

VII. Evidence–Based Practice

WHILE CAPTA HAD ALWAYS encouraged and supported collaboration among agencies and programs providing child abuse and neglect prevention and treatment services, these partnerships expanded significantly during this period and would become a hallmark of the work moving forward.

In addition, the Adoption and Safe Families Act of 1997 (ASFA) required the development of a set of outcome measures that could be used to assess the performance of states in achieving the national child welfare system goals, thus ushering in a new level of accountability from public child welfare agencies serving children and families.



ASFA ALSO STRENGTHENED another important partnership for OCAN. Recognizing the frequency of substance abuse issues in families served by the child protection system, ASFA required that the Secretary of Health and Human Services prepare a report to Congress on substance abuse and child protection, describing: (1) the extent and scope of the problem of substance abuse in the child welfare population; (2) the types of services provided to this population; (3) the effectiveness of these services; and (4) recommendations for legislative changes that might be needed to improve service coordination. *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*,^{xxxviii} prepared jointly by ACF, SAMHSA, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), and issued in 1999, began a collaboration with far reaching impact in the field.

The implementation of the report’s recommendations regarding building collaborative working relationships resulted in the development of a number of joint projects between SAMHSA’s Center for Substance Abuse Treatment (CSAT) and CB’s OCAN, including National and Regional Leadership and Collaboration Meetings, a program of discretionary grants for communities, and a new National Center on Substance Abuse and Child Welfare.

“CSAT’s work with the Office on Child Abuse and Neglect is a great example of collaboration at its best. Together we have not only addressed the important intersection of substance abuse and child protection and maximized limited resources to fund innovation, but we have modeled that collaboration for our partners at the federal, state and local levels.”

—Sharon Amatetti, Senior
Public Health Analyst,
SAMHSA/CSAT





ANOTHER KEY PARTNERSHIP with the National Institute of Mental Health (NIMH) focused on attracting researchers from all disciplines to support collaborative research on child maltreatment. For a number of years, an interagency agreement between CB and NIMH provided funds to NIMH for continued support of ongoing research grants that sought to expand the knowledge base for the two agencies. These research grants also provided valuable information to the field in such areas as the prevention of and response to child neglect, effective strategies to ameliorate the impact of child maltreatment on its victims, and successful interventions with families with substance use disorders involved with the child protection system. Several publications and data sets were generated by these projects where little was previously known.



DOMESTIC VIOLENCE HAD LONG BEEN RECOGNIZED as a threat to family harmony and child safety. In June 1999, more than 300 professionals around the country who worked on issues related to the intersection of domestic violence and child maltreatment convened in Jackson Hole, Wyoming, to



Translational Research on Child Neglect Consortium (TRCNC)

“In 1997, a working group was formed to respond to the Director of the National Institute of Health’s (NIH) request for a review of the NIH research portfolio. That working group became the research subcommittee of the Federal Interagency Work Group on Child Abuse and Neglect. The result was interagency collaboration in funding

research on CAN issues, support for new researchers, and an increased focus on neglect. The role of the subcommittee was to inform policy through research and dissemination.

“The shared funding and cross-pollination through diverse partnerships and different venues have allowed us to do research that would not have traditionally been done and

to disseminate that research broadly. The result of this collaboration has been a group of extremely strong researchers with projects ranging from neuroscience to longitudinal studies to different types of abuse and beyond. The focus was on junior investigators, mentoring, and community participatory research.”

—Cheryl Boyce, former Chief of the Child Abuse and Neglect Research Program at the National Institute of Mental Health

explore strategies for transforming the way child welfare agencies, domestic violence organizations, courts, other service providers, and communities respond to families in need. Later that year, a subgroup of meeting participants, working with the National Council of Juvenile and Family Court Judges (NCJFCJ), developed *Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*^{xxxix}—commonly referred to as “the Greenbook” due to its green cover.

Following publication of the Greenbook, CB collaborated with eight HHS agencies and the Department of Justice (DOJ) to develop a demonstration project to implement guidelines in the document. These guidelines were directed to child welfare agencies, community-based domestic violence providers, and dependency courts.

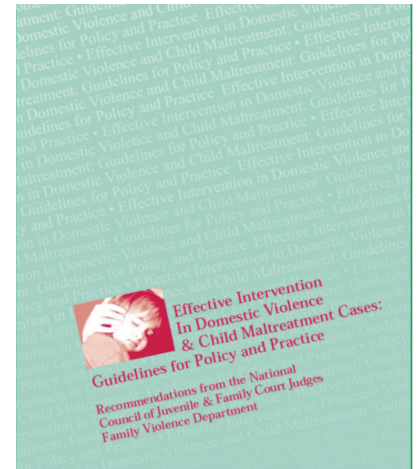
Beginning in 2000, six demonstration sites were funded across the country, bringing together battered women’s organizations, child protection agencies, the courts, and other partners to establish collaborative structures and develop policies and procedures to enhance the safety and well-being of battered women and their children. Many other organizations contributed in important ways: law enforcement, probation and parole, prosecutors, health care providers, children’s advocates, mental health providers, domestic violence survivors, and other community-based groups.

The NCJFCJ, Family Violence Prevention Fund, and the American Public Human Services Association provided technical assistance to the sites. Every local site was evaluated individually, and a national cross-site evaluation conducted at the completion of the initiative examined the effects of implementing the Greenbook’s recommendations on collaboration, systems change, and practice. Many lessons were learned and products such as training curricula, community assessment tools, and multimedia materials were developed and collected to assist others in doing this work.



AS AN OUTGROWTH OF THE CONCERN about inadequate responses to reports of child maltreatment, the Child Abuse Prevention and Enforcement Act (P.L. 106 – 77) was enacted in March 2000. This legislation authorized the use of federal law-enforcement funds by states to improve the criminal justice system.

The intention of the Act was to provide timely, accurate, and complete criminal history record information to child welfare agencies, organizations, and programs engaged in the assessment of activities related to the protection of children, including protection against child sexual abuse, and placement of children in foster care. It allowed the use of federal grants by law enforcement to: (1) enforce child abuse and neglect laws, including laws protecting against child sexual abuse; (2) promote programs designed to prevent child abuse and neglect; and (3) establish or support cooperative



The “Greenbook” has helped child welfare, domestic violence service providers, and family courts work together more effectively to serve families experiencing violence.

LAUNCH OF NEW E-NEWSLETTER



The Children's Bureau's long history of publishing research and information for child welfare professionals took a big step into the digital age with the debut of Children's Bureau Express in March of 2000. Available via web or email, Children's Bureau Express offered a monthly digest of news and information published jointly by the Bureau's National Clearinghouse on Child Abuse and Neglect Information and its National Adoption Information Clearinghouse.

programs between law enforcement and media organizations to collect, record, retain, and disseminate information useful in the identification and apprehension of suspected criminal offenders.

Although not a reauthorization of CAPTA, the Act had an impact on those working in the field of child maltreatment, particularly in law enforcement and the courts.



IN AN EFFORT TO UNDERSTAND child protective services systems change efforts and innovations being implemented in several states and local communities, CB supported a study through an interagency agreement in 2000 with the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The National Study of Child Protective Services Systems and Reform Efforts had five components: (1) a mail and/or phone survey of child protective services agencies, including collection of information from several types of respondents; (2) analysis of state laws, policy documents, reports and other material that describe state child protective services systems and their operation; (3) site visits to ten communities to gather more in-depth information; (4) preparation of a "white paper" on child protective service system improvement; and (5) the convening of a symposium on child protective services. The study yielded reports on state CPS policies, practices, reform efforts, and a review of current literature on CPS systems and reform efforts.



IN 2000, the National Research Council and Institute of Medicine issued *From Neurons to Neighborhoods: The Science of Early Childhood Development*, a pioneering report on "brain wiring" and early childhood development. *From Neurons to Neighborhoods* examined the effect of the climate—family, child care, community—within which the child grows. The report found that early experiences have a powerful impact on the developing brain, and exposure to violence can lead to "toxic stress" that

can produce acute and chronic changes in neurochemical systems and specific brain regions. This, in turn, can result in long-term changes in brain “circuits.”

The breakthroughs in understanding brain development and the consequences of early exposure to violence were a driving force behind renewed efforts in prevention and early intervention. Partnerships at the federal level with the Office of Child Care and the Office of Head Start were revitalized. The early 2000s would see several joint CB/Head Start grant programs designed to identify both optimal strategies for engaging high-risk families and approaches associated with promising outcomes.

The profound impact of exposure to violence also sharpened the emphasis on using evidence-based and evidence-informed approaches to prevention, intervention, and treatment to better ensure positive outcomes for children and families.



THE PROMOTING SAFE AND STABLE FAMILIES AMENDMENTS of the Social Security Act (P.L. 107 – 133) were passed by Congress in 2001 in an effort to: (1) encourage and enable states to develop or expand programs of family preservation services, community-based family support services, adoption promotion and support services, and time-limited family reunification services; (2) reduce high-risk behavior by children with incarcerated parents by providing one-on-one relationships with adult mentors; and (3) continue improvements in state court systems, as required by the Adoption and Safe Families Act of 1997.

The most significant part of this legislation for the child abuse and neglect community was the amendment of the definition of family preservation services to include infant “safe haven” programs. The purpose of safe haven laws was to ensure that relinquished infants were left with persons who could provide the immediate care needed for their safety and well-being. By 2014, all 50 states, the District of Columbia, and Puerto Rico had enacted safe haven laws designed both to protect newborns, and to protect parents from arrest or prosecution for child abandonment.



TRAINING AND TECHNICAL ASSISTANCE to the field had traditionally been provided by a number of topic-based resource centers that operated largely independently of one another. As part of an effort to create a more coordinated system of research and demonstration projects and technical assistance, regional Quality Improvement Centers (QICs) were funded in FY2001. The QICs supported knowledge development through regional research and demonstration projects in child welfare, as well as providing training and technical assistance to funded projects.

The Quality Improvement Centers on Child Protective Services and Adoption were tasked with planning a project for a particular region, selecting an advisory group, awarding subgrants, providing technical assistance, and evaluating and disseminating their findings. They worked closely with federal staff in these efforts. Four QICs on child protective services were funded for five years, one each in Colorado, Kentucky, Utah, and Washington State. Research topics addressed such issues as CPS clinical

“Scientists can now credibly say that the early childhood years—from birth to age 5—lay the foundation for later economic productivity, responsible citizenship, and a lifetime of sound physical and mental health. Conversely, deep poverty, abuse, neglect, and exposure to violence in early childhood can all lead to toxic stress.

“In contrast to normal or tolerable stress, which can build resilience and properly calibrate a child’s stress-response system, toxic stress is caused by extreme, prolonged adversity in the absence of a supportive network of adults to help the child adapt. When it occurs, toxic stress can actually damage the architecture of the developing brain, leading to disrupted circuits and a weakened foundation for future learning and health.

“The greatest harm comes from the cumulative burden of

multiple risk factors, including neglect, abuse, parental substance abuse or mental illness, and exposure to violence. With each additional risk factor, the odds of long-term damage to brain architecture increase.



“Neuroscience and the biology of stress help us to begin to understand how poverty and other adversities are literally built into our bodies. Prolonged activation of the body’s stress system during early development can damage the formation of the neural connections that

comprise our brain architecture and set our stress-response system at a hair-trigger level. We can thus comprehend why children born into such circumstances have more problems in school, are more likely to commit crimes, and are more prone to heart disease, diabetes, and a host of other physical and mental illnesses later in life.

“By addressing the circumstances that can produce toxic stress—always asking, ‘How can we best protect our children?’—local, national, and global leaders would improve not only the life prospects of their youngest citizens, but also outcomes for their societies.”

—Jack Shonkoff, *Preventing Toxic Stress in Children, 2009*
Dr. Shonkoff, co-author of From Neurons to Neighborhoods, was a keynote speaker at the 15th National Conference on Child Abuse and Neglect.

casework supervision, substance abuse and child maltreatment, engagement of African American and Native American families reported for neglect, and success models for adoption.



CONGRESS HAD DIRECTED HHS IN 1994 to develop regulations for reviewing state programs administered under Titles IV-B and IV-E of the Social Security Act that also addressed child and family outcomes. The new Child and Family Services Reviews (CFSRs) began in 2001. They were intended to examine child welfare practices at the ground level, capturing actual practice among caseworkers and service providers, and determining the effects of those interactions on the children and families involved. The CFSRs were also a primary mechanism for promoting the federal government goal of change and improvement and services to children, youth, and families nationally.

In support of that goal, CB worked with grantees and other child maltreatment stakeholders to participate in the CFSR process, review CFSR Final Reports to identify specific findings relevant to child abuse and neglect, and develop resources for the National Clearinghouse on Child Abuse and Neglect Information.

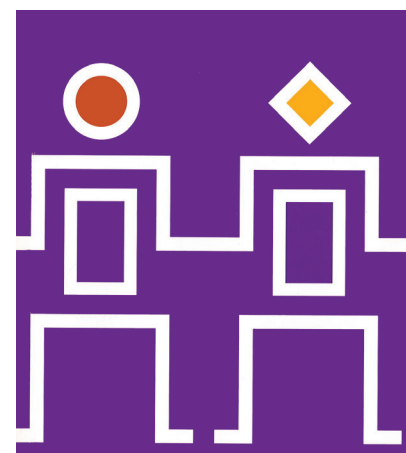


IN APRIL 2001, the 13th National Conference on Child Abuse and Neglect was held in Albuquerque, New Mexico. By now, the field was a mature network comprised of individuals from a variety of backgrounds and professions working together to protect children, to preserve and strengthen families, and to remediate the effects of child abuse and neglect on victims. In keeping with the commitment to collaboration, more than 30 national organizations and federal agencies joined as partners in the conference, helping to ensure that the conference offerings would be timely and address the most urgent issues facing the field.

The theme for the 13th National Conference on Child Abuse and Neglect, *Faces of Change: Embracing Diverse Cultures and Alternative Approaches*, recognized the fact that the diversity of the field fosters multiple perspectives and approaches to addressing key issues related to child maltreatment. It also challenged the field itself to review existing assumptions and incorporate non-traditional and culturally competent responses in working with families and communities in the prevention and treatment of child abuse and neglect.



DISCRETIONARY FUNDING THROUGHOUT THE EARLY 2000S included continued support of the Quality Improvement Center on Child Protective



13th National Conference in Albuquerque.

“Field-initiated grants gave researchers an opportunity to continue work they had already begun, or to pursue important topics that might have been outside the NIH’s current priority areas. When they were discontinued in the early 2000s, it all came down to whoever the current decision-makers were and what they wanted to see happen, and it often changed from year to year.”

—*Penelope Trickett, Professor in the School of Social Work, University of Southern California-Los Angeles*

Services, the National Data Archive on Child Abuse and Neglect, LONGSCAN, the Community-Based Family Resource and Support Programs and their National Resource Center, and evaluations of existing child abuse and neglect prevention or intervention programs. Also funded were field-initiated demonstration projects advancing the state of the art in the field, replication of demonstrated effective practices in the prevention of child abuse and neglect, fellowships for university-based doctoral candidates, and the National Resource Center for Child Maltreatment.

CB provided funding to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) from FY2002 through FY2004 to support NIAAA’s grant to the National Center on Addiction and Substance Abuse. The National Center was exploring effective interventions with General Assistance and Temporary Assistance for Needy Families (TANF) families experiencing substance abuse problems and involvement with the child protection system in the hope that these grants would provide valuable information to improve practice for both agencies.



ON SEPTEMBER 11, 2001, a series of four coordinated terrorist attacks were launched upon the United States. These attacks and their aftermath had a profound impact on the nation for many years to come. While Congress proceeded with hearings that had been scheduled for CAPTA’s reauthorization, it would be two years before such legislation was passed.



IN 2003, CAPTA WAS REAUTHORIZED under the Keeping Children and Families Safe Act (Public Law 108-36). The law, among other things, required more comprehensive training of child protective services personnel, including a mandate to inform alleged abusers during the first contact of the nature of complaints against them. The law called for child welfare agencies to coordinate services with other agencies, including public health, mental health, and developmental disabilities agencies. The law also directed the collection of data for the fourth National Incidence Study of Child Abuse and Neglect. Finally, the law marked the latest iteration of Title II, the Community-Based Child Abuse Prevention Program (CBCAP).

“In light of the terrorist activities in recent weeks, you, our country’s leaders, are focused on our nation’s security and the protection of our citizens. While most of us have come to know fear for our safety in a new way since September 11, for millions of children in our country personal safety is not a new fear. They wake up and go to sleep each day wondering how and when the next assault on them will occur from their parents or others in their home or neighborhood. They are emotionally, physically, and sexually assaulted and they are ignored and left to fend for themselves. Today I am speaking on behalf of these children. I am asking you to speak for them as well when you reauthorize CAPTA.

“President Bush and the First Lady have said several times since the attacks we should ‘love our children.’ And most parents love their children to the best of their abilities. Unfortunately, for millions of children, their parents’ abilities are not very good or are absent. And for those children, it is dangerous to be loved by their parents. Child abuse is ‘parenting gone wrong’ and it has lousy outcomes for children and society. It robs children of their childhood, shatters their bodies and self-esteem and nationally kills more than 2,000 children each year. Just since CAPTA was last reauthorized in 1996, there have been more than 6 million confirmed reports of abuse and more than 10,000 children killed as a direct result of abuse. Thousands of others have died as an indirect result of abuse.

“There is ample data to support that children who survive abuse are more likely to have physical and mental health problems, and retarded or delayed brain development, and they are more likely to show up as a juvenile delinquent, pregnant teen, bully, domestic violence victim or perpetrator, adult criminal, or parent who then abuses their child. And business leaders are beginning to recognize that the impact of abuse takes a toll on their employees’ ability to be productive in the workplace. It limits children from reaching their full potential and becoming productive citizens and consumers, and it costs business and communities billions in tax dollars to treat.

“Given this knowledge, many corporations are investing their philanthropic dollars and employee volunteer hours to support front-end prevention programs. It not only makes business sense, it is the humane thing to do. . . . Corporate partnerships are essential to effective child abuse prevention efforts, but we cannot succeed without the leadership and resources of our federal government.”

—Testimony of Sandra P. Alexander, then Executive Director of the Georgia Council on Child Abuse, for the U.S. House of Representatives Hearing on “Prevention and Treatment of Child Abuse and Neglect: Policy Directions for the Future,” October 17, 2001.



THE COMMUNITY-BASED FAMILY RESOURCE AND SUPPORT (CBFRS) program was reauthorized, amended, and renamed the Community-Based Grants for the Prevention of Child Abuse and Neglect. For the sake of brevity, CB called it the Community-Based Child Abuse Prevention Program

(CBCAP). CBCAP provided funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. To receive these funds, the Governor was required to designate a lead agency to receive the funds and implement the program. Some of the core features of the program included:

- The blending of federal, state, and private funds to be made available to community agencies for child abuse and neglect prevention activities and family support programs;
- Attention to fostering parent leadership and participation in the planning, implementation and evaluation of prevention programs;
- Interagency collaborations with public and private agencies in the states to form a child abuse prevention network to promote greater coordination of resources;
- The use of funds to support programs such as voluntary home visiting programs, parenting programs, family resource centers, respite and crisis care, parent mutual support, and other family support programs;
- An emphasis on promoting the increased use and high quality implementation of evidence-based and evidence-informed programs and practices; and
- A focus on the continuum of evaluation approaches that use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.

Grants were also made available through the CBCAP Tribal and Migrant Discretionary Program to extend financial support to tribes, tribal organizations, and migrant programs for child abuse prevention programs and activities consistent with the goals outlined by Title II of CAPTA. These were to: (1) promote more efficient use of CBCAP funding by investing in programs and practices with evidence demonstrating positive outcomes; (2) foster critical thinking across the state lead agencies and their funded programs to ensure more informed funders, consumers, and community partners; and (3) underscore the importance of a culture of continuous quality improvement by facilitating ongoing evaluation and quality assurance activities.



IN SUPPORT OF THE KEEPING CHILDREN AND FAMILIES SAFE ACT requirement that states develop policies and procedures to address the needs of infants born and identified as being affected by prenatal drug exposure, four grants were funded to develop models to identify and serve substance exposed newborns. Although the projects were each housed in a different type of agency—private hospital, state public health agency, local child welfare agency, and university-based early intervention program—and each used different models and interventions, they all developed collaborative

work groups with similar representation, and they all employed specialized staff to engage families in services.



THE ACT ALSO MANDATED another national incidence study, the NIS–4, which collected data in 2005 and 2006. The principal objectives of the NIS–4 were to provide updated estimates of the incidence of child abuse and neglect in the United States and measure changes in incidence from the earlier studies. [NIS-4 findings](#) were reported in 2010 and showed an overall decrease in the incidence of maltreatment since the NIS–3, as well as decreases in some specific maltreatment categories and increases in others.



AS PART OF THE 20TH ANNIVERSARY of the original Presidential Proclamation designating April as Child Abuse Prevention Month, the National Child Abuse Prevention Initiative was launched in 2003. A broad range of child abuse prevention partners collaborated in producing a community resource packet/guide. This effort would be repeated annually in support of National Child Abuse Prevention Month.

CB’s OCAN also worked with Prevent Child Abuse America to produce *Gateways to Prevention: What Everyone Can Do to Prevent Child Abuse, A Child Abuse Prevention Community Resource Packet*,^{x1} which was unveiled in 2003 at the 14th National Conference. The packet contained resources designed to help communities, organizations, and individuals raise public awareness about the prevention of child abuse and neglect.



A MAJOR COMPONENT of its National Child Abuse Prevention Initiative was the 2003 release of [Emerging Practices in the](#)

Keeping Children and Families Safe Act of 2003 (P.L. 108-36)

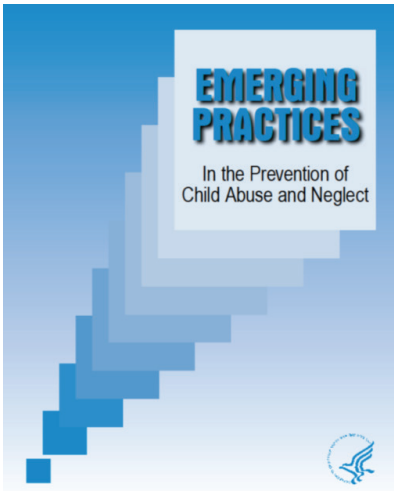
KEY CHILD ABUSE AND NEGLECT PROVISIONS

- Reauthorized CAPTA through FY2008
- Authorized an expanded continuing interdisciplinary and longitudinal research program; provided for an opportunity for public comment on research priorities
- Emphasized enhanced linkages between child protective service agencies and public health, mental health, and developmental disabilities agencies
- Mandated changes to state plan eligibility requirements for the CAPTA state grant, including:
 - Policies and procedures to address the needs of infants born and identified as being affected by prenatal drug exposure
 - Provisions and procedures requiring that a CPS representative at the initial contact advise an individual of complaints and allegations made against him or her
 - Provisions addressing the training of CPS workers regarding their legal duties in order to protect the legal rights and safety of children and families
 - Provisions to require a state to disclose confidential information to any federal, state, or local government entity with a need for such information
 - Provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act

—Child Welfare Information Gateway. (2012). *Major Federal Legislation*

Concerned with Child Protection, Child Welfare, and Adoption. Washington, DC:

U.S. Department of Health and Human Services, Children’s Bureau.



A component of the *Child Abuse Prevention Initiative*, *Emerging Practices* presented information on exemplary prevention programs nominated for the project and reviewed by an advisory group of experts. The programs focused on family relationships, parenting, emergency care, assessment, and assault protection.

“Pushing the grant programs to more rigor and requiring evaluations were great achievements. We moved from giving people money to implement their good ideas to requiring that they demonstrate the effectiveness of those good ideas.”

—Sally Flanzer

Prevention of Child Abuse and Neglect,^{xli} the product of a two-year effort to generate new information about effective and innovative prevention programs. The report presented information on selected programs and initiatives operating around the country for the prevention of child maltreatment. It concluded with a discussion of the limits of existing knowledge about the effectiveness of prevention, the need to expand efforts to understand the performance and impact of prevention programs, and observations about this process and recommendations for next steps.

While the information contained in *Emerging Practices in the Prevention of Child Abuse and Neglect* contributed to an ever-deepening body of knowledge about the type and range of programs in the United States for the prevention of maltreatment, it highlighted that much more could and must be learned about the effectiveness of these programs in terms of what works and for whom. Imbedded in the Prevention Initiative was a commitment to supporting future work based on the findings of this report, thereby contributing to advancing theory, policy, and evidence-based practice in child abuse prevention.

Toward that end, in 2003 eight grants were funded for five years to replicate a demonstrated Effective Prevention Program or select one of the effective practices from the *Emerging Practices* study. The grants selected for funding all chose to replicate the Family Connections prevention program based at the University of Maryland, Baltimore. There was also a corresponding national cross-site evaluation.

In addition, four grants were also funded to conduct rigorous evaluations of existing prevention programs. These grants focused on evaluating the Healthy Families New York home visiting program, the National Exchange Club parent aide program, a social marketing program for child abuse prevention, and respite and crisis care.



IN 2003, CB AWARDED nine demonstration grants to launch the Improving Child Welfare Outcomes through Systems of Care initiative. The initiative was an outgrowth of the State Child and Family Services Reviews, which showed that serious deficiencies existed in most state child welfare agencies in terms of ensuring children’s safety, finding them permanent homes, and promoting their well-being.

The Improving Child Welfare Outcomes through Systems of Care demonstration explored the use of a principle-guided approach to improve outcomes for children and families involved with the child welfare system. The effort promoted system and organizational change across child welfare agencies and other child- and family-serving systems to address policy, practice, and cross-system collaboration issues. Grants were funded for a five-year project period, with grantees receiving technical assistance and participating in a national evaluation of the initiative.

Consistent with CAPTA mandates, one of the six guiding principles of these demonstration projects was interagency collaboration, stemming from the increasing recognition that child welfare agencies cannot work in isolation if they are to meet the complex needs of the children and families in the child welfare system.



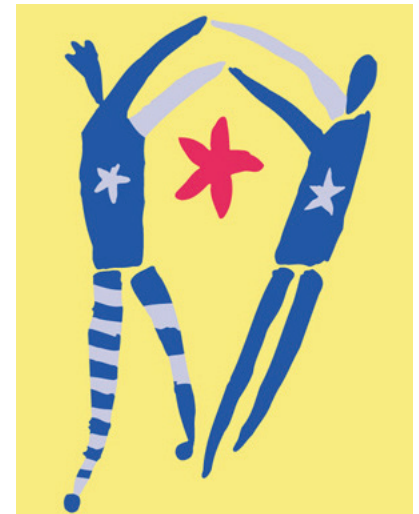
THROUGH AN INTERAGENCY AGREEMENT with SAMHSA's Center for Mental Health Services (CMHS), also in 2003 CB began funding initiatives to provide a child welfare technical assistance presence in child and family mental health. A supported position in each grantee organization brought information and resources related to child welfare/child abuse and neglect to the network of Community Mental Health Center Systems of Care grantee communities and to state, local and tribal mental health systems, national organizations, and family organizations. Their specialized knowledge about systems of care implementation assisted states and locales in fostering systems-level mental health/child welfare collaboration.



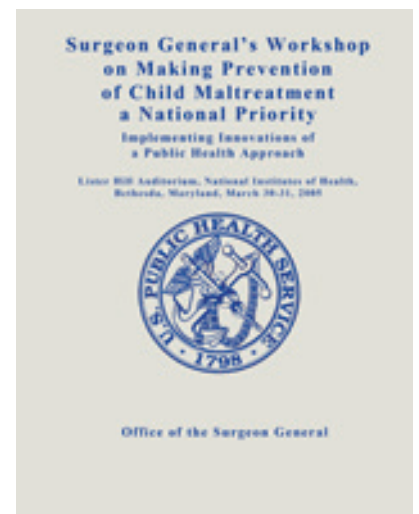
THE 14TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in St. Louis, Missouri, in the spring of 2003. The theme, *Gateways to Prevention*, once again focused the field on the prevention of child maltreatment and innovations in practice. The program reflected OCAN's major initiatives at the time, including identifying effective child abuse prevention practices, improving child welfare outcomes through systems of care, and highlighting the role of fathers in the healthy development of children.



IN 2005, THE SURGEON GENERAL convened a workshop on *Making Prevention of Child Maltreatment a National Priority: Implementing Innovations of a Public Health Approach*. Its purpose was to discover and articulate effective strategies for preventing child maltreatment and promoting child well treatment by advancing prevention and promotion as a national public health priority, enhancing evidence-based prevention and promotion strategies, integrating prevention and promotion services into all systems of care, incorporating child development literacy into the national consciousness; strengthening essential public-private care systems, and establishing a strategic public health approach for prevention and promotion. OCAN worked closely with the Office of the Surgeon General to plan and implement the workshop.



14th National Conference in St. Louis.



“I can think of no terror that could be more devastating than child maltreatment, violence, abuse, and neglect perpetrated by one human being upon another.... I believe it is time for critical thinking to formulate a new national public health priority, preventing child maltreatment and promoting child well treatment.”

—Surgeon General Richard H. Carmona, MD, MPH



15th National Conference in Boston.



THE 15TH NATIONAL CONFERENCE on Child Abuse and Neglect was held in April 2005 in Boston, Massachusetts. The theme *Supporting Promising Practices and Positive Outcomes: A Shared Responsibility* recognized the importance of connecting practice to outcomes and highlighted the value of research and data in the field of child protection. The theme also reinforced the message that responsibility for child protection and the prevention of maltreatment must be shared by a variety of professionals in different disciplines, by policy and lawmakers, by agencies in the public and private sectors, and by communities.



BETWEEN 2003 AND 2010, publications in the *Child Abuse and Neglect User Manual Series* were again updated, including: *Child Protection in Families Experiencing Domestic Violence*; *Child Protective Services: A Guide for Case Workers*; *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*; *The Role of Educators in Preventing and Responding to Child Abuse and Neglect*; *Supervising Child Protective Services Caseworkers*; *Working with the Courts in Child Protection*; *Child Neglect: A Guide for Prevention, Assessment and Intervention*; *The Importance of Fathers in the Healthy Development of Children*; *The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect*; *Protecting Children in Families Affected*

LAUNCH OF THE CHILD WELFARE INFORMATION GATEWAY

The launch of the Child Welfare Information Gateway in 2006 represented a consolidation and expansion of the mandates of the National Child Abuse and Neglect Clearinghouse and the National Adoption Information Clearinghouse. The Gateway now spanned the full spectrum of child welfare topics, promoting the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. A significant feature was the access provided through the Gateway to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice, including resources that could be shared with families.



Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

by *Substance Use Disorders; Community Partnerships: Improving the Response to Child Maltreatment; The Role of First Responders in Child Maltreatment Cases: Disaster and Nondisaster Situations.*



CBCAP WAS ONE OF THE EARLY federal grant programs to require that grant funds be increasingly allocated toward evidence-based (EB) and evidence-informed (EI) practices. Many community-based prevention programs were new to understanding what EB programs were, and most were limited in their capacity to implement them. FRIENDS National Resource Center for Community-Based Child Abuse Prevention became the backbone of OCAN's concerted efforts to build grantee's general capacity.

A work group of state lead agencies was formed to develop a blueprint of sorts for identifying and implementing appropriate EB/EI practices. *Integrating Evidence-Based Practices Into CBCAP Programs: A Tool for Critical Discussions* addressed four general capacity-building topics: (1) implementing with fidelity; (2) implementing with adaptation; (3) implementing new programs; and (4) strengthening existing programs. Other related topics include assessing agency capacity to implement identified programs or activities, engaging in continuous quality improvement, and developing logic models and data systems. Recognizing that some states would need more intensive, one-on-one technical assistance to build capacity, a formalized intensive technical assistance process was developed.

These capacity-building efforts would prove to be highly successful, more than tripling the percentage of programs using evidence-based practices by 2010.



IN 2006, the Child and Family Services Improvement Act included a new competitive grant program with funding for five years to implement regional partnerships for the purpose of improving outcomes for children and families affected by methamphetamine and other substance use disorders. CB partnered with SAMHSA in October 2007 to award 53 Regional Partnership Grants (RPGs) to applicants throughout the country. The grants addressed a variety of common systemic and practice challenges that were barriers to optimal family outcomes. The RPG Program included technical assistance to grantees provided by the National Center on Substance Abuse and Child Welfare.



IN ITS CONTINUING WORK with the Federal Child Neglect Research Consortium, two research grants were funded in 2007: (1) Parent-Child Processes: Negative Self-Regulatory Behavioral Outcomes; and (2) Emotion



The Discussion Tool was developed to help State Lead Agencies work with their funded programs to facilitate appropriate conversations when considering implementing evidence-based or evidence-informed programs and practices.



Processing: Risk for Psychopathology. Both research endeavors added to the knowledge base of the field, providing several publications and generating data in areas where very little had been known.

CB also contributed funding in support of “Research on Interventions for Child Abuse and Neglect,” which was initiated by several institutes from the National Institutes of Health (NIH), the Office of Behavioral and Social Sciences Research (OBSSR), the Fogarty International Center (FIC), and the National Center for Injury Prevention and Control (NCIPC/CDC). These research grants focused on efficacy or effectiveness trials of child abuse and neglect interventions. They also supported research on understanding effective strategies to prevent child abuse and neglect, and on ameliorating the biological and behavioral effects of abuse and neglect on its victims.

“The national leadership of NCCAN, now OCAN, has been critical, especially in recent years around evidence-based practice, promoting home visiting and community-based programs, and really looking at the complexity of how programs get implemented.”

—Joan Levy Zlotnik, Director
of the Social Work Policy
Institute, National
Association of Social Workers



RESPONDING BOTH TO A GROWING BODY OF EVIDENCE suggesting that some home visitation programs can be successful as a child maltreatment prevention strategy, as well as CAPTA appropriations language, OCAN funded in 2007 three grantees to implement and evaluate nurse home visitation services through the Preventing Child Abuse and Neglect through Nurse Home Visitation grants. These grants anticipated the major federal investment in evidence-based home visiting programs initiated as part of the Patient Protection and Affordable Care Act in 2010.

An additional 17 cooperative agreements were funded in 2008 to generate knowledge about the use of evidence-based home visiting programs to prevent child abuse and neglect, including obstacles and opportunities for their wider implementation. Grantees leveraged these grants with other funding sources to develop state and local funding, workforce, and policy infrastructures to support the use of evidence-based home visiting programs and practices. In addition, they implemented select evidence-based home visiting programs with high fidelity to a tested program model, and conducted local implementation and outcome evaluations, along with a cost analysis. Goals of the project were to: (1) build state and local infrastructure and implement systems changes to spread the use of evidence-based home visiting programs; (2) support the implementation of specific evidence-based home visiting approaches within selected target populations, and with strong fidelity to proven, effective models; (3) conduct rigorous local evaluations examining the degree to which system change has occurred, and the effects of home visiting programs in reducing child maltreatment and achieving other family and child outcomes; and (4) conduct a cross-site evaluation drawing data and cross-cutting lessons from the grantees’ local evaluations.



IN A CONTINUING EFFORT TO PROMOTE development of evidence-based knowledge about effective child welfare practice and systemic change and to disseminate this information in a way that informed and altered practice at the direct service level, two new Quality Improvement Centers were funded.

The first was the National Quality Improvement Center on Preventing the Abuse and Neglect of Infants and Young Children (known as the National Quality Improvement Center on Early Childhood or QIC-EC). The QIC-EC supported collaborative research and demonstration projects across child abuse prevention, child welfare, early childhood, and other health, education, and social service systems. It engaged in knowledge development activities to identify characteristics, challenges, and knowledge gaps about models that have been shown to reduce the incidence of child abuse and neglect. It also supported projects that focused on gathering evidence on child abuse and neglect prevention, effective collaborations and systems, and how these efforts can result in better outcomes for the children and families who are at greatest risk for child maltreatment.

The second was the National Quality Improvement Center on Differential Response (QIC-DR). Differential response allows greater flexibility in investigations and better emphasis on prevention by offering more than one method of response to reports of abuse and neglect. The purposes of the QIC-DR were to: (1) learn whether differential response is an effective approach in CPS; (2) design and conduct an evaluation to rigorously study implementation, outcomes, and cost impact of differential response in research and demonstration sites; and (3) build cutting-edge, innovative and replicable knowledge about differential response, including guidance on best practices.



THE 16TH NATIONAL CONFERENCE on Child Abuse and Neglect was convened in Portland, Oregon, in April 2007, with the theme *Protecting Children, Promoting Healthy Families, and Preserving Communities*. The conference coincided with the release of the *2007 Child Abuse Prevention Community Resource Guide*. Both encouraged communities to join the effort to promote healthy families and work collaboratively to provide responsive child abuse prevention and family support services.

During this period, 26 national organizations worked with CB/OCAN through a National Child Abuse Prevention Partners work group. Comprised of federal and non-federal partners interested in the prevention of child maltreatment, work group members helped to develop and disseminate the annual prevention resource guide to inform other prevention initiatives.

“It hasn’t always been easy, but look at what has been generated as a result of our collective effort. We really don’t know how many fewer kids are being abused with any certainty. But the effort has been worth it in terms of creating awareness, concern, involvement, and interventions all over the country.”

—Anne Cohn Donnelly, former
Executive Director of Prevent
Child Abuse America



16th National Conference in Portland.



17th National Conference in Atlanta.



IN 2009, the 17th National Conference on Child Abuse and Neglect returned to Atlanta, Georgia, site of the first conference in 1976. Its theme, *Focusing on the Future: Strengthening Families and Communities*, reflected a resolve to ensure that every child enjoys a healthy family life in a nurturing community. Conference content also reflected the emphasis on the importance of evidence-based and evidence-informed practice combined with practical experience and real world solutions, the role of parent and family leadership in prevention, and the growing body of evidence regarding home visiting as an effective prevention strategy.



THE CAPTA REAUTHORIZATION ACT OF 2010 focused on improved child protection services systems, improved training programs for mandatory reporters and child workers, and enhanced service collaboration and interagency communication across systems. Notable changes to CAPTA included the following.

Differential Response: The Act added differential response as an eligible use of state grants and required states to identify “as applicable” policies and procedures around its use. The Act also required HHS to disseminate information on differential response best practices. Finally, differential response was added as an eligible topic of research and personnel training under the discretionary grants.

Domestic Violence: The Act recognized the co-occurrence of child maltreatment and domestic violence, and added services for children exposed to domestic violence as an eligible expenditure under the state grants. States were required to show “where appropriate” procedures in place to address the co-occurrence of child maltreatment and domestic violence. The Act also required HHS to disseminate information on effective programs and best practices that address this co-occurrence and ameliorate its negative effects. Domestic violence was included as an eligible target for discretionary grants providing research, training, and technical assistance, services and treatment to children and their non-abusing caregiver, and added to the list of those eligible for CBCAP-funded services.

Substance Abuse: The Act recognized the relationship between child maltreatment and substance abuse. Collaboration between substance abuse treatment services and maltreatment prevention services was promoted by including substance abuse as an eligible topic under the research, technical assistance, and program innovation discretionary grants.

Tribes: For the first time, tribes were explicitly recognized in CAPTA by including tribal representatives on the advisory board and, in that forum, treating tribes as states. Tribes were also eligible for discretionary grants, but not for the basic state grants.

Citizen Review Panels: Citizen Review Panel requirements were revised and included an explicit statement that CRPs “may include adult former victims of child abuse or neglect” and a charge to the Secretary of HHS to conduct a study on the effectiveness of CRPs by 2012.



COLLABORATION CONTINUED TO BE A MAJOR FOCUS of the work at the federal level.

CB’s OCAN played a major leadership role, in partnership with a few key agencies, in sustaining the Early Childhood Federal Partners Systems Work group to promote collaboration across federal agencies. The work group had two main purposes: (1) to foster the development of cross-agency early childhood service systems integration; and (2) to support states and communities in their efforts to build early childhood service systems that address the critical components of access to comprehensive health services and medical homes, mental health and social-emotional development of young children, early care and education, parenting education, and family support.

Key accomplishments of the work group included coordination and execution of several joint technical assistance activities by the federally supported TA providers, development of a matrix of early childhood programs, identification of principles for coordinating technical assistance and a corresponding technical assistance coordination logic model, and two joint grantees meetings, including the *Early Childhood 2010: Innovations for the Next Generation* interdepartmental conference.

OCAN staff proved instrumental in creating the Early Childhood/Child Welfare Partnership work group in 2009 to enhance collaboration between



Sponsored jointly by the U.S. Departments of Health and Human Services and Education, EC2010 brought together state and local partners from a range of programs across the two federal departments, along with other key stakeholders and federal staff.

CAPTA Reauthorization Act of 2010 (P.L. 111-320)

KEY CHILD ABUSE AND NEGLECT PROVISIONS

Amended the state plan eligibility provisions to require submission of a plan that will remain in effect for the duration of the state's participation in the program, with states required to:

- Periodically review and revise the plan to reflect any changes in state programs
 - Provide notice to HHS of any substantive changes related to child abuse prevention that may affect the state's eligibility for the grant program
 - Provide notice to HHS of any significant changes in how the state is using grant funds
 - Prepare and submit to HHS an annual report describing how CAPTA funds were used
- Directed the Secretary of Health and Human Services (HHS) to complete studies and reports to Congress on:
 - Shaken baby syndrome
 - Efforts to coordinate the objectives and activities of agencies and organizations responsible for programs and activities related to child abuse and neglect
 - The effectiveness of citizen review panels in examining state and local child protection agencies and evaluating the extent to which they fulfilled their child protection responsibilities
 - How provisions for immunity from prosecution under state and local laws and regulations facilitate and inhibit individuals cooperating, consulting, or assisting in making good faith reports of child abuse or neglect
- Authorized grants to public or private agencies and organizations to develop or expand effective collaborations between child protective service (CPS) entities and domestic violence service entities to improve:
 - Collaborative investigation and intervention procedures
 - Provision for the safety of the nonabusing parent and children
 - Provision of services to children exposed to domestic violence that also support the care-giving role of the nonabusing parent
 - Amended the requirements for state plan assurances to include laws, policies, or programs for:
 - Laws identifying categories of mandated reporters
 - Including fetal alcohol spectrum disorders in procedures for referral and development of a plan of safe care for substance-exposed newborns
 - Including differential response in screening and assessment procedures
 - Requiring that guardians *ad litem* be trained in early childhood, child, and adolescent development
 - Providing that reunification not be required where a parent has committed intrafamilial sexual abuse or must register with a sex offender registry
 - Ensuring the provision of technology to track CPS reports from intake through final disposition

child welfare and early childhood agencies within ACF and other federal agencies. Partnership members meet bi-monthly to exchange information, share resources, and work jointly toward a common vision of increased collaboration among child welfare and early childhood systems to support and amplify positive outcomes for children prenatal to age eight and their families. Achievements of the Partnership include joint communications to the field, development of tip sheets and trainings for use at the local level, national conference presentations, and funding opportunity announcements for discretionary grant programs.



THE PATIENT PROTECTION and Affordable Care Act of 2010 included a provision to create the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The Health Resources and Services Administration (HRSA) partnered with ACF, including CB and other federal agencies, to fund states and tribes in providing evidence-based home visitation services to improve outcomes for children and families in at-risk communities.

HRSA and ACF/OCAN believed the MIECHV program to be a key component in the national effort to build high quality, coordinated

and comprehensive state- and community-wide early childhood systems for pregnant women, parents and caregivers, and young children, ultimately improving social, health, and development outcomes and keeping children safe. The EBHV grant program was formally incorporated into the MIECHV State Formula Grant Program and administered by HRSA.

CB staff within OCAN also partnered in the ACF Tribal MIECHV Team, providing shared oversight, monitoring, support and technical assistance for the Tribal MIECHV grantees. As part of this collaboration, CB initially managed programmatic technical assistance contract for the Tribal Home Visiting Technical Assistance Center.

- Encouraging the appropriate involvement of families in decision-making
- Promoting and enhancing collaboration among child protective, substance abuse, and domestic violence agencies
- Requiring training and programs that address the needs of unaccompanied homeless youth
- Ensuring collaboration with community-based prevention programs and families affected by child abuse and neglect in the development of the state plan
- Ensuring that the state, to the maximum extent possible, has coordinated its CAPTA state plan with its Title IV-B state plan
- Required additional data in the annual state data reports, including:
 - The number of families that received differential response as a preventive service
 - Caseload requirements and the average caseload for CPS workers
 - The education, qualifications, and training requirements for CPS personnel
 - The number of children referred to CPS under policies established to address the needs of infants born affected by illegal substance abuse or fetal alcohol spectrum disorder
 - The number of children under age 3 involved in a substantiated case of child abuse or neglect who were eligible for referral to agencies providing early intervention services and the number of those children who were actually referred

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CB WAS AN ACTIVE PARTNER in the Federal Interagency Task Force on Drug Endangered Children (DEC), established in response to the Obama Administration's 2010 National Drug Control Strategy and chaired by the Deputy Attorney General. The DEC Task Force worked to identify ways to better serve and protect drug endangered children

“I don't think people thought about child abuse prevention and treatment as a field early on, before CAPTA, because it wasn't. The existence of the CAPTA legislation spawned a far-reaching field of people who do training, who do research,

who do administration, who pilot test programs, who provide services of one form or another, and who are advocates. There is a wide range of activities that I suspect would not have happened had there not been this legislation and, as a result,

NCCAN. We're not talking about huge sums of money—just a little bit here and a little bit there—but they all added up to make a big difference.”

—Anne Cohn Donnelly

by building partnerships on the federal, state, tribal, and local levels. Other partners included the Office of National Drug Control Policy and the U.S. Departments of Health and Human Services, Education, Homeland Security, Transportation, and Interior.



THE CHILD AND FAMILY SERVICES IMPROVEMENT AND INNOVATION ACT (Public Law 112-34) authorized and provided funding for two-year extensions of the Regional Partnership Grants (RPGs) and funded new five-year demonstration projects through FY2016. As with the previous round of RPGs, these competitive grants focused on providing integrated activities and services designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who were in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance abuse. A joint effort between CB and SAMHSA, the RPGs continued to emphasize local collaboration and partnerships. In addition, a national cross-site evaluation and evaluation technical assistance contract was awarded to support and evaluate the work of the new RPGs.



ADDITIONAL DISCRETIONARY GRANTS funded during this period focused on such areas as early education partnerships, child welfare and education system collaborations to increase education stability, early education partnerships to expand protective factors for children with child welfare involvement, and rigorous evaluation of existing child abuse prevention programs. Funds also supported the National Data Archive on Child Abuse and Neglect; the National Quality Improvement Center on Early Childhood; the National Quality Improvement Center on Differential Response in Child Protective Services; and grants to tribes, tribal organizations, and migrant programs for community-based child abuse prevention programs.



TO FURTHER ADVANCE ITS FOCUS on partnerships and collaboration, the Network for Action was created in 2011 in partnership with the U.S. Centers for Disease Control and Prevention's Division of Violence Prevention's Knowledge to Action Child Maltreatment Prevention Consortium Leadership Group (K2A), the FRIENDS National Resource Center, and other national prevention organizations. The Network for Action (NFA) brought grantees and partners together to create a shared vision for the future of the prevention of child maltreatment and the promotion of well-being, shared action through engagement with a



NFA connects the people, programs, practices, and policies that are collectively moving America forward toward a vision of preventing child maltreatment and improving child and family well-being.

strategic project of national significance and by increasing the strength of state teams and national networks, and stronger networks with others in the child abuse prevention and family strengthening fields as a basis for meaningful collaboration.

A second national NFA meeting in April 2012 as part of the preconference sessions for the 18th National Conference on Child Abuse and Neglect. In April 2013, a third Network for Action meeting convened in conjunction with other grantee meetings.



THE 18TH NATIONAL CONFERENCE on Child Abuse and Neglect, convened in Washington, D.C., in April 2012, called on the field to embrace past successes, learn from challenges, and move forward toward realizing the dream of eliminating child abuse and neglect. The theme, *Celebrating the Past—Imagining the Future*, coupled with the celebration of the Children’s Bureau’s centennial anniversary, provided a unique opportunity for remembrance and reflection. The program emphasized the importance of early childhood brain development, partnerships with early education providers, and trauma-informed care.

Effective use of technology extended conference offerings to audiences throughout the nation and around the globe. More than 1,500 participants joined virtually through webcasts, doubling the reach of the conference. Social media outlets Facebook, Twitter, and LinkedIn provided updates and alerts, and a mobile app for phones and tablets offered complete conference program information and handouts.

The virtual learning opportunities continued throughout the following year with the new *Making Connections* webcast series, which fostered a learning bridge between National Conferences. Topics addressed included domestic violence, protective factors frameworks, and the Adverse Childhood Experiences study. Seminars were recorded and posted on the National Conferences on Child Abuse and Neglect website, along with presentations and resource materials, for continued on-demand viewing.



CB’s OCAN WORKED WITH the National Prevention Partners to produce *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2013 Resource Guide*,^{xliii} issued in April 2013.



DEVELOPMENT OF A PROTECTIVE FACTORS FRAMEWORK to further explore the topic and inform future prevention, intervention, and treatment efforts for programs administered by ACYF was completed between 2011-2013. The diverse populations served by ACYF shared a complex set of

“The Network for Action brings together more than 400 individuals and organizations working on prevention and treatment initiatives across a range of sectors with three primary purposes: 1) to create a shared vision for preventing child maltreatment and promoting well-being; 2) engaging in shared action; and 3) building stronger networks across partners. It is an opportunity to work with our key grantee stakeholders and other national partners to support synergy across our work at the national, state, and local levels.”

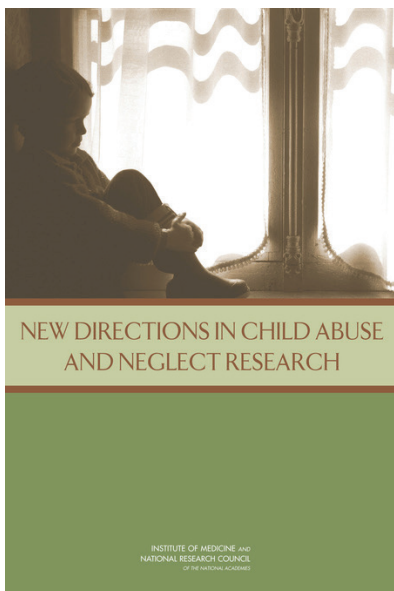
—Melissa Lim Brodowski



18th National Conference in Washington, D.C.



The *Making Connections* webcast series offered online seminars on key topics for the field.



“The IOM report notes that significant advances have been made over the past 20 years in the development of effective programs to prevent and treat child abuse and neglect. CB/OCAN and its federal partners will continue to support research and the implementation of successful and promising programs to address child maltreatment.”

—Catherine Nolan, Director,
Office on Child Abuse and
Neglect

characteristics and circumstances that placed them at risk for a host of adverse outcomes. In addition, their unique characteristics presented challenges to creating a framework that was applicable to all types of children and families served by ACYF. The project worked to identify protective factors at the individual, family, proximal, and community levels of influence that should be considered by ACYF-funded programs. Several FEDIAWG partners worked with CB to ensure that its work complemented other federal efforts to promote protective factors.



ANTICIPATING THE 20TH ANNIVERSARY OF THE 1993 National Research Council report *Understanding Child Abuse and Neglect*, which provided an overview of the research on child abuse and neglect, CB asked the Institute of Medicine (IOM) of the National Academy of Sciences to convene a committee of experts to update its report and provide new recommendations for research. In [*New Directions in Child Abuse and Neglect Research*](#),^{xliiii} issued in September 2013, the committee concluded that while there had been great progress in child abuse and neglect research, a coordinated, national research infrastructure with high-level federal support needed to be established and implemented immediately. The committee recommended an actionable framework to guide and support future child abuse and neglect research.

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