rewards and responsibilities of raising children and have access to support within their own communities to help them meet those responsibilities.
- > Families are able to ask for and receive timely assistance without fear of being punished or blamed.
- > Communities are supported in their efforts to meet the diverse needs of families in raising their children.

Core Issues for Child Maltreatment Prevention Efforts

In addition to using the aforementioned vision and principles as a guide for developing statewide prevention efforts, North Carolina must also address several critical challenges in order to be successful in reducing maltreatment among children.

Leadership

While North Carolina has developed a coordinated system to respond to reports of child maltreatment, no comprehensive system currently exists to prevent maltreatment from occurring in the first place. Prevention efforts are fragmented across agencies with little shared planning and few measurable outcomes. There is no state agency with programmatic authority assuming leadership for child maltreatment prevention and being held accountable for statewide efforts. Creation of public, state-level leadership for child maltreatment prevention is critical to advancing prevention efforts statewide. To establish leadership, the Task Force on Child Abuse Prevention recommends:

- > **The NC General Assembly should establish a standing Child Maltreatment Prevention Legislative Oversight Council that has diverse membership representation and strong leadership from state and local agencies and community providers. (Recommendation 4.1 - Priority)**
- > **The NC Department of Health and Human Services - NC Division of Public Health should develop a Child Maltreatment Prevention Leadership Team to assist in supporting the work of the Child Maltreatment Prevention Legislative Oversight Council. (Recommendation 4.2 - Priority)**

Measurement

North Carolina needs a comprehensive monitoring system to estimate the magnitude of the child maltreatment problem, provide information for program planning and implementation, and inform the public and policy makers of the effectiveness of prevention efforts. North Carolina currently relies on child fatality data and the Child Protective Services Central Registry as the primary sources of data on maltreatment incidence. However, there are limitations to these data. Development of a child maltreatment monitoring system that provides a more accurate picture of maltreatment in North Carolina is needed to effectively design, target, and evaluate a statewide prevention system. The Task Force on Child Abuse Prevention recommends:

- > **The NC Division of Public Health's Injury and Violence Prevention Branch should work with a Technical Advisory Committee to develop a North Carolina data collection system for monitoring child maltreatment prevention. (Recommendation 5.1 - Priority)**

Social Norms and Policies

The larger social environment in which families raise children plays a significant role in the occurrence of child maltreatment. Community norms, social values, and the public's worldviews all influence the way in which individuals in the larger community support families who are raising children. Changing these community norms and social values to create more supportive and healthy environments in which to raise children is a key challenge for the state.

While child maltreatment prevention public awareness campaigns have been quite successful in raising awareness of the issue of child maltreatment, current research indicates that the public does not understand prevention nor believe that it is possible to prevent maltreatment. An important next step in public awareness efforts to reduce maltreatment includes strategically reframing the messages that we are providing to parents, families, and the public about child abuse prevention so that we create a community climate in which families are supported and strengthened, and parents can seek assistance without stigma.

A second issue closely associated with social norms and child maltreatment is the pervasiveness of violence within American culture. The glamorization of violence within the media, the public's tolerance of high levels of violence within communities, and social norms that reinforce violent responses to problems all contribute to a climate where violence is perceived as an appropriate response to family conflict. Public health experts recognize that the larger societal context of violence creates an environment that places healthy parenting and healthy child development in jeopardy. Supporting and encouraging comprehensive violence prevention efforts are critically linked to the success of efforts to prevent maltreatment.

- > PCA North Carolina, in partnership with the NC Division of Public Health, should take the lead in developing a public education and marketing campaign aimed at encouraging community members to support parents by promoting positive parenting behaviors and increasing public support for programs and resources aimed at strengthening positive family interaction. (Recommendation 6.1 - Priority)
- > PCA North Carolina, in collaboration with the NC Division of Public Health, the NC Division of Social Services, the NC Coalition Against Domestic Violence, the NC Domestic Violence Commission, the NC Partnership for Children, the NC Department of Public Instruction, and the NC Department of Juvenile Justice and Delinquency Prevention, should work with and support ongoing grassroots efforts to establish community norms that support families and healthy child development, and reduce social acceptance of violence as an appropriate response to interpersonal conflict. (Recommendation 6.2 - Priority)

Evidence-Based and Promising Practices

Increasingly, policy-makers, researchers, and practitioners are focusing on the use of evidence-based and promising practices in community and state efforts to prevent maltreatment. Evidence-based programs are those programs that have scientific evidence of their effectiveness in reducing risk factors, increasing protective factors, and preventing maltreatment. Promising programs have some evidence of effectiveness, but this evidence includes evaluations with less rigorous designs or methodological limitations and additional experimental evaluations are needed in order to determine the program's effectiveness. Although the field of child maltreatment prevention does not yet have an extensive body of scientifically proven programs, it is critical to incorporate what is known into the practices of the thousands of practitioners who work with families and children daily. North Carolina should support the implementation of evidence-based and promising programs by prioritizing funding for those programs with strong research demonstrating their effectiveness. It should also engage in specific statewide efforts to implement programs that have a strong body of evidence such as the Nurse Family Partnership, Parent-Child Interaction Therapy, the Strengthening Families Program, and the Chicago Child-Parent Centers.

- > PCA North Carolina, through its involvement with the Child Maltreatment Prevention Leadership Team, should convene an Expert Work Group on Evidence-Based Practice to identify, support, and disseminate information about evidence-based and promising programs in the field of child maltreatment prevention and family strengthening. (Recommendation 7.1 - Priority)
- > Public and private funders should place priority on funding evidence-based and promising child maltreatment prevention and family strengthening programs. When those programs are not available for a specific population, public and private funders should give funding priority to those programs that are theory-based and incorporate elements identified in the research literature as critical elements of effective programs. (Recommendation 7.2 - Priority)
- > PCA North Carolina should work with the NC Division of Medical Assistance, the NC Division of Public Health, and Community Care of North Carolina to implement the Nurse Family Partnership Program in two to three additional sites in North Carolina. (Recommendation 7.3)

- > PCA North Carolina and the NC Division of Public Health should work with the Education Begins at Home Alliance to develop a model of home visitation for families at high risk of maltreatment based on the most current research of perinatal and early childhood home visitation programs, and from an assessment of the current resources and infrastructure for home visiting programs in North Carolina. (Recommendation 7.4)
- > The Child Maltreatment Prevention Leadership Team should work to pilot or replicate promising child maltreatment prevention programs, such as Parent-Child Interaction Therapy, the Strengthening Families Program, and the Chicago Child-Parent Center, and to evaluate their effectiveness with a North Carolina population. (Recommendation 7.5 - Priority)
- > The Child Maltreatment Prevention Leadership Team should work to ensure community-based family resource centers offer or link to evidence-based and promising prevention programs; require use of social support and parent education programs that have been evaluated and show evidence/promise in preventing maltreatment; re-target funding for school-based child sexual abuse prevention programs to promising models; and develop an evaluation process for family support and child maltreatment prevention programs using a shared set of research-based intermediate indicators for child maltreatment, nurturing parent-child interaction, and healthy child development. (Recommendation 7.6)
- > The Child Maltreatment Prevention Leadership Team should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and other agencies and private providers providing oversight or treatment for children who have experienced abuse or neglect to encourage the use evidence-based models identified by the Kaufmann Best Practice Initiative, Substance Abuse Mental Health Services Administration, and the Centers of Excellence. (Recommendation 7.7)

Systems Changes

Public and private agencies/programs that currently serve families and children can be enhanced to incorporate child maltreatment prevention efforts. Infusing family strengthening and child maltreatment prevention strategies into those programs could help them more effectively target the risk and protective factors closely associated with child maltreatment. Three broad areas emerged as the most logical for organizing such efforts:

Strengthening Families with Young Children: Pregnancy and the first years of life (birth to five years) are critical periods in creating healthy and nurturing parent-child relationships. An effective family strengthening system should begin during these developmental periods. Consequently, a number of initiatives and programs that promote early childhood development and provide services to expectant families and families with young children should be involved in child maltreatment prevention efforts. These initiatives and programs include the Early Childhood Comprehensive System Initiative, early childhood home visiting programs, maternal and child health services, early intervention services, primary healthcare providers, early childhood mental health services and practices, and early childhood education.

- > The Child Maltreatment Prevention Leadership Team should work closely with the Early Childhood Comprehensive System Initiative in the development of an integrated and comprehensive early childhood system that promotes the health and well-being of young children birth through age five. Specifically, stakeholders from both initiatives should identify common outcomes and common areas of focus, and integrate efforts whenever possible to maximize resources and prevent duplication. (Recommendation 8.1)
- > The NC Division of Medical Assistance, the NC Division of Public Health's Women's and Children's Health Section, PCA North Carolina, and other appropriate partners should work with the Education Begins at Home Alliance to ensure a coordinated and effective system of prenatal and early childhood home visitation programs across North Carolina, which are voluntary and appropriately match services to families' risks and needs. (Recommendation 8.2)

- > The NC Division of Public Health and the NC Division of Medical Assistance should strengthen the Maternity Care Coordination and Child Service Coordination programs with regard to child maltreatment prevention by requesting that prevention is included as a major goal of the programs, strengthening intervention models, and increasing training on the issue. (Recommendation 8.3)
- > The NC Division of Public Health and the NC Division of Medical Assistance should support the Children’s Developmental Services Agencies in ensuring families who are maltreating and who are at high risk of maltreating their children continue to be served. (Recommendation 8.4 - Priority)
- > The NC Division of Medical Assistance – Office of Research, Demonstrations, and Rural Health Development and the NC Division of Public Health should work together to explore ways to enhance the role of primary care providers in child maltreatment prevention through the NC Medical Home Initiative and the Assuring Better Child Health and Development Project. (Recommendation 8.5)
- > The Child Maltreatment Prevention Leadership Team and the Early Childhood Comprehensive System Initiative should work together in identifying the needs of families and other caregivers in promoting young children’s social/emotional health, identifying effective strategies to meet these needs, and enhancing the capacity of multiple provider systems to coordinate and deliver services to those caregivers and children. (Recommendation 8.6)
- > The NC Division of Child Development, the NC Department of Public Instruction, and the NC Partnership for Children should work with the Early Childhood Professional Development Institute to develop a plan for increasing the training of childcare providers to better understand and to assist parents in understanding stages of child development and age appropriate child behavior, and to promote infant/child mental health and social/emotional development. (Recommendation 8.7)

Building Services Developmentally According to Need: Parents will continue to need support as children get older and they face new developmental challenges, or as certain environmental stressors (e.g., poverty, lack of adequate childcare) jeopardize the healthy parent/child relationship. As a result, parent support services for families with children of all ages should be available through public and community-based agencies. Such services could include parent education and training, parent support groups, and respite care. Additionally, the public school system and the social services system can strengthen universal and selective prevention strategies with existing resources and programs such as school health nurses or the Multiple Response System.

- > PCA North Carolina should work with family support organizations to increase the availability of respite care, parent support groups, and parent support strategies, and to ensure that families in need of support are able to access services within their communities. (Recommendation 8.8)
- > The NC Department of Health and Human Services should ensure that a strengthening parenting component is included across state programs that serve families, including culturally appropriate programmatic strategies that will support and strengthen parent-child relationships, especially during pregnancy and the first two years of the child’s life. (Recommendation 8.9)
- > The North Carolina State Board of Education and the NC Department of Public Instruction should identify strategies to increase support for children at risk of maltreatment and their families to ensure that children are able to fulfill their academic potential in traditional schools, alternative schools, or other educational settings. (Recommendation 8.10)

- > The NC Division of Social Services, the NC Association of County Directors of Social Services, and the Children’s Services Advisory Committee, in conjunction with community providers, should explore ways to strengthen universal/selective child maltreatment prevention efforts by expanding prevention services through the Multiple Response System for all children and developing family strengthening/child maltreatment prevention strategies for the Work First population. (Recommendation 8.11)

Reducing Risk Factors at a Population Level: A number of familial and environmental stressors increase a family’s risk for child maltreatment. To the extent that North Carolina can reduce these risk factors on a population basis, it can be expected that the incidence of child maltreatment will decrease. Specific risk factors include unwanted or closely spaced pregnancies, adolescent pregnancy, substance abuse, postpartum and maternal depression, domestic violence, and unavailable or inadequate childcare. Populations considered at higher risk for child maltreatment and needing targeted prevention efforts include families with children who have disabilities, communities experiencing natural disasters, communities with a strong military presence, and incarcerated parents.

- > The NC Division of Public Health and the NC Division of Medical Assistance should pursue a more rapid rollout of the federal Medicaid family planning waiver. (Recommendation 8.12)
- > The NC General Assembly should appropriate additional stable funding to the NC Division of Public Health to expand the Teen Pregnancy Prevention Initiative and revise G.S. 115C-81 (e3-8) to ensure that students are receiving medically accurate information and that schools are using evidence-based approaches to prevent unwanted pregnancies and the transmission of STD/HIV. (Recommendation 8.13)
- > The NC Division of Public Health should assess the potential costs and benefits to the state of providing some level of service to all pregnant adolescents and adolescent parents by reviewing evaluation data from programs serving these populations across the country. (Recommendation 8.14)
- > The Child Maltreatment Prevention Leadership Team should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and other substance abuse treatment organizations to increase the number of substance abuse treatment programs with a particular focus on gender specific programs for pregnant women and women with children, and increase outreach to identify women in need of these services. (Recommendation 8.15 - Priority)
- > The NC Division of Public Health should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the NC Division of Social Services, the NC Division of Medical Assistance, professional associations, and appropriate health professional training schools to jointly develop a strategy to assess the prevalence of maternal and postpartum depression for North Carolina women, and examine the issues regarding screening for, access to, and availability of services for this condition. (Recommendation 8.16 - Priority)
- > The Child Maltreatment Prevention Leadership Team should work with the NC Coalition Against Domestic Violence and other domestic violence advocates, PCA North Carolina, the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and the NC Division of Public Health’s Injury and Violence Prevention Branch to identify and pilot evidence-based or primary prevention strategies for domestic violence and child maltreatment. (Recommendation 8.17)
- > The NC Office of Education Services should work with PCA North Carolina to strengthen early intervention services with regard to parent-child interaction and child maltreatment prevention for families of children with special needs enrolled in their services. (Recommendation 8.18)

- > The Child Maltreatment Prevention Leadership Team should work with the Early Childhood Comprehensive System Initiative, the NC Partnership for Children, the NC Division of Child Development, and other appropriate organizations to identify strategies to increase the availability of affordable, quality childcare and request that the NC General Assembly increase funding for childcare subsidies to county departments of social services offices to ensure that 1% of additional families needing childcare subsidies are served each year until at least 50% of eligible families are being served. (Recommendation 8.19)
- > The Child Maltreatment Prevention Leadership Team should work with the State Emergency Management Team and other NC disaster response professionals and rapid response professionals to increase awareness of increased risk for child maltreatment in young children, particularly inflicted traumatic brain injury, occurring immediately after and up to six months following a natural disaster, and to ensure that appropriate parent support services are in place for those families at highest risk. (Recommendation 8.20)
- > The Child Maltreatment Prevention Leadership Team should work with state and local nonprofit organizations to increase the capacity of local communities to identify and implement research-based strategies focused on the primary prevention of child maltreatment among military families and communities. (Recommendation 8.21)
- > The Child Maltreatment Prevention Leadership Team should work with the NC Department of Corrections to examine whether incarcerated parents have a higher risk of future child maltreatment, and if so, develop recommendations to address this issue. (Recommendation 8.22)

Funding

Child maltreatment prevention efforts require adequate funding to assure program effectiveness. A number of funding streams in North Carolina are being used to fund child maltreatment prevention and family strengthening activities, including funding streams through the NC Children’s Trust Fund, the NC Department of Health and Human Services, the NC Governor’s Crime Commission, the NC Partnership for Children, and the NC Department of Public Instruction. The Task Force on Child Abuse Prevention identified several strategies to increase funding for effective child maltreatment prevention efforts, including raising additional revenue for the NC Children’s Trust Fund, shifting current funding to support the Task Force on Child Abuse Prevention’s priority recommendations for preventing maltreatment, encouraging current programs to adopt research-based/evidence-based practice, and seeking new funding through federal, state and non-governmental resources.

- > The NC Department of Public Instruction should ensure that funds from the NC Children’s Trust Fund are used to support a full-time administrator for the NC Children’s Trust Fund whose responsibilities are solely dedicated to child maltreatment prevention efforts. (Recommendation 9.1)
- > The NC General Assembly should make necessary funds available to implement the recommendations of the Task Force on Child Abuse Prevention through the implementation of an additional fee on birth certificates, marriage licenses, and divorce decrees, or through a check-off on income taxes for the NC Children’s Trust Fund, and to appropriate funds to replicate specific programs identified as evidence-based or promising in preventing child maltreatment or strengthening families. (Recommendation 9.2 - Priority)
- > The Child Maltreatment Prevention Leadership Team should work to increase funds available to implement the recommendations of Task Force on Child Abuse Prevention with a specific focus on the support of evidence-based and promising child maltreatment prevention programs. (Recommendation 9.3)

In sum, North Carolina is poised to significantly enhance state and local efforts to prevent child maltreatment and to strengthen families. The Task Force on Child Abuse Prevention has made a number of recommendations to accomplish these goals including establishing leadership for child maltreatment prevention in North Carolina state government at the NC Division of Public Health, developing a comprehensive monitoring system for child maltreatment prevention, promoting community norms that support healthy parenting and strong families, increasing the number of evidence-based and promising practices implemented by local community-based agencies, strengthening the prevention efforts of existing systems that serve families and children, and increasing funding for maltreatment prevention and family strengthening programs. Members of the Task Force on Child Abuse Prevention look forward to working with each other and with multiple communities in the state to implement these recommendations and to make North Carolina a place where every child enjoys a happy and healthy childhood.