Supporting Strong Families and Communities in New Jersey

Preventing Child Abuse & Neglect, 2014 - 2017

Developed by the New Jersey Task Force on Child Abuse and Neglect

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Introduction

Children and youth need safe, stable and nurturing relationships. They also need opportunities for optimal physical, intellectual, social and emotional development. To that end, their families must have the knowledge, skills, resources, and support they need to care for their children. Prevention partners in New Jersey envision a State where communities and community members support all children, youth and families to thrive and succeed.

To realize this vision, a broad range of prevention partners must come together. Prevention partners include:

- Children, youth and families
- Public partners from health, education, labor, agriculture, human services, housing, public safety, parks and recreation and child welfare
- Private partners from neighborhoods, business, faith-based and civic organizations, primary health care providers, advocates, non-profits, universities, foundations, sports and recreational sponsors, and arts and culture

Prevention partners must work together to enhance relationships, assess their communities, build on what works, and effectively address opportunities for improvement in order for all children and families to thrive and succeed.

The plan for Supporting Strong Families and Communities in New Jersey provides a guiding framework to prevent all forms of child abuse, neglect and adversity. The plan provides an overview of child maltreatment as a public health concern and opportunities for improving prevention efforts. Most important, as a living document, it provides a shared vision, strategic goals and strategic objectives to guide prevention efforts in New Jersey, 2014 through 2017.

Many stakeholders, including parents, caregivers, community advocates, providers, and public and private partners, participated in the development of this plan. Stakeholders included:

- Seven-hundred and forty-seven (747) individuals who participated in interviews, focus groups and on-line surveys; 62% were parents and 30% were providers and community advocates

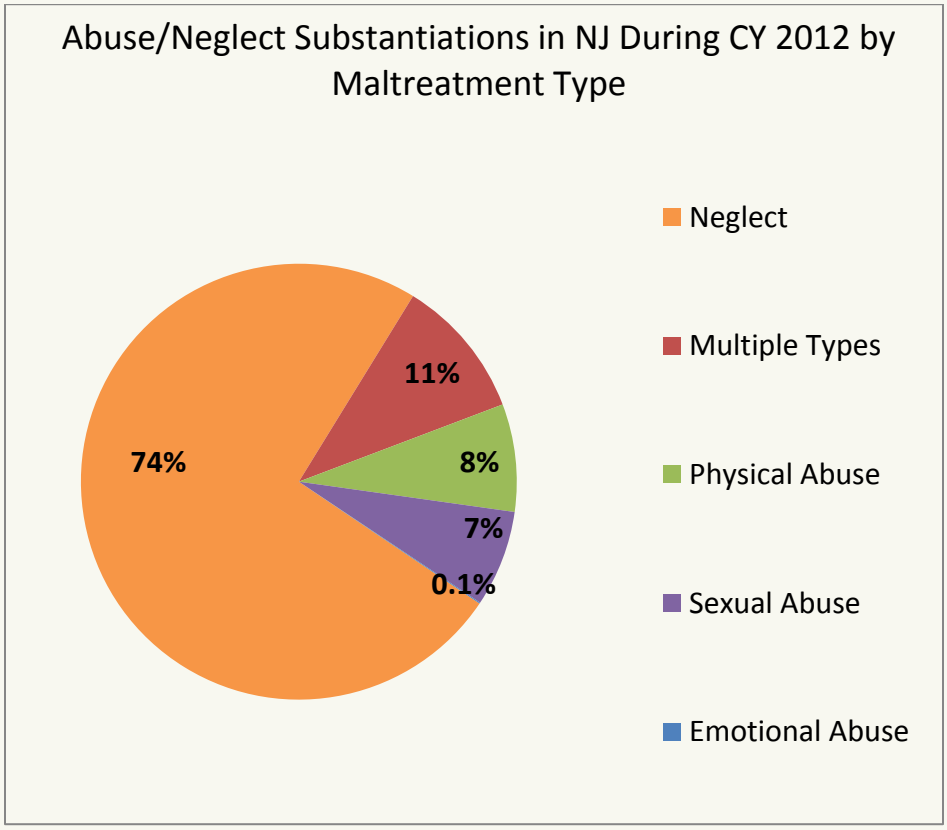
- Members of the Prevention Committee of the New Jersey Task Force on Child Abuse and Neglect and community leaders representing advocacy organizations, human services, education, health, behavioral health, substance abuse treatment, domestic violence, labor, agriculture, universities, and foundations

- Senior leadership from the New Jersey Department of Children and Families including the Commissioner and representatives from the Divisions of Family and Community Partnerships, Child Protection and Permanency, Children's System of Care, Office of Adolescent Services, Performance Management and Accountability, and Communications and Public Affairs

The plan for Supporting Strong Families and Communities in New Jersey is intended to be a high-level guide. It can steer the efforts of prevention partners and be used as a vehicle for promoting community dialogue, problem-solving and planning at the statewide and local levels. Ideas for how prevention partners may help support the plan can be found in **Appendix A.**

Child Maltreatment is a Public Health Concern

The Centers for Disease Control and Prevention has identified child maltreatment and adversity as a significant public health concern (2013a). In 2012, there were 9,250 children substantiated as victims of child maltreatment in New Jersey, 74% for neglect (NJ DCF, 2012). There were 16 child fatalities in New Jersey during 2012. That is a rate of 0.79 per 100,000 children. In comparison, the national rate is 2.20 per 100,000 children (U.S. Department of Human Services, 2012).



The Southern Region of NJ demonstrated the highest substantiation rates as did the urban areas of Camden City, Trenton, and Newark (NJ DCF, 2013). Rates for child maltreatment in New Jersey, although half of the national rate, began to increase in 2011 (U.S. Department of Health and Human Services, 2012). More detailed tables and graphs related to these outcomes can be found in **Appendix B**.

A public health approach requires an understanding of both risk and protective factors. As shared below, research indicates a range of risk factors associated with child maltreatment. However, as outlined in the following section, research also indicates that protective factors can buffer families against risk and adversity.

Risk Factors

Research strongly suggests that risk factors for child maltreatment have a profound impact on child development and later adult health. A combination of individual, family, and community factors contribute to the risk of child maltreatment. Although children are not responsible for the harm inflicted upon them, certain characteristics have been found to increase their risk of being maltreated. Risk factors are those characteristics associated with child maltreatment—they may or may not be direct causes (Centers for Disease Control, 2014). Risk factors include:

Child

- Children younger than 4 years of age
- Special needs that may increase caregiver burden (e.g., disabilities, intellectual and developmental disabilities, mental health issues, and chronic physical illnesses)

Adult

- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Non-biological, transient caregivers in the home (e.g., mother's male partner)

Family

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions

Community

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

As indicated below, a number of these risk factors have impacted children and families in New Jersey.

- **Young children**: Children under 2 had a higher percentage of abuse than any other age group (NJ DCF, 2012).

- **Children with Disabilities**: Behavior problems were the most common type of reported disability among NJ's victims of child abuse and neglect, followed by learning disabilities (U.S. Department of Health and Human Services, 2012).
- **Caregiver Substance and Alcohol Abuse and Domestic Violence**: For New Jersey children, caregiver drug abuse was the largest risk factor, followed by domestic violence and alcohol abuse (U.S. Department of Health and Human Services, 2012).

As noted above, poverty and caregiver mental illness are also risk factors for child maltreatment. Nearly 1/3 of all NJ children lived in low-income families in 2011 (Advocates for Children of New Jersey, 2013). Additionally, in a national study, it was found that a quarter of caregivers of young children involved with the child protective services had a score indicating major depression at baseline and more than 1/3 met a broader criteria of having felt sad, blue, or depressed for a least 2 weeks in the last 12 months that the study was conducted (U.S. Department of Human Services, 2007). For a more detailed discussion of specific risk factors for neglect and sexual abuse, see **Appendix C**.

It is important to recognize that not all types of maltreatment are the same. For example, the risk and protective factors related to child sexual abuse can vary from those associated with physical abuse or neglect. Effective prevention strategies must be tailored to the circumstances that lead to the type of abuse or neglect actually happening. Risk and protective factors related to specific types of sexual abuse and neglect can be found in **Appendix D.**

Research shows that prolonged periods of excessive or toxic stress in early childhood can actually change brain chemistry and seriously impact the developing brain, subsequently contributing to lifelong problems with learning, behavior, and both physical and mental health. Children who grow up in high stress situations during their earliest years are at risk for future problems such as school failure, problematic peer relationships, chronic health issues, delinquency, and mental health disorders (Center on the Developing Child at Harvard University, 2010).

Stress in childhood also impacts later adult health. The Adverse Childhood Experience (ACE) Study found adverse childhood experiences are much more common than previously recognized. As the number of adverse childhood experiences increase, the risk of health and behavioral problems in adolescence and adulthood increases (Centers for Disease Control and Prevention, 2013b). These health problems include:

- Alcoholism, alcohol abuse, illicit drug use
- Depression
- Heart disease, pulmonary disease, liver disease
- Perpetuating or experiencing family violence
- Sexual promiscuity and unintended pregnancies

Clearly, effective prevention efforts must decrease risk factors, particularly for the most vulnerable children and families in the State who are experiencing excessive levels of stress.

Protective Factors

Just as there are factors that place parents at risk for child maltreatment, research also demonstrates there are protective factors that may shield families from being vulnerable to child abuse and neglect. According to the U.S. Department of Health and Human Services (2013a), protective factors, when present, can increase the health and well-being of children and families. Protective factors serve as buffers that support effective parenting, even under stress (U.S. Department of Human Services, 2013a). There are multiple protective factor frameworks that are impacting policy and practice at the national level and include:

- Centers for the Study of Social Policy – Strengthening Families Protective Factors
- Administration on Children, Youth and Families - Protective Factors for Victims of Child Abuse and Neglect
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

There is value in all the frameworks. Some frameworks are tailored to address specific types of abuse whereas others are broader in scope. Prevention partners are encouraged to use the framework that best addresses the risks in their community and the type of maltreatment they are trying to prevent.

Center for the Study of Social Policy – Strengthening Families Protective Factors

Developed by the Center for the Study of Social Policy (n.d.), the Strengthening Families approach is a research-based strategy to increase family strengths, enhance child development and reduce child abuse and neglect. It focuses on building five Protective Factors. Recently, the Center for the Study of Social Policy found evidence that a Protective Factors Framework is applicable to adolescents as well (n.d.).

Strengthening Families and Youth Thrive Protective Factors	
Strengthening Families	**Youth Thrive**
Knowledge of Parenting & of Child Development	Knowledge of Adolescent Development
Parental Resilience	Youth Resilience
Social Connections	Social Connections
Concrete Supports in times of need	Concrete Supports in times of need
Social and Emotional Competence of Children • Nurturing and Attachment	Cognitive and Social-Emotional Development

Within this framework, effective prevention efforts decrease risk factors AND increase protective factors across the developmental continuum for children and youth, from birth through early adulthood, and their families.

Administration on Children, Youth and Families Protective Factors for Victims of Child Abuse and Neglect

In August 2013, ACYF released "Protective Factors for Populations Served by the Administration on Children, Youth and Families – a Literature Review and Theoretical Framework", a report that reviewed the literature on protective factors for children and youth who had already experienced abuse and neglect. The purpose of this effort was to provide a foundation for the development of a protective factors framework that could inform programs and policy to improve outcomes for these populations. The effort included both an extensive review of the research literature on protective factors and substantive input from a national expert panel, federal agency officials, and practitioners working with the ACYF population groups.

Protective Factors with Moderate or Strong Levels of Evidence for Victims of Child Abuse and Neglect

Individual

- Sense of purpose
- Agency (self-efficacy)
- Self- regulation skills
- Relational skills
- Problem-solving skills
- Involvement in positive activities

Relationship

- Parenting competencies
- Positive Peers
- Parent or caregiver well-being

Community

- Positive school environment
- Positive community involvement
- Stable living situation

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

The Centers for Disease Control (2014) also utilizes a protective factors framework, recognizing that protective factors exist at multiple levels with varying degrees of evidence.

Individual

- Supportive family environment and social networks

Family

- Nurturing parenting skills
- Stable family relationships
- Household rules and child monitoring
- Parental employment
- Adequate housing
- Access to health care and social services
- Caring adults outside the family who can serve as role models or mentors

Community

- Communities that support parents and take responsibility for preventing abuse

While frameworks may vary, they agree on one important point; protective factors can help buffer children and families from risks for child maltreatment.

Strengths Identified by Stakeholders

New Jersey is making progress in decreasing risk factors and increasing protective factors for vulnerable children, youth and families by expanding important programs in all 21 counties in New Jersey. In the planning process, the following programs were identified as strengths by stakeholders.

- **Evidence-Based Home Visiting:** There are a total of 49 home visiting programs in New Jersey that follow one of three evidence-based models listed on the national registry; Healthy Families, Parents as Teachers, and Nurse-Family Partnership (Avellar, S., 2013). These programs have capacity for serving 5,000 families and offer parenting skills and early intervention services for pregnant women and children up to age three or five.

- **Family Success Centers:** There are 51 Family Success Centers across the State, serving 60,000 individuals in 2013. Family Success Centers are neighborhood gathering places where any community member can find social support, information, and services including employment support, parent education, health care, life skill training, parent / child activities, advocacy and housing.

- **Parents Anonymous and the Family Helpline 1-800-THE KIDS**: Parents Anonymous, an evidence-based family support and child abuse prevention program, provides 50 support groups across New Jersey for parents. It also houses the Family Help Line, 1-800-THE-KIDS, the 24 hour telephone live support and assistance line in operation for 33 years. Each year, over 10,000 parents receive support from the Family Help Line.

- **Domestic Violence Services:** Core services include a hot line, shelter services, counseling, advocacy and support. In 2013, the hot line answered 87,309 calls and the shelter served 1,306 women and 1,423 children. Additionally, Domestic Violence Liaisons provided 9,500 consultations to child protective service workers.

- **School-Based Youth Services:** School-based youth services programs are located in 67 high schools, 19 middle schools and 6 elementary schools and served over 41,000

students last year. Services include mental health and substance abuse counseling, employment services, pregnancy prevention, academic support and recreation.

- **The Enough Abuse Campaign.** The goal of this initiative is to prevent child sexual abuse in New Jersey, beginning in Warren, Sussex, Mercer and Essex Counties. It educates adults and equips them with skills, communicates key prevention messages that parents can share with their children, and advocates for prevention training and policies.

- **Child Assault Prevention Services:** This statewide community-based program has been reducing children's vulnerability to child abuse and bullying for over 28 years. Comprehensive prevention education programs involve training for staff, parents and children (grades preschool through 12th) in local schools and communities. Almost 3 million children and adults have been trained to date.

These programs were identified as strengths in New Jersey by those who participated in the planning process.

Familiar Programs Identified by Stakeholders

In addition to identifying strengths in New Jersey's prevention efforts, parents and providers reported being most familiar with the following programs (excluding the programs listed above).

- **County Welfare Agencies**: The County Welfare Agencies administer Work First New Jersey / Temporary Assistance for Needy Families and General Assistance, NJ SNAP nutritional support, referral to child care services, and child support services. Additionally, they provide adult health and protective services, refugee services, emergency assistance, NJ Family Care health coverage and behavioral health assessments and services.

- **Head Start and Early Head Start**: The Head Start program (for children ages 3 to 5) and Early Head Start (for infants, toddlers, and pregnant women) promote school readiness by providing comprehensive educational, health, nutritional, and social services.

- **NJ 211**: Information and referral for basic human needs, support for seniors and persons with disabilities, support for children, youth and families, physical and mental health resources, employment supports, and hurricane response and recovery is available 24/7 by phone, text or on the web site.

While the programs just described represent strengths in the State and those programs most familiar to stakeholders, the list is not comprehensive. Additional prevention programs and initiatives may be found in **Appendix E**.

Connecting the Dots: Collaboration and Integration

Stakeholders are working to ensure that the prevention programs and initiatives in New Jersey are better aligned and integrated. Families need support in all areas of their lives including pediatric and other healthcare, education, housing, employment, and nutrition. Families also need support in making connections with neighbors and others in the community, parenting information, life skills development, and recreation. This requires that prevention partners work together to "connect the dots" and ease access, reduce duplication, and link families to high quality resources and support.

Major initiatives in New Jersey, working across State departments, are seeking to improve the physical health, cognitive development, and social / emotional development of infants and young children as well as providing support to parents and include:

- U.S. Department of Education and Health and Human Services Race to the Top Early Learning Challenge Grant / New Jersey Early Learning Plan
- New Jersey Central Intake
- Early Childhood Comprehensive Systems
- SAMHSA Federal Grant, Project LAUNCH, in Essex County
- New Jersey Council for Young Children

Through these initiatives, prevention partners are establishing a foundation for an integrated continuum of care for families of infants and young children.

Opportunities

While stakeholders acknowledged significant progress in expanding program capacity and linking prevention efforts in New Jersey, they also noted the following opportunities for improvement.

Families and communities facing adversity can benefit from more support. Poverty, disability, lack of access to health care and mental health issues rounded out the top five concerns that affected survey respondents and their families. Parents and providers also ranked employment, education, and affordable housing as most important to strengthening families.

In some instances, needed resources and support are not available. In other instances, cultural and/or systemic factors may be barriers for families to take advantage of what is available. For example, stakeholders said that some families do not understand that it is "okay to ask for help". Additionally, transportation, literacy, income eligibility requirements and/or language barriers may also limit accessibility.

Programs, services and support can be more fully coordinated and integrated at the local or statewide levels. Stakeholders acknowledged the important role of partnerships to the overall success of prevention efforts. As one stakeholder said, "We can't go it alone; partnerships and collaboration are key." They recommended that all public and private stakeholders seek strategic partnerships to help advance prevention efforts.

There are some evidence-based programs, such as Home Visiting and Parents Anonymous, while other prevention efforts are in the early stages of developing evaluation plans. Stakeholders were emphatic that movement towards evidence-based practice should be a top priority for prevention efforts. They agreed that outcomes are clearly important for determining the effectiveness of programs, for understanding "what works", for ensuring the quality of services and for sustainable funding. To accomplish these objectives, stakeholders also discussed the need to dedicate resources to develop and maintain data and information systems.

Additionally, stakeholders said there is a need to identify and implement effective and/or promising practices and programs that address specific risks that are more likely to lead to child abuse and neglect, such as having a child with a disability or being a caregiver with substance abuse concerns, as well as effective and/or promising practices and programs that prevent specific types of child abuse and neglect, such as child sexual abuse.

Policy, funding and infrastructure priorities can be better aligned with prevention. Stakeholders said that sustainable funding is needed if prevention efforts are to be successful. In addition, resources are needed for the ongoing development of staff and infrastructure. Intentional planning was stressed by a number of stakeholders, including parents, who emphasized the need to align programs with areas of greatest need in order to wisely invest limited resources available for prevention.

Opportunities exist for raising awareness of prevention efforts in communities. Stakeholders were keenly aware of the need to improve communication about prevention

efforts. Stakeholders reported that families, as well as providers, are not always aware of the resources, services and supports that are available in their communities.

STATEWIDE PREVENTION PLAN IN ACTION

Based on the previous assessment of prevention efforts in New Jersey, stakeholders identified the following vision, strategic goals and objectives for Supporting Strong Families and Communities in New Jersey. This plan will guide the work of prevention partners from 2014 through 2017. It will also be used as a tool for promoting dialogue, problem-solving and planning at the statewide and community levels.

Prevention Partners include:

- Children, youth and families
- Public partners from health, education, labor, agriculture, human services, housing, public safety, parks and recreation and child welfare
- Private partners from neighborhoods, business, faith-based and civic organizations, primary health care providers, advocates, non-profits, universities, foundations, sports and recreational sponsors, and arts and culture

Prevention Standards

In 2014, the Prevention Committee of the New Jersey Task Force on Child Abuse and Neglect revised Prevention Standards to guide statewide efforts to support strong families and communities and reduce child abuse and neglect. The "Standards for Prevention Programs: Building Success through Family Support" are described in a companion publication to this plan. The Standards guide practice together with families, communities and programs.

Vision:

Families and communities will thrive with the knowledge, skills, resources, and support they need to keep children and youth safe, healthy and nurtured.

Strategic Priorities & Goals:

The Prevention Plan is focused around five Strategic Priorities:

Early Outreach and Engagement

Strategic Goal: Develop and implement earlier outreach and engagement strategies that increase protective factors and decrease risk factors for all infants, children, youth, and families.

Objectives:

- Ensure a broad array of representative community partners, including parents and caregivers, are meaningfully involved in developing, implementing and evaluating outreach and engagement strategies.
- Develop culturally responsive prevention approaches that are universal, non-stigmatizing, family-friendly and positive.
- Promote community norms that support neighbors helping neighbors and invite community members to access the knowledge, skills, resources and support they need to thrive.

Partnerships

Strategic Goal: Increase coordination across child, youth and family-serving systems and supports, ensuring meaningful parent and youth involvement and leadership at the state and local levels.

Objectives:

- Educate partners about the importance and value of a strong parent and youth voice in prevention activities.
- Establish a structure that positions parents and youth to be able to influence decisions at the state and local level.
- Identify and develop opportunities for collaboration between prevention partners.
- Engage new and existing partners to fully participate in implementation of the plan for Supporting Strong Families and Communities in New Jersey.
- Encourage state and non-profit agencies to collaborate in seeking funding that supports prevention efforts.

Evidence-Based / Evidence Informed Programs and Best Practices

Strategic Goal: Promote a culture of continuous quality improvement, supported by a continuum of evaluation approaches that measure effectiveness, and take action to prevent each type of abuse (sexual, physical and emotional) and neglect.

Objectives:

- Identify evidence-based / informed practices and programs related to risk and protective factors to prevent child abuse, with priority for children with disabilities, and families with substance abuse, domestic violence and mental health concerns.
- Implement the identified practices and programs across new and existing programs.
- Develop and support long-term implementation strategies such as training, coaching and using data to help ensure evidence-based programs are implemented as intended.
- Evaluate prevention programs including supporting infrastructure, standard measures, and integrated data systems for quality data collection.
- Utilize a Continuous Quality Improvement (CQI) process to improve outcomes, including procedures that build capacity among stakeholders to use data and create a data-driven learning culture.
- Partner with national experts who can perform the research to build the evidence base.

- Implement the "Standards for Prevention Programs: Building Success through Family Support" across the network of prevention programs in New Jersey.

Infrastructure and Resources

Strategic Goal:

Develop creative and sustainable funding strategies that result in increased funding to support evidence-based child abuse prevention programs that strengthen families and communities.

Objectives:

- Ensure sufficient state resources are available to support and sustain new and existing evidence-based programs.
- Engage new partners to invest in prevention efforts.
- Utilize data to demonstrate the need for increased funding for prevention programs.
- Educate organizations/agencies on how to strategically secure and utilize funding to help sustain their prevention programs.
- Create strategies that allow providers across the prevention network to more easily apply for grants.

Communication

Strategic Goal: Increase public awareness of prevention efforts and mobilize community members in family strengthening activities.

Objectives:

- Develop positive, prevention focused messages designed to educate the public about family strengthening and support.
- Encourage all prevention partners to utilize prevention messages.
- Use data as part of prevention messaging.
- Ensure all communication is done in a culturally responsive manner.
- Develop targeted community strategies to reach high-risk communities.
- Develop a prevention toolkit that can be used at the county level to map resources and outline prevention strategies, such as a user-friendly Community Resource Guide for families.

Next Steps

The Prevention Committee of the New Jersey Task Force on Child Abuse and Neglect will work with prevention partners to:

- Develop an implementation action plan with specific activities, measurable targets, and evaluation strategies;
- Collaborate with prevention partners to implement the action plan;
- Work with the NJTFCAN to track implementation of the plan and its impact; and
- Report to New Jersey's policymakers and the larger public about the effectiveness of the plan in Supporting Strong Families and Communities in New Jersey and reducing child abuse and neglect.
- Implement the "Standards for Prevention Programs: Building Success through Family Support" across the network of prevention programs in New Jersey.

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Appendix A: How You Can Help Support New Jersey's Prevention Plan

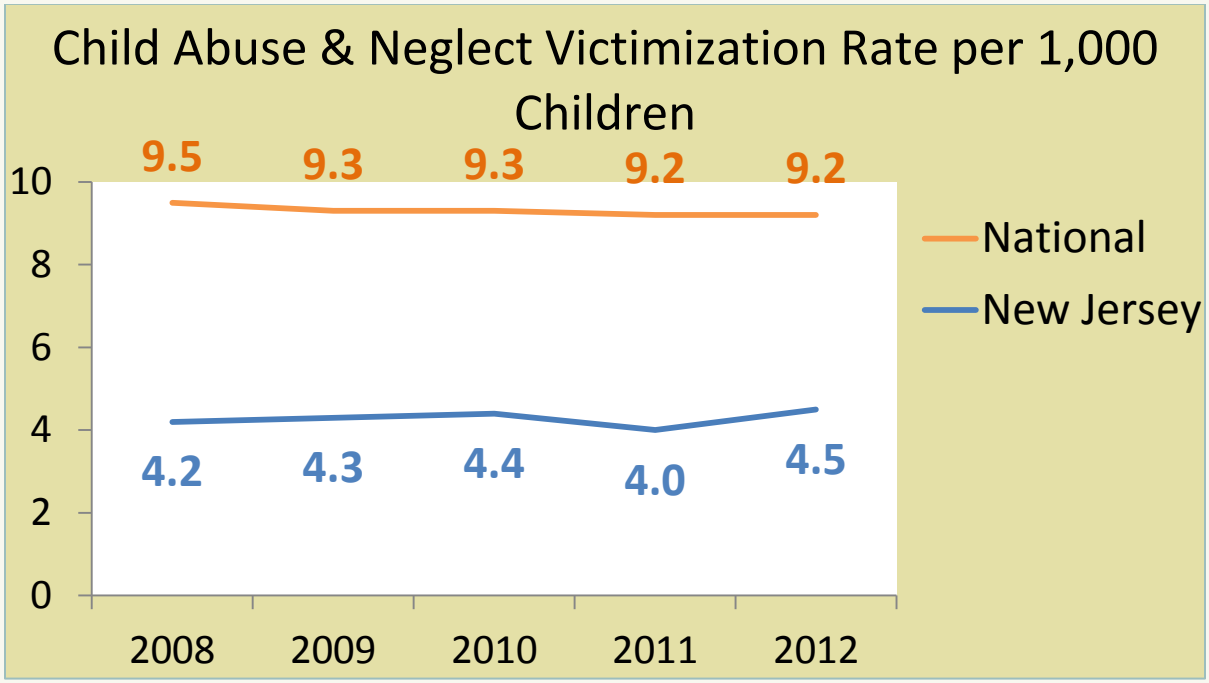
State agencies, county and local governments, businesses, health care professionals, education, child care, community and faith-based organizations, and individual families, youth, and community members, are all essential partners in this effort. The following chart provides concrete examples of how you can help:

Partner in Prevention	Selected Roles and Activities
State Policy Makers	Develop, implement, and enforce policies that support strong families and communities. For example, State Legislators can pass laws requiring meaningful parent and youth involvement in decision-making and allocate funds to support that involvement, or increase funding for mental health and substance abuse prevention and intervention services. State agencies can require grant applicants to demonstrate how they meet the Standards for Prevention, and foster collaboration among community-based organizations, the education and faith-based sectors, healthcare and other providers, by requiring evidence of coordination of services in grant applications.
County & Local Governments	Develop, implement, and enforce policies within their county or municipality that support strong families and communities. For example, County Freeholders can establish a County Parent Council to advise them on policies that impact children and families. A municipal health department can work to connect families to health and mental health services for themselves and their children.
Employers	Implement policies and programs to support parenting roles of their employees and reduce employee stress. For example, employers can implement policies that enable their employees to use paid sick time to care for their sick children or have flexibility to attend school meetings about their child. They can facilitate a support group for parents of children with disabilities to share information about resources and supports. They can implement Employee Assistance Programs to help with substance abuse and mental health issues.
Universities	Engage in data analysis and research to strengthen implementation of the Prevention Plan. For example, a university can help demonstrate the business case for prevention and share these findings with corporate decision-makers. Researchers can work with communities by providing data that present a comprehensive community profile around risk and protective factors. They can help expand the evidence base for prevention and family support. They can help measure progress.

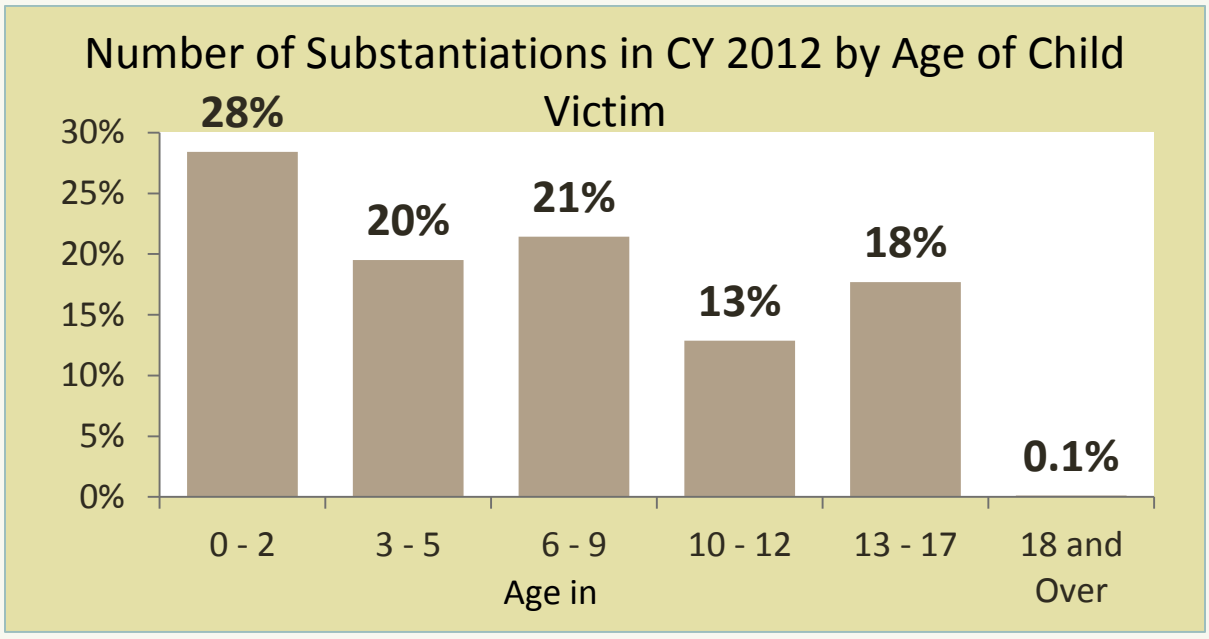
Funder	Fund research, programs consistent with the Prevention Standards, and family and youth engagement. For example, funders can require community-based service provider applicants to demonstrate how they integrate the Prevention Standards into their work. Funders can provide financial support to build family and youth leadership and support their participation in planning, implementation, evaluation, and quality improvement in prevention and family support. Funders can fund expansion of effective programs to prevent child sexual abuse.
Healthcare Providers	Implement policies and systems to connect families to needed resources, identify families needing additional help, and connecting families to sources of that help. For example, a primary care provider can take time to discuss stressors with new parents or parents of children with disabilities, or connect families whose children have mental health challenges with their local Family Support Organization. A health care system can partner with a prevention service provider to offer parenting training, Parents Anonymous Support groups, or other evidence-based programs.
Child Care Centers & Schools	Establish family support centers and share resources with families in partnership with family members and parent leaders. For example, a child care center can connect pregnant parents or parents with young children needing support with their county Central Intake. A school can partner with Parents Anonymous to offer a support group to families. A district can partner with the Statewide Parent Advocacy Network to help develop a local Special Education Parent Group to connect families of children with disabilities to each other for support information, and advocacy assistance. Child care, after school, and summer programs can ensure compliance with the Americans with Disabilities Act and make reasonable accommodations to include children with disabilities in their programs.
Community, Non-Profit & Faith-Based Organizations	Convene diverse partners and promote strong cross-sector participation in planning, implementing, and evaluating community family support and prevention efforts, and implement processes to ensure that people are actively engaged in decisions that impact family strengthening and prevention; engage diverse stakeholders in evaluation of their own program consistency with the Standards for Prevention and develop and implement improvement plans to strengthen areas needing improvement. For example, a religious leader can share information about the Prevention Plan with his/her congregation and encourage members to discuss how they can help implement the plan in their community. A community-based organization can help organize

	local community forums focused on the Plan and engage community members in identifying steps they can take to support families in their community.
Media	Raise awareness of the importance of prevention and family support, increase community understanding of the "normalcy" of needing support, and help families make positive decisions; increase community knowledge about child sexual abuse and how to prevent it. For example, a newspaper or radio station can provide free advertising, educational campaigns, informational websites, and other media activities in April.
Individuals & Families	Learn about family support and prevention and ways they can enhance their own parenting as well as opportunities for developing and exercising leadership skills at the community and state level. For example, community members can actively participate in community prevention efforts, or offer assistance to families struggling with poverty, raising a child with a disability, substance abuse, or mental health challenges. Parents can reach out to their healthcare provider or call 1-800-The-KIDS if they need support. Families can provide feedback regarding the types of prevention and family support information and services that are most useful and effective. Parents interested in leadership can participate in leadership training and attend meetings such as county Human Services Advisory Council meetings or Family Success Center Advisory Council meetings to provide input.

Appendix B: Safety and Risk Indicators for New Jersey

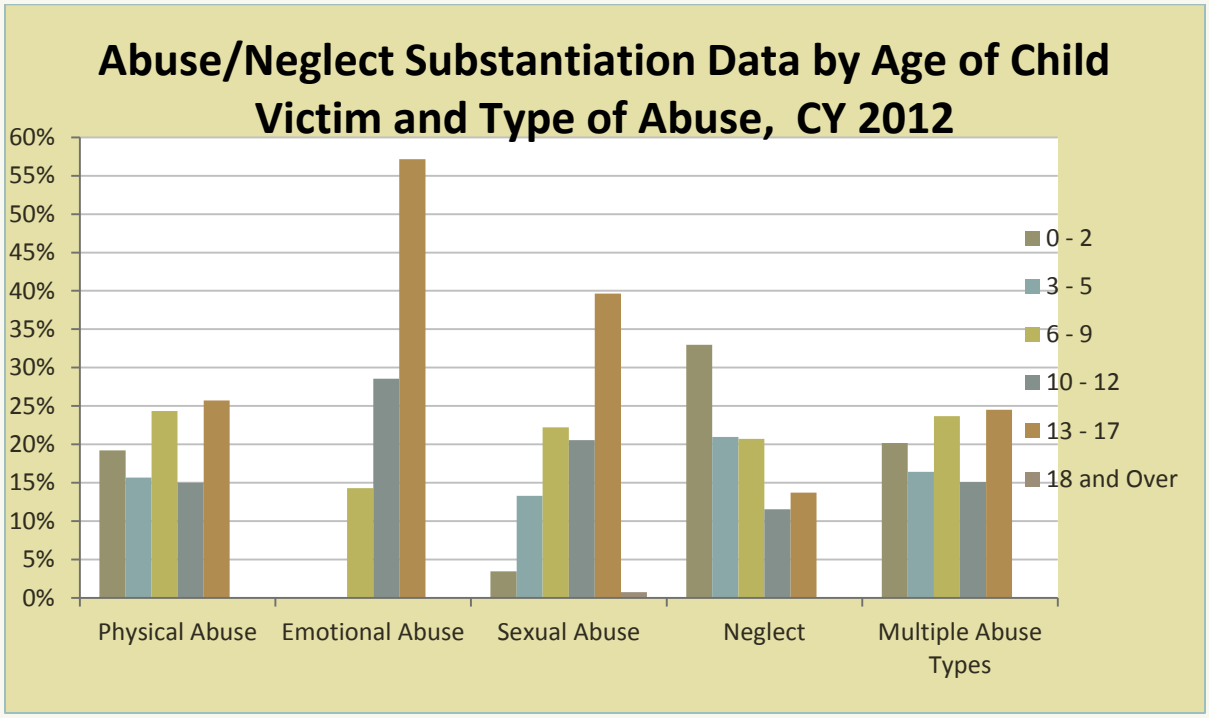


U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2012*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

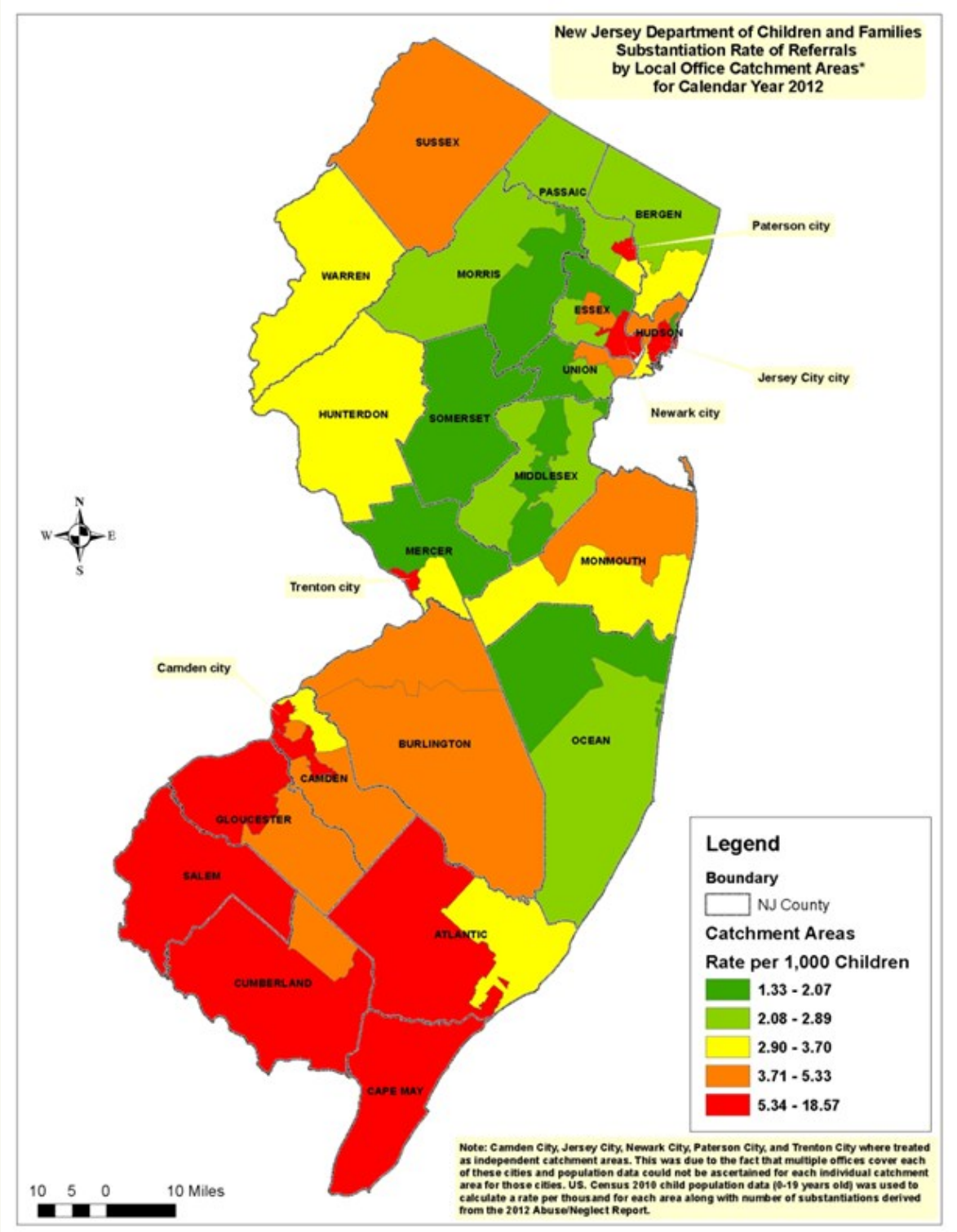


New Jersey Department of Children and Families, Division of Child Protection and Permanency. (2012). *Child Abuse and Neglect Reports and Substantiations CY 2012*. Retrieved from http://www.state.nj.us/dcf/childdata/referrals/2012-AnnualAbuseNeglectReport.pdf

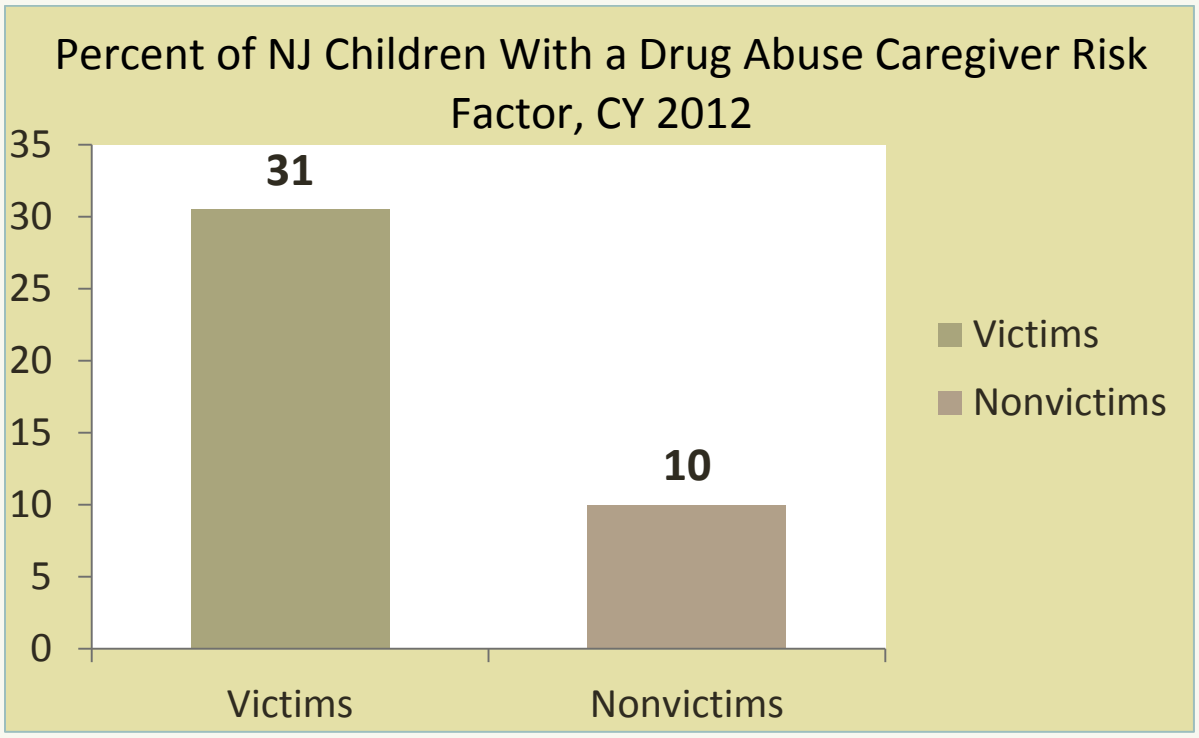
Children ages 0 – 2 are the group most at risk only for neglect. In all other types of abuse, 13 – 17 year olds have the highest percentage of abuse.



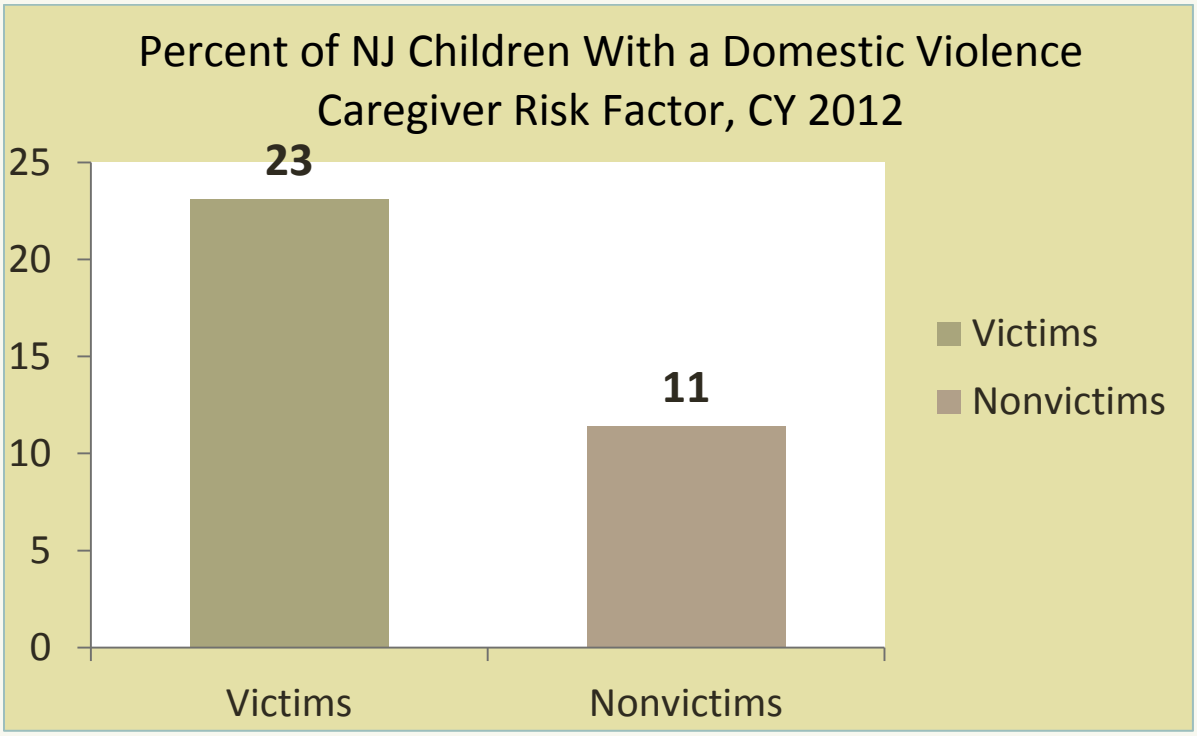
New Jersey Department of Children and Families, Division of Child Protection and Permanency. (2012). Unpublished chart using data set from *Child Abuse and Neglect Reports and Substantiations CY 2012*.



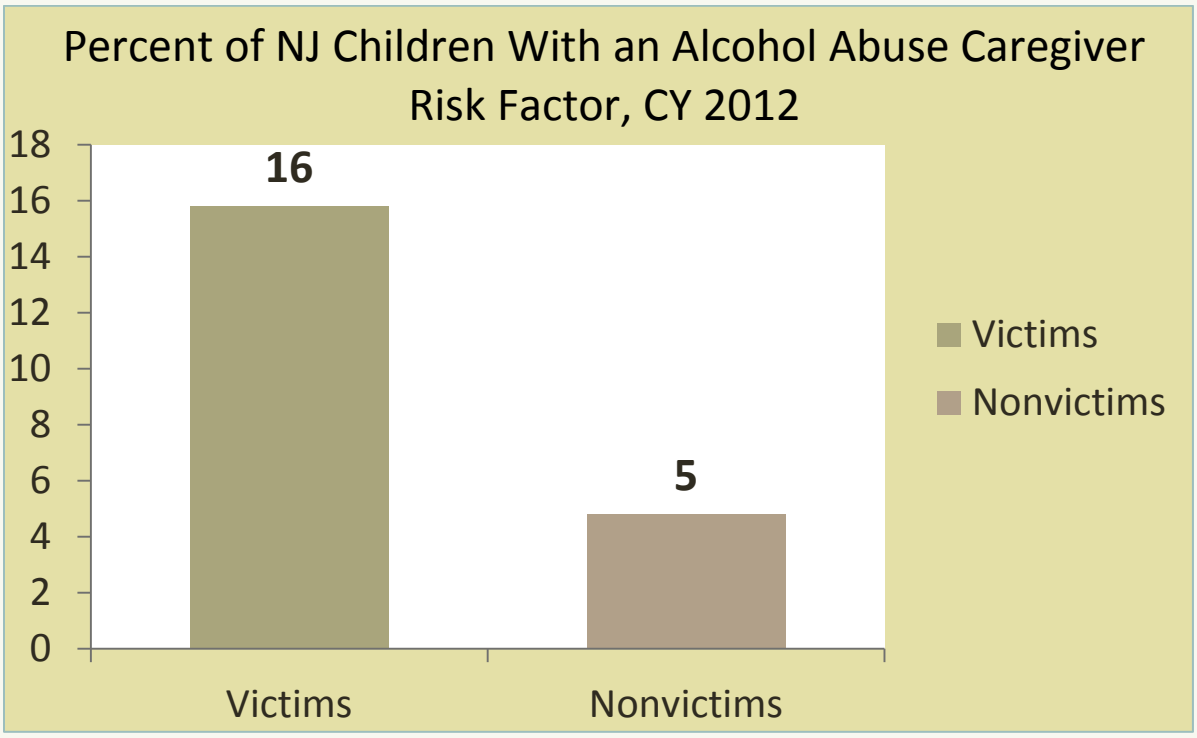
New Jersey Department of Children and Families, Office of Research, Evaluation and Reporting. (2013). *Substantiation Rate of Referrals by Local Office Catchment Areas for Calendar Year 2012*. Map produced with data from NJ DCF *Child Abuse and Neglect Reports and Substantiations CY 2012* and child population data from the U.S. Census 2010.



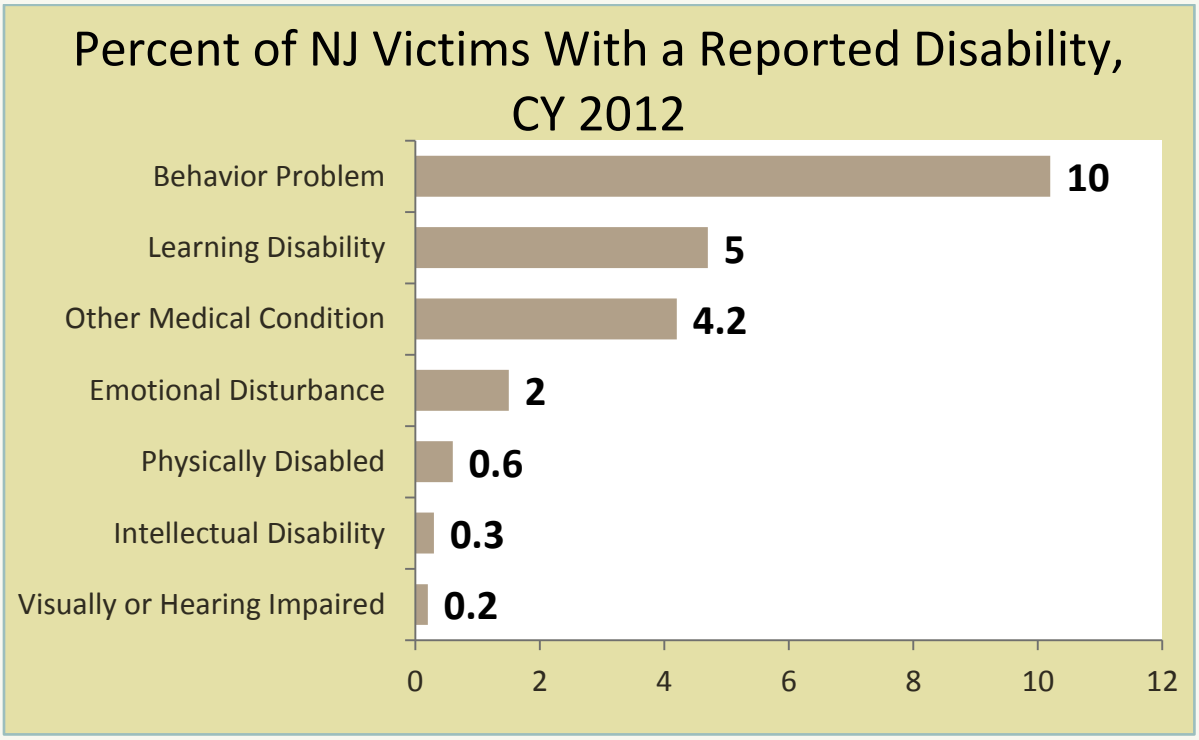
U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2012*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment



U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2012*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment



U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2012*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment



U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2012*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

Appendix C: Risk Factors for Child Maltreatment

- ***Young Children***: Children under 2 had a higher percentage of abuse (28%) than any other age group. (NJ DCF 2012). Infants and toddlers can be more vulnerable to child maltreatment due to their small physical size, early developmental status, and need for constant care. (Premature and ill newborns are at even greater risk). (On the other hand, teenagers are at greater risk for sexual abuse).
- ***Children with Disabilities***: Behavior problems (10%) were the most common type of reported disability among NJ's victims on child abuse and neglect, followed by 5% learning disabilities and 4% other medical conditions (U.S. Department of Health and Human Services, 2012). Children with disabilities have higher rates of child maltreatment than children without disabilities. Reasons may include the extra demands and stressors on parents caring for children with significantly greater needs than their non-disabled peers. If children are unresponsive to affection or if children and families are separated by frequent hospitalizations, the bonding or attachment process may be disrupted. In addition, children with disabilities are more likely to live in single parent and low-income households; poverty and single parent status can increase the stressors on parents. Other stressors can include feeling unprepared to handle the care of their child with a disability, financial or time demands due to additional medical, educational, and other caregiving activities, job instability caused by additional family demands, and lack of critical social supports. For example, families often face challenges in finding affordable child care and after school programs that will accommodate children with disabilities, especially those with challenging behaviors such as children with autism or emotional disturbance.
- ***Caregiver Substance and Alcohol Abuse:*** For New Jersey children, caregiver drug abuse was the largest risk factor (28.1%), followed by domestic violence (see below) and alcohol abuse (15.1%). (U.S. Department of Health and Human Services, 2012). Substance abuse can lead to reduced parental mental functioning, judgment, inhibition, and protective capacity; studies suggest it can also influence discipline choices and child-rearing styles. Co-occurring ***mental illness*** in caregivers can place children at even greater risk.
- ***Caregiver Mental Illness:*** Maternal depression can weaken parenting. It is also linked with mental health and behavioral problems in children, causing additional stressors on the parent and making parenting even more difficult.
- ***Caregiver Exposure to Domestic Violence***: 21.7% of New Jersey abused or neglected children lived in a family where their caregiver was exposed to domestic violence. Caregivers suffering from domestic violence may neglect their children because of their mental or physical injuries, and/or actual or perceived need to focus all their attention on their violent partner. The abusive partner may victimize or threaten

children as a way to control the adult victim of domestic violence. Acts of domestic violence may also unintentionally – or intentionally - injure children who are present.

- ***Low-Income Families***: Nearly 1/3 of all NJ children lived in low-income families in 2011. (Advocates for Children of New Jersey, 2013) Social stressors, especially economic stressors, contribute to child abuse. While most families living in poverty do not abuse or neglect their children, there is a strong correlation between child maltreatment, especially neglect, and poverty and unemployment. Inadequate housing, social isolation, and other risk factors also associated with poverty, increase the potential for maltreatment. Studies have shown that income *loss* (as opposed to income *level*) also increases the risk of child welfare system involvement. (Shook, 1999; Slack, Lee, and Berger, 2007). Broad definitions of child abuse and neglect may encompass characteristics of poverty and result in parents being charged with abuse or neglect merely because their ability to care for their child(ren) is compromised by insufficient economic resources. Concerns have also been raised about unconscious reporting bias on the part of professionals, who are may be likely to report low-income families to child protection agencies.

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Child Welfare Information Gateway (2012). "The Risk and Prevention of Maltreatment of Children with Disabilities." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services (https://www.childwelfare.gov/pubs/usermanuals/foundation/foundationе.cfm (accessed April 10, 20130)

Ibid.

Prevent Child Abuse America Fact Sheet: Maltreatment of Children with Disabilities. http:/member.preventionchildabuse.org/site/DocServer/maltreatment.pdf?docID=124; National Resource Center on Community-Based Child Abuse Prevention. Common Protective Factors for Child Abuse and Neglect. http://friendsnrc.org/evaluation-toolkit/122-common-protective-factors-for-child-abuse-and-neglect.

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Barth R.P. (fall 2009). "Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities. Preventing Child Abuse: the Future of Children. 19(2): 95-118. http://futureofchilden.org/futureofchildren/publications/docs/19_02_FullJournal.

See Besharov, note 3, at 201 (arguing that a distinction should be made between child neglect and living conditions typical of a family's poverty); see also Janet Weinstein & Ricardo Weinstein, Before it's too late: Neuropsychological Consequences of Child Neglect and their Implications for Law and Social Policy, 33 U.MICH.J.L. REFORM, 561, 565 (2001)

See Janet Waldfogel, Protecting Children in the 21st Century, 34 FAM.L.Q. 311, 327 (2000) (noting that links between neglect and poverty may be amplified by reporting bias); See Appell, note 87, at 585 (arguing that child protection authorities are more inclined to separate low-income parents and children due to the fact that low income families fail to fit the dominant white, middle class, suburban paradigm, so child protection agencies, judges and attorneys view these families as "less worthy of preservation"

National Alliance of Children's trust & Prevention Funds (2013). www/ctfalliance.org.

Appendix D: Risk Factors for Sexual Abuse and Neglect

For Child Sexual Abuse

Children

- Children who may be vulnerable to approaches from perpetrators due to low self-esteem, disability, or a lack of parental involvement; Goldman, J., & United States. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. Washington, D.C.: U.S. Dept. of Health and Human Services, Office on Child Abuse and Neglect.
- Children who become involved in alcohol or illegal drug use; (Goldman, et al., 2003).
- 33%-40% of child sexual abuse victims were victimized by an older adolescent; Snyder, H. N., & United States. (2000). *Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics : a statistical report using data from the National Incident-Based Reporting System*. Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Adult

- A prior history of sexual abuse; Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169-194.
- 93% of victims were abused by someone they knew; (Snyder & United States, 2000).
- 34% of victims were abused by family members; (Snyder & United States, 2000).
- Most perpetrators do not fit the definition of a "pedophile"; Association for the Treatment of Sexual Abusers. (2001). *Ten Things You Should Know about Sex Offenders & Treatment*. Retrieved from http://www.atsa.com/ten-things-you-should-know-about-sex-offenders-and-treatment
- Fewer than 5% of perpetrators have a psychotic mental illness; Association for the Treatment of Sexual Abusers. (?). *Pedophiles and Child Molesters – The Differences* Retrieved Month, date, year from (specific url)
- Most perpetrators do not differ from the general population in terms of education, religion or employment. Ryan, G., & Lane, S. L. (1997). *Juvenile sexual offending: Causes, consequences, and correction*. San Francisco: Jossey-Bass Publishers.

For Neglect

The National Alliance (2013), with funding from the Doris Duke Charitable Foundation, worked to increase attention on and knowledge about strategies that help reduce the likelihood that child neglect will occur. Child neglect is an act of omission and the most prevalent type of maltreatment. Relationships between neglect and poverty, substance abuse, mental illness, interpersonal violence and histories of trauma are not well understood. Thus the base of evidence is limited and uneven. Key Informant interviews were conducted by the National Alliance as a way to generate and disseminate expert knowledge, develop a conceptual framework and support effective practice.

Understanding Neglect within an Ecological System and Role of Protective and Risk factors

Society Risk factors	***Society Protective Factors***
• Poverty and deprivation of basic needs • Lack of collective (shared) responsibility for children • Low level of importance to politicians/ lack of political will • Culture of individualism and individual responsibility; punitive system for those who need support and assistance • Lack of standards/clarity on adequate parenting and parental behaviors	**CONCRETE SUPPORTS-** *(Selected Federal Income Supports to Vulnerable Families)* • Family Policies that Provide • Supports that Families' Need • Research and Advancement in Neuroscience/Brain Architecture and Understanding of ACES (Adverse Childhood Experiences)
Community - Neighborhood Risk Factors :	***Community - Neighborhood Protective Factors :***
• Impoverished neighborhood • Environmental problems • Neighborhood violence • High crime • Unemployment • Inadequate housing and homelessness • Social isolation • Poor schools • High mobility • No safe place for child play • Inadequate/non-existent social support and cohesion	• Adequate Resources to Meet Community Needs • Community Norming of Acceptable Parenting Behaviors • **SOCIAL CONNECTIONS** and Cohesion • Quality Public Transportation • High Quality Pre- and Post-Natal Programs • Quality Child Care • Communities of Faith and Interest Groups for Belonging
Family/Parents Risk Factors	***Family/Parents Protective Factors***
• Material hardship/economic insufficiency • Housing instability • Under-or unemployment • Food insufficiency • Situational or enduring problems • Mental health/maternal depression • Substance abuse • Interpersonal family violence • Caregiver history of adversity or trauma • Apathy/hopelessness	• KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT (Early Childhood Education) • Capacity/Willingness to Nurture and Attach to Child • PARENTAL RESILIENCE (Hope) • Physical, Emotional and Economic Well-Being • Faith and Spirituality • Healthy Partner Relationship
Child- Individual Risk Factors	***Child- Individual Protective Factors***

• Child vulnerability
  ○ Young age
  ○ Poor health
  ○ Physical or mental health Disabilities
  ○ Behavioral challenges
  ○ Developmental demands
  ○ Poor or challenging attachment
  ○ Difficult temperament/ temperamental mismatch with caregiver
• Many children/closely spaced together
• Unmet basic needs
	Nurturing and Attachment
	SOCIAL AND EMOTIONAL COMPETENCE
	Resilience
	"Easy Child" Temperament

Appendix E: Prevention Programs and Initiatives in New Jersey

2NDFLOOR YOUTH HELPLINE
1-888-222-2228
www.2ndfloor.org
24 hours a day - 7 days a week
This is a youth helpline serving all youth and young adults in New Jersey. Youth who call are assisted with their daily life challenges by professional staff and trained volunteers. Anonymity and confidentiality are assured except in life-threatening situations. Youth that would rather type than talk can also get support via 2NDFLOOR's anonymous message board service.

ADOLESCENT PREGNANCY PREVENTION (APP)
www.nj.gov/dcf/families/school/pregnancy/
The Adolescent Pregnancy Prevention Initiative uses sex education, counseling and health services to reduce the birth rate among teens in high school. Sixteen SBYS schools participate, with at least 60 young women and men served at each site.

CHILD CARE RESOURCE AND REFERRAL AGENCIES (CCR&R)
www.state.nj.us/humanservices/dfd/programs/child/ccrr/
Manage child care subsidy programs for low to middle income working families, families seeking self-sufficiency and participating in Work First New Jersey (WFNJ), children under the supervision of DCP&P, children being cared for by relatives (Kinship Care) and children needing child care before/after Department Of Education preschool services in designated school districts

COUNTY WELFARE AGENCIES
Overview: http://www.state.nj.us/humanservices/clients/welfare/
List of agencies by county: http://www.state.nj.us/humanservices/dfd/programs/njsnap/cwa/
The County Welfare Agencies administer Work First New Jersey/Temporary Assistance for Needy Families and General Assistance, NJ SNAP nutritional support, referral to child care services, and child support services. Additionally, they provide adult health and protective services, refugee services, emergency assistance, NJ Family Care health coverage and behavioral health assessments and services.

DISPLACED HOMEMAKER PROGRAM
www.nj.gov/dcf/women/displaced/
Through New Jersey's Displaced Homemaker (DH) programs, a participant may obtain or upgrade her skills for transition into the paid labor market. New Jersey's 15 DH programs provide participants with many personal, educational and career development services toward achieving their goal of economic self-sufficiency.

DOMESTIC VIOLENCE SERVICES
www.state.nj.us/dcf/women/domestic/
Core services include a hot line, shelter services, counseling, advocacy and support. Last year, the hot line answered 87,309 calls and the shelter served 1,306 women and 1,423 children. Additionally, Domestic Violence Liaisons provided 9,500 consultations to child protective service workers.

- Peace: A Learned Solution – PALS
- Domestic Violence Liaisons – DVL

ENOUGH ABUSE CAMPAIGN – New Jersey
www.enoughabuse.org/states/new-jersey/
The goal of this initiative is to prevent child sexual abuse in New Jersey, beginning in Warren, Sussex, Mercer and Essex Counties. The campaign educates adults and equips them with skills, communicates key prevention messages that parents can share with their children, and advocates for prevention training and policies.

ESSEX PREGNANCY & PARENTING CONNECTION (EPPC)
www.essexpregnancyandparenting.org
This program links expectant and new parents in Essex County with free and voluntary home visiting and other family support services. Services are evidence based and are intended to help children grow up to be healthy, school ready and safe.

EVIDENCE-BASED HOME VISITING
www.state.nj.us/dcf/families/early/visitation/
There are a total of 49 home visiting programs in New Jersey that follow one of three evidence-based models listed on the national registry; Healthy Families, Parents as Teachers, and Nurse-Family Partnership. These programs have capacity for serving 5,000 families and offer parenting skills and early intervention services for pregnant women and children up to age five. The programs are:

- Healthy Families –New Jersey
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Parents-As-Teachers
- Nurse-Family Partnership

FAMILY HELPLINE
1-800-THE-KIDS (843-5437)
24 hours a day - 7 days a week
If you're feeling stressed out, call the Family Helpline and work through your frustrations before a crisis occurs. You'll speak to sensitive, trained volunteers of Parents Anonymous who provide empathic listening about parenting and refer you to resources in your community.

FAMILY OUTREACH PROGRAM (FOP)
http://preventchildabusenj.org/programs/family-outreach/
The statewide Family Outreach Program assists over 25,000 families annually with goal setting, providing information on referrals and resources, family coaching, child development awareness, and addressing any basic and significant family needs.

FAMILY SUCCESS CENTERS (FSC)
www.state.nj.us/dcf/families/support/success/
There are 51 Family Success Centers (FSCs) across the state, served 60,000 individuals last year. FSCs are neighborhood gathering places where any community member can find social support, information, and services including employment support, parent education, health care, life skill training, parent/child activities, advocacy and housing.

FAMILY SUPPORT ORGANIZATIONS (FSO)
www.state.nj.us/dcf/families/support/support/
Family-run, county-based organizations that provide direct family-to-family peer support, education, advocacy and other services to family members of children with emotional and behavioral problems.

FATHERHOOD PROGRAMS:
www.njchildsupport.org/Services-Programs/Fatherhood/Fatherhood/Directory-of-Fatherhood-Programs-in-New-Jersey.aspx/
Programs that encourage fathers to sustain or create strong, nurturing and healthy relationships with their children.

HEAD START http://eclkc.ohs.acf.hhs.gov/hslc/hs
EARLY HEAD START http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start
Head Start (for children ages 3 to 5) and Early Head Start (for infants, toddlers, and pregnant women) promote school readiness by providing comprehensive educational, health, nutritional, and social services.

HUMAN TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) PREVENTION
http://preventchildabusenj.org/programs/human-trafficking/
The My Life My Choice curriculum for adolescent girls ages 12-18 and the CAASE: Empowering Young Men curriculum for adolescent boys/young men ages 12-18 are curricula organized in a group setting and are provided throughout the state. PCANJ also offers various human trafficking trainings for professionals.

KINSHIP NAVIGATOR PROGRAM (KNP)
www.nj.gov/dcf/families/support/kinship/
Kinship caregivers are people who have taken on the responsibility of caring for their relatives' children. These children might be the caregiver's siblings, nieces, nephews, or, most often, grandchildren. By dialing 2-1-1, eligible Kinship caregivers can get help addressing immediate problems, and they will also be referred to a local Kinship agency which will work with caregivers to access additional services.

MOM2MOM
http://ubhc.rutgers.edu/mom2mom/program.htm
Mom2Mom offers a 24/7 helpline that is coordinated by the University of Medicine and Dentistry, New Jersey - University Behavioral HealthCare. The helpline features peer support, telephone assessments to gauge depression or anxiety, a network of referral services for mothers' mental health needs, and support groups, for mothers of children with special needs.

NJ 211
www.nj211.org
Information and referral for basic human needs, support for seniors and persons with disabilities, support for children, youth and families, physical and mental health resources, employment supports, and hurricane response and recovery is available 24/7 by phone, text or on the web site.

NJ CHILD ASSAULT PREVENTION (NJCAP)
www.nj.gov/dcf/families/assault/
www.njcap.org/
NJCAP is a statewide community-based prevention program that seeks to reduce children's vulnerability to abuse, neglect and bullying by providing comprehensive prevention workshops for children, parents and school staff. NJCAP supervises 21 county CAP offices and over 200 program facilitators. The program is sponsored by the NJ Department of Children and Families and supported by school districts across the state.

NJDCF and OTHER AGENCY HOTLINES/HELPLINES
www.state.nj.us/dcf/families/hotlines
Families can locate other helplines and resources that support families, children, and youth at this website. Families who need adaptive hearing services can call 877-294-4536 TTY to access any hotline.

NJ DOMESTIC VIOLENCE HOTLINE
www.state.nj.us/dcf/women/domestic/
1-800-572-SAFE (7233)
24 hours a day - 7 days a week
This hotline serves domestic violence victims and others seeking information about domestic violence services.

NJ DEPARTMENT OF HEALTH - SPECIAL CHILD HEALTH SERVICES
http://nj.gov/health/fhs/sch/sccase.shtml
New Jersey has made a commitment to assist families caring for children with complex, long-term medical and developmental disabilities. For these "special needs" children, prompt attention to their condition early in life helps assure they will lead healthier lives when they are older. Two important programs help families with comprehensive management of multiple programs and services:

- Early Intervention System serves children up to age three who have developmental delays or disabilities. Call 888-653-4463.
- Case Management Units serve children up to age 21 who have special healthcare needs. Call 609-777-7726.

NJ FAMILY HEALTH LINE
www.state.nj.us/health/fhs/primarycare/health_line.shtml
1-800-328-3838
This free hotline operates 24/7 and connects families to trained telephone counselors who provide information and referrals on topics such as addiction during pregnancy, postpartum depression, and health screening and treatment.

NJ HELPS (ONE-STOP FOR 28 BENEFITS)
www.njhelps.gov/
The NJ Helps provide a "one-stop" shopping resource for the wide range of programs, information and services provided by the Department of Human Services and its partners, to assist individuals, families and communities throughout the state. The site includes information on more than 28 state and federal programs that can help seekers find housing, employment, child care, health insurance, prescriptions and other services.

NJ PARENT LINK – THE EARLY CHILDHOOD PARENTING AND PROFESSIONAL RESOURCE CENTER
http://njparentlink.nj.gov/
A website that provides links to community, state and federal resources for parents as well as information on health and wellness, child development and family support services.

NJ SELF-HELP CLEARINGHOUSE
www.njgroups.org/
NJ Self-Help Clearinghouse provides information about member-run self-help support groups where people facing the same stressful situation come together to help each other.

PARENTS ANONYMOUS – New Jersey
www.pa-of-nj.org/
Parents Anonymous, an evidence-based family support and child abuse prevention program, provides 50 support groups across New Jersey for parents. It also houses the **Family Help Line, 1-800-THE-KIDS**, the 24-hour live telephone support and assistance line in operation for 33 years. Each year, over 10,000 parents receive support from the Family Help Line.

PARENT-TO-PARENT
www.spanadvocacy.org/content/nj-statewide-parent-parent
Parent-to-Parent is a statewide network of parents supporting families of children with developmental delays, disabilities, and special health needs. Parent-to-Parent offers emotional support and information from trained parents who have experienced the feelings and emotions involved in raising children who have developmental delays, disabilities, or other special health needs.

SCHOOL-BASED YOUTH SERVICES PROGRAM
www.nj.gov/dcf/families/school/
Located in 67 high schools, 19 middle schools and six elementary schools and serving over 41,000 students last year, the School-Based Youth Services Programs (SBYSP) provides mental health and substance abuse counseling, employment services, pregnancy prevention, academic support and recreation. Prevention programs such as Parent-Linking-Program; (PLP) and Adolescent Pregnancy Prevention (APP); Family Friendly Centers (FFC); Family Empower Program (FEP); Newark School-Based Health Centers and the Prevent Juvenile Delinquency program are under the SBYSP umbrella.

STATEWIDE PARENT ADVOCACY NETWORK (SPAN)
www.spanadvocacy.org/ 1-800-654-SPAN (7726)
SPAN offers families and professionals information, resources, support and advocacy assistance addressing: effective parent involvement, child care, general and special education, dropout and bullying prevention, child welfare, health care, mental health, youth leadership, transition to adult life, incarcerated youth, military family support, and violence prevention among many other services.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)
National Registry of Evidence-Based Programs and Practices-Parenting Programs
http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=parenting
This link connects to parenting programs and offers a general overview and links to more detailed information on each program.

PERIOD OF PURPLE CRYING PROGRAM
http://preventchildabusenj.org/purple/
The program engages the community surrounding the hospital to promote the prevention message aimed at understanding the peaks of crying for newborns, the frustrating properties of crying and safe ways to cope with a crying baby.

Appendix F:

New Jersey Task Force on Child Abuse and Neglect - NJTFCAN

PREVENTION COMMITTEE

CHAIR

Maura Somers Dughi, Esq. Child and Family Advocacy

CO-CHAIR

Diana Autin, Esq., Executive Co-Director, Statewide Parent Advocacy Network (SPAN)

Nina Agrawal, MD, FAAP, Hackensack University Medical Center

Christine Baker, Ph.D., Clinical Director, Metro Regional Diagnostic and Treatment Center (RDTC) at Newark Beth Israel Medical Center/NJTF Prevention Committee

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