

## CHAPTER 1

# Introduction

**C**hild maltreatment is a devastating social problem that affects the lives of millions of children in the United States each year. In North Carolina, a child is mistreated every 15 minutes by a parent or caretaker. Every two weeks a child dies from abuse. Effects of maltreatment on the social, cognitive, and emotional development of children can be far-reaching and, in many cases, irreparable. Children may suffer from serious physical injuries, neurological damage, cognitive deficits, problems with social relationships, behavior problems, aggression, depression, and increased risk for substance abuse, poor school performance, and juvenile delinquency/adult crime. While the human costs of child abuse and neglect are profound and tragic, the financial costs are equally staggering. Prevent Child Abuse America estimates that the annual cost of child maltreatment in the United States is \$94 billion annually.<sup>11</sup> North Carolina spends approximately \$3 billion each year, much of it are costs borne by the state's taxpayers.<sup>12</sup>

Despite the enormous social and economic costs of child maltreatment in North Carolina, child maltreatment prevention has received little attention or resources from state policy makers. As a result, North Carolina's prevention efforts lack adequate data for describing and understanding the problem and for developing a coherent vision and direction. Activities are carried out in fragmented efforts across multiple systems with little coordination or shared accountability, and suffer from insufficient funding that is not strategically focused on research-based programs or on shared outcomes across funding streams.

To address these problems, Prevent Child Abuse North Carolina (PCA North Carolina), with the support of The Duke Endowment, launched the Gaining Ground Initiative, a multi-year effort to identify and implement strategies to reduce maltreatment in North Carolina.<sup>13</sup> Early in its work, PCA North Carolina identified the development of a statewide task force or work group as a key strategy to achieving the Gaining Ground outcomes. In the fall of 2004, PCA North Carolina approached the NC Institute of Medicine (NC IOM) about the possibility of convening a statewide Task Force on Child Abuse Prevention. The NC IOM agreed to facilitate the Task Force on Child Abuse Prevention in partnership with PCA North Carolina. NC IOM staff helped to lead and facilitate the work of the Task Force on Child Abuse Prevention, and PCA North Carolina provided the research, background, and expertise in child maltreatment prevention.

## The Task Force on Child Abuse Prevention

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., agreed to co-chair the Task Force on Child Abuse Prevention. Members of the Task Force on Child Abuse Prevention were chosen for their expertise in child maltreatment and prevention issues, as well as for their leadership among state and local programs and organizations that serve families and children. The Task Force on Child Abuse Prevention included representatives of state government from the NC Department of Health and Human Services, the NC Department of Juvenile Justice and Delinquency Prevention, and the NC Department of Public Instruction. Additionally, legislators, representatives of county agencies, non-profit service and advocacy organizations, health professionals, the faith community, university professionals, and the business community served as members. A list of the Task Force on Child Abuse Prevention members is included in the Appendix. The Task Force on Child Abuse Prevention met for six daylong meetings between October 2004 and June 2005.

## Charge of the Task Force on Child Abuse Prevention

The goal of the Task Force on Child Abuse Prevention was to develop a statewide plan that focused on preventing maltreatment before it occurs, rather than on responding to and intervening in maltreatment (e.g., the child protection system). To accomplish this, the Task Force on Child Abuse Prevention was charged with developing a statewide plan to prevent maltreatment that would:

- > Include different levels of intervention, including universal, selective, and indicated programs that target children, families, and communities that are based on empirical research (to the greatest extent possible).
- > Establish indicators and a timetable to measure our state's progress in implementing the statewide plan towards reducing child maltreatment.
- > Identify a state agency or agencies that have preventing child maltreatment as one of their principal responsibilities, along with a set of recommendations on the resources needed to carry out this responsibility.
- > Focus governmental and nongovernmental organizations on programs and systems of care that will reduce the incidence of child maltreatment.
- > Identify ways to maximize existing funding or retool existing programs to prevent child maltreatment.
- > Examine gaps in existing programs or resources needed to prevent child maltreatment along with identifying possible funding sources.
- > Identify additional measures and establish mechanisms for collecting data to more accurately assess and monitor the incidence of child maltreatment and effectiveness of prevention efforts.

## Staffing Of the Task Force on Child Abuse Prevention

Primary staff direction for the work of the Task Force on Child Abuse Prevention was the responsibility of Pam Silberman, JD, PhD, Vice President of the NC Institute of Medicine; Gordon H. DeFries, PhD, President and CEO of the NC Institute of Medicine; Kristen Dubay, MPP, Project Director, NC Institute of Medicine; Michelle Hughes, MA, MSW, Prevention Network Director of PCA North Carolina; Anne Sayers, MSW, Program Director of PCA North Carolina; and Jennifer Tolle Whiteside, MA, Executive Director of PCA North Carolina.

The Task Force on Child Abuse Prevention was supported by a multidisciplinary Steering Committee comprised of key program level staff from several state agencies serving families and children, as well as the Duke University Center for Child and Family Policy, PCA North Carolina, and the NC Institute of Medicine. The Steering Committee, whose members are listed in the Appendix, met on a monthly basis between scheduled meetings of the full Task Force on Child Abuse Prevention. The Steering Committee assumed responsibility for planning the Task Force on Child Abuse Prevention meetings, identifying the issues that needed to be addressed by the full membership, and arranging speakers to present key information on child maltreatment and prevention.

In addition, two subcommittees were formed to help address specific, complex issues related to child maltreatment that needed more intensive, in-depth discussion before Task Force on Child Abuse Prevention members could address the issues in full meetings. A Program Subcommittee was created to review evaluation research on child maltreatment prevention programs and make recommendations to the full Task Force on Child Abuse Prevention about programs that had sufficient evidence to be replicated in North Carolina. The Program Subcommittee members included researchers and policy analysts from the University of North Carolina at Chapel Hill, NC State University, and Duke University, as well as practitioners and state agency representatives. The Program Subcommittee was chaired by Michelle Hughes with PCA North Carolina and a full list of members is included in the Appendix of this report.

The second subcommittee created was a Measurement Subcommittee that examined issues related to measuring the incidence of child maltreatment in North Carolina. This is an exceedingly complex area and in order to make recommendations to the full membership, PCA North Carolina convened an expert group of researchers, policy analysts, and state agency representatives who work with data systems experts to provide guidance and insights into this issue. Anne Sayers of PCA North Carolina and Adam Zolotar, NRSA Primary Care Research Fellow and Clinical Instructor of Family Medicine at the University of North Carolina School of Medicine chaired the Measurement Subcommittee. A full list of members is included in the Appendix of this report.

## Organization of This Report

This report describes how North Carolina can begin to shift its focus and resources from responding to the tragedy of child maltreatment to preventing child maltreatment from ever occurring. Such a shift will not come easily. For many years, professionals and volunteers have been working toward preventing child maltreatment with limited resources and little federal or state guidance on the most effective prevention strategies. The creation of a strong child maltreatment system will require building a developmentally focused, integrated system at the neighborhood, community, and state levels. Such a system will help families meet the challenges of childrearing while changing social norms and environmental conditions to better promote healthy child development, effective parenting, and nurturing communities. While a challenge, the Task Force on Child Abuse Prevention believes promoting healthy child development among families, communities, and professionals is critical.

This report contains ten chapters:

- > Chapter Two provides information about child maltreatment including different forms of maltreatment, the impact of maltreatment on children, risk factors that contribute to maltreatment, and protective factors that can help strengthen families and reduce the likelihood of maltreatment.
- > Chapter Three provides background information about child maltreatment prevention efforts nationally and in North Carolina. It also proposes a set of critical principles to guide the development of a child maltreatment prevention system in our state.
- > Chapter Four covers state leadership issues including recommendations to create a leadership structure that supports child maltreatment prevention efforts across public and private agencies and organizations.
- > Chapter Five describes the limitations of the current system to monitor the incidence of child maltreatment and includes recommendations for a new system, which could provide better estimates of the extent of child maltreatment and be used to evaluate the effectiveness of North Carolina's program and policy initiatives aimed at reducing maltreatment.
- > Chapter Six focuses on efforts to change social norms and community attitudes to better support healthy parenting and child development through public awareness and community mobilization strategies.
- > Chapter Seven reviews evidence-based and promising practices to reduce child maltreatment.
- > Chapter Eight examines existing programs and systems and includes recommendations to restructure and enhance these programs to reduce risk factors and strengthen the protective factors in an effort to reduce the incidence of child maltreatment.

- > Chapter Nine provides an overview of funding issues related to child maltreatment prevention and provides recommendations to strengthen financing efforts for prevention in North Carolina.
- > Chapter Ten concludes the report with a table outlining the Task Force on Child Abuse Prevention's recommendations and lead agencies for implementation.

More in-depth information about many of these issues can be found in a series of publications produced by PCA North Carolina as background for the Task Force on Child Abuse Prevention. The titles of these publications are included in the Appendix and they can be obtained by visiting [www.preventchildabusenc.org](http://www.preventchildabusenc.org).

This report should be seen as a strategic guide for North Carolina's future child maltreatment prevention efforts. Chapters include long-term goals and strategic recommendations to achieve those goals. We fully expect additional strategies will be developed as this work continues and that some of the existing recommendations may change direction as new collaborations and partnerships flourish.

## Conclusion

The work of the Task Force on Child Abuse Prevention has been groundbreaking. It is the first time that the state has systematically and comprehensively addressed the issue of child maltreatment prevention using both research and professional judgment as guideposts for action. It is the first time that state agencies serving families and children have come together to collectively review and discuss their efforts to prevent child maltreatment and to identify ways to strengthen what they do. It is also the first time that North Carolina has targeted state-level barriers to providing effective child maltreatment prevention efforts and recommended significant changes to funding streams, program directions, and leadership to remove those barriers.

While groundbreaking, the work of the Task Force on Child Abuse Prevention represents just a first step in the on-going work to reduce child maltreatment in North Carolina. The recommendations produced by the Task Force on Child Abuse Prevention should be seen as an attempt to align state systems such that community-level practitioners can more effectively implement research-based, quality child maltreatment prevention activities. However, there is much more to do. Implementation of several of the Task Force on Child Abuse Prevention recommendations will be challenging, requiring a serious commitment - financial and otherwise - to support prevention activities. Translating the recommendations for use at the community level will require an enormous amount of attention and effort among multiple stakeholders, but is a necessary precursor to successfully reducing child maltreatment in North Carolina's communities.