



# Creating the Conditions For Thriving Children, Families and Communities

---

Jennifer Jones, MSW  
Chief Strategy Officer



**Mission:**

To prevent the abuse and neglect  
of our nation's children

**Vision:**

We envision a world where all  
children grow up happy, healthy,  
and prepared to succeed in  
supportive families and  
communities.





### Healthy Families America

To promote child and family well-being, prevent child maltreatment, and strengthen communities, we make available the high-quality, evidence-based HFA home visiting model in communities throughout the US and worldwide



### Policy

To advocate on behalf of the vulnerable children and families we serve, we advance federal and state policies that promote the well-being of children and families and strengthen communities



### Public Engagement & Impact

To shift the conversation about child abuse and neglect to primary prevention and drive widespread action, we engage our nationwide chapter network, HFA affiliates, and policy and research partners to articulate, elevate, and amplify our mission



### Chapter Network

To change public perception around child abuse and neglect prevention and promote healthy child development, we provide leadership and organize a coordinated effort throughout our nationwide state chapter network

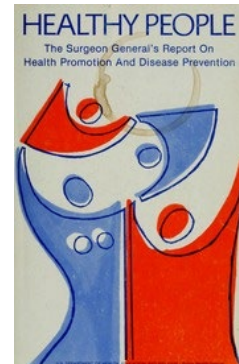


# 1960–80: Raising Awareness



**1972:** Donna J. Stone had a vision of a future in which no children are ever abused or neglected. She recognized the importance of ensuring great childhoods for all children, so she founded the Family Achievement Center in Chicago.

**1962:** Dr. C. Henry Kempe and his colleagues were the first to recognize and identify child abuse and neglect in the defining paper, *The Battered Child Syndrome*. This paper was regarded as the single most significant event in creating awareness and exposing the reality of child abuse. It gave doctors a way to understand and identify child abuse and neglect, along with information about how to report suspected abuse.



**1979:** A report from the Surgeon General of the United States: *Healthy people: The Surgeon General's report on health promotion and disease prevention* identifies violence as one of the 15 priority areas for the nation. The report states that violence can be prevented and should not be ignored in the effort to improve the nation's health.



# 1980–2000: Intervention

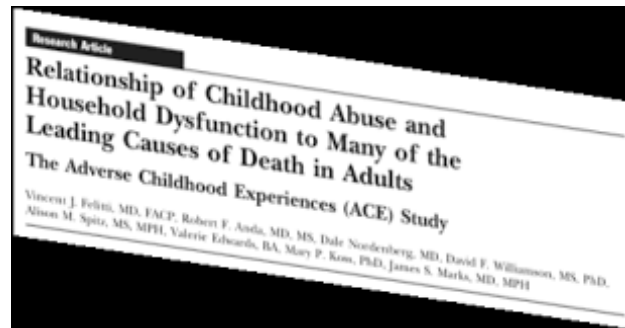


**healthy  
families  
america.**

**1992:** Healthy Families America is launched as a family support program. With financial support from the Ronald McDonald House Charities, 22 states receive site visits from Hawaii Family Stress Center staff to help ensure the proper implementation and training of staff. Healthy Families America is also featured at the Ninth International Congress on Child Abuse and Neglect.



Throughout the **1980s**, Ad Council campaigns offered practical solutions to preventing child abuse. Those PSAs featured the tagline, "Take time out. Don't take it out on your child." Through the years, the campaigns shaped the way Americans viewed child abuse. In 1996, more than 18,000 calls were made to the hotline and more than 95% of adults surveyed said they believed child abuse was a serious problem.



The original ACE Study between Kaiser Permanente and CDC was published in **1998**. Over 17,000 HMO members from Southern California completed surveys regarding their childhood experiences and current health status and behaviors. The study found a strong relationship between ACEs and multiple risk factors for several of the leading causes of death in adults.

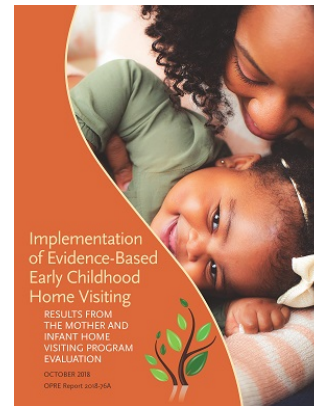
# 2000–2020: Building Evidence & Public Health Imperative



Center on the Developing Child  
HARVARD UNIVERSITY

**2006:** The Center on the Developing Child at Harvard University was established by director Jack P. Shonkoff, M.D. with a founding mission to generate, translate, and apply scientific knowledge that would close the gap between what we know and what we do to improve the lives of children facing adversity.

**2001:** CDC receives first ever congressional appropriation for child abuse and neglect prevention and CDC's Division of Violence Prevention reorganizes by function to accommodate growth, and throughout the next decade becomes its largest division.

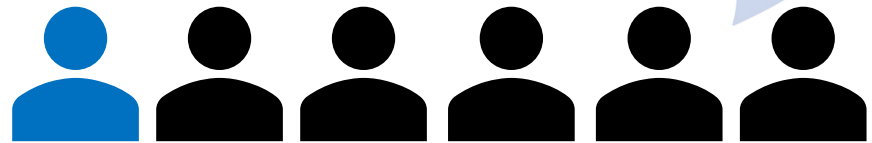


**2011–19:** The Mother and Infant Home Visiting Evaluation (MIHOPE) report is developed and delivered to Congress. It contains an analysis of the states' and territories' needs assessments and baseline data on the families, staff, and programs participating in MIHOPE. The study includes 88 local home visiting programs across 12 states, including HFA.

## ACEs are common

61%

of surveyed adults reported experiencing **at least one ACE**



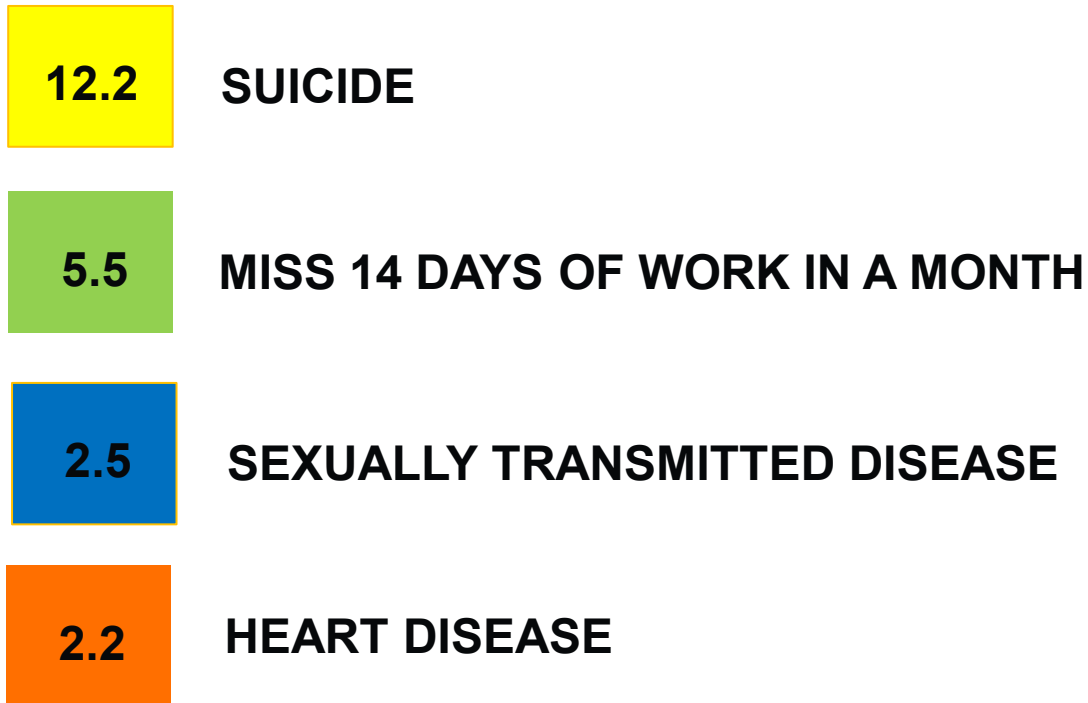
**1 in 6** people reported experiencing **4+ ACEs**

**Females, LGBTQ+** individuals, and **most racial/ethnic minority** groups are at **higher** risk of experiencing 4+ ACEs

**Sources:** Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044.

Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., ... & Ottley, P. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 States, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999.

# Increased Risk of 4 ACEs



# ACE Prevalence: WI FFHV Sample

ACEs	%
Physical abuse	39.7
Sexual abuse	26.0
Emotional abuse	27.0
Physical neglect	11.1
Emotional neglect	17.6
Substance abuse	50.0
Mental illness	42.6
Domestic violence	37.5
Incarceration/Jail	37.9
Divorce/separation	43.2



\*85% reported at least 1 ACE  
\*68% reported 2 or more ACEs

Topitzes, et al.



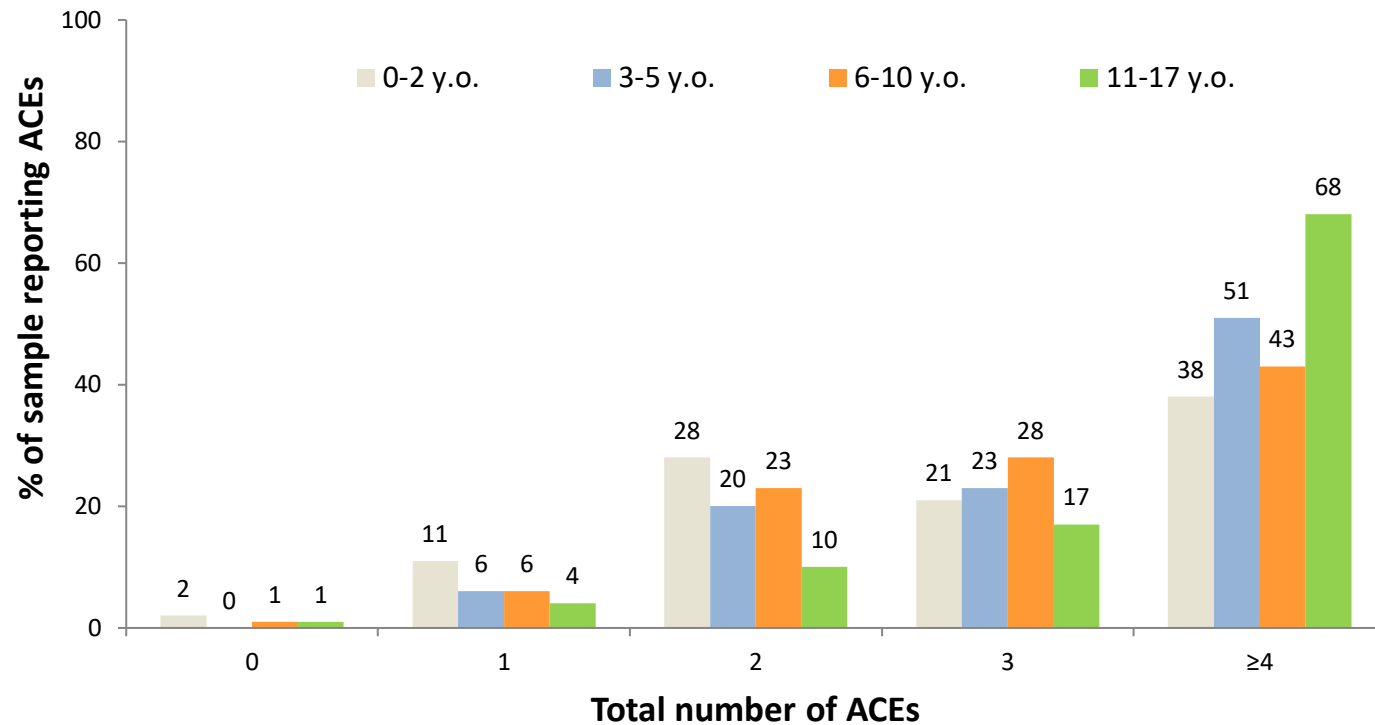
## Keeping Score

Number of ACEs	Prevalence, Women (%)	
	FFHV Program*	ACE Study
1 or more	85.3	67.3
4 or more	43.6	12.5

\*Rates are very similar in child welfare

Topitzes, et al.

# NSCAWI: ACE Scores by Age



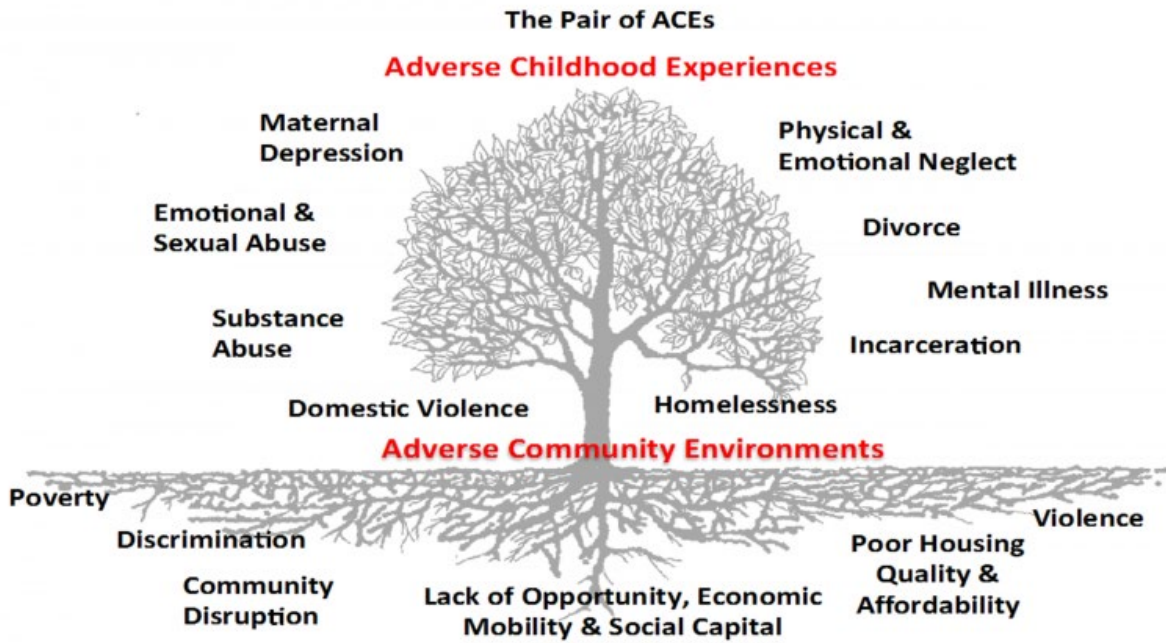
*Public health is what we, as a society, do  
collectively  
to assure the conditions in which (all) people  
can be healthy.*

Institute of Medicine  
*The Future of Public Health, 1988 & 1997*





# Pair of ACEs



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



**NEW**

# We studied PCEs just like ACEs

## ACEs

- 1998 study of employed people in the Pacific Northwest
- Patients answered questions about their childhood
- Correlated with mental and physical health

## PCEs

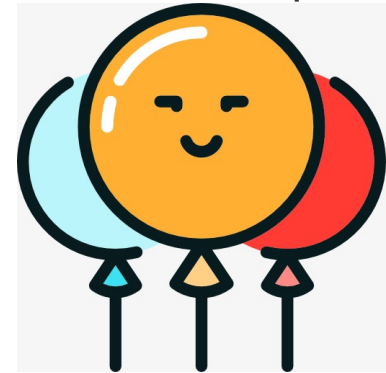
- 2015 population study in Wisconsin
- Part of the BRFSS
- Asked about ACEs
- Asked about Positive Childhood experiences
- Correlated with mental health



# Creating a “Cumulative Positive” Score

Positive Childhood Experiences (PCEs) questions asked how often respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home



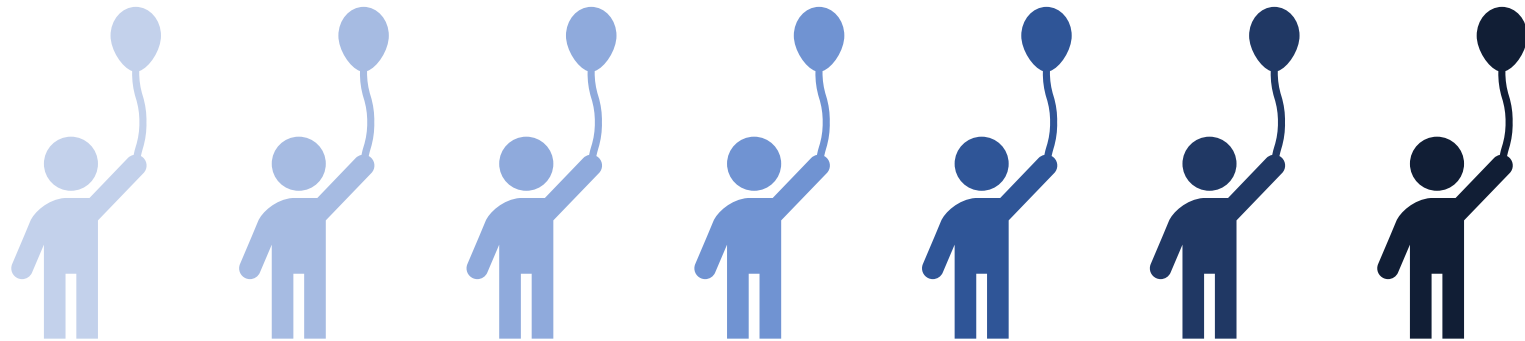
- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 (“felt safe/home”) to 0.72 (“family stood by/difficult times”)

# Positive Childhood Experiences (PCEs) Protect Adult Mental Health



**6-7 vs. 0-2 PCEs:** Adults reporting 6-7 PCEs **have 72% lower odds** of having depression or poor mental health compared to those reporting 0-2 PCEs.

48% v. 12.6%, OR 0.28; 95% CI 0.21-0.39. 3.8x higher rate for 0-2 vs. 6-7 PCEs.



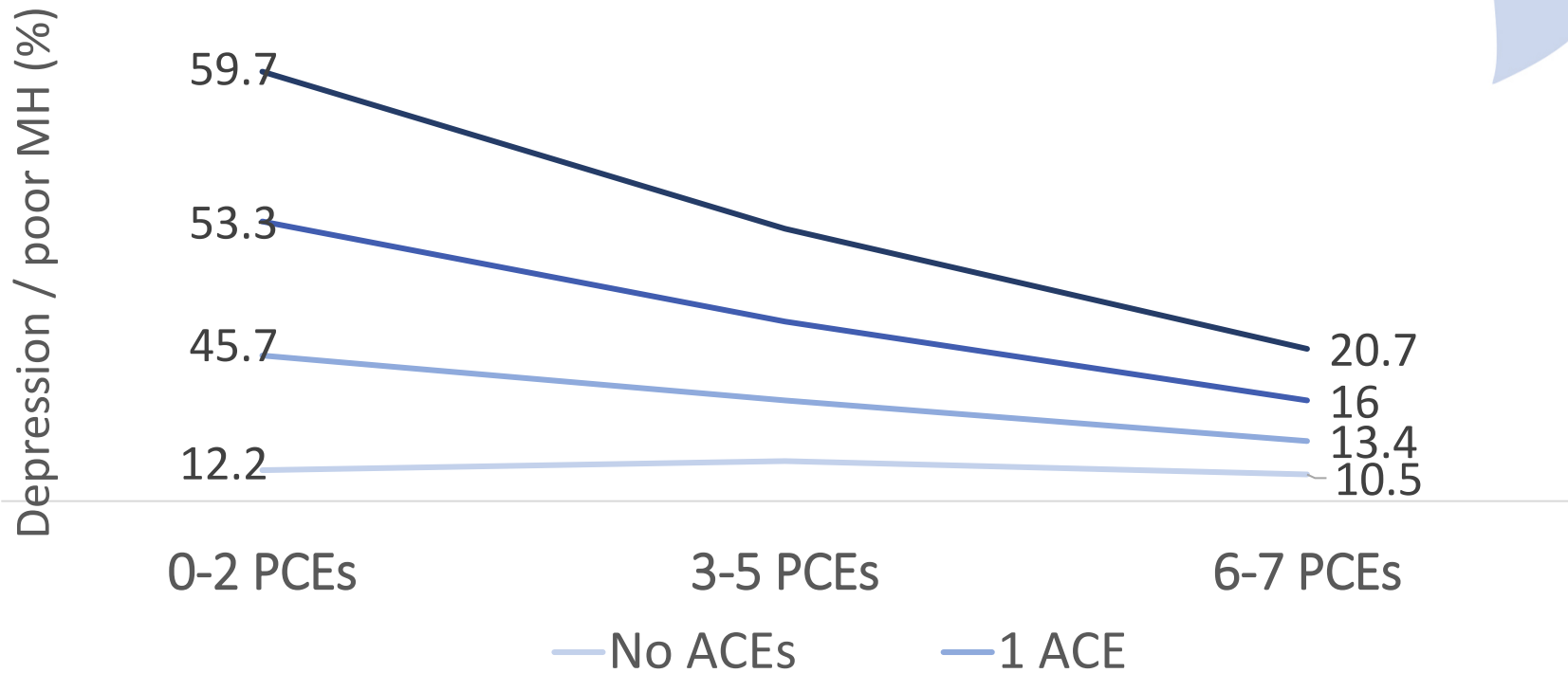
**0-2 PCEs (48.0%)**

versus

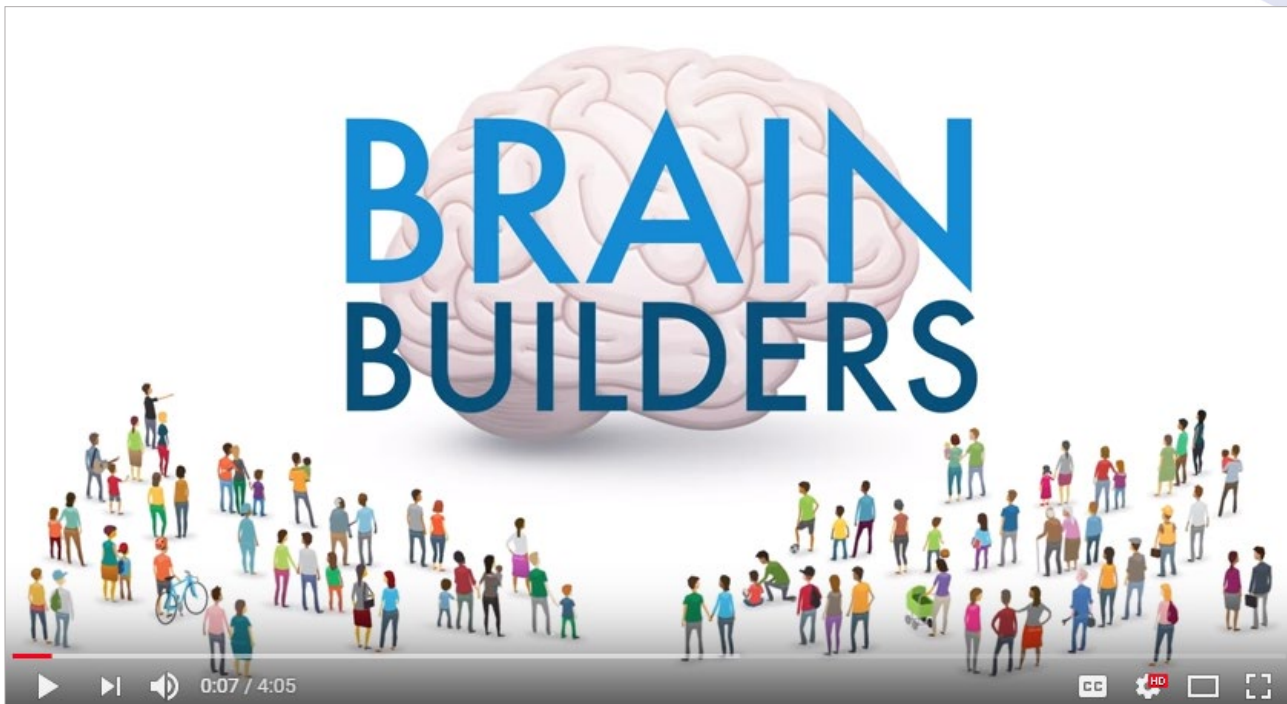
**6-7 PCEs (12.6%)**

Bethell , Jones, Gombojav Linkenbach and Sege. *Positive Childhood Experiences* . . . JAMA Pediatrics 2019

# Positive Childhood Experiences Mitigate ACEs Effects



Bethell , Jones, Gombojav Linkenbach and Sege. *Positive Childhood Experiences* . . . JAMA Pediatrics 2019



## Core Story of the Brain





RESEARCH BRIEF

STRESS AND PARENTING DURING THE CORONAVIRUS PANDEMIC

March 26, 2020

By: Shawna J. Lee & Kaitlin P. Ward

SUMMARY OF KEY POINTS

- 83% of parents said their children's schools were closed due to the Coronavirus pandemic.
- Parents are engaging in parent-child activities much more frequently since Coronavirus.
- Most parents are worried they can't afford to pay bills (50%) and that money will run out (55%).
- Most parents (52%) said financial concerns and social isolation (50%) were getting in the way of their parenting.
- Despite displaying warmth to their child and feeling close to their child, a majority of parents (61%) shouted, yelled or screamed at their children at least once in the past 2 weeks; about 1 in 5 (20%) spanked or slapped their child at least once in the past 2 weeks.
- Parents reported they have yelled or screamed at their children more often (19%) or increased discipline (15%) since the Coronavirus pandemic.



RESEARCH BRIEF

MENTAL HEALTH, RELATIONSHIPS, AND COPING  
DURING THE CORONAVIRUS PANDEMIC

March 31, 2020

By: Shawna J. Lee & Kaitlin P. Ward

HIGHLIGHTS

- Over 1 in 4 respondents knew someone who had been tested for Coronavirus, and approximately 1 in 9 respondents knew someone who had contracted Coronavirus.
- Symptoms of depression were high: 2 out of 3 reported feeling tired or having little energy, trouble sleeping, and feeling hopeless several days or nearly every day since the Coronavirus pandemic.
- Symptoms of anxiety were even more common, with 50% or more reporting symptoms of anxiety nearly every day or several days a week since the Coronavirus pandemic.
- 28% of all respondents said they have used alcohol or other drugs to make themselves feel better. 22% said they were using alcohol more and 1 in 7 (14%) said they were using marijuana more.
- Even though respondents reported relying on their romantic partners to cope with uncertain times, 22% of respondents in a romantic relationship reported having disagreements with their partner related to the Coronavirus, 19% reported more disagreements than usual, and 15% reported more verbal fights than usual.



## COVID-19 IS A SIGNIFICANT STRESSOR FOR MOST AMERICANS



Nearly 8 in 10 (78%) say the coronavirus pandemic is a significant source of stress in their life



Nearly 7 in 10 (67%) say they have experienced increased stress over the course of the pandemic

## AROUND 7 IN 10 AMERICANS (71%) SAY THEY FEEL HOPEFUL ABOUT THEIR FUTURE



## NEARLY 1 IN 5 ADULTS (19%) SAY THEIR MENTAL HEALTH IS WORSE THAN THIS TIME LAST YEAR



### BY GENERATION

34% of Gen Z adults



19% of millennials



21% of Gen X



12% of boomers





8% of older adults



<https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf>

## How COVID-19 Is Placing Vulnerable Children at Risk and Why We Need a Different Approach to Child Welfare

Todd I. Herrenkohl<sup>1</sup> , Debbie Scott<sup>2</sup>, Daryl J. Higgins<sup>3</sup> , J. Bart Klika<sup>4</sup>, and Bob Lonne<sup>5</sup>

### Abstract

The onset of the COVID-19 pandemic brings new worries about the welfare of children, particularly those of families living in poverty and impacted other risk factors. These children will struggle more during the pandemic because of financial pressures and stress placed on parents, as well as their limited access to services and systems of support. In this commentary, we explain how current circumstances reinforce the need for systemic change within statutory child welfare systems and the benefits that would accrue by implementing a continuum of services that combine universal supports with early intervention strategies. We also focus on promising approaches consistent with goals for public health prevention and draw out ideas related workforce development and cross-sector collaboration.

Child Maltreatment  
2021, Vol. 26(1) 9-16  
© The Author(s) 2020  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/1077559520963916  
journals.sagepub.com/home/cm



# The Imprint YOUTH & FAMILY NEWS

## It's Time for State Prevention Services Systems

BY JENNIFER JONES AND BART KLIKA





## 2020 & Beyond— A Prevention Agenda for the *Next Generation*: Making Prevention THE Priority

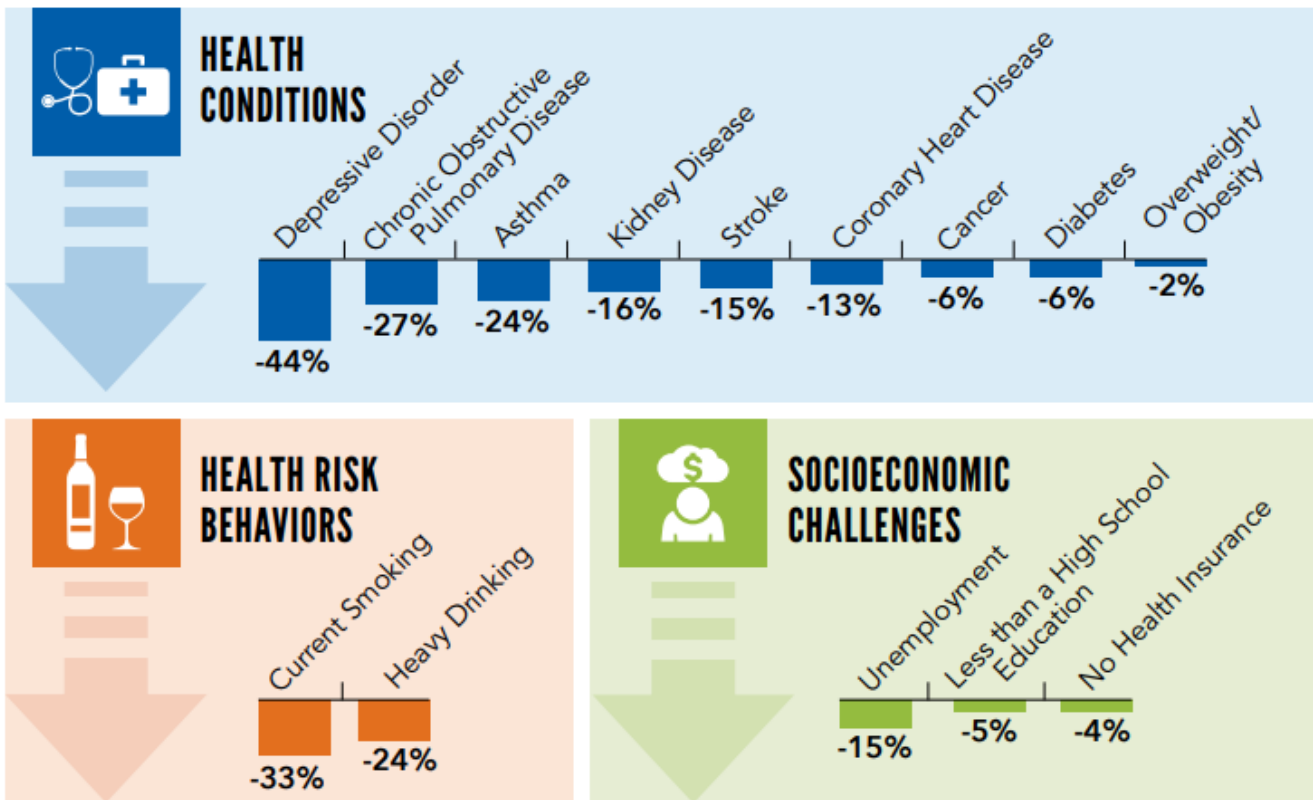
***Raising Awareness:*** PCAA will continue to demonstrate a **leadership** role in clearly articulating a **comprehensive prevention vision** and **shifting the narrative** to upstream solutions.

***Intervention:*** Through chapters, HFA, and strategic partnerships, PCAA **will activate and expand its robust network** of CAN prevention champions

***Building Evidence & Public Health Imperative:*** Through the **LEAP project** and other innovative research, PCAA will re-establish its role as a **data-driven leader in prevention**

***Policy:*** PCAA will work **collaboratively and build strategic coalitions** to assure the conditions for health and prosperity through **GAI, legislation, and advocacy**

# Potential reductions in negative health outcomes



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.



# Thriving Families, Safer Children: A National Commitment to Well-Being

“

***This extraordinary moment provides an opportunity to shift the narrative from child welfare to child well-being.***

We must leverage this new way of thinking to develop and deliver effective and impactful community-based resources that assist families in ways which strengthen and help keep them together.”



# Thriving Families, Safer Children

- National movement across public, private, philanthropic sectors
- Create more just and equitable systems
- Engaging lived expertise to develop a child and family well-being system
  - Round 1: *demonstration sites; intensive technical assistance support; create child and family well-being system*
  - Round 2: *focus on policy or system reform at a state, tribal, or territory level*

# Creating the Conditions...CDC Grant

- \$1 million over 3 years
- Effects of paid family leave and child care subsidies on child maltreatment and intimate partner violence
  - *Do these policies prevent violence?*
  - *Do these policies work for some families but not others?*
  - *How do these policies influence the risk factors for violence?*
    - **Year 1:** Literature reviews, data cleaning
    - **Year 2:** Data analysis
    - **Year 3:** Data analysis & dissemination

# Framing Recommendations

1. Make the story one where we all have a stake
2. Show how external conditions “get under the skin”
3. Emphasize the dynamism of development
4. Talk about preventing an ‘overload’ of stress
5. Don’t talk about adversity without resilience
6. Always include a proven or promising policy solution

# Framing Recommendation 1



Make the story one where we all have a stake and a role in outcomes that matter.

# Framing Recommendation 1



## Framed with “their vulnerability”

Child abuse is a horrific experience – we know that many victimized children suffer lifelong effects. It’s also, unfortunately, a common experience in America. A report of child abuse is made every 10 seconds in the US, and far too many instances go unreported. Every child who is a victim of abuse or neglect deserves coordinated and compassionate services.

## Reframed with “our responsibility

Every child is filled with tremendous promise – and we have a shared obligation to foster their potential. That means shoring up the ways we support families. Every policy we set – from tax credits to paid leave – should reduce financial pressures on families and increase the time and capacity for supportive family relationships. This approach will not just prevent child abuse and neglect, it will promote greater wellbeing for children, families, and communities.

# Framing Recommendation 2



Show how external conditions “get under the skin” to shape health, development, and outcomes.



# Framing Recommendation 2



## Framed with “disparities data”

Each year, thousands of children in the US die in the hands of those who were supposed to protect them. Although every child death has a profound and devastating impact on their families and communities, child abuse and neglect are not equal opportunity killers. Data shows that social isolation, young or single parents, parents who struggle with mental health issues or substance abuse or domestic violence, and lack of parenting skills are all associated with increased risk of child fatality from abuse or neglect. African American children die from child abuse or neglect at a rate that is two-and-a-half times greater than that of white or Hispanic children.

## Reframed with “social inequities”

Our policies can help to create the safe, stable environments that children need to thrive. Instead, they often channel serious stress into certain communities, undermining child wellbeing. For example, decades of housing discrimination – including current unfair lending practices – mean that Black families are less likely to live near good jobs and more likely to experience pressure from low wages or long commutes. Chronic stress can spark a toxic stress response, increasing the risk for depression, anxiety or other causes of child neglect. The cascade of consequences from policy to parenting means that when we work on racial equity, we also help to prevent child abuse and neglect.

# Framing Recommendation 6



Always include a proven or promising policy level solution.

# Framing Recommendation 6



## Framed with “shame on us”

To prevent traumatic experiences from taking a lifelong toll on children’s physical and mental health, we must dismantle the norms and environments that allow them to persist. We have long known the work that needs to be done. It won’t be easy – it involves tackling poverty and changing the mindsets that devalue children and perpetuate violence – but it is possible. The only thing lacking is political will.

## Reframed with “within our reach”

Policies that strengthen family financial security can go a long way toward reducing childhood adversity and enhancing the relationships that help children thrive. When families face financial hardship, it sets the stage for more stress and less tuned-in interaction with children. Boosting family incomes through tax credits or paid family leave can relieve the pressure, helping to head off childhood adversity before it happens.

# CDC's 6 Strategies to Prevent ACEs



## Strengthen economic supports for families

- Strengthening household financial security
- Family-friendly work policies



## Promote social norms that protect against violence and adversity

- Public education campaigns
- Legislative approaches to reduce corporal punishment
- Bystander approaches
- Men and boys as allies in prevention



## Ensure a strong start for children

- Early childhood home visitation
- High-quality childcare
- Preschool enrichment with family engagement

## Teach skills

- Social-emotional learning
- Safe dating and healthy relationship skill programs
- Parenting skills and family relationship approaches



## Connect youth to caring adults and activities

- Mentoring programs
- After-school programs



## Lessen harms and prevent future risk

- Enhanced primary care
- Victim-centered services
- Treatment to lessen the harms of ACEs
- Treatment to prevent problem behavior and future involvement in violence
- Family-centered treatment for substance use disorders





# \$1.9 trillion pandemic relief plan

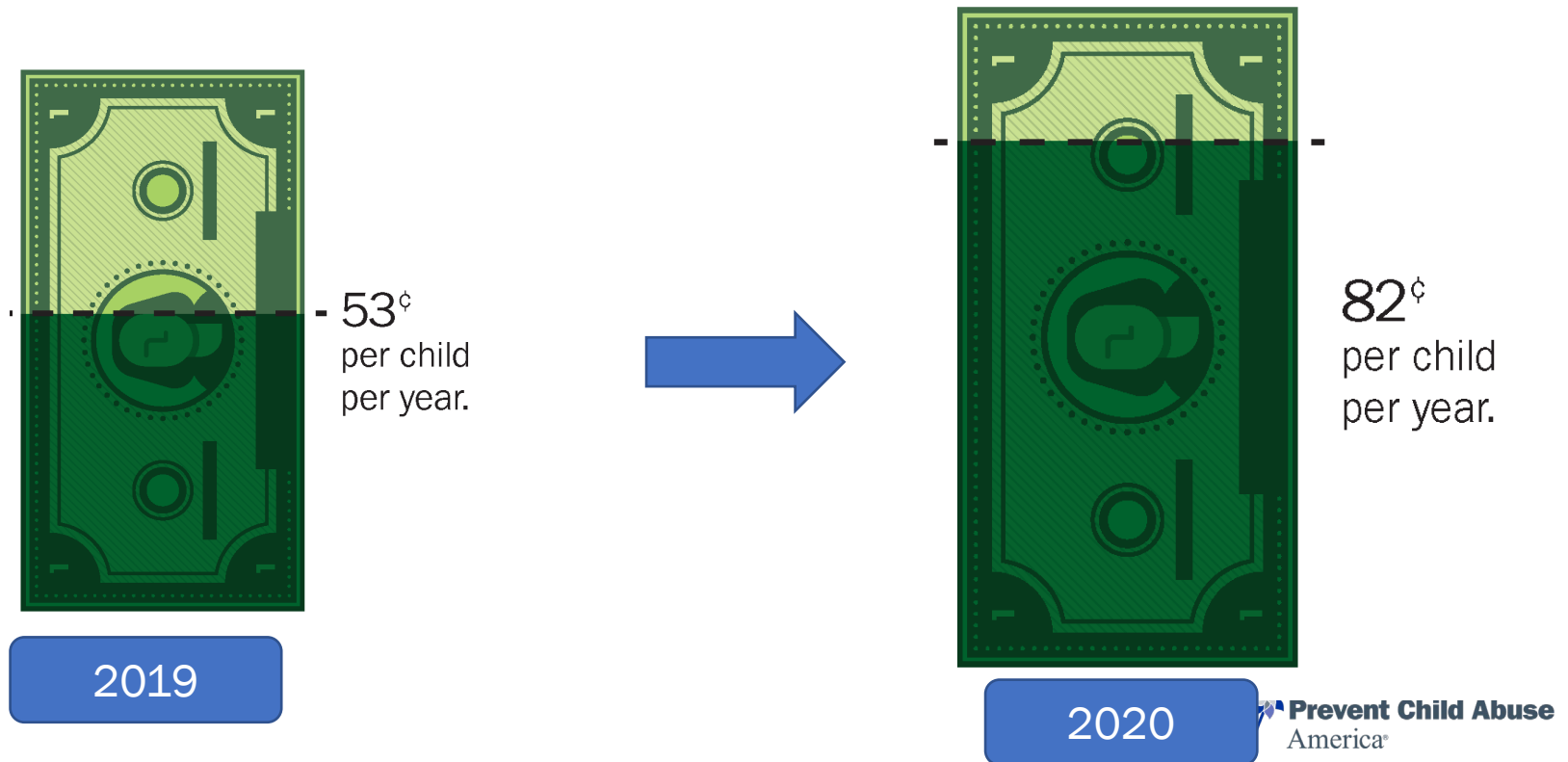
---

- \$250 million for CBCAP, a 400% increase in funding over the program's FY 21 appropriation
- \$150 million in *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)* emergency funds
- Essential unemployment benefits to the millions of people who lost their jobs,
- Provides critical rent and utility assistance,
- Delivers \$1,400 in direct payments,
- Offers states and local governments billions of dollars in local aid to keep education and other vital public services running.
- Expands the Child Tax Credit to \$3,000 per child, and \$3600 for children under age 6 - fully refundable and advance-able.

# Community Based Child Abuse Prevention

CBCAP represents the main federal investment in primary prevention.

- In 2019, it was funded at \$55.6M
- In 2020, CBCAP received a \$16M increase for the first time in 15 years



# Community Based Child Abuse Prevention (CBCAP) Grants

FY 2019	FY 2020	FY 2021	Pandemic Relief Bill	CAPTA Reauthorization Request
\$39.7M	\$55.6M	\$60.6M	\$250M *one-time emergency funding	\$750M for CBCAP

**FY20:** \$16 million increase in funding; first increase in nearly 15 years

**2021 Emergency Funds:** \$250 million, one-time emergency funding; a 400% increase in funding



# CBCAP

## Allowable Uses

- Provide comprehensive support for parents
- Promote the development of parenting skills
- Increase family stability
- Improve family access to formal and informal resources and opportunities
- Support needs of families with children with disabilities through respite or other activities
- Provide referrals for early health and development services
- CAN prevention activities, mental health, substance use and domestic violence services, housing services, transportation, home visiting
- Evaluation and Training
- Public information activities



# ESTIMATED CBCAP STATE ALLOCATIONS



Average funds are estimated to range to under \$200,000 to \$29M with a median of \$3M per state

State/Territory	2020 CBCAP Population-Based Allocations	Estimated CBCAP one-time Emergency fund Population-Based Allocations (6% set aside)*
Alabama	\$ 522,314	\$ 3,458,670
Alaska	\$ 200,000	\$ 583,862
Arizona	\$ 787,255	\$ 5,157,318
Arkansas	\$ 337,004	\$ 2,227,558
California	\$ 4,308,501	\$ 28,605,013
Colorado	\$ 606,373	\$ 3,983,908
Connecticut	\$352,347	\$ 2,348,436
Delaware	\$200,000	\$ 645,605
District of Columbia	\$ 200,000	\$ 393,051
Florida	\$ 2,026,818	\$ 13,266,664
Georgia	\$1,200,899	\$ 7,939,502
Hawaii	\$ 200,000	\$ 965,307
Idaho	\$ 214,215	\$ 1,401,157
Illinois	\$1,369,366	\$ 9,147,105
Indiana	\$ 751,538	\$ 4,967,628
Iowa	\$ 350,225	\$ 2,310,932
Kansas	\$ 338,337	\$ 2,249,653
Kentucky	\$ 483,489	\$ 3,190,513
Louisiana	\$ 525,226	\$ 3,499,493
Maine	\$200,000	\$ 797,626
Maryland	\$ 642,276	\$ 4,254,398
Massachusetts	\$ 655,077	\$ 4,325,275
Michigan	\$ 1,037,433	\$ 6,872,201
Minnesota	\$ 624,288	\$ 4,100,170
Mississippi	\$ 338,423	\$ 2,252,901
Missouri	\$ 659,856	\$ 4,366,370
Montana	\$ 200,000	\$ 722,657
Nebraska	\$ 228,530	\$ 1,502,003
Nevada	\$ 330,207	\$ 2,164,170

State/Territory	2020 CBCAP Population-Based Allocations	Estimated CBCAP one-time Emergency fund Population-Based Allocations (6% set aside)*
New Hampshire	\$ 200,000	\$ 817,008
New Jersey	\$ 936,298	\$ 6,248,233
New Mexico	\$ 231,075	\$ 1,541,017
New York	\$ 1,949,668	\$ 13,116,739
North Carolina	\$ 1,102,601	\$ 7,269,056
North Dakota	\$200,000	\$ 554,954
Ohio	\$1,242,870	\$ 8,225,349
Oklahoma	\$ 458,403	\$ 3,028,692
Oregon	\$ 418,663	\$ 2,758,224
Pennsylvania	\$1,269,510	\$ 8,412,510
Puerto Rico	\$ 284,684	\$ 2,073,662
Rhode Island	\$ 200,000	\$ 654,597
South Carolina	\$530,032	\$ 3,487,720
South Dakota	\$ 200,000	\$ 678,352
Tennessee	\$ 721,867	\$ 4,759,544
Texas	\$ 3,545,593	\$ 23,256,345
Utah	\$ 446,889	\$ 2,925,810
Vermont	\$ 200,000	\$ 368,844
Virginia	\$896,111	\$ 5,901,435
Washington	\$ 797,141	\$ 5,196,234
West Virginia	\$ 200,000	\$ 1,167,288
Wisconsin	\$ 611,582	\$ 4,049,613
Wyoming	\$ 200,000	\$ 430,909
American Samoa	\$ 200,000	\$ 74,085
Guam	\$ 200,000	\$ 165,161
Northern Mariana Islands	\$ 200,000	\$ 54,143
Virgin Islands	\$ 200,000	\$ 85,328
<b>TOTAL</b>	<b>\$ 37,532,984</b>	<b>\$ 235,000,000</b>

\*Estimates based on child population with a 6% set-aside. Actual distributions may vary.

Source: U.S. Census Bureau, Population Division. 2019.

# MIECHV Provisions in The American Rescue Plan

- \$150 million in one-time emergency funding for the Maternal, Infant, and Early Childhood (MIECHV) program.
- 3% is reserved for Indian tribal entities and another 3% for training, technical assistance and evaluation.
- MIECHV funds will be available through September 30, 2022.
- We are waiting for HRSA guidance to determine the emergency funding formula.

# Key Allowable Uses of MIECHV Funds

- Serving families with in-person or virtual home visits.
- Staff costs associated with home visits (i.e. hazard pay).
- Training for home visitors on virtual home visits, emergency preparedness and domestic violence.
- Helping enrolled families to acquire technology needed to conduct a virtual home visit, including WiFi access or cell phone minutes.
- Providing families with emergency supplies such as formula, diapers, food, water, hand sanitizer and soap.
- Coordinating with and providing reimbursement to diaper banks when using them to provide emergency supplies.
- Providing prepaid grocery cards to eligible families.



“We cannot tackle these issues single-handedly—no one can—but neither can we sit idly by and allow our children, families, and communities to suffer. At moments like this, it is more important than ever for us to stand together to advocate for racial justice and equity. To do so, we rely on strong partnerships—with our nationwide network of state chapters and Healthy Families America affiliates, with external collaborators at the local, state, and federal levels, and with leaders in the business and civic communities. We all have a role to play in creating a better future for every child, regardless of the color of their skin.”

*Dr. Melissa Merrick, President/CEO, Prevent Child Abuse America*



# National Virtual Conference



Opening Plenary: Dr. Nadine  
Burke-Harris, Surgeon General  
of California



**Prevent Child Abuse  
America®**

NATIONAL CONFERENCE

———— AUGUST 10-12, 2021 ————

**TRANSFORMING OUR TOMORROW**



Thank you

Together, we can prevent child abuse, America... *Because childhood lasts a lifetime.*

Visit us: [preventchildabuse.org](http://preventchildabuse.org)

