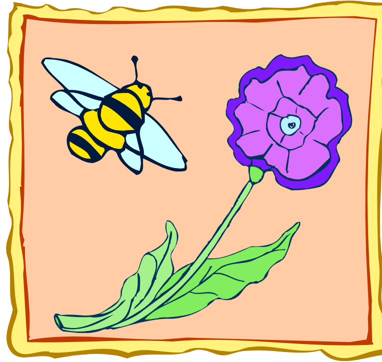


April 2013 EPRESS

Working with Low Income Parents

We know that many families at supervised visitation programs are low income. Is there any information we can give them to help them take steps toward economic self sufficiency?

Problem:

Many people are unbanked or underbanked. They turn to Alternative Financial Services (AFS) instead of using legitimate banks for financial transactions and needs. AFS includes liquor stores, check-cashing stores, and title loan shops.

Definitions:

Unbanked - Unbanked households are those that lack any kind of deposit account at an insured depository institution.

Underbanked - Underbanked households hold a bank account, but also rely on alternative financial services (AFS) providers.

Fully Banked - Fully banked households are those that have a bank account of any kind and have not recently relied on any AFS.

Alternative Financial Services - Transaction AFS include non-bank money orders, non-bank check cashing, and non-bank remittances. They are considerably more widely used than AFS credit products. They include payday loans, pawn shops, rent-to-own stores, and refund anticipation loans.

Important Data:

- 8.2 percent of US households are unbanked. This represents 1 in 12 households in the nation, or nearly 10 million in total. Approximately 17 million adults live in unbanked households.
- The proportion of unbanked households increased slightly since the first survey. The estimated 0.6 percentage point increase represents an additional 821,000 unbanked households.
- 20.1 percent of US households are underbanked. This represents one in five households, or 24 million households with 51 million adults. The 2011 underbanked rate in 2011 is higher than the 2009 rate of 18.2 percent, although the proportions are not directly comparable because of differences in the two surveys.
- One-quarter of households have used at least one AFS product in the last year, and almost one in ten households have used two or more types of AFS products. In all, 12 percent of households used AFS products in the last 30 days, including four in ten unbanked and underbanked households.

Reasons households use AFS:

- Household members feel that they do not have enough money to justify opening a bank account.
- Households claim that they do not need or want a bank account.
- The ability to get money faster and the perceived lower cost of non-bank money orders.
- The convenience of transaction AFS and the perception that AFS credit is easier to obtain than bank credit.
- Some households simply do not have a bank account.
- Banks have closed people's accounts
- Identification (ID), banking, or credit history problems
- High bank account fees or minimum balance requirements.
- A small percentage of households do not trust or dislike banks.

Banks vs. AFS

Banks allow for access to an account at a federally insured institution provides households with the opportunity to conduct basic financial transactions, save for emergency and long-term security needs, and access credit on fair and affordable terms. Participation in the banking system also protects households from theft and reduces their vulnerability to discriminatory or predatory lending practices.

Households that use AFS may incur higher costs for transaction and credit products and services, be more vulnerable to loss or struggle to build credit histories and achieve financial security. In addition, households that use non-bank financial services providers do not receive the full range of consumer protections available through the banking system.

Communicate Information for Client:

Many reasons exist for households to choose to rely on AFS instead of legitimate banking avenues. It is important to know :

- Participation in AFS instead of banks differed among demographic groups. Increased use of AFS was found among non-Asian minority households, lower income households, households headed by younger householders, female-headed households, and households experiencing unemployment.
- Less educated households have a large representation of AFS users.
- Recognizing a client's socioeconomic status, demographic group, and education level can help social service providers to know what questions to ask about banking practices. Understanding why clients do not participate fully and solely in the legitimate banking system will help the social services provider know the areas of intervention and education.

Recommendations:

- Emphasize the responsibility that comes with financial matters and banking.
- Refer clients to community programs that will help them work on budgeting so they will avoid overdrawing and maintain a minimum balance in their bank account.
- Empower clients by showing them that they can teach their children how to budget and use legitimate banking systems. Many banks give away free

banking tools for children. Parents can work with their children on writing checks and balancing a checkbook. Parents can also find sectioned piggy banks for children to teach budgeting.

- If needed, show the client and rehearse what the client will do to require necessary identification to open a bank account.
- Encourage clients with poor banking or credit history to work with banks. Don't recommend any one bank over another. Just provide clients with the information and community referral to financial literacy programs.

Federal Deposit Insurance Corporation (September 2012). 2011 FDIC National Survey of Unbanked and Underbanked Households. Retrieved from: http://www.fdic.gov/householdsurvey/2012_unbankedreport.pdf.

Contact the Clearinghouse to discover more ways to help your low income clients break the cycle of poverty!

A Reminder! Changes to the Database

The Clearinghouse on Supervised Visitation is undertaking an upgrade of the SV Database. We'll be modernizing the programming and refreshing the overall appearance. Once the upgrade is completed, we will be adding content that was developed by the Outcomes Focus Group over the last 18 months.

As users, if you have any suggestions or thoughts we'd love to hear them!
Because we are adding new content at a later time, for right now we only need input on the arrangement of the content, ease of use on each page, suggestions for better navigation, etc. For example:

- Do you feel a piece of info or variable would be better on a different page?
- Should the info pages load in a different order?
- Does the flow of information make sense?
- Are there any navigational tools that would make it easier to use?

- Are there some items you just never use at all?
- Are there other report types you would find useful?
- Are there options missing you would like to include in some variables?

Please think about this as you use the database over the next few weeks and jot down your ideas. You can e-mail or call me anytime at kes2523@my.fsu.edu or 850-222-3845 with your comments.

Questions from Directors

I can hire interns at my local community college. Are there any kinds of cases they should not be assigned?

Congratulations on your program's ability to use interns. They can be an important source of assistance. However, I do suggest that you use caution in assigning cases to them. Many interns are only 19 or 20 years old, with little life experience. As you know, some of the cases that come to your program are shocking in their cruelty and overwhelming in their complexity. I suggest that you use interns for cases that are not as complex, and that you make sure that they have all the training required for other staff before they sit any visits at all. In addition, if you suspect that an intern is distraught over a case, substitute a different staff member for that case. Also, use the exit interview process to learn from each and every intern who walks through your doors.

Am I required to have a grievance procedure? Do I have to turn it over to clients? Which of my policies do I have to turn over to clients who ask for them? Do they have to ask in writing?

Yes, you are required to have a grievance procedure, and yes, you must make it available to clients. This is a great opportunity for us to talk about the importance of transparency. If you deny clients' request for copies of your program's policies/procedures, you are communicating (inadvertently) a message that may be interpreted as unfair. Whenever clients call the Clearinghouse, they usually want to talk about policies and procedures. They

want to know the whys behind the policies. This means that there is still work to be done at the program. Clients should feel that there is transparency behind the rules that affect them. Make a point to spend time at intake with parents to explain the rules of the program, and keep a copy of your procedures so they know in advance what to expect. We advise that a verbal request should be sufficient, although programs can develop their own rules about how parents can request additional information. When you make the rule, though, don't keep it a secret!

When I review a case file, sometimes I am not sure how to read a client's mental diagnosis. I'm not a clinician. Can you help?

We went directly to the Diagnostic and Statistical Manual of Mental Disorders to answer your question. Below are the categories of mental illness. Knowing these does not make you an expert, but it may help you identify the struggles that a client is experiencing.

DSM IV-TR Categories of Mental Illness

Mood Disorders
disorders that have a disturbance in mood as the predominant feature

- depressive, dysthymic and bipolar disorders
- bipolar- manic or mixed episodes typically involving a depressed episode
- onset- early to mid 20's

Personality Disorders
enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is inflexible/stable over time and results in distress or impairment

- has an onset in adolescence or early adulthood
- includes paranoid, schizoid, schizotypal, antisocial, histrionic, narcissistic, avoidant, Obsessive-Compulsiveness

Anxiety Disorders
disorders in which intense anxiety is a primary symptom

- includes agoraphobia, panic disorders, phobias, social phobia, obsessive compulsive disorder, post traumatic stress disorder, acute stress disorder, generalized anxiety disorder, and anxiety disorders due to a medical condition or substance abuse

- characterized often by panic attacks
- late adolescence to mid 30's- panic
- childhood or adolescent- phobias

Adjustment Disorder
is a psychological response to an identifiable stressor or stressors that results in the development of clinically significant emotional or behavioral symptoms

- can occur with a depressed mood, with anxiety, with mixed anxiety and depressed mood, with conduct and/or emotional disturbance
- can occur in any age group

Cognitive Disorders
predominant disturbance is a clinically significant deficit in cognition that represents a significant change from a previous level of functioning

- includes delirium, dementia and amnestic disorders
- Can be a medical condition, or substance-related or both
- Includes misinterpretations, hallucinations or illusions, loss of memory, or disturbance in executive functioning
- Increasing age is related to onset (except amnestic)

Psychotic Disorders
impairment that grossly interferes with the capacity to meet ordinary demands of life. characterized by delusion, varying in intensity/ length of delusion based on what the disorder is

- onset between late teens and the mid-30s (Delusional disorder has variable onset)
- includes schizophrenia, Schizophreniform Disorder, Schizoaffective, Delusional Disorder, Brief Psychotic Disorder, and Shared Psychotic Disorder
- characterized by both manic and depressive episodes, or mixed episodes
- mid-teens- social phobia
- typically in childhood/adolescence- generalized anxiety

Dissociative Disorders
disruption in consciousness, memory, identity, or perception.

- The disturbance may be sudden or gradual, transient or chronic.
- includes dissociative amnesia, dissociative fugue, dissociative identity disorder, depersonalization disorder
- onset at any age- dissociative amnesia, dissociative fugue
- adolescence or adulthood- depersonalization disorder

Substance-Related Disorders

disorders related to the taking of a drug of abuse (including alcohol), to the side effects of a medication, and to toxin exposure

- prescribed and over-the-counter medications can also cause Substance-Related Disorders
- varying age of onset

Impulse-Control Disorders
is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others

- includes intermittent explosive disorder, kleptomania, pyromania, pathological gambling, trichotillomania
- childhood- mid 20's explosive
- variable- klepto and all other

Somatoform Disorders
presence of unintentional physical symptoms that are not fully explained by a medical problem

- includes somatization disorder, undifferentiated somatoform disorder, conversion disorder, pain disorder, hypochondriasis, and body dysmorphic disorder
- prior to 25 years- somatization
- varying- undifferentiated, pain, hypochondriasis,
- late childhood- early adulthood- conversion
- usually during adolescence- body dysmorphic disorder

Factitious Disorders
characterized by symptoms that are faked, so that an individual can assume the sick role

- can present physically or psychologically
- early adulthood onset

Sleeping Disorders
difficulties with normal sleeping/sleep patterns caused by psychological or medical conditions

- can be related to another mental illness, be rooted in a medical condition, related to substance use, or the primary presenting problem
- includes insomnia, hypersomnia, narcolepsy, breathing-related sleeping disorders, parasomnias, and Circadium Rhythm Sleeping disorder
- early to middle adulthood onset is common for most sleeping disorders, but can occur in childhood/ adolescence or late adulthood

Eating Disorders
characterized by severe disturbances in eating behavior

- includes anorexia nervosa and bulimia nervosa
- mid- late adolescent/early adulthood onset typically

Sexual and Gender Identity Disorders

- includes sexual dysfunctions, paraphilias, and gender identity disorders
- onset varies, but tends to be focused on adolescence and early adulthod

New, Inspiring Children's Books that Have Something to Say

Want to buy the best new books for your clients? The books listed below are a few of the 2013 "Notable Children's Books" by the Association for Library Service to Children (ALSC). These were the books that looked fun, but also like they had a lesson to share! (Links are included links to order them on Amazon, where the majority of these books are available for around $10)

Younger Readers (Preschool-grade 2)

Black Dog, by Levi Pinfold

- "…demonstrates that even the smallest family member has the courage to save everyone"
- http://www.amazon.com/Black-Dog-Levi-Pinfold/dp/0763660973

Bear Has a Story to Tell, by Philip C. Stead

- "Seasons change, but friendship remains…"

- http://www.amazon.com/Bear-Story-Tell-Philip-Stead/dp/1596437456/ref=sr_1_1?s=books&ie=UTF8&qid=1361979508&sr=1-1&keywords=bear+has+a+story+to+tell

Infinity and Me, by Kate Hosford

- "Children will relate to Uma's experience of feeling small as she considers the universe…"
- http://www.amazon.com/Infinity-Me-Carolrhoda-Picture-Books/dp/0761367268/ref=sr_1_1?s=books&ie=UTF8&qid=1361979542&sr=1-1&keywords=infinity+and+me

More, by I.C. Springman

- "…show what happens when Magpie's greed leads to trouble."
- http://www.amazon.com/More-I-C-Springman/dp/0547610831/ref=sr_1_1?s=books&ie=UTF8&qid=1361979633&sr=1-1&keywords=more%2C+springman

One Special Day: A Story for Big Brothers and Sisters, by Lola M. Schaefer

- "Spencer undergoes a remarkable transformation from a wild and raucous boy to a gentle big brother…"
- http://www.amazon.com/One-Special-Story-Brothers-Sisters/dp/1423137604/ref=sr_1_1?s=books&ie=UTF8&qid=1361979660&sr=1-1&keywords=one+special+day+a+story+for+big+brothers+%26+sisters

Pete the Cat and His Four Groovy Buttons, by Eric Litwin

- "A blue mellow-eyed feline keeps losing his groovy buttons…"
- http://www.amazon.com/Pete-Cat-Four-Groovy-Buttons/dp/0062110586/ref=sr_1_1?s=books&ie=UTF8&qid=1361979686&sr=1-1&keywords=pete+the+cat+and+his+four+groovy+buttons

Rabbit and Robot: The Sleepover, by Cece Bell

- "Rabbit and Robot disagree about everything on Rabbit's "To Do" list…"
- http://www.amazon.com/Rabbit-Robot-Sleepover-Cece-Bell/dp/0763654752/ref=sr_1_1?s=books&ie=UTF8&qid=1361979712&sr=1-1&keywords=rabbit+and+robot+the+sleepover

This is Not My Hat, by Jon Klassen

- "A tiny fish knows it's wrong to steal a hat, but…"
- http://www.amazon.com/Notable-Childrens-Books-Younger-Readers/dp/0763655996/ref=sr_1_1?s=books&ie=UTF8&qid=1361979732&sr=1-1&keywords=this+is+not+my+hat+by+john+klassen

This Moose Belongs to Me, by Oliver Jeffers

- "Wilfred thinks he owns a moose, but the moose has other ideas."
- http://www.amazon.com/This-Moose-Belongs-Oliver-Jeffers/dp/0399161031/ref=sr_1_1?s=books&ie=UTF8&qid=1361979757&sr=1-1&keywords=this+moose+belongs+to+me+by+oliver+jeffers

Middle Readers (Grades 3-5)

Each Kindness, by Jacqueline Woodson

- "A story of disconnections and regret when a child misses an opportunity of being a friend…"
- http://www.amazon.com/Each-Kindness-Jacqueline-Woodson/dp/0399246525/ref=sr_1_1?s=books&ie=UTF8&qid=1361979890&sr=1-1&keywords=each+kindness+jacqueline+woodson

The One and Only Ivan, by Katherine Applegate

- "…delivers why humor, deep emotion, and thought-provoking insights into nature of friendship, hope, and humanity."
- http://www.amazon.com/One-Only-Ivan-Katherine-Applegate/dp/0061992259/ref=sr_1_1?s=books&ie=UTF8&qid=1361979913&sr=1-1&keywords=the+one+and+only+ivan+by+katherine+applegate

See You at Harry's, by Jo Knowles

- "A surprisingly funny book about a family coming together as they grieve."
- http://www.amazon.com/See-You-at-Harrys-Knowles/dp/0763654078/ref=sr_1_1?s=books&ie=UTF8&qid=1361979935&sr=1-1&keywords=see+you+at+harry%27s

Starry River of the Sky, by Grace Lin

- "…helping Rendi discover truths about himself and the world."
- http://www.amazon.com/Starry-River-Sky-Grace-Lin/dp/0316125954/ref=sr_1_1?s=books&ie=UTF8&qid=1361979958&sr=1-1&keywords=starry+river+of+the+sky

Wonder, by R. J. Palacio

- "Born with facial deformities, August chooses to attend "regular" school for the first time. Told from many perspectives, this is a powerful novel about friendship and acceptance."

- http://www.amazon.com/Wonder-R-J-Palacio/dp/0375869026/ref=sr_1_1?s=books&ie=UTF8&qid=1361979983&sr=1-1&keywords=wonder

The books listed below were recommended children's books for the first quarter of 2013

Other Books for Young Readers

- **Exclamation Mark**, by Amy Krouse Rosenthal
  - "This is a story for every child who worries about how to fit in, how to stand out, how to be heard, or how to make their mark."
  - http://www.amazon.com/Exclamation-Mark-Amy-Krouse-Rosenthal/dp/0545436796/ref=sr_1_1?s=books&ie=UTF8&qid=1361980013&sr=1-1&keywords=exclamation+mark+by+amy+krouse+rosenthal
- **An Awesome Book of Love**, by Dallas Clayton
  - "It tackles all the scary parts of love – the chance of meeting the people we love, the frustrations, fears and uncertainties – right alongside the joys."
  - http://www.amazon.com/Awesome-Book-Love-Dallas-Clayton/dp/0062116665/ref=sr_1_1?s=books&ie=UTF8&qid=1361980038&sr=1-1&keywords=an+awesome+book+of+love

Other Books for Old Readers

- **The Junkyard Wonders,** by Patricia Polacco
  - "…celebrates friendship, potential and the power of hope. Where others saw misfits, a very special teacher saw genius and possibility."
  - http://www.amazon.com/Junkyard-Wonders-Patricia-Polacco/dp/0399250786/ref=sr_1_1?s=books&ie=UTF8&qid=1361980065&sr=1-1&keywords=junkyard+wonders+by+patricia+polacco

If these aren't looking so hot, this article has a lot of suggestions for books with a positive message (It looks like the majority of them are fairly new, too!): http://www.huffingtonpost.com/julie-handler/50-inspiring-childrens-books-with-positive-message_b_1557914.html

Working with Individuals and Families with Asthma

What is Asthma?

Asthma is a chronic disease that affects the lungs. It causes problems with breathing, including coughing, wheezing, and tightness in the chest.

- In 2009, the Center for Disease Control reported that 10% of children and 8% of adults had asthma and the numbers are growing.
- Asthma is most dangerous when an attack occurs. Asthma attacks are brought on by a number of things, known as triggers.
- It is possible to prevent asthma attacks. The most common preventative methods are education about and avoiding triggers, and using prescribed medications.

Asthma Action Plan Stages

Green Zone: Doing Well
No cough, wheeze, chest tightness, or shortness of breath; can do all usual activities. Take prescribed longterm control medicine such as inhaled corticosteroids.

Yellow Zone: Getting Worse
Cough, wheeze, chest tightness, or shortness of breath; waking at night; can do some, but not all, usual activities. Add quick-relief medicine.

Red Zone: Medical Alert!
Very short of breath; quick-relief medicines don't help; cannot do usual activities; symptoms no better after 24 hours in Yellow Zone. Get medical help NOW.

Full Action Plan:
http://www.cdc.gov/asthma/actionplan.html

What Triggers Asthma?

Environmental Triggers

- Strong smells, including perfumes, fragrances, strong cleaning supplies
- Mold and other airborne allergens
- Strong emotions, such as anxiety, crying, yelling, stress, anger, or laughing hard
- Air pollution
- Smoke, including tobacco smoke
- Weather, like cold air, humidity and weather change
- Exercise

Medical Triggers

- Colds, flu, other sicknesses/infections
- Sinusitis
- Heartburn
- Allergens, including
  - food and food additives
  - medications, both prescribed and over the counter

What does this mean for Supervised Visitation?

Visitation Workers have a number of responsibilities to prevent asthma attacks during visits.

- Ensure that rooms used for visitation are not cleaned with strong chemicals, including ammonia, bleach or fragrant cleaning products.
- Areas used for visits should be checked to ensure healthy air quality- free from dust, mold, smoke, and other allergens.
- If allowed outside during a visit, monitors should take note of the weather and watch for signs of wheezing and coughing. Avoid going outside when the weather has recently changed, if humidity is high or if it is cold out.
- Playing during visitation is okay; just make sure any exercise is not too strenuous, so an attack does not occur.
- Monitors should keep informed about any medical conditions the child has, both chronic and temporary. If the child has an infection or other sickness, extra care should be taken.
- Any allergies should be well documented, in order to avoid exposure during visitation.
- If the child is particularly prone to attacks, the visitation worker should connect the child/parent to resources for healthcare and any medications that may be needed.

Resources

Center for Disease Control. (2011). Asthma in the US. Retrieved from http://www.cdc.gov/vitalsigns/Asthma/index.html#Introduction

WebMD. (2012). Asthma Health Center. Retrieved from http://www.webmd.com/asthma/guide/asthma-triggers

New Street Drugs

We at the Clearinghouse try to keep supervised visitation programs aware of new illicit drugs. Some new drugs that have arisen are discussed hear with information about the drug and the effects it may cause.

Smiles

Alternative Name: N-Bomb, 2C-I, 2C-1-NBOMe, 251NBOMe

What It Is: Smiles is a hallucinogenic drug. It is synthetic type of LSD. Smiles can be taken as a tablet, on blotted paper, as a powder, and mixed with other substances. The effects of smiles can last for multiple hours. This drug has now been made illegal in the United States.

Effects on the Body: a feeling of relaxation, a feeling of empathy, a feeling of excitement, hallucinations, a feeling of panic, a feeling of fear, vomiting.

In the News: There have been multiple incidents related to smiles throughout the country.

- A young man on smiles began convulsing and foaming at the mouth before slamming his head against the ground and dying.
- A young woman on smiles was found dead on the sidewalk resulting from an overdose.
- A young man at a music festival took the drug, started convulsing, and soon died.
- An actor is accused of killing his landlord and then himself while on smiles.

Bath Salts

You may have heard about these. Alternative Name: Bath Powder, Herbal Incense, Plant Food, Route 69, White Rush, Bolivian Bath, Vanilla Sky, Blue Silk, Bliss, and Ivory Wave.

What It Is: Bath salts are a stimulant drug made in a lab. They are similar to cocaine. Bath salts are a type of man-made cathinones. Cathinones are similar to amphetamines and the same type of drug as ecstasy. The name "bath salts" is an over-arching term used to describe all man-made cathinones. This means that the drugs may be made up of different components. One component that has been cited as causing people to become violent on the drug is MDVP. This has now been made illegal in the United States. The state of Florida has also made bath salts illegal. People can inject, snort, or smoke this drug. This drug has quickly become very popular. Over the course of a year, calls to the American Associate of Poison Control increased 20 times.

Effects on the Body: a sense of euphoria, a feeling of relaxation, hallucinations, paranoia, aggressive behavior, sweating, heightened heart rate, seizures, nosebleeds.

In the News: There have been multiple incidents related to bath salts throughout the country.

- One man in Washington shot his wife and son before killing himself while on bath salts.

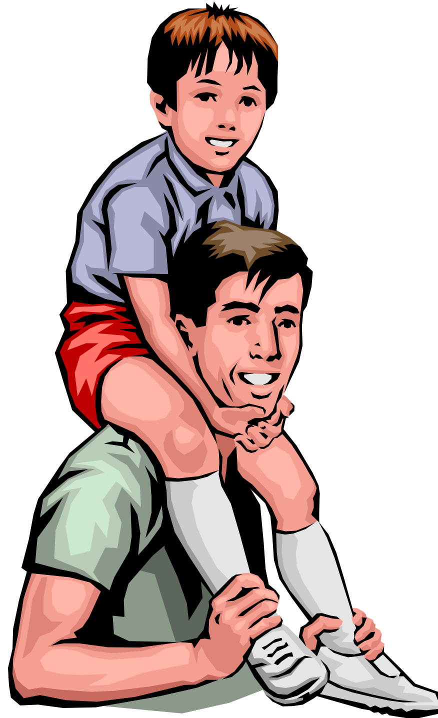
- One man on bath salts in Louisiana cut his throat in front of his family because of paranoid delusions.
- One man in Ohio attempted attacked his girlfriend by holding a knife to her neck while on bath salts.
- One man in Florida attacked and began eating the face of a homeless man while he was on bath salts.
- Law enforcement reported that with the growing popularity of bath salts, they are also seeing a growing connection between domestic violence and this drug use.

Things you should know about the Florida Comprehensive Assessment Test (FCAT)

FCAT changes are in progress. The FCAT is currently phasing out and leading to the new PARCC test - Partnership for Assessment of Readiness for College and Careers. Florida and twenty two other states have adopted the PARCC test. The PARCC test will take effect in 2015.

Many aspects of the PARCC test differ from the FCAT. The timing of the test will differ, with PARCC occurring both in late inter and late in the school year. The content of the test will differ, being more comprehensive of topics. There will also be more writing, more tests of reading comprehension, and a student showing his/her work on math problems.

Postal, Leslie. (August 20, 2012) FCAT to be retired, replaced by more and tougher exams. *Orlando Sentinel.* Retrieved from http://articles.orlandosentinel.com/2012-08-20/features/os-fcat-replacement-test-20120820_1_fcat-exams-laura-slover-new-exams



Fatherhood Resources

National Fatherhood Initiative - http://www.fatherhood.org/

Offers information for fathers and information to organizations that work with fathers, including how to develop a fatherhood program.

Not specific to young fathers or fathers in supervised visitation.

National Center for Fathering - http://www.fathers.com/content/index.php?option=com_content&task=view&id=75&Itemid=109/

The National Center for Fathering is a non-profit research and education organization whose mission is to champion the role of responsible fatherhood by inspiring and equipping men to be more engaged in the lives of children.

New Young Fathers - http://www.newyoungfathers.com/About-Us.html

Provides information and resources to young fathers.

Fathers and Family Center - http://www.fatherresource.org/about-us

Seeks to enhance the capacity of young fathers to become responsible and involved parents, wage earners, and providers of child support. Major activities are centered on educational and employment advancement, parenting and basic life skills training, and support services assistance.

Fatherhood Initiatives: Connecting Fathers to Their Children -
https://www.fas.org/sgp/crs/misc/RL31025.pdf

2012 report on fatherhood initiatives in the country, including the evaluation of these initiatives.

Young Fathers of Central Florida -
http://www.youngfathersofcentralflorida.com/index.html

Provides young fathers under the age of 24 with supportive and community-based resources to assist them to actively participate in the lives of their children and families.

Newest research – Child Maltreatment

If you attended the monthly phone conference last week, you heard us talk about some of this newest research.

Fang, X., Brown, D., Florence, C., and Mercy, J. (Feb. 2012). The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. Child Abuse & Neglect 36, 156–165. Retrieved from: http://www.sciencedirect.com/science/article/pii/S0145213411003140#.

This study attempts to estimate the average lifetime costs per child maltreatment victim and aggregate lifetime costs for all new child maltreatment cases incurred in 2008 using an incidence-based approach. The estimated average lifetime cost per victim of nonfatal child maltreatment is $210,012 in 2010 dollars, including $32,648 in childhood health care costs; $10,530 in adult medical costs; $144,360 in productivity losses; $7,728 in child welfare costs; $6,747 in criminal justice costs; and $7,999 in special education costs. The estimated average lifetime cost per death is $1,272,900, including $14,100 in medical costs and $1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately $124 billion. In sensitivity analysis, the total burden is estimated to be as large as $585 billion. Compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment.

Kagi, R. and Regala, D. (Oct. 2012). Translating the Adverse Childhood Experiences (ACE) Study into Public Policy: Progress and Possibility in Washington State. *Journal of Prevention & Intervention in the Community, 40:271–277*. Retrieved from: http://www.tandfonline.com/doi/pdf/10.1080/10852352.2012.707442.

On June 15, 2011, Washington became the first state in the United States to enact legislation aimed at preventing adverse childhood experiences (ACE), reducing their prevalence, and mitigating their effects. House Bill 1965 (HB 1965) was established among legislators and Washington communities because of the need for policies aimed at preventing child abuse, promoting healthy development of children, and building community capacity to improve public health. Empirical examples of integrating ACE-related research with public policy and program design are chronicled. The legislators who developed HB 1965 lay out questions that, if answered, would further improve policymakers' ability to craft public policy and programs that prevent ACE, reduce their effects, and promote a healthier, safer future.

De Brito, S., Viding, E., Sebastian, C., Kelly, P., Mechelli, A., Maris, H., McCrory, E. (Jan. 2013). Reduced Orbitofrontal and Temporal Grey Matter in a Community Sample of Maltreated Children. ***Journal of Child Psychology and Psychiatry 54:1, 105–112.*** **Retrieved from: http://onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.2012.02597.x/pdf.**

Childhood maltreatment is strongly associated with increased risk of psychiatric disorder. Previous neuroimaging studies have reported atypical neural structure in maltreated samples. This study compared the grey matter in a group of 18 children, referred to community social services with documented experiences of maltreatment at home to a group of 20 nonmaltreated children. Both groups were comparable on age, gender, cognitive ability, ethnicity and levels of anxiety, depression and posttraumatic stress symptoms. The findings reveal that maltreated children, compared to nonmaltreated peers, presented with some reduced grey matter. The areas with reduced grey matter in maltreated children have been implicated in reinforcement-based decision-making, emotion regulation, and autobiographical memory. All of these are processes that are impaired in a number of psychiatric disorders associated with maltreatment. This article speculates that grey matter disturbance in these regions in a community sample of maltreated children may represent a neurobiological risk factor for later psychopathology and heightened risk taking

Allen, B., Gharagozloo, L., and Johnson, J. (Feb. 2012). Clinician Knowledge and Utilization of Empirically-Supported Treatments for Maltreated Children. ***Child Maltreatment 17 (1) 11-21*****. Retrieved from: http://cmx.sagepub.com/content/17/1/11.full.pdf+html.**

Previous efforts to make clinicians aware of empirically-supported treatments (ESTs) for maltreated children have encountered challenges. This study reports on the results of a nationwide survey of 262 clinicians serving maltreated children in the United States. From a provided list, clinicians were asked to identify interventions they believed possessed adequate empirical support, as well as the interventions they commonly used, were trained to use, or would like to receive training to use. Results showed that clinicians are generally unable to identify ESTs, and further that many of the most commonly used and taught interventions

are not typically considered empirically-supported (with the exception of Trauma-Focused Cognitive–Behavioral Therapy). The data analysis showed that interventions clinicians thought were empirically supported were also the interventions that clinicians were trained in and they most commonly used.

Allen, B. and Johnson, J. (Feb. 2012). Utilization and Implementation of Trauma-Focused Cognitive-Behavioral Therapy for the Treatment of Maltreated Children. ***Child Maltreatment 17 (1) 80-85*****. Retrieved from: http://cmx.sagepub.com/content/17/1/80.full.pdf+html.**

Trauma-Focused Cognitive–Behavioral Therapy (TF-CBT) is one of the most researched and widely known interventions for maltreated children. This study describes the findings of a survey of 132 mental health clinicians in children's advocacy centers (CACs) across the United States. The survey attempts to determine the percentage of clinicians who are trained in and utilize TFCBT and the frequency with which TF-CBT components are implemented in treatment. A total of 103 (78%) of the clinicians reported being trained in and utilizing TF-CBT on a regular basis; however, only 66% of these clinicians (58% of the full sample) reported being likely to use each component. The most preferred components were teaching relaxation skills and providing psychoeducation, whereas teaching caregiver child behavior management skills, developing a trauma narrative, and cognitive restructuring were less preferred.

Barr, R. (Oct. 2012). Preventing abusive head trauma resulting from a failure of normal interaction between infants and their caregivers. ***Proceedings of the National Academy of Scineces109:2,17294-17301*****. Retrieved from: http://www.pnas.org/content/109/suppl.2/17294.full.pdf+html.**

Head trauma from abuse, including shaken baby syndrome, is a devastating and potentially lethal form of infant physical abuse first recognized in the early 1970s. This article reviews an alternative developmental interpretation to the idea that prolonged, unsoothable crying means that something is wrong with the infant, the infant's caregiver, or the interactions between them. This alternative developmental interpretation states that the early increase in crying is a typical behavioral development in normal infants and usually does not reflect anything abnormal. We also review evidence indicating that this normal crying pattern is the

most common trigger for abusive head trauma (AHT). These findings imply that there is a window of opportunity for prevention of AHT, and potentially other forms of infant abuse, through a public health prevention strategy concerning normal development of infants and early infant crying aimed at changing knowledge and behaviors of caregivers and society. If effective, there may be important implications for preventing infant abuse nationally and internationally.

Day, D., Wanklyn, S., McCay, E., Burnier, N., Hart, T., and Macpherson, A. (Feb. 2013). Potential Mediators Between Child Abuse and Both Violence and Victimization in Juvenile Offenders. ***Psychological Services Vol. 10, No. 1, 1-11*****. Retrieved from: http://psycnet.apa.org/journals/ser/10/1/1.pdf.**

Juvenile offenders are at risk for involvement in both fighting behavior and peer victimization. Understanding the potential causes leading to these outcomes is important to address the needs of this population. The present study tested four mediator models of violent perpetration and peer victimization in a sample of 112 incarcerated youth (68 males and 44 females). In the models, the relationship between child physical and emotional abuse and fighting and victimization was expected to be mediated by impulsiveness, depression, and drug use. Depression fully mediated the relation between child emotional abuse and victimization and partially mediated the relation between child physical abuse and victimization. Drug use fully mediated the relation between child emotional abuse and fighting. These results suggest that treatment of depressive symptoms and drug use among juvenile offenders with a history of child physical or emotional abuse may limit violent perpetration and peer victimization in this population.

Lane, W., Dubowitz, H., Langenberg, P., and Dischinger, P. (Feb. 2012). Epidemiology of Abusive Abdominal Trauma Hospitalizations in Children in the United States. ***Child Abuse & Neglect 36, 142*****–148. Retrieved from: http://www.sciencedirect.com/science/article/pii/S0145213412000154#**

This study estimates the incidence of abusive abdominal trauma (AAT) hospitalizations among US children age 0–9 years and identifies demographic characteristics of children at highest risk for AAT. Using hospitalization data from the 2003 and 2006, this study examined the frequency and rate of hospitalizations for abusive abdominal trauma, rates of hospitalization rates by age, insurance

status, and frequency of specific organ injury. Data showed that AAT rates were higher for infants than for any other age group, with 17.7 cases per million in 2006. More than 25% of all abdominal trauma in children less than one year of age was abusive. For all age groups, rates were higher for males than females, and for children insured by Medicaid compared to those with private insurance. Organs most commonly injured were the liver (64% of hospitalizations), kidney (19%), and stomach/intestines (12%). Although experts have considered toddlers to be at highest risk for AAT, infants have higher rates of AAT hospitalization. Similar to other abusive injuries, young age, male gender, and poverty are risk factors for AAT.

Leventhal, J. and Krugman, R. (July 2012). "The Battered Child Syndrome" 50 Years Later: Much Accomplished, Much Left to Do. *JAMA. 2012;308(1):35-36*. Retrieved from: http://jama.jamanetwork.com/article.aspx?articleid=1212314.

Since 1962, several major developments have occurred regarding maltreated children in the United States, including the development of state-mandated reporting laws; the establishment of county- or state-based child protective services (CPS) agencies; the broadening of the term "child abuse" to "child maltreatment," including physical abuse, neglect, sexual abuse, and emotional maltreatment; and, the establishment in 2009 of a new pediatrics subspecialty, child abuse pediatrics. This paper reflects on three lessons learned over the past five decades about the care of maltreated children: (1) many children and families are affected; (2) the consequences can be lifelong and intergenerational; and (3) treatment and prevention can work, but need to be expanded.

Morton, P., Schafer, M., and Ferraro, K. (Sept. 2012). Does Childhood Misfortune Increase Cancer Risk in Adulthood? *Journal of Aging and Health 24(6) 948–984*. Retrieved from: http://jah.sagepub.com/content/24/6/948.full.pdf+html.

This study uses longitudinal data from the National Survey of Midlife Development in the United States (MIDUS) that first sampled 3,032 respondents aged 25 to 74 during 1995-1996 to test whether the effect of childhood misfortune on adult cancer was largely cumulative or specific to the type or profile of misfortune. For men, additive childhood misfortune, physical abuse by father, and frequent abuse by either parent increased cancer risk. For women, physical abuse

by mother and frequent abuse by either parent increased cancer risk. This analysis revealed the importance of examining alternative specifications of childhood misfortune for men and women. Additive childhood misfortune predicted cancer for men only, whereas child abuse by parent of the same sex predicted cancer for men and women.

Nunes, K., McPhail, I., and Babchishin, K. (Nov. 2012). Social anxiety and sexual offending against children: A cumulative meta-analysis. ***Journal of Sexual Aggression Vol. 18, No. 3,pp.284-293*****.Retrievedfrom: http://www.tandfonline.com/doi/pdf/10.1080/13552600.2010.549243.**

This article examined the extent to which sexual offenders against children (SOC) differ from men who do not offend against children (non-SOC) on social anxiety. In study 1, 30 SOC and 31 non-sex offenders (NSO) were compared on a self-report measure of social anxiety (Social Avoidance and Distress Scale; SADS). SOC and NSO had virtually identical levels of social anxiety. In study 2, a meta-analysis revealed that SOC were generally more socially anxious than non-SOC. These findings suggest that the average SOC is more socially anxious than the average male who does not sexually offend against children. It remains unclear, however, whether social anxiety plays a causal role in the initiation of child sexual abuse.

Putnam-Hornstein, E., Needell, B., King, B., and Johnson-Motoyama, M. (Jan. 2013). Racial and Ethnic Disparities: A Population-Based Examination of Risk Factors for Involvement with Child Protective Services. ***Child Abuse & Neglect*****. Retrieved from: http://www.sciencedirect.com/science/article/pii/S0145213412002190.**

The article examines data that indicates racial/ethnic differences in the rates at which children are victims of child abuse and neglect. This study examined the extent to which racial differences are attributable to variations in the distribution of individual and family-level risk factors. This study was based on the full population of children born in California in 2002. Birth records were linked to child protective service (CPS) records to identify all children referred for maltreatment by age 5. As expected, stark differences between black and white children emerged in the rates of contact with CPS. Black children were more than twice as likely as white children to be referred for maltreatment, substantiated as

victims, and enter foster care before age 5. Yet, there were also significant differences across racial/ethnic groups in the distribution of socioeconomic and health factors strongly correlated with child maltreatment and CPS involvement. Low socioeconomic Black children had a lower risk of referral, substantiation, and entry to foster care than their socioeconomically similar white counterparts. The relative risk of referral, substantiation, and foster care entry was significantly lower for Latino children compared to white children. Race and ethnicity is a marker for a complex interaction of economic, social, political, and environmental factors that influence the health of individuals and communities. This analysis indicates that adjusting for child and family-level risk factors is necessary to distinguish race-specific effects from socioeconomic and health indicators associated with maltreatment risk. Identifying the independent effects of these factors is critical to developing effective strategies for reducing racial disparities.

Slep, A., Heyman, R., and Snarr, J. (March 2012). Child Emotional Aggression and Abuse: Definitions and Prevalence. *Child Abuse & Neglect 35, 783-796*. Retrieved from: http://ac.els-cdn.com/S0145213411002080/1-s2.0-S0145213411002080-main.pdf?_tid=20811698-8d93-11e2-a19600000aab0f6c&acdnat=1363367562_89d8f28e2719f069796d056862725686.

This article proposes and field-tests a set of criteria to operationally define child emotional abuse for clinical settings and used these criteria to design a parent report measure of parental emotional aggression and child emotional abuse that could be used in research. Agreement between master reviewers and field decisions was extremely high in a 5-site development trial (96% agreement) and a 41-site dissemination trial (90% agreement). The final sample (N=52,780) was weighted to be representative of the United States civilian population. The prevalence of parents' emotionally aggressive acts was much higher than the prevalence of emotional abuse (acts plus impact), but rates of parents' acts of emotional aggression were lower than those typically reported in the literature. This research suggests that the criteria developed and proposed appears to support reliable clinical decision making regarding child emotional abuse and can be translated to research survey tools that better capture parents' emotional aggression and child emotional abuse than the measures that are currently available.

Warner, L., Alegria, M., and Canino, G. (May 2012). Childhood Maltreatment Among Hispanic Women in the United States: An Examination of Subgroup Differences and Impact on Psychiatric Disorder. *Child Maltreatment 17(2) 119-131*. Retrieved from: http://cmx.sagepub.com/content/17/2/119.full.pdf+html.

The study examines the prevalence of childhood maltreatment among Hispanic women in the United States both by nativity status and ethnic origin subgroups, as well as the association between different types of maltreatment and the development of anxiety and depressive disorders. Analyses used self-report data from 1,427 Hispanic women. Foreign-born Hispanic women reported significantly lower rates of sexual assault and witnessing interpersonal violence, and a significantly higher rate of being beaten than U.S.- born Hispanic women. Ethnic subgroups reported similar rates of maltreatment, with the exception of rape. When controlling for all types of victimization and proxies of acculturation, having been beaten and witnessing interpersonal violence remained significant predictors of both anxiety and depressive disorders, but sexual abuse increased risk of anxiety only.

Child Abuse Prevention Month

April is Child Abuse Prevention Month. Here we present to you several initiatives across the country aimed at prevention. Your program may use these examples to create your own community-based projects!

Commit to Prevent is a pledge campaign that asks for promises, not money. The promise is to commit something tangible to parents or children. This campaign encourages support for families so that parents will not feel overwhelmed and overexerted. The avoidance of such feelings helps to prevent child abuse. Pledge cards can be distributed at public or private events and people can come up with their own pledges. Some example pledges are: to babysit for free so parents can take a break, to be a good listener for parents, and to be a good role model for parents by sharing ideas and skills.

http://www.pcaky.org/images/files/2013%20Child%20Abuse%20Prevention%20Month.pdf

Pinwheels for Prevention is campaign reaches out to businesses, civic associations, schools, faith groups, neighborhoods, and individual people. Pinwheels are the national symbol for child abuse prevention. These groups or individuals can become pinwheel partners and sell pinwheel cards, businesses can have pinwheel days when a portion of their profits go to the Pinwheel initiative, groups can post pinwheels and information on their website, or groups can host coin days. The purpose of these activities is to raise awareness, support and funds for policy initiatives to prevent child abuse.

http://www.scanva.org/pinwheels.htm

In South Bend, Indiana, a hospital sponsored a **radio show** on a popular program that educated people about child abuse and provided phone numbers to report child abuse, or for parents to ask for help.

http://www.qualityoflife.org/tasks/sites/memorialcms/assets/File/childabuse2.pdf

T-Shirt Campaign - A clothing brand called Sevenly designed shirts with the theme of stopping child abuse that are sold, and the profits go to child abuse prevention.

http://www.childhelp.org/blog/entry/sevenly/

Ambassador Campaign - Volunteers are trained as ambassadors to educate and empower people to stop child abuse. There are a number of campaigns in which people can participate. In **the poster campaign**, posters are sold for $5 each, which is how much each call to report child abuse costs. Then, there is a photo contest to show the most unique placement of a child abuse poster. There is also a contest for the most posters sold. The winners of the contests are featured on the national website. There is also a **circus**, a **race**, and a **golf tournament** which send their proceeds to prevent child abuse. In the **Random Acts of Kid-ness campaign**, each summer, Childhelp supporters focus on sharing acts of kindness with their community, raising awareness about the kindness that Childhelp is bringing to victims of child abuse and neglect. In turn, those who receive the act of kindness are encouraged to *'Pay it Forward'* by educating themselves on the signs and symptoms of abuse and share that knowledge to keep other children safe from abuse. Participants can participate by simply printing out the cards, and then passing them to the person whom you are choosing to 'gift' with a random act of "kid-ness."

IDEAS FOR ACTS OF KID-NESS CAN INCLUDE:

- Offer a couple hours of babysitting to a parent
- Do yard cleanup or simple home repairs for a neighbor

- Pass out bottles of water in a public area on a hot day
- Tutor a child
- Let someone in line go ahead of you
- Pay the tab of the person behind you at the fast food or coffee shop drive through
- Read to the elderly
- Pay someone's toll
- Bring co-workers or homeroom students a treat

http://www.childhelp.org/wings/

Community agencies are planning the **3rd Annual Children's Fair** to spotlight community resources for families, ensure that parents have the knowledge, skills, and resources they need to care for their children, and to help prevent child abuse and neglect by strengthening families.

Another child abuse prevention campaign is an **essay contest** for Crawford County students in Grades 7, 8, 9, 10, 11 and 12. The contest is sponsored by Optical Filters USA and will provide a creative forum for students to explore the importance of family and the fundamental rights of children in child abuse prevention and awareness.
http://www.crawfordcasa.org/sites/default/files/2013%20Child%20Abuse%20Prevention%20Packet.pdf

Hosting a Third Party Event - any groups, organizations, churches, businesses and corporations want to help support Tennyson Center for Children by holding their own fundraising events. Tennyson Center approves fundraisers and works with these organizations to raise money for child abuse prevention.

Silent Auction - Tennyson Center's live and silent auctions have caused quite a buzz around town. Throughout the year, Tennyson Center event auctions feature incredible packages, "live" guitar signings, trips, and more.

http://www.childabuse.org/page.aspx?pid=239

Here is a campaign that utilizes technology:

DO YOU OWN A SMART PHONE?? SUPPORT OUR CAPM MOBILE GIVING CAMPAIGN - **Tennyson Center's mobile giving campaign** is a fast, easy, and secure way to raise funds without hurting your pocketbook.

• Text the word CHILD to the number 50555 to give $10 from your mobile phone
• When prompted reply with YES to complete your one-time $10 gift (A one-time $10 donation will appear on your next mobile bill as a separate line item, recognized as a tax deductible donation)
• Join our mobile club to receive Tennyson alerts including event updates, kids quotes, and more when you reply with YES to opt in to receive information about Tennyson Center! *Msg and Data rates may apply*.

http://www.childabuse.org/page.aspx?pid=397

TIPS & SUGGESTIONS

- ***Recognition Event***—Hold a luncheon, dinner, award ceremony or other event to publicly thank child protection workers, foster parents, a media personality, or others who have made a significant contribution to preventing child abuse.
- ***Publicity***—Send press releases or "media alerts" to local radio and television stations.
- ***Proclamation***—Work with the sponsoring organization to have government leaders issue proclamations supporting Child Abuse Prevention Month.
- ***Sabbath Events***—Contact places of worship and propose that they set aside a Sabbath to celebrate children and families. Suggest a sermon or discussion on disciplining without shouting or spanking, reaching out to parents having difficulty with their children, or the importance of positive parenting for physical emotional, and spiritual good health.
- ***Blue Ribbon Campaign***—Urge everyone in the community to wear to a blue ribbon during April, to show that they know child abuse is an important problem. It may be effective to make the wearing of the blue ribbon a reminder of a child in the community who died from child abuse during the past year.
- ***Kids Day***—Organize a "Kids for Kids" parade dedicated to children, featuring children. Explain in all publicity that this event is meant to show children that their parents love

them and to remind parents how special their children are. Request the Kiwanis Kids' Day kit from the International Office for additional ideas on child-centered events.

- ***Advisory Council—***Assist the local committee against child abuse in creating an advisory council. Make use of the contacts the club has to invite community leaders onto the advisory council. Involve other service clubs, business leaders, government officials, and school administrators.
- ***Business Breakfast—***Invite owners and managers of local businesses to a breakfast to meet with local leaders of the fight against child abuse. This informational meeting should address issues that the attendees will have interest in, such as the benefits of employee assistance programs concerning family support issues and counseling services.
- ***Parenting Presentation—***Invite leaders of parent-teacher organizations, child care centers, and churches to attend a presentation on how to encourage positive parenting, presented by a local child abuse prevention organization.:
- ***Corporate Challenge—***Assist the local committee for the prevention of child abuse in soliciting support from local corporations and businesses. Assemble lists of the current supporters and those who are not supporting the child abuse prevention committee. Send contact letters to non-supporters that urge them to be good corporate citizens like the corporations that do contribute. Follow up with teams that visit each corporation.

- ***Life Saver Collection—***Contact your local NCPCA chapter and work with them to sell Life Savers candies to help save the lives of children.
- ***Athletic Contests—***Some chapters have held a "Battle of the Badges" in which law enforcement officers form various jurisdictions have competed. A Kiwanis club could help organize such an event—or it could field its own team.
- ***Calendar Page*** Distribute a calendar page that has an activity on each day for parents to do with their children
- ***Organize*** a series of **"Parent-Child Special Expeditions"** to encourage parents to spend "special time" with their children. In each expedition, work in a message that encourages positive family relationships. For example, sponsor a day at the zoo that incorporates a lesson that all animals—and people—deserve kindness. Other possible expeditions include tours of a museum (lesson: parents want their children to learn about the world), a

park or nature preserve (lesson: we need to take care of nature, just as parents take care of children), an airport (lesson: sometimes parents have to go away on business, but they love their children), or fast food restaurant (lesson: sometimes parents are too busy to cook, but they want you to eat a healthy meal).

- ***Sponsor a "Messy Fun Day"*** where children and parents are required to wear old clothes that can be stained. Then, offer all the arts and crafts that parents don't want their children to try at home because they are too messy. Activities can include finger paints (or pudding paints), putting on make-up, mud pies, building dams, creating working volcanoes, and throwing water balloons. The typical child can probably name ten other messy activities that are strictly forbidden at home. http://athenstennessee.net/athenskiwanis/wp-content/uploads/file/Young%20Children%20Priority%20One/Child%20Abuse.pdf

The "Enough Abuse" Campaign in Massachusetts

1. Achieved **Assessment and Collaborative Planning** by establishing state and local level collaborations, conducting scientific surveys to assess public knowledge/attitudes about sexual abuse, and helping community leaders assess local sexual violence data and community risk and protective factors;
2. Implemented **Targeted Action and Interventions** by developing high quality prevention training curricula, recruiting and selecting local leaders to become trainers, and conducting intensive "Training of Trainers" sessions to educate and certify local trainers to provide free educational workshops for parents, professionals and youth;
3. Achieved **Community and Systems Change** by implementing prevention programs, policies and practices that were successfully institutionalized in the community;
4. Accomplished **Behavior Change and Risk Reduction**, i.e. more people taking action to address child sexual abuse before it occurs by teaching children healthy body boundaries, being vigilant about adult behaviors that pose risks to children, identifying potential victims, and taking actions to change unacceptable community norms. Effectively carried out, these combined strategies are intended to support and lead to;
5. **Improvements in Population-level Outcomes**, i.e. a reduction in the occurrence of child sexual abuse – the Campaign's goal.

http://www.enoughabuse.org/index.php?option=com_content&view=article&id=6&Itemid=10

The Power of One Toolkit in Michigan

The state of Michigan provides a toolkit to prevent child abuse. The toolkit contains ideas for campaigns. One of the campaigns is called ***The Power of One***. This statewide initiative asserts that the power of one person, one community, one dollar, one action, etc. during April, will help to protect children from abuse and neglect throughout Michigan. The initiative encourages every citizen to take responsibility for providing the support and assistance that all parents need. It is a compelling strategy for the primary prevention of child abuse and neglect. This campaign includes many different kinds of efforts, especially **Reach out**. Anything you do to support parents and children can reduce the stress that often leads to child abuse and neglect.

Be a friend to a parent you know. Ask how their children are doing. If a parent seems to be struggling, offer to baby-sit, run errands, or lend a friendly ear.

- ❖ Talk to your neighbors about looking out for one another's children. Encourage a supportive spirit among parents in your community. Join a local Circle of Parents (http://www.circleofparents.org/) support group or Great Start Parent Coalition. (http://greatstartforkids.org/content/great-start-parent-coalition-overview)
- ❖ Donate your used clothing, furniture, and toys for use by another family. This can relieve the stress of financial burdens that parents may take out on their children.
- ❖ If you or someone you know feels overwhelmed by the demands of parenting, call Parent Awareness Michigan (PAM) at 1-800-968-4968 for information about family support resources in your community or visit www.preventionnetwork.org to find parenting resources managed by PAM.
- ❖ Become a volunteer and/or member of a child abuse prevention and/or advocacy group or organization in your community.
- ❖ Make a financial charitable contribution to a cause which will support families and children. (Each $1 donation can make a difference.)

http://www.michigan.gov/documents/ctf/2012_CAP_Mo_Toolkit_0-8_376490_7.pdf

INDIVIDUAL WAY S TO CONTRIBUTE

- ✓ Hang posters in your office or lobby to bring attention to Child Abuse Awareness
- ✓ Offer child abuse awareness bracelets to clients

- ✓ Partner with local agencies to co-sponsor activities. This helps get your program's name out there!
- ✓ Write an op-ed piece for the local newspaper, explaining how supervised visitation programs help prevent child abuse.
- ✓ Host an open house during April.
- ✓ Write your program's Annual Report, or Bi-Annual Report, and publish it during this month, to highlight your child prevention efforts.
- ✓ Host a fundraiser during this month to draw attention to your program.

Call the Clearinghouse if you have questions!