
Mobilizing America to End Child Abuse and Neglect



EndCAN.org



SETTING THE CONTEXT

Magnitude and Cost of the Problem

Child abuse and neglect (CAN) is one of the biggest and most invisible problems that our nation faces. Each year more than 600,000 children are confirmed as victims and many more are harmed by emotional, physical, or sexual abuse or neglect – often with life-time consequences.¹ These experiences account for a large proportion of problems as diverse as academic failure, substance use disorders, depression, violence, suicides, school shootings, homelessness, diabetes, emphysema, heart disease, cancer, and premature death.

Given the magnitude of this problem, one might expect that every sector of society would be mobilized. But thus far, our response has not only been muted, but mostly reactive, with organizations and agencies addressing abuse and neglect only after it happens. Moreover, in many states, the child welfare system disproportionately intervenes on behalf of economically insecure families and families of color, in ways that increase their stress and remove children from their families.²

But we are at a turning point. Over the past forty years, a huge body of research has pinpointed the conditions that every person needs in order to thrive.¹ We know how to help families, schools, and communities nurture the wellbeing of their children. We have the tools to build a social movement that helps communities ensure that every child arrives at adulthood with the skills, interests, values, and health habits needed to live a productive life in caring relationships with others. And we can prevent inter-generational cycles of maltreatment.



With this document, we hope to bring together all of the organizations that have been working so hard to end child abuse and neglect, as well as the organizations working on the many other seemingly intractable problems that are more closely related to child maltreatment than is generally recognized. In this paper, we briefly review what is known about preventing child maltreatment, and key strategies to more fully accomplish that in the United States. Most of those strategies are bundled into work that five proposed “Action Circles” are intended to accomplish:

- Strengthening media advocacy
- Addressing child maltreatment, trauma, and trauma-informed care within the medical and behavioral health disciplines
- Promoting civic engagement to enact effective policy
- Implementing a research agenda that will inform efforts to prevent child maltreatment
- Organizing the legal profession to better prevent child maltreatment



END CAN

THE NATIONAL FOUNDATION TO END CHILD ABUSE AND NEGLECT

The Devastating Effects of Child Abuse and Neglect

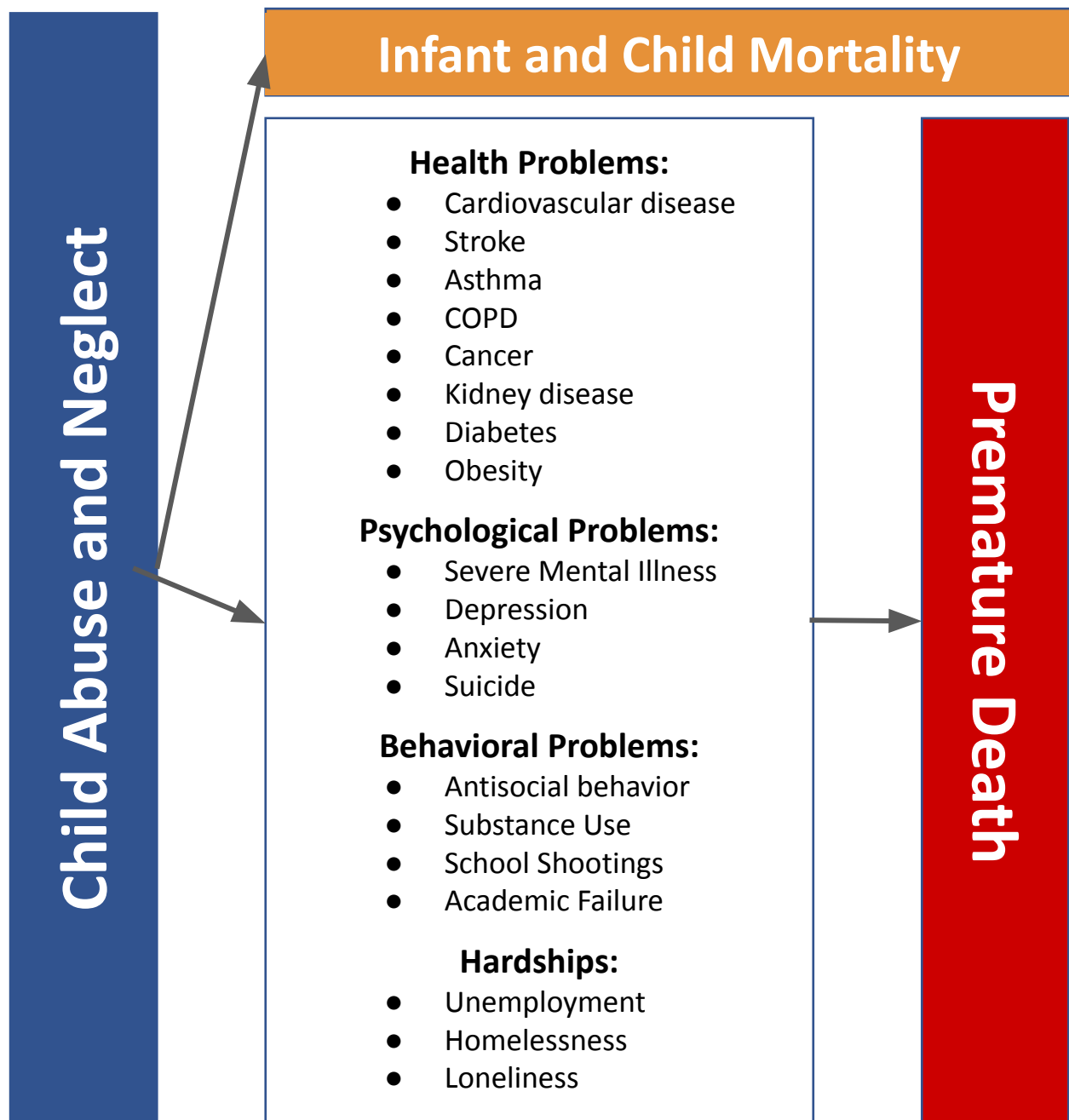


Figure 1 summarizes a vast body of research on the impact of child abuse and neglect. CAN contributes to virtually all of the most common and costly psychological and behavioral problems and is a major contributor to the chronic diseases in adults that account for the largest number of premature deaths. In particular, adverse childhood experiences account for 44% of the cases of depression, 27% of chronic obstructive pulmonary disease, 24% of Asthma, and 12.6% of coronary heart disease. [A draft review of the evidence can be found here.](#)

The devastation that child abuse and neglect causes is not widely understood or acknowledged. For example, the health care, social service, and law enforcement systems are largely unaware of how much child abuse and neglect are a major source of the problems that they are trying to respond to. Nor are they aware of the “root causes” of child maltreatment that can be addressed. These facts call for our society to establish the reduction of abuse and neglect as foundational for all efforts to improve wellbeing. All the organizations working to prevent or ameliorate any of the problems listed in Figure 1 should join the social movement to end child abuse and neglect. And people who have developed any of these problems due to their exposure to child abuse and neglect can contribute to a movement to ending child maltreatment.

The Cost of Abuse and Neglect

Cost of Cardiovascular Disease in the U.S. = \$229 billion

Cost of Smoking Worldwide = \$1 trillion

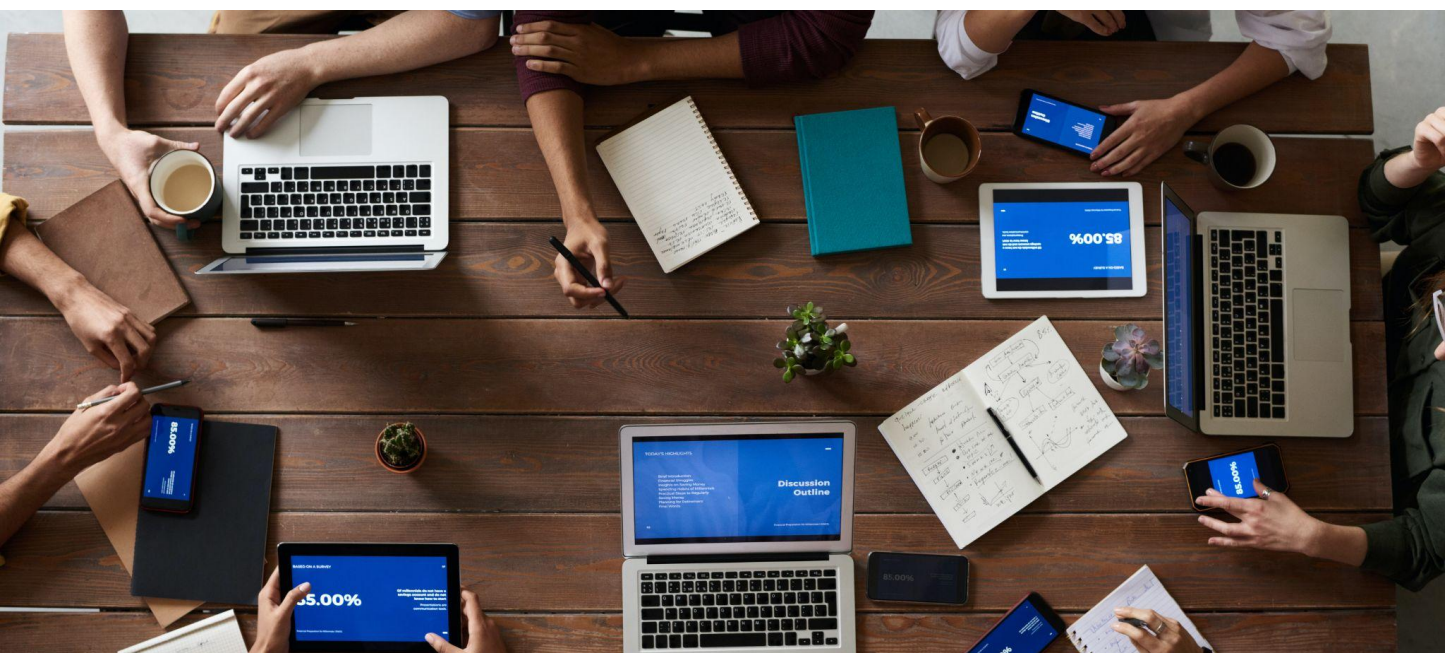
Cost of CAN in the U.S.

\$2 TRILLION

The cost of child abuse and neglect and the benefits of reducing it provide another basis for mobilizing our society to make ending child abuse and neglect a fundamental priority. As of 2015, child abuse and neglect in the U.S. was estimated to cost \$2 trillion per year.³ The estimate was for fatal and non-fatal cases of abuse or neglect. The cost estimate included all of the medical, special education, and criminal justice costs as well as the lost productivity and the pain and suffering experienced by victims and those around them as well as their decreased quality of life. This was calculated based on investigated reports to CPS and are therefore significant underestimates of the total burden, given that a sizable amount of child maltreatment is never reported and never investigated. In comparison, the cost of smoking in the entire world is estimated to be about \$1 trillion. The cost of cardiovascular disease in the U.S. has been estimated to be \$229 billion in medical care costs and lost productivity.



To accelerate efforts to reduce abuse and neglect, 90 anti-abuse organizations have come together to form the EndCAN Collaborative. Details about these organizations can be found here [to be completed]. Beginning in 2022, these organizations started a Delphi process to pinpoint the actions that would contribute most to reducing CAN. The process boiled down 182 items to three key foci: Policy, Collaboration, and Messaging. That led to the creation of two [Action Circles](#) to further define areas for effective intervention. One Action Circle reviewed the evidence regarding policies related to reducing child abuse and neglect. The other Action Circle worked on how collaboration could be increased. This document was developed by the Action Circles for consideration by the entire Collaborative. Ultimately, it is our hope that this report will function as a blueprint for bringing together not only the existing members of the collaborative, but also others working in this field — as well as every sector of society — into a social movement that radically improves the wellbeing of every person.



THE POWER OF PREVENTION

Societies naturally evolve systems to respond to common and costly problems. Inevitably the initial systems are reactive. We spend roughly \$3 trillion dollars per year on the treatment of disease in the U.S., yet the Centers for Disease Control and Prevention spends just \$1.2 billion on prevention. Similarly, we invest more than \$300 million on a criminal justice system that arrests, prosecutes, and imprisons 2.2 million people, but does little to prevent crime.

But, once we pinpoint the risk and protective factors that lead to these problems, we can build policies and programs that address those risk factors and thereby prevent the problems. For example, when it was shown that cigarette advertising influenced those under 18 to smoke,⁴ steps were taken to curtail such harmful marketing.

Over the past forty years, the prevention science community has been growing and developing. There is now a body of knowledge about how virtually all of the most common and costly psychological and behavioral problems can be prevented.⁵⁻⁷ These prevention solutions include macro-, system-, and family & individual-level strategies and interventions.

The Prevention Metaphor

A river runs through your community. One day a child is seen in the middle of the river struggling to stay afloat. Sadly, the child drowns. The next day two children are seen in the same predicament. The towns people are able to save one. More children on the third day prompt the community to put rescue boat in the middle of the river to save any more children. But no one thinks to go upstream to find out why children are ending up in the river and stop it from happening.

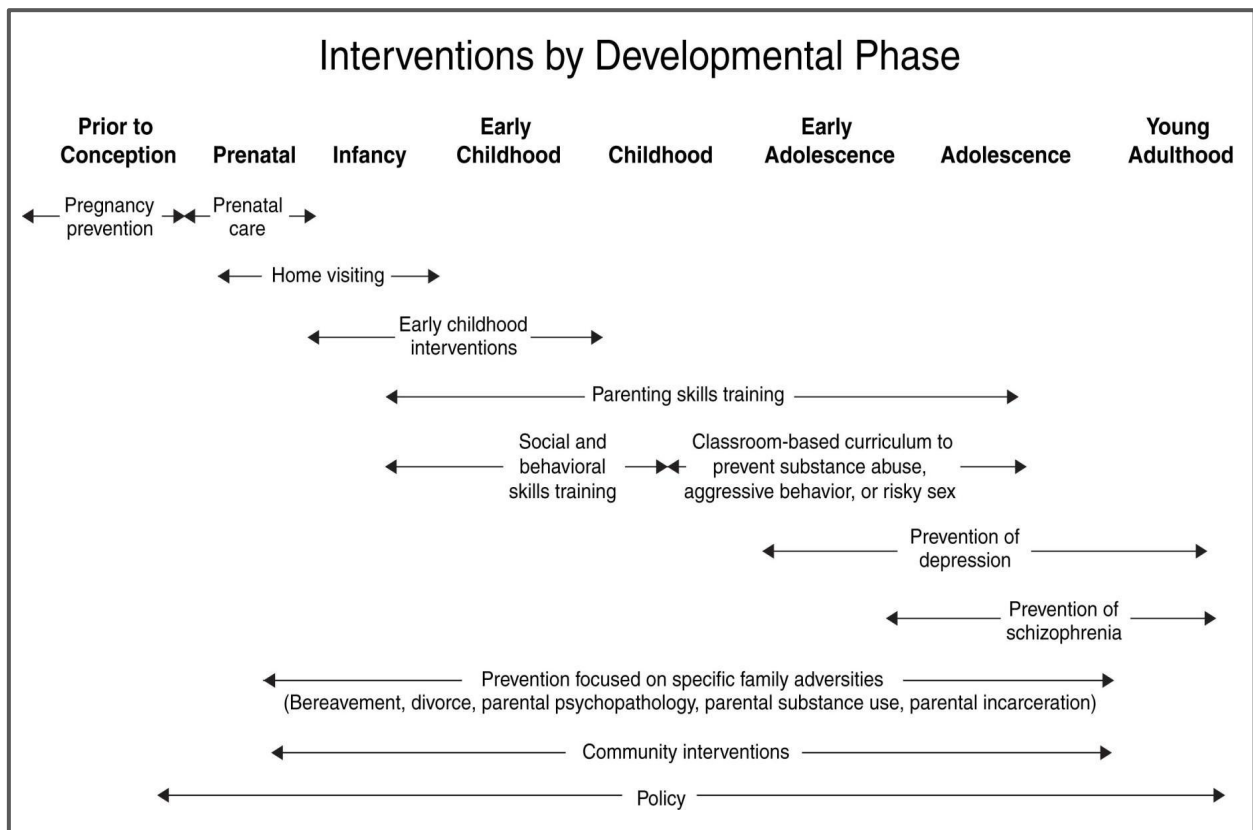
There are numerous family-level programs that have proven benefit in preventing child abuse and neglect and all of the problems that result from it. For example, a study in South Carolina showed that a family program that helped parents become more skilled in raising their young children led to a significant reduction in hospital reported abuse.^{8,9}



Another program, [the Nurse Family Partnership](#), helped pregnant young women cope with their pregnancy and their newborn baby. Children of mothers who were in the program had more than 50% fewer emergency room visits for accidents or injuries compared to those who were not part of the program.¹⁰

A school program, the Good Behavior Game, focuses on helping elementary school students develop their skills in getting along with others. When it was provided to children in first and second grade, it prevented substance use, antisocial behavior, school dropout, and suicidal behavior when these children reached young adulthood.¹¹

Prevention shifts attention to creating the conditions that nurture successful development. This figure from the National Academy's 2009 report^{6,7} on prevention summarizes programs and policies that have been shown in experimental evaluations to prevent multiple problems. There are family, school, and community interventions, as well as policies. Some are primary prevention, while others are for populations with more risk factors and problems or secondary prevention. Virtually all of these interventions prevent multiple problems because they change the conditions that contribute to multiple problems. Most show benefits long after the intervention has occurred.



Source: National Research Council and the Institute of Medicine.⁷

Additionally, preventing multiple family and child problems saves money. The [Washington State Institute for Public Policy](#) provides a thorough analysis of the cost/benefit ratio for numerous family and school programs. Virtually all of them cost less than is yielded in financial benefit from reduction in health care, law enforcement, school, and community costs, and the increased ability of recipients to earn a living. For example, for [every dollar spent on implementing the Good Behavior Game, at least \\$62 dollars is returned](#) in reduced expenditures on health care, special education, criminal justice, and enhanced earnings of

recipients who are more likely to complete high school and attend college.

The figure also lists research on communities and policies. In both cases there has been productive research—testing strategies for community interventions or identifying effective policies. However, there has been a far greater investment in research on affecting families and schools. This fact reflects the American cultural norm that emphasizes individual responsibility and ignores the role of social systems in influencing individual and family functioning.

That is why we are proposing to have an Action Circle working on advancing policy adoption—both through research on the impact of policies, and research on strategies for getting policies adopted and adhered to. Another Action Circle focused on communities could summarize what is known about community

interventions to prevent child abuse and neglect and implement a strategy to get more community intervention research done.

The evidence on prevention indicates that efforts to get such effective programs and policies implemented should be a high priority.

MOVING FROM MANDATED REPORTING TO COMMUNITY SUPPORTING

12

An important national policy shift is occurring in the approach to addressing abuse and neglect. Traditionally, child welfare has been reactive, aggressively intrusive, and discriminatory. It investigates reports of abuse or neglect and removes, or threatens to remove, children from homes when available interventions will be unable to keep that child safe.¹³ Until the passage of the Family First Prevention Services Act, prevention efforts had been limited to those funded with modest amounts through CAPTA and very limited state funding. But evidence has been

accumulated, showing that traditional child welfare practices can do harm.^{14,15} Additionally, as policies and programs that can prevent abuse and neglect have been identified, there is a movement underway to use proven interventions that increase nurturance capacity in stressed and challenged families, thus preventing abuse or neglect. As New York says in their new mandated reporter training: “You don’t have to report a family to support a family.” [Here we summarize the rich set of policies and programs that are available to significantly reduce abuse and neglect.](#)





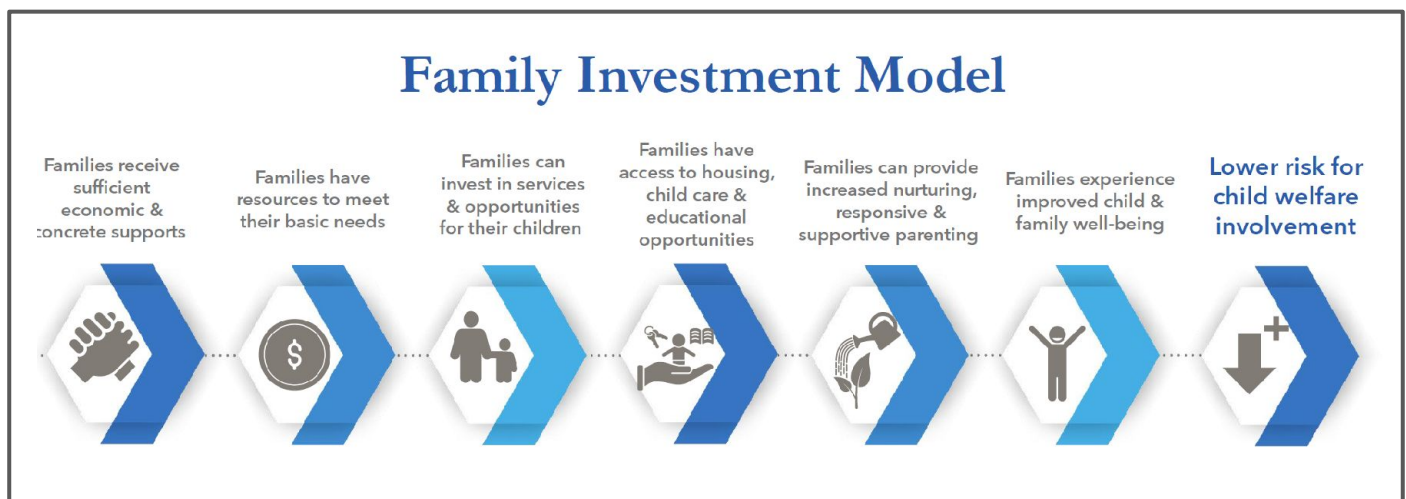
California Reimagines Child Wellbeing

The state is implementing a systematic effort in every community to monitor and increase practices that support families and nurture child and adolescent development. They are:

- Strengthening economic supports for families
- Creating Protective Environments
- Promoting Health Child Development
- Youth Development and Civic Engagement
- Access to safe and stable housing

Policies that Strengthen Families and Prevent Neglect and Abuse

Chapin Hall, at the University of Chicago, has provided a thorough analysis of the many policies that can prevent abuse and neglect. This figure summarizes the family investment model. It is adapted from research and presents a theoretical pathway for how increasing access to economic and concrete supports leads to lower risk for child welfare involvement.¹⁶



The Chapin Hall analysis details the ways in which policies that undermine family economic wellbeing contribute to neglect and abuse. The table below lists policies that undermine economic wellbeing and therefore child safety in families of color.¹⁷

What Current & Historic Systemic Inequities Put Families of Color at Disproportionate Risk of Economic Hardship?

Some examples include:

- | | |
|---|--|
| <ul style="list-style-type: none">➤ Exclusion from homeownership via red-lining➤ Denial of access to mortgages, banking & financial services➤ Lending discrimination➤ Exclusionary zoning policies➤ Discriminatory federal housing policy➤ Residential segregation➤ Racially restrictive covenants & laws | <ul style="list-style-type: none">➤ Denial of access to quality housing➤ Discrimination in labor markets & commerce➤ Inequitable hiring practices➤ Denial of access to quality education➤ Lack of access to health care➤ Discriminatory law enforcement & criminal legal system policies➤ Political disenfranchisement |
|---|--|

(AB 3121 Task Force Report, 2022)

Some of the strongest evidence of the value of these policies for preventing abuse and neglect comes from comparisons of the rates of abuse and neglect in states that do or do not have family support policies. For example, a particularly troublesome example is the impact of state policies regarding Temporary Assistance for Needy Families (TANF) work requirements and other policies that restrict payments. Under existing federal law, states have the discretion to decide whether TANF benefits can be withdrawn from families that do not meet the work requirements. They can also put time limits of less than sixty months of support, require

mothers with children under 12 months to work, and suspend payments if a parent is suspected of drug use. One study found that for every additional one of these policies that a state adopted, there were 50 additional children with substantiated neglect reports, 22 additional children placed in foster care for abuse, and 21 additional children put in foster care for neglect. States' reduction in TANF benefits have been shown to increase placement in foster care.¹⁸

Given this evidence, it is imperative that we increase the adoption of policies that strengthen families' economic wellbeing and that we eliminate policies that result in harm.

Parenting and Family Programs

Research over the past forty years has identified numerous family interventions that help families replace harsh methods of parenting with more patient and caring ways. In a paper advocating for primary care practices to provide parenting programs,¹⁹ sixteen such programs were identified by The Annie E. Casey Foundation's Blueprints for Healthy Youth Development that is meeting rigorous standards for evaluation quality. These

programs routinely help parents become more nurturing and, as a result, prevent the psychological and behavioral problems that children can develop when they are exposed to harsh, inconsistent, or neglectful parenting. But more than that, these programs help families nurture children's academic, social, and self-regulatory skills at the same time that they reduce parents' stress.

The Nurse Family Partnership



Nurses help young, high risk, pregnant women through their pregnancy and the first two years of the baby's life. They help moms strengthen her social support, continue her education, and get prenatal care. When they baby is born, they help the mother develop the skill to sooth, comfort, and care for their baby. [A description of the many benefits of this program can be found here.](#)

Table 1. Evidence-Based Family Interventions through the Lifespan

Program (Target age)	Impact
Family Foundations (0-2)	Antisocial-aggressive Behavior, Anxiety, Conduct Problems, Depression, Externalizing, Internalizing, Prosocial with Peers
Nurse-Family Partnership (0-2)	Child Maltreatment , Delinquency and Criminal Behavior, Early Cognitive Development, Internalizing, Mental Health - Other, Physical Health and Well-Being, Preschool Communication/Language Development, Reciprocal Parent-Child Warmth
Family Check-up (Toddler Version; 0-2)	Reciprocal Parent-Child Warmth , Conduct Problems, Externalizing, Internalizing,
Triple P System (0-11)	Child Maltreatment , Mental Health, Externalizing Behavior
Incredible Years – Parent (3-11)	Close Relationships with Parents , Antisocial-aggressive Behavior, Conduct Problems, Depression, Externalizing, Internalizing, Positive Social/Prosocial Behavior
Parent Management Training – Oregon Model (3-18)	Coercive Parent-Child Interactions , Antisocial-aggressive Behavior, Conduct Problems, Delinquency and Criminal Behavior, Externalizing, Internalizing
Parent-Child Interaction Therapy (PCIT; 3-11)	Child Maltreatment , Antisocial-aggressive Behavior, Conduct Problems
New Beginnings (For children of divorce; 5-18)	Antisocial-aggressive Behavior , Close Relationships with Parents, Externalizing , Internalizing, Mental Health - Other, Reciprocal Parent-Child Warmth, Sexual Risk Behaviors
Strong African American Families Program (5-11)	Alcohol, Close Relationships with Parents , Delinquency and Criminal Behavior, Truancy - School Attendance, Prevention of CVD Risk
Strengthening Families (10-14)	Child Abuse , Alcohol, Antisocial-aggressive Behavior, Close Relationships with Parents, Illicit Drug Use, Internalizing, Tobacco
EFFEKT (12-14)	Positive Parenting , Alcohol, Delinquency and Criminal Behavior)
Familias Unidas Preventive Intervention (12-18)	Family Functioning , Externalizing, Illicit Drug Use, Sexual Risk Behaviors
Guiding Good Choices (12-14)	Enhanced Family Bonding , Alcohol, Delinquency and Criminal Behavior, Depression, Illicit Drug Use
Positive Family Support - Family Check-up (12-14)	Enhanced Family Relationships , Alcohol, Depression, Sexual Risk Behaviors, Tobacco, Delinquency
Functional Family Therapy (FFT; 12-18)	Child Abuse , Delinquency and Criminal Behavior, Illicit Drug Use
Multisystemic Therapy - Problem Sexual Behavior (MST-PSB; 12-18)	Child Neglect and Parental Stress , Academic Performance, Adult Crime, Delinquency and Criminal Behavior, Illicit Drug Use, Mental Health - Other, Prosocial and Peers, Sexual Risk Behaviors, Sexual Violence

Source: Leslie LK, Mehus CJ, Hawkins JD, et al.¹⁹

An additional program that was not listed by Leslie et al. is noteworthy because it has been evaluated in two randomized trials and shown to have benefit. The SEEK program has three components: (1) special training for residents regarding child abuse, (2) screening parents to identify those who could benefit, and (3) a social worker. Factors for child maltreatment are identified and addressed by the resident physician and/or social workers. In both studies, there were lower levels of abuse and neglect in the families that got the SEEK program.

As the evidence for these programs has grown, efforts have shifted to getting them widely implemented. Progress is being made. However, it should be noted that available public and private resources fall far short of proven need. We are aware of only one family program being expanded to affect an entire population of families.²⁰



In Oregon, three foundations created a Parent Education Collaborative that is assisting every region in Oregon to increase the availability of evidence-based programs. At least seven of the programs listed in Table 1 are being provided. However, the collaborative reports that only about seven percent of the families who could benefit are receiving help.

A high priority in the efforts to reach families is finding ways to deliver support to families efficiently, for example through online programs or the use of apps. There has been particular attention given to reaching families early, before patterns of abuse and neglect for families who are under greater stress and perhaps lack experience in parenting are created.

PREVENTING SEXUAL ABUSE

Much of the current shift in thinking about child abuse prevention policy is toward providing economic security for families. Although there is strong evidence that economic interventions can help prevent child abuse and neglect, there is less clarity on how poverty contributes to risk for experiencing child sexual abuse (CSA). A review of 72 studies found that, of the seven risk domains identified as statistically significant, low family socioeconomic status had the lowest effect as a risk factor for CSA.²¹ They concluded, however, that their findings suggest an ecological perspective for CSA prevention.²¹ Multiple system improvements around the child are necessary to impact risk for CSA. Thus, while the etiologies of CSA and other forms of abuse are enough to warrant a focus on other root causes, poverty and socioeconomic conditions contribute substantially to family stability. Taking a public health approach to child sexual abuse prevention is important.²² One of the primary benefits of a public health approach is that it allows for a more systemic, proactive and preventative response to child sexual abuse. In fact, CAN and CSA are both health issues requiring a coordinated and multidisciplinary systemic (public health) response.



Policy. Child sexual abuse prevention efforts and policies can be divided into three broad categories. The first category is legislation aimed at creating laws and regulations that prevent abuse and hold institutions accountable. The second category is policy guidelines that organizations can implement to prevent child sexual abuse. The third category is programs targeting individuals, including those designed to address the needs of potential offenders, educate children on self-protection, and raise awareness among staff, teachers, parents, and other adults.



Federal Policy. The Child Abuse Prevention and Treatment Act (CAPTA) is a federal law that provides funding and guidance to states for preventing child abuse and neglect, including CSA. CAPTA instructs states to have requirements for reporting and investigating allegations of child abuse, including CSA, and provides funding for prevention programs. CAPTA reauthorization could be utilized as a policy lever to prevent child sexual abuse by increasing funding for evidence-based prevention programs, scaling such programs, and incentivizing other model legislation.

Recent federal legislative efforts related to sexual abuse have been focused on sex trafficking and online child sexual exploitation (OCSE). The STOP Child Sexual Abuse Materials (CSAM) Act is federal legislation that increases reporting and transparency with online platforms and increases penalties for offenders²³. Additionally, reforms to Section 230 of the Communications Decency Act, such as the EARN IT Act, are being proposed to hold tech companies accountable for facilitating child sexual exploitation online.

State Policy. States can enact several policies to prevent CSA, including implementing ombudsperson offices to provide oversight of abuse in child welfare programming, reforming statute of limitations laws to increase

accountability for institutions, and passing laws to bolster certain types of prevention programming (e.g., prevention education for children in the case of Erin's Law). The Enough Abuse Campaign and Prevent Child Abuse America published a report which identified other common state policy options, including: mandating prevention education in schools; standardizing screening of school employees, and establishing task forces to address CSA.²⁴

Organizational Policies.

Organizational policy considerations are important because CSA most often occurs at the hands of a trusted adult – family members, doctors, teachers, camp counselors, etc. Any approach to prevention must address the situational contexts in which these trusted adults most often interact with children, especially those in which an added power differential exists between the child and the adult.



*"Part of the healing
process is sharing with
other people who care."
—Jerry Contrell*



Several sets of guidelines exist for youth serving organizations (YSOs) to implement high quality prevention policies. The Moore Center's desktop guide for YSOs,²⁵ CHILD USA's Gold Standard,²⁶ and the CDC's 2007 policy guide²⁷ converge around a core set of recommended policies. These include common sense measures like background screening, prevention training, adequate monitoring of on-site activities, etc. Other private organizations like Praesidium contract with YSOs to assess and improve their policies relying on similar principles.

Many YSOs operate on shoestring budgets and therefore lack the resources to adequately staff and structure their programming. Isolated interactions and blind spots in the physical layout of YSO spaces contribute to CSA risk. Policymaking around CSA prevention should ensure that these organizations have access to strong funding streams, can modernize their physical spaces, and have a healthy staff-to-child ratio in programming.

Prevention Programs. Most of the evaluative work done on CSA prevention efforts centers on the role of direct service programs. Still, there is a limited number of programs with documented evidence. These programs typically fall into two categories: (1) those offering help and diversion resources to individuals who

"Since most sexual abuse begins well before puberty, preventive education, if it is to have any effect at all, should begin early in grade school."

—Judith Lewis Herman

are sexually attracted to children, and (2) those educating children, parents, or staff and other adults about CSA prevention.

Offender-Side Prevention. Johns Hopkins University's Moore Center focuses on developing and evaluating interventions to prevent future abuse by targeting potential perpetrators. Stop It Now is another program offering online resources for individuals struggling with inappropriate sexual thoughts or behaviors towards children. Research also indicates that SAFE-T is a program which shows promise in preventing adolescent offender recidivism.²⁸

Education. Darkness to Light's Stewards of Children program teaches adults how to prevent, recognize, and react responsibly to child sexual abuse. The program has been studied using an RCT design and has shown a positive impact on attitudes, knowledge, and behaviors of participants.²⁹ There are various other school-based education programs targeting youth and educators that show evidence as well.

The evidence we have for these programs is largely based on changes in outcome measures related to attitudes and knowledge about CSA and often is not based on a rigorous research design including use of controls.³⁰ To understand what works in preventing actual risk of CSA, we

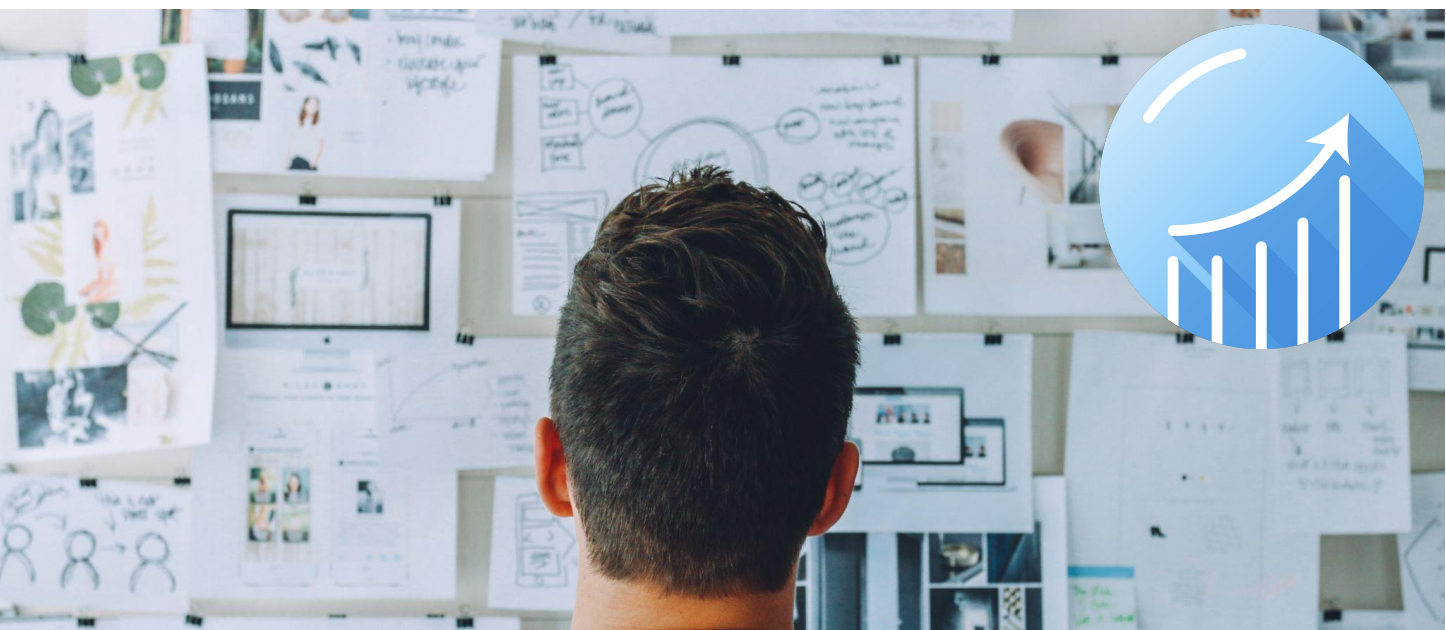
will need longitudinal research on interventions implemented at scale. The research agenda must also broaden to evaluate organizational and macro-level policy interventions that address the conditions which put children at risk of CSA.

Implications

An overall shift toward economic justice and its relationship to child abuse prevention will undoubtedly contribute to reducing incidence of CSA. Economically stable families have more time and resources to devote to their children's needs. However, we need a more well-funded, bigger picture research agenda to understand which interventions and policies address the specific root causes of CSA. A 2022 letter to Congress signed by leading organizations in the field requested that CDC funding for primary prevention research be increased from

\$2 million in FY 22 to \$10 million (FY23 CSA Prevention Funding). We should continue to advocate for increased funding, begin large scale prevention research that can provide rigorous evidence, and invest in programs that work.

Congress can incentivize states to adopt these programs at a larger scale through CAPTA reauthorization. States should also be incentivized to give survivors more time to bring lawsuits against institutions liable for abuse and to create independent offices to ensure children are not abused while in institutional care.



More work needs to be done on enhancing organizational policy implementation in YSOs. One option is to partner with insurance companies to adopt policy standards in their underwriting requirements with YSOs. Another option could be to lobby for state legislatures to require stricter licensing or accreditation standards for organizations working with children.

Overall, we must approach CSA prevention policy from a public health lens, investing in large-scale, rigorous research to address this form of abuse which leads to billions in societal costs. Once we better understand how policies and programs reduce CSA risk, we can scale the interventions and use federal and state policy levers to incentivize this scaling.

THE PIVOTAL ROLE OF PROSOCIAL VALUES, NORMS AND BEHAVIOR

Our efforts to end child abuse and neglect are occurring in the context of a society that has come to be dominated over the past 50 years by values, policies, and practices that promotes individual personal wealth and status above the well-being of others.³¹ The numerous policies that impinge on families economic and social wellbeing are the result of advocacy for these self-serving values.³¹ The promotion of values and culture that puts the wellbeing of others at the center of our daily living will increase the extent to which people ensure that not only all of our children are nurtured in every aspect of their lives, but that we increasingly see the wellbeing of those around us as our fundamental value.

Nurturing ALL Children. To fully ensure the nurturance of every child, we need to look beyond abuse and neglect. Bethel and colleagues have documented the need to create an integrated early childhood health system that provides positive support to all families. This would involve every community creating a system for the universal provision of comprehensive, personalized, whole child and family preventive and developmental services. The system would link all of the organizations that might contact families, such that any organization that contacted a family could refer them to any other

"The true character of a society is revealed in how it treats its children."

—Nelson Mandela

organization that could assist the family. Such a system would be strengths-based rather than problem focused. At the same time the system would work to ensure that all of the policies that could provide economic and material supports to families were adopted.

Such a system is needed because our goal should be not just to prevent abuse and neglect, but to promote positive health, flourishing, school readiness, family resilience; it not simply be addressing identified risks.

Why is such a system needed? Because evidence indicates that even

children who experience no abuse or neglect are less likely to flourish if they do not live in an environment that provides positive experiences in childhood---especially during early childhood.³² Even among children who experience no social health risks (such as not having enough food, lacking basic needs including housing, living in an unsafe neighborhood, or being a victim of or witness to violence) have more than a 40% chance of mental, emotional, or behavioral problems if the y stresses in their family (such as having aversive interactions in the family or lacking emotional support).³³

“Each of us must come to care about everyone’s children. We must recognize that the welfare of our children and grandchildren is intimately linked to the welfare of all other people’s children. After all, when one of our children needs life saving surgery, someone’s child will perform it. If one of our children is threatened or harmed by violence, someone else’s child will be responsible for the violent act. The good life for our own children can be secured only if a good life is also secured for all other people’s children.”

—Lilian Katz

Although science cannot tell us what our values should be, they can tell us what the benefits are of embracing values that favor nurturing the wellbeing of others. A large body of research across the bio-behavioral sciences shows that individuals and groups thrive in environments that minimize conflict and coercion, richly reinforce all forms of positive social behavior, limit opportunities and influences for problem behavior, and promote psychological flexibility, which is a mindful and resilient way of pursuing our values.^{1,34}

These principles have implications for the way we address child abuse and neglect. The movement to go from a child welfare system that emphasizes detection and punishment to one that provides the support families need to thrive is in line with the evidence.



Effective family interventions help families replace harsh and inconsistent discipline with patient, consistent, and nurturing interactions when a therapist joins them around their hopes and aspirations for their children and reinforces their efforts to become more skilled.¹

The principles are relevant to the promotion of policies and practices that would not only reduce abuse and neglect, but would ensure that every family thrives. We can prevent the entire range of psychological and behavioral problems of children as well as chronic diseases at the same time that we contribute to people's success throughout life.⁸

The principles of nurturance also have implications for how we promote policies, programs, and practices that prevent abuse and neglect. To the extent that we engage every sector of the community in endorsing the value of ensuring everyone's wellbeing, we may enhance their willingness to support policies that increase material support for parents. At the same time, by promoting policies and programs that reduce abuse and neglect, we will be contributing to the more general embrace of values that favor ensuring the wellbeing of every person as more and more people embrace nurturance as a central value. [A more indepth look at business sector/workplace policies that promote nurturance can be found here.](#)

The Need for Research on Comprehensive Community Interventions

Accelerating progress in preventing child abuse and neglect requires us to mobilize virtually every sector of society. And it is at the community level that we can best demonstrate the value of engaging every sector. One example is the work in the state of Washington where communities were funded to strengthen community capacity to provide comprehensive community support for wellbeing. Communities that had such funding had significantly lower levels of severity as measured by “15 key standard social and health indicators (i.e., out-of-home placements; loss of parental rights; child hospitalization rates for accident and injury; high school dropout; juvenile suicide attempts; juvenile arrests for alcohol, drugs, and violent crime; juvenile offenders; teen births; low birth weights, no third trimester maternity care, infant mortality; and fourth grade performance on standardized testing).”³⁵

Comprehensive community interventions begin with engaging every relevant sector in joining and supporting actions that would affect an outcome—in this case less abuse

and neglect. Public health agencies, health care providers, and family support agencies are natural leaders of such an effort. But every sector of the community needs to be activated. Policy makers, to identify policy changes that would benefit families in ways that reduce neglect. Churches because they affect many families. Law enforcement because it may increase or decrease stress on families. Schools, because they can ameliorate the harm done by abuse and because they can promote positive family involvement. The business community because their policies affect family wellbeing and because local business benefit from being associated support for children’s wellbeing. Parks and recreation because they can promote prosocial behavior and prevent deviant peer group formation, which is more likely among young people who have experienced abuse and neglect. [Examples of how each sector can contribute to reducing child abuse and neglect can be found here.](#)

It is at the community level that we have some hope of bringing about dramatic reductions in abuse and neglect. And if we can engage the

prevention research community in these efforts, we can help communities refine their community organizing efforts, measure both abuse and neglect and changes in the risk factors for it.

As the evidence of effective community interventions accumulates,³⁶⁻³⁹ we will accelerate the adoption by other communities of increasingly effective community efforts.

DEVELOPING A SOCIAL MOVEMENT

There is an extensive literature^{4,31,40-43} that can help us develop a framework for building the social movement needed to reduce child abuse and neglect. The success of the Tobacco Control Movement provides a useful example of what can be accomplished. In 1965, 52% of men and 33% of women smoked. In 2020, only 14% of men and 11% of women smoked. This dramatic change was due to a forty year movement to combat a culture that glamorized smoking. Research documented a growing list of the myriad harms of smoking. It publicized those harms

through Surgeon General's reports and widespread news coverage. It fostered the creation of numerous anti-smoking organizations in communities around the country. It engaged in litigation that imposed financial penalties in product liability lawsuits and restricted industry marketing practices. This research also identified and advocated for policies and programs that would reduce smoking. Policies such as increasing the tax on cigarettes and restricting where people could smoke, and programs such as quit lines that counsel people on quitting.

People who have experienced Child Abuse and Neglect.

Across most areas of health and welfare, there has been a growing recognition that the traditional division between the “experts” and people who are harmed by a problem seldom results in widespread progress.

A social movement to end child abuse and neglect requires that we cultivate a diverse generation of people with lived experience, many of whom pursue careers in prevention research, trauma informed care, policy advocacy, journalism, law, health care, and behavioral health. In this way we can ensure that every sector of society is reformed so that it helps to end child abuse and neglect.

The movement was clever and pragmatic. It looked for every way it could influence the end of the smoking culture; kept the things that worked and dropped or modified what didn't. In doing so, it engaged virtually every facet of society – families, schools, health care providers, workplaces, recreation, business, government, athletics, the military, entertainment, transportation, and agriculture.

Certainly the details of a movement to end child abuse and neglect will differ from the tobacco control movement. But their model invites us to consider ways we could recruit every sector of society into taking actions that contribute to preventing abuse and neglect.

In this spirit, our Action Circles on Policy and Collaboration have come up with a set of further actions that we believe can build a social movement in which an increasing number of organizations, governments, and people are taking actions. This would increase nurturance, not only of children, but of all people, since it is only when millions of people become more nurturing of themselves and those around them, that abuse and neglect can be eliminated. Here we describe five foci/tactics/strategies which create a pathway toward changing culture and civic politics supporting a more nurturing family, school, and community environments.¹





Strengthening Media Advocacy

An effective media advocacy effort will increase public support for mobilizing all sectors of our communities to take steps to prevent child abuse and neglect. A preliminary list of specific steps that would improve our media advocacy include:

- **Cultivating a cadre of reporters, pundits, and academics.** The social movement that has very successfully promoted free market values and practices invested heavily in the cultivation of the careers of numerous reporters, pundits, and academics. We need to fund the careers of reporters, opinion-leading writers, and academics; or at the very least educate them about the complexities of this area as the Annie E. Casey Foundation and other foundations have tried to do for reporters covering child welfare and juvenile justice issues. This includes:
 - Create a database of every reporter, pundit, scientist, or any other person who has written about CAN. Make it available to the entire network.
 - Add NPSC to the EndCAN network.
 - Create a network of well-informed media to develop a concerned conversation in the public square.
 - Develop a social media network that is promoting prosocial values ensuring the wellbeing of every person,
 - Get to know reporters on every major news outlet. Feed them a steady stream of news about CAN. This report alone refers to at least two facts that are newsworthy and unknown by most. For example, the effect of CAN on each major psychological, behavioral, or health problem.
 - Research how other nations measure their happiness and success – Gross Domestic Product vs. [World Happiness Report](#), and create and report ongoing comparative analytics contrasting the state of wellbeing in the U.S. vs. the state of wellbeing in nations at the top of the World Happiness Report.
 - Research how other nations work to report on, prevent, and heal child abuse, neglect, and sexual abuse so we highlight successful measures and do not perpetuate beliefs that only ideas born in America could work.

- Create awareness of our nation's lack of support for families – paid family leave, healthcare, paid college tuition, state supported childcare – that people in other advanced nations take for granted, as well as the fact that financial pressures in the U.S., such as medical bankruptcy, is almost unheard of in other advanced nations.
- **Promoting EndCAN community walks in every community.**
- **Cultivating Social Media FaceBook, Instagram, Twitter, etc.**
- **Creating a monthly podcast on CAN with Lori Poland.**
- **Hiring Frameworks to train people in every EndCAN organization.**
- **Monitoring the impact of media advocacy on public opinion, support for effective policy.**
- **Working with organizations like Pew Charitable Trust to get public opinion data about CAN and specific policies.**
- **Auditing the social media activities of each EndCAN organization and recommending best practices.**
- **Providing a summary each month to all EndCAN organizations regarding the most important news about CAN.** For example, a success in getting a policy changed.
- **Creating a YouTube Channel to promote policies and programs that work.** Each video would focus on a different policy or program. It would consist of a brief description of the policy or program that is embedded with one or more statements of people with lived experience relevant to the policy or program being advocated. For example, people might describe how a policy that took TANF funds away from a family who didn't meet a work requirement led to their losing custody of their children. Or it might be how a policy that provided financial benefits to them saved them from trouble. Such a library would be available to every EndCAN organization.



This brainstormed list is a starter for thinking about how media advocacy could be strengthened. An Action Circle of ten to twelve people could prioritize possible steps, develop a strategic plan, and write one or more proposals to get the funds needed to move forward on each priority.

The strategic plan would engage every organization that is in any way working to reduce CAN or improve the wellbeing of families. The greater the inclusiveness of the organizations working in this space, the greater the credibility of the proposal.



Action Circles are modeled after Swedish Study Circles, which play roles in Sweden’s highly prosocial democracy. They consist of groups of ten to twelve people who work together for about two months to achieve a very specific product – such as a strategic plan for strengthening media advocacy. Each member agrees to put in a couple of hours a week between bi-weekly meetings. [More information on Action Circles can be found here.](#)





Addressing Child Maltreatment, Trauma, And Trauma-Informed Care Within The Medical and Behavioral Health Disciplines

The pathogenic significance of child maltreatment and trauma is underappreciated by the medical and behavioral health professions. The efficacy of policies that support societal and community practices focused on reducing risks for child maltreatment are not well resourced and not well supported by the policies or training of these professions. Preventive interventions, trauma-informed care programs, and evidence-based specialized treatment modalities are not being widely deployed.

Improving Mental Health



- Seeking Help
- Practicing Mindfulness
- Ending Child Abuse & Neglect

Did YOU Know?

Research shows that individual with histories of child abuse have greater emotion regulation difficulties. Emotional abuse were significantly related to all components of emotion regulation (i.e., clarity, awareness, nonacceptance, impulse control difficulties, difficulties engaging in goal-directed behavior, limited access to emotion regulation strategies).

Why Prevention Matters?

Preventing traumatic events that occur in childhood (0-17 years), such as experiencing violence, abuse, or neglect or witnessing violence in the home or community, can reduce a wide range of health conditions, health risk behaviors, and socioeconomic challenges.

Learn more at www.abc123?!.org.

Gordon, Jeffry. (2021). The importance of child abuse and neglect in adult medicine. Pharmacology Biochemistry and Behavior. 211. 173268. 10.1016/j.pbb.2021.173268.

SAMPLE

Ways to Reduce Coronary Heart Disease



- Eating Healthy
- Physical Activity
- Ending Child Abuse & Neglect

Did YOU Know?

Children that have 4 or more adverse childhood experiences are 1.8x more like to have Coronary Heart Disease in adulthood than adults that had no adverse childhood experiences.

Why Prevention Matters?

Preventing traumatic events that occur in childhood (0-17 years), such as experiencing violence, abuse, or neglect or witnessing violence in the home or community, can reduce a wide range of health conditions, health risk behaviors, and socioeconomic challenges.

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SAMPLE

This Action Circle has the goal of bringing awareness and understanding of the risks for and consequences of child maltreatment and trauma to the caring professions and integrating this awareness into their policies, their training programs, their research, and their clinical care. Working with people with lived experience, our Action Circle plans to:

- Identify a group of cooperating practitioners in academic, research and clinical settings in behavioral health (MFCC, social work, and psychology) and in each medical specialty (including MDs, DOs, PAs and RNPs as well as veterinarians) who can reach out personally to contact their professional societies and educational oversight agencies to educate them about remediating this deficiency.
- Draw on existing policies and documents from federal agencies and the American Academy of Pediatrics; we will draft policy statements for each specialty and educational body in this sector.
- Work to have these policies adopted officially.
- Work with each society to draft minimal educational criteria for graduate education, interns and residents, as well as continuing education modules.
- Develop/adopt a training module for professionals to help them respond and support families when they learn of child maltreatment and trauma, to promote easy access to supportive community resources and, when needed, make careful, family-centered reports to the child protection system.
- Develop additional physical and mental health-based research supports at the federal level to better measure effects of child abuse and neglect and expand interventions.





Civic Engagement for Effective Policy

The Civic Engagement Action Circle is working to align various aspects of advocacy across interests with a shared commitment to create conditions that prevent child abuse and neglect. Our approach is to bring together leaders across organizations that work with grassroots advocates, grassroots advocates, and government affairs professionals across federal, state, and local levels. Our goal is to create a common call for all of these organizations to have alignment, so that folks from all backgrounds interested in engaging in the movement can find support and opportunities to get involved.

Organizations that span all of these areas include: Campaign for Trauma-informed Policy and Practice, National Prevention Science Coalition to Improve Lives, Futures Without Violence, Prevent Child Abuse America, Kempe Foundation, Iowa ACEs 360, Healing Cities Baltimore, Research to Policy, and PACES Connection, which is home to some 450 cross-sector geographic sub communities and 50 interest-based sub communities among others. Through individual meetings as well as larger group work, we will come up with aligned messaging and agendas to build the movement by engaging citizen action at all levels of government and across personal and professional interests.

The effort would draw and contribute to research on effective ways of promoting policy adoption, such as the work being done at the Research to Policy group at Penn State University. Ideally, this will facilitate the ability of every EndCAN organization to reach and influence policy makers at the federal, state, and local levels.

“You’re not a victim for sharing your story. You are a survivor setting the world on fire with your truth. And you never know who needs your light, your warmth, and raging courage.”

—Alex Elle



A Research Agenda That Contributes to Reducing Abuse and Neglect

Context

EndCAN, in collaboration with the KEMPE Center and other organizations, is organizing key documents to guide a social movement that would bring about much lower rates of child abuse and neglect throughout the nation. We have created two Action Circles – one on policy, and one on increasing collaboration among organizations. In addition, the main report and supporting materials provide a thorough review of what is known about the current rates of child abuse, the numerous ways in which child abuse and neglect harm Americans, and the extensive body of knowledge about how this plague of child abuse and neglect can be ended.

As part of this work, this group believes that a clear and compelling research agenda is needed to help identify or defend policy and practice strategies to prevent child maltreatment. This section summarizes some of the key research initiatives that can help identify and promote a research agenda.

Research Initiatives That Can Advance This Work⁴⁴

Thankfully a broad range of groups have been identifying key research gaps related to child abuse and neglect ([For a partial summary, see Table A1 in Appendix A](#)). In this next section we highlight some current efforts that can help us identify a concise research agenda.

National Academies of Science Commission Reports. NAS has convened a number of commissions to identify key research issues and gaps for child maltreatment.^{7,45,46} This is work that can be built on.

National Research Agenda Project for a 21st Century Child and Family Well-being System. The purpose of building a 21st-century research agenda to support child and family wellbeing is to:

- Form a broad-based coalition of research partners to identify research gaps to support child welfare;
- Articulate clear research questions relevant for jurisdiction leaders and policy-makers that need to be addressed;
- Identify and implement strategies for conducting research that will close the gaps and answer those key questions; and
- Help agencies use the research findings to improve policy, program, and practice strategies.

While previous efforts have been made to convene researchers and reports have been written on specific topic areas, there have been no recent efforts to create a comprehensive national research agenda for a modern-day child welfare system that addresses key knowledge gaps. Casey Family Programs (CFP), the Annie E. Casey Foundation (AECF), and the William T. Grant Foundation have partnered with philanthropic organizations; researchers; diversity, equity, and inclusion experts; policy analysts; agency leaders; and people with lived experience in the child welfare system to form three expert workgroups to identify research gaps and to support the use of findings in decision-making to improve practice and policy. Organizations in this effort include Black Administrators in Child Welfare, the National Indian Child Welfare Association, the Child Trends Hispanic Institute, the American Public Human Services Association, the Child Welfare League of America, and the American Academy of Social Work and Social Welfare.

While over 300 research gaps have been identified, which of the gaps appear most urgent to address? The answer to this question depends on context and perspective, and so in [Appendix B](#), we list 23 high priority gaps for consideration in the spirit of “If everything is important, then nothing is important.” These high-priority gaps are clustered by four areas that align with the expert workgroups and the results of the national consensus convenings:

- Community-Based Prevention (“CBP”)
- Child Protective Services and Prevention of Foster Care (“CPS”)
- Out-of-Home Care (“OOHC”)
- Workforce

Based on this analysis, this project team has also compiled model *requests for proposals* that foundations could use to issue RFP's that would fund the needed research.⁴⁷

Scan of Federal and Foundation Funding for Child Welfare Research. Casey Family Programs has done an exhaustive analysis of which federal agencies and multi-state foundations funded child welfare research in a recent five-year period (2014–2018) -- much of which is relevant to reducing child abuse and neglect. More than \$1 billion in child welfare research grants were identified and examined. Federal funding totaled \$977 million and appeared to emphasize research related to evidence-based services and programs; child and youth behavioral health; behavioral health treatment; parent training and coaching; permanency planning and services; staff training; trauma-informed services; child developmental health; culturally competent services; case management; substance abuse treatment; birth parent services; systems reform and integration; implementation science and implementation evaluation; and adoption.

Multi-state foundations funded \$51 million in child welfare research, which emphasized mapping data related to child well-being; needs and services for adolescents ages 14–17 and young adults ages 18–25; independent living/transition services; education services; child and youth behavioral health; employment training/placement; systems integration/reform; child well-being indicators; research center support; needs and services for children ages 6–13; studies focused on urban areas; behavioral health treatment; building evidence on treatments and services; and juvenile justice, juvenile corrections, and juvenile probation. Foundations appear to fund areas that received fewer child welfare-related grants from federal agencies.⁴⁸

Importantly, research has focused on examining the downstream effects of child maltreatment and ACES, rather than the upstream causes or prevention interventions. This disproportionate focus on downstream determinants after ACES have already occurred limits the impact of this research in terms of potential cost-benefit, social justice, and mitigation of health inequities.⁴⁹

NIH Research Funding Audit. In addition, there is an effort underway to analyze the content of the NIH funded research projects whose abstracts indicate that the project involves abuse and neglect. The preliminary work on this project suggests that there is very little research focused on experimentally evaluating policies or programs that would prevent or reduce child abuse and neglect. Moreover, without further action, there is no reason to believe that significant increases in the funding of needed research will occur.

Research/Disease Areas (Dollars in millions and rounded)	2014	2015	2016	2017	2018	2019	2020	2021	2022 Estimated	2023 Estimated
Cervical Cancer	\$116	\$99	\$99	\$114	\$112	\$106	\$113	\$120	\$126	\$124
Charcot-Marie-Tooth Disease	\$14	\$14	\$11	\$10	\$12	\$13	\$15	\$17	\$18	\$17
Child Abuse and Neglect Research	\$30	\$27	\$29	\$29	\$41	\$43	\$50	\$40	\$43	\$41
Childhood Injury ³⁴	\$35	\$39	\$47	\$60	\$145	\$169	\$220	\$260	\$273	\$268
Childhood Leukemia	\$105	\$155	\$151	\$177	\$197	\$178	\$181	\$240	\$254	\$247
Childhood Obesity	+	+	+	+	\$245	\$266	\$270	\$255	\$272	\$273
Cystic Fibrosis	\$77	\$80	\$89	\$91	\$83	\$82	\$94	\$89	\$92	\$92

Source: Figure 5. NIH RePORT: Estimates of Funding for Various Research, Condition, and Disease Categories (RCDC)⁵⁰

Economic Analyses of Child Abuse and Neglect and Prevention Strategies.

There is information that can be summarized that will describe the cost of CAN to society and the benefit-cost ratios of the major CAN prevention programs.

Strategies to Advance this Area

To help encourage the research necessary to advance the child maltreatment prevention field, we offer the following strategies:

- **Strategies for getting the highest priority research topics funded for study.**
- **Facilitate the formation of teams of researchers to submit proposals to address the top priorities.** (The new Child-Well Being Research Network at the University of Kentucky, and the National Research Agenda Project for a 21st Century Child and Family Well-being System can help in major ways.)
- **Support the development of early career scientists who are conducting research that will contribute to reducing child abuse and neglect and its sequelae.** For example, symposia and special issues of prevention science journals could showcase such work and facilitate the development of the careers of scientists working in this area.
- **Work in coordination with the civic action and media advocacy efforts that the EndCAN network is developing, to advocate at the federal and state levels for more research of the sort that is needed.**
- **Encourage people who have experienced abuse or neglect and members of the ethnic and other minority BIPOC communities to become involved on research teams and pursue careers in prevention science.** (CWLA and The National Research Agenda Project for a 21st Century Child and Family Well-being System have people with lived experience who can help.)



Organize the Legal Profession to Address the Problem of CAN

One of the keys to the success of the social movement to promote free market economics was their cultivation of the careers of lawyers who subscribed to the free market ideology. They created the federalist society which has nurtured the careers of many lawyers, including at six justices on the Supreme Court. Similarly, we need to cultivate the careers of a cadre of lawyers who are working to ensure that law is increasingly functioning to increase family stability, prevent discrimination, and reduce all forms of abuse and neglect.

There are already some excellent lawyers working on issues related to abuse and neglect. Marci Hamilton, a member of the Policy Committee, and her colleague Jessica Schidlow have tentatively agreed to lead an action circle that will seek more funding to strengthen legal work relevant to child abuse and neglect. Here is a tentative list of strategy possibilities for this effort, which is subject to modification and elaboration by Marci, Jessica, and the people they recruit to this action circle.

- Create a legal task force to identify barriers, constraints and needed action.
- Draft legislation and guidelines to improve child advocacy and protection.
- Conduct ongoing education programs for lawyers.
- Identify some key areas where litigation could affect policy. For example, lawsuits against [states that are using TANF money for things unrelated to family wellbeing or are failing to spend TANF funds at all.](#)
- Seek funding to support the implementation of a strategic plan to engage in litigation and policy advocacy to reduce child abuse and neglect.
- Highlight states such as North Carolina and [Florida where there is emphasis on “safe baby courts”](#), work on [“ACEs informed courts”](#) and judicial reform to go upstream to prevent child abuse and juvenile involvement in the penal system.
- Borrow from the good work of the National Association for Children of Addiction (NACOA) to reach leaders across all communities of faith as well as to engage higher education institutions for ministers, rabbis and imams in through [NACOA’s Clergy Training Program.](#)
- [Support the work of Zero Abuse and the Child Advocacy Studies network to take child advocacy studies across areas of studies. Currently CAST has its curricula on 90 different college/community college campuses in 30 states.](#)

Moving Forward

To recap, in this paper we briefly reviewed what is known about preventing child maltreatment, and we outlined key strategies to more fully accomplish that in the United States. Most of those strategies are bundled into work that the five proposed Action Circles are intended to accomplish:

- Strengthening media advocacy
- Addressing child maltreatment, trauma, and trauma-informed care within the medical and behavioral health disciplines
- Promoting civic engagement to enact effective policy
- Implementing a research agenda that will inform efforts to prevent child maltreatment
- Organizing the legal profession to better prevent child maltreatment

For these reasons, we're inviting you to participate in a series of discussions that would be sponsored by EndCAN and one or more Action Circles to advance the five actions that our two initial Action Circles identified as essential for building a social movement to end child abuse and neglect.



THE NATIONAL FOUNDATION TO END CHILD ABUSE AND NEGLECT

Acknowledgements

Facilitated by



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