

PREVENTION WORKS!

CHILDREN LIVING IN STRESSFUL ENVIRONMENTS: A RESOURCE KIT

VI.e. Children Who Have Been Abused/Witnessed Abuse

“Child abuse casts a shadow the length of a lifetime.”

Herbert Ward, director (1970–2000) of St. Jude’s Ranch for Children, Boulder City, NV;
www.stjudesranch.org/about/history.php

Discussion

Abusive behavior takes a tremendous toll on children. Such behavior includes physical and psychological damage done to children as well as abuse that they witness. The effects range from immediate physical harm to emotional scars that often lead to a wide range of negative outcomes later in life.

Size and Scope of the Problem

What do we mean by abuse? Federal law provides a minimum definition of child abuse and neglect that includes any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, or sexual abuse or exploitation or that presents an imminent risk of serious harm. Although child abuse and neglect is defined differently from State to State, most definitions cover neglect, physical abuse, sexual abuse, and emotional maltreatment.¹

In 2005, the National Child Abuse and Neglect Data System (NCANDS) recorded about 899,000 cases of children who were victims of child abuse and neglect in the 50 States, the District of Columbia, and Puerto Rico. Tragically, child abuse or neglect claimed the lives of an estimated 1,460 children—three in four of them were 3 years old or younger. These numbers reflect investigations by Child Protective Service agencies about possible maltreatment of about 3.6 million children.²

No category of children is immune from maltreatment. Child abuse and neglect victims are split almost equally between girls and boys and between Whites and other racial/ethnic groups. Most

¹ U.S. Department of Health and Human Services (HHS), Administration on Children, Youth and Families. (2007). *Child maltreatment 2005: Summary*. Washington, DC: HHS. Retrieved March 20, 2008, from www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf.

² HHS, Administration on Children, Youth and Families. (2007). *Child maltreatment 2005: Summary*. Washington, DC: HHS. Retrieved March 20, 2008, from www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf.

child abuse and neglect victims are young children. Those aged 7 or younger account for more than half of the documented cases, while infants and toddlers 3 years old and younger are most likely to be victimized.³ Not surprisingly, parents are responsible for most child maltreatment. The NCANDS shows that nearly 4 in 5 perpetrators of child abuse and neglect were parents, while about 1 in 10 were unrelated caregivers such as foster parents and child daycare providers.⁴

Many Causes

While maltreatment of children occurs throughout society, certain conditions make abuse and neglect more likely. Families who are isolated, are beset by poverty, are lacking in unity, have members who engage in substance abuse or commit violence in the household, or live in communities where violence is common have an increased risk of committing child abuse and neglect. Likewise, the characteristics of parents have a large role in the likelihood that children will be mistreated. These characteristics include social isolation of families, family disorganization, dissolution, and violence, including intimate partner violence, poor parent-child relationships, and negative interactions. Besides poverty itself, unemployment and lack of education are common among parents of abused children and may contribute to their lack of understanding of children's needs and child development.⁵

Some studies have shown that parents who were abused as children are more likely to mistreat their own kids. While this connection has not been fully confirmed, research has shown that mothers who have been physically or sexually abused may not be able to protect their children from abuse by a spouse or other person.⁶

Substance abuse, which studies have shown to be both a cause and consequence of child abuse, more clearly increases the risk that parents will abuse their children. Research has shown that parents who have engaged in alcohol and drug abuse have a greater potential for child abuse than other parents. This may happen as substance abuse by one or both parents causes stress that leads to violence between them, which, in turn, carries over to their children. It comes as no surprise that studies focusing on parental alcohol abuse as a risk factor for child abuse have pointed to alcohol's direct effects, such as impaired judgment and communication and loss of inhibition. In addition, researchers have found that alcoholic parents whose addiction involves high levels of antisocial behavior are especially likely to engage in child abuse.⁷

³ HHS, Administration on Children, Youth and Families. (2007). *Child maltreatment 2005: Summary*. Washington, DC: HHS. Retrieved March 20, 2008, from <http://www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf>.

⁴ HHS, Administration on Children, Youth and Families. (2007). *Child maltreatment 2005: Summary*. Washington, DC: HHS. Retrieved March 20, 2008, from <http://www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf>.

⁵ Centers for Disease Control and Prevention (CDC). (n.d.) *Child maltreatment prevention. Scientific information: Risk and protective factors: Risk factors for child maltreatment*. Retrieved March 24, 2008, from www.cdc.gov/ncipc/dvp/cmp/CMP-risk-p-factors.htm.

⁶ Widom, C. S., and Hiller-Sturmhofel, S. (2001). Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research and Health*, 25(1), 52–57. Retrieved March 20, 2008, from <http://pubs.niaaa.nih.gov/publications/arh25-1/52-57.pdf>.

⁷ Widom, C. S., and Hiller-Sturmhofel, S. (2001). Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research and Health*, 25(1), 52–57. Retrieved March 20, 2008, from <http://pubs.niaaa.nih.gov/publications/arh25-1/52-57.pdf>.

Complex and Lasting Effects

The effects of child abuse are many and severe. Children who have been abused may become anxious, fearful, sad, depressed, or angry. They may experience nightmares and flashbacks, trouble sleeping, and suicidal thoughts. These children may feel bad about themselves and may be unable to love or trust others. Behavior problems among children who have been abused may include aggressive and disruptive conduct, self-destructive or self-abusive behavior, sexual acting out, and substance abuse.⁸ Physical, mental, and emotional problems such as sleep disturbances, panic disorder, and attention deficit/hyperactivity disorder may occur as maltreatment prevents normal development of a child's brain.⁹

The emotional damage sustained by abused children often emerges later in life. In addition to behaviors such as substance abuse and promiscuity, adult health conditions and outcomes—eating disorders, severe obesity, depression, chronic health problems, and even suicide—may be long-term consequences of being abused as a child.¹⁰ This may happen as high-risk behaviors, caused by psychological problems that stem from the experience of child abuse, lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity.¹¹

Sexual abuse accounts for about 1 in 11 confirmed child abuse and neglect cases.¹² The short-term effects of sexual abuse include conditions—such as depression, anxiety, guilt, fear, withdrawal, and acting out—that are common to a wide range of adverse experiences. Depending on the children's age and the circumstances of their abuse, they may regress, become withdrawn, experience sleep disorders, and have academic and behavior problems. These effects tend to emerge about 2 years after sexual abuse ends.¹³

Among adolescents, sexual abuse is a major factor in prompting them to leave home. A history of sexual victimization is common among runaway and homeless youth, with estimates of up to 42 percent of these youths being victims of such abuse. Many of these youth trade a dangerous

⁸ American Academy of Child and Adolescent Psychiatry. (July 2004). *Facts for families: Child abuse—The hidden bruises*. Retrieved March 20, 2008, from www.aacap.org/cs/root/facts_for_families/child_abuse_the_hidden_bruises.

⁹ CDC, Division of Violence Prevention, National Center for Injury Prevention and Control. (n.d.). *Child maltreatment prevention. Scientific information: Consequences*. Retrieved March 21, 2008, from www.cdc.gov/ncipc/dvp/CMP/CMP-conque.htm.

¹⁰ CDC, National Center for Injury Prevention and Control. (2006). *Understanding child maltreatment*. Retrieved March 21, 2008, from www.cdc.gov/ncipc/pub-res/CMFactsheet.pdf.

¹¹ HHS, Child Welfare Information Gateway, Administration on Children, Youth and Families, Children's Bureau. (April 2006). *Long-term consequences of child abuse and neglect*. Retrieved March 20, 2008, from www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf.

¹² CDC, National Center for Injury Prevention and Control. (Summer 2007). *Facts at a glance: Child maltreatment*. Retrieved March 21, 2008, from www.cdc.gov/ncipc/dvp/CM_Data_Sheet.pdf.

¹³ American Psychological Association. (2001). *Understanding child sexual abuse: Education, prevention, and recovery. What are the effects of child sexual abuse?* Retrieved March 20, 2008, from www.apa.org/releases/sexabuse/effects.html.

situation at home for another one where they may engage in substance use, “survival sex,” and other risky behaviors. Relatives account for more than one in three of the categories of perpetrators who sexually abuse runaway and homeless youth.¹⁴

The effects of childhood sexual abuse can be lifelong. As adults, many victims experience depression, anxiety and sleep disorders, and social and sexual problems. Substance abuse and other unhealthy behaviors are common in people who were sexually abused as children. Children who were sexually abused also are at increased risk of being raped or physically abused later in life.¹⁵

At 7.1 percent, emotional maltreatment accounts for the smallest share of documented cases of child abuse and neglect.¹⁶ This low figure undoubtedly reflects the difficulty of identifying emotional abuse, since it leaves no physical bruises or scars. Rather, the emotional abuse of children is characterized by rejecting, ignoring, terrorizing, isolating, or corrupting them. Not surprisingly, children who have been emotionally abused may be insecure, angry, and withdrawn. They may lack self-esteem and basic skills, while their behavior may include substance abuse, destructive acts, and inability to form relationships.¹⁷

It is important to recognize that the results of child maltreatment vary from one person to another depending on factors such as the type of abuse; the age and developmental status of the victim when the abuse or neglect occurred; the frequency, duration, and severity of the abuse; and the victim’s relationship to the abuser.¹⁸

Witnessing Abuse

Being exposed to violence in the home has many of the same effects on children as being physically abused. Children who witness violence in the home also may suffer from anxiety problems marked by restlessness, increased fatigue, difficulty concentrating, irritability, muscle tension, and disturbed sleep.¹⁹ Domestic violence also increases the odds that young people will

¹⁴ Greene, J. M., Sanchez, R., Manlove, J., Terry-Humen, E., Vandivere, S., Wertheimer, R., et al. (November 2002). *Sexual abuse among homeless adolescents: Prevalence, correlates, and sequelae*. Washington, DC: HHS, Administration for Children and Families. Retrieved March 20, 2008, from www.acf.hhs.gov/programs/opre/fys/sex_abuse/reports/sexabuse_hmless/sex_toc.html.

¹⁵ HHS, Administration on Children, Youth and Families. (2007). *Child maltreatment 2005: Summary*. Washington, DC: HHS. Retrieved March 20, 2008, from www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf.

¹⁶ HHS, Administration on Children, Youth and Families. (2007). *Child maltreatment 2005: Summary*. Washington, DC: HHS. Retrieved March 20, 2008, from www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf.

¹⁷ National Exchange Club Foundation. (n.d.). *Emotional abuse*. Retrieved March 20, 2008, from www.preventchildabuse.com/emotion.htm.

¹⁸ Child Welfare Information Gateway, Administration on Children, Youth and Families, Children’s Bureau. (April 2006). *Long-term consequences of child abuse and neglect*. Washington, DC: HHS. Retrieved March 20, 2008, from www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf.

¹⁹ White House Council on Youth Violence. (December 2000). *Helping your children navigate their teenage years: A guide for parents*. CMHS-SVP-0013. Retrieved on March 20, 2008, from <http://download.ncadi.samhsa.gov/ken/pdf/SVP-0013/SVP-0013.pdf>.

engage in substance abuse and delinquency.²⁰ Another study found that teenage pregnancy was more common among women who witnessed violence between their parents.²¹

There are also longer-term effects. Research has found that the more often children witness violence between parents or other intimate partners, the more likely they are as adults to report illicit drug use, problems with alcohol, and symptoms of depression.²²

Similar to the idea that children who are abused may go on to abuse their own kids, being exposed to violence between one's parents can start a cycle of violent behavior. In a 20-year study that followed children into adult romantic relationships, exposure to violence between parents as a child made it more likely that an adult would inflict violence on a romantic partner. Perhaps the most striking finding, however, was that the greatest single risk of growing up to become a victim of violence in an intimate relationship occurs when children witness violence between their parents.²³

Facts

- Maltreatment of children affects their well-being when they reach adolescence. Physical assault, neglect, contact sexual abuse, and supervision neglect before the sixth grade are all linked with at least 8 of 10 adolescent health risks, including drug, cigarette, and alcohol use; violence; and depression.²⁴
- More than one in four children (28.4 percent) report being physical assaulted—slapped, hit, or kicked by a parent or other adult caregiver.²⁵

²⁰ Western Center for the Application of Prevention Technologies. (1995). *Risk and protective factor prevention: What does it mean for community prevention planning?* Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention. Retrieved March 20, 2008, from <http://captus.samhsa.gov/Western/resources/prevmat/DHC-eng.pdf>.

²¹ Tamkins, T. (March–April 2004). Teenage pregnancy risk rises with childhood exposure to family strife. *Perspectives on Sexual and Reproductive Health*, 36(2), 88-89. Retrieved April 1, 2008, from http://findarticles.com/p/articles/mi_m0NNR/is_2_36/ai_n6069104.

²² Dube, S. R., Anda, R. F., Felitti, V. J.; Edwards, V. J., and Williamson, D. F. (February 2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: Implications for health and social services. *Violence and Victims*, 17(1), 3-17.

²³ Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., and Johnson, J. G. (August 2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71(4), 741–753. Retrieved March 20, 2008, from www.apa.org/journals/releases/ccp714741.pdf.

²⁴ Hussey, J. M., Chang, J. J., and Kotch, J.B. (September 2006). Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics*, 118(3), 933-942. Retrieved March 20, 2008, from <http://pediatrics.aappublications.org/cgi/reprint/118/3/933>.

²⁵ Hussey, J. M., Chang, J. J., and Kotch, J.B. (September 2006). Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics*, 118(3), 933-942. Retrieved March 20, 2008, from <http://pediatrics.aappublications.org/cgi/reprint/118/3/933>.

- Most perpetrators of child abuse and neglect (57.8 percent) are women.²⁶ The strongest indicators that a child has been sexually abused are inappropriate sexual knowledge, sexual interest, and sexual acting out by that child.²⁷
- Sexual abuse often goes unreported. About two in three adolescents who report having been raped or sexually assaulted indicate that the police were not informed and did not find out about the incident.²⁸
- Parents often use psychological aggression against their children. Research has shown that about half of parents of teens employ severe forms of psychological aggression—swearing or cursing, name calling, and threats to send children away or kick them out of the house.²⁹
- Nine in 10 children who live in homes where there is intimate partner violence see or hear it.³⁰
- Intimate partner violence is common. Three in 10 women say they have been raped, physically assaulted, or stalked by a husband or man they lived with as a couple. Men also experience violence by intimate partners, though less often than women.³¹
- A national survey found that about 1 in 11 children lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year.³²

²⁶ HHS, Administration on Children, Youth and Families. (2007). *Child maltreatment 2005: Summary*. Washington, DC: HHS. Retrieved March 20, 2008, from www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf.

²⁷ American Psychological Association. (2001). *Understanding child sexual abuse: education, prevention, and recovery. What are the effects of child sexual abuse?* Retrieved March 20, 2008, from www.apa.org/releases/sexabuse/effects.html.

²⁸ Greene, J. M., Sanchez, R., Manlove, J., Terry-Humen, E., Vandivere, S., Wertheimer, R., et al. (November 2002). *Sexual abuse among homeless adolescents: Prevalence, correlates, and sequelae*. Washington, DC: HHS, Administration for Children and Families. Retrieved March 20, 2008, from www.acf.hhs.gov/programs/opre/fys/sex_abuse/reports/sexabuse_hmless/sex_toc.html.

²⁹ Straus, M. A., and Field, C. J. (November 2003). Psychological aggression by American parents: National data on prevalence, chronicity, and severity. *Journal of Marriage and Family*, 65, 795–808. Retrieved March 20, 2008, from <http://pubpages.unh.edu/~mas2/CTS27.pdf>.

³⁰ White House Council on Youth Violence. (December 2000). *Helping your children navigate their teenage years: A guide for parents*. CMHS-SVP-0013. Retrieved on March 20, 2008, from <http://download.ncadi.samhsa.gov/ken/pdf/SVP-0013/SVP-0013.pdf>.

³¹ Tjaden, P., and Thoennes, N. (July 2000). *Extent, nature, and consequences of intimate partner violence: Findings from the national violence against women survey*. Washington, DC: Office of Justice Programs, National Institute of Justice. Retrieved March 20, 2008, from www.ncjrs.gov/pdffiles1/nij/181867.pdf.

³² SAMHSA, Office of Applied Studies. (June 2, 2003). *The NHSDA report: Children living with substance-abusing or substance-dependent parents*. Rockville, MD: SAMHSA. Retrieved March 20, 2008, from www.oas.samhsa.gov/2k3/children/children.pdf.

Federal Resources

Child Welfare Information Gateway

www.childwelfare.gov/index.cfm

Formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse, the Child Welfare Information Gateway Web portal is a service of the [Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services \(HHS\)](#). The Gateway provides access to information and resources to help protect children and strengthen families. There is a Preventing Child Abuse & Neglect area in the Resource Section of the homepage.

National Center on Substance Abuse and Child Welfare (NCSACW)

www.ncsacw.samhsa.gov/

NCSACW is a service of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) [Center for Substance Abuse Treatment](#) (CSAT) and jointly funded by the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN). NCSACW is implemented by staff members from [Children and Family Futures \(CFF\)](#) under contract with CSAT. NCSACW activities include:

- Creating widely recognized expertise on substance abuse, child welfare, tribal, and family judicial systems;
- Gathering and developing specialized knowledge to improve collaboration among the substance abuse, child welfare, tribal, and family judicial systems;
- Developing Web-based and other technological means of collecting and disseminating current knowledge; and
- Assisting communities, policymakers, and other professionals to improve practice, procedures, and policies.

SAMHSA's National Mental Health Information Center: Child and Adolescent Mental Health

<http://mentalhealth.samhsa.gov/child/childhealth.asp>

This area of the Center's Web site offers descriptions and links to several resources relating to the general topic of child and adolescent mental health. Many of these descriptions and links are related to the safety and well-being of children.

U.S. Department of Justice’s National Criminal Justice Reference Service: Juvenile Justice
www.ncjrs.gov/App/topics/Topic.aspx?topicid=124

This Q&A page focuses on child protection and health and child abuse/exploitation. The site contains articles relating to child abuse and neglect that have been published by several Federal agencies and links to additional resources.

Private Organizations

American Academy of Pediatrics: Children’s Health Topics: Child Abuse & Neglect
www.aap.org/healthtopics/childabuse.cfm

This section of the Academy’s Web site has definitions of physical abuse, sexual abuse, emotional/psychological abuse, and neglect. There are links to many resources, organized by topics and subtopics.

American Professional Society on the Abuse of Children (APSAC)
www.apsac.org/mc/page.do?sitePageId=53606&orgId=apsac

APSAC is a nonprofit national organization that enhances the ability of professionals to serve maltreated children and their families. APSAC disseminates state-of-the-art practice in all professional disciplines related to child abuse and neglect.

Child Welfare League of America (CWLA)
www.cwla.org

CWLA provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public on emerging issues that affect abused, neglected, and at-risk children. Through publications, conferences, and teleconferences, CWLA shares information on emerging trends, specific topics in child welfare practice, and Federal and State policies.

Childhelp[®]
www.childhelpusa.org/home

Childhelp[®] is a national nonprofit organization that focuses on prevention, intervention, and treatment of child abuse and neglect. Programs and services include the 24-hour-a-day Childhelp[®] National Child Abuse Hotline; residential treatment; children’s advocacy centers; therapeutic foster care; group homes; child abuse prevention, education, and training; and the National Day of Hope[®] during National Child Abuse Prevention Month every April.

National Domestic Violence Hotline (NDVH)
www.ndvh.org/index.php

NDVH takes toll-free calls 24 hours a day every day to provide crisis intervention, safety planning, information, and referrals to agencies in all 50 States, Puerto Rico, and the U.S. Virgin Islands. The NDVH Web site also contains pages to educate and assist adults, teens, and family

and friends about abusive relationships, statistics, and resources. In 2007, NDVH launched the National Teen Dating Abuse Helpline (NTDAH), a 24-hour national Web-based and telephone helpline for teens aged 13 to 18.

Prevent Child Abuse America

www.preventchildabuse.org/

Prevent Child Abuse America is a national nonprofit organization. Since 1972, the group has supported advocacy, research, and public awareness and education. A clickable map has contact information for 42 statewide chapters, and Prevent Child Abuse America offers publications, podcasts, and tools for participating in Child Abuse Prevention Month.

Shaken Baby Alliance

<http://shakenbaby.org/aboutus/>

The Shaken Baby Alliance provides support to victims' family members and others affected by this form of child abuse. The Alliance also provides information and training programs to professionals and coordinates with other groups toward the enactment of laws and policies to protect children, prevent abuse, and hold perpetrators criminally responsible for the abuse of children.

Strategies/Programs

Chapter seven of *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*, (CD-ROM version) from the HHS Office on Child Abuse and Neglect is available on the Child Welfare Information Gateway Web portal at www.childwelfare.gov/pubs/usermanuals/foundation/foundationg.cfm and has bulleted recommendations of prevention strategies under headings for primary/universal prevention, secondary/selective prevention, and tertiary/indicated prevention.

Another publication available on the Child Welfare Information Gateway Web portal is the *Promoting Healthy Families in Your Community: 2008 Resource Packet*. Chapter 4, "Engaging Your Community: Community Strategies," offers ideas for events and activities to raise awareness of child abuse and help promote prevention. The chapter is online at www.childwelfare.gov/pubs/res_packet_2008/ch_four_strategies.cfm.

The following prevention strategies are listed in the About Child Abuse section of Child Abuse NY's site (<http://preventchildabuseny.org/preventionstrategies.shtml>):

- Programs that support new and expecting parents by helping them prepare for the challenges of child care;
- Programs that educate parents about child care and child development;
- Child care opportunities for working parents and for parents who need respite from the stresses of their responsibilities;
- Programs that teach children how to protect themselves from abuse;

- Life skills training that helps children and young adults learn the interpersonal communication skills they need to thrive as kids and later as adults and parents;
- Self-help groups, peer-support systems, and other neighborhood support programs to reduce the isolation experienced by many parents; and
- 24-hour crisis care programs that provide immediate assistance to parents in a time of crisis by offering a telephone helpline, crisis caretakers, crisis nurseries, and crisis counseling.

A somewhat similar list with brief discussions of each recommended prevention strategy is in *Fact Sheet: An Approach to Preventing Child Abuse*, posted on the Web site of the nonprofit organization, Prevent Child Abuse America, at http://member.preventchildabuse.org/site/DocServer/an_approach_to_prevention.pdf?docID=121.

Visit the Prevention Programs page (www.childwelfare.gov/preventing/programs/) of the Child Welfare Information Gateway Web portal to:

“Find standards for prevention programs, research on what works, information on specific types of programs, reports from State prevention programs, and resources on the role of related professionals in preventing child abuse and neglect.”

To access links from the Prevention Programs page, go to:

- Standards for prevention programs (www.childwelfare.gov/preventing/programs/standards.cfm);
- Research on what works (www.childwelfare.gov/preventing/programs/whatworks/);
- Types of prevention programs (www.childwelfare.gov/preventing/programs/types/);
- Reports from State programs (www.childwelfare.gov/preventing/programs/reports.cfm); and
- Role of related professionals (www.childwelfare.gov/preventing/programs/professionals.cfm).