

Child Abuse and Neglect:

A Shared Community Concern

Revised March 1992

136487



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
National Center on Child Abuse and Neglect

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NCJRS

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Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, DC 20013
(703) 385-7565
or
(800) FYI-3366
(800) 394-3366
(Outside the Washington, DC metropolitan area)



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Washington, DC 20013

DHHS Publication No. (ACF) 92-30531

ISBN - 1-55672-038-6

136487

**U.S. Department of Justice
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INTRODUCTION

Over the past 20 years our understanding of the complex problems of child abuse and neglect has increased dramatically. This increased knowledge has improved our ability to intervene effectively in the lives of troubled families. Likewise, we have a better grasp of what we can do to prevent child abuse and neglect from occurring. Clearly, we have made great strides. However, our efforts to prevent and treat child abuse and neglect must continue to grow and improve.

Just what have we learned? We have learned that a child of any age, sex, race, religion, and socioeconomic background can fall victim to child abuse and neglect. We have learned that a large number of children who are abused and neglected are never reported to the authorities who can help them and their families. We have learned that we need to provide help and support to abused and neglected children as well as to their parents. And most important, we have learned that child abuse and neglect is a community concern. No one agency or professional alone can prevent and treat the problem; rather all concerned citizens must work together to effectively identify, prevent, and treat child abuse and neglect.

This publication will help you better understand the problems of child abuse and neglect as well as prevention and intervention efforts. To begin our discussion, we must have a common understanding of how we define child maltreatment.

HOW DO WE DEFINE CHILD ABUSE AND NEGLECT?

The Child Abuse Prevention and Treatment Act (Public Law 100-294) defines child abuse and neglect as the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment:

- o of a child (a person under the age of 18, unless the child protection law of the State in which the child resides specifies a younger age for cases not involving sexual abuse)
- o by a person (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare
- o under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.

The Act defines sexual abuse as:

- o the use, employment, persuasion, inducement, enticement or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visual depiction of such conduct, or

- o rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

As a result of the Child Abuse Amendments of 1984 (P.L. 98-457), the Act also includes as child abuse the withholding of medically indicated treatment for an infant's life-threatening conditions. The Act defines this provision as "...the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions..."

The four types of child abuse and neglect are physical abuse, child neglect, sexual abuse, and mental injury (also referred to as emotional/psychological abuse). Let us take a brief look at each form of child maltreatment.

Physical Abuse

Physical abuse is characterized by inflicting physical injury by punching, beating, kicking, biting, burning, or otherwise harming a child. Although the injury is not an accident, the parent or caretaker may not have intended to hurt the child. The injury may have resulted from over-discipline or physical punishment that is inappropriate to the child's age.

Child Neglect

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. The latest national incidence study defines these three types of neglect as follows. Physical neglect includes refusal of or delay in seeking health care, abandonment, expulsion from home or not allowing a runaway to return home, and inadequate supervision. Educational neglect includes permission of chronic truancy, failure to enroll a child of mandatory school age, and inattention to a special educational need. Emotional neglect includes such actions as chronic or extreme spouse abuse in the child's presence, permission of drug or alcohol use by the child, and refusal of or failure to provide needed psychological care. It is very important to distinguish between willful neglect and a parent's or caretaker's failure to provide necessities of life because of poverty or cultural norms. For example, willful neglect is likely to trigger Child Protective Services (CPS) intervention. A parent who is unable to provide the necessities of life due to poverty may, instead, seek assistance from the governmental bodies charged with providing financial assistance, health services, housing, or other basic services.

Sexual Abuse

Sexual abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and sexual exploitation. To be considered child abuse these acts have to be committed by a person responsible for the care of a child (for example, a parent, a baby-sitter, or a day care provider). If a stranger

commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

Many experts believe that sexual abuse is the most under-reported form of child maltreatment because of the secrecy or "conspiracy of silence" which so often characterizes these cases.

Mental Injury (Emotional/Psychological Abuse)

This form of child abuse and neglect includes acts or omissions by the parents or other person responsible for the child's care that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. In some cases of emotional/psychological abuse the acts of parents or other caretakers alone, without any harm evident in the child's behavior or condition, are sufficient to warrant Child Protective Services (CPS) intervention. For example, the parents/caretakers use extreme or bizarre forms of punishment, such as torture or confinement of a child in a dark closet. For less severe acts, such as habitual scapegoating, belittling, or rejecting treatment, demonstrable harm to the child is often required for CPS to intervene.

Although any of the forms of child maltreatment may be found alone, we often find them occurring in combination. And, emotional abuse is almost always present when other forms are identified.

HOW WIDESPREAD IS THE PROBLEM?^{1,2}

The most recent national incidence study estimates that nearly 1 million children nationwide experienced demonstrable harm as a result of maltreatment in 1986. According to the same study, almost 1.5 million children nationwide experienced abuse or neglect if children "at risk of or threatened with harm" are included in the estimate. In addition, 1,100 children are known to have died as a result of abuse or neglect in 1986. In comparing the 1986 overall incidence rate to the 1980 rate, the number of children who experienced demonstrable harm from abuse or neglect increased 51 percent. The national incidence study concludes that this increase may reflect increased recognition of maltreatment. The number of children reported to CPS increased nearly 57 percent since 1980. CPS officially substantiated/indicated 53 percent of the cases that were reported

¹ Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988. U.S. Department of Health and Human Services, Office of Human Development Services, Administration for Children, Youth and Families, Children's Bureau, National Center on Child Abuse and Neglect. This report is also referred to as the second National Incidence Study.

² Sedlak, A. National Incidence and Prevalence of Child Abuse and Neglect: 1988-Revised Report (September 5, 1991). This report provides corrected figures for some of the statistical findings in the second National Incidence Study.

and accepted for investigation in 1986. This reflected an increase of 10 percent since 1980 in the proportion of CPS cases substantiated/indicated.

Every State has a child abuse and neglect reporting law that requires certain categories of professionals (for example, social workers, medical personnel, educators, child care staff) to report suspected child abuse and neglect. In addition, States either require or suggest that the general public report suspected incidents of child maltreatment. (Reporting is discussed in detail in "Who Should Report Child Abuse and Neglect?").

Which type of child maltreatment occurs most often?³

The revised second National Incidence Study found that the majority of child maltreatment cases (64 percent) involved neglect (917,200 children or 14.6 per 1,000) and less than half (41 percent) involved abuse (590,800 children or 9.4 per 1,000). Let us break down the numbers by the major forms of child maltreatment.

- o **Physical Abuse.** A total of 311,500 children or 4.9 children per 1,000 were physically abused in this country in 1986.
- o **Emotional Abuse.** The next most frequently occurring type of abuse is emotional abuse, involving 188,100 children or 3.0 children per 1,000.
- o **Sexual Abuse.** Although sexual abuse remains the least frequent type of abuse, its incidence is not far behind that of emotional abuse. The national incidence study found that 133,600 children, or 2.1 per 1,000, were sexually abused in 1986.
- o **Neglect.** There are a number of different types of neglect, each with differing incidence rates. Physical neglect is the most frequently occurring type of neglect, involving 507,700 children or 8.1 per 1,000. The second most frequent type of neglect is educational neglect, with 285,900 children or 4.5 per 1,000. The least frequent type is emotional neglect, involving 203,000 children or 3.2 per 1,000.

WHY DOES CHILD ABUSE AND NEGLECT OCCUR?⁴

There are many factors that may contribute to the occurrence of child abuse and neglect. Each family is different; each family's story is unique. We have,

³ These statistics from the revised second National Incidence Study reflect the revised definition of child abuse and neglect, which includes the combined totals of children who were demonstrably harmed and threatened with harm.

⁴ The statistics in this section are from the revised second National Incidence Study.

however, identified some conditions or situations that may make child abuse and neglect more likely to occur. For discussion purposes, these factors will be divided into three categories.

o **Individual Characteristics.**

- **Parents** may be more likely to maltreat their children if they abuse drugs or alcohol (alcoholic mothers are three times more likely and alcoholic fathers are eight times more likely to abuse or neglect their children than are nonalcoholic parents)⁵; are emotionally immature or needy; are isolated, with no family or friends to depend on; were emotionally deprived, abused, or neglected as children; feel worthless and have never been loved or cared about; or are in poor health. Many abusive and neglectful parents do not intend to harm their children and often feel remorse about their maltreating behavior. However, their own problems may prevent them from stopping their harmful behavior and may result in resistance to outside intervention. It is important to remember that diligent and effective intervention efforts may overcome the parents' resistance and help them change their abusive and neglectful behavior.
- **Children** may be more likely to be at risk of maltreatment if they are unwanted, resemble someone the parent dislikes, or have physical or behavioral traits which make them different or especially difficult to care for.

o **Family Interactions.** Each member of a family affects every other member of that family in some way. Some parents and children are fine on their own, but just cannot get along when they are together, especially for long periods of time. Some characteristics commonly observed in abusive or neglectful families include social isolation and parents turning to their children to meet their emotional needs.

o **Environmental Conditions.** Changes in financial condition, employment status, or family structure may shake a family's stability. Some parents may not be able to cope with the stress resulting from the changes and may experience difficulty in caring for their children.

In addition to these contributing factors, some societal values may perpetuate child abuse and neglect. For example, the acceptance of violence as a way of life, the conviction that parents have the right to treat children as they please, and the desire to avoid outside involvement in family life may influence the occurrence of child abuse and neglect. Although individuals and families have a

⁵ Fomularo, et al., American Journal of Orthopsychiatry, July 1986.

right to privacy, no one has a right to abuse or neglect a child. Fear or mistrust of outside intervention should not prevent families from seeking and/or accepting help in ending abusive or neglectful situations.

The research conducted over the last 10 years has helped us better understand why abuse and neglect occurs. Recent significant findings from the revised second national incidence study are presented below.⁶

Age of Child. In 1986, the incidence of physical abuse was lowest among children up to 2 years of age. However, when these children did experience physical abuse they were more likely than older children to sustain serious or fatal injuries. In addition, the incidence of emotional neglect and educational neglect differed according to the child's age. The risk for these two types of neglect generally increased with age.

Gender. There was no significant difference in the incidence of neglect associated with the sex of the child. However, females experienced more abuse than males. This difference reflected the female's greater susceptibility to sexual abuse. The rate of sexual abuse for females was more than three times the rate for males (100,900 females or 3.3 per 1,000 females and 32,100 males or 1.0 per 1,000 males).

Family Income. Children from families whose income was less than \$15,000 experienced maltreatment almost seven times more frequently than children from higher income families.

Family Size. Families with four or more children showed higher rates of both abuse and neglect.

Race. A child's race/ethnicity has no significant impact on incidence of maltreatment.

Geographic Location. Child abuse can occur in any community--urban, suburban, or rural.

HOW CAN WE RECOGNIZE CHILD ABUSE AND NEGLECT?

The most common way we identify child abuse and neglect is through the child's and parent's condition and behavior. We need to look for combinations of physical and behavioral indicators in children as well as combinations of parental and child indicators. An example would be a case in which a child who has frequent unexplained injuries has just sustained a broken arm and seems afraid of his or her parents. The parents offer conflicting and unconvincing explanations for the injury.

⁶ These statistics from the revised second National Incidence Study reflect the revised definition of child abuse and neglect, which includes the combined totals of children who were demonstrably harmed and threatened with harm.

Sometimes a single physical indicator in a child will be sufficient to make a report, such as a spiral fracture in a 3-month-old infant. Some unusual or alarming child behaviors may, in and of themselves, clearly warrant a report. However, some behaviors may have possible explanations other than child abuse and neglect, such as a child who runs away or engages in delinquent behavior. Therefore, behavioral indicators alone may not clearly indicate the child is being abused or neglected, so judgment must be exercised. The individual who suspects that maltreatment is occurring should report these suspicions. Background information about the child and family is helpful but is not necessary to warrant a report.

Let us examine some situations that caused professionals and the general public to suspect child abuse and neglect, and report their concerns to CPS.

REPORT: An 18-month-old boy was brought to the emergency room with second and third degree burns on his legs and buttocks. The doctor noted that the burns extended to a different level on each leg--at mid-calf on the left leg, and mid-knee on the right. In addition, there was an area on the right buttock that was burned. The mother told the doctor that she left her son in the bathtub while she went to answer the telephone. The mother believed that the boy turned on the hot water while she was gone. The doctor did not believe that the mother's explanation was consistent with the injury. The doctor thought that there were two factors which made it unlikely that burns could have occurred as a result of the child turning on the hot water. First, it takes a long time to raise the temperature of normal bath water to the scalding point. Second, if the injuries had occurred as the mother described, the injuries would have been the same. The doctor thought that the injury could have occurred by holding the child and dangling his feet into scalding water.

REASONS: The doctor reported this case to CPS because:

- o The child had sustained a serious injury;
- o The parent's explanation of the cause of the child's injury was implausible; and
- o In his clinical opinion, the injury could likely have been caused by the parent.

REPORT: Susan, aged 7, was in her first grade class when her teacher noticed that she had difficulty sitting and had some unusually shaped marks on her arm. Susan was sent to the school nurse to be examined. The nurse noted approximately 12 linear and loop-shaped marks on her back and buttocks. These marks ranged in length from 6 to 10 inches. The nurse believed that the marks were inflicted by a belt and belt buckle. The marks were purple, blue, brown, and yellow, indicating that the bruises were sustained at different times. Susan

said she did not know how she got the bruises. The nurse spoke with the principal, who called CPS.

REASONS: The school principal reported this case to CPS because:

- o The child had sustained a physical injury;
- o The bruises were inflicted at different times, perhaps days apart. (Even if the bruises had been inflicted at one time this case should still be reported. The fact that the bruises were in different stages of healing raises greater concern for the child's safety); and
- o The nurse's clinical opinion was that the injuries were inflicted by a belt and belt buckle.

REPORT: When Cindy was 8 years of age, her teacher called CPS. Cindy was the only child in her family who wore old tattered clothing to school and was not given the same privileges and opportunities as her brothers and sisters. The other children were allowed to join in after school activities; however, Cindy was not allowed to participate in any outside activities. Cindy became very withdrawn at school. She stopped speaking in class and would not engage in play activities with her classmates. Her academic performance declined rapidly. Finally, Cindy became incontinent and had "accidents" in class.

REASONS: The reasons the teacher reported this case to CPS were:

- o Serious differential treatment of one child in the family;
- o Marked decline in academic performance and class participation; and
- o Incontinence.

REPORT: A neighbor called CPS because a 5-year-old boy wandered around the apartment complex unsupervised, often until 10 or 11 p.m. The child was usually inappropriately dressed for the weather; it was 45 degrees and the child was wearing a short sleeved shirt, long pants, and torn shoes. The child was constantly asking neighbors for food. He always had a runny nose and recently had developed a deep cough. In addition, he picked fights with younger children in the neighborhood. The neighbor thought the boy's mother worked at night; however, she rarely saw her at all.

REASONS: This case was reported because of a combination of factors:

- o A young child was unsupervised late at night;
- o The child was not dressed appropriately for the weather;

- o The neighbor believed that the child was not receiving sufficient nourishment, as indicated by his constant requests for food; and
- o The neighbor believed the mother was unconcerned about her child's welfare.

REPORT: A neighbor called to report possible sexual abuse of Janise, aged 12. Janise had confided in the neighbor's daughter that her father had been "fooling around" with her for several years. The neighbor talked with Janise before making the report. Janise reported that her dad touched her private parts and made her "do it" with him. When Janise was asked if her mom knew what was going on between her and her dad, Janise replied, "Yes, she does!" Janise became frightened when the neighbor said she was going to call CPS. Janise begged her not to call, screaming, "He told me that they'll take me away!" Although the neighbor was horrified that this was happening, she believed that Janise was telling the truth.

REASONS: The reasons the neighbor called CPS were:

- o Janise disclosed that her dad had been sexually abusing her; and
- o The neighbor was concerned about Janise, even though it was very difficult to believe that her father might have done this.

WHO SHOULD REPORT CHILD ABUSE AND NEGLECT?

Child abuse and neglect is everyone's responsibility. In order to help maltreated children and their families, professionals and the general public must report suspected child abuse and neglect. You do not have to prove that a child is being abused or neglected; you only have to suspect maltreatment is occurring in order to report. When you report your suspicions to your local child protection agency, you should be prepared to provide information about the abuse and/or neglect, the child, and the family.

For families living on military installations, reports should be made to the Family Advocacy Program. Each branch of the military service has a Family Advocacy Program, commonly referred to as FAP, designed to address the prevention, identification, and treatment of child abuse and neglect.

Today, every State, the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands have child abuse reporting laws. These laws mandate or require the reporting of suspected child maltreatment as well as set forth other requirements of reporting. For example, your State child abuse reporting law specifies the individuals who must report. Your State law also describes the penalties for not reporting and the specific situations that should be reported to CPS.

If you report suspected child abuse and neglect in accordance with the law, you are immune or protected from civil and criminal liability. For more information on your State child abuse reporting law, check with your local or State CPS agency.

WHAT HAPPENS AFTER THE REPORT IS MADE?

After the report is made to CPS, a staff member will talk with the child and the family, and other people involved with the family to determine if child abuse or neglect has occurred or is likely to occur. In some communities, a law enforcement investigator or both a CPS worker and a police officer will conduct the investigation to determine whether abuse or neglect has occurred. Family Advocacy Program staff on military installations typically cooperate with the responsible civilian authorities and work with CPS to conduct the investigation. They also provide appropriate treatment such as counseling and medical services.

In addition to determining whether abuse or neglect has occurred, or is likely to occur, CPS will evaluate whether the child's life or health is threatened. The primary role of CPS is to ensure that children are protected from harm and the integrity of the family maintained, if possible. If CPS concludes that a child's safety is threatened, it will make all efforts to keep the family together and, at the same time, ensure the child's safety. Sometimes, however, that is not possible and CPS must, through the civil (juvenile or family) courts, remove the child from his or her parents and place the child in foster care.

Whether or not a child is removed, if child abuse or neglect has occurred or is likely to occur in a family, CPS will provide services or refer the family to other community agencies or professionals to help the family members change their unhealthy patterns of behavior that led to the problem.

CPS emphasizes the protection of children and treatment of families. Sometimes abusers are prosecuted in criminal court (most often in cases of sexual abuse or severe physical abuse) in order to ensure that the abuser accepts and follows through with treatment and to ensure that a criminal act is appropriately deterred.

HOW CAN WE HELP THESE CHILDREN AND FAMILIES?

There are still many unanswered questions about child abuse and neglect and how we can prevent and treat it. We have, however, learned enough from research, model programs, and clinical efforts to develop some guiding principles.

- o Child maltreatment is a family problem. Consequently, our treatment efforts must focus on the family as a whole as well as the individual family members. Treatment must be provided to abused and neglected children as well as their parents. Unless children receive the support and treatment for the trauma they have suffered, they may suffer permanent physical, mental, or emotional handicaps, and

as adults they may continue the cycle of abuse with their own family or other children. In addition, abused and neglected children are more likely than other children to have substance abuse problems.

- o Although we cannot predict with certainty who will abuse or neglect their children, we do know the signs indicating high risk. People at high risk include parents who abuse drugs and alcohol, young parents who are ill-prepared for the parenting role, families experiencing great stress who have poor coping skills and have no one to turn to for support, and parents who have difficulty with or who have not developed an emotional bond with their infant. We need to be alert to these and other high risk indicators and offer assistance, support, counseling, and/or parent education to families "at risk" before their children are harmed.
- o Families "at risk" may be most receptive to help soon after the birth of their first child.
- o Child sexual abuse prevention programs aimed at school-aged children appear to be useful in helping children avoid sexually abusive situations and to say no to inappropriate touch by adults. However, prevention programs must be carefully examined and selected. These programs must be responsive to the learning capacities and developmental stages of the children involved. Inappropriately designed programs may frighten young children or fail to teach them what they can do to protect themselves.
- o Volunteers can be very effective with some abusive and neglectful parents--especially with those parents who are experiencing stress, who have been emotionally deprived, and who lack knowledge of child development and effective parenting skills. Volunteers must be carefully screened, trained, and supervised.

Clearly, if we are going to stop child abuse and neglect and help the child victims and their families, we all must work together. Efforts must occur at the Federal, State, and local levels.

HOW DOES THE FEDERAL GOVERNMENT SUPPORT STATE AND LOCAL CHILD PROTECTION EFFORTS?

The primary responsibility for responding to cases of child abuse and neglect rests with the State and local agencies. In each community, reports of child abuse and neglect are investigated by CPS and/or the police. Also, prevention and treatment for both children and families are provided by public and private community agencies. Volunteer organizations and self-help groups also provide assistance and support to families. Further, each military installation has a child abuse and neglect program called the Family Advocacy Program (FAP).

The National Center on Child Abuse and Neglect (NCCAN), initially created by P.L. 93-247 in 1974 and reauthorized in 1988 under P.L. 100-294 (the Child Abuse Prevention, Adoption, and Family Services Act of 1988) has furthered State and local efforts in many different ways.

NCCAN awards basic State grants to States and Territories for assistance in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs. In fiscal year 1991, awards were made to 53 States or Territories.

NCCAN provides funds to States and Territories that have programs or procedures in their child protection systems that enable them to respond to reports of medical neglect, including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions. In 1991, 55 States or Territories received funds for this program.

Through the Children's Justice and Assistance Act of 1986, NCCAN provides grants to assist States and Territories in developing, establishing, and operating programs designed to improve the handling of child abuse cases, especially those involving sexual abuse, in a manner that reduces additional trauma to the child and improves procedures for the investigation and prosecution of child abuse cases, particularly child sexual abuse. To be eligible for funds, a State or Territory must have a State Task Force that reviews the State's or Territory's judicial and administrative procedures for handling child abuse cases and recommends improvements. Funds for this program are allocated from the Department of Justice's Victims of Crime Fund. Grants were awarded to 42 States or Territories in fiscal year 1991.

Since 1985, NCCAN has provided Challenge Grants to States and Territories to encourage the establishment and maintenance of trust funds or other funding mechanisms to support child abuse and neglect prevention activities. To receive these funds, States or Territories must have established, in the year prior to the funding request, a trust fund or other funding mechanism available only for child abuse and neglect prevention programs. In fiscal year 1991, 47 States received grants.

During fiscal year 1991, NCCAN provided 94 grants to State and local agencies to improve the delivery of services to children whose parents abuse alcohol or drugs. Agencies eligible to receive funds are State and local agencies responsible for administering child abuse intervention services and community and mental health agencies and nonprofit youth-serving organizations with experience in providing child abuse prevention services. The funds may be used to hire additional personnel to reduce caseload size, to provide training to improve professionals' ability to provide emergency child abuse prevention services to parents who are abusing substances, to expand services to deal with family crises created by substance abuse, and to establish or improve agency coordination of services of children whose parents abuse substances.

In 1991, NCCAN funded projects:

- o to improve the services to substance abusing parents, families and adolescents.
- o to coordinate multi-disciplinary/interdisciplinary training models.
- o to develop State and local coordinated, multi-disciplinary comprehensive emergency services delivery models.
- o to provide community-based public information/education models to address the relationship between substance abuse and child and youth maltreatment.

NCCAN conducts research into the causes, prevention, and treatment of child abuse and neglect; conducts research on appropriate and effective investigative, administrative and judicial procedures with respect to cases of child abuse and neglect; funds demonstration programs to identify the best means of preventing maltreatment and treating troubled families; and funds the development and implementation of training programs.

Since 1975, NCCAN has provided funds on a competitive basis for more than 750 projects to State and local agencies and organizations nationwide. These projects focus on every aspect of the prevention and treatment of child abuse and neglect. In 1991, NCCAN funded new child abuse and neglect projects in the following areas:

- o graduate research fellowships in child abuse and neglect.
- o research on juvenile sexual offenders.
- o field initiated research for child abuse and neglect including:
 - research on the neighborhood impact on child maltreatment.
 - research to evaluate the effectiveness of a community-based Parent and Child Resilient Peer Training to improve the social effectiveness of maltreating parents and preschool victims of physical abuse.
 - a longitudinal study to examine both the antecedents and consequences of neglect in a high-risk group of children.
 - research on the prevention and identification of child maltreatment in children of cocaine-using mothers.
 - a follow-up study to determine the relationship between the childhood victimization of boys and later offending behavior and other outcomes.

- o a project to review and synthesize research on child abuse and neglect and to recommend research needs and priorities for the future.
- o collaborative arrangements between State Child Welfare Agencies and State Title IV-A Agencies to train Job Opportunity and Basic Skills Participants to work as child protective services paraprofessionals.

Also in 1991, NCCAN funded, by cooperative agreements, the National Resource Center on Child Abuse and Neglect in Englewood, Colorado (to improve the capability of public and private agencies to respond effectively to child abuse and neglect) and the National Resource Center on Child Sexual Abuse in Huntsville, Alabama (to assist the field in all aspects of dealing with child sexual abuse).

NCCAN has also funded grants in earlier fiscal years for five-year periods that are currently ongoing. Examples include the demonstration projects for Community-Based Prevention of Physical Child Abuse and Neglect and the Consortium for Longitudinal Studies of Child Maltreatment. Two other projects funded by NCCAN in fiscal year 1988 and fiscal year 1989, respectively, as resources for the field, are the National Data Archive on Child Abuse and Neglect and the Status of Measurement Development in the Study of Child Abuse and Neglect.

Finally, one of NCCAN's most critical responsibilities is to disseminate up-to-date information on child maltreatment. This is done primarily through the Clearinghouse on Child Abuse and Neglect Information in Fairfax, Virginia, which is a major resource for professionals and concerned citizens interested in child maltreatment issues. Publications distributed by the Clearinghouse include bibliographies, training materials, and research reviews. The Clearinghouse maintains a database of resources for professionals, which is available to the public through DIALOG Information Services, Inc. (File 64). In addition, the Clearinghouse staff will perform searches on specific topics for users.

If you would like more information about the problems of child abuse or neglect or Federal, State, and local prevention and treatment efforts, you should contact the Clearinghouse.

Clearinghouse on Child Abuse and
Neglect Information
P.O. Box 1182
Washington, DC 20013
(703) 385-7565
or
(800) FYI-3366
(800) 394-3366
(Outside the Washington, DC metropolitan area)

STATE CHILD PROTECTION AGENCIES: REPORTING PROCEDURES

Because the responsibility for investigating reports of suspected child abuse and neglect rests at the State level, each State has established a Child Protective Services (CPS) reporting system. Listed below are the name and address of the CPS agency in each State, followed by the procedures for reporting suspected child maltreatment. A number of States have toll-free (800) telephone numbers that can be used for reporting. Some States have two numbers, one for individuals calling within the State and the other for those calling outside of the State. Normal business hours vary from agency to agency, but are typically from 8 or 9 a.m. to 4:30 or 5 p.m.

Alabama:

Alabama Department of Human Resources
Division of Family and Children's Services
Office of Protective Services
50 Ripley Street
Montgomery, AL 36130-1801

During business hours, make reports to the County Department of Human Resources, Child Protective Services Unit. After business hours, make reports to local police.

Alaska:

Department of Health and Social Services
Division of Family and Youth Services
Box H-05, Juneau, AK 99811

Make reports in-State to (800) 478-4444. Out-of-State, use area code 907. This telephone number is toll free.

American Samoa:

Director of Human Resources
Department of Human Resources
America Samoa Government
Pago Pago, AS 96799

Arizona:

Department of Economic Security
Administration for Children, Youth and Families
P.O. Box 6123, Site COE 940A
Phoenix, AZ 85005

Make reports to Department of Economic Security local offices.

Arkansas:

Arkansas Department of Human Services
Division of Children and Family Services
P.O. Box 1437
Little Rock, AR 72203

Make reports in-State to (800) 482-5964.

California:

Make reports to County Departments of Welfare or law enforcement agency.

Colorado:

Department of Social Services and Child Welfare Services
225 E. 16th Street
Denver, CO 80203-1702

Make reports to County Departments of Social Services.

Connecticut:

Connecticut Department of
Children and Youth Services
Division of Children and
Protective Services
170 Sigourney Street
Hartford, CT 06105

Make reports in-State to
(800) 842-2288 or out-of-State
to (203) 344-2599.

Delaware:

Delaware Department of Services
for Children, Youth and Their
Families
Division of Child Protective
Services
1825 Faulkland Road
Wilmington, DE 19802

Make reports in-State to
(800) 292-9582.

District of Columbia:

District of Columbia Department
of Human Services
Commission on Social Services
Family Services Administration
Child and Family Services Division
609 H. Street, N.E.
Washington, DC 20001

Make reports to (202) 727-0995.

Florida:

Florida Protective Service System
2729 Fort Knox Blvd.
Tallahassee, FL 32308

Make reports in-State to
(800) 342-9152 or out-of-State
to (904) 487-2625.

Georgia:

Georgia Department of Human
Resources
Division of Family and Children
Services
878 Peachtree Street, N.W.
Room 502
Atlanta, GA 30309

Make reports to County
Departments of Family and Children
Services.

Guam:

Department of Public Health
and Social Services
Child Welfare Services
Child Protective Services
P.O. Box 2816
Agana, GU 96910

Make reports to the State Child
Protective Services Agency at
(671) 646-8417.

Hawaii:

Department of Human Services
Public Welfare Division
Family and Adult Services
P.O. Box 339
Honolulu, HI 96809

Make reports to each Island's
Department of Human Services
CPS reporting hotline.

Idaho:

Department of Health and Welfare
Field Operations Bureau of Social
Services and Child Protection
450 West State Street
Boise, ID 83720

Make reports to Department of
Health and Welfare Regional
Offices.

Illinois:

Illinois Department of Children
and Family Services
Station 75
State Administrative Offices
406 East Monroe Street
Springfield, IL 62701

Make reports in-State to
(800) 25-ABUSE or out-of-State
to (217) 785-4010.

Indiana:

Indiana Department of Public
Welfare-Child Abuse and Neglect
Children and Families Division
402 W. Washington Street
Room W-364
Indianapolis, IN 46204

Make reports to County
Departments of Public Welfare.

Iowa:

Iowa Department of Human
Services
Bureau of Adult, Children and
Family Services
Central Child Abuse Registry
Hoover State Office Building
Fifth Floor
Des Moines, IA 50319

Make reports in-State to
(800) 362-2178 or out-of-State
(during business hours) to
(515) 281-5581 and (after business
hours) to (515) 281-3240.

Kansas:

Kansas Department of Social
and Rehabilitation Services
Division of Social Services
Child Protection and Family
Services Section
Smith-Wilson Building
300 S.W. Oakley Street
Topeka, KS 66606

Make reports to Department of
Social and Rehabilitation Service
Area Offices and in-State to
(800) 922-5330.

Kentucky:

Kentucky Cabinet of Human
Resources
Division of Family Services
Children and Youth Services Branch
275 East Main Street
Frankfort, KY 40621

Make reports to County Offices in
14 State districts.

Louisiana:

Louisiana Department of Social
Services
Office of Community Services
P.O. Box 3318
Baton Rouge, LA 70821

Make reports to parish Protective
Service Units.

Maine:

Maine Department of Human
Services
Child Protective Services
State House, Station 11
Augusta, ME 04333

Make reports to Regional Office
of Human Services; in-State to
(800) 452-1999 or out-of-State to
(207) 289-2983. Both operate 24
hours a day.

Maryland:

Maryland Department of Human
Resources
Social Services Administration
Saratoga State Center
311 West Saratoga Street
Baltimore, MD 21201

Make reports to County
Departments of Social Services or
to local law enforcement agencies.

Massachusetts:

Massachusetts Department of
Social Services
Protective Services
24 Farnsworth Street
Boston, MA 02210

Make reports to Area Offices or
Protective Screening Unit or in-
State to (800) 792-5200.

Michigan:

Michigan Department of Social
Services
P.O. Box 30037
235 S. Grand Avenue
Suite 412
Lansing, MI 48909

Make reports to County
Departments of Social Services.

Minnesota:

Minnesota Department of Human
Services
Children's Services Division
Human Services Building
St. Paul, MN 55155

Make reports to County
Departments of Human Services.

Mississippi:

Mississippi Department of Human
Services
Office of Social Services Protection
Department
P.O. Box 352
Jackson, MS 39205

Make reports in-State to
(800) 222-8000 or out-of-State
(during business hours) to
(601) 354-0341.

Missouri:

Missouri Child Abuse and
Neglect Hotline
Department of Social Service
Division of Family Services
DFS, P.O. Box 88
Broadway Building
Jefferson City, MO 65103

Make reports in-State to
(800) 392-3738 or out-of-State to
(314) 751-3448. Both operate 24
hours a day.

Montana:

Department of Family Services
Child Protective Services
P.O. Box 8005
Helena, MT 59604

Make reports to County
Departments of Family Services.

Nebraska:

Nebraska Department of Social
Services
Human Services Division
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509

Make reports to local law
enforcement agencies or to local
social services offices or in-State to
(800) 652-1999.

Nevada:

Department of Human Resources
Welfare Division
2527 North Carson Street
Carson City, NV 89710

Make reports to Division of Welfare
local offices.

New Hampshire:

New Hampshire Division for
Children and Youth Services
6 Hazen Drive
Concord, NH 03301-6522

Make reports to Division for
Children and Youth Services
District Offices or in-State to
(800) 852-3345 (Ext. 4455).

New Jersey:

New Jersey Division of Youth
and Family Services
Department of Human Services
(CN717)
50 E. State Street
Sixth Floor
Trenton, NJ 08625

Make reports in-State to
(800) 792-8610. District offices
also provide 24-hour telephone
services.

New Mexico:

New Mexico Human Services
Department
Children's Bureau
Pollon Plaza, P.O. Box 2348
Santa Fe, NM 87503-2348

Make reports to County Social
Services offices or in-State to
(800) 432-6217.

New York:

New York State Department of
Social Services
Division of Family and Children
Services
State Central Register of Child
Abuse and Maltreatment
40 North Pearl Street
Albany, NY 12243

Make reports in-State to
(800) 342-3720 or out-of-State to
(518) 474-9448.

North Carolina:

North Carolina Department of
Human Resources
Division of Social Services
Child Protective Services
325 North Salisbury Street
Raleigh, NC 27603

Make reports in-State to
(800) 662-7030.

North Dakota:

North Dakota Department of
Human Services
Division of Children and Family
Services
Child Abuse and Neglect Program
600 East Blvd.
Bismarck, ND 58505

Make reports to County Social
Services Offices.

Ohio:

Ohio Department of Human
Services
Bureau of Children's Protective
Services
30 East Broad Street
Columbus, OH 43266-0423

Make reports to County
Departments of Human Services.

Oklahoma:

Oklahoma Department of Human
Services
Division of Children and Youth
Services
Child Abuse/Neglect Section
P.O. Box 25352
Oklahoma City, OK 73125

Make reports in-State to
(800) 522-3511.

Oregon:

Department of Human Resources
Children's Services Division
Child Protective Services
198 Commercial Street, S.E.
Salem, OR 97310

Make reports to local Children's
Services Division Offices and to
(503) 378-4722.

Pennsylvania:

Pennsylvania Department of Public
Welfare
Office of Children, Youth and
Families
Child Line and Abuse Registry
Lanco Lodge, P.O. Box 2675
Harrisburg, PA 17105

Make reports in-State to CHILDLINE
(800) 932-0313 or out-of-State to
(713) 783-8744.

Puerto Rico:

Puerto Rico Department of Social
Services
Services to Family With Children
P.O. Box 11398
Santurci, PR 00910

Make reports to (809) 724-1333.

Rhode Island:

Rhode Island Department for
Children and Their Families
Division of Child Protective
Services
610 Mt. Pleasant Avenue, Bldg. #9
Providence, RI 02908

Make reports in-State to
(800) RI-CHILD or 742-4453 or
out-of-State to (401) 457-4996.

South Carolina:

South Carolina Department of
Social Services
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520

Make reports to County
Departments of Social Services.

South Dakota:

Department of Social Services
Child Protection Services
Kneip Building
700 Governors Drive
Pierre, SD 57501

Make reports to local social
services offices.

Tennessee:

Tennessee Department of Human
Services
Child Protective Services
Citizen Bank Plaza
400 Deadrick Street
Nashville, TN 37248

Make reports to County
Departments of Human Services.

Texas:

Texas Department of Human
Services
Protective Services for Families and
Children Branch
P.O. Box 149030
MC-E-206
Austin, TX 78714-9030

Make reports in-State to
(800) 252-5400 or out-of-State to
(512) 450-3360.

Utah:

Department of Social Services
Division of Family Services
120 North 200 West
Salt Lake City, UT 84145-0500

Make reports to Division of Family
Services District Offices.

Vermont:

Vermont Department of Social and
Rehabilitative Services
Division of Social Services
103 South Main Street
Waterbury, VT 05676

Make reports to District Offices or
to (802) 241-2131.

Virgin Islands:

Division of Children, Youth &
Families Department of Human
Services
Government of the Virgin Islands
Barbel Plaza South
Charlotte Amalie
St. Thomas, VI 00802

Make reports to Division of Social
Services (809) 773-2323.

Virginia:

Commonwealth of Virginia
Department of Social Services
Bureau of Child Protective Services
Blair Building
8007 Discovery Drive
Richmond, VA 23229-8699

Make reports in-State to
(800) 552-7096 or out-of-State to
(804) 662-9084.

Washington:

Dept. of Social and Health Services
Division of Children and Family
Services
Child Protective Services
Mail Stop OB 41-D
Olympia, WA 98504

Make reports in-State to
(800) 562-5624 or local Social and
Health Services Offices.

West Virginia:

West Virginia Department of
Human Services
Office of Social Services
Building 6, Room 850
State Capitol Complex
Charleston, WV 25305

Make reports in-State to
(800) 352-6513.

Wisconsin:

Wisconsin Department of Health
and Social Services
Department of Health and Social
Services
Bureau for Children, Youth, and
Families
1 West Wilson Street
P.O. Box 7851
Madison, WI 53707

Make reports to County Social
Services Offices.

Wyoming:

Department of Family Services
Hathaway Building, #322
Cheyenne, WY 82002

Make reports to County
Departments of Public Assistance
and Social Services.

NATIONAL ORGANIZATIONS CONCERNED WITH CHILD MALTREATMENT

Action for Child Protection
4724 Park Road, Unit C
Charlotte, NC 28209
(704) 529-1080

Responds primarily to inquiries from professional and institutions involved in child protection.

American Academy of Pediatrics
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, IL 60007
(800) 433-9016

For professional and public educational materials contact the Publications Department. For information on child abuse and neglect, contact the AAP Committee on Child Abuse and Neglect.

ABA Center on Children and the Law
1800 M Street, N.W., Suite 200
Washington, DC 20036
(202) 331-2250

Responds primarily to inquiries from professional and institutions involved in child welfare and protection.

American Association for Protecting Children
American Humane Association
63 Inverness Drive East
Englewood, CO 80112-5117
(303) 792-9900
(800) 227-5242

Professional publications and public inquiries regarding child protective services and child abuse and neglect.

American Medical Association
Department of Mental Health
515 North State Street
Chicago, IL 60610
(312) 464-5000

Responds to inquiries and provides publications relating to child abuse and neglect.

American Professional Society on the Abuse of Children (APSAC)
332 South Michigan Avenue
Suite 1600
Chicago, IL 60604
(312) 554-0166

Responds to inquiries from professionals involved in combating child maltreatment.

American Public Welfare Association
810 First Street, N.E., Suite 500
Washington, DC 20002-4267
(202) 682-0100

Addresses program and policy issues on the administration and delivery of publicly funded human services.

Association of Junior Leagues
660 First Avenue
New York, NY 10016
(212) 683-1515

For legislative information, contact Public Policy Director; for individual Junior League programs and child abuse and neglect information, League Services Department.

Boys and Girls Clubs of America
Government Relations Office
611 Rockville Pike, Suite 230
Rockville, MD 20852
(301) 251-6676

1,200 clubs nationwide serving
over 1.6 million boys and girls.
Offers child safety curriculum.

**C. Henry Kempe Center for
Prevention and Treatment of
Child Abuse and Neglect**
1205 Oneida Street
Denver, CO 80220
(303) 321-3963

Offers a clinically based resource
for training, consultation, program
development and evaluation, and
research in all types of child
maltreatment.

Child Welfare League of America
440 First Street, N.W.
Suite 310
Washington, DC 20001
(202) 638-2952

Responds primarily to inquiries from
professional and institutions
specializing in child welfare.

Childhelp USA
6463 Independence Avenue
Woodland Hills, CA 91367
Hotline: (800) 4-A-CHILD or
(800) 422-4453

Provides comprehensive crisis
counseling by mental health
professionals for adult and child
victims of child abuse and neglect,
offenders, parents who are fearful
of abusing or who want
information on how to be effective
parents. The Survivors of
Childhood Abuse Program (SCAP)

disseminates materials, makes
treatment referrals, trains
professionals, and conducts
research.

Childhelp USA (D.C. Office)
5225 Wisconsin Avenue, N.W.
Suite 603
Washington, D.C. 20015
(202) 537-5193

Contact for information on Federal
programs and legislation.

**General Federation of Women's
Clubs**
1734 N Street, N.W.
Washington, DC 20036-2920
(202) 347-3168

10,000 clubs nationwide. Provides
child abuse and neglect prevention
and education programs,
nonprofessional support, and
legislative activities.
Programs are based on needs of
community.

**Military Family Resource Center
(MFRC)**
Ballston Center Tower Three
Ninth Floor
4015 Wilson Boulevard
Suite 903
Arlington, VA 22203
(703) 696-4555

Recommends policy and program
guidance to the Assistant Secretary
of Defense (Force Management and
Personnel) on family violence
issues and assists the military
services to establish, develop, and
maintain comprehensive family
violence programs.

**National Association for Perinatal
Addiction Research and
Education (NAPARE)**

11 E. Hubbard St.
Suite 200
Chicago, IL 60611
(312) 329-2512

Provides a network for exchange of information and ideas regarding prevention and intervention in the problems caused by substance abuse during pregnancy.

**National Association of Social
Workers**

7981 Eastern Avenue
Silver Spring, MD 20910
(301) 565-0333

Addresses social policy on family violence, legislation, and program support advocacy. Responds to inquires from professionals and institutions involved in child welfare and protection.

**National Black Child Development
Institute**

1463 Rhode Island Avenue, N.W.
Washington, DC 20005
(202) 387-1281

Provides newsletter, annual conference, and answers public inquiries regarding issues facing black children/youth.

**National Center on Child Abuse and
Neglect (NCCAN)**

Administration on Children, Youth
and Families
Administration for Children and
Families
Department of Health and Human
Services
P.O. Box 1182
Washington, DC 20013

Responsible for the Federal government's child abuse and neglect activities. Administers grant programs to States and organizations to further research and demonstration projects, service programs, and other activities related to the identification, treatment, and prevention of child abuse and neglect.

Clearinghouse provides selected publications and information services on child abuse and neglect.

(703) 385-7565 or
(800) FYI-3366/394-3366 (outside
the Washington, DC metropolitan
area)

**National Center for Missing
and Exploited Children**

2101 Wilson Boulevard
Suite 550
Arlington, VA 22201
(703) 235-3900
(800) 843-5678

Toll-free number for reporting missing children, sightings of missing children, or reporting cases of child pornography. Provides free written materials for the general public on child victimization as well as technical documents for professionals.

**National Center for Prosecution of
Child Abuse**

1033 N. Fairfax St.
Suite 200
Alexandria, VA 22314
(703) 739-0321

A program of the American Prosecutors Research Institute, promotes the prosecution and conviction of child abusers by offering information and practical assistance to prosecutors involved in child abuse litigation. Publishes manuals on legal issues and provides technical assistance, referral services, and training seminars on child abuse litigation for prosecutors.

National Child Abuse Coalition
733 15th St., NW, Suite 938
Washington, DC 20005
(202) 347-3666

Monitors Federal policy and legislative changes in the area of child abuse and neglect and publishes a monthly newsletter summarizing recent developments in the Federal government that impact on child protection professionals.

**National Clearinghouse for Alcohol
and Drug Information (NCADI)**
P.O. Box 2345
Rockville, MD 20850
(301) 468-2600

Gathers and disseminates information on alcohol- and drug-related subjects, produces public awareness materials on substance abuse prevention, prepares topical bibliographies, and distributes a wide variety of publications on alcohol and drug abuse.

**National Clearinghouse on Family
Violence**

Health and Welfare Canada
940 Brooke Claxton Bldg.
Tunney's Pasture
Ottawa, Ontario, Canada K1A 1B5
(613) 957-2938
(613) 957-2939
(800) 267-1291

Collects and disseminates information on all aspects of family violence, with a special emphasis on material developed in Canada.

**National Committee for Prevention
of Child Abuse**

332 South Michigan Avenue
Suite 1600
Chicago, IL 60604-4357
(312) 663-3520

68 local chapters (in all 50 States). Provides information and statistics on child abuse and maintains an extensive publications list. The National Research Center provides information for professionals on programs, methods for evaluating programs, and research findings.

**National Council of Juvenile and
Family Court Judges**

P.O. Box 8970
Reno, NV 89507
(702) 784-6012

Focuses on improving the court system's handling of juvenile and family court matters. Primarily responds to professional and institutional inquiries.

**National Council on Child Abuse
and Family Violence**

1155 Connecticut Avenue, N.W.
Suite 400
Washington, DC 20036
(800) 222-2000

Provides services to strengthen public awareness and education, professional development and organizational development in family violence prevention and treatment programs.

**The National Court Appointed
Special Advocate Association**

2722 Eastlake Ave. E., Suite 220
Seattle, Washington 98102
(206) 328-8588

Provides support to local court appointed special advocate programs with training, legal research, fundraising, and public awareness services.

National Crime Prevention Council

1700 K Street, N.W., 2nd Floor
Washington, DC 20006
(202) 466-6272

Provides personal safety curricula, including child abuse and neglect prevention for school children and model prevention programs for adolescents. Educational materials for parents, children, and community groups are available.

**National Criminal Justice Reference
Service (NCJRS)**

National Institute of Justice
P.O. Box 6000
1600 Research Blvd.
Rockville, MD 20850
(301) 251-5500
(800) 851-3420

Provides information on all aspects of law enforcement and criminal justice, answers inquiries, conducts computerized database searches, distributes publications, and makes referrals.

**National Education Association
(NEA)**

Human and Civil Rights Unit
1201 16th Street, N.W.
Washington, DC 20036
(202) 822-7733

Offers training to NEA members. Sells child abuse and neglect training kits and supplemental materials to professionals and the general public.

**National Exchange Club Foundation
for Prevention of Child Abuse**

3050 Central Avenue
Toledo, OH 43606
(419) 535-3232

Provides volunteer parent aide services to abusive and neglecting families in 37 cities.

**National Mental Health Association
Prevention Clearinghouse**
1021 Prince St.
Alexandria, VA 22314
(703) 684-7722

Offers a network to connect experts with those in need of assistance and to facilitate communication among professionals involved in primary prevention.

**National Network of Runaway
and Youth Services**
1400 Eye Street, N.W., Suite 330
Washington, DC 20005
(202) 682-4114

Provides written materials, responds to general inquiries regarding runaways and adolescent abuse, and serves as a referral source for runaways and parents.

**National Organization for
Victim Assistance (NOVA)**
1757 Park Road, N.W.
Washington, DC 20010
(202) 232-6682

Provides information and referral for child victims as well as crisis counseling.

**National Runaway Switchboard
Metro-Help, Inc.**
3080 North Lincoln
Chicago, IL 60657
(800)621-4000 (toll-free)
(312) 880-9860 (business)

Provides toll-free information, referral, and crisis counseling services to runaway and homeless youth and their families. Also serves as the National Youth Suicide Hotline.

Parents Anonymous
6733 South Sepulveda Boulevard
Suite 270
Los Angeles, CA 90045
(800) 421-0353 (toll-free)
(213) 410-9732 (business)

1,200 chapters nationwide. National program of professionally facilitated self-help groups. Each State has different program components.

**Parents United/Daughters and Sons
United/Adults Molested as
Children United**
232 East Gish Road
San Jose, CA 95112
(408) 453-7616

150 chapters nationwide. Provides guided self-help for sexually abusive parents as well as child and adult victims of sexual abuse.

**Victims of Child Abuse Laws
(VOCAL)**
12 North Broadway
Suite 133
Santa Ana, CA 92701
(714) 558-0200

Provides information and support to individuals falsely accused of child abuse.

**NATIONAL CHILD WELFARE RESOURCE, RESEARCH
AND INFORMATION CENTERS**

NCCAN - Sponsored

**Clearinghouse on Child Abuse
and Neglect Information**

P.O. Box 1182
Washington, DC 20013
(703) 385-7565

or

(800) FYI-3366/
(800) 394-3366
(Outside the Washington, DC
metropolitan area)

**National Information Clearinghouse
for Infants with Disabilities and
Life-Threatening Conditions**

Association for Care of Children
7910 Woodmont Ave., S-300
Bethesda, MD 20814
(301) 654-6549
(800) 922-9234

**National Resource Center on Child
Abuse and Neglect**

American Association for
Protecting Children
American Humane Association
63 Inverness Drive East
Englewood, CO 80112-5117
(303) 792-9900
(800) 227-5242

**National Resource Center on Child
Sexual Abuse**

National Children's Advocacy
Center
106 Lincoln Street
Huntsville, AL 35801
(205) 533-KIDS
(800) KIDS-006

**People of Color Leadership
Institute**

Center for Child Protection and
Family Support
714 G Street, S.E.
Washington, DC 20003
(202) 544-3144

Other Centers

**National Child Welfare Resource
Center for Management and
Administration**

University of Southern Maine
96 Falmouth Street
Portland, ME 04103
(207) 780-4430
(800) HELP-KID

**National Legal Resource Center for
Child Welfare**

American Bar Association
1800 M Street N.W., Suite 300-S
Washington, DC 20036
(202) 331-2250

**National Foster Care Resource
Center**

Institute for the Study of Children
and Families
Eastern Michigan University
102 King Hall
Ypsilanti, MI 48197
(313) 487-0372

**National Resource Center for
Special Needs Adoption**

A Division of Spaulding for Children
17390 W. Eight Mile Road
Southfield, MI 48075
(313) 443-0300

National Resource Center for Youth Services

The University of Oklahoma
202 West 8th Street
Tulsa, OK 74119-1414
(918) 585-2986

National Resource Center on Family Based Services

The University of Iowa School of Social Work
112 North Hall
Iowa City, IA 52242
(319) 335-2200

National Resource Institute on Children and Youth with Handicaps

Child Development and Mental Retardation Center
University of Washington
Mailstop WJ-10
Seattle, WA 98195
(206) 543-2213

Center for Child Welfare Policy Research

The Center for the Study of Social Policy
1250 I St., N.W., Suite 503
Washington, DC 20005
(202) 371-1565

Child Welfare Research Center

Chapin Hall Center for Children
University of Chicago
1155 E. 60th Street
Chicago, IL 60637
(312) 753-5900

Berkeley Child Welfare Research Center

Family Welfare Research Group
1950 Addison St., Ste. 104
Berkeley, CA 94704
(510) 643-7020

National Resource Center for Family Support Programs

Family Resource Coalition
200 S. Michigan Avenue
Suite 1520
Chicago, IL 60604
(312) 341-0900

National Resource Center for Abandoned Infants Assistance Programs

Family Welfare Research Group
1950 Addison St., S-104
Berkeley, CA 94720
(510) 643-7020

National Resource Center for Crisis Nursery and Respite Care Programs

ARCH Network
800 East Towne Drive
Chapel Hill, NC 27514
(919) 490-5577

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