

CHAPTER 8

Systems Changes to Strengthen Families and Prevent Child Maltreatment

Public and private agencies/programs that serve families and children can help prevent child maltreatment by strengthening parent/child relationships, enhancing parental knowledge and skills, and decreasing environmental stressors that increase risk of maltreatment. Chapter Three of this report describes the critical principles of a child maltreatment prevention system. These principles outline a coordinated and integrated system of agencies and programs that promote efforts to foster healthy parenting among all families (not only the at-risk families), and utilize a developmental framework for providing services. Such a system primarily focuses prevention efforts during the critical period of pregnancy and the early years of life, and then adds services as children grow older and the parent/child relationship evolves. While there are strong examples of communities in North Carolina that integrate these principles into their efforts, the services in most communities are “crisis” oriented, they are designed to help the most at risk families who need considerable services to become stable again. Aligning agency resources and efforts with the prevention principles outlined in this plan will help support families before they are in need of crisis services. This chapter outlines some opportunities within existing agencies and programs to align services toward prevention.

Strengthening Families

Focus on Pregnancy and the Early Years of Childhood

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 this developmental period because it offers an opportunity to ensure that every pregnant woman and new family has the support and resources needed to guide their children toward success in school and later in life. While state, county, and local organizations offer many services for parents and children during this time period, these services are not always well coordinated. The Early Childhood Comprehensive System Initiative (ECCS) is a new endeavor to align the different systems of support for children and families during pregnancy and early childhood.

The ECCS grant was a two-year (July 2003 - June 2005) planning grant from the Maternal and Child Health Bureau of the US Department of Health and Human Services that is now moving into its implementation phase. The main goal of

the project was to develop a plan for an integrated, comprehensive early childhood service system that supports school readiness. The goals and recommendations of the ECCS Initiative overlap and complement many of the goals and recommendations of the Task Force on Child Abuse Prevention. For example, the ECCS Initiative includes recommendations to establish medical homes for young children; foster young children's social-emotional development; enhance parent education and family support services for families with young children; and ensure quality early childhood education for all young children. Due to the complementary nature of the two initiatives, the Task Force on Child Abuse Prevention recommends:

Rec. 8.1 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 from birth through age five. Specifically, stakeholders from both initiatives should identify common outcomes, common areas of focus, and integrate efforts whenever possible to maximize resources and prevent duplication. Leadership from both initiatives shall make a report back on their collaborative efforts to the full membership of the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Home Visiting Services

Home visiting programs play a central role in child maltreatment prevention service delivery systems. North Carolina has a number of home visiting programs that target an array of outcomes including improved maternal health, improved infant health, school readiness, improved family functioning, and child maltreatment prevention. While many of these programs share a coordinated approach at the local level, there needs to be a common statewide vision for a system of prenatal and early childhood home visitation programs that provides some level of services to every expectant family and new parent.

The Education Begins at Home Alliance is a recently established group of representatives from multiple home visiting programs that have begun working together in anticipation of federal funding for early childhood home visitation programs. The formation of this group provides an opportunity to develop a vision for universal home visiting services in North Carolina. To ensure better coordination and improve the effectiveness of home visiting programs, the Task Force on Child Abuse Prevention recommends:

Rec. 8.2 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 there is a coordinated and effective system of prenatal and early childhood home visitation programs across North Carolina that are voluntary and that services appropriately match families' risks and needs. This collaborative effort should:

- A. Determine the most strategic ways to align existing home visitation services and programs including but not limited to Maternity Care Coordination, Child Service Coordination, Parents as Teachers, the Parent Aide Program, Healthy Families, the Nurse Family Partnership, and Early Head Start to promote the outcomes of child safety, healthy child development, secure parent-child relationships, and school-readiness.
- B. Assess the need for and potential benefits of a universal postpartum home visiting program in preventing maltreatment in North Carolina.

The NC Division of Medical Assistance, the NC Division of Public Health, and PCA North Carolina should report their progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Additionally, the Task Force on Child Abuse Prevention recognized that higher rates of child maltreatment, child abuse fatalities, and domestic violence in communities with military installations indicates a significant need for additional

support among these families. Efforts to strengthen the array of home visiting programs in North Carolina should also assess the benefits of expanding these programs in military communities.

Maternal and Child Health Services

The NC Division of Public Health has a number of services that focus on maternal and child health promotion, many of which reduce risk factors associated with child maltreatment. The Maternity Care Coordination program promotes healthy pregnancies and positive birth outcomes with Medicaid eligible women during pregnancy and sixty days postpartum. The Child Service Coordination programs serve children birth through age three years who are at risk for or are diagnosed with developmental delay or disability, chronic illness, or social/emotional disorders through case management services. Both programs have significant potential to help prevent maltreatment by refining the assessment, training, and intervention processes to better encompass issues of parent-child interaction and attachment, and risk factors associated with maltreatment. For example, the Maternity Care Coordination Program has refined its screening, assessment, and intervention protocols (pathways) to enhance pregnancy outcomes. The NC Division of Public Health could build on these tools to strengthen child maltreatment prevention efforts by including additional risk factors during screening, such as violence within home of origin, and using specific tools to assess attachment and bonding. Enhancement of interventions within these programs will require review of Medicaid funding for these programs. To support the continuation and expansion of such work, the Task Force on Child Abuse Prevention recommends:

- Rec. 8.3** The NC Division of Public Health and the NC Division of Medical Assistance should request that child maltreatment prevention be included as a major goal for the Maternity Care Coordination and Child Service Coordination programs. Furthermore, these programs should be strengthened with regard to child maltreatment prevention by:
- A. Developing and implementing standardized intervention models for identified risk factors such as the Maternity Care Coordination Pathways process that is currently being piloted.
 - B. Requiring that Maternity Care Coordination and Child Service Coordination workers have regularly scheduled training in identifying risk factors and implementing appropriate interventions or referral processes.

The NC Division of Public Health and the NC Division of Medical Assistance shall report their progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Early Intervention Services

North Carolina's comprehensive, interagency Early Intervention System, Together We Grow, serves children birth through five years, who are identified as having or being at-risk for developmental issues. The Early Intervention System includes two components: Part C of the Federal Individuals with Disabilities Education Act (IDEA) that serves children birth to age three years, and Part B of IDEA that serves children ages three through five years. Part C is administered through the NC Division of Public Health and Part B is administered through the NC Department of Public Instruction. These two programs provide children with services that promote and stimulate their development, including occupational, physical, and speech therapy. They also provide parents with information, skills, and support to help their children achieve their full developmental potential.

Children who experience maltreatment are at a significantly higher risk for developing problems such as speech impairments, cognitive delays, and social/emotional difficulties. The same is true for children who live in high-risk households characterized by instability, violence, or neglectful parenting practices. The services provided through the Early Intervention System not only help children overcome the effects of maltreatment so that they may succeed later in life, but they also help prevent maltreatment by engaging parents in supporting their children's cognitive, emotional, and social development.

North Carolina has a broad definition of children birth through age three years who are eligible for early intervention services. Currently, the system serves not only children who are demonstrating developmental delays but also those who are at-risk of developing such issues. This is extremely important from a child maltreatment prevention perspective. Such broad definitions of eligibility provide the Early Intervention System with the ability to provide risk-reduction services for children and families at high-risk for maltreatment even if the child does not yet demonstrate developmental delays. However, the system's capacity to actually provide these prevention services is significantly limited. Currently, the Early Intervention System is experiencing an influx of children from the child welfare system. New federal requirements, part of the reauthorization of the Child Abuse Prevention and Treatment Act, require that the NC Division of Social Services refer every young child age birth to three years who has been substantiated for child maltreatment to the Early Intervention System. The resulting influx of new children is significantly taxing the system. Without additional resources, the system will be unable to adequately serve all the children and families who are in need of services and there is concern among prevention practitioners that narrowing the eligibility criteria may be considered as a way to contain program costs.

Maintaining the current eligibility criteria for at-risk children and providing additional prevention training to better serve families at risk for maltreatment are critical strategies to ensure that child maltreatment prevention is adequately addressed in the Early Intervention System. In addition, strengthening the connections between the Children's Developmental Services Agencies and local Family Support Network programs can also serve as a strategy to decrease families' risk for maltreatment. The Task Force on Child Abuse Prevention recommends:

Rec. 8.4 The NC Division of Public Health and the NC Division of Medical Assistance should support the Children's Developmental Services Agencies to serve families who are maltreating or who are at high risk of maltreating their children by:

- A. Ensuring that Children's Developmental Services Agencies continue to serve at-risk children birth to three years of age.
- B. Providing additional funding, training, and support to the Early Intervention System to ensure that families in the child abuse high risk category, and families who enter the Early Intervention System through Child Protective Services can receive timely and appropriate services.
- C. Exploring the possibility of broadening the community-based rehabilitative services definition to include work with caregivers around safety and health issues.
- D. Providing additional training to community-based rehabilitative service providers and early intervention coordinators in healthy parent/child interaction and attachment.
- E. Strengthening connections between Family Support Network Programs and Children's Developmental Services Agencies.

The NC Division of Medical Assistance and the NC Division of Public Health should report on the progress of this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Primary Healthcare Providers

Primary healthcare providers have a strong role to play in the primary prevention of child maltreatment. There is a growing recognition in the medical field that child maltreatment significantly contributes to health and mental health problems including chronic illness, addiction, and social/emotional disorders, both in childhood and later in adulthood. In addition, preventing maltreatment is as important to a child's health and development as preventing diabetes or other illnesses.¹³⁸ Additionally, primary healthcare providers are in an excellent position to offer parents support and guidance on child development and behavioral issues because most parents view their child's pediatrician or family practice physician as a reliable resource for information, support, and guidance about child development. There are currently two efforts underway that can better utilize primary healthcare providers in the effort to help reduce child maltreatment: North Carolina's Medical Home Initiative and the Assuring Better Child Health and Development Project.

All children should have a medical home with a primary healthcare provider. A medical home ensures that a child receives accessible, family centered, comprehensive, continuous, coordinated, compassionate, and culturally competent healthcare services. The concept of a primary healthcare medical home is based on recognized standards of child and adolescent healthcare and documented in policies and best practice guidelines by professional organizations such as the American Academy of Pediatrics and the American Academy of Family Physicians. The NC Pediatric Society, the NC Academy of Family Physicians, and the NC Department of Public Health's Women's and Children's Health Section are currently promoting this concept across the state. By providing such care to families who are experiencing multiple stressors, including child health and behavioral issues, primary healthcare providers can help decrease risk for maltreatment and offer supportive guidance to strengthen parents' interactions with their children. The medical home concept is being implemented by the Medicaid program through the Community Care of North Carolina Program (CCNC). CCNC, or its precursor, Carolina Access, covers 90% of children on Medicaid, and reaches a large group of children at higher risk for maltreatment. CCNC is a primary healthcare case management program for Medicaid recipients. Its early iteration, called Carolina Access, helped link Medicaid recipients (including children) to primary healthcare providers, to establish a medical home. The expanded program, CCNC, builds on this medical home concept. CCNC also provides care management and disease management to children and adults with certain complex or chronic health problems. Carolina Access already operates statewide. CCNC is expected to be statewide by December 2005.

The second healthcare initiative pertinent to child maltreatment prevention is the Assuring Better Child Health and Development (ABCD) Project. Spearheaded through the CCNC program, the ABCD Project is a comprehensive and coordinated system to improve the delivery and financing of child developmental services. In this program, community health providers administer validated screening tools at well child visits to identify those children who are experiencing developmental problems. Through collaboration with community partners and the family, the provider refers children to appropriate early intervention services. The project began with Medicaid eligible children in several pilot counties, and is going statewide in July 2005.

The ABCD project has significant potential to prevent the maltreatment of children. By identifying those children who are experiencing developmental delays or who are at risk of developing problems, primary healthcare providers can link families to needed community resources, provide social support, and help parents promote their children's developmental potential. All of these activities help decrease a family's risk for maltreatment. Primary healthcare practices that participate in the ABCD Project develop a network of community services and referrals for their pediatric patients and their families. They have the potential to serve as a critical resource for parents who need additional support and references.

Rec. 8.5 The NC Division of Medical Assistance, the NC 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 healthcare providers in child maltreatment prevention. Specifically:

- A. The Task Force on Child Abuse Prevention supports the efforts of the NC Division of Medical Assistance to expand Community Care of North Carolina to ensure all children on Medicaid have access to medical homes, and the efforts of the NC Division of Public Health to promote public awareness efforts to educate families about the importance of establishing a medical home for all children.**
- B. The NC Division of Medical Assistance should support the Assuring Better Child Development Project to enhance the capacity of primary healthcare providers to reduce child maltreatment by:**
 - i. Adopting child maltreatment prevention as a major goal of the program.**
 - ii. Exploring ways in which it can further support community networks of prevention, early intervention, and family support services that help prevent developmental delays and child maltreatment.**

The NC Division of Medical Assistance, the NC Office of Research, Demonstrations, and Rural Health Development, and the NC Division of Public Health should report on their progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Early Childhood Mental Health Services and Practices

Helping parents and families promote the social and emotional development of their children is an important child maltreatment prevention strategy. Children's healthy social and emotional development is a result of a complex interplay of children's genetic traits and the environment in which they grow. Through responsive and nurturing caregiving, parents and families can help promote children's social and emotional well-being, providing them with a critical foundation for success in school and life.¹³⁹ Universal prevention strategies to promote social/emotional well-being assist all parents in providing responsive care for their children. For example, universal prevention efforts help parents understand the normal range of social and emotional child development, identify and respond to their child's emotional cues, and appropriately address the typical challenges that arise during various stages of childhood development. More intensive universal prevention strategies address specific risks and challenges within the parent-child relationship, help parents support a child with developmental and/or mental health issues, or help parents address their own mental health issues that are impeding their ability to form strong relationships with their children.

Policy makers at state and national levels are increasingly recognizing the importance of children's social and emotional well-being to school readiness and success, development of appropriate peer relationships, and the ability to function effectively later in life. Florida, Indiana, Ohio, Illinois, and Vermont are all engaged in innovative approaches to enhance and finance early childhood mental health services including the development of state strategic plans, creation of a statewide grant program to promote early childhood mental health consultation, and initiatives to blend and maximize funding streams.¹⁴⁰ North Carolina developed a child mental health plan in July of 2002 (and amended it in 2003) as a part of the mental health system reform. The plan recognizes that family supports are needed to promote child and family mental health. Some of these supports are currently available through state and regional agencies (including the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the NC Division of Public Health, the NC Partnership for Children, the NC Interagency Coordinating Council, the NC Department of Public Instruction) and community-based organizations. However, there is a need for additional resources and workforce development to ensure the statewide availability of evidence-based and promising practices that promote children's social and emotional well-being. This need has been identified in several previous initiatives including the NC Institute of Medicine Comprehensive Child Health Plan (2000) and is reinforced in North Carolina's Child Mental Health Plan. The Task Force on Child Abuse Prevention recommends:

Rec. 8.6 The Child Maltreatment Prevention Leadership Team and the Early Childhood Comprehensive System Initiative should work together to identify the needs of families and other caregivers in promoting young children's social-emotional health, develop effective strategies to meet these needs, and enhance the capacity of the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, as well as other provider systems (e.g., Early Intervention, Public Schools, Head Start, private practitioners) in coordinating and delivering services to those caregivers and children. The NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and all other agencies working with the Early Childhood Comprehensive System Initiative shall report on their progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Early Childhood Education

There are a number of emerging efforts that build on early childhood education as a means to prevent child maltreatment.

For example, the Strengthening Families Initiative of the Center for the Study of Social Policy,¹⁴¹ is a national effort funded by the Doris Duke Foundation to increase the capacity of early childhood education centers to prevent maltreatment by developing partnerships with parents, implementing family support activities, providing tangible services to families in times of crisis, and promoting the involvement of fathers with their children. Other early childhood programs, such as Early Head Start, are also examining their effectiveness in promoting parental competence and involvement, improving parent/child interaction, and increasing positive parenting skills with a goal of reducing child maltreatment.

In North Carolina, approximately 28% of young children are in some form of regulated childcare.¹⁴² Early childhood educators who interact with the parents of these young children have the opportunity to provide information on child development and community resources, teach skills to manage child behavior, and provide emotional support by introducing parents to one another. Early childhood education centers that embrace family support principles recognize that promoting children's cognitive and social/emotional development means reaching out to parents and families and working with them to focus on fulfilling each child's developmental potential. In doing so, early childhood educators can help reduce the risk of child maltreatment in the families of children they teach.

Increasing provider skills in working collaboratively with parents to support healthy parenting and healthy child development is a critical first step for North Carolina's early childhood education system in preventing child maltreatment. The Task Force on Child Abuse Prevention recommends:

Rec. 8.7 The NC Division of Child Development, the NC Department of Public Instruction, the Office of School Readiness in the Office of the Governor, 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. The NC Division of Child Development, the NC Department of Public Instruction, and the NC Partnership for Children should report on their progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Build Services Developmentally According to Family Need

A key assumption of the prevention principles outlined in this Task Force on Child Abuse Prevention Plan is that all parents need support in raising their children. Parents will continue to need help after pregnancy and the early years of childhood, as children get older and families face new developmental challenges through adolescence and early adulthood. Consequently, other support services for families with children of all ages should be available through public and community-based agencies. The Task Force on Child Abuse Prevention identified the following services as critical components in our child maltreatment prevention system.

Parent Support Services

Parent support services are those supports and activities that assist parents in learning new skills, managing stress, obtaining social and emotional support, and finding resources to help them overcome certain parenting challenges or environmental stressors. Parent support services is a broad term that encompasses many activities including parent education, parent training, respite care, and social support/mutual support groups.

Multiple state agencies, non-profits, faith communities, and informal resources provide parent support services in North Carolina. For example, the NC Cooperative Extension, Exchange SCAN (Stop Child Abuse Now) Family Centers, Partnerships for Children, family service agencies, and family resource centers are just a few of the organizations that offer

parent education and parent training classes. PCA North Carolina is currently working with a growing network of fourteen Circle of Parents sites. The Family Support Network has fifteen Parent to Parent programs and five developing ones, which cover all 100 counties in North Carolina. This program helps link new parents of children who have special needs with veteran parents who have been through similar experiences and provides workshops, information, and education for family members. Respite care funding is provided to local communities by the NC Division of Social Services and the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Many of these parent support programs are low-cost and relatively easy to implement at the community level. They build on family strengths and promote parental involvement and leadership. These programs can also be easily incorporated into existing interventions, such as intensive home visitation programs, to focus specifically on social support and parental stress risk factors. Increasing the availability of such programs in all North Carolina communities is a key step in ensuring that parents have supports available at the community level to help them address the challenges of child rearing. The Task Force on Child Abuse Prevention recommends:

Rec. 8.8 PCA North Carolina should work with family support agencies, such as the Family Support Network and the NC Cooperative Extension, to increase the availability of respite care, parent support groups, including the Circle of Parents or Parents Anonymous, and parent support strategies such as Parent to Parent, and to ensure that families in need of support are able to access services within their communities. PCA North Carolina should report on their progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

The NC Department of Health and Human Services offers multiple programs to serve vulnerable families with children, such as:

- > Work First Program - To help families achieve economic self-sufficiency.
- > Child Protection Services - To ensure that children are safe.
- > Early Intervention Services - To ensure that children with or at risk of developmental delays receive appropriate services to reach their full potential.
- > Adolescent Parenting Programs - To help adolescent parents delay second pregnancies and finish school.
- > Mental Health Services - To help families who have members suffering from mental illness or addictions.

Although these programs have diverse goals and objectives, each serves families who are facing significant stressors and are at some risk of maltreating their children. Some programs, such as Adolescent Parenting Programs, may utilize elements of a research-based parenting approach. However, there is no systematic integration of evidence-based or research-based strategies for parent enhancement across all NC Department of Health and Human Services programs. Systematically integrating parenting activities focused on enhancing parenting knowledge and skills, strengthening the parent/child attachment, and increasing parental social support could significantly reduce the stressors that increase parents' risks of maltreating their children. The Task Force on Child Abuse Prevention recommends:

Rec. 8.9 The NC Department of Health and Human Services should ensure that a research-based strengthening parenting component is included across departmental programs that serve families, to include 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. These parenting components should include, but not be limited to skills designed to enhance parent-child communication, problem-solving skills, positive discipline behaviors, and social support. The NC Department of Health and Human Services should report progress on this recommendation to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Services Through Public Schools

Public schools serve many children who are living in difficult, and sometimes unsafe, home environments. What these children experience outside of school - domestic violence, substance abusing caretakers, and abusive or neglectful parenting - often impairs their ability to perform in school, to develop appropriate social relationships, and to master skills such as impulse control and emotional regulation. Assisting these children and their families in developing a supportive, nurturing, and stable home environment is as critical to these children's academic success as is learning the core curricula in language, math, and science.

While many public school systems recognize the importance of assisting children and families with family life issues, the resources needed to adequately address them are limited. Professionals providing services in North Carolina schools include school health nurses, school social workers, and school counselors.

School nurses identify and respond to untreated illnesses, ensure that children have access to acquired immunizations, provide case management for children with special health problems, and help families access community resources to ensure healthy child development. While North Carolina is working toward a statewide school nurse to student ratio of 1:750, there are many school systems that do not yet meet that standard.

School social workers also offer support services to students and their families by assessing student/family needs, linking families with community resources, promoting home/school communication, assisting teachers in addressing student needs, and providing crisis intervention. Currently, North Carolina has a statewide school social worker to student ratio of 1:2500, but a number of counties still have no social workers in their school systems. Advocates are seeking a 1:800 ratio in every county so that school social workers have enough time and resources to adequately address child and family issues that contribute to poor school performance, high drop-out rates, and school violence.

School counselors also provide many direct services that help children in need, including individual and group counseling, educational planning, and career/vocational development. National standards call for a school counselor to student ratio of 1:250, but North Carolina only requires a ratio of 1:400. There is growing concern that counselors are spending less time addressing child and family needs because of increased responsibilities related to testing. While each of these professionals has a role to play in preventing maltreatment and strengthening families, there are significant resource challenges that prevent them from fully addressing the wide range of child and family needs.

In addition to the traditional roles played by the professionals above, Governor Easley has proposed the development of School-Based Child and Family Support Teams that would include social worker/nurse teams to assess, refer, and coordinate the care of students who may be experiencing issues at home, such as substance abuse, domestic violence, or depression. Additionally, children who may be suffering from mental health issues or emotional/behavioral problems could benefit from this new school-based support system. These teams would coordinate mental health services with Care Coordinators at Local Management Entities and Child and Family Team Facilitators in county departments of social services. These professionals would ensure that children are provided with effective treatment services.

There are also multiple opportunities to enhance child maltreatment prevention strategies through the NC Department of Public Instruction within Title I, Pre-K, and Exceptional Children's Services programs. Each of these programs addresses target populations for child maltreatment prevention. The Task Force on Child Abuse Prevention recommends:

Rec. 8.10 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 the children are able to fulfill their academic potential in traditional schools, alternative schools, or other educational settings. This includes, but is not limited to:

- A. Expanding the availability of school health nurses, Child and Family Support Teams, school counselors, and school social workers.
- B. Ensuring that school counselors and school social workers have adequate resources and time, based on national professional standards, within their positions to provide needed services for high-risk children and their families.
- C. Identifying and encouraging schools to offer or link to evidence-based and promising child abuse prevention and family strengthening programs.
- D. Ensuring that the Title I, Pre-K, and Exceptional Children's Services programs work with the Child Maltreatment Prevention Leadership Team and PCA North Carolina to strengthen their capacity to prevent child maltreatment.

The NC Department of Public Instruction should report on its progress in implementing these recommendations to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Services Through Social Service Providers

Social service agencies have traditionally provided a safety net for children and families who have exhausted their own resources and are in crisis. Their engagement in universal and selective maltreatment prevention efforts has historically been limited by legislative mandate and funding issues. Nevertheless, two programs offer opportunities to focus more on the primary prevention of maltreatment - the Multiple Response System and the Work First program.

The Multiple Response System is an effort to make child welfare services in North Carolina more family-centered, consistent, and effective through implementation of seven key strategies:

- > A structured intake process that focuses on family strengths.
- > A differential response to reports of child maltreatment that includes both a traditional investigative assessment for child physical and sexual abuse and a strengths-based family assessment for neglect.
- > Coordination between law enforcement agencies and child protective services for the investigative assessment approach.
- > Redesign of in-home family services.
- > Child and family team meetings to promote family and shared community responsibility for helping families.
- > Shared parenting meetings between biological parents and foster parents.
- > Collaboration between Work First and child welfare programs to ensure that family well-being encompasses both family economic self-sufficiency and child safety in a coordinated approach.

The Multiple Response System offers an opportunity to expand prevention efforts within the Child Protection System. In particular, the differential response allows social workers to use a family-centered approach building on family strengths to ensure child health and safety when families come to the attention of child protective services. This is a departure from the traditional "investigative" approach that tends to place the social worker and parent in an antagonistic relationship by focusing more on substantiating whether an incident actually happened than on building parent and family strengths to protect the child. Social services' move toward a family-centered approach is a welcome change that will encourage families and communities to see local departments of social services as a source of support for families in need rather than an agency that removes children and places them in foster care. The Multiple Response System now operates in fifty-two counties and the NC General Assembly is currently considering expansion of the system statewide.

Another program that holds opportunity for child maltreatment prevention is North Carolina's Temporary Assistance for Needy Families or Work First program. Through Work First, parents can receive short-term training and other services to assist them in finding employment with the goal of becoming self-sufficient. Between 30% and 40% of parents/caretakers in the Work First population have had a report for child maltreatment either before or after they entered the program.¹⁴³ That makes them a logical target population for prevention efforts. Engaging Work First families in job training,

employment counseling, GED programs, and other services to help them stabilize and strengthen their families financially, will help reduce their risk factors for child maltreatment. It also makes sense to engage this population in parent education, parent training, and other risk-reduction activities such as substance abuse treatment and social support programs. Further exploration of this issue is warranted and the Task Force on Child Abuse Prevention recommends:

Rec. 8.11 The NC Division of Social Services, the NC Association of County Directors of Social Services, and the Children's Services Advisory Committee should explore ways to strengthen universal and selective child maltreatment prevention efforts by:

- A. Expanding prevention services through the Multiple Response System for all children;
- B. Developing family strengthening and child maltreatment prevention strategies for the Work First population.

The NC Division of Social Services should report on their progress on this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Reducing Risk Factors Including Unwanted or Closely Spaced Pregnancies, Substance Abuse, Depression, and Domestic Violence

A number of family and environmental stressors increase a family's risk for child maltreatment. To reduce risk factors associated with child maltreatment, the Task Force on Child Abuse Prevention recommends a specific statewide focus on the following issues.

Unwanted or Closely Spaced Pregnancies

Research indicates that unwanted and/or closely spaced pregnancies increase a family's risk for child maltreatment.¹⁴⁴ Families who have either unwanted children or multiple children within a short time frame are more likely to lack the emotional and financial resources and support needed to provide nurturing, responsive care for infants and toddlers. In North Carolina, research indicates about 45% of all pregnancies that resulted in births were unplanned (1997-2000).¹⁴⁵

Family planning services play an important role in helping families reduce unwanted pregnancies and plan appropriately spaced pregnancies. Family planning services include well woman check-ups, preconception counseling, access to low cost contraceptive services, and screening and identification of medical conditions, such as sexually transmittable infections. Ideally, all persons who need family planning services - adults and adolescents, women and men - would be able to access and receive appropriate family planning services. In North Carolina, the NC Division of Public Health and local health departments offer family planning services to low-income persons through the Medicaid program. Currently, Medicaid pays for family planning services for pregnant women with incomes up to 185% of the federal poverty guidelines for 60 days postpartum, and to other low-income adults with dependent children who have incomes up to approximately 40% of the federal poverty guidelines. States must obtain waivers to continue Medicaid coverage of family planning services for women who would otherwise lose Medicaid coverage postpartum, and/or to other adults (men or women) with incomes too high to normally qualify for Medicaid. North Carolina's Medicaid waiver allows health departments to provide family planning services to adults (men and women) up to 185% of the poverty level, including to women who exceeded their 60-day postpartum Medicaid coverage. A national evaluation of Medicaid family planning waiver programs demonstrated that these programs are cost-effective resulting in often substantial net savings of public dollars, increased access to services, and in some states, measurably reduced pregnancy rates among the total population of women eligible for services.¹⁴⁶ By reducing unwanted pregnancies and helping families better plan for pregnancy and birth, North Carolina's family planning waiver can help reduce risk factors for child maltreatment.

The Task Force on Child Abuse Prevention not only supports the federal Medicaid family planning waiver, but it recommends pursuing a more rapid rollout of the waiver so that more families can be served. Pursuing a more rapid rollout will save the state money over the long-term, but would require additional resources in the short-term. The Task Force on

Child Abuse Prevention recommends:

Rec. 8.12 The NC Division of Public Health and the NC Division of Medical Assistance should pursue a more rapid roll-out of the federal Medicaid family planning waiver. The NC Division of Public Health shall report progress on implementing this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Preventing Adolescent Pregnancy

Preventing pregnancies within the adolescent population is an important child maltreatment prevention strategy. Adolescent parents often lack the emotional maturity, psychological resources, family support, and financial stability to provide a safe, nurturing, and responsive environment for their children. All adolescents should be taught in the public school system how to prevent unwanted pregnancies. Education programs used should be accurate, and evidence-based. Adolescents who are at higher risk for becoming pregnant should also have access to teen pregnancy prevention programs.

In North Carolina, a 2003 Youth Risk Behavior Survey revealed that 52.3% of high school students and 73.5% of seniors had experienced sexual intercourse and 10% of the state's high school students had sex before the age of thirteen.¹⁴⁷ Despite a decline in the state's teen pregnancy rate of more than 39% since 1990, North Carolina still has the fourteenth highest teen pregnancy rate for fifteen to nineteen year olds in the nation. Minority adolescents continue to be at higher risk for unintended pregnancies than non-minority students are.

The North Carolina Healthful Living Standard Course of Study has sexuality education objectives for the seventh and eighth grade and high school that focused on abstinence before marriage. There is significant concern among healthcare providers, public health experts, and adolescent pregnancy prevention practitioners that these objectives are not providing students with the medically accurate information they need to protect themselves from unwanted pregnancies and sexually transmitted diseases.¹⁴⁸ The current curriculum also contradicts the preferences of the majority of North Carolina parents. According to the 2003 North Carolina Parent Opinion Survey, 90.5% of all parents surveyed thought sexuality education should be taught in North Carolina public schools. The vast majority of parents believe time should be devoted to sexuality topics such as how to talk with a girlfriend, boyfriend, or partner about birth control and sexually transmitted diseases; how to use birth control or condoms; and sexual behaviors and risks.¹⁴⁹

In addition to receiving accurate and research-based sex education information in schools, adolescents who are at higher risk for pregnancy should have the opportunity to participate in adolescent pregnancy prevention programs. Research has shown that the most effective programs are comprehensive ones that include a focus on delaying sexual behavior and providing information on how sexually active young people can protect themselves. North Carolina currently provides \$2.3 million in funding for adolescent pregnancy prevention programs across the state through the NC Department of Public Instruction's Teen Pregnancy Initiative which provides funding to local community programs. Programs are carried out through local public health departments and focus on reproductive responsibility, as well as academics, sports, arts, recreation, and cultural/civic education. Programs are strongly encouraged to use models that have been scientifically evaluated and shown to be effective. Due to limited funding, these adolescent pregnancy prevention programs serve only a portion of the adolescents who are in need of services. Additional resources are needed to ensure that all adolescents who are at high risk of having unwanted pregnancies are able to participate in a pregnancy prevention program. To ensure that these programs are readily available, the Task Force on Child Abuse Prevention recommends:

Rec. 8.13 The NC General Assembly should:

- A.** Appropriate additional, stable funding to the NC Division of Public Health to expand the Teen Pregnancy Prevention Initiative with particular attention to minority populations, which continue to have higher rates of teen pregnancies than non-minorities.

- B. **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.**

The NC Division of Public Health and the NC Department of Public Instruction shall report the status of these recommendations to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

For those adolescents who do have children, a second child only further increases their risk for maltreatment. Delaying second pregnancies with adolescent parents is another priority strategy for preventing maltreatment in this population. Currently there are thirty-two Adolescent Parenting Programs in North Carolina that focus on helping adolescent parents delay second pregnancies, learn appropriate parenting techniques, and complete their education. These programs serve only a portion of the total adolescent parent population. Given the level of risk for maltreatment associated with adolescent parents, and given the effectiveness of interventions with this population, North Carolina should consider this population a priority to target for prevention services. The Task Force on Child Abuse Prevention recommends:

Rec. 8.14 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. The NC Division of Public Health shall report progress on implementing this recommendation to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Substance Abuse

Parental substance abuse is strongly associated with child maltreatment. Children whose parents abuse drugs and alcohol are almost three times as likely to be physically or sexually assaulted and more than four times more likely to be neglected than children of parents who are not substance abusers.¹⁵⁰ National studies have found that substance abuse is a factor in one-third to two-thirds of all child maltreatment reports and in 90% of reports for families whose children are in foster care.¹⁵¹ Anecdotal evidence from North Carolina child protection agencies point to substance abuse as one of the top reasons children are reported for maltreatment.

A 1995 RTI Household Survey revealed that 7.2% of the North Carolina population uses illicit drugs.¹⁵² A 1999 national survey found that 16.6% of all North Carolinians (age twelve and older) indulged in binge drinking during the thirty days prior to the survey.¹⁵³ Additionally, North Carolina had the sixth highest reported percentage of illicit drug use in the twenty-six or older age group in the country and the state had one of the highest percentages of reported illicit drug use in the eighteen to twenty-five age group.¹⁵⁴

Given the high risk for maltreatment among parents who are abusing alcohol or drugs, parents who need substance abuse treatment should be able to access effective, affordable treatment options. Under the state's new mental health plan, pregnant women, women with children, and parents who are involved with the NC Division of Social Services are included in the state's target population for state-funded mental health services. Three state programs that address part of the need for substance abuse treatment services for parents at-risk for child maltreatment include the Child Protection/Work First Substance Abuse Initiative; CASAWORKS; and the Perinatal and Maternal Substance Abuse Treatment Initiative.

- > The Child Protection/Work First Substance Abuse Initiative seeks to identify families served by Work First and Child Protective Services with substance abuse problems. This program provides screening, assessment, and case management services to support recovery and improved parenting.

- > The CASAWORKS for Residential Families Initiative targets Work First mothers with substance abuse or dependency diagnoses who have a child younger than eleven years of age. This nationally replicated family residential collaborative program between Work First, Child Protective Services, and the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is a twelve month apartment-based substance abuse program followed with six months of aftercare. Components include case management, counseling for employability and sobriety, parenting skills, childcare, job development, job retention and support, and child mental health intervention.
- > Finally, the Perinatal and Maternal Substance Abuse Treatment Initiative targets substance abusing pregnant women and mothers and their children by providing gender specific substance abuse services that include, but are not limited to, screening, assessment, case management, out-patient services, parenting skills, residential care, referrals for primary and preventive healthcare, and referrals for appropriate interventions for the children.

Despite the existence of the programs above, there is still a significant need in the state for substance abuse treatment services for all adults and adolescents with addiction problems. The 1995 RTI Household Survey found that 6% of North Carolina adults were in need of comprehensive substance abuse treatment, yet of that group, only 10% had a history of receiving substance abuse treatment.¹⁵⁵ Given the high risk of maltreatment for pregnant women and parents who are abusing alcohol or drugs, effective treatment services should be a priority for this population. The Task Force on Child Abuse Prevention recommends:

Rec. 8.15 The Child Maltreatment Prevention Leadership Team should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and other non-profit 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. The NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall report progress on implementing this recommendation to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Postpartum and Maternal Depression

Numerous research studies have found that serious depression and postpartum depression are strongly associated with maltreating behavior in mothers.¹⁵⁶ For example, one study found 60% of neglectful mothers have clinically significant depression as opposed to only 33% in the comparison group.¹⁵⁷ Depressed mothers are more likely than non-depressed mothers to be unable to provide adequate developmental stimulation for their children. Postpartum and maternal depression can also adversely affect a woman's ability to provide affectionate, consistent, and safe care for her child. For many women who seek regular healthcare, depression goes undiagnosed and untreated. Screening and treatment for depression is available and effective. Early identification and treatment are essential to improving outcomes for women and their children.

Currently in North Carolina, there is little information about the prevalence of maternal depression. Multiple providers including private obstetricians/gynecologists, public health clinics, family practitioners, and midwives all have opportunities to identify and refer women for treatment and support. For example, some health departments - specifically those that participate in the Baby Love Plus program that focuses on infant mortality reduction - regularly screen for depression, but this protocol is not required statewide. Ideally, all mothers would be screened for depression using a validated screening instrument at routine prenatal and postpartum exams. Once identified, women should be able to access services and supports to treat the depression. However, there are currently challenges in helping women access services for their depression. These challenges include lack of insurance coverage for mental health benefits, inability to access enhanced public mental health benefits due to not meeting medical necessity guidelines, lack of respite care and other family

supports, and stigma attached to seeking mental health services.

Although it is generally recognized that maternal depression affects child developmental outcomes and is a high risk factor for child maltreatment, there is little information about its prevalence among North Carolina mothers or about the treatment services that they need and are receiving. Developing a more thorough and in-depth understanding of maternal depression in North Carolina and of the service system available for treatment will help target services to more effectively treat this population and lower the risks of child maltreatment. The Task Force on Child Abuse Prevention recommends:

Rec. 8.16 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 including the NC Pediatric Society, the NC Academy of Family Physicians, and the NC College of Obstetricians/Gynecologists, Area Health Education Centers program, 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, access to, and availability of services for this condition. The NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the NC Division of Social Services should report on their progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.

Domestic Violence

Research has now demonstrated that domestic violence is a significant risk factor for child maltreatment. In 30% to 60% of cases where one form of violence is present, the other is present as well.¹⁵⁸ In the past few years, North Carolina has made considerable progress in developing a more systematic, coordinated, and effective response to incidents of domestic violence, particularly when children are involved. A 2002 statewide Task Force on Child Well-Being and Domestic Violence produced a number of recommendations that were focused on improving the response of social services, law enforcement, the court system, and domestic violence agencies for victims and their children. Many of these recommendations have been implemented. For example, the NC Division of Social Services adopted a comprehensive policy on domestic violence for Child Protective Services in October 2004 and completed the training on that policy for all 100 counties on June 30, 2005. In addition, the NC General Assembly enacted new legislation criminalizing assault on an intimate partner in the presence of a minor and the state adopted the North Carolina Violent Death Reporting System, which will provide meaningful information regarding a myriad of factors present when adults or children die violent deaths in North Carolina.

The Task Force on Child Abuse Prevention recognizes the work of the Domestic Violence/Child Well-Being Task Force as critically important and supports the continued implementation of its recommendations. However, it recognizes that the majority of these recommendations were not primarily focused on preventing family violence from occurring in the first place. Developing a research-based public health approach to the prevention of family violence is the state's next challenge. There are numerous efforts occurring both nationally and in North Carolina that are beginning to lay the foundation for such an effort. For example, the Centers for Disease Control has funded pilot prevention programs coordinated by domestic violence coalitions in fourteen states, including North Carolina. The Domestic Violence Prevention Enhancement and Leadership Through Alliances project funds three community-based projects in North Carolina - in Chatham County, Elizabeth City, and Wilmington - to pilot strategies for preventing domestic violence. Additionally, the Centers for Disease Control has funded a new \$3.68 million training program at the Injury Prevention Research Center at UNC-Chapel Hill. The PREVENT program brings together professionals who deal with various forms of violence - including domestic violence, child maltreatment, and juvenile violence - to learn about, implement, and share strategies for violence prevention. Given these resources, as well as other burgeoning grassroots efforts to prevent violence, North Carolina is poised to take the next step in preventing domestic violence. The Task Force on Child Abuse Prevention recommends:

Rec. 8.17 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. The Child Maltreatment Prevention Leadership Team should report on its progress in implementing this recommendation by January 2006 and annually thereafter.

Children with Disabilities

Research indicates that children with disabilities are at increased risk for child maltreatment. One study found that children with disabilities were 3.4 times more likely to be maltreated and 3.8 times more likely to be physically abused than children without disabilities.¹⁵⁹ These children place additional caretaking demands and stressors on their parents who may lack the social support, parenting skills, or resources to cope effectively. Additionally, children who have communication disorders (deaf, hard of hearing, etc.) are at increased risk of being abused.¹⁶⁰

In North Carolina, the Office of Education Services serves as the central office for schools and programs in the state that serve the blind/visually impaired, deaf/hard of hearing, and deaf-blind. These include the Governor Morehead School and Preschool for the Blind, North Carolina School for the Deaf, Early Intervention Programs for Children who are Deaf or Hard of Hearing, and Resource Support Program for the Deaf and Hard of Hearing. The mission of the Office of Education Services is to provide quality, comprehensive developmental and educational opportunities for eligible students ages birth to 21 years and their families so that students can develop the skills necessary to lead productive lives, vocationally, socially, and personally. The Office of Education Services should enhance existing supports for parents and families to ensure the incorporation of child maltreatment prevention information and approaches. It would also be valuable to provide information about the Central Directory of Resources, which is mandated under the Individuals with Disabilities Education Act to provide information about disability-related issues and resources to callers. The Task Force on Child Abuse Prevention recommends:

Rec. 8.18 The 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. The Office of Education Services shall report on its progress in implementing this recommendation to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Unavailable, Inadequate Childcare

One of the major stressors for families in our modern society is finding quality, affordable childcare. The 2000 Census indicates that the majority of children in North Carolina live in households where all parents are in the labor force. In dual-parent households, 56% of young children and 66% of school age children have both parents in the workforce. The vast majority of children living with single parents have their parent in the workforce: 73% of young children living with single mothers and 83% of young children living with single fathers.¹⁶¹ The growing number of working families has significantly increased the need for childcare, however, the availability of quality, affordable childcare slots has not kept pace with this need. For example, North Carolina provided over \$387 million in childcare subsidies for over 160,000 children and their families in state fiscal year 2003-2004. However, the need is much greater than current funding can address. The childcare subsidies are only provided to approximately 30% of the families who are in need of subsidies to pay for childcare. As of March 2005, there were 14,864 children on the childcare subsidy waiting list.

Inadequate, unavailable childcare is a risk factor for child maltreatment for two reasons. First, lack of childcare is a tremendous stress for parents who are already juggling multiple work and family responsibilities. Second, many parents

must make difficult decisions about leaving their children in poor quality childcare settings or leaving them alone (and risk being reported for neglect) because they cannot afford to miss work for fear of losing their jobs.

The need for quality, affordable childcare is not going to go away in the future. While this is an important issue for all families, it has particular significance for families already dealing with multiple family, financial, and environmental stressors who are in desperate need of care for their children. The Task Force on Child Abuse Prevention recommends:

- Rec. 8.19** The Child Maltreatment Prevention Leadership Team should work with the Early Childhood Comprehensive System Initiative, the NC Partnership for Children, PCA North Carolina, the NC Division of Child Development, and other appropriate organizations to identify strategies to increase the availability of affordable, quality childcare. The Child Maltreatment Prevention Leadership Team should immediately:
- A. Request that the NC General Assembly increase funding for childcare subsidies to county department of social services to ensure that 1% of additional families needing childcare subsidies are served each year until at least 50% of eligible families are being served.
 - B. A report on the progress towards implementing this recommendation should be provided to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Natural Disasters

North Carolina has experienced several natural disasters, most notably hurricanes and the flooding that can occur after such events. The stress experienced by individuals living in an area struck by a natural disaster can be significant. Loss of housing, treasured belongings, basic amenities, employment, and the experience of extreme financial stress, can place families at risk for maltreatment. Research indicates children in areas affected by Hurricane Floyd in 1999 were five times more likely to experience an inflicted traumatic brain injury, commonly known as Shaken Baby Syndrome, in the months following the hurricane than children living in other areas of North Carolina. These children remained at increased risk for six months following the disaster.¹⁶² While the state has excelled in developing its disaster response teams and infrastructure, additional focus is needed to address the increased risk of inflicted traumatic brain injury and other types of maltreatment in communities that experience these events. The Task Force on Child Abuse Prevention recommends:

- Rec. 8.20** The Child Maltreatment Prevention Leadership Team should work with the State Emergency Management Services, NC disaster response professionals, and rapid response professionals (Critical Incidence teams, FEMA, etc.) to raise awareness of increased risk for child maltreatment in young children, particularly Shaken-Baby Syndrome, 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. The Child Maltreatment Leadership Team should report on its progress toward implementing this goal by January 2006 and annually thereafter.

Military Communities

The military community has several factors that may put children at greater risk of maltreatment. Military families tend to be young parents, they experience increased life event stress, and they are often disconnected from traditional supports. The transient nature of military life removes families from natural supports like extended family, churches, and a neighborhood community. These risk factors, combined with the stigma of asking for help and fear of repercussions, combine to make detection and prevention of maltreatment difficult.

North Carolina has six military installations. The counties with the two largest military populations (Cumberland and Onslow) have the highest rates of child abuse homicides. The average rate of child abuse homicide for North Carolina was 2.2 per 100,000 children over an 18 year period (1985-2002). During that same period, Cumberland County had a rate of 4.6 per 100,000 and Onslow County's rate was 4.3 per 100,000. Other studies suggest that children with a parent in the

military are almost five times more likely to experience an inflicted traumatic brain injury.¹⁶³

Leadership to address these issues should be developed within the communities where such military installations exist to promote child maltreatment prevention. The Task Force on Child Abuse Prevention recognizes the existence of multiple community-based efforts to strengthen prevention efforts in military communities exist, and that strategies differ across counties. Information about these efforts must be compiled and should inform any state level efforts to reduce maltreatment among military communities. Additionally, state and local level efforts should be coordinated and build upon one another. The Task Force on Child Abuse Prevention recommends:

Rec. 8.21 The Child Maltreatment Prevention Leadership Team should work with state and local non-profit 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. The Child Maltreatment Prevention Leadership Team should report on its progress toward implementing this goal by July 2006 and annually thereafter.

Incarcerated Parents

Over seven million children in the United States have a parent under some form of correctional supervision. Approximately 75% of incarcerated women are mothers and two-thirds have children under age 18. Of incarcerated men, 55% are fathers. More than half of each group reports never having had visits with their children while in prison.¹⁶⁴ In North Carolina, there are over 2,600 women who are incarcerated.¹⁶⁵

Some research indicates that parental incarceration increases a child's risk for child maltreatment.¹⁶⁶ A parent's history previous to incarceration may be indicative of family problems that hinder their ability to provide appropriate care. While incarcerated, parents may need to leave their children with caregivers who are inappropriate or who are unable to provide care. For those incarcerated parents re-entering the community, reuniting with the family can be extremely stressful. Attachment between the parent and child has been disrupted making it difficult to reestablish trust, affection, and effective child management approaches with the child. The parent will also face a number of social and economic challenges that will influence their ability to provide appropriate care, such as finding employment, housing, and social support. Finally, the child may exhibit a host of negative reactions to the transition. Each of these stressors can increase the family's risk for maltreatment. The Task Force on Child Abuse Prevention recommends:

Rec. 8.22 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. The Child Maltreatment Prevention Leadership Team should report on its progress toward implementing this goal by July 2006 and annually thereafter.