



## THE SUMMARY CHAPTER—THE NATIONAL CALL TO ACTION: MOVING AHEAD

BLAIR L. SADLER, DAVID L. CHADWICK, AND DOMONIQUE J. HENSLE

Children's Hospital and Health Center San Diego, San Diego, CA, USA

### SPEAKER HIGHLIGHTS FROM THE 1999 SAN DIEGO CHILD MALTREATMENT CONFERENCE

ON JANUARY 26, 1999 at the San Diego Conference, six nationally recognized leaders and representatives from over 20 sponsoring organizations were asked the threshold question: "Can we agree that a coordinated, collaborative, multidisciplinary national effort is needed to work toward the elimination of child maltreatment (similar to those efforts launched in heart disease, cancer, or stroke)?" The answer was a resounding yes!

#### *The Vision*

In discussing the vision for a National Call To Action to eliminate child maltreatment, Blair Sadler shared the perspective of Children's Hospital and Health Center (CHHC). CHHC is the sole designated pediatric trauma center for the entire county of San Diego. While only 3% of trauma admissions are the result of child abuse, abuse alone accounts for almost 30% of all trauma deaths. Also, in 1998, 1,300 children were examined in the evidentiary department of the Children's Center for Child Protection. An additional 350 were seen for failure to thrive, crisis intervention, and psychosocial assessment. Thus, we are presented with two nagging concerns:

- First, all of these efforts, however effective, are after the fact—after the abuse has occurred.
- Second, the overall incidence of abuse in San Diego is not going down, but quite the opposite. One is left with the image of the tired man on the beach feverishly sweeping back the tide with a broom.

So Children's wondered how could we help advance and support a nationally coordinated prevention and intervention agenda. Unlike cancer, heart disease, and stroke, which have benefited from a dedicated institute at the National Institutes of Health and well-organized advocacy, education, and volunteer efforts, the field of child abuse remains fragmented, disjointed, and largely ineffective at the national level. Possibly, this is due to the fact that, unlike the other major killers that are viewed as health problems, child abuse can be regarded as a health, education, welfare, or justice problem. Indeed, it is all of these and more. All of these sectors need to be involved, but there is an overarching need to speak with one voice on behalf of our children.

### *The Politics*

In discussing the politics issues, Richard Krugman, MD, declared that there has not been any coherent policy development to deal with a problem that affects as many as 25/1,000 children per year. Federal and state political action over the last several decades could be characterized as being symbolic rather than substantive, reactive and punitive rather than proactive and supportive (of either children or adults). He concluded that for child protection, there are few notable Congressional advocates, a weak lobby, and an even weaker bureaucracy. Thus, effective policymaking requires an “iron triangle”—an effective lobbying organization, several congressional “champions,” and inside help from a supportive bureaucracy. In addition, Dr. Krugman urged that before we succumb to the historical practice of shifting policy without data to support change, it would be worth conducting large-scale trials of different approaches to child protection. Finally, it is critical to create a vehicle for professionals working in the field to “speak with one voice.”

### *The Science*

In discussing the science issues, David Finkelhor, PhD, argued that the societal chronic disease of child maltreatment may be best solved utilizing a public health approach. The framework towards solving child maltreatment needs to move towards a more scientific standard of practice including:

- Track trends through a systematic epidemiological process;
- Evaluate all aspects of practice and policy consistently; and
- Develop and disseminate new scientific technologies.

Dr. Finkelhor asserted that utilizing a public health approach would lead us to significant reductions in child abuse in the next 100 years, much like the magnitude of the reductions we have witnessed in the previous century in child mortality from polio, small pox, tuberculosis, typhus, and syphilis.

### *The Economics*

In discussing the economics issues, Mark Courtney, PhD, noted that, while we know relatively little about the economic consequences of child maltreatment, the costs are very large. To understand child maltreatment economics, we must first understand how child maltreatment is currently socially constructed and what responses to abuse society will sanction as well as the costs of preventing child maltreatment and of reducing its consequences.

Second, child welfare services programs—one area where we have at least reasonable estimates—are very costly. For example, child welfare services cost government over \$12 billion per year. He recommends that more information is needed about the costs of child maltreatment—both within and beyond the child welfare system.

Three, the powerful role that public assistance programs have played in the lives of most maltreating families ensures that the way in which public sector and private sector human services programs respond to “welfare reform” will play a large role in the future costs of child maltreatment. Dr. Courtney stated that the lower economic tiers of our population suffer most from maltreatment. Children from families with incomes below \$15,000 per year, or roughly the poverty level for a family of four, were 22 times more likely to experience observable harm from child maltreatment than children from families with annual incomes above \$30,000. Dr. Courtney strongly recommended measures to assess the impact of welfare reform—a system that has largely provided support for our most vulnerable children from the poorest families—on child maltreatment. The removal of our most vulnerable children’s basis of economic support without understanding the negative impact of a strict welfare reform policy could

result in higher child abuse with increased investment in child protection systems. In contrast, a state that implements a welfare system to include family support and guarantee work for families as well as safe, nurturing child care for those who strive to improve themselves may reduce the need for child welfare services.

In summary, Dr. Courtney recommended that we increase our knowledge of the costs of child maltreatment, including cost-benefit analyses of the effectiveness in child maltreatment prevention and intervention programs. Also, now is the time to assess the relative impact of various constellations of welfare reform and community-based family supports on the costs of child maltreatment. We need to move immediately, as states are currently running large surpluses under the Temporary Assistance to Needy Families block grant.

### *The Practice*

In discussing the practice issues, Anne Cohn Donnelly, DPH, reviewed past practice, practice today, practice after the fact, and preventive practice. In reviewing practice, Dr. Cohn Donnelly stated that we should identify which prevention efforts are the best and why. Then, given limited resources, we should ask which of the most effective preventive services should a community put in place first; and which preventive services can we do without?

She identified the recent and widespread recognition of the critical importance of the earliest years of life to a child's overall well being. The "Decade of the Brain" (the 1990s) demonstrated that 90% or so of the brain's mapping occurs in the first, crucial, and formative 3 years of a child's life. The brain mapping forms the basis for much of a child's emotional, mental, and physical development. Simply put, heavy doses of love, attention, consistency, structure, and appropriate stimulation allow a very young child's brain to develop normally; in contrast, introduction of significant assaults along the way (physical and emotional abuse and neglect) can have serious and lasting negative consequences relative to the child's brain development—and thus, overall outlook on life.

Dr. Cohn Donnelly then presented a series of recommendations including:

- Raise the overall level of parenting quality (not just high-risk parents);
- Reallocate public and private resources towards proven prevention programs;
- Encourage the public to embrace the notion that prevention is possible and compel them to play a major role in prevention;
- Change our systems so that we could truly speak with one voice for our children's welfare. A public health model would achieve more lasting, systematic change to our systems than a social service or criminal justice approach;
- Embrace notions of competition and survival of the most effective practices and programs to achieve quality outcomes on behalf of our children—a lesson learned many years ago in the private, for-profit business sector;
- Allocate resources to those programs and interventions that have been proven to be effective;
- Pool CPS and juvenile justice systems resources in new, more flexible, and less adversarial ways;
- Rewrite CPS state statutes to require therapeutic treatment for all victims of abuse; plus, practice needs to be early, intense, long term, comprehensive, flexible, and universal;
- Build a firm foundation for all of our future efforts by ensuring that all new parents do have a chance to get off to a good start (at least) with their first babies. Knowing what we know today about the critical importance of the earliest years of life should propel us into action now; and
- Partner with the media to support and promote the successful elements of an action plan to ameliorate child maltreatment.

### *The Media*

In discussing the media issues, Mr. Bob Levey noted that the media could be the most powerful part of the equation, but they had to be approached tactically and tactfully. He presented specific recommendations for each medium including newspapers, television, radio, and the Internet.

1. Utilize newspapers from the bottom-up with a large, continuing, multidimensional series of stories on child maltreatment because local papers recognize that their future is in their community.
  - Tell the story about mistreated children at length—it can be shared best by discussing former cases and victims to reach the layers of their stories;
  - Work with community-minded leaders to convince media to provide an in-depth look into the child maltreatment story;
  - Focus on network magazine shows to carry the story—the selling point is that the child maltreatment story has never been done comprehensively before;
  - Target local, 24-hour cable news channels whose excellent cumulative ratings will provide community forums that cut across complicated areas of concern like child abuse.
2. Use radio as an effective means to sway the largest demographic group affected by child maltreatment—ages 25 to 54;
  - Focus on community-forum air time held on weekends;
  - Recognize that radio needs us more than we need them—the public affairs director is often interested in issues such as this;
  - Voice talents can have a long-lasting impact on swaying listener's emotions; and,
  - Customized news and features programs will be delivered to car radios in the future.
3. WEB “broadcasts” averages approximately 25,000 “listeners” per show—this is larger than a local radio program's audience.

Local media will realize that publicizing the child maltreatment story will be viewed as a cheer for the community and hope for progress. Bob Levey concluded that the effort needs a nationally recognized star at the center—a person who can also attract star-sized attention in a star-centered culture.

### *The Call to Action*

In her summary of the Call To Action, Joycelyn Elders, MD, stated that child maltreatment is preventable especially if we work together as a multidisciplinary group to develop a strategy focused on the child, the family, and the community. We need to start from the bottom up, in our homes, our churches, our communities, and study the social disease of child maltreatment through various individuals' frames of reference. The implementation of our model programs often miss this key step; that's why they sometimes fail. The Call To Action speakers universally stated that we cannot worry about who gets the credit—we can get anything done if we do not care who gets the credit.

So, to create lasting change, we need to recognize that we have a crisis, for history has only shown that times of crisis or disaster affect changes in human behavior. At the conference, Dr. Elders stated that everyone attending recognizes this crisis, but we need to educate the rest of the population as to this state of affairs. Thus, once the larger population also recognizes that child maltreatment is a crisis, this will lead to action.

She also stated that poverty is highly correlated with child abuse. Children who are poor are far more likely to be members of the “Five-H Club:”

- Hungry every night in the richest country in the world;
- Helpless—we spend \$1.1 trillion on healthcare and we have 43 million uninsured Americans, of

which one-third are children. In this country, we believe every criminal has a constitutional right to a lawyer, but we do not believe every sick child has a right to a doctor;

- Homeless;
- Hugless—children for whom it is easier to find drugs than hugs; and,
- Hopeless—we all know Pearl Buck, who said many times that “When hope dies, moral decay cannot be far behind.” And we wonder why we have the problems we do in our society.

Dr. Elders spoke about our collective responsibility to become involved—to not get stuck in the rut of daily life. We must educate and empower parents with knowledge to become a good parent, network within communities to combat this social disease, use the media to our advantage to sway hearts and minds, and to collaborate with all relevant disciplines of schools, healthcare, early childhood development, social work, mental health, child welfare, law enforcement, justice, journalism, anthropology, sociology, and public health.

Also, Dr. Elders believed in and supported the dedicated professionals of the field that have worked tirelessly. She told them to always remember that their job is like dancing with a bear—when you are done dancing with a bear, you can’t get tired and sit down, you’ve got to wait until the bear gets tired, only then you can sit down.

Finally, Dr. Elders concluded that the time to act is now. Our children cannot wait while we debate.

### COMMON THEMES EMERGING FROM THE SPEAKERS

During January of 1999 in San Diego, a national challenge was launched to work towards the elimination of child maltreatment. Speakers, national organizations, and professionals in numerous fields agreed to work towards an action plan to expunge this chronic, social disease.

The speakers discussed different elements and recommended potential strategies and solutions that impact the child maltreatment problem. They identified recurrent themes:

- One, we must embark on a framework that is comprehensive, systematic, and epidemiological. History demonstrates that this approach has been extremely successful through the fields of anthropology, social science, and public health; enduring successes that conquered polio and small pox, and enormously reduced typhus and syphilis.
- Two, this field has not experienced coherent, effective policymaking. We need an iron triangle of several congressional champions, lobbying organization(s), and inside help from a supportive bureaucracy to exact long-standing change.
- Three, outcome studies are required to test the efficacy of remedies and practices—we need more data to know if what we have done for the past 25 years actually makes a difference. For example, which portions of a particular prevention and intervention program are more effective than others? What is their programmatic drift when programs are implemented in different communities? Do we know what impacts human behavior to change, especially in the context of values, habits, and community cultures?
- Four, preventive practice is one of the most crucial mechanisms to ameliorating child maltreatment. Over the long-term, the most effective prevention programs will improve parenting skills (of all parents), which will lead to healthier brain development of children to provide them a happy, secure, and hopeful outlook; reduce violence both by current caregivers and children who later are caregivers; and decrease costs to society through breaking the cycle of multigenerational and other forms of child maltreatment.
- Five, economic analysis is one area often overlooked. The analysis must include determining the costs of prevention, impact of welfare reform, and cost-benefit examination of the effectiveness of child maltreatment prevention and intervention programs.

- Six, media is one of the most powerful parts of this equation. They sway hearts and minds. They define what is center stage for our culture. They influence people to notice, recognize, and act.
- Seven, we are in a crisis that not too many people recognize or acknowledge within and outside of the field. Each one of us has the responsibility to support parents (especially in the first years of a child's life) and be mentors; to educate, shape their legislative representative's political agenda; and believe that prevention is possible.
- Eight, we must develop private and public partnerships to increase resources available to effectively ameliorate child abuse and neglect. In the public sector, significantly improve the link between the justice and health sectors, and dramatically increase the level of funding for prevention, treatment, education and research. In the private sector, invite leaders to create a new organization or coalition of organizations that can effectively coordinate efforts and speak with one voice. We must develop an Institute with the appropriate resources and a strong research arm to systematically reduce the incidence of child maltreatment much like the American Cancer Society's successful approach to reduce cancer rates in the United States.
- Nine, all relevant disciplines need to develop a common agenda and speak with one voice. If we don't care who gets the credit, we can move mountains.
- Ten, all Call To Action speakers and January 1999 San Diego sponsoring organizational representatives stated that the time to act is now. We must increase prevention and continue intervention—both must be combined in a rational approach of public and private partnerships to study and act on the chronic disease of child maltreatment. Our children can no longer wait while we continue to debate.

## COMPARING ECONOMIC INVESTMENTS IN EPIDEMICS

In his David L. Chadwick Endowed Lecture of January 1998, Frank W. Putnam, MD, from the National Institute of Mental Health explored why the child abuse health epidemic is not viewed as seriously as the other leading health epidemics of AIDs or cancer. He asserted that the Federal Government might not believe that child abuse is a genuine problem due to the "false" cases reported yearly. Also, child abuse is extremely complex and riddled with numerous interdependent disciplines that speak different languages.

Child abuse and neglect is a public health epidemic. According to Figure 1, the incidence rate for child abuse and neglect is 10 times higher than all forms of cancer. Although the child abuse incidence rate is much higher, research dollars are not commensurate with the incidence. For example, total federal research commitment, including treatment and demonstration programs as well as research grants, was \$14.2 million in 1992—approximately an investment of 1 nickel for every 100 dollars in societal costs. In contrast, the National Cancer Institute annual budget was \$2.3 billion in 1992—approximately 2 dollars for every 100 dollars of the estimated annual costs.

Further, in Figure 2, there is a significant 14- to 25-fold discrepancy in research funding per life lost. For the public health scourges like cancer, heart disease, and AIDS, we invest \$794, \$441, and \$697 per life lost respectively, whereas the government invests only \$31 in deaths from violence. Therefore, the amount invested in studying and thus ameliorating child abuse is significantly less than available for other health epidemics.

It is apparent that violence does not garner the same amount of public health investment as its magnitude may dictate—especially when compared to similar public health problems. Without the appropriate investment, it will be difficult to successfully achieve a systematic, coordinated national effort to ameliorate child abuse and neglect.



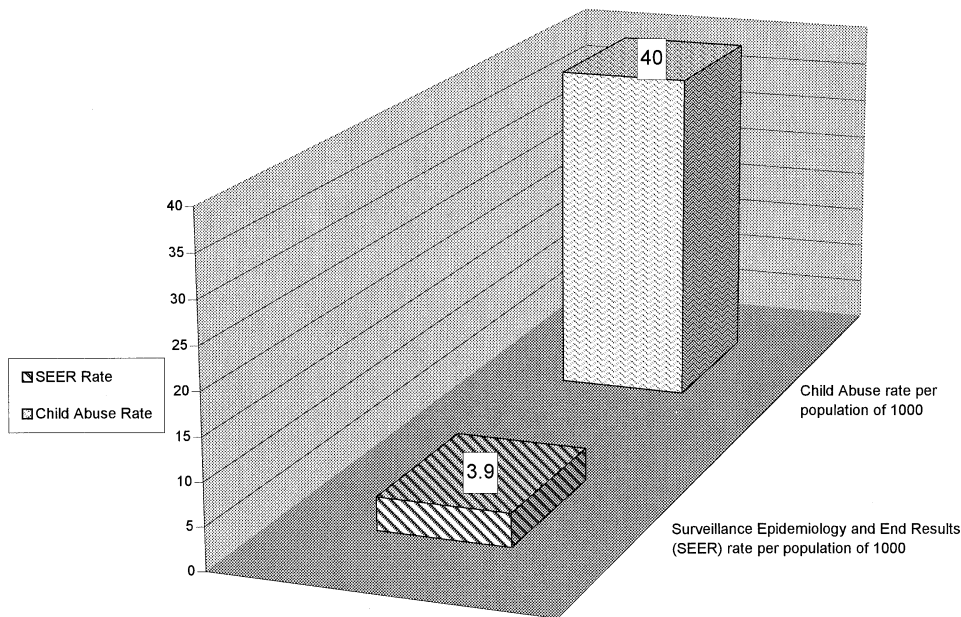


Figure 1. The rate of child abuse is ten times the rate of cancer. Surveillance Epidemiology and End Results (SEER) rate vs. Child Abuse rate.

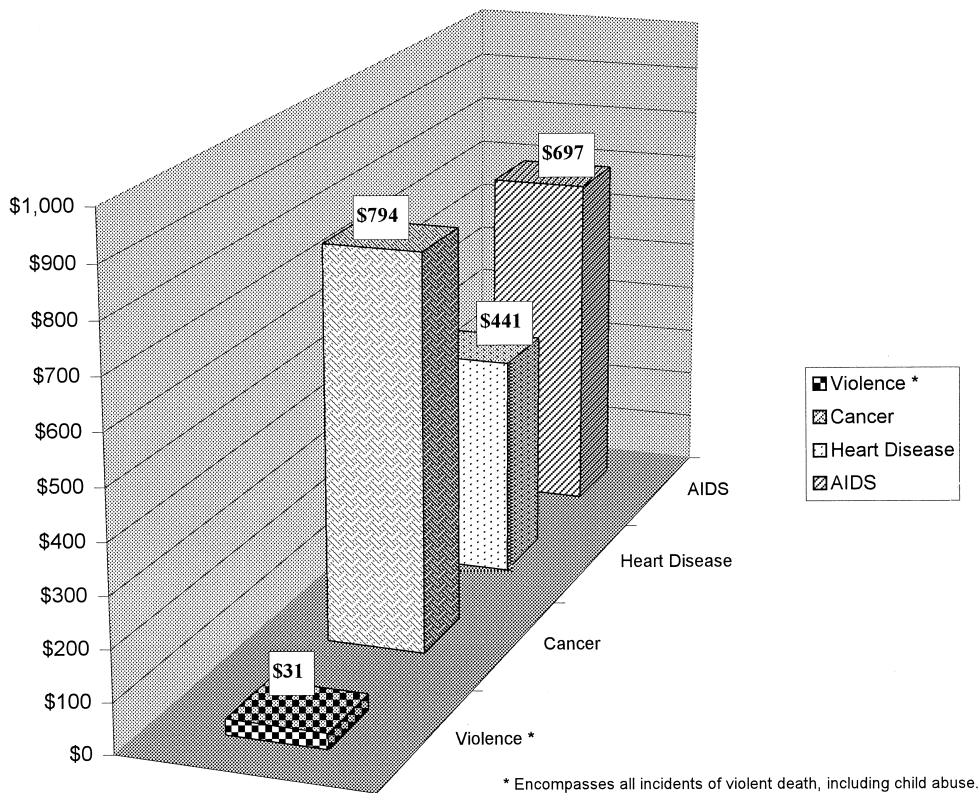


Figure 2. Comparing research funding per life lost.

## ESSENTIAL INGREDIENTS OF A NATIONAL CALL TO ACTION

After the formal plenary, representatives of over 20 sponsoring organizations (see Appendix) met for several hours to consider next steps. This brainstorming session produced a number of essential elements for success. The authors have attempted to organize these into the following 10 points:

1. In the public sector, significantly improve the link between the justice and health sectors and dramatically increase the level of funding for prevention, treatment, education, and research.
2. In the private sector, invite leaders to create a new organization or coalition of organizations that can effectively coordinate efforts.
3. The new coalition should be built from the top down and from the bottom up. Successful models such as the American Cancer Society should be examined.
4. The coalition should create a clear mission statement, powerful rallying cry, and a clear multiyear strategic plan.
5. The coalition, or a lead organization, should secure planning and start up funds from major national philanthropies.
6. Highly credible, respected, and effective public figures should be identified to lead the effort.
7. The efforts of all national organizations should be coordinated through the new coalition.
8. Major national meetings of sponsoring organizations and the National Summit on Children Exposed to Violence should be systematically used to advance the agenda.
9. Formal endorsements from key organizations in support of the effort.
10. Present a detailed action plan to ameliorate child maltreatment at the annual San Diego Conference on Child Maltreatment in January of 2000.

## APPENDIX

The sponsoring organizations included representatives from:

American Professional Society on the Abuse of Children  
 American Academy of Child and Adolescent Psychiatry  
 American Academy of Pediatrics  
 American Medical Association  
 American Psychiatric Association  
 American Psychological Association  
 American Public Human Services Association  
 British Association for Study and Prevention of Child Abuse and Neglect  
 California Children's Lobby/California Partnership for Children  
 California Office of Criminal Justice Planning  
 California Healthcare Association  
 California Department of Social Services—Office of Child Abuse Prevention  
 Children's Advocacy Institute/National Association of Counsel for Children  
 Children's Bureau  
 Child Welfare League of America  
 Health Resources and Services Administration—Maternal and Child Health Bureau  
 International Society for Prevention of Child Abuse and Neglect  
 National Association of Children's Hospitals and Related Institutions  
 National Association of Counsel for Children  
 National Association of Public Child Welfare Administrators  
 National Children's Alliance  
 Office of Child Abuse and Neglect  
 Prevent Child Abuse America (formerly The National Committee to Prevent Child Abuse)