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The Healthy Families America &
Child Abuse Prevention Funding Series

Federal Funding for Child Abuse and Neglect Prevention

Accessing New Funding Sources



Prevent Child Abuse
America

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Introduction

The federal government has increasingly begun to recognize the value of comprehensive prevention efforts to promote healthy development and reduce a variety of social problems. Several initiatives, through an array of federal government programs, have allocated funds to encourage and support programming and research in prevention programs.

Prevention programs, such as Healthy Families America[®] (HFA), may look to federal agencies to supplement current funding. One of the most significant challenges for prevention programs is securing a diverse mix of funding streams. This is critical in order to protect a program against a sudden decline in a single funding source that may potentially result in a disruption of services. Diversified funding sources also allow HFA and other prevention programs to serve an extensive base of families.

This publication provides an overview of child abuse and neglect prevention, reviews common prevention components, describes how to locate funding sources within the federal government, highlights federal agencies that offer funding opportunities, and outlines a strategy to secure federal funding for HFA and other prevention initiatives.

Child Abuse and Neglect Prevention

A variety of factors may put a child at risk for child abuse and neglect. These factors relate to a range of social problems, including domestic violence and substance abuse, which often impact a child's experiences and development. Children exposed to abuse and neglect are at a greater risk for problems in the areas of health, education, and social adjustment. However, with the additional support found through prevention efforts, children and families may build on their strengths and become better prepared for these challenges.

Prevention activities, sponsored by a variety of federal agencies, have been developed to assist children and families in the home, school, and community. There has been an increase in federal programs that seek to promote healthy child development by reducing the impact of negative experiences, enhancing family strengths, and promoting healthy child development.

Prevention programs help build parenting knowledge and skills, assist the family in supporting a stable, nurturing home environment, encourage collaborative networks of support, and enhance the physical, emotional, and cognitive development of children. Such efforts help parents access the necessary resources to become the best possible parents and help children achieve healthy, optimal development. Federally funded programs and grants offered by federal agencies often have these same objectives. Therefore, prevention efforts may look to federal agencies as a potential source for funding.

[®] Healthy Families America is a registered trademark of Prevent Child Abuse America

Identifying appropriate federal resources can be a difficult task because numerous branches within the federal government offer grants that fit within the prevention framework. Federal initiatives have shifted funds from treatment programs that address identified problems to more holistic and family-centered efforts that prevent problems from emerging.

The benefits of pursuing federal grants may include the following:

- Additional funds may allow for program expansion;
- Financial support may increase opportunities to provide unique services to the community;
- Organizations may extend partnerships within the community through the planning process;
- Agencies, in examining their services, may gain insight into current resources and strengths; and
- Nonprofits that look within the agency and to the community for input may hone their objectives and strategies to meet identified areas of need.

An agency that is actively engaged in the process of securing funding will recognize and strengthen its current capacities in providing prevention services to children, families, and communities.

Prevention: Background

Prevention efforts provide services before a problem develops so that the problem can be halted or minimized. Effective prevention programs promote family stability and healthy child development.

The goals of prevention programs often include:

- Building parenting knowledge and skills;
- Supporting a stable, nurturing home environment;
- Enhancing the physical, emotional, and cognitive development of children; and
- Forging collaborative networks of support.

Components of Prevention

Prevention programs have developed unique ways to tap into the resources of individuals, families, and communities while also addressing their needs. To strengthen families and foster positive development, prevention initiatives encourage collaboration, support, information sharing, and skill building. Agencies provide a variety of creative program options to respond to the needs of children and families. The following information provides an overview of program components that fall within the scope of prevention. Although most prevention initiatives do not include all components, a range of potential child abuse and neglect prevention services are highlighted.

❖ Home Visiting Programs

Home visiting programs based on partnership and strength-based practices help families support healthy child development and reduce the development or worsening of chronic problems.¹ Healthy Families America, a model prevention program, offers voluntary home visiting and other services to families in over 400 communities. HFA seeks to promote positive parenting, encourage child health and development, and prevent child abuse and neglect.

Research has documented positive outcomes for both children and families served by home visiting programs, including:

- Improved health and health care provision;
- Reduced rates of child abuse and neglect;
- Higher levels of cognitive, emotional, and social functioning; and
- Improvements in maternal life course.²

¹ K. McCurdy, *Home Visiting*. (Chicago: National Committee to Prevent Child Abuse, December 1995).

² Government Accounting Office (GAO), *Home visiting: A promising early intervention strategy for at-risk families* (GAO/HRD-92-99) (Washington, D.C.: GAO, 1990).

❖ **Mutual Support Groups**

Mutual support programs build knowledge, support, and advocacy among participants through the development of consistent support. Mutual support groups help participants develop the awareness that they are not alone and assist them in reducing their isolation from others.³ Building connections among caregivers promotes a secure, supportive environment for a child's continuing development.

Some benefits of social networks may include:

- Increasing sources of emotional support;
- Generating information about parenting practices and community resources; and
- Developing skills in communication and conflict resolution.⁴

Various prevention initiatives have utilized support groups to help strengthen families. Evaluations of these programs indicate that they contribute to reductions in physical abuse, improvements in parental self-esteem, increases in the use of community resources, and the development of social contacts.⁵

❖ **Parent Education and Training**

Parent education and training programs seek to inform parents of developmental milestones and encourage effective parenting strategies. By sharing information and engaging in discussions on child development, care, and discipline, parents develop more knowledge and insight into their parenting style and patterns of family communication.

Parent education programs have been linked to:

- Improved cognitive functioning of the child;⁶
- A reduction in reported child behavior problems;⁷
- Positive changes in parent-child interaction;⁸ and
- An increase in parent self-efficacy.⁹

³ A. Gitterman and L. Shulman, *Mutual aid groups and the life cycle* (Itasca, IL: F.E. Peacock Publishing, 1986).

⁴ E. Tracy, J. Whittaker, F. Boylan, P. Neilman, and E. Overstreet, "Network interventions with high-risk youth and families throughout the continuum of care," *Home-based services for troubled youth* (Lincoln, NE: University of Nebraska Press, 1995).

⁵ T. Rafael and L. Pion-Berlin, *Parents AnonymousSM: Strengthening Families*. (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, April 1999). Available on-line at http://ojjdp.ncjrs.org/jjbulletin/9904_2/contents.html.

⁶ R. Becher, "Parent involvement: A review of research and principles of successful practice," *Current topics in early childhood education*, ed. L. Katz (Norwood, NJ: Ablex, 1986) 85-122.

⁷ See R. Thompson, P. Ruma, L. Schuchmann, and R. Burke, "A cost-effectiveness evaluation of parent training," *Journal of Child and Family Studies* 5.4 (Dec. 1996): 415-429 for more information.

⁸ Thompson et al.

❖ **Respite**

Respite programs offer support services to help strengthen families and enable them to remain together despite difficult times. By providing temporary relief to families, respite gives families an opportunity to maintain care while addressing other family needs.

Respite services have contributed to:

- Reductions in family stress;
- Decreases in parent and family isolation; and
- Improvements in relationships between caregivers and children.¹⁰

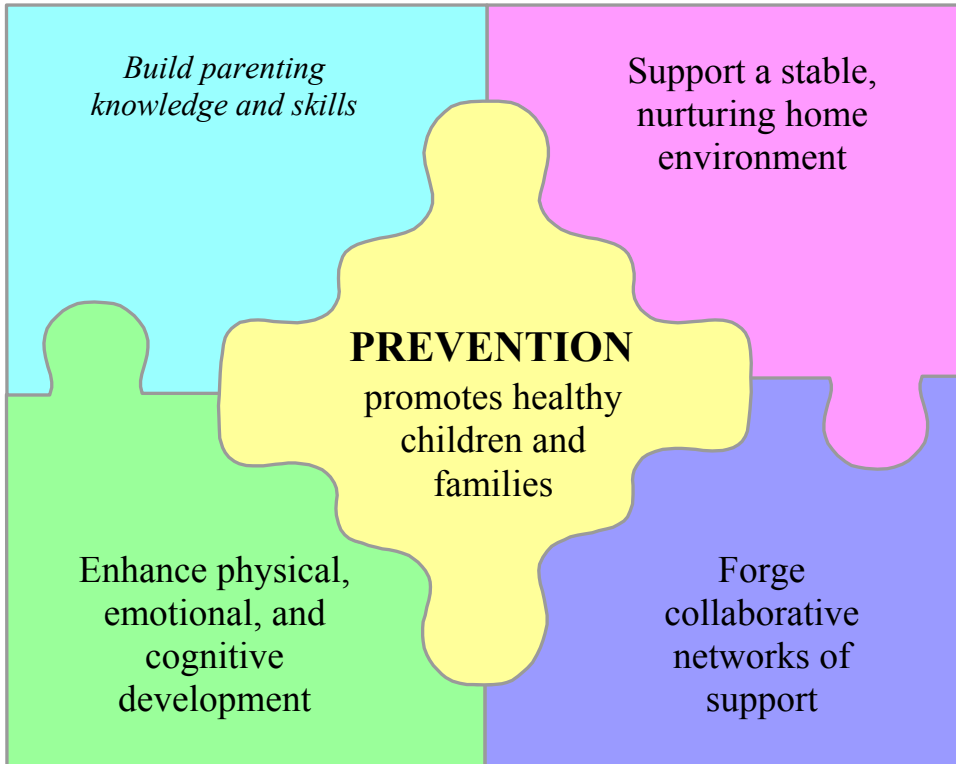
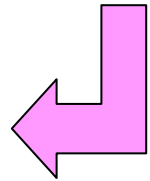
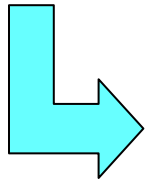
⁹ J. Kanigsberg and R. Levant, "Parental attitudes and children's self-concept and behavior following parents participation in parent training groups," *Journal of Community Psychology* 16 (1988):152-160.

¹⁰ See National Respite Coalition, *Respite: Key component of a comprehensive, inclusive child care strategy* (Annandale, VA: National Respite Coalition). Available at <http://www.chtop.com/NRC.htm>.

FRAMEWORK FOR PREVENTION

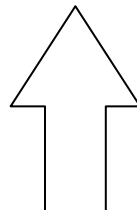
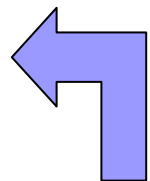
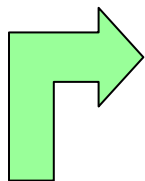
PARENT EDUCATION

RESPIRE



HOME VISITING

MUTUAL SUPPORT GROUPS



OUTCOMES (RESULTS)

ASSOCIATED WITH INCREASES IN

- φ Optimal child development
- φ Access to supportive services
- φ Preventive care
- φ School readiness
- φ Healthy parent-child bond
- φ Informal social supports
- φ Positive attitude toward parenting
- φ Productive family functioning
- φ Effective problem-solving

ASSOCIATED WITH DECREASES IN

- φ Child abuse and neglect
- φ Juvenile offenses
- φ Developmental delays
- φ Need for intensive special education services

Rationale for Prevention

The benefits of prevention efforts lie in their ability to promote positive outcomes and prevent negative results. Prevention promotes the behaviors, lifestyles, and interactions that lead to well-being and healthy, optimal development.

- **Prevention promotes self-sufficiency.**¹¹ As demonstrated in evaluations of HFA programs, prevention can help parents improve their education levels and employment opportunities while also reducing welfare dependency and incidence of domestic violence. Evaluations of HFA programs in Alaska, Connecticut, Florida, Arizona, and Virginia found improvements in these areas. For example, in Arizona, HFA participants spent 121 fewer days on AFDC, 200 fewer days on Food Stamps, and 73 fewer days on Medicaid than a comparison group who qualified for but were not enrolled in HFA services. Furthermore, of 801 families studied in Florida, more than half improved their housing and 189 decreased their reliance on welfare.
- **Prevention helps mothers and fathers be better parents.**¹² Measures of parent-child interactions and qualitative interviews with parents suggest that regular home visiting provides parents with information and support on effective discipline, helps parents develop a greater sensitivity to their child's needs and cues, and assists parents in decreasing their overall distress. In fostering positive parent-child relationships and parenting skills, prevention helps equip caregivers with the resources and skills necessary to parent children.
- **Prevention assists parents in improving their lives.** Within Healthy Families America, for example, home visitors help families learn to problem-solve and cope with stress. Families learn to adjust to challenges and changes and better manage their own lives.
- **Prevention is an investment in children.** Recent research in brain development and child development tells us that the years from birth to age three are critical for growing children.¹³ Home visitors assist new parents in providing the experiences that help their children grow into productive and healthy adults. These positive developmental experiences will also better prepare children to benefit from education and become productive members of society.

Prevention also attempts to manage the spread of risks by proactively intervening before a problem develops or its consequences are felt. This helps to reduce the conditions that may undermine the foundation of individuals, families, and communities.

¹¹ Prevent Child Abuse America, "Key research findings about Healthy Families America," *Healthy Families America, Medicaid and the Child Health Insurance Program* (Chicago, IL: Prevent Child Abuse America, 2000), 25-26.

¹² Prevent Child Abuse America, "Key research findings about Healthy Families America," 25-26.

¹³ Carnegie Task Force on Meeting the Needs of Young Children, *Starting points: Meeting the needs of our youngest children*. (New York: Carnegie Corporation of New York, 1994).

- **Prevention is associated with reduced rates of abuse.**¹⁴
 - ◆ Home visiting programs can help prevent child abuse. For example, some studies suggest that families enrolled in HFA are two to three times less likely to maltreat their children than comparable families who are not enrolled.
 - ◆ One hundred percent of Virginia HFA participants were free of substantiated abuse during a 21 month study ending in 1999.¹⁵
 - ◆ In Hawaii, participant families had significantly fewer substantiated cases of abuse or neglect, 3.3% compared to 6.6% from the control group.
 - ◆ In one county in Florida, between 1993-1997 the substantiated rate of abuse for participating families was only 1.3% compared to a countywide rate of 5.6%.

Child abuse and neglect harms a child's potential, the stability of the family, and the strength of the community. By intervening before child abuse and neglect occurs, society as a whole avoids the direct and indirect costs of treating victims and dealing with related short-term and long-term consequences. Specifically, prevention helps avert the financial and social costs of emergency care, out-of-home placements, family break-ups, or most tragically, a child's death. Child abuse and neglect prevention can produce far-reaching and long-lasting benefits.

HFA programs and other prevention efforts attempt to assist families before an urgent need exists. Prevention programs provide information and support to parents before the conditions that give rise to an abusive environment can set in and the consequences of abusive and neglectful parenting can be seen. Prevention programs help to reduce risk factors, improve children's futures, and in the end, save society the costs child abuse and neglect create.

Rationale: Prevention Improves Children's Futures

Children who are exposed to abuse and neglect are at a greater risk for negative life outcomes. These long-term consequences not only affect the children and families themselves but also the communities and society at large.

*Profile of Maltreated Children*¹⁶

- Depression, post-traumatic stress disorder, conduct disorder, brain damage, developmental delays, and learning disorders are only a few of the consequences of childhood abuse and neglect.

¹⁴ Prevent Child Abuse America, *Answers to frequently asked questions about Healthy Families America* (Chicago, IL: Prevent Child Abuse America, 1999).

¹⁵ D. Daro and K. Harding, "Healthy Families America: Using research to enhance practice," *The Future of Children* 9.1 (1999) 152-176.

¹⁶ For a review of long-term adverse effects, see C. S. Widom, "Child victimization: Early adversity, later psychopathology," *National Institute of Justice Journal* (Jan. 2000); National Clearinghouse on Child Abuse and Neglect Information, *Prevention pays: The costs of not preventing child abuse and neglect*. (Washington, D.C., National Clearinghouse on Child Abuse and Neglect Information, 1998) summarizes the cost of maltreatment.

- Long-term costs of child abuse and neglect include increased risk of low academic achievement, drug use, teen pregnancy, juvenile delinquency, and adult criminality. Furthermore, these consequences cost society by expanding the need for mental health and substance abuse treatment programs, police and court interventions, correctional facilities, and public assistance programs.

Prevention Programs

Prevention efforts have produced significant outcomes in several areas. Prevention programs promote the development of children, safeguard their health, and support the stability and safety of the family.

- Prevention programs help parents maintain a nurturing environment for their developing children. Research on brain development affirms that a positive, stimulating environment during the first three years of life helps strengthen the connections within the brain that allow a child to develop healthy cognitive and social skills.¹⁷ An environment lacking in the necessary physical, emotional, and social conditions, especially a violent one, can impair brain development, leading to long-lasting negative effects.¹⁸
- Research indicates that children who participate in prevention programs are more likely to be developmentally on-target compared to similar children who are not enrolled. For example, 85% of children enrolled in the Hawaii Healthy Start program were developmentally on-target for their age.¹⁹
- Children who are involved in prevention efforts demonstrate improved health. They are more likely to be involved in prenatal care and preventive health care, including immunization.²⁰
- Prevention can reduce risks for antisocial behavior²¹ and conduct disorder,²² which often lead to negative juvenile and adult outcomes.

¹⁷ For a discussion on brain development, see J. M. Nash, "Fertile minds" and J. Collins, "The day-care dilemma," *Time* 3 Feb. 1997.

¹⁸ Dr. Bruce Perry has produced several articles about the connection between violence and brain development. "The vortex of violence: How children adapt and survive in a violent world" and "Violence and childhood: How persisting fear can alter the developing child's brain" are among relevant articles available at <http://www.bcm.tmc.edu/cta/>.

¹⁹ L. Fuddy, *Outcomes for the Hawaii Healthy Start Program, 1992* (revised 1/94) (Honolulu: Hawaii Department of Health, 1994).

²⁰ Prevent Child Abuse America, *Answers to frequently asked questions about Healthy Families America* (Chicago, IL: Prevent Child Abuse America, 1999).

²¹ D. Olds, L. Pettitt, J. Robinson, C. Hederson, J. Eckenrode, H. Kitzman, B. Cole, & J. Powers, "Reducing risks for antisocial behavior with a program of prenatal and early childhood home visitation," *Journal of Community Psychology*, 26.1 (Jan. 1998): 65-83.

²² C. Webster-Stratton. "Preventing conduct problems in Head Start children: Strengthening parenting competencies," *Journal of Consulting and Clinical Psychology* 66. 5 (Oct. 1998): 715-730.

Rationale: Prevention Reduces Risk Factors

Prevention impacts risk factors related to child abuse and neglect, including substance abuse and domestic violence. These risk factors are often associated with families at a higher risk for child abuse and neglect and can interfere with the parents' ability to provide a nurturing and secure environment for the child.

Substance Abuse²³

Approximately 1.3 million substance-abusing parents live with children younger than 18 years old. Studies have found that between one-third and two-thirds of substantiated abuse and neglect cases involve substance abuse. Another report estimates that substance abuse either causes or worsens seven out of ten child abuse and neglect cases.²⁴ Children whose parents abuse alcohol or other substances are three times more likely to experience abuse and four times more likely to become neglected.²⁵ The link between substance abuse and child abuse and neglect is even stronger with younger children, particularly infants.

A review of the connection between substance abuse and child abuse and neglect led researchers to recommend comprehensive services, including home visits before and after birth, to prevent child maltreatment.²⁶ The support and involvement that prevention programs provide appears to help parents tackle other problems because they are accessing more resources. A study of Healthy Families America programs in Alaska appears to support these observations. Of the parents that admitted substance abuse problems, 38% stopped using substances and 42% had ceased their use of alcohol.²⁷

Domestic Violence²⁸

Domestic violence creates problems for children and perpetuates child maltreatment. In addition to the emotional abuse that often exists within homes where domestic violence is prevalent, pregnant mothers and children in these homes are at a greater risk for becoming the direct victims of physical violence. Violence before and during pregnancy leads to impaired health for both women and their babies.²⁹ Women experiencing violence are at a greater risk for sustaining injury, delaying prenatal care, gaining insufficient weight, and experiencing extreme stress and anxiety. For the baby, these health conditions can lead to low birth weight, premature labor, fetal distress, and death.

²³ See U.S. Department of Health and Human Services, *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection* (Washington, D.C.: U.S. Government Printing Office, Apr. 1999).

²⁴ J. Reid, P. Macchetto, and S. Foster. *No safe haven: Children of substance abusing parents*, (New York: The National Center on Addiction and Substance Abuse at Columbia University, 1999)

²⁵ Reid et al.

²⁶ Reid et al.

²⁷ D. Daro and K. Harding, "Healthy Families America: Using research to enhance practice," *The Future of Children* 9.1 (1999) 152-176.

²⁸ See the review in J. Edleson, "The overlap between child maltreatment and woman battering," *Violence Against Women*, 5.2 (1999) 134-154. Also, consult the issue: Domestic violence and children. *The Future of Children* 9.3 (1999), Available online at <http://www.futureofchildren.org/dvc/index.htm>.

²⁹ For research references, refer to L. Heise, M. Elisberg, and M. Guttemoeller, "Ending violence against women," *Population Reports* 28.4 (Dec. 1999). Available at <http://www.jhuccp.org/pr/11ledsum.stm>.

Also, research indicates that witnessing domestic violence can lead to adverse effects for children, not dissimilar to those found in child victims of abuse. Children from homes of domestic violence are at risk of developing behavioral problems, cognitive difficulties, and social adjustment problems. They are also more likely than other children to display aggressive behavior, to appear as offenders in the juvenile justice system, and to engage in abuse as adults.³⁰ Finally, violence between partners in a family is often associated with violence toward children within the family. When either child maltreatment or domestic violence occurs, it is likely that the two coexist within 30% to 60% of the homes.

Prevention Programs

Although home visiting programs have not focused directly on domestic violence, they may have a positive impact on the problem because of their emphasis on providing a nurturing environment and on supporting caretakers.³¹ Home visitors lend emotional and social support as well as link mothers to prenatal care and domestic violence services. HFA programming appears to have had an effect on those who experience domestic violence. For example, within Alaska's HFA program 37% of parents reported a concern about domestic violence. Of these parents, 43% obtained support services to address domestic violence.³²

Rationale: Prevention Saves Money

The Cost Savings of Prevention:

- For every dollar spent on prevention, at least two dollars are saved that might otherwise have been spent on child welfare services, special education services, medical care, foster care, counseling, and housing juvenile offenders. It would take less than half the cost society presently spends treating and managing the consequences of child maltreatment to make HFA services available to all families that want them.³³
- In some states research indicates even greater savings. A study commissioned by the Colorado Children's Trust Fund concluded that the cost of making home visitation services available to all Colorado families with children from birth to age three who want these services would cost approximately \$32 million annually. This is compared to the \$402 million combined costs (indirect and direct) of maltreatment to the state today.³⁴ For every dollar spent, 12 are saved.

³⁰ For reviews of research, consult M. Rosenberg and B. Rossman, "The child witness to marital violence," *Treatment of family violence: A sourcebook*, eds. R. Ammerman and M. Hersen (New York: John Wiley & Sons, 1990) 183-209; J. Kolbo, E. Blakely, and D. Engleman, "Children who witness domestic violence: A review of empirical literature," *Journal of Interpersonal Violence* 11.2 (Jun. 1996) 281; J. Edleson, "Children's witnessing of adult domestic violence," *Journal of Interpersonal Violence* 14.8 (Aug. 1999) 839-870.

³¹ D. Wolfe and P. Jaffe, "Emerging strategies in the prevention of domestic violence," *The Future of Children* 9.3 (1999): 133-144.

³² Daro and Harding

³³ Prevent Child Abuse America, *Healthy Families America: A snapshot view*. (Chicago, IL: Prevent Child Abuse America, 1999).

³⁴ M.S. Gould and T. O'Brien, *Child maltreatment in Colorado: The value of prevention and the cost of failure to prevent* (Denver, CO: Center for Human Investment Policy, University of Colorado at Denver, 1995).

- A study for the Michigan Children's Trust Fund found that a statewide prevention program, including the availability of home visitation services for every family expecting its first child would cost approximately \$43 million. The current cost of maltreatment is \$823 million.³⁵ For every dollar spent, 19 are saved.

³⁵ R. A. Caldwell, *The costs of child abuse vs. child abuse prevention: Michigan's experience* (East Lansing, MI: Michigan Children's Trust Fund, 1992)

Federal Funding

Approximately \$6.5 billion of federal dollars are allocated for child welfare services alone.³⁶ Of these billions, only a small percentage goes directly to prevention. However, monies for child welfare and other federal programs can filter to states and organizations in a variety of ways. Because federal agencies may use different terms for types of funding, definitions and examples have been provided to clarify the various terms.

- *Formula grants* allocate money to states for ongoing activities according to legislated formulas. Congress appropriates money to a segment of the federal government. The agencies then award money to states, which then appropriate money to local governments to spend on programs.

Example: The Safe and Stable Families Program helps each state develop, expand, and operate a program of family preservation services and community based family support services. State allotments are based on the formula of the number of children in the state who received food stamps in the previous three years. These services include prevention activities that assist families in providing a consistent, nurturing environment for children.

- *Block grants*, a type of formula grant, are federal funds that often have been combined from smaller competitive and formula grants. These are usually provided directly to states and allow for greater discretion in how to use the funds.

Example: Temporary Assistance for Needy Families (TANF) shifted monies for welfare assistance to block grants for states. TANF funds appropriated to states can be used to support a multitude of social service programs that align with welfare reform goals, especially those that advance family stability.

- *Competitive grants-in-aid* or *categorical grants* offer funds to support specific, designated purposes to state and local governments or nonprofit organizations. Recipients must agree to abide by grant guidelines and purposes. *Project grants* or discretionary grants fund specific projects for fixed periods of time, usually one to five years. After Congress appropriates funds, a federal government agency then awards project and demonstration monies to states, local governments, or individual agencies and organizations. Organizations receiving funds directly from the federal government usually have been awarded discretionary grants through an application process.

Example: The Child Abuse Prevention and Treatment Act (CAPTA) Research and Demonstration Projects, administered by the Children's Bureau, are awarded to states, local agencies, and organizations through a competitive application process. They support research and demonstration projects to encourage the development of effective and responsive prevention programs.

³⁶ R. Geen, K. Tumlin, K., and S. W. Boots, *The cost of protecting vulnerable children: Understanding federal, state, and local child welfare spending* (Washington, D.C.: Urban Institute, 1999)

Federal Child Welfare Funds: A Source for Prevention Funding

Several sources of federal funds exist to support prevention efforts. Previous publications in *The Healthy Families America and Child Abuse Prevention Funding Series* have detailed how to access TANF, Medicaid and the Child Health Insurance Program (CHIP), and Tobacco Settlement monies to support Healthy Families America and other prevention programs.³⁷ Federal funds are also available through designated child welfare programs and other federal agencies. Federal programs may target child abuse and neglect prevention services exclusively or support services related to child maltreatment prevention activities.

Most federal dollars for prevention activities are first sent via state agencies through formula, block, or categorical grants. States then choose how to use the funds to support child welfare programs. States often draw from a few major funding sources to support prevention efforts. The major funding sources for states are described below.

Social Security Act

The Social Security Act specifically allocates funds for child welfare, including prevention and improvement of services.

- *Title IV-B* allows states to use funds for both child protection and abuse/neglect prevention.
 - ◆ Subpart 1, known as *Child Welfare Services*, provides funds to institute, strengthen, and expand child welfare services, including those that assist in problems that may result in abuse or neglect.
 - ◆ Subpart 2 of Title IV-B earmarks funds for the *Safe and Stable Families Program* which seeks to promote the general well-being of children and to support families by fostering child development and family functioning.
- *Title IV-E* funds support foster care, adoption, and transitional services. Additionally, monies from IV-E may fund technical assistance and training.
- *Title XX Social Services Block Grant (SSBG)* appropriates funds to states for social services. States often choose to allocate funds for services to prevent or treat abuse and neglect. States have wide discretion in using these funds to cover the costs of administration, training, case management, and related services. In most states, SSBG is administered by the state human service agency.

³⁷ Contact Prevent Child Abuse America for the following titles within this series: *Healthy Families America*, *Medicaid and the Child Health Insurance Program*; *State Tobacco Settlement Funds and Child Abuse Prevention Programs*; and *Temporary Assistance for Needy Families and Healthy Families America*.

- *Medicaid* monies have been used to support Healthy Families America programs and other prevention efforts through outreach, prenatal care coordination, and targeted case management services.³⁸
- *Title XXI: The Child Health Insurance Program (CHIP)* may be used for outreach to potentially eligible families.³⁹

Child Abuse Prevention and Treatment Act (CAPTA)

The Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93-247) provides grants to states for child abuse and neglect prevention and treatment programs. Although the federal government has designated discretionary grant programs through CAPTA, most of the CAPTA funds for prevention activities have to come through state designated agencies.

- Title I of CAPTA designates funds to support the efforts of state public agencies and nonprofit organizations to prevent, identify, and treat child abuse and neglect.
- Title II describes the *Community-Based Family Resource Program*, in which funds are allocated to initiate and implement comprehensive, community-based family resource services. Funds help states support a network of family-centered and prevention-focused community programs. Funds can be used to finance early support for parents in areas of parenting skills, child development and other activities that maintain family stability.

³⁸ Prevent Child Abuse America, *Healthy Families America, Medicaid and the Child Health Insurance Program: Accessing New Funding Sources* (Chicago, IL: Prevent Child Abuse America, 2000)

³⁹ Prevent Child Abuse America, *HFA, Medicaid, and CHIP*

Federal Discretionary Grants Related to Child Abuse and Neglect Prevention

Besides requesting federal monies through state agencies, several opportunities exist for individual organizations to access federal funds directly. Nonprofit organizations are often eligible for project or discretionary grants that provide funds to support programs directly. Multiple agencies within the federal government may offer funding for child abuse and neglect prevention or related areas. Some encourage collaborative attempts to address the related risk factors that influence child abuse and neglect. Federal initiatives may relate to child abuse and neglect prevention by either:

- Seeking to reduce related risk factors;
- Attempting to improve child functioning;
- Sustaining healthy development; or
- Targeting a special population.

Locating Potential Funding Sources

The following chart and resource list will help you find grants for prevention activities. The federal agencies listed may offer discretionary grants for child abuse and neglect prevention programming.

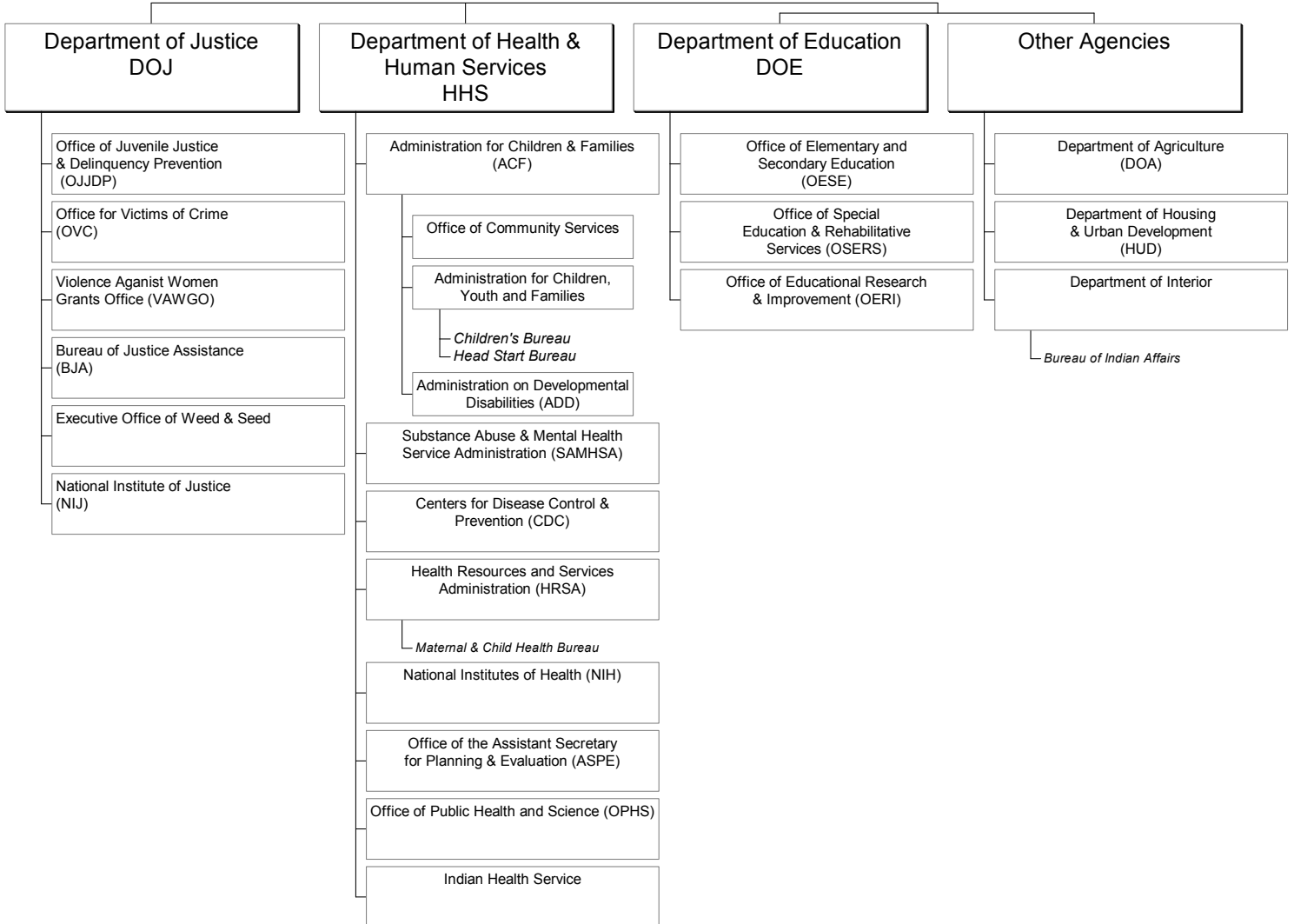
Depending on current objectives, the department may or may not offer funds for programs related to the prevention of child maltreatment. Announcements for grants can often be found through the agencies themselves or by consulting more general funding sources.

For each funding source, a description, address, phone contact, and website address are provided. Websites on the Internet provide the most efficient means to discover funding opportunities.

While reviewing these federal agencies, it may be helpful to refer both to the “Federal Funding Resources for Prevention Programs” chart on the following page and Appendix D on rationale development. These references may help illustrate how child abuse and neglect prevention can relate to the focus of different agencies.

Federal Discretionary Grants Related to Child Abuse and Neglect Prevention

Federal Funding Resources for Prevention Programs



General Funding Sources

We recommend that you begin your search for federal grants with the *Catalog of Federal Domestic Assistance* (CFDA) and the *Federal Register*. Because these general resources have information about *all grants* through the federal government and other information, it can be difficult to search and sort through all the information. However, as a source of current, readily available information on grant opportunities, they can be useful tools in the grant searching process.

Catalog of Federal Domestic Assistance (CFDA)

Website: <http://www.cfda.gov/public/default.asp>

Federal Domestic Assistance Catalog Staff
General Services Administration
300 7th Street, SW, Suite 101
Washington, DC 20407
(202) 708-5126
Toll-Free Answering Service: (800) 669-8331

CFDA provides the most comprehensive and up-to-date listing of federal grants from government agencies. The catalog, which is maintained by the General Services Administration, lists federal programs that provide assistance or benefits to the American public. The website allows for different searches for information on federal programs, projects, and grants. In addition, CDFA has useful information about developing and writing grant proposals. To purchase the catalog in hard copy or in tape, diskette, or CD-ROM format, contact the above address and phone number.

The Federal Register

Website: http://www.access.gpo.gov/su_docs/aces/aces140.html

Superintendent of Documents
U.S. Government Printing Office
P.O. Box 371954
Pittsburgh, PA 15250-7954
(202) 512-1800

The *Federal Register* publishes presidential documents, executive orders, notices, rules, and proposed rules from federal agencies. The *Register* often provides the first published notification for federal grants. The website listed above allows for searches of the *Federal Register* to find announcements for available funds. To purchase the *Federal Register*, contact the Government Printing Office at the above address or phone number.

Federal Agency Funding Sources⁴⁰

In addition to finding specific funding opportunities through the general funding sources, you can also locate potential grants by consulting individual federal agencies. The agencies below may provide discretionary grants for prevention programs and support research on prevention activities. Each listing provides an address, phone number, website, and a description of the agency. Refer to the chart on page 16 for an overview of interdepartmental relationships.

Department of Health and Human Services (HHS)

The Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201
(202) 619-0257
Toll Free: (877) 696-6775
<http://www.dhhs.gov>

HHS seeks to promote the health of all Americans and provide essential services in support of the health and safety of children and families. HHS is the largest grant-making agency in the federal government, providing some 60,000 grants per year. HHS also acts primarily as the source through which most prevention funds are made available. Prevention programs such as HFA often incorporate a host of family-centered services that fit the Department's goal to promote and preserve the safety and health of children.

The Department of Health and Human Services may provide support for child abuse and neglect prevention activities through the following agencies: the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, National Institutes of Health, the Office of the Assistant Secretary for Planning and Evaluation, and the Office of Public Health and Science.

Administration for Children and Families (ACF)

370 L'Enfant Promenade, SW
Washington, DC 20447
(202) 401-2337
<http://www.acf.gov>

ACF oversees 60 programs that promote the well-being of children, families, and communities. ACF is responsible for administering multiple programs including: Temporary Assistance for Needy Families (TANF), foster care, adoption assistance, independent living programs, family preservation and family support services, child abuse and neglect programs, child welfare services, and Head Start. Within ACF, the Administration for Children, Youth, and Families and the Office of Community Services and the Administration on Developmental Disabilities focus on the safety and support of children and families.

⁴⁰ The following listings were derived from National Clearinghouse on Child Abuse and Neglect Information at <http://www.calib.com/nccanch/index.htm>.

The Administration on Children, Youth and Families (ACYF)

330 C Street, SW, Room 2134
Washington, DC 20477
(202) 205-8347
<http://www.acf.dhhs.gov/programs/acyf/>

The Administration on Children, Youth and Families (ACYF) oversees the federal programs that support the development of children and their families, protect and shelter children in at-risk situations, and provide childcare for working families and families on public assistance. The Children's Bureau and the Head Start Bureau are the two major agencies with ACYF that may sponsor projects relating to child abuse and neglect prevention.

Children's Bureau (CB)

Mary E. Switzer Building
330 C Street, SW, Room 2068
Washington, DC 20447
(202) 205-8618
<http://www.acf.dhhs.gov/programs/cb/policy.htm>

The Children's Bureau (CB) within the ACYF assists states, tribes, and communities in protecting children and strengthening families through the delivery of a range of child welfare services. CB administers most of its monies to states for child welfare and related services.

CB also administers nine state grant programs: the Title IV-E Foster Care program, Title IV-E Adoption Assistance program, Independent Living program, Title IV-B Promoting Safe and Stable Families program, Child Welfare Services program, Child Abuse and Neglect Basic State Grants, Medical Neglect/Disabled Infants State Grants, Community-Based Family Resource Program Grants, and the Children's Justice Act Program.

CB is also a source for discretionary grant funds. It oversees several programs which provide discretionary grants including: Adoption Opportunities, Child Welfare Training, Child Welfare Research and Demonstration Projects, Abandoned Infants Assistance, and the Child Abuse Prevention and Treatment Act (CAPTA) Research and Demonstration Projects.

Head Start Bureau

Mary E. Switzer Building
330 C Street, SW, Room 2018
Washington, DC 20447
(202) 205-8572
<http://www.acf.dhhs.gov/programs/hsb/announce/fund>

Within ACYF, Head Start seeks to enhance children's readiness for school by improving the social and cognitive development of low-income children. Its intent is to provide children with care and early learning experiences so that they are ready to learn. In 1994, Congress expanded Head Start, originally for children ages three to five, by adding Early Head Start, a

program to reach infants and toddlers. Head Start provides comprehensive social services for families in a variety of areas including education, social and emotional development, and physical and mental health. Head Start, funded at over five billion dollars, is the most significant funding source of services for young children.

Office of Community Services (OCS)

Administration for Children and Families
Office of Community Services
Division of State Assistance
370 L'Enfant Promenade, SW
Washington, DC 20447
(202) 401-9333
<http://www.acf.dhhs.gov/programs/ocs>

This segment of ACF addresses the economic and social needs of impoverished urban and rural communities. OCS oversees the Social Services Block Grant (SSBG) and the Community Service Block Grant (CSBG). OCS also awards approximately \$47 million in discretionary grants. OCS supports programs that address the problems of family violence, including domestic violence.

Administration on Developmental Disabilities (ADD)

Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 300F
Washington, DC 20201
(202) 690-6590
<http://www.acf.dhhs.gov/programs/add>

The ADD's function is both to protect the rights of those with developmental disabilities and to prevent a worsening of disabilities. The Agency administers four grant programs to ensure the protection of people with developmental disabilities: the State Developmental Disability Councils Program, Protection and Advocacy Program, University Affiliated Programs, and Projects of National Significance. Within its funded efforts, ADD focuses on child development, abuse and neglect of persons with disabilities, early intervention, and training.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Room 12-105 Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3958 for Division of Grants Management
http://www.samhsa.gov/grant/gfa_kda.htm

As an agency within HHS, SAMSHA develops and promotes knowledge in the areas of prevention, treatment, and rehabilitation for those experiencing substance abuse and mental illness. SAMSHA offers discretionary grants to encourage research and deliver services to those who suffer from or are at risk for mental illness or substance abuse. A recent report to Congress entitled "Blending Perspective and Building Common Ground" examined the

connection between child protection and substance abuse.⁴¹ With the recognition of substance abuse, mental illness, and child welfare issues, SAMHSA may focus on more comprehensive services to support children and families.

Centers for Disease Control and Prevention (CDC)

National Center for Injury Prevention and Control
Mailstop K58
4770 Buford Highway, NE
Atlanta, GA 30341-3724
(404) 639-3311
<http://www.cdc.gov/od/pgo/funding/grantmain.htm>

CDC seeks to foster safe and healthy environments through initiatives to reduce health risks and prevent injury. CDC's National Center for Injury Prevention and Control administers research grants and funding opportunities that may include injuries caused by child abuse and domestic violence.

Health Resources and Services Administration (HRSA)

Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Toll Free: (877) HRSA-123
<http://www.hrsa.dhhs.gov/grantsf.htm>

HRSA funds health centers and programs that provide primary and preventive care to ensure healthy mothers and children. The Maternal and Child Health Bureau within HRSA administers numerous grant programs that address child well-being, including the Maternal and Child Health Services Block Grant, Healthy Start Initiative, Emergency Medical Services for Children Program, Access to Research for Women, Infants, Children and Youth, the Traumatic Brain Injury (TBI) Demonstration Grant Program, training grants, Children with Special Health Care Needs, and research grants.

Indian Health Service (IHS)

Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
(301) 443-1083
<http://www.ihs.gov>

IHS, an agency of the U.S. Public Health Service, operates comprehensive health services for the majority of American Indians and Alaska Natives. Within its scope of concern is the prevention of violence and child abuse and neglect.

⁴¹ U.S. Department of Health and Human Services. *Blending perspectives and building common ground. A report to Congress on substance abuse and child protection* (Washington, D.C.: U.S. Government Printing Office, 1999).

National Institutes of Health (NIH)

9000 Rockville Pike
Bethesda, MD 20892
(301) 496-1766
<http://grants.nih.gov/grants/funding/funding.htm>

NIH has supported more than 35,000 research projects nationwide to develop knowledge that, through prevention or treatment, will lead to better health for all. NIH, especially through The National Institute of Child Health and Human Development, supports research to “assure that every individual is born healthy, is born wanted, and has the opportunity to fulfill his or her potential for a healthy and productive life unhampered by disease or disability.”

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201
(202) 690-7000
<http://aspe.os.dhhs.gov>

ASPE advises the Department of Health and Human Services on policy development in the areas of health, disability, human services, and science. ASPE also provides analysis on economic policy. In this role, ASPE spearheads initiatives, coordinates evaluation, research and demonstration activities, estimates the costs and benefits of policy alternatives, and manages planning efforts when activities cross the domain of several agencies within HHS. The Division of Children and Youth Policy, a component of the Office of Human Services Policy within ASPE, investigates issues specifically pertaining to children and youth issues.

Office of Public Health and Science (OPHS)

Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 738G
Washington, DC 20201
(202) 401-6295
<http://www.osophs.dhhs.gov/ophs/>

OPHS serves as a point of contact within HHS for leadership and coordination of public health and science. OPHS administers relevant grants and funding through several of its offices including the Office of Minority Health (<http://www.omhrc.gov>), the Office of Women’s Health (<http://www.4woman.gov/owh>), and the Office of Disease Prevention and Health Promotion (<http://odphp.osophs.dhhs.gov>). The Office of Minority Health Resource Center also highlights private and government funding opportunities at <http://www.omhrc.gov/highlightfunds.htm>.

Department of Education (DOE)

400 Maryland Avenue, SW
Washington, DC 20202
(202) 401-2000
<http://www.ed.gov/funding.html>

Information Resource Center
Department of Education
600 Independence Avenue, SW
Washington, DC 20202
(800) USA-LEARN
<http://www.ed.gov/offices/OIIA/IRC>

The Department of Education addresses issues relating to child and family support through various programs. The Department of Education has supported programs directed at child abuse prevention, parent education, the abuse of children with disabilities, and research and training programs on child maltreatment and child welfare.

Office of Elementary and Secondary Education (OESE)

400 Maryland Avenue, SW, Room 3W300
Washington, DC 20202
(202) 401-0113
<http://www.ed.gov/offices/OESE/program.html>

Within OESE, the Safe and Drug-Free Schools Programs focus on child abuse and neglect prevention activities. In addition, the Compensatory Education Programs Office, the Office of Indian Education, and the Office of Migrant Education also often address issues related to child well-being issues.

Office of Special Education and Rehabilitative Services (OSERS)

Mary E. Switzer Building
330 C Street, SW
Washington, DC 20202
(202) 205-5465
<http://www.ed.gov/offices/OSERS>

OSERS supports child abuse and neglect issues through its Office of Special Education Programs (OSEP) and the National Institute on Disability and Rehabilitation Research (NIDRR). These offices support programs for children from birth to age 21 with special needs, including those with emotional and behavioral disorders. They also support research to improve the lives of individuals with disabilities and their families.

Office of Educational Research and Improvement (OERI)

Capitol Place
555 New Jersey Avenue, NW
Washington, DC 20208
(202) 219-1385
<http://www.ed.gov/offices/OERI/funding.html>

Within OERI, the National Institute on Early Childhood Development and Education and the National Institute on the Education of At-Risk Students address child abuse and child welfare issues. The office distributes information and conducts research and demonstration projects funded through grants.

Department of Justice (DOJ)

950 Pennsylvania Avenue, NW
Washington, DC 20530
(202) 514-2000
<http://www.usdoj.gov/08community>

National Criminal Justice Reference Service
Justice Information Center
P.O. Box 6000
Rockville, MD 20849-6000
<http://www.ncjrs.org>
Toll free: (800) 851-3420

The Department of Justice supports multiple activities related to child maltreatment and child welfare through funding efforts for programs that address child abuse and neglect, domestic violence, and prevention services for crime victims. The following departments within the Department of Justice have promoted child abuse and neglect prevention through grants, research, and information: Office of Juvenile Justice and Delinquency Prevention, Violence Against Women Grants Office, Bureau of Justice Assistance, and the Executive Office of Weed and Seed.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

810 Seventh Street, NW
Washington, DC 20531
(202) 307-5911
Fax: (202) 307-2093
<http://ojjdp.ncjrs.org/grants/grants.html>

OJJDP administers State Formula Grants, State Challenge Grants, the Title V Community Prevention Grants Program, and also funds projects through its Special Emphasis Discretionary Grant Program, the National Institute for Juvenile Justice and Delinquency Prevention, and the Missing and Exploited Children's Program. Recent initiatives through Safe Kids/Safe Streets and Safe Start demonstration projects address the links between maltreatment and subsequent juvenile delinquency.

For reports and information regarding juvenile justice and violence prevention, contact:

Juvenile Justice Clearinghouse
P.O. Box 6000
Rockville, MD 20849-6000
(800) 638-8736
<http://www.ncjrs.org/jjhome.htm>

Violence against Women Grants Office (VAWGO)

Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531
(202) 616-8894
Fax: (202) 307-3911
<http://www.ojp.usdoj.gov/vawgo>

VAWGO administers formula and discretionary grant programs authorized by the Violence Against Women Act of 1994. Grants focus on the delivery of services to women victims of violence. Through funding programs such as the STOP Violence Against Women Formula Grants Program and the Rural Domestic Violence and Child Victimization Enforcement Grant Program, VAWGO has recognized the connection between child maltreatment and violence against women.

Bureau of Justice Assistance (BJA)

810 Seventh Street, NW, Fourth Floor
Washington, DC 20531
(202) 616-6500
Toll free: (800) 688-4252
<http://www.ojp.usdoj.gov/BJA>

BJA supports local criminal justice strategies to promote and sustain safe communities. Under the Edward Byrne Memorial State and Local Law Enforcement Assistance Program (Byrne Program), BJA awards formula grants to states and territories and discretionary grants to public and private agencies and private non-profit organizations. Program priorities have focused on comprehensive approaches to crime and neighborhood-based programs that prevent and control violence.

Executive Office for Weed and Seed

810 Seventh Street, NW
Washington, DC 20531
(202) 616-1152
<http://www.ojp.usdoj.gov/eows/>

The Executive Office of Weed and Seed seeks to weed out crime and plant seeds of development within high-crime neighborhoods. In partnership with OJJDP and BJA, the Executive Office of Weed and Seed has sponsored home visiting programs within high-crime, urban neighborhoods.

Department Of Agriculture (DOA)

Cooperative State Research, Education, and Extension Service
1400 Independence Avenue, SW
Washington, DC 20250-2225
(202) 720-2791
(202) 720-4423 for CYFAR
<http://www.reeusda.gov>

Within DOA, the Cooperative State Research, Education, and Extension Service (CSREES) oversees grant opportunities that support children, youth, and families while revitalizing rural communities. CSREES is in charge of the Children, Youth, and Families at Risk (CYFAR) program, which provides support to community-based programs serving children, youth, and families in at-risk environments. Agencies serving rural communities and families might partner with the Department of Agriculture via CYFAR for financial support. The philosophy of CYFAR clearly supports comprehensive, collaborate community-based approaches to address basic family needs and enhance development.

Department Of Housing and Urban Development (HUD)

451 Seventh Street, SW
Washington, DC 20410
(202) 708-1112
<http://www.hud.gov>

Within HUD, the Office of Community Planning and Development (CPD) administers a number of programs that address homelessness, a risk factor associated with child abuse and neglect cases. The Community Development Block Grant (CDBG) Program, a component of CPD, offers grants on a formula basis to be used for a wide range of community development activities. In addition, CPD oversees the Empowerment Zone and Enterprise Community (EZ/EC) Initiative, Shelter Plus Care, Emergency Shelter Grants, the Safe Havens Innovative Homeless Initiatives Demonstration Program, and the YouthBuild Program.

Department Of Interior

Bureau of Indian Affairs (BIA)

1849 C Street, NW
Washington, DC 20240
(202) 208-3711
Fax: (202) 501-1516
<http://www.doi.gov/bureau-indian-affairs.html>

BIA is the agency responsible for overseeing federal programs for federally recognized Indian tribes and for promoting Indian self-determination. Within BIA, the Division of Social Services responds to issues concerning child abuse and neglect. Grant programs administered by the Division include Indian Social Services-Child Welfare Assistance, Indian Social Services-General Assistance, and Indian Child Welfare Act-Title II Grants.

Securing Federal Funds For Child Abuse and Neglect Prevention: Suggested Steps

We recommend that you consider the following suggested steps when attempting to secure federal funding.

Be prepared.

A timely response to funding announcements and opportunities is critical to securing federal funds. You should have the necessary background information on your own agency already at hand. In addition, your agency should maintain relationships with key state and community partners so that you can draw upon these relationships to gain support and access to information.

- ***Learn who your state contacts are for federal funding.*** Some states have set up agencies to procure federal dollars by encouraging federal expenditures within the states and staying abreast of federal grant opportunities. These states, listed in Appendix C, have a “single point of contact,” which may assist agencies in securing funds. Usually, a single agency oversees the funds for child abuse and neglect activities within a state. Building relationships with these individuals will potentially improve your access to funding opportunities.
- ***Stay connected to the community.*** A proposal will not be successful without the backing of the community. An agency will need to draw on its standing in the community as well as the reciprocal relationships it has developed. Letters of support from key political, academic, and other professional and lay organizations will have a positive impact on reviewers. Also, federal agencies often require affiliation agreements among agencies — written statements in which cooperating agencies agree to share services in support of common community interests.⁴²
- ***Monitor outcomes.*** Agencies should have relevant data available to demonstrate their effectiveness and the impact of services. Most grant opportunities will require an agency to measure its effectiveness. By collecting data on participants and services and attempting to examine outcomes, your agency will strengthen its claims of effectiveness and be better equipped to relate services to measurable outcomes when applying for a grant.

Stay current.

- ***Maintain current information about your agency and community.*** A description of your agency’s programs and services will assist in the development of a grant application. Also, you should keep basic information about the participants served and services used.

⁴² Catalog for Federal Domestic Assistance. *Developing and writing grant proposals*. Available online at <http://www.cfda.gov/public/cat-writing.htm>.

Key population characteristics of the community, including socioeconomic status, should be readily available for inclusion within the proposal.

- **Check for opportunities.** Discretionary project and demonstration grants are often short-lived. To secure funding for prevention efforts, an organization must remain current on grant offerings. The listings provided in this document under “Locating Potential Funding Sources” will assist organizations in searching for current funding opportunities. A monthly review of these sources will insure that your agency is aware of upcoming and current grants.

Pursue opportunities.

Once a potential grant is discovered, you must decide whether the purpose of the grant fits within your agency’s philosophy and mission. If the objectives and focus of the grant fall within your agency’s scope, you should strategically pursue the grant.

- **Get information.**
 - ◆ Request and review the application kit. Some applications can be downloaded from the Internet. Grants often lay out the review criteria by specifying the key segments of the grant and assigning the number of points that can be awarded for each section.
 - ◆ Identify and build relationships with federal agency personnel. Contact the identified personnel of the sponsoring agency and ask questions.
 - ◆ Make additional contacts. If the grant has been offered in the past, ask for a list of past reviewers and grantees.⁴³ If the grant has not been offered previously, try to gain information about the background and interests of reviewers and about the review process in general. Contact others who may have information that may not be stated in the application kit.
 - ◆ Collect data specific to the grant through surveys or other forms to document need and support.
- **Generate interest.** Hold meetings with community decision-makers to gain community input and generate interest.

Develop rationales that fit with the agency’s purpose.

When developing a rationale for the grant proposal, an organization should reference information and research that fit within the framework of the federal agency or agencies sponsoring the grant. Refer to Appendix A under “Grant writing” for resources that offer starting points for knowledge and skill development in grant writing.

- **Look for connections.** Think broadly about linkages with federal agencies that may not seem at first to relate to child abuse prevention. The federal agencies that may support

⁴³ The Freedom of Information Act generally guarantees that this information should be provided upon request.

child abuse and neglect prevention programs focus on youth and family violence, general health and well-being, and education. These federal agencies may target specific populations including minorities, families within urban or rural areas, and individuals with disabilities. Refer to Appendix D for rationales that can be used to support the potential of prevention.

- ***Establish a purpose for the program you are proposing.*** Highlight the societal need and your program's potential impact on the problem by referring to current, reliable data and research that relate to the mission and purpose of the federal agency. When applying for a grant from the Centers for Disease Control and Prevention, for example, an agency may highlight outcomes and research within the *Health and Well-being* section of Appendix D, especially those that document the relationship between child maltreatment prevention and injury reduction.
- ***Highlight outcomes.*** Federal agencies fund programs that have measurable outcomes and hold promise for making a significant impact on the target issue. Use Prevent Child Abuse America's research findings and evaluations of the HFA program in your state to stress the program's successful results.

Be persistent!

You may not receive the first grant you apply for. However, the relationships you build and the planning you undertake will only strengthen your agency and increase your readiness for the next funding opportunity.

Conclusion

By tapping into federally funded prevention efforts, Healthy Families America and other prevention programs can reach more families than ever before. These efforts will help to prevent child abuse, help families become more self-sufficient, and raise healthier children.

This document has outlined many primary sources of federal funding. Because opportunities change, it is important for your organization to remain abreast of current funding initiatives. Prevent Child Abuse America can assist organizations in locating information on current funding initiatives. Please keep Prevent Child Abuse America informed of any barriers you encounter or additional support you might require. For more information, contact the Advocacy or Programs Department at Prevent Child Abuse America at (312) 663-3520.

Appendix A: Additional Resources

For more information on funding and prevention, we recommend the following resources:

General Resources

Administration for Families and Children (ACF). Federal agency that oversees the majority of funding for prevention-related programs. <<http://www.acf.dhhs.gov>>

Children's Defense Fund. Excellent resource for advocates on child care, early childhood education, and other programs. <<http://www.childrensdefensefund.org>>

Handsnet. An online link to the human services community that provides regular policy and legislation alerts on its home page. It also provides much information related to funding (for members only). <<http://www.handsnet.org>>

National Clearinghouse on Child Abuse and Neglect Information. A comprehensive national resource for information on the prevention, identification, and treatment of child abuse and neglect. <<http://www.calib.com/nccanch/index.htm>>

Government Information

Nonprofit Gateway. Lists links to a number of federal departments and agencies, a directory of the federal government, federal information clearinghouses and services, and additional policy and management resources for nonprofits. It also provides a search engine for over 530,000 government webpages and access to current grant offerings from several federal agencies. <<http://www.nonprofit.gov>>

SearchGov.com. Provides direct links to federal agencies and states and a search engine for the linked webpages. <<http://www.searchgov.com>>

Funding Resources

The **American Psychological Association** frequently updates its Psychology Research Funding Bulletin. <<http://www.apa.org/science/bulletin.html>>

The Department of Education's Grants and Contract Information provides information about the Department of Education's discretionary grants and the selection process. <<http://gcs.ed.gov/grntinfo.htm>>

The Foundation Center. Provides a weekly overview of current funding opportunities through *RFP Bulletin*. Also sign up for an e-mail notification of new funding announcements. <<http://www.fdncenter.org/pnd/rfp/>>

Fundsnet. Provides much information on financial resources available on the Internet including links to government funding and grant writing resources. <<http://www.fundsnet.com>>

GrantsNet. A tool for finding information about the U.S. Department of Health and Human Services and selected federal grant programs. The website provides useful grants management information, guidelines on how to find grant information, and information on applying for funding. <<http://www.os.dhhs.gov/progorg/grantsnet/index.html> >

Michigan State University Library has compiled a wealth of information on grants including nonprofit grant opportunities organized by subject at <http://www.lib.msu.edu/harris23/grants/2sgalpha.htm>. Federal funding tools and information at <<http://www.lib.msu.edu/harris23/grants/federal.htm>>

The National Clearinghouse for Alcohol and Drug Information lists current grant opportunities with a focus on those that relate to alcohol and substance abuse. <<http://www.health.org/pubs/funding.htm>>

The Rural Information Center Health Service (RICHS). A collaborative project of the Office of Rural Health Policy (ORHP), the Department of Health and Human Services (HHS), the National Agricultural Library (NAL), and the United States Department of Agriculture that provides information twice a month on federal grant opportunities relevant to rural health. <<http://www.nal.usda.gov/ric/richs/grants.htm>>

Society of Research Administrators Grants Web. An extensive resource with a multitude of links to funding opportunities, especially in research. <<http://www.srainternational.org/cws/sra/resource.htm>>

U.S. State and Local Gateway. Provides easy access to federal information, including links to information relating to health and families and children. It also has direct links to federal funding information. <<http://www.statelocal.gov/>>

Grant writing Resources

About.com has assembled various links to information on grants and grant proposals. <<http://nonprofit.about.com/careers/nonprofit/msubgra.htm?once=true&>>

Aspen Publishers, Inc. publishes several manuals and books on grant seeking and writing. “Grantseeking 101” provides some tips on pursuing grant opportunities. <<http://www.grantscape.com/omaha/grants/services/101.html> >

Congresswoman Nancy Pelosi provides some useful guidelines on grant proposal development. <<http://www.house.gov/pelosi/crs430.htm>>

Deborah Kluge, an independent consultant, has assembled a useful and informative website, including multiple links to other resources and federal funding opportunities. She includes “Proposal tips” and a “Proposal checklist.” <<http://www.proposalwriter.com/sitemap.html>>

The Foundation Center provides an online resource for grant writing entitled “Proposal writing short course.” <<http://fdncenter.org/onlib/shortcourse/prop1.html> >

Foundation News & Commentary, the journal of the Council on Foundations, has made available online “The inner secrets of successful proposals,” a concise article on proposal writing. <<http://www.cof.org/foundationnews/0300/secrets.htm>>

The Grantsmanship Center. Offers training, publications, and information on grants and the grant process. It also provides links to federal funding, including current updates on federal grant announcements in the *Federal Register*. <<http://www.tgci.com/>>

Ideas about Pursuing Federal Grants. An informative article by Ralph Nelson about grants and getting funded. <<http://www.col-ed.org/fund/ideas.html>>

Oryx Press’s Guide to Proposal Writing and Planning provides guidelines and tips from Lynn Miner on planning and writing a grant proposal. <http://www.oryxpress.com/miner.htm>

Appendix B: Current Federal Funding

The following list attempts to capture some of the current federal funding streams that are available either to states or directly to nonprofits through discretionary grants. The listed programs do not necessarily capture all programs that address child abuse and neglect prevention. However, these programs often hold promise in preventing the conditions that may lead to child abuse and neglect and the consequences that child maltreatment often brings.

The following charts list authorizing legislation for each identified program and the authorized funds for the 2000 fiscal year according to the Catalog of Federal Domestic Assistance. Opportunities to fund prevention efforts address the following areas:

- Child Welfare
- Education
- Youth Violence
- Substance Abuse
- Child Care & Early Education
- Health
- Domestic Violence

Child Welfare		
AUTHORIZING LEGISLATION	PROGRAMS	2000 Fiscal Year
<i>Child Abuse Prevention and Treatment Act (CAPTA)</i>	Title I, Basic State Grants	\$ 21 million
	Title II, Discretionary Research and Demonstration	18 million
	Title III, Community-based Family Resource and Support Program	32.8 million
<i>Social Security Act</i>	Title IV-B, Child Welfare Services	292 million
	Title IV-B, Subpart 2, Promoting Safe and Stable Families	285 million
	Title XX, Social Services Block Grant	1.78 billion
Additional Child Welfare Programs		
Abandoned Infants Assistance Act	Abandoned Infants	12.3 million
Violent Crime Control and Law Enforcement Act	Education and Prevention to Reduce Sexual Abuse of Runaway, Homeless and Street Youth	15 million

Child Care & Early Education		
AUTHORIZING LEGISLATION	PROGRAMS	2000 FISCAL YEAR
<i>42 U.S.C. 9858; Child Care and Development Block Grant Act of 1990</i>	Child Care & Development Block Grant	\$ 1.18 billion
<i>Elementary and Secondary Education Act (ESEA)</i>	Even Start	139.5 million
<i>Community Opportunities, Accountability, and Training and Educational Services Act</i>	Head Start	5.2 billion
<i>Educational Research, Development, Dissemination and Improvement Act</i>	National Institute on Early Childhood Development and Education	10.2 million
<i>N/A</i>	Early Learning (proposed) ⁴⁴	0 (600 million for FY 2001)
<i>Public Health Service Act</i>	Healthy Start Initiative	105 million

Education		
AUTHORIZING LEGISLATION	PROGRAMS	2000 Fiscal Year
<i>Individuals with Disabilities Education Act (IDEA)</i>	Special Education – Grants for Infants and Families with Disabilities	\$ 375 million
	Studies and Evaluation	13 million
<i>Elementary and Secondary Education Act (ESEA)</i>	21 st Century Learning Centers	453.7 million
	Title I Program for Delinquent and Neglected Children	42 million
	Safe and Drug Free Schools <ul style="list-style-type: none"> ➤ State Grants ➤ National Programs 	439 million 90 million
<i>Goals 2000: Educate America Act</i>	Parent Information Resource Centers	33 million

⁴⁴ Proposed with President Clinton's FY2001 Budget proposal.

Health		
AUTHORIZING LEGISLATION	PROGRAMS	2000 FISCAL YEAR
<i>Public Health Service Act</i>	Preventative Health and Health Services Block Grant	\$ 170 million
	Centers for Research and Demonstration for Health Promotion and Disease (Prevention Research Centers)	17.7 million
	Immunization Grants	280 million
	Immunization Research, Demonstration, Public Information and Education – Training and Clinical Skills Improvement Projects	13 million
	Adolescent Family Life-Demonstration Projects	14.6 million
<i>Social Security Act, Title V</i>	Maternal & Child Health Block Grant	576 million
<i>Public Laws 99-500 and 99-501</i>	Injury Prevention and Control Research and State and Community Based Programs	43.6 million

Substance Abuse & Mental Health		
AUTHORIZING LEGISLATION	PROGRAMS	Fiscal Year 2000
<i>Public Health Service Act</i>	Grants for Residential Treatment Programs for Pregnant and Postpartum Women (Pregnant and Postpartum Women)	\$ 750 thousand (being phased out)
	Demonstration Grants on Model Projects for Pregnant and Postpartum Women and Their Infants (Substance Abuse)	0
	Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)(CMHS Child Mental Health Service Initiative)	55 million
	Block Grants for Community Mental Health Services (CMHS Block Grant)	338 million
	Block Grants for the Prevention and Treatment of Substance Abuse	1.5 billion

Domestic Violence		
AUTHORIZING LEGISLATION	PROGRAMS	2000 FISCAL YEAR
<i>Family Violence Prevention and Services Act</i>	Family Violence Prevention and Services/Grants For Battered Women's Shelters – Grants to State Domestic Violence Coalitions	\$ 10 million
	Family Violence Prevention and Services/Grants for Battered Women's Shelters – Grants to States and Indian Tribes	80.9 million
	Family Violence Prevention and Services/Grants for Battered Women's Shelters--Discretionary Grants	10 million
<i>Violent Crime Control and Law Enforcement Act</i>	Violence Against Women Formula Grants	138.4 million
	Rural Domestic Violence and Child Victimization Enforcement Grant Program	28.5 million

Youth Violence		
AUTHORIZING LEGISLATION	PROGRAMS	2000 FISCAL YEAR
<i>Juvenile Justice and Delinquency Prevention Act</i>	Juvenile Justice and Delinquency Prevention State Formula Grants	\$ 76.5 million
	Delinquency Prevention Grants	113 million
	National Institute for Juvenile Justice and Delinquency Prevention	28 million
	Title V- Delinquency Prevention Program	36 million
	Juvenile Justice and Delinquency Prevention – Special Emphasis	23.8 million
<i>Public Law 105-277</i>	Reduction and Prevention of Children's Exposure to Violence (Safe Start)	10 million
<i>Appropriations Act of 2000, Public Law 106-113</i>	Executive Office for Weed and Seed	32 million

Appendix C: State Contacts

The Catalog of Federal Domestic Assistance (CFDA) lists those states that provide single points of contacts for information on federal funding. Some of the states have developed websites with information and links to grant opportunities. The following list is derived from CFDA and can be found at <http://www.cfda.gov/public/cat-spocs.asp>

State Single Points of Contact (SPOCs)

Arkansas

Tracy L. Copeland, Manager
State Clearinghouse
Office of Intergovernmental Services
Department of Finance and Administration
1515 W. 7th Street, Room 412
Little Rock, AR 72203
(501) 682-1074
FAX (501) 682-5206
tlcopeland@dfa.state.ar.us
Website: http://www.state.ar.us/dfa/intergovernmental/federal_grants/clearinghouse.html

Delaware

Francine Booth
State Single Point of Contact
Executive Department
Office of the Budget
540 S. Dupont Highway, Suite 5
Dover, DE 19901
(302) 739-3326
FAX (302) 739-5661
fbooth@state.de.us
Website: <http://www.state.de.us/budget/clearinghouse/index.html>

Florida

Cherie L. Trainor
Florida State Clearinghouse
Department of Community Affairs
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100
(850) 414-5495
FAX (850) 414-0479
cherie.trainor@dca.state.fl.us
Website: <http://www.dca.state.fl.us/ffcm/FCMP/StateClearinghouse/fcmprsch.htm>

California

Grants Coordination
Office of Planning and Research
1400 Tenth Street, Room 222
P.O. Box 3044
Sacramento, CA 95812-3044
(916) 445-0613
FAX (916) 323-3018
state.clearinghouse@opr.ca.gov
Website: <http://www.opr.ca.gov/clearinghouse.html>

District of Columbia

Charles Nichols
State Single Point of Contact
Office of Grants Management and
Development
717 14th Street, NW, Suite 1200
Washington, DC 20005
(202) 727-1700
FAX (202) 727-1617

Georgia

Z. J. Curry, Coordinator
Georgia State Clearinghouse
270 Washington Street, SW
Atlanta, GA 30334
(404) 656-3855
FAX (404) 656-7901
gach@mail.opb.state.ga.us

Guam

Joseph Rivera, Acting Director
Bureau of Budget and Management Research
Office of the Governor
P.O. Box 2950
Agana, Guam 96932
011-671-475-9411 or 9412
FAX 011-671-472-2825
jer@ns.gov.gu

Indiana

Renee Miller
State Budget Agency
212 State House
Indianapolis, IN 46204-2796
(317) 232-2971
FAX (317) 233-3323

Kentucky

Kevin J. Goldsmith, Director
Sandra Brewer, Executive Secretary
Intergovernmental Affairs
Office of the Governor
700 Capitol Avenue
Frankfort, KY 40601
(502) 564-2611
FAX (502) 564-0437
kgoldsmith@mail.state.ky.us
sbrewer@mail.state.ky.us

Maryland

Linda Janey, Manager
Plan and Project Review
Maryland Office of Planning
301 West Preston Street - Room 1104
Baltimore, MD 21201-2305
(410) 767-4490
FAX (410) 767-4480
linda@mail.op.state.md.us
Website: <http://www.op.state.md.us/>

Illinois

Virginia Bova
Department of Commerce and
Community Affairs
James R. Thompson Center
100 West Randolph, Suite 3-400
Chicago, IL 60601
(312) 814-6028
FAX (312) 814-1800
vbova@commerce.state.il.us
Website: <http://www.state.il.us/fedclear>

Iowa

Steven R. McCann
Division of Community and Rural
Development
Iowa Department of Economic
Development
200 East Grand Avenue
Des Moines, IA 50309
(515) 242-4719
FAX (515) 242-4809
steve.mccann@ided.state.ia.us

Maine

Joyce Benson
State Planning Office
184 State Street
38 State House Station
Augusta, ME 04333
(207) 287-3261
FAX (207) 287-6489
joyce.benson@state.me.us

Michigan

Richard W. Pfaff
Southeast Michigan Council of
Governments
660 Plaza Drive - Suite 1900
Detroit, MI 48226
(313) 961-4266
FAX (313) 961-4869
pfaff@semcog.org

Mississippi

Cathy Mallette
Clearinghouse Officer
Department of Finance and Administration
550 High Street
303 Walters Sillers Building
Jackson, MS 39201-3087
(601) 359-6762
FAX (601) 359-6758

Nevada

Department of Administration
State Clearinghouse
209 E. Musser Street, Room 200
Carson City, NV 89701
(775) 684-0222
Contact: Heather Elliott
(775) 684-0209
FAX (775) 684-0260
helliott@govmail.state.nv.us
Website: <http://www.state.nv.us/budget>

New Mexico

Nick Mandell
Local Government Division
Room 201 Bataan Memorial Building
Santa Fe, NM 87503
(505) 827-3640
FAX (505) 827-4948
Website: http://www.lgd-newmarc.net/ddo/dir_clear.htm

North Dakota

North Dakota Single Point of Contact
Office of Intergovernmental Assistance
600 East Boulevard Ave, Dept 105
Bismarck, ND 58505-0170
(701) 224-2094
FAX (701) 224-2308
<http://www.state.nd.us/dcs>

Missouri

Lois Pohl, Coordinator
Federal Assistance Clearinghouse
Office of Administration
P.O. Box 809
Room 915, Jefferson Building
Jefferson City, MO 65102
(573) 751-4834
FAX (573) 751-7819
pohll_@mail.oe.state.mo.us

New Hampshire

Jeffrey H. Taylor, Director
New Hampshire Office of State Planning
Attn: Intergovernmental Review Process
Mike Blake
2 ^{1/2} Beacon Street
Concord, NH 03301
(603) 271-2155
FAX (603) 271-1728
jtaylor@osp.state.nh.us

North Carolina

Jeanette Furney
North Carolina State Clearinghouse
Office of the Secretary of
Administration
116 West Jones Street, Suite 5106
Raleigh, NC 27603-8003
(919) 733-7232
FAX (919) 733-9571
jeanette.furney@ncmail.net
Website: <http://www.doa.state.nc.us/doa/clearing/clearing.htm>

North Mariana Islands

Ms. Jacoba T. Seman
Federal Programs Coordinator
Office of Management and Budget
Office of the Governor
Saipan, MP 96950
Telephone: (670) 664-2289
FAX (670) 664-2272
omb.jseman@saipan.com

Puerto Rico

Jose Caballero-Mercado
Chairman
Puerto Rico Planning Board
Federal Proposals Review Office
Minillas Government Center
P.O. Box 41119
San Juan, PR 00940-1119
(787) 727-4444/723-6190
FAX (787) 724-3270

South Carolina

Omeagia Burgess
State Single Point of Contact
Budget and Control Board
Office of State Budget
1122 Ladies Street - 12th Floor
Columbia, SC 29201
(803) 734-0494
FAX (803) 734-0645
aburgess@budget.state.sc.us

Utah

Carolyn Wright
Utah State Clearinghouse
Office of Planning and Budget
Room 116, State Capitol
Salt Lake City, UT 84114
(801) 538-1027
FAX (801) 538-1547
cwright@gov.state.ut.us
Website: <http://www.gvnfo.state.ut.us/rplr/rdcc/grants.htm>

Rhode Island

Kevin Nelson
Review Coordinator
Department of Administration
Division of Planning
One Capitol Hill, 4th Floor
Providence, RI 02908-5870
(401) 277-2656
FAX (401) 277-2083
knelson@doa.state.ri.us

Texas

Tom Adams
Governors Office
Director, Intergovernmental
Coordination
P.O. Box 12428
Austin, TX 78711
(512) 463-1771
FAX (512) 936-2681
tadams@governor.state.tx.us
Website:
<http://www.governor.state.tx.us/TRACS/index.html>

Virgin Islands

Nellon Bowry
Director, Office of Management and
Budget
41 Norregade Emancipation Garden
Station
Second Floor
Saint Thomas, VI 00802
Please direct all questions and
correspondence
about intergovernmental review to:
Linda Clarke
(809) 774-0750
FAX (809) 776-0069

West Virginia

Fred Cutlip, Director
Community Development Division
West Virginia Development Office
Building #6, Room 553
State Capitol
Charleston, WV 25305
(304) 558-4010
FAX (304) 558-3248
fcutlip@wvdo.org

Wisconsin

Jeff Smith, Section Chief
Federal/State Relations
Wisconsin Department of
Administration
101 East Wilson Street - 6th Floor
P.O. Box 7868
Madison, WI 53707
(608) 266-0267
FAX (608) 267-6931
jeffrey.smith@doa.state.wi.us

Wyoming

Sandy Ross
State Single Point of Contact
Department of Administration and Information
2001 Capitol Avenue, Room 214
Cheyenne, WY 82002
(307) 777-5492
FAX (307) 777-3696
sross1@misc.state.wy.us

Appendix D: Rationale Development

When developing a rationale, consider how family support relates to the overall purposes of the federal agency. In addition to asserting the economic benefits of prevention in avoiding the costly consequences of child abuse and neglect,⁴⁵ an effective proposal may outline research and outcomes that correspond to the focus of both the grant and the federal agency. The following research findings highlight both the risks and consequences of maltreatment, and the potential impact of prevention programs.

Health and Well-Being

Because prevention efforts offer a comprehensive approach to supporting children and families, they often affect multiple areas of child well-being and family stability. Additional research may further confirm the positive outcomes of home visiting and prevention programs.

Children

- Participants are better linked to preventive care for their children. One of the strongest effects of HFA has been an increase in preventive health care and immunizations.⁴⁶
- Parents become more aware of safe conditions for children. Prevention efforts often focus on increased parental monitoring which contributes to reductions in childhood injuries. For example, an evaluation of a home visitation model demonstrates that children within visited families had fewer health care encounters related to injuries or ingestion.⁴⁷

Parents

- Prevention programs often lead to decreases in stress and increases in confidence and positive attitude. In a two-year follow up study of Hawaii's Healthy Start program, parents demonstrated higher parenting efficacy coupled with lower stress than the control group.⁴⁸
- Parents receiving home visits have received more prenatal care and reduced subsequent pregnancies, welfare dependence, and arrests.⁴⁹

Families

- Prevention services have been linked to more positive parent-child interactions, greater maternal involvement, and a heightened sensitivity to child cues.⁵⁰

⁴⁵ See *Prevention pays: The costs of not preventing child abuse and neglect*, National Clearinghouse on Child Abuse and Neglect Information, 1998. Available at <http://www.calib.com/nccanch/pubs/prevenres/pays.htm>.

⁴⁶ See Daro and Harding, 1999

⁴⁷ D.L. Olds, C.R. Henderson, H. J. Kitzman, J.J. Eckenrode, R.E. Cole, & R.C. Tatelbaum, "Prenatal and infancy home visitation by nurses: Recent findings," *The Future of Children* 9.1 (1999): 44-65.

⁴⁸ A. Duggan, E. McFarlane, A. Windham, C. Rohde, D. Sakever, L. Fuddy, L. Rosenberg, S. Buchbinder, and C. Sia, "Evaluation of Hawaii's Healthy Start Program," *The Future of Children* 9.1 (1999): 66-90.

⁴⁹ See D. Olds, P. Hill, and E. Rumsey, "Prenatal and early childhood nurse home visitation," *Juvenile Justice Bulletin* (Nov. 1998).

- In a survey of New Jersey HFA participants, 99% felt that HFA was helpful and would recommend services to other parents.⁵¹
- The wide reach and scope of prevention efforts often impact the general goal of strengthening the family and promoting self-sufficiency.⁵²

Associated Risks: Substance Abuse and Mental Health

- Children living in homes in which a parent suffers from substance abuse or mental illness are more likely to become victims of child maltreatment.⁵³
- Victims of child abuse and neglect are at a greater risk to develop substance abuse and mental health issues.⁵⁴
- Prevention programs, especially HFA, make an impact on parents in multiple ways. For example, evaluations in Alaska demonstrate that 38% of parents within the program were no longer abusing substances and reported improvements in mental health.⁵⁵

Family and Youth Violence

- While not all abused or neglected youth become offenders, many youth with a history of maltreatment experience multiple negative outcomes as adolescents, including serious delinquency, drug use, low academic achievement, and mental health problems.⁵⁶
- Compared to those who had not experienced abuse or neglect, abused and neglected individuals' rates for arrest were 1.9 times higher as juveniles and 1.6 times higher as adults. In fact, almost 57% of those abused and neglected are later arrested as a juvenile or adult.⁵⁷
- Home visiting has been highlighted as a prevention strategy that holds promise for reducing domestic violence while also addressing factors that protect against child abuse and neglect.⁵⁸
- While building networks of support, home visiting and mutual support groups help lessen isolation, which is often a significant factor in child abuse and neglect.⁵⁹

⁵⁰ D. Daro, K. McCurdy, and K. Harding, *The role of home visiting in preventing child abuse: an evaluation of the Hawaii Health Start Program* (Chicago, IL: Center on Child Abuse Prevention Research at The National Committee to Prevent Child Abuse, 1998).

⁵¹ Prevent Child Abuse America, *Answers to Frequently Asked Questions About Healthy Families America*

⁵² For discussion and example programs, see K. Kumpfer and R. Alvarado, "Effective family strengthening interventions," *Juvenile Justice Bulletin* (Nov. 1998).

⁵³ See U.S. Department of Health and Human Services, *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*.

⁵⁴ See Widom; and for a review of research on mental health issues and child abuse refer to Z. Rudo, D. Powell, and G. Dunlap, "The effects of violence in the home on children's emotional, behavioral, and social functioning: A review of literature," *Journal of Emotional and Behavioral Disorders* 6.2 (Summer 1998)

⁵⁵ Daro and Harding, 1999

⁵⁶ B. T. Kelley, T. P. Thornberry, and C. A. Smith, "In the wake of childhood maltreatment," *Juvenile Justice Bulletin* (August 1997). Available at <http://ojjdp.ncjrs.org/pubs/violvict.html#172847>.

⁵⁷ Widom.

⁵⁸ Wolf and Jaffe.

Target Populations

HFA programs are designed to adapt to the specific needs of the diverse populations they serve. Involvement in prevention programs also helps build participant knowledge and use of community resources by increasing their access to formal and informal support.

Disabled Children

- Children with developmental disabilities are at a higher risk for child abuse and neglect.⁶⁰
- Children subjected to violence may develop disabilities as a result of injury or neglect.⁶¹
- Early identification of potential developmental problems may help to prevent or lessen the individual, familial, and social consequences of a disability.

Minority Groups

- Cultural awareness is embraced as an integral factor within successful prevention programs. Because home visitors experience the home environment, they are more sensitive to the individual differences and barriers that exist for those of differing cultures. Healthy Families America tries to insure that services are culturally appropriate and that the program is able to understand and work within a family's cultural norms.⁶²

Homeless Youth

- Homeless children are often involved with child protection services. In fact, 35% of homeless children have been the subject of a child protection investigation; they are at twice the risk for child abuse and three times the risk for sexual abuse.⁶³

Teen Mothers

- Researchers have consistently found that child sexual abuse may be strongly linked to adolescent pregnancy. In one study of 445 teenage mothers, 61% indicated that they had experienced at least one form of sexual abuse.⁶⁴
- Home visiting programs can have a positive impact on the life course of teen mothers. An evaluation of a Healthy Families site in Florida showed that 92% of teen mothers in the program did not have repeat pregnancies within 24 months.⁶⁵

⁵⁹ The work of James Garbarino, "The human ecology of child maltreatment," *Journal of Marriage and the Family* 39:721-735 has directed attention to social isolation as a risk factor of abuse.

⁶⁰ See Prevent Child Abuse America. *Maltreatment of children with disabilities* (Chicago, IL: Prevent Child Abuse America, April 1999).

⁶¹ See N. Bladerian. *Abuse causes disability: A report from the Spectrum Institute* (Culver City, CA: Spectrum Institute, Family Diversity Project, Disability Issues Division, 1991)

⁶² Prevent Child Abuse America, *Healthy Families America: A snapshot view*.

⁶³ *Homeless Children: America's New Outcasts* (Newton Centre, MA: Better Homes Fund, 1999).

⁶⁴ D. Boyer, S. Fine, "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment," *Family Planning Perspectives* 24.1 (1992): 4-19.

⁶⁵ Daro and Harding

Education

- Educational services are strengthened when they are supplemented with prevention strategies. For example, prevention services delivered to Head Start children and their families demonstrated improvements in child behavior and increased parental involvement in education.⁶⁶
- Early childhood programs, which provide support to both children and parents, have demonstrated long-term positive effects on cognitive and school outcomes.⁶⁷ Students who enter schools cognitively, emotionally, socially, and behaviorally ready to learn enjoy more academic success without the need for additional services.
- Prevention services directed at children and their families can improve emotional and cognitive development, reducing expenditures on such services as special education and grade retention.⁶⁸

Additional Resources

The National Clearinghouse on Child Abuse and Neglect Information (NCCAN) <<http://www.calib.com/nccanch/index.htm>>, provides statistics and maintains a listing of federal clearinghouses with information on children and families <<http://www.calib.com/nccanch/pubs/reslist/childandfam.htm>>.

⁶⁶ C. Webster-Stratton.

⁶⁷ W. S. Barnett, "Long-term effects of early childhood programs on cognitive and school outcomes," *The Future of Children* 5.5 (1995): 25-50.

⁶⁸ See L. Karoly, P. Greenwood, S. Everingham, J. Hoube, M. Kilburn, C. Rydell, M. Sanders, and J. Chiesa, *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions*. (Santa Monica, CA: Rand, 1998).

