



***SAFE Child Communities:***  
strengthening families to stop childhood trauma



*about* **SAFE Child Communities**

Child abuse and neglect are forms of adverse childhood experiences which have devastating consequences for children, families, and communities. As outlined in this document, we know how to strengthen our families, build essential community and neighborhood connections, and prevent most of the childhood trauma that is occurring.

We have a unique opportunity to couple the findings of brain science with evidence-based programs and practices and to partner with communities to implement systemic change which will improve outcomes for our children. SAFE Child Communities will stem the tide of child maltreatment.

The Children’s Trust is working to create a broad coalition of funders, content experts, and community stakeholders and we invite you to join us!



**overview**

Each year, about 135,000 children are reported as abused or neglected in Massachusetts.<sup>1</sup> While we spend over \$1 billion in state funds each year, our service systems are overwhelmed; less than 1/3 of reported cases of maltreatment receive new support or services. And at the same time there are many more families with similar challenges that go unreported.

***an opportunity to protect children***

We have successfully prevented many other daunting public health problems, but we have never put in place a comprehensive initiative to stop child maltreatment.

public health issue	treatment	prevention
polio	iron lung life support	vaccine
smoking	chemotherapy; radiation; surgery	public education; legislation; taxes
child abuse & neglect	medical care; protective custody	
hiv/aids	multiple medication “cocktails”	public education; safe sex; clean needles
motor vehicle accidents	hospitalization; surgery; long-term care	seat belts; child car seats
tooth decay	fillings; root canals; restorative dentistry	fluoride

***a new approach to solve a longstanding problem***

In most cases, maltreatment of children occurs very early in life. Research on brain architecture shows that abuse and neglect of young people changes the physical structure of their brains. Further research documents that adverse childhood experiences, including maltreatment, often carry far into adulthood - leading to poorer health as a child and as an adult and markedly higher health care costs, decreased earning capacity, and shortened lifespan!

The physical health, psychological, behavioral, and social consequences for individuals, families, and communities are stark. One need only hear the life stories of inmates at state prisons and residents of mental health facilities to begin to understand the lifelong traumatic effects of being seriously maltreated as a child. While we know what works and excellent, proven models do exist, implementation of prevention is consistently small in scale and isolated.

SAFE Child Communities will raise the prevention of child maltreatment to a top social, public, legislative, and community priority across the state. The multi-year effort is based on recent breakthroughs in brain science and evidence-based<sup>2</sup> programs, as well as the evidence-based Strengthening Families Framework. (See page 6 under foundation principles.) This approach turns the focus away from family risks, deficits, and treatment, and towards building increased parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and children’s social and emotional competence.

**The Initiative will establish SAFE Child Communities in Massachusetts which:**

- include Family Centers as hubs to provide, coordinate, and access a standard menu of core services (including home visiting), as well as locally prioritized services for families in defined geographic communities
- incorporate proven service frameworks and evidence-based services, with local fidelity to the statewide initiative
- provide resources for and support parent partnership and leadership, convening of a Statewide Advisory Committee, and local governance of Family Centers
- deliver the organizational change, program development, staff training, and data collection/analysis required to protect and promote strong children, families, and communities
- through in-depth evaluation will identify increased strength and resilience of parents, increased positive outcomes for children, decreased risky behavior by parents, and decreased frequency of child maltreatment in communities served by SAFE Child Communities



the problem is significant

The scale of child maltreatment (i.e., child abuse and neglect) <sup>3</sup> across the U.S. is daunting:

- 25.6% of children experience maltreatment at some point during childhood<sup>4</sup>
- 37% - 40% of abused children are under six years old<sup>5</sup>
- “children less than three years old are at greatest risk for severe injuries; ...70% of documented maltreatment deaths are children three or younger”<sup>6</sup>

In Massachusetts:

- in 2015, there were 36,878 confirmed cases of child abuse and neglect<sup>7</sup> (101 each day)
- according to the state’s official statistics, 86% of child maltreatment cases in 2014 involved child neglect<sup>8</sup>
- in total, over 8,700 children were in protective custody at the end of 2014 - an increase of over 11% since the end of 2010<sup>9</sup>
- as of May, 2015, of 8,212 children in foster care, 69% had multiple placements in different households

The result is an unending cycle of trauma for children and families, as well as caseloads that overwhelm the child welfare system. In terms of public policy and costs, the lifetime cost of a single case of non-fatal child maltreatment is \$210,012<sup>10</sup> and “the total lifetime economic cost of new child maltreatment cases in the United States in 2008 was approximately \$124 billion.”<sup>11</sup>

*“We need to shift our focus to the front-end prevention of child abuse and neglect and make sure that families get the help they need when they need it.”* Rafael Lopez, ACYF Commissioner, U.S. Department of Health and Human Services, 2016.



early experiences matter

New brain science and research have transformed core concepts of child development, documented that early childhood experiences impact adult health and behavior, and provided evidence for a new approach to early childhood policy, investment, and practice - an approach that prioritizes prevention. Most of the field of child welfare is not yet operating on the basis of this evidence.

There is much to gain from stepping back, being strategic, and realigning the entire system to focus first on stopping child abuse and neglect. Two major research efforts provide a foundation for strengthening families and thereby preventing child maltreatment.

**The Center on the Developing Child** at Harvard University has documented how childhood experiences become wired into our bodies, as 90% of the human brain develops in the first three years of life. Adverse childhood experiences and toxic stress can compromise the body’s stress response systems and affect brain development, the cardiovascular system, the immune system, and metabolic regulatory controls.

According to the Center on the Developing Child:

- child abuse and neglect produce toxic stress that weakens the architecture of the developing brain, and can lead to lifelong problems in learning, behavior, and physical and mental health
- these impacts are evidenced in the physiology of our brains and our behavior as children and can be transmitted to future generations
- severe environmental stressors change the expression of genes that control child brain development and behavior, resulting in a host of physical and mental disorders

In the **Adverse Childhood Experience (ACE) Study**<sup>12</sup> conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, 17,000 people completed a survey of child maltreatment, family dysfunction, and their current health status and behaviors<sup>13</sup>. The ACE Study demonstrates that adverse childhood experiences<sup>14</sup> are major risk factors for leading causes of illness, death, and poor quality of life in the U.S. for children and adults.

The ACE Study found staggering proof that, compared with never-abused/neglected adults, those adults who reported maltreatment in childhood were:

- 26 times more likely to be homeless as adults
- 12 times more likely to have attempted suicide
- 7 to 10 times more likely to report illicit drug use and/or addiction<sup>15</sup>
- 59% more likely to be arrested as a juvenile and 30% more likely to be arrested for a violent crime as an adult<sup>16</sup>
- almost 4 times more likely to perpetrate domestic violence as an adult
- far more likely to suffer as adults from an astonishing set of problems including but not limited to heart disease, depression, drug use, obesity, stress, and smoking<sup>17</sup>

The research is conclusive and compelling. The ACE Study, related research articles and state level studies, and the ongoing work of the Center on the Developing Child at Harvard University underscore the fundamental and long lasting impact of child maltreatment.

In order to respond and to address the trauma of child maltreatment, we need to redefine the way we work with children and families. A prevention strategy seeks to turn off the flow of maltreated children, so they never need services from the Department of Children and Families. This approach will result in fewer children traumatized by abuse and neglect and more treatment services delivered to those children and families most in need.

# SAFE Child Communities

Too many parents and families are isolated, overwhelmed, overstressed, and do not have the information and access to the services they need to be effective parents. This needs to change. We can take the initiative and prevent child maltreatment by building parenting skills and strengthening families.

## foundation principles

SAFE Child Communities rests on a primary framework based on extensive research, and is supplemented by adherence to quality standards and accreditation processes for core services including Family Centers and Home Visiting.

The Strengthening Families Framework sets out five Protective Factors which (1) are evidence-based; (2) when robust in a family support the optimal well-being of children (from birth to 8) and their families; and (3) shift the work of child welfare from a focus on family deficits to a focus on building family strengths and resiliency, while acknowledging the very real challenges faced.

### The five Protective Factors are:

- **parental resilience:** developing the ability to cope and bounce back from life’s challenges
- **social connections:** engaging friends, family members, neighbors, and others in the community who may provide emotional and logistical support and assistance
- **concrete support in times of need:** accessing life essentials such as food, clothing, and housing when there is an immediate need
- **knowledge of parenting and child development:** receiving accurate information about raising young children and learning appropriate and effective strategies to gauge expectations and set limits on child behaviors
- **social and emotional development of children:** fostering a child’s ability to interact positively with others and communicate his or her emotions appropriately

## operationalizing a new approach

Through Family Centers serving as hubs to provide easy access to services, information, and resources for residents of identified geographic areas, SAFE Child Communities will respond to the needs of our families in the 21st Century and increase the well being of our children and the strength and stability of our families.

### Key values framing SAFE Child Communities:

- strength-based
- universal & voluntary
- prevention focused
- family driven
- family strengthening
- community-based
- center-based services
- broad service coordination
- evidence-based/informed
- two-generational approach

*“Primary prevention of the initial occurrence should receive at least as much emphasis as responses to maltreatment.”* CDC Grand Rounds: Creating a Healthier Future Through Prevention of Child Maltreatment, U.S. Centers for Disease Control and Prevention, 2014.

### Universal services - statewide model with local discretion:

SAFE Child Communities will be implemented through a core set of services which are aligned with key values, build on the five Protective Factors, and are complemented by locally defined priorities.

### Core services include:

- universal home visit for every new parent
- ongoing home visits for first time parents at varying intensity based on need
- innovative & ongoing outreach to families
- parenting education & support
- workshops & family events
- social-emotional learning programs
- information on local services & resources
- supported referrals with follow-up
- short-term service coordination
- assistance with meeting basic needs
- parent partnership & leadership development

### High quality implementation makes a difference:

- parent focus groups determine local service priorities and provide ongoing feedback on the value and quality of services
- community advisory committees
- staff receive standardized & in-depth training
- all services are culturally reflective & responsive
- networks of local services are integrated & coordinated
- evidence-based programs are implemented in accord with nationally recognized program standards (such as home visiting)
- locally responsive programs, such as Family Centers, are implemented with fidelity to SAFE Child Communities statewide model
- robust data collection documents implementation & impact
- rigorous evaluation is ongoing from the start
- continuous quality improvement is ongoing at all sites

## proposed outcomes

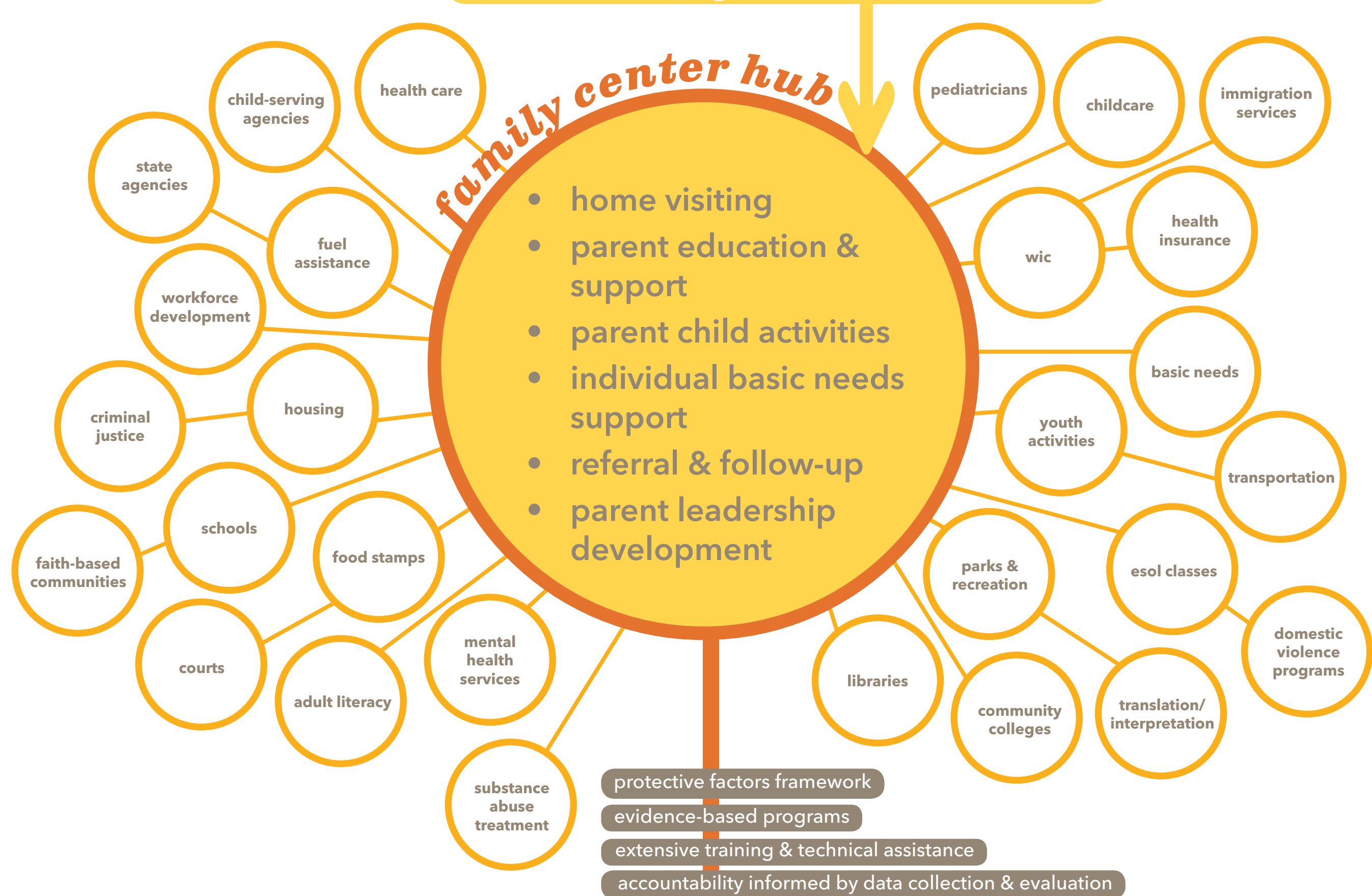
### An evaluation is currently being designed with Tufts University to assess key outcomes in SAFE Child Communities, including:

- parents have increased resilience and social connections, including less depression and anxiety, stronger family relationships and cohesion, and increased social support from others
- parents have increased knowledge of parenting and child development, producing greater parental warmth and less harshness, as well as stronger family routines and less chaos
- families receive increased concrete support when needed, including meeting needs for health care, food, employment, and housing
- children have improved physical health and increased social and emotional competence, including fewer adverse childhood experiences, improved self-regulation, and increased school readiness
- systems of care and support are responsive, skilled, and able to better serve communities, supporting increased responsibility for community welfare and mutual trust of neighbors
- community services and workforce have greater satisfaction and efficacy, more capacity to address family challenges, and an increasingly strength-based approach to work with families
- the child welfare system reports fewer out of home placements



# a SAFE Child Community

*community governance board*





# references

1. MA Department of Children and Families most recent data shows 138,560 reports of child abuse and neglect in for 2014.
2. As outlined in the Strengthening At Risk and Homeless Young Mothers and Children Initiative, “A program is judged to be evidence-based if (a) evaluation research shows that the program produces the expected positive results; (b) the results can be attributed to the program itself, rather than to other extraneous factors or events; (c) the evaluation is peer-reviewed by experts in the field; and (d) the program is “endorsed” by a federal agency or respected research organization and included in their list of effective programs.” See Conrad N. Hilton Foundation and National Center on Family Homelessness, 2011.
3. “Child maltreatment is abuse or neglect of a child by a parent or other caregiver that results in potential or actual harm or threats to a child. Maltreatment encompasses both acts of commission (abuse) and omission (neglect). Child maltreatment is divided into four types: 1) physical abuse (e.g., hitting, kicking, shaking, or burning); 2) sexual abuse (e.g., rape or fondling); 3) psychological abuse (e.g., terrorizing or belittling); and 4) neglect, which involves the failure to meet a child’s basic physical, emotional, or educational needs (e.g., not providing nutrition, shelter, or medical or mental health care) or the failure to supervise the child in a way that ensures safety (e.g., not taking reasonable steps to prevent injury).” Excerpted from “CDC Grand Rounds: Creating a Healthier Future through Prevention of Child Maltreatment,” Centers for Disease Control and Prevention, Morbidity and Mortality Weekly, Vol. 63/No. 12, 2014, page 260.
4. Ibid., page 260.
5. Differing #s are provided by the MA Department of Children and Families (DCF) and in “Child Maltreatment 2012,” U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, 2013.
6. “Child Maltreatment 2012,” U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau (2013).
7. Data provided by MA DCF.
8. Data provided by MA DCF.
9. Undated data received in September, 2015 from DCF in response to request from the Children’s Trust.
10. “Understanding Child Maltreatment 2012,” J. Rosenzweig, Prevent Child Abuse America, 2014, page i. See also “Total Estimated Cost of Child Abuse and Neglect in the United States: Statistical Evidence,” S. Fromm, 2001, and “Total Estimated Cost of Child Abuse and Neglect in the United States,” C.-T. Wang, 2007, both Prevent Child Abuse America.
11. “The Economic Burden of Child Maltreatment in the United States and Implications for Prevention,” H.L. MacMillan et al, Child Abuse and Neglect 2012, page 156.
12. The ACE Study was funded by the U.S. Centers for Disease Control and Prevention, and was initiated at Kaiser Permanente HMO in San Diego from 1995 to 1997 with over 17,000 largely middle class participants who had health insurance and were given a standardized physical examination.
13. Information taken on 4/30/15 from [www.cdc.gov/violenceprevention/acestudy/about.html](http://www.cdc.gov/violenceprevention/acestudy/about.html)
14. The 10 ACEs identified are verbal abuse, physical abuse, sexual abuse, neglect, basic needs not met, lost a parent, mother abused, drugs, mentally ill/suicide, and parent in prison.
15. “Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study,” Dube, Felitti, et al, Pediatrics, March, 2003.
16. “An Update on the Cycle of Violence,” Widom & Maxfield, National Institute of Justice Research in Brief, 2001.
17. This set of bullets is based on references to the ACE Study and related publications cited in “Maltreatment: Long Term Effects,” Virginia Child Protection Newsletter, James Madison University, Volume 87, pages 7 and 14.







## *about the* **children's trust**

The Children's Trust is on a mission to stop child abuse and neglect in Massachusetts. Our programs partner with parents to help them build the skills and confidence they need to make sure kids have safe and healthy childhoods.

We implement a two-generational approach by working with children AND parents. The Children's Trust recognizes that, in order to ensure children are safe and healthy, we must support a child's development AND address and offer guidance on the challenges their parents face.

### **highlights:**

- Using a multiplier effect, we work through an extensive network of over 100 of the state's most innovative local community organizations, such as Jewish Family and Children's Services and the Massachusetts Society for the Prevention of Cruelty to Children, which implement our proven programs.
- Tufts University's evaluation of our Healthy Families program shows proven results in lowering parent risky behaviors, reduction in corporal punishment, significantly increasing educational achievement, promoting health outcomes from mothers and babies, and increased healthy and stable co-parenting relationships between mother and fathers.
- We've been recognized nationally by the Pew Center on the States for data collection and analysis and by the Center for the Study of Social Policy for work to reduce the number of children living in poverty.
- We've recently released the third edition of our manual to help Massachusetts educators and others invested in child safety by providing detailed information and resources on individual and institutional practices for preventing sexual child abuse, reporting child abuse, and creating safe environments for children.
- We're currently co-chairing the Legislative Task Force on the Prevention of Child Sexual Abuse, along with the State Office of the Child Advocate, to create guidelines and tools for the prevention of sexual abuse in all youth-serving organizations.



[childrenstrustma.org](http://childrenstrustma.org)