

Justice for Children Package Testimony

November 5, 2015

Senator Rob Cowles

Over the past year, the Department of Justice, the Attorney General's office, advocacy groups, Senator Cowles, our office, and Assembly authors have collaborated to address some major crimes against children and victims of sexual assault to create a collaborative approach to protect them and provide them with an opportunity for better outcomes. We are very pleased today to have the "Justice for Children package" heard.

These bills are aimed to reform major crimes against children and victims of sexual assault, but ultimately keep kids safe. In researching these crimes and collaborating with the Department of Justice, it was clear that something needed to be done to address cases of abuse, neglect, and sexual assault and again, and most importantly, to keep kids safe.

In this package we have put together four bills to aid in the fight against these crimes.

Assembly Bill 430 allows victim advocates to play a larger role in cases of sexual assault and human trafficking, both against adults and children. Through research, we have found that survivors of sexual crimes who have received services from a victim advocate have experienced better outcomes and are in less distress through such a difficult and trying time. National statistics estimate nearly 23 million women in the United States have experienced sexual violence, while child sexual assault remains a grossly under reported crime. We needed to address the needs of our victims in this state.

This bill, specifically, gives victims greater access to victim advocates during examinations and consultations performed at a hospital, as well as, during preliminary law enforcement interviews. This bill gives victims, free of charge to them, someone who is there, solely, for their needs. Additionally, we have introduced an amendment to address concerns raised by some of the interested parties on this legislation to try provide better and less traumatic experiences for children who have been victimized by such a horrible crime. I want to thank all of those involved to help strengthen this bill and provide better advocacy for Victims of sexual assault.

Assembly Bill 431 reforms the neglect statutes and adds substance and clarity. Under current law, you have to prove intent to neglect, in addition to, a felony schedule that is inflexible and leaves out many instances that certainly constitute neglect that are happening in our communities. This bill redefines neglect as the negligent failure to provide necessary care. The bill further defines necessary care, as amended, as now adequate food, clothing, medical and dental care, shelter, supervision, the opportunity for education, and protection from the exposure to the distribution, manufacture or use of controlled substances; modeled after the statutes governing jurisdiction over children alleged to be in need of protective services (§48.13(10m)). This bill also creates a new felony schedule, while the ceiling and floor remain that same, we have included instances where children are at unreasonable and substantial risk of harm, great bodily harm, or death, as well as accounting for emotional harm, and if the child neglected becomes the victim of a child sex offense. The new schedule clearly provides greater detail and flexibility to identify neglect while maintaining the discretion District Attorneys and jurors currently have.

Assembly Bill 431 also creates the crime of repeated acts of neglect of the same child. This is modeled after the crime of repeated acts of sexual assault of the same child (§948.025). This gives prosecutors a new tool to identify situations in which a very young or non-verbal child has been neglected. For very young or non-verbal children, dates and specific instances maybe challenging to identify. This new crime does not change any of the elements necessary to convict someone of neglect. Furthermore, we have introduced an amendment to provide even greater clarity and substance to address a number of concerns raised in the Senate hearing. I again want to thank all those involved to help strengthen this legislation.

Assembly Bill 428 is similar to Assembly Bill 431 in that it too creates a new crime. The bill creates repeated acts of physical abuse of the same child. Again, modeled after repeated acts of sexual assault of the same child (§948.025) this crime helps prosecutors convict the more grievous cases of physical abuse against children, many of whom are very young or possibly non-verbal. Through our research, the children who are victims of these crimes are very young. In the State of Wisconsin, from 2008-2012, 61% of physical abuse deaths of children were aged 3 or younger, with 35% of the deaths were children under the age of one. We hope that the two new crimes created in this package will save such young children who are victims to these horrible crimes.

Assembly Bill 429 expands referral of all reports of suspected or threatened child abuse or neglect to law enforcement. Under current law, suspected cases of child abuse and neglect are referred by mandated reporters to Child Protective Services and not law enforcement. Child abuse and Neglect are the only two felonies not referred to law enforcement. This bill requires that Child Protective Services refer all suspected or threatened cases to law enforcement and coordinate a response if necessary. This legislation lets law enforcement decide if law enforcement needs to be involved, and changes the model to allow early-intervention of law enforcement, if necessary. We feel that having law enforcement involved and aware from the beginning can, at an absolute minimum, reduce duplicate investigations and provide fewer interviews where the victim will have to relive their traumatic experience. Unfortunately, we have amassed several examples from all over the state where law enforcement was not involved in an investigation of neglect or abuse and the child/children suffered continued maltreatment and, in the saddest cases, death. Law enforcement has different tools available for investigating, such as the ability to obtain search warrants and subpoenas. Through collaboration with stakeholder groups, we have introduced an amendment to help provide greater flexibility for County Human Services to refer cases, along a sliding timeline schedule, for referral ranging from 12 to 48 hours to reach law enforcement. We feel that referring all cases to law enforcement will be a vastly improved approach to identifying cases of abuse and neglect and help to keep kids out of harm's way.

Additionally, The Wisconsin Police Chiefs Association, Sheriffs and Deputy Sheriffs Association, and Wisconsin Professional Police Association all are publicly supporting this legislation. Their position is that these calls are potential felonies and they want to be involved sooner rather than later, or at least aware of referrals that have happened in their communities, because the consequence could be that a children will continue to suffer. The State Prosecutors Association and Wisconsin District Attorneys Association are also supporting this legislation.

It is so important to ensure that victims of such terrible crimes are protected in Wisconsin and receive justice from those who have wronged them. By aligning our District Attorneys, Law Enforcement, Victim Advocates, Child Protective Services and our communities together we can create a proven environment to protect the victims of these crimes and aim towards achieving greater outcomes for these victims.

I want to thank all those involved with these bills especially Attorney General Schimel, and Representatives Heaton, Macco, Murtha and Tranel for their work on this package of bills.

With these bills, I hope we can strive to give kids a violence-free and safe childhood and deter acts of abuse neglect and sexual assault in our communities. I hope that these bills can bring criminals to justice and of course, keep kids safe.



JOHN J. MACCO

STATE REPRESENTATIVE • 88TH ASSEMBLY DISTRICT

November 5, 2015

To the members of the Assembly Committee on Criminal Justice and Public Safety,

I want to begin by thanking the members of this committee and Representative Kleefisch for holding a public hearing on the Justice for Children bill package. I believe it is our duty as members of the Wisconsin Legislature to stand up for the vulnerable in society, chief among being children. Wisconsin will be able to stand up for our children with the passage of Justice for Children.

I am the author of Assembly Bill 429 which will direct suspected cases of child abuse and neglect to be referred to law enforcement. We are giving law enforcement the authority to investigate these crimes along with the Department of Children and Families. Logistically, this means the authorities and powers of both organizations will be put to better use as we will be able to bring better harmony to households and swifter justice to the criminals who are cowardly enough to abuse or neglect children.

Child abuse and neglect disproportionately affects members of the disability community, who, because of struggles with communication, are unable to describe their experiences and currently can be screened out of the system. As a state, we cannot continue to let this happen. We must do better.

Justice for Children is an important step in the continued commitment to our children. I want to also thank my fellow Assembly co-authors, Senator Cowles and Attorney General Schimel for their continued support for Justice for Children, and I ask for your vote for this important piece of legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "John J. Macco". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John J Macco
Representative
88th Assembly District



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PREPARED TESTIMONY OF ATTORNEY GENERAL BRAD D. SCHIMEL

Support for Assembly Bill 428, Assembly Bill 429,

Assembly Bill 430, and Assembly Bill 431

Assembly Committee on Criminal Justice and Public Safety

Thursday, November 5, 2015

Good morning Mr. Chairman and members of the Assembly Committee on Criminal Justice and Public Safety. Thank you for this opportunity to testify on these four important bills: AB 428, AB 429, AB 430, and AB 431.

I would first like to thank Senator Cowles; Representatives Tranel, Macco, Murtha, and Heaton; and legislative leaders for sponsoring the "Justice for Children" legislation and addressing a need to change the way we protect children who are victims of abuse and neglect.

In my former lives as an Assistant District Attorney and District Attorney, I spent the largest part of my 25 year career prosecuting Sensitive Crimes cases. That experience included countless child abuse and neglect cases.

In that work, I saw firsthand how child abuse and neglect often do irreparable harm to children and families. Worse, the fallout from that abuse and neglect often is passed from generation to generation. Children usually learn their sense of "normal" from what they see in their own home. Unfortunately, when they grow up in an environment of physical abuse, sexual abuse, neglect, domestic abuse or drug abuse, they very often grow up to perpetuate that same conduct in their own adult relationships.

We have no higher responsibility in government than to protect our children. It is time for us to provide stronger tools to address physical abuse and neglect of children to break this cycle. These four bills will help Wisconsin better protect our children.

Assembly Bill 428

provides the ability to charge repeated acts of physical abuse and neglect when multiple abusive or neglectful acts are committed against the same child. For many years, Wisconsin law has given prosecutors the ability to charge repeated acts of sexual assault of a child as a single continuing offense. That tool has been critical to

our finding the truth in cases involving ongoing, repetitive sexual abuse.

Children often are not able to identify the specific date on which acts of sexual abuse were committed against them. This is just as true with acts of physical abuse and neglect as it is with sexual abuse.

Physical abuse and neglect can, also, be every bit as damaging to a child as sexual abuse. It is long overdue for Wisconsin to give prosecutors the ability to charge long-term physical abuse and neglect as an ongoing course of conduct so that we can achieve justice for these child victims and prevent offenders from committing future crimes against children.

It can be very difficult for a child to identify specific dates of violation sufficiently to support charges when there are multiple acts of physical abuse or neglect committed against them. Assembly Bill 428 provides an important tool to prosecutors that will enable them to address this challenge.

Assembly Bill 429 requires notification to law enforcement of allegations of physical abuse and neglect of a child.

The criminal justice system works best for victims when there is a collaborative approach that brings together a multi-disciplinary team made up of prosecutors, law enforcement, victim advocates, and social services. We learned this years ago when we first mandated that law enforcement be notified of allegations of sexual assault of a child. At about that same time, some jurisdictions started utilizing Child Advocacy Centers and Multi-Disciplinary Teams to address offenses committed against children. There was resistance to those kinds of collaborative approaches at that time, but they are now accepted as the gold standard and we serve survivors of child sexual assault much better than we did just 15 years ago.

Under current law, mandatory reporters must report sexual abuse, physical abuse and neglect of a child to the county social service agency. Only as to sexual abuse of child, however, are social service agencies required to share the report with law enforcement. Wisconsin law does not require that law enforcement be notified when physical abuse or neglect of a child is suspected.

Social services and law enforcement have complementary, but not always identical interests relative to child abuse and neglect. Law enforcement also has tools available to it, such as subpoenas and search warrants, that are not typically available to social services agencies working alone.

I have been around long enough to remember when collaborative investigations were not the norm. We ran into many situations in which children were interviewed multiple times about the abuse, forcing them to relive the circumstances over and

over again.

AB 429 makes sure that the two systems both work together to investigate child abuse and neglect. AB 429 will be a force multiplier in our effort to keep our children safe. In Waukesha County where I was a prosecutor, we began conducting collaborative investigations between law enforcement and social services years ago, and I saw firsthand the benefits of this multi-disciplinary approach.

Law enforcement and prosecutors do not lose any of their discretion to make determinations as to when a child protection service response is adequate and when there should also be a criminal justice response.

Assembly Bill 430 provides the right to assistance of a victim advocate to crime victims. During a police investigation, a suspect has the right to be represented by an attorney. In fact, if the suspect is in custody, police must inform them that they have the right to legal representation before law enforcement can interview them about the crime. Further, if the suspect cannot afford an attorney, they are told they will get one for free. No reasonable person can dispute that these rights are appropriate and in the best interests of justice.

Current law gives victims the right to accompaniment by an advocate once charges are filed, but current law does not address the investigative stages. The investigation phase can be the most stressful part of the entire process for a child victim, since that will often be the first time they talk with a stranger about what happened.

Assembly Bill 430 makes sure that victims have rights to support similar to the ones already granted to an accused suspect. Why would we not afford a crime victim, especially a child, who is being interviewed the right to have an advocate present to help them?

Further, unlike the attorney representing a suspect as part of an adversarial process, the presence of a trained victim advocate can actually assist law enforcement in doing their job. Advocates do not have a responsibility to be adversarial to the efforts of child protection workers, medical professionals or law enforcement officers. In fact, the presence of a victim advocate will make the system work better and more compassionately.

Assembly Bill 431 proposes several changes to the neglect of a child statute.

Current Wisconsin law requires that the State prove that a person who neglected a child did so intentionally. This is an oxymoron. By its nature, neglect is not intentional. Assembly Bill 431 would remedy this confusion in our law by setting a criminal negligence standard.

Assembly Bill 431 also creates graduated penalties for varying degrees of child neglect. Under current law, a prosecutor has only two options when addressing allegations of child neglect: 1. Charge a misdemeanor if the child does not die from the neglect; and 2. Charge a felony if the child does die as a result of the neglect. This bill provides graduated penalties for neglect based upon the severity of the injury to the child. Thus, more severe neglect can be punished more severely than less severe neglect. Right now, in almost every case, neglect is only a misdemeanor offense, no matter the consequences, as long as they are short of death.

Conclusion

AB 428, AB 429, AB 430, and AB 431 will enable us to give children the resources they need to navigate the criminal justice system and begin the long process of healing. These tools will enable us to do the very best we can to keep our children safe.

It is important to note, once again, that these bills propose the same things we have already utilized with great success in child sexual assault investigations and prosecutions. They simply provide to investigations and prosecutions for physical abuse and neglect the same tools and methods that have long been in place for child sexual assault cases.

The Wisconsin Department of Justice, state prosecutors who specialize in child abuse and neglect prosecutions, as well as representatives from partner organizations like the WCASA and CHW have worked tirelessly with legislators to develop this comprehensive solution to some of society's worst problems. I am confident the "Justice for Children" package of laws will be a great asset to prosecutors statewide and hold offenders more accountable than current law allows.

Thank you for allowing me the time today to address this body. I am happy to take questions.



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November 4, 2015

TO: Members of the Assembly Committee on Criminal Justice and Public Safety

FROM: Ken Taylor, Executive Director Wisconsin Council on Children and Families

RE: AB 429 and AB 431

My name is Ken Taylor and I am the Executive Director of the Wisconsin Council on Children and Families (WCCF). WCCF is a child and family research and advocacy organization that for 134 years has been advocating for a Wisconsin where every child has the opportunity to thrive. I have spent over 20 years working with child welfare systems here in Wisconsin, and across the country, to help improve outcomes for the children and families they serve. I have a great deal of respect for the professionals and foster parents who work in these systems. They are true heroes who are doing very difficult work on behalf of the most vulnerable in our society.

I appreciate having the opportunity to submit testimony on AB 429 and AB 431. I know the bill's sponsors and co-sponsors, as well as the Attorney General, all want to help keep Wisconsin's children safe and break the cycle of abuse and neglect. This is my goal too. However, I have concerns about aspects of AB 429 and AB 431 which I believe will create some unintended, negative consequences.

Regarding **AB 429**, my concern centers on the requirement that all reports of abuse and neglect must be referred to law enforcement. This has the potential to have a chilling effect on the number of reports being made regarding potential abuse or neglect, and consequently children could be placed at additional risk. I am concerned because approximately one-third of reports are made by people who are non-mandated reporters. These reporters (family members, neighbors, friends), who are concerned about a child but who may not want to involve the family with law enforcement, would be less likely report their concerns to Child Protective Services (CPS).

Another concern is the use of a blanket 12 hour requirement for every referral to law enforcement. This does not allow for any prioritization by CPS staff, and could result in high risk cases not being adequately addressed in order to meet the 12 hour reporting timeline for low risk cases. I have heard that an amendment is being discussed to address this concern, and I welcome this possibility.

In this period of budget challenges, I am also concerned about the effective use of our law enforcement resources. In 2013, there were nearly 69,000 referrals made to child protection services, with 62% of the referrals screened out. As I understand the implications of AB 429, this would result in law enforcement using valuable time and resources investigating nearly 43,000 cases that CPS would not further assess. The bill says that CPS and law enforcement "shall coordinate the planning and execution of the investigation of a report received." My understanding of this language is that all reports must be investigated. If that is not the intent of the authors, perhaps that could be clarified.

I understand that the intent of this bill is to use the greater investigative power of law enforcement to protect kids. Current law requires each county department and licensed child welfare agencies to "adopt a written policy specifying the kinds of reports it will routinely report to local law enforcement authorities." Based on my experience, these policies likely vary widely across the state. Rather than create a blanket requirement that all cases be referred to law enforcement, my suggestion is for the Department of Children and Families to work to create more consistency in these policies, or, in collaboration with AB 429's authors, clearly state what types of reports must be forwarded to law enforcement.

In many places around the state there is great progress being made on treatment alternatives that address and resolve underlying problems instead of driving individuals deeper into the criminal justice system. It seems inconsistent to me to be proud of our best-practice diversion programs, while simultaneously increasing the involvement of law enforcement in thousands of cases they have not been previously involved with. I believe there is middle ground that can be found on this issue.

There is no question that law enforcement should be involved in some cases. My concern is that a blanket policy to refer all reports will, in many cases, unnecessarily tax our law enforcement officials as well as CPS staff, decrease the ability of child protection and law enforcement to prioritize their responses, and create the risk that some concerns will go un-reported due to reporters not wanting to involve the family with law enforcement. This will result in some children being less safe.

I also believe that AB 429 will have disproportionate impacts on Wisconsinites who are from communities of color. Currently, in Wisconsin African American children are three times more likely than Whites to have maltreatment substantiated and 4.7 times more likely to enter out-of-home care as White children. Increasing law enforcement involvement with these families, who are already disproportionately from communities of color, is unlikely to have positive effects, and will also likely increase the disproportionality in our justice system, which is already among the most disproportionate in the nation.

Regarding **AB 431**, one of my main concerns, the use of the term “appropriate” in the definition, has been addressed in Amendment 1, so I thank the authors for that change. That said, I still have significant reservations about the bill. The main one is that a caregiver will be considered to have committed neglect “even if the child does not actually suffer from neglect . . .” While this might be a legitimate reason for referral and perhaps services to the family, this doesn’t make sense to me as a criminal matter that a caregiver could be charged with something that didn’t actually occur.

In addition, it is important to note that 60% of children in out-of-home care in Wisconsin are reunified with their parents. This is a critical bond and an important connection for a child’s well-being. Reunification will be much more difficult if those parents have a felony record due to the changes in AB 431.

I know that the goal of the authors is to improve lives and protect kids. I share that goal. Child welfare systems are very complex and the risk of unintended negative consequences is always present. In summary, I propose taking a pause in the process so that various stakeholders who are committed to improving the child welfare system can be effectively engaged in addressing the challenges identified by the authors.

Thank you for your time and consideration of my perspectives on AB 429 and AB 431. I look forward to the opportunity to partner with members of the legislature to improve the lives of vulnerable children and their families.

November 5, 2015

To: Representative Kleefisch (Chair)
Representative Kremer (Vice-Chair)
Members, Assembly Committee on Criminal Justice and Public Safety

From: Lisa Pugh, Public Policy Director
Kit Kerschensteiner, Managing Attorney

RE: Justice for Children Package: AB 429 and AB 431

Thank you for the opportunity to provide testimony on this important package of legislation. Protecting individuals with disabilities, including children, from abuse and neglect is the core of our work at Disability Rights Wisconsin. We are the state's protection and advocacy agency designated by the Governor to assure that the basic rights of people with disabilities are enforced.

We have testified previously on the Justice for Children package of bills in the Senate Committee on Judiciary and Public Safety, pointing out particular concerns for children with disabilities and parents with disabilities within the abuse investigation process. Since that hearing we have conducted additional research into how other states and communities are addressing this problem and we are hopeful you might consider some simple but critical solutions today. Specifically, we are hoping the committee will work with us to create additional legislation.

First we would like to summarize some facts we uncovered while reviewing Department of Children and Families data including 90-day Summary Reports for Child Death, Serious Injury or Egregious Incidents from 2011 - 2015. It is important to note this data does not include all reports, only the most serious. We noted the following trends:

- Since February 2010, 12 children with special needs of some kind have died due to abuse or neglect in Wisconsin. An additional 8 suffered an egregious injury.
- Many cases involving children with special needs indicate repeated calls to child protective services. In one fatal case there were more than 20 calls.
- Some cases document the inability of the child to provide information or a case involving a non-verbal child. Several children were identified as having Down syndrome or autism.
- Children experiencing abuse ranged from 3 months to 17 years old. Many children in these serious cases were over age 5 and several over age 10, indicating they should have been able to clearly communicate and substantiate what had occurred, but perhaps due to their disability, they were unable to do so. However this conclusion is only an inference.

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- There is little specificity on referrals to community supports of any kind, and none indicating specific supports for children with disabilities.

Background on Abuse and Neglect of Children with Disabilities:

Studies and available data indicate that children with disabilities are three times more likely to be a victim of some type of abuse compared to children without disabilities.¹ We bring this data to light to demonstrate that children with disabilities need special considerations and protections in this process.

Currently the Justice for Children package does not increase protections for children with disabilities to the degree necessary.

An overarching and disturbing trend in the DCF reports is that most cases do not result in any charges and there are often many contacts before something really bad occurred. In a 2015 Waukesha case involving a 13-year-old child with autism, 40 calls were made to child welfare with repeated allegations of physical, emotional and sexual abuse and only when the police were called was the parent finally arrested and charged. This was a child who had been kept in the basement without access to a bathroom or running water, and no place to sleep.

Our agency has taken calls from people concerned about the response of Child Protective Services (CPS) when a child with a disability is involved. In one recent case a CPS worker indicated to us they did not think it was worth conducting a forensic interview of a child with communication difficulties because they did not believe they could get enough information.

Unfortunately national studies verify significant differences in the responses of CPS case workers when the alleged victim of abuse has a disability. Children with disabilities are sometimes seen as contributing to their abuse; CPS workers were found to demonstrate more empathy with abusive parents of children with disabilities, particularly when the child had emotional or behavioral disabilities. Even when severe injuries, such as a concussion or broken bones were involved, the CPS workers in one study responded differently when the child victim had a disability.²

Examples from Other States

Some states have attempted to address this issue and others, like Wisconsin, are becoming aware of the problem that puts vulnerable children with disabilities at increased risk. Here are some examples:

- Pennsylvania has adopted model standards for multi-disciplinary teams that include specialists that can address the unique needs of a child with a disability during an investigation.
- Idaho statute outlines that multi-disciplinary investigative teams should include someone knowledgeable about adaptive equipment supportive services for persons with disabilities.
- Connecticut standards indicate that “every effort should be made to consult with appropriate specialists regarding children with disabilities and include appropriate specialists in the interview.”
- California requires that law enforcement regularly complete standards training to include working with people with disabilities and providing necessary accommodations.

¹ Davis, L.A.; Abuse of Children with Intellectual Disabilities; The Arc; 2011. <http://www.thearc.org/document.doc?id=3666>

² Manders, J. E. & Stoneman, Z.; Children with disabilities in the child protective services system: an analog study of investigation and case management. Child Abuse & Neglect, 33(4), 229-237. 2007. <http://www.nationalcac.org/professionals/images/stories/pdfs/disabilities%20bibliography4.pdf>

- Illinois protocol requires that law enforcement determine needed accommodations or resources for victims with disabilities to ensure the victim has equal access to the investigative process.

AB 429: Referring cases of child abuse and neglect to law enforcement

This bill has the potential to address concerns about egregious cases that frequently slip through the cracks or when multiple contacts should have led to criminal charges much sooner. However, while we support increased scrutiny of certain cases, particularly those involving children with disabilities, we are concerned that **the involvement of more people in an investigation will not necessarily improve the investigative process.** We suggest either recognition of this issue within the bill or the introduction of separate legislation to ensure abuse or neglect of vulnerable children with disabilities is adequately addressed.

Background on Parents with Disabilities in the Child Welfare System:

Historically, individuals with disabilities have faced severe societal biases regarding their fitness to serve as parents. For many years the chief governmental response to the challenges of parenting with a mental disability was compulsory sterilization. While societal attitudes have evolved, the stereotypes about the ability of persons with mental disabilities to parent persist. Although recent research has found that parents with disabilities are not more likely to maltreat their children than parents without disabilities, studies demonstrate high rates of termination of the rights of parents with disabilities.³

Parents with disabilities are much more likely to be adversely affected by the child welfare and legal systems. The National Council of Disability, an independent federal agency found that the removal rates for parents experiencing mental illness disproportionately high at 70 to 80%.⁴ Additionally, parents who are blind, deaf or have physical disabilities were also reported to have faced significant discrimination in the Child Protective services system.⁵ According to the Council, parents with disabilities are “the only distinct community of Americans who must struggle to retain custody of their children,” citing a study finding that parents with a disability label in their school records were more than three times as likely to have their parental rights terminated than parents without such a label.⁶ The structure of state laws and the failure of the state child welfare system and disability service system to offer these parents the help they need, all contribute to the high rate of loss. There is a pressing need for more preventative services and supports to keep a family intact, not send a disabled parent to jail and destroy the family. At least one study has found that children and youth experiencing similar levels of neglect or abuse who were raised in foster care did not do as well in life as those raised by their biological parents *with supports*.⁷ It only follows that children with disabilities could be even more adversely impacted than the population at large if removed from their families. Of course there will always be situations where involvement of the child welfare and criminal justice systems is necessary to keep a child safe. However, it is critical to examine

³ Lightfoot, LaLiberte, & Hill; Guide for Creating Legislative Change: Disability in the Termination of Parental Rights and Other Child Custody Statutes_ (2007) <http://cascw.umn.edu/wp-content/uploads/2013/12/LegislativeChange.pdf>

⁴ National Council on Disability, *Rocking the Cradle; Ensuring the Rights of Parents with Disabilities and their Children* 14 (2012). <http://1.usa.gov/VQ1E5S>

⁵ *Id.*, at 92-93,, 114, 122-126

⁶ Kundra & Leslie B Alexander, *Termination of Parental Rights Proceedings: Legal Considerations and Practice Strategies for Parents with Psychiatric Disabilities and the Practitioners Who Serve them*, 33 *Psychiatric Rehabilitation Journal*, 142 143 (2009).

⁷ Doyle, J. *Child Protection and Child Outcome Measuring the Effects of Foster Care*. *American Economic Review* 97(5) December 2007 1583-1610.

each situation individually and consider whether the child can be safe at home *with appropriate services to the family*. This falls within the area of expertise of human services, not law enforcement.

Protecting the Rights of Both Children and Parents with Disabilities:

Several important improvements have been made to AB 431 in the substitute amendment and we thank you for making these changes. However, we continue to be concerned that AB 431 casts an overly broad net for child abuse and neglect investigations that will add criminalization to the stigma experienced by parents with disabilities. We are afraid that the enhanced criminal penalties associated with these bills may have a disproportionate and discriminatory impact on parents with disabilities *unless* the committee takes very specific precautions to ensure that the investigatory process treats parents with disabilities equally to those without.

Children caught up in the Child Protective Service system also have a right to be treated fairly and in a nondiscriminatory manner during the investigatory process. As we have just demonstrated, too often their voice can be muted or ignored due to failures of the system to properly recognize and accommodate their needs during an abuse or neglect investigation.

Children with disabilities may have hearing loss, mental health issues or have experienced trauma, social delays due to autism, delayed processing or expression of information; some may not speak, but instead use communication systems, symbols or technology like an iPad to communicate. In each of these cases a child would be entitled to an accommodation that may allow them to explain what happened to them.

Section 504 of the Rehabilitation Act of 1973 (Section 504)⁸ and Title II of the Americans with Disabilities Act of 1990 (ADA)⁹ protect both parents and children with disabilities from unlawful discrimination in the administration of child welfare programs, activities and services. This protection can be completely complementary to the fundamental goal of the child welfare system to keep children safe and in caring homes. Abuse and neglect investigation protocols that specifically call on the investigatory team to determine whether either the suspected abuser or child has a disability that would impact their ability to participate in the investigatory process can lead to better results, both in proving cases where abuse or neglect is occurring and differentiating those where providing services instead of criminalization to parents with disabilities can help keep the family together by providing that parent with supports.

Both Section 504 and Title II of the ADA simply require governmental agencies to develop policies, procedures and protocols that ensure that people with disabilities are able to equally participate in the services, programs or activities of a public entity. This includes the child protective investigatory process.

We believe that the current process does, in fact, discriminate against both the child and parent with disabilities by failing to recognize and accommodate the communication and other needs of people with disabilities. This proposed legislation does nothing to remedy this. We are asking this committee to consider adding a requirement that the state's child protective services agency develop model policies and procedure to deal with situations where either the child or parent has a disability that requires an accommodation. These model policies must be replicated and enforced at the county level to be effective.

⁸ 29 U.S.C. § 794

⁹ 42 U.S.C. § 12131-12134.

This does not mean a lowering of the standards for people with disabilities, rather, in keeping with the requirement to treat all people fairly, the process must be able of being adapted to accommodate to meet the needs of the child or parent to ensure an equal opportunity to effectively tell their story, whatever that may be, to investigators. To achieve this, some states are adopting model legislation and policies that addresses these concerns and we can supply this committee with specific language and policies from which Wisconsin can shape a solution to this problem.

Concerns Related to Specific Disability Types in AB 431:

DRW continues to be concerned about the singling out of certain children with specific disabilities for this protection. Only children under six years old with physical, cognitive or developmental disabilities are covered by this added protection. Children with emotional behavioral disorders or mental illness are completely shut out, despite the fact that studies show they are particularly susceptible to abuse and neglect. This raises clear constitutional questions of equal protection when children are categorized into two classes of disabilities, one that gets protection and one does not. If the language of this section is amended to “knew or should have known” inclusion of all disabilities is much simpler. **We request that this reference be removed or clarified.**

Parents and Families Need Access to Appropriate Supports:

One final point. In our experience, overwhelmed parents of children with disabilities can languish on waiting lists and without access to or knowledge of appropriate supports, leaving their children at risk. Parents are often denied necessary supports and attempt to address issues in the best way they are able.

DRW recently supported a family who had been attempting for years to get the county to approve a backyard fence (an allowable Medicaid expense) for their child with a disability who was a “runner” and a danger to himself if left outside alone. Even if no harm had come to the child, such a case may have been deemed as not providing “appropriate supervision” on the part of the parent, even though they had asked repeatedly for support.

Our Recommendations:

For the above reasons we ask the Committee to consider the following:

- The Department of Children and Families be required to develop model policies regarding abuse and neglect investigation procedures that can effectively accommodate both adults and children with disabilities. These model policies should be shared with local investigatory agencies and they should be required to submit specific policies that comport with the model for state approval.
- When a child with a disability is referred to the child welfare system through an allegation of neglect, or when the suspected actor is a person with a disability; prior to assessment the initial referral should trigger an automatic review of applications and eligibility for community supports. The system should require that a family of a child with a disability be referred to available crisis supports or moved to the top of a waiting list for supports related to the child’s disability.
- DCF and local CPS and law enforcement agencies should be required to collect and publicly report specific data when child abuse or neglect investigations involve a child with a disability.

Thank you for the opportunity to provide input on these bills. We welcome the opportunity to work with committee members to seek improvements to ensure the protection of children with disabilities and the rights of parents where necessary.

TO: Assembly Committee on Criminal Justice and Public Safety
FROM: Michelle Mettner, VP of Government Relations & Advocacy, Children's Hospital of Wisconsin
DATE: 11/5/15
RE: AB 429 – Child Abuse or Neglect Case Referral

Good afternoon Chairman Kleefisch and members of the committee. Thank you for the opportunity to provide this testimony. My name is Michelle Mettner and I am the VP of Government Relations & Advocacy for Children's Hospital of Wisconsin. It is because of our experience with child victims in our emergency room and child advocacy centers as well as our intervention with fragile families through our social services work, we offer the following observations and suggestions on this legislation.

Children's Hospital of Wisconsin serves children and families all across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, child welfare services, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.

Children's Hospital of Wisconsin is the largest not-for-profit, community-based agency serving children and families in the state, providing family preservation, counseling and advocacy services to more than 15,000 children and families annually. Research has shown that kids who experience adversity are 25 percent more likely to face lifelong physical, emotional, cognitive and behavioral challenges. We are working to break that cycle through our Child Advocacy Centers and our well-being approach, Strong Families, Thriving Children, which is based on physiological and psychological research that is customized to build on each family's unique strengths and address areas of improvement. Children's operates seven of the 14 Child Advocacy Centers (CACs) across the state that bring together professionals from law enforcement, criminal justice, child protective services, victim advocacy agencies and the medical and mental health communities to provide comprehensive services for child victims and their families. The goal of Child Advocacy Centers is to minimize trauma, break the cycle of abuse and, importantly, increase prosecution rates for perpetrators. In 2014, more than 7,000 families and children were served through our child advocacy and child protection centers.

This bill requires dual reporting to child protective services and law enforcement for all cases of child abuse and neglect and suspicions of abuse and neglect reported by mandated reporters. We suggest you consider reports of suspected physical abuse and egregious neglect be included and not all suspected neglect cases. We offer this suggestion is for two reasons. First, the dual reporting for all suspected neglect will significantly increase the volume of reports to law enforcement. We think more appropriate use of competing time and resources is for physical abuse and egregious neglect. In addition, it is our experience in this field that neglect cases are often best handled through a social service approach, and adding law enforcement in all of these cases is not helpful to the work of assisting these families in gaining tools and stability.

The objective of coordinated planning and execution of the investigation makes sense. Left to varying jurisdiction interpretation, it could mean different things to different agencies. Particularly in cases of neglect, an unintended consequence could be that children in medical facilities could languish for hours while Child Protective Services (CPS) awaits a law enforcement response. It would be of value to make clear that a coordinated investigation not delay a CPS decision and hold up their determination for the child.

In addition, given the 72 child welfare jurisdictions and the hundreds of law enforcement jurisdictions, the intent of this bill would benefit from a central intake/hotline for child abuse reports. A central intake and collection of reports would be of significant value to law enforcement, social services and those working in prevention.

Chairman Kleefisch and committee members, I thank you again for the opportunity to submit testimony. If you have any questions, comments or concerns please feel free to contact me via email at mmettner@chw.org or via phone 414-266-5434.

Child Maltreatment Legislation Testimony
Assembly Committee on Criminal Justice and Public Safety
November, 2015

My name is Julie Ahnen. I am the Manager of Child Protective Services for Dane County Human Services. I've been working as a Social Worker for over 30 years, and have served Dane County as a CPS Social Worker for over 20 years. I'm here to express my opposition to the package of child maltreatment related bills-specifically AB428, 429 and 431.

The impact on people who call CPS

In CPS we spend a great deal of time developing relationships with people who are legally required to report suspected child maltreatment to CPS. We provide trainings regarding the effects of maltreatment, the signs of maltreatment, and the CPS assessment process. Each county has a unique relationship with their mandated reporters. In Dane County, the most frequent reporters to CPS are LE, school personnel, and other social service providers. We follow a statewide protocol that is constantly being monitored and reviewed by the State Department of Children and Families who ensure that all WI Counties are meeting a set of standards established by the State and Federal Government.

If this legislation were to pass, I am concerned that people may be hesitant to report to CPS knowing that their information is going to be shared with law enforcement. People call CPS because they are worried about children and families and want them to get help, not punishment. Under current law people can choose to call law enforcement or CPS if they suspect that a child is being abused or neglected. Most people choose to call CPS because they are familiar with our protocols and understand the way that we respond to these concerns.

In addition, people who call CPS know that their identity is going to be kept confidential under our statutes and standards. LE is not required to keep the identity of reporters confidential.

The limitations and unintended consequences of collaboration with law enforcement

Currently, we collaborate with law enforcement around all sexual abuse cases, and the most serious cases of physical abuse and neglect. Over the past few years, we have seen a significant increase in the referral of neglect concerns. I would argue that the dynamics around sexual abuse cases is far different than the dynamics around physical abuse, and especially neglect cases. The families that come to our attention for neglect concerns, and parenting issues around discipline, often have significant challenges related to poverty, social isolation, mental health, and substance abuse. They need education and support around basic child development and basic parenting skills. They

need access to safe housing, and stable income or a means to meet the basic needs of their children. LE and the Criminal Justice system are not equipped to provide those kinds of services. If the State of WI could truly say that we are making a good faith effort at addressing those underlying societal issues, and we still had significant issues with child maltreatment, then we could look at this kind of legislation. As it is, we've instituted laws and policies that create more barriers for families to access public assistance, affordable housing, and employment. I applaud the attention that this legislature is paying to the Heroin epidemic, and the inadequate access to mental health services, but we have not adequately funded community-based supports for families struggling with these issues. In addition, I believe that there is a real lack of understanding regarding the lasting impact on families in regards to police contacts and arrests. These contacts show up when landlords, employers, and others conduct background checks. I have heard arguments in support of this legislation stating that law enforcement and DA's will have discretion regarding how to handle these concerns, but the damage will have been done just by the police knocking on the door and possibly making an arrest, even if it does not end up in a conviction. What this legislation does is criminalize the parenting of low income people of color, further destabilizing already stressed neighborhoods.

A sad reality that needs to be considered in regards to the impact of this legislation is that in Dane County, you are at least 7 times more likely to be referred to CPS if you are an African American parent versus a white parent, and at least twice as likely to be referred to CPS if you are a Hispanic parent versus a white parent. These disparate rates of referral are a reality throughout the State. In Counties with a strong tribal presence, Native American parents are more likely to be reported to CPS than white parents. By requiring CPS to refer ALL reported cases to LE, we are subjecting these parents of color to more scrutiny by LE, and furthering the disproportionate involvement of people of color in the criminal justice system.

The Child Welfare system in WI is not perfect and could be improved, but this is not the place to start. When the Attorney General introduced this legislation to a Senate Committee recently, he stated that the criminal justice system works best with collaboration. Well, I believe that communities work best when parents have the skills and resources that they need to provide for their children. We should be focusing on strengthening our families and communities, not on serving the criminal justice system's needs.

The shared goals of safety and change

Ultimately, we all want children to be safe and to be thriving. We want to change parental behavior that is not keeping kids safe or meeting their needs. Change through deterrence and punishment is not proving to be effective. We can point to the national discussion going on right now about the failure of the War On Drugs to change behavior. What that War did was to create a system of mass incarceration of people of color. This

“tough on crime” legislation has the potential to take us down that path. On the other hand, there is a great deal of research—past and ongoing—supporting social change efforts that utilize supportive and motivational methods to encourage change, as opposed to punitive efforts that rely on punishment as an incentive to change. Extensive research has shown that people engage in change and healing within the context of trusting relationships. That trust is built through addressing barrier needs, often linked to poverty. True diversion involves the investment in strategies that keep families out of the CPS, Juvenile Justice, and criminal justice system all together.

Child protective services is a highly specialized profession that requires intensive training for workers. The CW system receives significant oversight from the State and Federal Government, as well as oversight from local and national organizations. This intensive training and oversight is in place to ensure consistency in policy, practice, and outcome measures. National outcome standards are in place and individual counties and states are held accountable to these outcomes. All decisions made by CPS Social Workers are documented in a statewide computer system, and outcomes are monitored to ensure that practice standards are upheld and that best practices are in place to ensure the safety, well-being and permanency of children. CPS data is shared openly with the public, and agencies welcome public input and inquiry. CPS outcomes are accessible to University personnel to allow for further research into best practices leading to advances in the field. Efforts to portray LE and criminal justice system interventions as comparable to CPS do not recognize the legitimate and important role that CPS plays in the community. If this legislation is enacted, how will LE and criminal court decisions be monitored and studied over time to determine if they are effective? What entity will establish best practice standards for LE and the criminal justice system, and expectations for the outcomes of these significantly increased interventions?

Finally, these bills seem to run counter to messages being communicated to the Child Welfare system by the State Government of WI. I applaud the First Lady’s efforts to promote and champion Trauma-Informed Practices around the state. A little more than a month ago, close to 500 people from all over the State—Attorneys, Judges, Law Enforcement personnel, Social Workers, Service Providers, and others—attended a Conference focused on moving the CW system and the Juvenile Court system toward more trauma-informed practices. We learned about the scientific evidence showing the impact of traumatic events and chronic stress on brain development. People with trauma histories may exhibit impaired decision-making and behaviors that can be perceived as oppositional when they are triggered. Professionals attending the conference were encouraged to interact with families in a trauma-informed manner by being open to listening to their stories, and to engage families in restorative practices. In Dane County, our Criminal Justice and Juvenile Justice systems are moving into more restorative practices. It does not make sense to me that we would agree to the referral of tens of thousands of WI families to LE for potential criminal prosecution and at the same time promote our State as one that embraces trauma-informed, and restorative practices.



MEMORANDUM

TO: Honorable Members of the Assembly Committee on Criminal Justice and Public Safety

FROM: Sarah Diedrick-Kasdorf, Deputy Director of Government Affairs

DATE: November 5, 2015

SUBJECT: Opposition to Assembly Bill 429

The Wisconsin Counties Association (WCA) opposes Assembly Bill 429, relating to referral of cases of suspected or threatened child abuse or neglect to the sheriff or police department, coordination of the investigation of those cases, and referral of those cases to the district attorney for criminal prosecution.

Counties have three major concerns with the legislation:

- Referral of “all” cases to law enforcement;
- Requirement that child welfare agencies and law enforcement “shall coordinate the planning and execution of the investigation” of all cases;
- Requirement that all reports be referred to law enforcement within 12 hours, with no exclusion for Saturdays, Sundays, and legal holidays.

Referral of “all” cases to law enforcement

Current law requires child welfare agencies to refer all reports of suspected or threatened sexual abuse of a child to law enforcement agencies within 12 hours, exclusive of Saturdays, Sundays, or legal holidays. Assembly Bill 429 requires all abuse and neglect referrals to be reported to law enforcement “as soon as practicable, but no later than 12 hours, after receiving a report...” Most county child welfare agencies have an excellent relationship with their local law enforcement agencies. Many counties, in fact, have an MOU in place with their local law enforcement agencies governing the types of cases child welfare refers to law enforcement. If the concern is that the current mechanisms in place governing how law enforcement and child welfare agencies coordinate efforts are not robust enough, then that is an issue counties are willing to discuss. The proposed solution in this bill will have unintended consequences for child welfare and law enforcement agencies by increasing workloads and not allowing for prioritization of the most egregious reports.

For example, law enforcement involvement in “all” cases will hinder current child welfare practice as it relates to alternative response, parent agreement to receive voluntary services, and may also have a negative impact on trauma-informed care. The mere presence of law enforcement, or the possibility of law enforcement involvement, makes it more difficult for families to voluntarily agree to services and accept the help they need to ensure safety for children within the home setting.

Requirement that child welfare agencies and law enforcement “shall coordinate the planning and execution of the investigation” of all cases

Assembly Bill 429 requires law enforcement and child welfare agencies “shall coordinate the planning and execution of the investigation of a report...” Counties are uncertain as to what this language requires of child welfare agencies, as the language is unclear. Additionally, once a county child welfare agency screens out a case, the agency no longer has jurisdiction to act on the case. Therefore, it becomes difficult for child welfare agencies to participate in the planning and investigation of a case in which the agency lacks authority to act.

Requirement that all reports be referred to law enforcement within 12 hours, with no exclusion for Saturdays, Sundays, and legal holidays

The legislation requires child welfare agencies to forward all child welfare referrals to law enforcement within 12 hours, including weekends and legal holidays. For frivolous reports, the referral requirement, especially within a strict 12-hour timeframe, is unnecessary. All counties already have staff on call 24-hours a day, seven days a week to respond to crisis situations. Referrals are also made immediately if children are in imminent danger.

Proposed Compromise

Counties understand that law enforcement agencies want to ensure that children are safe. Child welfare agencies have the same goal. However, it appears that the philosophies behind the goals are somewhat different. While it is important that individuals are held accountable for their actions, especially when the safety of children is at stake, child welfare agencies must abide by federal standards that stress family reunification, trauma-informed care, long-term stability for families, etc.

To ensure the bill’s goal is achievable, counties are open to continued discussion with the authors of the bill, the Office of the Attorney General, the Department of Children and Families, law enforcement, as well as additional stakeholders. In the interim, counties ask the committee to consider the following compromise: allowing counties and local law

Assembly Bill 429 Testimony
Page 3
November 5, 2015

enforcement agencies to enter into agreements at the local level governing the types of cases to be referred to law enforcement, as well as the role each agency will play in any ongoing investigation. This language mirrors current law regarding agreements between local law enforcement and district attorneys regarding the types of cases to be referred for prosecution.

Thank you for considering our comments.

PROPOSED AMENDMENTS TO SENATE BILL 326/ASSEMBLY BILL 429

REFERRALS/TIMELINES –SECTIONS 1 AND 2 OF THE LEGISLATION

SECTION 1 OF THE BILL TO BE MODIFIED. SECTION 2 OF THE BILL TO BE DELETED AND REPLACED WITH MOU LANGUAGE.

Maintain current law 12-hour referral on reports defined in Wis. Stats. §48.02 (1)(b) to (f).

On reports that are screened in by child welfare agencies, referral to law enforcement agencies within 24 hours (consistent with the timeframe child welfare agencies are under by DCF standards to complete assessment).

On reports that are screened in but meet the DCF standards for Alternative Response (cases are lower risk and typically do not involve law enforcement), require an MOU between law enforcement and child welfare agencies governing the timeframe for referral and outlining what, if any, collaborative efforts will be taken with regard to joint investigations.

NOTE: Law enforcement involvement in AR cases diminishes the philosophy behind alternative response and negatively impacts family involvement in voluntary services.

On cases that are screened out, the timeframes for referral to be determined by MOU, but no later than one month following receipt of the report. MOU to discuss how law enforcement and child welfare agencies will coordinate their determination of need for further investigation, including cases in which families have agreed to voluntary services.

NOTE: One-size does not fit all so MOUs should be developed locally on how responses should be coordinated. It is important to note that there is concern that child welfare agencies lack jurisdiction under Ch. 48 on screened-out cases; that will need to be addressed as part of the MOU.

ADDITIONAL CONSIDERATIONS

These issues should also be addressed in the bill to mitigate further harm to children and families:

How will law enforcement protect the confidentiality of reporters?

What training and/or technological advancements will law enforcement implement to protect the identity of children and families who have been referred, especially when there is no allegation of a crime?

Cases that cross county lines generate jurisdictional issues in the current system. How will counties, as well as municipal police departments, handle situations where the law enforcement jurisdiction is unclear?

Common examples: When a child primarily lives in one jurisdiction, but spent the weekend with a parent in another jurisdiction and a referral has been called in. Which law enforcement jurisdiction would get the referral?

What if the reporter or county doesn't know where the child lives or where the reported incident may have occurred? Currently CPS where the child resides is who responds, how would that change?

Something that needs to be figured out prior to implementation is the conflict between the CPS system set up to respond to where the child/family reside and law enforcement system set up to respond to where incidents happen. In order to collaborate the planning and execution of an investigation/assessment, we need to know who the partners are and what the process is. These cross-jurisdictional referrals will be commonplace.

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To: Members of the Wisconsin Assembly Committee on Criminal Justice and Public Safety

From: Wisconsin County Human Service Association

Date: November 5, 2015

Re: AB 429

The 71 counties which form the membership of the Wisconsin County Human Services Association (WCHSA) are dedicated to keeping kids safe, and actively providing services that support the federal requirements for child safety, well-being, and permanence. One of the duties of counties is providing child protective services under Statute 48; as such, counties are licensed child welfare agencies by statute.

WCHSA has concerns regarding the requirement within AB 429 that the licensed child welfare agency shall refer a report of *any* suspected or threatened child abuse or neglect to law enforcement within 12 hours. This requirement would seem to apply to cases which would be screened out, in which the child welfare agency has no jurisdiction. By requiring the child welfare agency to refer the reports within 12 hours, there is no distinction made between an actual urgent report and a screened out one. Screened out referrals could contain a report of a situation that is no threat, such as a child being fed a cheese sandwich every day for lunch. Currently, counties provide after-hours/on-call responses to child abuse or neglect reports and coordinate their assessments with law enforcement on sexual abuse and other serious cases. The inclusion of *any* reports in this short time frame places a resource burden on both the child welfare agency and law enforcement and interferes with the prioritization of cases that need immediate intervention.

Counties work collaboratively with law enforcement to ensure the protection and services for children and families. The child welfare agency or Child Protective Services (CPS) routinely co-investigate/assess child safety with law enforcement. While both entities are charged with keeping kids safe, law enforcement's role diverges in that they have sole responsibility for the pursuit of criminal actions in maltreatment cases. The child welfare agency has the exclusive role of providing services to the family that will ensure safety, well-being and permanence for children.

Maltreatment reports which are referred to the child welfare agency are evaluated to determine if the child welfare agency has the responsibility or jurisdiction to investigate by completing a child safety assessment. If the information provided is serious in nature and would indicate child abuse or neglect as defined in the statute, the child welfare agency has jurisdiction to intervene. These cases are screened in for assessment. When the information provided in an alleged maltreatment report does not meet the statutory definition of abuse or neglect the case is screened out and the child welfare agency has no jurisdiction. Although no formal child safety assessment can be made there may be other voluntary services offered.

From 01/01/15-09/30/15 there have been 57,634 CPS reports statewide*:

- 36,724 or 64% were screened out
- 20,910 or 36% were screened in

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Referrals which are screened out are done so because they do not rise to the level of child abuse or neglect. There could be various interpretations for the wording that requires law enforcement and the licensed child welfare agency to “coordinate the planning and execution of the investigation of a report”. The child welfare agency does not have jurisdiction to investigate/assess screened out referrals. Whether or not the intent of the language is to provide reports to law enforcement for their review without child welfare involvement is not clear.

WCHSA is committed to child safety and to collaboration with our valued law enforcement partners. In order to ensure statewide best practice regarding the handling of maltreatment reports in accordance with the statutes and corresponding CPS standards, WCHSA recommends enacting a minor change, noted below in red, to Statute 48.981(3)(a)3 to strengthen provisions on collaboration between child welfare departments and law enforcement:

“3. Except as provided in sub. (3m), a county department, the department, or a licensed child welfare agency under contract with the department shall within 12 hours, exclusive of Saturdays, Sundays, or legal holidays, refer to the sheriff or police department all cases of suspected or threatened abuse, as defined in s. 48.02 (1) (b) to (f), reported to it. For cases of suspected or threatened abuse, as defined in s. 48.02 (1) (a), (am), (g), or (gm), or neglect, each county department, the department, and a licensed child welfare agency under contract with the department shall **collaborate with appropriate county and municipal law enforcement authorities** and adopt a written policy specifying the kinds of reports it will routinely report to local law enforcement authorities.”

WCHSA welcomes any questions regarding the referral or investigation/assessment process, or of the suggested language we have put forth. Please reach out to Jeremy Kral (kral.jeremy@co.calumet.wi.us), WCHSA Board President, or Vicki Tylka (vicki.tylka@co.marathon.wi.us) or Ray Przybelski (przybelr@co.portage.wi.us), co-chairs of WCHSA’s Children, Youth, and Families Policy Advisory Committee, at any time.

*Wisconsin Department of Children and Families Access Dashboard; does not include service reports

Promoting best practice, creating professional alliances, and developing partnerships in service delivery

Wisconsin State Assembly
Committee on Criminal Justice and Public Safety

“Enhancing the Safety of and Responses to Abuse of Children with Disabilities”

Written Testimony of
Amy E. Judy, J.D., Senior Program Associate
Center on Victimization and Safety
Vera Institute of Justice
1100 First Street NE, Suite 950
Washington, DC 20002

November 5, 2015

Thank you Chairman Kleefisch, Vice Chairman Kremer, and Members of this Committee for the opportunity to appear before you today and submit testimony for this hearing on safety and justice for children with disabilities who have experienced abuse as it relates to key bills you are considering today, especially Assembly Bill 429.

The Vera Institute of Justice (Vera) is an independent, nonpartisan, nonprofit center for justice policy and practice, with offices in New York City, Washington, D.C., Los Angeles, and New Orleans. Since 1961, Vera has combined expertise in research, technical assistance, and demonstration projects to help develop justice systems that are fairer, more humane, and more effective for everyone.

Vera’s Center on Victimization and Safety works with communities around the country to fashion services that reach, appeal to, and benefit all victims of crime. A cornerstone of the Center’s work focuses on victimization of people with disabilities, who are at elevated risk of harm but are underserved by mainstream victim services, the criminal justice system, and other allied systems. Working closely with government officials, policymakers, and practitioners in the fields of criminal justice, disability, and victim services, CVS studies problems that impede equal access to services and justice, fosters dialogue about enduring and emerging issues to inform and inspire change, provides guidance to leaders to account for people with disabilities and Deaf individuals in response to crime, and tests solutions that are transformative and practical.

A. Abuse of People with Disabilities

Unfortunately, because the research on abuse of people with disabilities is limited in number and methodology, there is no authoritative research that details how many people with disabilities experience abuse. However, the limited research that exists suggests that people

with disabilities are abused at alarming rates. In 2012, for example, 1.3 million violent crimes—including rape and physical assault—occurred against people with disabilities and that number has been steadily increasing since 2008, making people with disabilities one of the most harmed groups in the United States.¹

People with disabilities are at greater risk of being victimized.²

- 3 times more likely to experience violent victimization as adolescents and adults;
- 3 times more likely to experience rape, sexual assault, aggravated assault, and robbery;
- 3 times more likely to be sexually abused as children;
- 1.6 times more likely to experience abuse or neglect as children; and
- 1.5 times more likely to experience repeated abuse or neglect as children.

Risk of violent victimization is even higher for some people with disabilities. This includes: women with disabilities, people with cognitive or developmental disabilities, people with psychiatric disabilities, and people with multiple disabilities. Individuals with developmental disabilities, for example, are up to 10 times more likely than other adults to experience sexual assault. One study found that as many as 83 percent of female and 32 percent of the male adults with a developmental disability are the victims of sexual assault.³

Compounding the problem of high incidence of victimization is that people with disabilities, compared to those without disabilities, are more likely to experience more severe victimization, experience it for a longer duration, suffer multiple episodes of abuse, and become victims of a larger number of perpetrators.⁴ In addition, people with disabilities are at an increased risk for experiencing violence in unique settings, including group homes, health care facilities and institutions. Finally, while people with disabilities are victimized by many of the same people who victimize those without disabilities such as partners, family members, and acquaintances, they are also victimized by individuals connected to them through their disability, such as personal care attendants, transportation providers, and health professionals.⁵

B. Abuse of Children with Disabilities

Though greater research is needed, the research that does exist suggests that children with disabilities are at a high risk for victimization.

¹ Erika Harrell, *Crime Against Persons with Disabilities, 2009–2012 - Statistical Tables* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2014).

² *Ibid.*

³ D. Sobsey and S. Mansell. 1990. The prevention of sexual abuse and assault. *Sexual exploitation of people with disabilities [Special Issue]. Sexuality and Disability*, 9, 243-259.

⁴ J. Schaller and J.L. Fieberg, 1998. Issues of abuse for women with disabilities and implications for rehabilitation counseling. *Journal of Applied Rehabilitation Counseling*, 29(2), 9-17.

⁵ J.P. Atkinson and K.M. Ward (2012) The Development of an assessment of interpersonal violence for individuals with intellectual and developmental disabilities. *Sexuality and Disability* 30(3) 301-309.

- Children with disabilities are almost 2 times more likely to be neglected or abused.⁶
- Children with disabilities are nearly three times more likely than children without disabilities to be sexually abused, and the likelihood is even higher (almost five times) for children with certain types of disabilities, such as intellectual or mental health disabilities.⁷

Vera's brief, *Sexual Abuse of Children with Disabilities: A National Snapshot* finds that the higher incidence rate of sexual abuse of children with disabilities, coupled with the gaps in prevention efforts and barriers to getting help these children and their families face, warrant dedicating increased attention and resources to this issue. However, sexual abuse of children with disabilities has not garnered the attention of policymakers, practitioners, advocates, or community members and these children are also less likely to receive victim services and supports because of a variety of physical, attitudinal, and programmatic barriers. Without receiving support, these children might suffer serious long-term aftereffects, including post-traumatic stress disorder, anxiety, and depression, as well as an increased risk of victimization in adulthood.

Despite the high rates of abuse experienced by children with disabilities, the systems charged with responding to allegations of abuse, Child Protective Services and law enforcement agencies, often possess barriers that are unique to their investigatory roles. Specifically, these systems often are not equipped with the policies and training needed to effectively carry out their respective duties. Personnel lack knowledge and protocols regarding children with disabilities, unique dynamics and contexts of abuse of children with disabilities, and how to ask about and effectively secure and provide accommodations to children who have disabilities, especially accommodations that impact speech and communication. For example, agencies often cannot answer these basic questions:

- What are the procedures required of CPS workers and/or law enforcement to inquire about and then respond to ensuring effective communication⁸ with a child with autism who uses a communication board, a deaf child who uses American Sign Language, and children who use other unique methods of communication?

⁶ Sullivan, P. M. et al (1997) Maltreatment of children with disabilities: family risk factors and prevention implications. *Journal of Child Centered Practice*, 4(1): 33-46.

⁷ Lund, Emily M., and Vaughn-Jensen, J. 2012. "Victimisation of Children with Disabilities." *The Lancet*, Volume 380 (Issue 9845), 867-869.

⁸ The U.S. Department of Justice has provided guidance to Title II entities, state and local governments, regarding what constitutes "effective communication." What is "effective" is contextual; consider the "...nature, length, complexity, and context of the communication and the person's normal method(s) of communication." *ADA Requirements: Effective Communication*. U.S. Department of Justice, Civil Rights Division, Disability Rights Section, January 2014. (<http://www.ada.gov/effective-comm.pdf>, accessed November 2, 2015).

- For law enforcement personnel conducting forensic interviews with children with disabilities suspected of having experienced abuse, what are the protocols used to determine the most effective method to communicate with and glean requisite facts throughout the investigatory process?
- Are accommodations offered routinely to children with disabilities and/or their parents or guardians? Are the accommodations then secured by CPS and law enforcement personnel to increase the likelihood of gathering needed information through the investigatory process?

In addition to knowledge about and policies surrounding the provision of accommodations, CPS and law enforcement also lack training about children with disabilities and effective investigatory strategies that can be employed when working with children with an array of disabilities. A training plan for personnel to enhance their comfort, skills and capacity to effectively interview children with disabilities, especially those with cognitive disabilities or other disabilities that impact cognition and communication, enhances access to justice for these children and their families. Without effective training and forensic interviewing strategies, the reports of abuse often result in flawed investigations, case dismissals or closures, and children may potentially remain in abusive environments.

C. Our Recommendations

Children and adults with disabilities are especially vulnerable to crime, and given the significant population of people living with disabilities in the United States, it is important to provide services to support them.⁹ The higher incidence rate of sexual abuse of children with disabilities coupled with the lack of accommodation policies and training related to children with disabilities warrant dedicating increased attention and resources to this issue. Wisconsin can increase access to safety and justice for children with disabilities through requiring the adoption of model policies for providing and securing needed accommodations, devising a training plan for CPS and law enforcement to ensure they possess the skills and capacity needed for conducting effective investigatory processes, and creating a task force or study committee to delve more specifically into the abuse of Wisconsin children with disabilities.

At the national level, there exists no unified and cohesive strategy to address sexual abuse of children with disabilities. Since 2012, Vera Institute has partnered with the Ms. Foundation to learn more about the factors that contribute to such high rates of sexual abuse of children with disabilities and to identify what is needed to more effectively address the problem. Later this year, the partnership will share its findings in *A Blueprint for Change: Towards a National Strategy to End Sexual Abuse of Children with Disabilities*. Wisconsin can be at the forefront by strengthening its commitment and action to effectively equip those conducting child abuse

⁹ E. Harrell, Crimes Against Persons with Disabilities. BJS, 2009-2012.

investigations with the **policies and training** needed to stop this epidemic of abuse and to assist the children who have been affected by it.

D. Concluding Statement

In closing, I would like to thank the Chairman and Committee Members for holding this important hearing, and for the opportunity to provide testimony. Please do not hesitate to contact us if the Vera Institute of Justice can provide further assistance.

Sexual Abuse of Children with Disabilities: A National Snapshot

Nancy Smith • Sandra Harrell

Issue Brief • March 2013

Highlights

- > Children with disabilities are at higher risk for child sexual abuse than children without disabilities.
- > The risk of sexual abuse is exacerbated and heightened because of unique dynamics related to disability and the supports these children receive.
- > There is an alarming lack of primary prevention efforts geared to preventing sexual abuse of children with disabilities.
- > Children with disabilities who experience sexual abuse are less likely to receive the services and supports they need to heal and seek justice.



Executive Summary

Children with disabilities are three times more likely than children without them to be victims of sexual abuse, and the likelihood is even higher for children with certain types of disabilities, such as intellectual or mental health disabilities.¹

However, sexual abuse of children with disabilities has not garnered the attention of policymakers, practitioners, advocates, or community members. These children are also less likely to receive victim services and supports that are more readily available to other victims because of a variety of factors including barriers to reporting and a lack of responses tailored to meet their unique needs. Without receiving support, these children suffer

serious long-term aftereffects, including post-traumatic stress disorder, anxiety, and depression, as well as an increased risk of victimization in adulthood.

To address these issues, in March 2012, the Center on Victimization and Safety (CVS) of the Vera Institute of Justice and the Ms. Foundation for Women partnered on a project to learn more about the factors that contribute to sexual abuse of children with disabilities and to determine what can be done to prevent it, as well as recommend holistic responses that involve victim services, disability services, law enforcement, police, schools, and community members. We assembled participants from a wide variety of backgrounds to engage in a roundtable conversation: people with disabilities; parents of children with disabilities; advocates for children with disabilities; advocates for survivors of child abuse; law enforcement personnel; and other people who engage with children with disabilities as well as work with people who oversee those who sexually abuse them. We sought to develop a collective understanding of sexual abuse of children with disabilities, including the factors that contribute to the alarming rates of abuse, the dynamics unique to sexual-abuse cases that involve children with disabilities, and preventive and intervention responses to this phenomenon around the country. We also sought to identify critical gaps in efforts to end sexual abuse of children with disabilities in the United States and promising opportunities for closing those gaps.

This issue brief provides a summary of the main findings that emerged from our work. It provides an overview of the latest research on the incidence and prevalence of sexual abuse of children with disabilities and discusses the dynamics of that abuse—including the factors that contribute to its high prevalence, the status of prevention and intervention services designed to address this problem, and critical gaps and opportunities. Finally, it concludes with recommendations

for next steps to create a national strategy that advances the response to this epidemic. Its aim is to spur a broad-based dialogue and serve as a starting point for a conversation to end sexual abuse of children with disabilities.

Our Process

At the outset of this project, CVS and the Ms. Foundation sought to explore the existing landscape surrounding efforts to address or prevent sexual abuse of children with disabilities. The assumption underlying this endeavor was that understanding the status quo would allow us to chart a course for growing a movement that could effectively navigate gaps and leverage strengths within and between current efforts. The existing research, perspectives from stakeholders, and insights from the roundtable discussion paint a portrait of the current climate surrounding efforts to address sexual abuse of children with disabilities, including unique dynamics, gaps, and opportunities.

From April to October 2012, CVS staff conducted a literature review, completed one-on-one interviews with key stakeholders, and convened a national roundtable on responding to sexual abuse of children with disabilities. Staff sought to identify as many people as possible who currently work at the intersection of child sexual abuse and disability. Through these efforts, we engaged 25 people with expertise in this area. They provided insights from a variety of perspectives, including that of people with disabilities; parents of children with disabilities; advocates for children and adults with disabilities; trauma counselors; victim service providers; national trainers and capacity-builders; policymakers; and funders.

What Research Tells Us

Children with disabilities are at higher risk for child sexual abuse than children without disabilities.

- > According to a meta-analysis of findings from studies of victimization of people with disabilities, children with disabilities are 2.9 times more likely than children without disabilities to be sexually abused. Children with intellectual and mental health disabilities appear to be the most at risk, with 4.6 times the risk of sexual abuse as their peers without disabilities.²
- > According to the 2010 Administration on Children Youth and Families (ACYF) report, more than three million reports of child maltreatment were made in 2009, with 10 percent of cases involving sexual abuse. Eleven percent of victims reported having a disability, including 3 percent with behavior problems, over 2 percent with an emotional disturbance, and over 3 percent with an additional medical condition.³
- > A 2000 Nebraska school-based study found that children with disabilities were more than three times more likely to be sexually abused as children without disabilities. The sample included 40,211 children from 0–21 years using public school records from 1994 to 1995. The study found a 31 percent prevalence rate of maltreatment for children with disabilities vs. a 9 percent prevalence rate for children without disabilities.⁴
- > A 1998 Boys Town National Research Hospital study found that children with disabilities were 2.2 times more likely to be sexually abused than children without disabilities. The increased rate extended beyond sexual abuse to all forms of maltreatment, with a 64 percent prevalence rate of maltreatment for children with disabilities vs. a 32 percent prevalence rate for children without disabilities. The sample included more than 39,000 hospital records from 1982 to 1992.⁵

Unanswered Questions

There are significant gaps in the understanding of sexual abuse of children with disabilities. While research demonstrates high rates of sexual abuse among these children, the full extent of the problem (such as the incidence and prevalence) is unknown. Studies that do exist generally focus on specific disability types (for instance, intellectual or mental health disabilities); use varying definitions of sexual abuse and measures of disability; draw their samples from specific settings (such as schools or hospitals); and often use samples lacking racial or economic diversity.⁶ More research is needed to answer the following critical questions:

- > What is the national prevalence rate of sexual abuse of children with disabilities?
- > What is the rate in institutional settings?
- > Do the rates vary by disability type and severity, as well as sex, race, and socio-economic status?
- > Who are the perpetrators?
- > What percentage of victims reach out for help, and what percentage receive it?
- > What percentage of incidents are reported to the authorities?

What Stakeholders Tell Us

While children with disabilities are at risk for sexual abuse in the same ways as children without disabilities, dynamics related to their disabilities and their receipt of disability-specific services exacerbate and heighten their risk.

Discrimination against people with disabilities, including children, is persistent in our society and is referred to as ableism. Ableism is a value system that deems people without disabilities as

the norm or standard and stereotypes people with disabilities as abnormal, weak, dependent, and unintelligent. This value system pervades our society and has resulted in the devaluation, depersonalization, and isolation of children with disabilities. Rendered less valuable, less human, and invisible, children with disabilities become prime targets for sexual abuse.

In addition to contributing to the higher rates of sexual abuse against children with disabilities, ableism has structured our responses and supports for children with disabilities around notions of their dependency as opposed to supporting more independence. This has resulted in a culture of compliance that surrounds children with disabilities. Although all children are trained to be compliant to authority figures in our society, compliance is stressed to an even greater degree for children with disabilities. In this environment, children with disabilities are denied the right to say no to everyday choices such as what they will wear or eat, leaving them completely unequipped to say no when someone is trying to hurt them.

Children with disabilities are systematically denied basic information about sexual health and relationships. This practice can be traced to a desire to shield children with disabilities from the realities of life as well as a belief that people with disabilities are asexual. As a result, sexual education is rarely provided in special education classrooms and, when it is, it is not tailored to the needs of children with disabilities. Moreover, family members may have personal anxieties about their children having sex and therefore will not raise such issues with them or the schools. As such, children with disabilities are not taught about their bodies, do not learn to distinguish good touches and bad touches, and are never given a framework for healthy relationships. Without such fundamental lessons, children with disabilities have no language to describe what has happened to them when they are abused.

While many perpetrators of sexual abuse are known to the children they victimize, perpetrators who prey on children with disabilities are often connected to them *through* their disability. Both research and stakeholders acknowledge that children with disabilities have a greater dependence on others for personal care activities. As such, children with disabilities may be in isolated settings with adults providing transportation, intimate personal care, occupational therapy, special education, and a host of other services. Perpetrators within these professions have learned that they can target children with disabilities with relative impunity because their crimes are rarely made known to authorities—and when they are, they are handled as administrative matters. For these reasons, many perpetrators specifically seek employment opportunities within organizations that will put them in contact with children with disabilities. Thus, employers play a critical role in ending sexual abuse of children with disabilities.

There is an alarming lack of primary prevention efforts geared to preventing sexual abuse of children with disabilities.

In general, efforts to prevent child sexual abuse are very limited. Those that do exist primarily focus on changing the behavior of children through risk-reduction strategies. These equip children to identify and leave situations where they may be at risk of sexual abuse. While risk-reduction is an important component of ending child sexual abuse, the curricula rarely identify the risks unique to children with disabilities, such as the range of perpetrators and settings that children with disabilities encounter. For instance, children with disabilities may have a personal care attendant who provides services such as bathing and dressing them, yet they are not taught to identify a bad touch in this context. Furthermore, these curricula are rarely offered in special education classes and, when they are, they are not tailored to the

learning needs of children with disabilities.

Yet risk-reduction techniques only address possible ways for individual children to avoid sexual abuse and do not focus on measures that stop the perpetrators of child sexual abuse. Minimal primary prevention efforts addressing societal norms, attitudes, and practices have been developed around child sexual abuse. Of those efforts, virtually none have countered the norms, attitudes, and practices, so deeply steeped in ableism, that shape the lives of children with disabilities. Without efforts to prevent sexual abuse of children with disabilities, including those designed to help children reduce their risks, it continues unchecked.

Children with disabilities who have experienced sexual abuse are less likely to receive the services and supports they need to heal and seek justice.

Surveying the landscape that comprises the lives of children with disabilities reveals clear barriers to receiving services and supports. Denied education about healthy sexuality and sexual abuse, they are also denied a language to describe what has happened to them. Because of misconceptions and stereotypes steeped in ableism, they are less likely to be believed if they do try to tell what happened to them. Moreover, the people around them—parents, educators, disability providers, medical professionals—are unlikely to be equipped to identify signs of sexual abuse.

Given all of these factors, children with disabilities are highly unlikely to ever make it to victim services organizations. Unfortunately, when they do, they encounter barriers there as well. Most victim services organizations and criminal justice systems are inaccessible. Barriers to access may be physical, but also include problems of communication, attitudes, and policy.

For instance, criminal investigators often lack the skills and knowledge to effectively interview children with communication disabilities who may require American Sign Language Interpreters or the use of communication boards. Additionally, victim services agencies often do not have therapeutic approaches tailored to children with intellectual disabilities. Further, sexual assault nurse examiners often do not have specialized training for conducting forensic exams on children with physical disabilities.

Public awareness about sexual abuse of children with disabilities is lacking on every level.

Stigma, fear, underreporting, and society's failure to hold perpetrators accountable have led to a silent epidemic of child sexual abuse. When disability is added to this landscape, the silence is further compounded by a number of factors. Many of the people constituting the community of support for children with disabilities are either unaware or unwilling to believe that these children are targeted for sexual violence. Parents and other family members may not report sexual abuse of a child in their care because they do not know who to turn to or are afraid that the child will be removed from their home. Professionals in disability organizations may lack training or education on the topic of sexual abuse and, therefore, miss indications of abuse of their clients. Meanwhile, because children with disabilities are segregated from the larger society, victim services organizations do not commonly see them in their client base and, therefore, do not designate them as a priority population.

Because silence insulates the community from awareness of this crime, no groundswell of voices reaches state and federal policymakers to motivate them to address sexual abuse of children with disabilities through resources or policy. Without a growth in awareness and public outcry, it will continue unnoticed by anyone except the victims.

Our Recommendations

The higher incidence rate of sexual abuse of children with disabilities, coupled with the gaps in prevention efforts and barriers to getting help these children and their families face, warrant dedicating increased attention and resources to this issue. People and organizations charged with supporting children with disabilities and those addressing sexual abuse must strengthen their commitment and action to stop this epidemic and to assist the children who have been affected by it.

The complexities of the issues surrounding sexual abuse of children with disabilities require a unified and cohesive strategy. Because no such national strategy currently exists, the first and essential step is to create and, ultimately, implement one. Forums on the local, state, and national level can bring together people with disabilities, their family members, and professionals from the areas of criminal justice, disability, health and medicine, schools, and victim services, among others. By joining in a concerted effort, members of the wider community can merge their collective energy, knowledge, skills, and experience to form a movement designed to address sexual abuse of children with disabilities.

The national strategy for ending sexual abuse of children with disabilities should advance work in the following key areas:

- > Engaging key stakeholders
- > Public awareness
- > Research
- > Funding
- > Public policy and legislation
- > Prevention efforts

> Victims advocacy, services, and supports

> Criminal justice responses

Building a movement and advancing the kind of large-scale change that is required to end sexual abuse of children with disabilities requires people with passion and commitment, people who build relationships with diverse stakeholders and leverage new and existing resources, and people who take the initiative to create innovations and enhance what currently exists. These are exactly the kind of people CVS staff encountered during the course of this work. An opportunity exists to harness the energy and momentum of these and other pioneers, and to build on the lessons learned from the small but growing community of people working to address abuse of children with disabilities.

Endnotes

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The following organizational affiliates and people gave their time, expertise, and insights to this project by participating in interviews, a national roundtable, or other critical conversations.

Nora Baladerian, Disability Abuse Project

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Kelly Buckland, National Council on Independent Living

Debrynda Davey, UMMC School of Nursing

Leigh Ann Davis, The Arc

Shirley Dove, Arc of California

Donna Dunn, Minnesota Coalition Against Sexual Assault

Erin Esposito, Advocacy Services for Abused Deaf Victims

Amber Hodson, DeafHope

Alexandra Kriofske, IndependenceFirst

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Guadalupe Lopez, Minnesota Indian Women's Sexual Assault Coalition

Pam Malin, Wisconsin Coalition Against Sexual Assault

Luz Marquez, Advocate/Parent of a Child with Disability

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Shirley Pacey, Blue Tower Training

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➤ For More Information...

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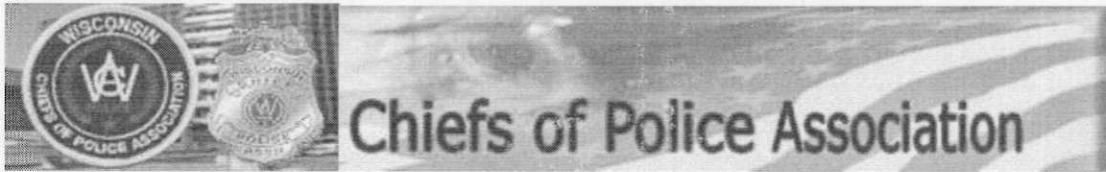
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VERA
INSTITUTE OF JUSTICE



November 5, 2015

To: Chairman Joel Kleefisch and Members of the Assembly Committee on Criminal Justice and Public Safety

From: Police Chief Greg Leck and Police Chief Steve Riffel, WCPA Legislative Co-Chairs

RE: Support Assembly Bill 429/ SB 326 with Assembly Amendment 1

The Wisconsin Chiefs of Police Association represents 580 law enforcement members throughout Wisconsin. Our professional oath when we take the badge is to protect and serve. Law enforcement cannot think of anyone more deserving of protection than our most vulnerable citizens and this of course, includes children.

Law enforcement across Wisconsin already works closely with schools, the medical community and other professionals who have reason to suspect that a child who they have seen in the course of their professional duties may be either abused or neglected to the point of causing harm to the child. We view our partnerships across the state with these key stakeholders as critical in protecting children and these partnerships will continue. This proposed legislation makes a modest change in current law and will improve the ability of law enforcement to protect children who are in harm's way in a much quicker fashion.

This proposed legislation will require that all reports where child abuse or the neglect of a child is suspected to be received by the appropriate law enforcement agency *no later than 12 hours* after receiving a report. The bill also allows the report to be referred to law enforcement as soon as practical upon obtaining the information, but it must occur within 24 hours if child abuse or neglect is suspected. Sensitivity to time is important. Why? Because a report that sits on someone's desk for an indefinite period of time does not help the child. During this delayed time, bruises heal and abusers have time to convince children they deserved to be beaten or neglected. Abusers are frequently adept manipulators who scare children into denying anything is wrong and children can be terrified into not telling the truth for fear of repercussions to themselves or those they love. The result of delays is that perpetrators get away with abuse.

The amendment also clarifies that if an agency or county department determines there is no abuse or neglect and it is not likely to occur, appropriate county services can be used by the family on a voluntary basis. The summary report without any formal assessment by the county shall be referred to local law enforcement.



Page 2 – AB 429

Law enforcement respects that well-intentioned people who are not trained investigators may not understand the urgency of the information they possess. Their delay in referring information to a law enforcement agency can hurt an investigation and negatively impact the end results.

School officials, social workers, medical providers and others do not have access to all the other information that may be relevant to a situation of abuse or neglect that law enforcement has at its fingertips. A single incident that caused lasting bruises may not in and of itself be called child abuse. But factored with repeated calls to that home for domestic violence, new bruises over older healing ones may be indicative of a lot more going on in that home for that child or other children in the home. Our officers have the training, tools and skills needed to decipher what is critical information in reports and what is not. Timely responses will increase our chances of success in helping abused kids.

We urge inconvenience to be less important than the ultimate goal we should all have whenever the welfare and safety of a child is at stake. We urge this committee to vote yes to AB 429 and SB 326.

Thank you in advance for your consideration.


The Racial Justice Improvement Project
AMERICAN BAR ASSOCIATION
Criminal Justice
Section

Racial Justice Improvement Project: Dane County, Wisconsin

***Evaluation of the Dane County
Deferred Prosecution Child Abuse Initiative (DPCAI)***

***June 2015 Report
to the American Bar Association***

***Prepared by Kit R. Van Stelle and Janae Goodrich
University of WI Population Health Institute***



<http://uwphi.pophealth.wisc.edu/>



<https://www.countyofdane.com/>

Table of Contents

Introduction.....	1
Description of Pilot Program.....	2
Method.....	5
Results.....	6
Program-Level Results.....	6
Participant-Level Results.....	10
Progress Toward Program Objectives.....	12
System-Level and Community-Level Results.....	18
Challenges and Barriers.....	21
Summary/Highlights.....	22
Evaluation Recommendations for Consideration.....	23
Appendices:	
Appendix 1 DPCAI Program Description April 2015	
Appendix 2 Deferred Prosecution Offer Letters	
Appendix 3 Database and Automated Report Screen Shots	
Appendix 4 Summary of Participant Characteristics	
Appendix 5 ACT Parenting Scoring Method and Data Summary	
Appendix 6 “No Hit Zone” Materials	
Appendix 7 Corporal Punishment Conference Materials	
Appendix 8 DPCAI Brochure (drafted by American Bar Association)	

Introduction

Governments across the country are developing initiatives to address racial inequities that exist in employment, housing, health, education, and criminal justice system involvement. Dane County, Wisconsin has been focusing on reducing racial disparities across the criminal justice spectrum from arrest to incarceration to re-entry. Achieving racial equity will require intentional strategies with measurable activities necessitating both sound program design and program evaluation.

The Dane County District Attorney's Office, led by District Attorney Ismael Ozanne, developed an effort to explore whether a paradigm shift from the use of corporal punishment to alternative parenting methods could impact racial disparities in both the short and long term. The DA's Office reached out to the larger Dane County system, the community, and national experts in search of answers and solutions. In late 2013, the Dane County Executive devoted a full-time specialized position to the child abuse and racial disparities initiative which marked the beginning of a new effort within the Deferred Prosecution Program (DPP) to address the parental use of corporal punishment.

As the larger community explores non-violent parenting practices and the cultural context of corporal punishment, the Dane County DA's Office launched an enhanced deferred prosecution program designed to protect children and strengthen families. Because a disproportionate number of minorities are referred to the DA's Office, it is expected that the multi-generational **Deferred Prosecution Child Abuse Initiative (DPCAI)** will impact short-term and long-term racial disparities in the criminal justice system. This initiative fills a current service gap by providing timely and culturally responsive programming to eligible individuals who have been referred for charges as a result of excessive physical punishment of a child (see Appendix 1 for an in-depth description of local racial disparities and the DPCAI model). Additionally, the DA's Office supports professional education opportunities that teach culturally responsive service delivery, as well as community education that encourages healthy parenting practices.

The Racial Disparities Subcommittee of the Dane County Criminal Justice Council is dedicated to reducing the current inequalities within our criminal justice system. As a part of the larger subcommittee, the Racial Justice Improvement Project (RJIP) Team met monthly to review the progress of the DPCAI and move towards greater collaboration and transparency. It is critical to form a cross-jurisdiction team to address the root causes of racial disparities and the policy changes that impact them. Although not originally identified as a RJIP Team member in the proposal, the Dane RJIP Team added a Child Protective Services representative. The RJIP Task Team in Dane County currently includes:

- ❖ Colleen Clark, RJIP Site Coordinator
- ❖ Ismael Ozanne, District Attorney
- ❖ Shelia Stubbs, County Board Supervisor
- ❖ Nicholas McNamara, Dane County Judge
- ❖ Richelle Anhalt, Captain, Dane County Sheriff's Office
- ❖ Dee Dee Watson, Public Defender
- ❖ June Groehler, Lieutenant, City of Madison Police Department
- ❖ Julie Ahnen, Dane County Human Services – Child Protection Services Manager

The Task Force regularly discussed the implementation and evaluation of the DPCAI – its goals and objectives, eligibility criteria, successes, and challenges. Central to this effort has been the system-level change that requires collaboration and input from numerous agencies and stakeholders to create partnerships between the criminal justice and human services systems.

In June 2013, the Racial Disparities Subcommittee of the Dane County Criminal Justice Council applied for and received a \$24,000 American Bar Association grant for a Racial Justice Improvement Project to evaluate the Child Abuse Initiative. The RJIP team used the grant funds to contract with the University of Wisconsin Population Health Institute (UWPHI) to provide technical assistance with the evaluation from January 2014 through June 2015.

Description of Pilot Program

The Deferred Prosecution Child Abuse Initiative (DPCAI) is currently offering Deferred Prosecution Agreements (DPA) to eligible individuals facing charges related to their use of excessive corporal punishment. Successful completion of DPA requirements results in a reduced or dismissed sentence, and in some cases no charge is issued. In the long term, it hopes to reduce the collateral consequences of early trauma and criminal justice involvement for families. A description of the current program model is presented in Appendix 1.

Beginning in January 2014, the Dane County DA's Office enhanced their existing deferred prosecution program to better serve individuals referred for charges as a result of excessive physical punishment of a child. These program enhancements included:

- ❖ Hired a Child Abuse Specialist within the DA's Office
- ❖ Developed intake system where each case is evaluated for deferred prosecution eligibility immediately, rather than waiting for the pre-trial conference
- ❖ All participants sign a "no corporal punishment" contract
- ❖ The "Adults and Children Together (ACT): Parents Raising Safe Kids" Parenting Program - staff were trained and the curriculum was integrated into services in August 2014 and offered free of charge to those who could not afford parenting skills classes
- ❖ "Adverse Childhood Experiences" tool used with all participants
- ❖ Enhanced use of forensic interviews with child victims
- ❖ A participant-level data system to document participant and child victim characteristics
- ❖ Increased collaboration with Child Protective Services and other system partners.

The Dane County Department of Human Services Child Protection Unit (CPS) is responsible for assessing safety when a report of intra-familial physical abuse is received. Because child safety is the mission of CPS, immediate interventions are implemented to address alternative parenting approaches and family reunification. However, a service gap exists because the criminal justice system does not currently operate this swiftly and can miss opportunities to:

- ❖ Coordinate services that will help families when they need it.
- ❖ Efficiently utilize scarce county resources by minimizing replication of services.
- ❖ Support the work of CPS by providing an incentive for parents to embrace services.

- ❖ Immediately address child protection without implementing a bail order prohibiting contact between parents and their children.
- ❖ Offer offenders a less punitive and more productive response to criminal conduct.
- ❖ Collaborate with CPS to structure meaningful services.
- ❖ Send a unified, clear and consistent systemic message to families.
- ❖ Spare defendants high legal costs that further stress families.

The DA's Office works collaboratively with CPS to expedite processing of cases in which offenders have contact with law enforcement and are referred for charges where excessive physical punishment is the presenting issue. Both parents and their children are likely to receive short-term and long-term benefits from a deferred prosecution model which provides timely intervention focusing on alternative, non-violent parenting practices. Additionally, the DPCAI takes into account the fact that in most low-level child abuse cases the defendant will not be incarcerated nor will children be permanently removed from a parent's care. This program creates and monitors Deferred Prosecution Unit (DPU) caregiver contracts that utilize community-based services, education, and support to ensure that the child victims will be safe.

Wisconsin Statutes Chapter 950.055(2)(d) pertains to child victims' rights to services and states that child victims have the right to information and referral to appropriate services to assist the child and the child's family in coping with the emotional impact of the crime and subsequent proceedings in which the child is involved. With this in mind, the DPCAI utilizes forensic interviews, when appropriate, to better preserve the case and provide linkages to needed services for child victims. The forensic interviews conducted by Safe Harbor Child Advocacy Center are designed so that a child can talk about their experience through a video recorded interview with a highly trained facilitator to minimize the need for additional interviews. Safe Harbor interviews also bring together professionals from all the agencies involved with a case, providing an opportunity for multidisciplinary communication and case planning. If charges are filed, the recorded statement can be used in court in place of the child's testimony. This process also allows for increased service coordination and referral of children and families to mental health services that may not otherwise be accessible to them.

All individuals referred by law enforcement for charges related to physical abuse of a child are screened for eligibility for the DPCAI. Upon screening, prosecutors in the DA's Office are notified of the eligibility status of each individual through the agency-wide computer system, PROTECT. The assigned prosecutor may then make an offer to an eligible individual's defense attorney regarding the option to participate in the DPCAI. This offer for participation can be made via fillable forms developed for this initiative that are available to prosecutors through the PROTECT system (Appendix 2). Use of these preformatted offer letters enhances the speed with which attorneys can inform defendants of the deferred prosecution opportunity. If the individual does not currently have a defense attorney the prosecutor may extend an offer of potential participation in the DPCAI, while also encouraging the individual to seek counsel and providing information on the avenues by which to obtain counsel. The defense bar and the State Public Defender's Office have been made aware of the DPCAI and are able to discuss this option with their clients. Each potential participant is provided with an introduction to the program in the form of a program brochure and is directed to the Deferred Prosecution Program website for additional information.

After a defendant is deemed eligible and is referred to the Deferred Prosecution Program (DPP) they begin the intake process which includes a screening or pre-screening with a DPP specialist to learn more about the individual and their family, culture, beliefs, needs, strengths, abilities, goals, and challenges. Those accepted are then invited to sign a DPP contract, which includes individualized conditions (or requirements) necessary for program completion. In addition to conditions that are standard to all DPP contracts, other conditions may be required based on their identified needs and goals.

Participants are referred to a variety of parenting, treatment, and support services that have been identified as culturally responsive. DPCAI staff indicated that these providers reported their commitment to cultural responsiveness both as an agency and as individual practitioners. Cultural responsiveness is achieved in different ways at different agencies, but includes ongoing in-house training and participation in local and national trainings. A formal assessment of provider cultural responsiveness was outside the scope of the current evaluation and has not yet been conducted. The vast majority of deferred prosecution agreements include treatment services for the defendant (and children if needed) and all treatment providers utilized have been confirmed by DPCAI staff to use best practices in their area of expertise.

Every DPCAI participant is required to participate in a parenting program. Participants may also have requirements related to mental health, substance abuse, anger management, aggression, trauma services, involvement with Court Appointed Special Advocates (CASA), family therapy, facilitation of treatment for the child, participation in a victim impact circle, employment, literacy, housing stabilization, or education services. The program also focuses on ensuring that the child victim has access to appropriate treatment services and is involved in services as appropriate. The length of the deferred prosecution agreement is determined by both the length of time necessary to fulfill requirements, and by the severity and chronicity of the offense behavior. Participants are monitored by a DPP specialist through monthly (or more frequent) contacts, and feedback from providers, victims, and other collateral contacts.

All DPCAI participants are referred to parenting skills services, regardless of their ability to pay. Participants are referred for services within one week of signing the deferred prosecution agreement (or DPCAI confirms that they are already participating in parenting enhancement). Participants without access to insurance or financial resources to pay for a parenting program required as a condition of their deferred prosecution agreement are enrolled in the *“Adults and Children Together (ACT): Parents Raising Safe Kids”* parenting curriculum. ACT Parenting is an evidence-based program developed by the American Psychological Association and was selected to provide eligible defendants with parenting skill enhancement through the DA’s Office. The ACT Parenting Program serves as a no/low cost alternative for program participants who cannot afford to participate in other parenting program options. After being trained in the curriculum, DPCAI staff began offering ACT in August 2014. Historically, participants who could not afford to pay for the services required by their deferred prosecution contract did not successfully complete their contract due to that inability to complete a mandatory requirement. Now participants who may not have been able to complete their contract in the past may be able to do so successfully because of elimination of one financial barrier.

Method

The University of Wisconsin Population Health Institute (UWPHI) provided technical assistance with program evaluation for the project from January 1, 2014 through June 30, 2015. Located in the School of Medicine and Public Health, UWPHI evaluators possess expertise in the evaluation and development of diversion programming and behavioral health programs.

The initial evaluation plan included the administrative collaborative tasks of monthly teleconferences with the RJIP Coordinator, collaboration with the DPCAI team, quarterly progress updates to the Racial Disparities Subcommittee of the Dane County Criminal Justice Council (CJC), and a final project report in August 2015. It also included the planning tasks of meeting with stakeholders to review program needs, identifying appropriate data for collection, and the development of a data collection approach. The plan further included the design of a database to capture both DPCAI program services and participant-level data, and support for the implementation of the data system. Quality improvement support tasks included ongoing evaluative feedback for program improvement based on both qualitative and quantitative evaluation data available. Analyses of available participant outcomes and comparison data were also included as measures of disparities reduction.

However, upon contract start it became apparent that changes to the original evaluation workplan above were necessary. The pilot program was in need of technical assistance to develop a solid program foundation before a valid evaluation of outcomes could be conducted. UWPHI staff, DPCAI staff, and the RJIP team worked together during the entirety of 2014 to further develop the program, reach consensus on goals and objectives, revise eligibility criteria, define and operationalize data elements, design a data collection system, select assessment tools, and integrate evidence-based practices into service delivery. In addition, process evaluation was needed to strengthen program implementation, incorporate evaluation feedback for program improvement, and document system-level and community-level efforts. The evaluation workplan was further modified to accommodate the addition of qualitative analyses of conference participant feedback and the unforeseen addition of the February 2015 ABA data analysis and reporting requirement.

Thus, UWPHI took a multi-pronged approach to the evaluation, simultaneously helping to clarify DPCAI goals/objectives and structure, while collaborating to develop data systems and analyzing both qualitative and quantitative data. The resulting plan to create a solid foundation for project evaluation and implementation included collaboratively partnering to:

- ❖ Define and articulate the project goals, objectives, and activities
- ❖ Identify evidence-based assessment tools to be used with participants
- ❖ Identify and operationalize measures as part of developing a Microsoft Access database on District Attorney's network to collect and document participant-level data, and assure that data elements address the goals and objectives
- ❖ Summarize participant data for presentation to the RJIP Team and for ABA reporting
- ❖ Analyze participant feedback from the Spring 2014 Corporal Punishment Conference
- ❖ Provide program development and implementation support with program measures, data collection, and evidence-based practices

- ❖ Entry, management, and summary of ACT parenting program pre/post survey data and satisfaction data (for program improvement)
- ❖ Collaborate with DA Office staff, DPCAI staff, RJIP Coordinator, RJIP team, RJIP cross-site evaluator, and ABA staff

Data System Development: When UWPHI evaluation staff joined the project team in February 2014, information technology staff in the DA’s Office had already begun to develop a participant-level database specifically for the DPCAI. However, without clearly articulated goals and measurable objectives at that time it was necessary to reach team consensus on the goals and objectives before proceeding to further develop the data system. The development, pilot testing, and revision of the database continued throughout the project period to assure the accurate operationalization of measures to address the objectives.

The resulting Access database is a high quality data system that resides on the DA’s network, with links to statewide criminal justice data systems to auto-populate some measures. DPCAI staff is responsible for collecting data and maintaining the database, with data quality review/support provided regularly by evaluators. The database also includes automated reports to allow DPCAI staff to independently assess progress toward program objectives without external assistance. The expertise of Information Technology staff within the Dane County DA’s Office was critical to the successful development of the data system. Information Technology staff spent an estimated 1,200 hours during the grant period to design, program, and support the DPCAI data system. Appendix 3 contains example screens and reports from the DPCAI database.

Results

Both qualitative and quantitative data were analyzed to assess progress toward program goals and objectives and to document impacts of the Deferred Prosecution Child Abuse Initiative at the program, participant, system, and community levels.

Program-Level Results

Clarification of DPCAI Goals and Objectives: The DPCAI project staff and RJIP team worked collaboratively throughout 2014 to reach consensus on program goals and objectives for the multi-generational effort. Significant time and effort were expended to develop the goals and measurable objectives in Figure 1 to further the following program mission:

Mission

To provide meaningful criminal justice diversion programming for parents who have been arrested for child abuse following an incident of excessive use of corporal punishment.

This multi-generational initiative will strive to have a short and long-term impact on child safety and protection, racial disparities, belief systems regarding violent parenting practices, and decreasing future criminal behaviors.

Figure 1
DANE COUNTY DEFERRED PROSECUTION CHILD ABUSE INITIATIVE GOALS AND OBJECTIVES

Goal A: Provide an opportunity for eligible parents/caregivers to participate in an alternative to the formal criminal justice response to physical abuse of a child due to use of corporal punishment/physical discipline

- A1: Increase the number of DPP offers by offering pre-charge, post-plea and reduction referrals
- A2: Referred defendants will successfully complete DPP contracts

Goal D: Strive to offer all participants services that will promote positive change, and are appropriate to their needs, abilities, goals, history, and offense

- D1: Increase the number of signed DPP contracts that incorporate treatment services for defendant (and victim if warranted)
- D2: Utilize providers that commit to using best practices with regard to their particular service/intervention
- D3: Provide referral to evidence based parenting program, regardless of ability to pay
- D4: Participants will complete an exit survey to assess their program experience

Goal B: Strive to coordinate and provide culturally responsive service for defendants and victims (both services provided by DA's Office and those services referred to)

- B1: Refer to providers that have been identified as culturally responsive (based on training and plan, language and familiarity with cultural group)
- B2: Promote cultural competence among system professionals and the criminal justice system through collaborating with other agencies to provide a conference focusing on cultural responsiveness
- B3: Utilize a culturally responsive approach to assessing and referring participants
- B4: Provide ongoing training to DA's Office staff to address racial bias and systemic disparities

Goal E: Eliminate the use of corporal punishment/physical discipline by participants

- E1: Select providers with zero-tolerance approach to use of CP/physical discipline, educate participants on positive (non-violent) parenting alternatives, and educate on child development
- E2: Every defendant will sign a contract agreeing to no use of CP/physical discipline, and agree to participate in an approved parenting service
- E3: Participants will demonstrate a change in endorsement of use of CP/physical discipline
- E4: Child Abuse Specialist and other DPP counselor(s) will become certified ACT facilitators and provide ACT group to eligible defendants
- E5: Participants will have no new referrals to Human Services or Law Enforcement for use of CP/physical discipline from program admission to one year post successful contract completion

Goal C: Strive to provide service delivery and referrals as close in time to incident as possible

- C1: Determine eligibility for CAI within one week of referral for charges by law enforcement
- C2: Offer for CAI within 2 weeks of eligibility determination
- C3: Defendant signs contract within 6 weeks of referral for charges
- C4: Within 1 week of contract signing, confirm active services or refer defendant for services

Goal F: Provide information about and referrals to appropriate social services to assist the child victim and family to cope with the emotional impact of the crime, through collaboration with CPS

- F1: Utilize forensic interviews for child victims in order to preserve the case and assure access to appropriate services based on identified needs
- F2: Collaborate with CASA on appropriate cases to promote protection of children
- F3: Confirm active services or refer children for services based on needs identified during CAI eligibility and intake assessment process

Eligibility Criteria: Reaching consensus on the eligibility criteria required ongoing communication, particularly between the prosecution and defense. The public defender played an effective advocacy role for the RJIP Task Force in reaching a compromise with the district attorney related to the DPCAI eligibility criteria. The eligibility criteria were revised in December 2014 with the goal of increasing the number of pre-charging (direct) referrals.

General Deferred Prosecution Child Abuse Initiative Guidelines*		
Elements	Not Eligible	Eligible
Severity	Intentional: torture, burns, broken bones, internal head trauma, internal organ damage, bite marks, poly victimization	Bodily harm as the result of excessive corporal punishment, with the exception of Intentional: torture, burns, broken bones, internal head trauma, internal organ damage, bite marks, poly victimization
Frequency	History of chronic excessive corporal punishment causing bodily harm to a child within past ten years**	Lacks chronic history of excessive corporal punishment
Accepting Responsibility	Not accepting responsibility	Is accepting responsibility
Prior Criminal Behavior	History of criminal convictions, formal supervision, or Deferred Agreements within past 5 years	No criminal convictions, formal supervision, or Deferred Agreement within past 5 years
Prior Child Protective Services Involvement	More than three prior CPS referrals (for similar conduct) resulting in recommendations for services, or more than 1 prior substantiated case	Not more than three prior CPS referrals (for similar conduct) resulting in recommendations for services and not more than 1 prior substantiated case.
* These guidelines are subject to change while the program continues to develop. Additionally, the director maintains ability to make exceptions when compelling circumstances exist.		
** Chronic excessive corporal punishment: evidence of more than three incidents resulting in bodily harm		

Deferred Prosecution Child Abuse Initiative Three-Tier Eligibility***			
Elements	Pre-Charging	Post Charging - Dismissal	Post Charging - Reduction
Severity	Minimal bodily harm	Moderate harm as the result of excessive corporal punishment	More significant harm as the result of excessive corporal punishment
Frequency	Not more than two prior incidents of excessive corporal punishment causing bodily harm	Not more than three prior incidents of excessive corporal punishment causing bodily harm	Not more than three prior incidents of excessive corporal punishment causing bodily harm
Accepting Responsibility	Accepts responsibility	Accepts responsibility	Accepts responsibility
Prior Criminal Behavior	None	No criminal convictions, formal supervision, or Deferred Agreement within past 5 years; no history of assaultive convictions	No criminal convictions, formal supervision, or Deferred Agreement within past 5 years
Prior Child Protective Services Involvement	Not more than two prior CPS referrals (for similar conduct) resulting in recommendations for services and no substantiated cases	Not more than three prior CPS referrals (for similar conduct) resulting in recommendations for services and no substantiated cases.	Not more than three prior CPS referrals (for similar conduct) resulting in recommendations for services and not more than 1 prior substantiated case.
Child Protection	No formal court order; defendant agrees to DPU contract terms of no use of physical punishment	Court ordered signature bond agreeing to minimum of no use of physical punishment	A minimum of Court ordered signature bond agreeing to no use of physical punishment – could involve no contact provision
*** Contingent on compliance with WI State Statutes Chapter 950 victim's rights			

The American Bar Association facilitated expert review of the DPCAI's eligibility criteria by the Pretrial Justice Institute (PJI) who stated, "...As you know, District Attorney offices have very wide discretion in the area of pretrial diversion, including whether to offer any kind of diversion opportunity at all for various offenses and, if so, establishing the program eligibility criteria. Having said that, the criteria that the Dane County task force worked out seem very reasonable as a starting point."

ACT Parents Raising Safe Kids Parenting Program: Some participants engage in their required parenting services directly through an in-house parenting group that provides parenting education for those who lack insurance or are unable to pay out of pocket. This program is facilitated by DPP specialists who have been trained in "Adults and Children Together (ACT): Parents Raising Safe Kids" (<http://www.apa.org/pi/prevent-violence/programs/act.aspx>).

The standard ACT program is an 8-week curriculum (eight 2-hour sessions) that focuses primarily on educating parents and other caregivers to create early environments that protect children from violence. The DPCAI team has customized the curriculum to their specific target population by offering 13 weeks of 90 minute sessions, and plans to further expanded the service to offer 2-hour sessions for 12-14 weeks going forward.

The ACT curriculum is based on research demonstrating that intervening early in life and developing effective parenting skills are critical ways to prevent violence in the lives of children. The program is designed to be delivered by trained ACT Facilitators, professionals who work for organizations and agencies that provide educational, social and/or mental health services to families and children, and those who are college professors, advocates, and others.

The purpose is to help parents understand developmentally appropriate behavior, the impact of child imitation and observation of caregiver behavior, and the impact of early experiences. The program also teaches parents positive skills and strategies to use with and model for children. They include:

- Dealing with children's difficult behaviors with developmentally appropriate responses;
- Controlling their own anger;
- Helping children control their anger;
- Teaching children how to resolve conflicts without using violence;
- Using positive discipline methods that fit the children's age; and
- Reducing the influence of media violence on children.

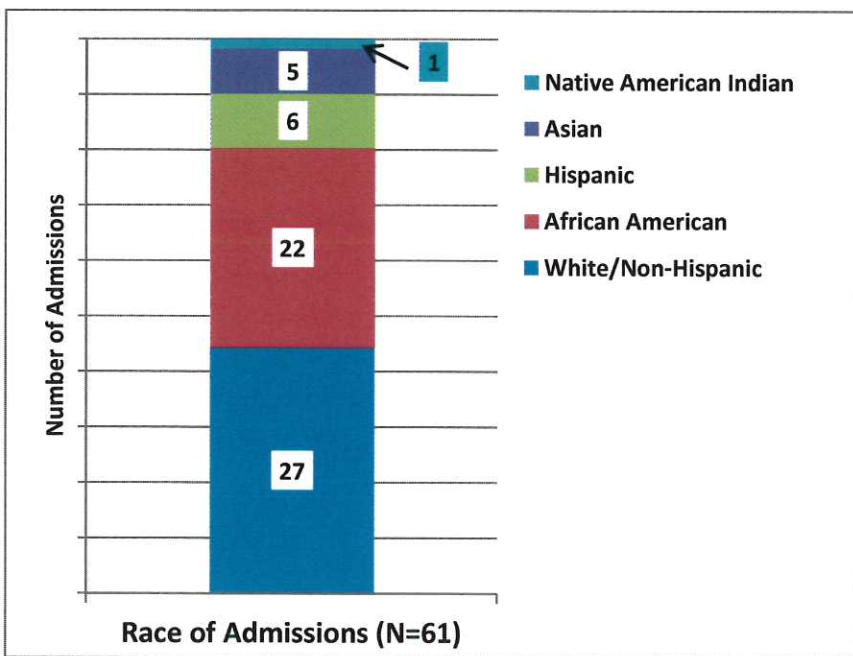
The ACT Facilitator Kit is available in both English and Spanish and includes homework sheets and powerpoint slides, brochures, TV public service announcement, and flyers. The ACT Parent Handbook includes sets of fact sheets with information on children's typical problem behaviors and outlines basic child development information. The handbook is available in both English and in Spanish and includes handouts on anger management, positive discipline, media literacy, and positive ways to resolve conflicts.

Participant-Level Results

Appendix 4 presents participant characteristics and services for all participants, as well as a comparison of results for White/non-Hispanic and Persons of Color (African American, Hispanic, Asian, and Native American Indian). None of the comparisons between the two groups revealed a statistically significant difference on any of the measures with the exception of employment status at admission (White/non-Hispanic participants were more likely to be employed at the time of admission). A brief overview of highlights is presented below.

Overview of DPCAI Target Population and Program Activity: As of May 14, 2015 there were 69 defendants who had been identified as eligible for the DPCAI. The DPCAI has admitted 61 participants, with 55 currently active. There are 7 individuals pending eligibility determination or assessment who have not yet signed a deferred prosecution contract. Five participants have successfully completed the requirements of their deferred prosecution agreements and one had their agreement revoked. While 67 children were directly provided with services through the DPCAI, the project will likely have a broader impact on other children in the homes of participants. A total of 141 children resided in the households of the 61 participants at the time of the child abuse incident and these children will likely benefit from DPCAI services as well. The DPCAI aims to provide meaningful services that will impact families beyond the specific benefits that they receive while active in the initiative.

Figure 2: Race of DPCAI Program Admissions

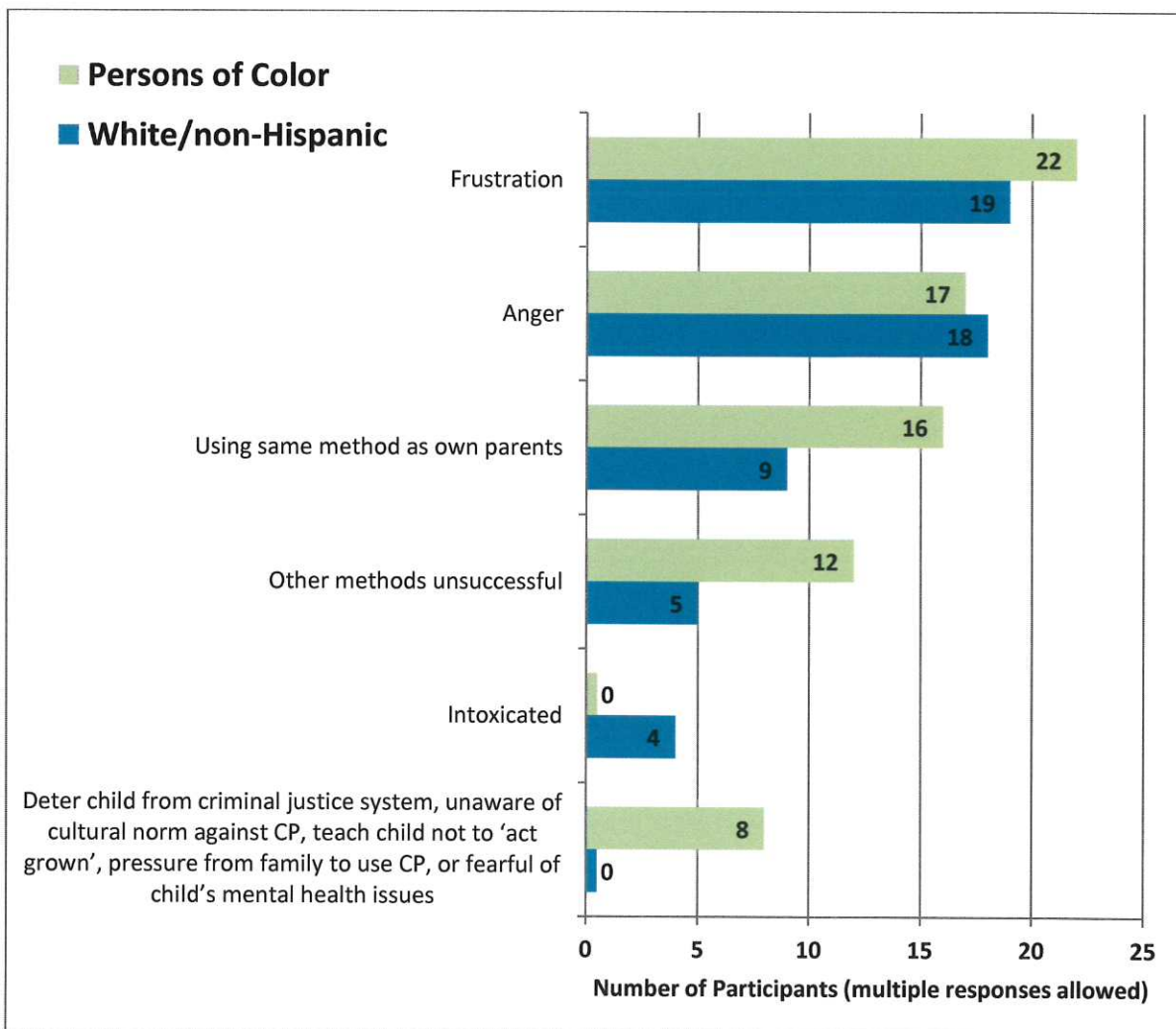


Of the 61 admissions to date, 56% were persons of color and 44% were White/non-Hispanic based on self-report at admission (Figure 2). Participants were an average of 36 years old, had an average of 2.6 children, and more than three-quarters reside in their own apartment or home. The education level of participants is quite high, with 70% having post-high school educational experience and 20% possessing a secondary degree. The

vast majority of participants were employed, and 63% had an annual income of less than \$30,000, 22% had an income of \$30,000-50,000, and 15% had an income of \$50,000 or more. Nearly one-half had no prior child protective services (CPS) reports and three of the participants for whom data were available had prior substantiated CPS reports.

More than one-half of all participants indicated that they used corporal punishment with their children because they were angry or frustrated, or because they were using the same physical discipline methods as their own parents (Figure 3). It is interesting to note that only parents of color indicated that they used corporal punishment to deter their child from the criminal justice system, they were unaware of any cultural norm against it, they were teaching their child not to 'act grown', they felt pressure from family to use corporal punishment, or they felt fearful of their child's mental health issues. None of the White/non-Hispanic parents gave any of these reasons for using corporal punishment. It is also interesting to note that only White/non-Hispanic participants cited intoxication as a reason for using corporal punishment.

Figure 3: Participant Reasons for Using Corporal Punishment (CP)



Each DPCAI program participant completed the Adverse Childhood Experiences Survey (ACES) which helps to document experiences with family dysfunction, abuse, and neglect. The rate of adults with 3 or more ACES (on a ten-point scale) in a community powerfully predicts lower child test scores, low neighborhood attachment, more positive attitudes towards drug use, and lower levels of the social skills needed to succeed in school and adulthood.

Table 3 in Appendix 4 reveals an overall average ACES score of 1.8, with White/non-Hispanics scoring 2.0 and Persons of Color scoring an average of 1.5. The White/non-Hispanic group had a higher average ACE score than the Persons of Color group, but this obscures the fact that both the White/non-Hispanics and African Americans had similar average scores of 2, Asians had zero, and Native American Indians and Hispanics both had an average of 1.

Compared to the Wisconsin Behavioral Risk Factor Survey (BRFS) results from 2011-2013, DPCAI program participants are much less likely to report zero ACES (47% BRFS vs 27% DPCAI) and more likely to report 4+ ACES (11% BRFS vs. 19% DPCAI). Thus, DPCAI program participants report life experiences that put them at risk of poor mental and physical health, heavy alcohol use, and social problems. Compared to the overall Dane County rate of 10-15% who have 4+ ACES, 19% of the DPCAI admissions had 4+. There were 25% of the White/non-Hispanics and 15% of the Persons of Color with 4+ ACES admitted to the DPCAI to date. Again, this obscures the fact that 22% of the African American participants had 4+ ACES while none of the Asian, Native American Indian, or Hispanic participants had 4+ ACES (none had more than two ACES).

Progress Toward Program Objectives: Table A reveals that the DPCAI has made consistent progress toward their primary objectives.

The majority of admissions were referred post-plea (64%), nearly one-third were direct pre-charge referrals (29%), and a small group were referred for a reduction in charges (7%) (Objective A1). The revision of the eligibility criteria in December 2014 led to an immediate programmatic change to increase the number of pre-charging (direct referral) cases referred to the DPCAI program. Initial preliminary analyses revealed that the proportion of direct referrals increased from 25% before the change to 41% after the change (N=44 and N=17, respectively).

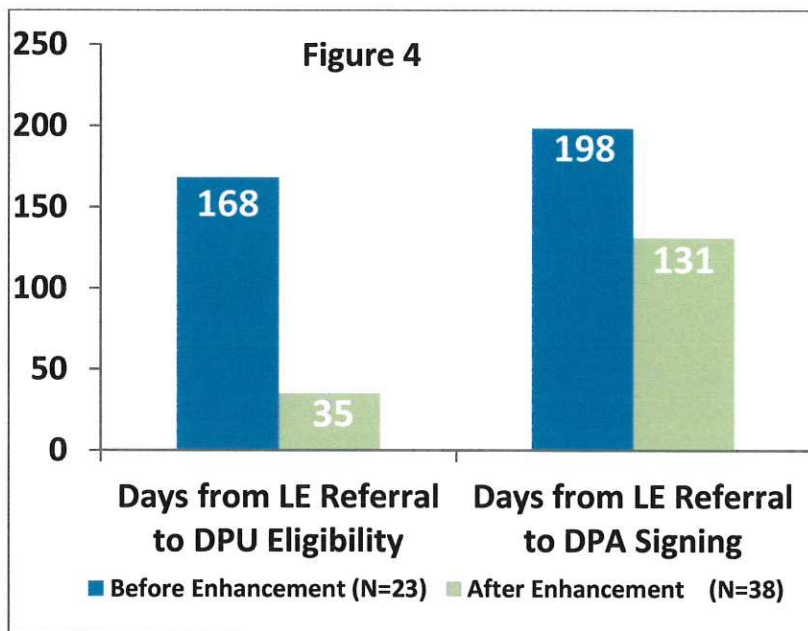
Four of the five participants discharged from the program successfully completed DPA requirements (Objective A2). As the deferred prosecution agreements (DPA) range from 12-24 months in length, the program enhancement has not been operational for a sufficient length of time to generate a large group of successful completers. In addition, the DPCAI program has successfully made 133 referrals for services to culturally responsive providers (Objective B1).

Table A: DPCAI Progress Towards Program Objectives			
As of May 14, 2015	Defendant Race		
	White/ Non-Hispanic (N = 27)	Persons of Color (N = 34)	Overall (N = 61)
Objective A1: Increase the number of offers for DPP by offering pre-charge, post-plea, and reduction referrals			
Pre-charge (direct) referrals	12	6	18
Post-plea referrals	13	26	39
Charge reduction referrals	2	2	4
Objective A2: Referred defendants will successfully complete DPP contracts			
# Of Signed Contracts (Admissions)	27	34	61
# Discharged	2	3	5
Contracts completed	2	2	4
Contracts not completed	0	1	1
Objective B1: Refer to providers that have been identified as culturally responsive (based on training and plan, language, and familiarity with cultural group)			
# Service Referrals To Providers (Duplicated Count)	59	74	133
Objective C1: Determine eligibility for DPCAI within 1 week of referral for charges by Law Enforcement			
Days from LE Referral to Eligibility Determination			
Within One Week (0-7 days)	11	19	30
2-4 Weeks (8-30 days)	3	0	3
1-2 Months (31-60 days)	0	0	0
2-4 Months (61-120 days)	3	3	6
More Than 4 Months (121+ days)	10	12	22
<i>Average number of days</i> <i>[Note. Average for all participants, including those referred prior to the enhancement]</i>	<i>96 days</i>	<i>77 days</i>	<i>86 days</i>
Objective C2: Offer for DPCAI within two weeks of eligibility determination			
Weeks from Eligibility Determination to DPCAI offer			
Within Two Weeks (0-14 days)	14	15	29
2-4 Weeks (15-30 days)	2	6	8
1-2 Months (31-60 days)	4	4	8
2-4 Months (61-120 days)	5	5	10
More Than 4 Months (121+ days)	2	4	6
<i>Average number of days</i>	<i>35 days</i>	<i>45 days</i>	<i>40 days</i>
Objective C3: Defendant signs contract within 6 weeks of law enforcement (LE) referral for charges			
Weeks from LE Referral to Signed DPU Contract			
Within Six Weeks (0-42 days)	4	5	9
6-12 Weeks (43-84 days)	3	4	7
12-24 Weeks (85-168 days)	9	12	21
More Than 24 Weeks (169+ days)	11	13	24
<i>Average number of days</i>	<i>164 days</i>	<i>150 days</i>	<i>156 days</i>
<i>[continued next page]</i>			

Table A: DPCAI Progress Towards Program Objectives			
As of May 14, 2015	Defendant Race		
	White/ Non-Hispanic (N = 27)	Persons of Color (N = 34)	Overall (N = 61)
Objective C4: Within one week of contract signing, active services are confirmed or defendant is referred for services			
Days from Signed Contract to DPCAI Referral for Services			N = 50
Within One Week (0-7 days)	25	30	50
More than One Week (8+ days)	0	0	0
<i>Average number of days</i>	<i>0.0 days</i>	<i>0.0 days</i>	<i>0.0 days</i>
Objective D1: Increase the number of signed DPP contracts that incorporate treatment services for defendant (and victim if warranted)			
# Contracts That Include Treatment:			
Number for defendants	27	34	61
Number for children <i>[Treatment services ordered when needed and when possible (services cannot be ordered for those over the age of 18, if a no contact order was in place, or if the child moved out of the area.)]</i>	18	26	44
Objective D2: Utilize providers that commit to using best practices with regard to their particular service/intervention			
# Referrals to Providers That Use EBPs <i>(duplicated count)</i>	59	74	133
Objective D3: Provide referral to evidence-based parenting program for all participants, regardless of ability to pay			
# of Participants REFERRED for Parenting Services <i>(Duplicated count – parents can be referred to more than one parenting service)</i>			
DPCAI ACT Parenting	2	3	5
Family Services	20	22	42
Triple P	0	2	2
Journey Mental Health Center	1	1	2
Rainbow Project	0	2	2
Marriage and Family Solutions	1	1	2
ATTIC Parenting	0	1	1
Center for Families – Parent’s Place	0	1	1
Prairie Counseling	0	1	1
CORE Psychoeducational Parenting	1	0	1
Stoughton Family Counseling	0	1	1
Ocean Hawk Counseling	0	1	1
Catholic Charities	0	1	1
Dean Medical Center	1	0	1
Meriter Medical Center	1	0	1
<i>[continued next page]</i>			

Table A: DPCAI Progress Towards Program Objectives			
As of May 14, 2015	Defendant Race		
	White/ Non-Hispanic (N = 27)	Persons of Color (N = 34)	Overall (N = 61)
Objective D4: Participants will complete an exit survey to assess their program experience			
# Participants Completed DPCAI Program Exit Survey <i>[satisfaction survey to be designed by staff in future]</i>	TBD	TBD	TBD
Objective E1: Select providers with zero-tolerance approach to use of corporal punishment (CP)/ physical discipline, educate participants on positive (non-violent) parenting alternatives, and educate on child development			
# Referrals to Parenting Providers with Zero Tolerance Approach to Use of CP/Physical Discipline <i>(duplicated count)</i>	27	37	64
Objective E2: Every defendant will sign a contract agreeing to no use of CP/physical discipline, and agree to participate in an approved parenting service			
# Participants Signed "No CP" Contract	27	34	61 100%
# Participants Agree to Parenting Service	27	34	61
Objective E3: Participants will demonstrate a change in endorsement of use of CP/physical discipline			
# of ACT Parenting participants that decreased their endorsement of the use of corporal punishment from class start to class end <i>(pre/post data not yet available for other parenting programs)</i>	1	3	4
Objective E4: Child Abuse Specialist and other DPU counselor(s) will become certified ACT facilitators and provide ACT group to eligible defendants			
# Staff Certified (and when certified)	2 staff trained in June 2014 <i>[certification occurs after site review]</i>		
# of ACT Class Sequences/Cohorts Provided	Cohort #1 completed Fall 2014 Cohort #2 in process		
Objective E5: Participants will have no new referrals to Human Services or Law Enforcement for use of CP/physical discipline from program admission to one year post successful contract completion			
# Participants 1 Year or More Post-Completion	1	1	2
# With New Referral Within 1 Year of Completion <i>[cannot yet be determined due to small sample]</i>	NA	NA	NA
Objective F1: Utilize forensic interviews for child victims in order to preserve the case and assure access to appropriate services based on identified needs			
# Forensic Interviews Conducted With Children	7	11	18
Objective F2: Collaborate with Court Appointed Special Advocate (CASA) on appropriate cases to promote protection of children			
# Contracts That Include CASA	1	10	11
Objective F3: Confirm active services or refer children for services based on needs identified during DPCAI program eligibility and intake assessment process			
Child Victims Reviewed for Service Need	28	38	66
Child Victims In Need Of Services	26	32	58
Child Victims Active In or Referred For Needed Services	18	26	44*
<i>*Services were included for victims when it was determined appropriate and could be ordered by the District Attorney's Office. Services for victims could not be ordered or required by the District Attorney's Office if the victim relocated, the victim was over the age of 18, or there was a no contact order in place.</i>			

While it is too early in the program implementation process to determine impact on participant recidivism outcomes, progress toward Objectives C1 and C2 related to improving the speed of initial processing can be assessed. Analyses were conducted to compare the speed of initial processing for (a) 23 participants that were referred for charges prior to the January 2014 enhancement with (b) 38 participants who were referred for charges after the enhancement. For these purposes, enhancement refers to the change in eligibility screening and referral to the DPCAI program after law enforcement referral. Figure 4 suggests that the DPCAI’s efforts to change the old procedures of “business as usual” show a pattern of positive impacts.



Preliminary results show that the DPCAI enhancement has significantly reduced the average time between law enforcement (LE) referral and eligibility determination, and between LE referral and signing the deferred prosecution agreement.

Reducing the length of time between law enforcement referral and eligibility determination is essential for providing services to families when they most need them. Prior to the DPCAI enhancement, a Deferred Prosecution Agreement was offered after charges were issued which could take several months. With the DPCAI enhancement, the DA’s Office has been able to respond to cases and provide services to families more quickly after the incident. This also allows the DA’s Office to coordinate with other services such as the Family Preservation Program and to ensure that families receive necessary services at a time when they need them. This reduces the detrimental effects that long case processing times have on families and it allows for a coordinated, system-wide response to corporal punishment incidents.

In addition, due to different legal standards in the child protection and criminal justice systems, the DPCAI enhancement allows the DA's Office to provide services to families at a time when Child Protective Services (CPS) may not. Of the 61 DPCAI cases for which CPS status was available, 20% were screened-out by CPS because the incident did not meet the legal threshold for risk of harm or child maltreatment. DPCAI filled this service gap by providing assessment and services for these families.

DPCAI is also successfully meeting their objectives related to treatment service provision and use of providers using best practices (Objectives D1-D4). Participants have benefited from a variety of service referrals with 98% referred for parenting services (2% of participants were already involved in parenting services prior to starting the DPCAI program so did not require referral), 59% for family/in-home therapy, and 26% for aggression, domestic violence, or abuse services. All participants sign a “no corporal punishment” contract and the DPCAI uses providers with zero tolerance for corporal punishment (Objectives E1-E4). The program has also enhanced services for child victims through forensic interviews, use of Court Appointed Special Advocates when necessary, and referral to appropriate treatment services (Objectives F1-F3). The DPCAI Child Abuse Specialist reviews each case and refers the child victims for appropriate services when possible (some victims are determined to need services, but DPCAI cannot require them as part of the deferred prosecution agreement because there is a no contact order, the victim leaves the area, or the victim is over 18 years and declines services).

Discussion of Program and Participant Outcomes: The preliminary plan to assess program-level outcomes includes (a) reaching consensus on how the DPCAI can be a part of system change to decrease racial disparities in Dane County, and (b) measures of positive impacts on families. The outcome measures could include changes in belief systems and use of corporal punishment, as well as resulting reductions in criminal justice and human service systems involvement for both the caregiver and the child victim. Initially, this measure could include the number of new child abuse referrals to human services and law enforcement. Later, it could examine juvenile justice and criminal justice system involvement for the child victim, as well as child abuse reports for the victim and caregiver.

As these are long-term outcome measures, impact cannot be measured until more participants have completed the DPCAI and these data are available. After approximately two years of the enhancement, recidivism outcomes and changes in racial disparity could be estimated. Barring case extensions or delays, the 55 currently active DPCAI program participants will complete their diversion agreements by May 2017. Projections based on current admission rates reveal that it could take approximately two years to admit 100 participants to the enhanced intervention (until the end of 2017). Given that diversion agreements average 12-24 months in length, it appears that the DPCAI will be able to begin to measure one-year post-program recidivism and other outcomes for at least 100 DPCAI discharges during 2019.

ACT Parenting Program Change in Attitudes and Knowledge: Although the impacts on long-term individual outcomes cannot yet be determined, the preliminary effects of the Child Abuse Initiative on attitude change for those participants completing the ACT Parenting Program were examined as an example.

The first cohort of four participants completed the ACT Parenting curriculum in Fall 2014 and Appendix 5 contains a detailed summary of the pre/post-test and satisfaction survey results. Analysis of the pre-survey and post-survey responses showed improvement in summary scale scores for DPCAI participants involved in the ACT Program (Table B). While the changes were not statistically significant (using paired *t*-tests) due to the small sample size of just four participants, the results are in the expected direction. These results were seen across all areas including prosocial parenting, media violence, ages and stages knowledge, and violence

prevention skills. Analyses by race could not be performed at this time due to the small sample of four participants. Average scores from the Humboldt University multi-site evaluation of the ACT curriculum are also provided in Table B as a point of comparison.

Table B: ACT Parenting Knowledge and Attitude Scale Scores (N =4)		
	Pre-Test Average	Post-Test Average
Prosocial Parenting Scale for DPCAI	43.92	47.67
Prosocial Parenting Scale from Multi-site Evaluation	39.18	41.20
Media Violence Scale for DPCAI	18.00	25.00
Media Violence Scale from Multi-site Evaluation	21.41	23.61
Ages and Stages Knowledge Scale for DPCAI	64.25	69.75
Ages and Stages Knowledge Scale from Multi-site Evaluation	59.98	63.70
Violence Prevention Skills Scale for DPCAI	37.25	38.33
Violence Prevention Skills Scale from Multi-site Evaluation	33.19	34.56
<i>*Non-shaded fields include comparison data from a national, multi-site study (Weymouth and Howe, 2011, "A Multi-Site Evaluation of 'Parents Raising Safe Kids' Violence Prevention Program")</i>		

System-Level and Community-Level Results

System Collaboration: Significant system-level collaborations involve the courts, district attorney’s office, public defender, the faith community, RJIP taskforce and Criminal Justice Council-Racial Disparities subcommittee, child protective services, and local service and treatment providers. The Dane County District Attorney’s Office continues to collaborate with the RJIP Task Force Team, systemic multidisciplinary team (MDT) members, faith leaders, national experts, and the community to further develop the DPCAI and continue a larger community conversation about the negative outcomes associated with corporal punishment.

The Dane County District Attorney’s Office has received repeated requests to present the DPCAI program model at professional conferences. For example, the DPCAI received requests to present at the “20th International Summit & Training on Violence, Abuse & Trauma across the Lifespan” in San Diego in August 2015 and at the “American Professional Society on the Abuse of Children 23rd Annual Colloquium” in Boston in July 2015. DA’s Office staff have also shared information about the Initiative at conferences and seminars at the YWCA Racial Justice Summit, the University of WI-Madison, the University of WI-Platteville, and Loyola University.

In February 2014 the American Bar Association enacted a policy directly related to Wisconsin’s child abuse initiative that “Urges the development and adoption of trauma-informed, evidence-based approaches and practices on behalf of justice system-involved children and youth who have been exposed to violence, including victims of child abuse and neglect or other crimes and those subject to delinquency or status offense proceedings” (2014_MM_109B).

Website Development: The DA’s Office has also disseminated information about the Child Abuse Initiative activities through their website. A description of the Deferred Prosecution Unit and Child Abuse Initiative program, eligibility requirements, and benefits is available on the website (https://www.countyofdane.com/da/deferred_prosecution.aspx) as are links to other positive parenting models (https://www.countyofdane.com/da/community_resources.aspx).

Public Service Announcement (PSA): American Family Children’s Hospital and the Dane County District Attorney’s Office collaborated to create a public service announcement educating the public about the negative outcomes associated with parental use of corporal punishment. This PSA aired on local radio stations for two weeks in the summer of 2014. In the fall of 2014, the *US Alliance to End the Hitting of Children* assumed sponsorship and today the PSA can be heard on national and local websites, during professional training conferences, and on the DA’s Office website at [https://www.countyofdane.com/DA/audio/US Alliance PSA.mp3](https://www.countyofdane.com/DA/audio/US_Alliance_PSA.mp3).

*“Hi my name is Ismael Ozanne and many of you may know me as the Dane County District Attorney. I am also a husband and father of two young daughters. I am asking you to make the choice my wife and I made - to not use physical punishment with your children. Many of us are not aware that over 16 years ago, the American Academy of Pediatrics urged doctors to recommend that parents not use physical punishment on their children. Today, over 100 years of research on children and families supports this recommendation. Well-meaning parents may use physical discipline intending to teach their children to make good choices. But we now know that physical discipline actually leads to **more** disobedience and aggressive behaviors in children. We all want what is best for our kids. Today, we know what is best for kids is parenting based on respect, mutual understanding and logic rather than fear of physical pain. Please join me in learning more about positive parenting and creating a violence-free home.”*

Creation of “No Hit Zone”: Adults who present to the DA’s Office often experience high levels of stress, anxiety, fear, or uncertainty resulting in lower frustration tolerance, especially when faced with perceived problematic behaviors by their children. Adults in this type of situation may become angry, raise their voice, or hit a child or another adult. Following in the footsteps of Children’s Hospitals across the United States such as the University of Louisville Kosair Children’s Hospital, the DA’s Office sought to be the first government agency to develop clear guidelines for their office staff to follow when encountering these situations.

DA’s Office staff, an investigator, and a critical incident responder received in-depth training on the “No Hit Zone” (NHZ) concept in August 2014. Staff were taught that when hitting is observed, all staff should be responsible to intervene and communicate the office NHZ policy. An example might include “For the safety and protection of everyone in our offices, we participate in a ‘No Hit Zone’. I am obligated to say something when I see physical contact like hitting occur. What can I do to help you or your family?” In addition, brochures, magnets, and signs related to the NHZ were developed, and can be found throughout the lobbies of the DA’s Office public spaces (Appendix 6). The NHZ magnet has proven to be exceptionally popular, with many children and families taking one for their own home. The office announced the NHZ on their website (<https://www.countyofdane.com/da/nohit.aspx>). In addition to training of in-house staff, the DA’s Office has provided training on the NHZ to local law enforcement agencies – some of whom are moving forward with their own No Hit Zones.

Since October 2014, the DA’s Office has responded to requests for information about instituting NHZs from many professionals around the nation. In addition, DA’s Office staff are active advocates for the NHZ, participating in national workgroups facilitated by the University of Kentucky Department of Pediatrics and disseminating materials that they have developed to places such as the Jefferson County Kentucky Family Court, the Michigan Children’s Hospital, and Wisconsin’s Great Lakes Intertribal Council.

Community and Professional Education: Conversations about the DPCAI and corporal punishment led to the creation of a professional conference entitled “The Cultural Context of Corporal Punishment—Keeping Kids Safe” which was held on June 10-11, 2014 in Madison, Wisconsin. This conference was a collaborative effort among the Dane County District Attorney’s Office, University of WI Department of Pediatrics, Office of Continuing Professional Development, Dane County Criminal Justice Council, Dane County Board of Supervisors, Bureau of Justice Assistance, American Bar Association, and American Family Children’s Hospital.

On June 10, 2014, the Dane County Task Force held a corporal punishment and positive parenting conversation open to the community at the Fountain of Life Church. The meeting was led by Dr. Stacey Patton, who connected historical information on slavery practices and principles with modern forms of punishment and abuse. The event created a safe forum for candid conversations about race, religion, and parenting practices.

At the conference the following day, national experts on corporal punishment and culture explained the impact of corporal punishment on child development in the context of research, history and culture, and implicit bias, and facilitated subsequent audience discussions. The conference offered a forum where participants examined their own experiences, cultural beliefs, and personal biases to identify at least one strategy to move personal and community approaches toward non-violent parenting strategies.

The Conference was well attended and received overwhelmingly positive reviews from those attending. The conference gathered participants from across Wisconsin and other parts of the Midwest, including: local and state leaders, community advocates, faith-based leaders, human services and medical professionals, law enforcement, victim/witness specialists, corporation counsel, counselors/therapists, prosecutors, social workers and guardian ad litem. It garnered a high level of leadership support with attendees including the Dane County District Attorney Ismael Ozanne, and County Executive Joe Parisi. Local media also covered the event.

Appendix 7 contains a summary of conference participant feedback and supporting information related to the 2014 Corporal Punishment conference. A survey of “Intent to Change” was distributed at the conference to assess the degree to which participants could apply the information to enhance their professional practice.

Based on the positive feedback from 2014 conference participants, a second conference is planned for November 19 and 20, 2015 (<http://www.pediatrics.wisc.edu/education/continuing-professional-development-quality-improvement/continuing-education/live-events/cultural-context-corporal-punishment/>). The goal will be for participants to understand how ethnic and religious cultures affect caretakers’ use of corporal punishment, and how to work responsively with culturally diverse families. Conference participants will also be encouraged to examine how personal biases may influence their work and to learn how corporal punishment affects physical and emotional development. The 2015 conference will include two full days of structured learning, as well as an evening community conversation to enlist community leaders in thoughtful dialog regarding their experiences and belief systems.

Community Outreach: The DA's Office invited community members to conversations prior to and throughout the development process of this initiative. During 2013, community members and area professionals participated in an informal dialog with staff regarding the issue of corporal punishment in the Dane County community, and obtained a baseline of perspectives on what corporal punishment is, how it affects people, whether it is acceptable, and what the community can or should work to change regarding the use of this type of punishment.

To date, DA's Office staff also conducted 42 outreach and education presentations to court personnel, middle and high school groups, classes at University of Wisconsin and Edgewood College, numerous community service agencies, hospitals, faith-based community leaders, domestic violence intervention staff, and law enforcement agencies. During these contacts, staff elicited feedback from participants regarding attitudes toward corporal punishment and this valuable feedback assisted the DA's Office in determining steps to take as this initiative, and the community, moved forward in addressing disparities and corporal punishment.

In addition, the ABA recommended the development of a project brochure. A first draft of this brochure prepared by the ABA is included as Appendix 8. Numerous discussions among the ABA, RJIP team members, DPCAI staff, and evaluators occurred over the course of the project related to the purpose of the brochure, appropriate target audience, content, cost, and methods of dissemination.

Challenges and Barriers

The Dane County RJIP project differs from some other RJIP projects nationwide in that its focus is not implementation of a checklist or new assessment tool, but rather system-level change through development of a model to address the root of a problem. However, it is similar to other RJIP-funded projects in that the evaluation focused on the development of a pilot program, identification of participant measures to be used in future evaluation efforts, development of data collection processes, and planning for future outcomes evaluation.

At this time it is unknown the level to which the current project design will impact overall racial disparities in the criminal justice system. However, it is expected that over time the project will be able to reduce corporal punishment and criminal recidivism for participants, enhance service coordination for child victims, and lower levels of future juvenile/adult justice involvement for the victims. The hope is that the participant, community, and system-level impacts will work in concert with other local disparity reduction efforts to demonstrate systemic change in the current racial disparity present in the criminal justice system. External resources and funding will be necessary to support further efforts to evaluate the effectiveness of the DPCAI.

While the current short-term evaluation effort could not be expected to produce findings related to participant outcomes for deferred prosecution agreements that are 12-24 months in length, it will inform future iterations of the project and potential expansion/replication of the model. When the program has been fully implemented and stable for two years and is ready for outcomes evaluation, participant outcomes related to recidivism and system-level impacts related to disparity reduction should be measured.

An additional challenge was that the DPCAI program required some assistance to implement and stabilize the project in preparation for future outcomes evaluation. The revision of the original evaluation plan was in the best interest of the program and RJIP initiative, but the increased evaluation and reporting workload is estimated to have required nearly double the time/budget allocated. The UW Population Health Institute donated the additional time and resources to accommodate these changes during the course of the project. The Dane County DA's Office, Dane County Equity and Criminal Justice Council Coordinator, and the RJIP Task Force members also donated significant staff resources to support this RJIP project.

Summary/Highlights

The DPCAI has effectively enhanced Dane County's Deferred Prosecution Program for those individuals facing charges as a result of the use of excessive physical punishment of a child. It encourages parents to challenge their belief systems related to the use of physical punishment and to embrace healthier parenting skills, leading to behavior change and a reduction in the use of corporal punishment. Completion of Deferred Prosecution Agreement requirements allows participants to avoid the stigma and associated negative societal outcomes associated with a criminal conviction by having their charges reduced, dismissed, or avoided altogether. Initial analyses suggest that DPCAI has increased the speed of case processing for participants, and that enhanced collaboration has improved service coordination for both program participants and their child victims. The enhancements have improved services for child victims through enhanced coordination with Child Protective Services, timely use of forensic interviews, use of Court Appointed Special Advocates, and referrals to necessary treatment and support services. DPCAI stakeholders collaborated to clarify project goals and objectives, and the evaluation results reveal that the DPCAI program has made consistent progress toward their objectives. The DPCAI program has served 61 participants to date, 56% were persons of color and 44% were White/non-Hispanic. Five participants successfully completed program requirements. There were 67 children that received referrals/services through the DPCAI and 141 children resided in the homes of the 61 participants at the time of the child abuse incident and can be expected to benefit from services parents receive in the DPCAI. White/non-Hispanic and African American participants tend to report a history of life experiences that put them at great risk of poor mental and physical health, heavy alcohol use, and social problems. The DPCAI refers participants and child victims to a wide array of treatment and support services. The project offers the *ACT Parents Raising Safe Kids* Parenting Program, with an initial cohort of four participants completing the curriculum in Fall 2014 and a second cohort to begin soon.

The District Attorney's Office and Office of the State Public Defender collaborated to modify program eligibility criteria to increase the number of direct pre-charge referrals. Overall, the majority of admissions were referred post-plea (64%), nearly one-third were direct pre-charge referrals (29%), and a small group were referred for a reduction in charges (7%). However, the proportion of direct referrals increased from 25% before the December 2014 change in eligibility criteria to 41% after the change (N=44 and N=17, respectively).

In addition to these individual-level factors, the DPCAI also initiated a variety of system-level and community-level efforts to impact racial disparities and the use of corporal punishment. The Dane County DA's Office became the first non-hospital government institution in the nation to establish a "No Hit Zone" (NHZ) based on a model used by children's hospitals across the country. A NHZ team was created and they provided training to staff members throughout the DA's Office who were most likely to encounter issues that the NHZ addresses.

The extraordinary effort of the DA's Office staff also created a public service announcement denouncing the use of physical discipline that is now used nationwide, also facilitated a professional conference with national experts in 2014, and conducted extensive community outreach. The conference also included a community conversation focused on initiating dialogue with the faith based community about corporal punishment and its intersections with culture, particularly African American culture. A second, more extensive conference is planned for November 2015. More than 40 presentations to community groups of all types have encouraged community- and system-level change. Extensive collaboration with the local faith-based community and other organizations that are working collaboratively to reduce racial disparities has also occurred to maximize the impact of the Initiative.

The extent to which the DPCAI reduces disparities cannot be determined at this early date, but it is expected that the impacts of this initiative will be seen in longer term positive outcomes for the children, improvements to the system of care for these parents and families, community education to impact attitudes and norms related to corporal punishment, and integration of the DPCAI into the larger county-wide efforts to reduce disparities.

Evaluation Recommendations for Consideration

The current examination of the DPCAI resulted in a series of recommendations developed by the UW Population Health Institute to facilitate both the continued successful implementation of the program and ongoing efforts to reduce racial disparities in Dane County. These recommendations are grouped topically and are not presented in any specific order.

Recommendations for DPCAI Improvement

- A. The program model would benefit from a designated district attorney (prosecutor) assigned to DPCAI cases. Currently, the program coordinates with dozens of individual prosecutors with varying levels of support/interest/knowledge about the program in particular, and about family violence in general. A single, designated prosecutor on the team would improve speed of processing, level of communication, and overall efficiency for the entire team, as well as further enhancing the program model to benefit parents and child victims. While it would be ideal in the long-term to have a dedicated specialized prosecutor who would handle only family violence and DPCAI cases, in light of current budget challenges it may be more feasible in the short-term to limit assignment of DPCAI cases to 1-2 designated prosecutors to improve the efficiency of current case handling processes.

- B. Further increase public defender and defense bar knowledge of DPCAI eligibility criteria and participation benefits. While the Office of the Public Defender is well-represented on the RJIP team, public defender staff should be informed about DPCAI eligibility criteria and program requirements to better serve eligible families. The brochure drafted by ABA could be used as a starting point to develop a brochure for system stakeholders (Appendix 8).
- C. Continue to explore the use of evidence-based practices and tools related to criminal risk assessment and initial needs assessment for eligibility and case planning.
- D. Develop measures and data collection processes for the objectives that do not yet have them defined. For example, the database does not yet include a measure of “payment source” for Objective D3 nor a way to document the number of participants that completed a program satisfaction survey for Objective D4. These are important measures, but the development of the automated reports was assigned higher priority at the current time.
- E. Regularly (possibly quarterly) use the database to document program successes and use the data/results to improve the program through a continuous feedback loop. The DPCAI should use the evaluation data to make any necessary mid-course corrections and to regularly inform stakeholders about progress toward program goals and objectives.
- F. Use the ACT Parenting Program participant satisfaction feedback to inform and improve the provision of these services going forward. The team should review the participant input at the end of each cohort and determine whether any program modifications are necessary based on participant suggestions.
- G. External funding will be sought to take the DPCAI from pilot to full implementation and to adequately support a future assessment of program implementation and outcomes when the program has stabilized. In preparation for future evaluation:
 - 1) The DPCAI should seek to ensure that the parenting skills enhancement intervention is comparable for all participants. Currently, the DPCAI can control the content and quality of the ACT Parenting intervention it provides in-house, but most participants to date have engaged in a variety of parenting programs through other area providers. Although program requirements are customized to the specific needs of each case, the DPCAI will need to achieve consistency of content across parenting interventions in order to reliably assess any impacts on attitudes and behaviors related to physical discipline. If not, there could be systematic differences among groups of participants related to the type of parenting services they receive that could bias the results.
 - 2) The DPCAI should develop procedures to systematically obtain pre/post data for other (non-ACT) parenting programs to document attitude change related to corporal punishment. Currently, the DPCAI cannot document attitude change for participants referred to other area parenting skills programs.
 - 3) The DPCAI should also develop procedures to obtain satisfaction feedback from all program participants and use their input to improve the program. It is recommended that an annual satisfaction survey be administered to all participants at a single point-in-time (snapshot) rather than only at program discharge in order to capture feedback from participants at all stages of participation.
- H. Conduct evaluation of program and participant outcomes only after the program has stabilized. Outcomes evaluation could be conducted during 2017 when a large enough sample of participants who have received the enhancement will have completed their 12-24 month long deferred prosecution agreements. In addition, a large enough group of participants must have at least one year post-discharge for valid assessment of criminal

recidivism outcomes and subsequent CPS incidents. Finally, caution should be used during analysis to either exclude or analyze separately the 23 defendants who did not receive the enhanced intervention or received only a portion of the enhancement. The currently active participants have received all/some/none of the enhancements because they were either admitted prior to the January 2014 enhancement start or prior to the Summer 2014 implementation of the ACT Parenting Program.

- I. Develop an approach for responding to continued state and national interest in the DPCAI model. Reach team consensus on criteria for determining when the DPCAI model has achieved adequate stability for dissemination and replication, as well as at what point it will be appropriate to advance the model through professional networks and conferences.
- J. Garner the support of high level leaders within the criminal justice system, service system, and community through engagement in partnerships to advance racial equity.
- K. Determine how the current effort best fits into other ongoing Dane County efforts to reduce racial disparities and maximize impacts.

Recommendations for RJIP Team Continued Support of the DPCAI

- L. The RJIP Team should provide support for the November 2015 conference on corporal punishment through engagement in planning, promoting, volunteering, etc.
- M. Support community outreach and education efforts related to the DPCAI.
- N. Expand the conversation beyond the CPS and criminal justice system partners through community conversations, conferences, billboards, written materials, continued meetings with the faith based community, and “world café” engagement sessions.
- O. Continue the efforts to increase transparency and communication among agencies that began with discussions of program design, goals and objectives, and eligibility criteria. In the coming years, it will be critical for the project to both conduct a robust program evaluation and to support the increased system collaboration.

Recommendations for Improving Future RJIP Efforts

- P. Assure that RJIP-funded projects have a solid foundation and have stabilized prior to initiating evaluation of outcomes. Considered in terms of the “stages of evaluation” outlined by Inga James during a presentation to RJIP sites, the DPCAI would be in Stage 1 (preparation). Prior to subjecting a program to outcomes evaluation, assure that the intervention is stable and there is consensus on goals/objectives, policies and procedures, use of evidence-based assessment tools, effective interventions, and stakeholder buy-in.
- Q. Allow sufficient time to conduct a valid evaluation. This report on program effectiveness is being required a little more than one year after the 12-24 month DPCAI intervention enhancement began and no participants have yet completed the enhanced services.
- R. Provide sufficient time/resources in funding cycles to accomplish necessary system-level collaboration to integrate program processes into the service system.
- S. Provide sufficient resources to fund the necessary program and intervention activities. The current RJIP funding was designated to support the program evaluation, but no resources were provided to the DA’s Office to operate the enhancement, participate in collaborative meetings, support DA Information Technology staff to collaborate in data system design (estimated at nearly 1,200 hours), or fund a larger systems-level communications strategy.

Appendices

- Appendix 1 DPCAI Program Description April 2015
- Appendix 2 Deferred Prosecution Offer Letters
- Appendix 3 Database and Automated Report Screen Shots
- Appendix 4 Summary of Participant Characteristics
- Appendix 5 ACT Parenting Scoring Method and Data Summary
- Appendix 6 “No Hit Zone” Materials
- Appendix 7 Corporal Punishment Conference Materials
- Appendix 8 DPCAI Brochure (drafted by American Bar Association)

Appendix 1: DPCAI Program Description April 2015



DANE COUNTY DISTRICT ATTORNEY'S OFFICE

Initiative to Address Corporal Punishment and
the Impact on Racial Disparities

Protecting
Children and
Helping to Create
Equitable
Communities

TABLE OF CONTENTS

SECTION ONE: Overview	Page 1
SECTION TWO: Research Statement	Page 3
SECTION THREE: Community and Professional Education	Page 7
SECTION FOUR: Child Abuse Deferred Prosecution Program	Page 10
SECTION FIVE: Outcomes and Future Hope	Page 15

SECTION ONE

OVERVIEW OF CORPORAL PUNISHMENT AND RACIAL DISPARITIES INITIATIVE

In 2012, the Dane County District Attorney's Office received almost double the number of overall child abuse referrals. This caused child abuse professionals to be gravely concerned for the safety and security of children in Dane County. Therefore, the District Attorney's Office began an examination of two profound issues in the criminal justice system and to the larger Dane County community; parental use of corporal punishment and racial disparities. How could these two issues be related or relevant to one another?

Corporal Punishment: intentional infliction of physical pain for the purposes of punishment.

Examples: slapping, hitting with objects, pinching, forcing to stand or maintain a position for a period of time, shaking, etc

For answers to these questions, the Dane County District Attorney's Office turned to the large body of academic research that now links parental use of corporal punishment to child abuse. Further, an equally significant body of research and literature point to increased aggression, antisocial behavior problems, future domestic violence, child abuse and criminal behavior as a direct consequence associated with experiencing corporal punishment as a child. In fact, this empirical data is so significant that in 1990 human rights organizations throughout the world worked with the United Nations to ratify and adopt the [Convention on the Rights of a Child](#)ⁱ. This resolution supports a full ban on all forms of physical violence

Children have a right to protection from being hurt or mistreated; they have a right to protection from all forms of violence, abuse, and neglect.

Article 19
UN Convention on the Rights of the Child

to children worldwide. Today, thirty nine countries worldwide have followed suit and banned corporal punishment which has led to an overall reduction in child abuse and future criminal behavior. In the United States, and therefore in Dane County,

Wisconsin corporal punishment of children remains a legal practice despite the overwhelming research that points to negative outcomes for children. The line between legal corporal punishment of children and criminal child abuse is left to the community to determine. The [Wisconsin state statutes define child abuse](#) as any intentional bodily harm to a child but builds in a privilege for parents to utilize corporal punishment if it remains **reasonable**. Juries who hear cases of intentional child abuse are asked to determine what whether a parent's action was **reasonable**. As information about the negative outcomes associated with parental use of corporal punishment becomes more widely disseminated this community standard is inevitably impacted as are the reports of child abuse.

Nationally, cases of child abuse and neglect that involve black children are reported to and substantiated by public child welfare agencies at a rate approximately twice that of cases that involve white childrenⁱⁱ. Between June 1, 2011 and June 1, 2012, the Dane County District Attorney's Office received 174 law enforcement referrals for physical abuse to a child, with the vast majority as the result of excessive use of corporal punishment. Of those referrals, 54% were minority offendersⁱⁱⁱ. When this percentage is compared with the minority population of 15% in Dane County, the disparity is clear^{iv}: More minority children were victims of abuse and more minority parents entered the criminal justice system. These disturbing numbers are sadly consistent with racial disparities currently impacting Dane County schools, businesses, human services, and the juvenile and adult criminal justice systems as highlighted in the 2013 [Dane County Race to Equity Report](#) issued by the Wisconsin Council on Children and Families^v.

The combination of this research and current realities led the District Attorney’s Office to wonder whether a paradigm shift in Dane County regarding the use of corporal punishment to alternative methods could and would impact racial disparities in the short and long term. Therefore, the Dane County District Attorney’s Office reached out to the larger Dane County system, the community and national experts in search for answers and solutions to these current concerns. In 2013, the Dane County Executive devoted a full time specialized position to the child abuse and racial disparities initiative which marked the beginning of a new restorative justice based project within the [Deferred Prosecution Program](#) (DPP) addressing the parental use of corporal punishment. In June 2013, the Racial Disparities Subcommittee of the Dane County Criminal Justice Council agreed to further tackle these issues and applied for and received a \$24,000 American Bar Association grant for a racial justice improvement project to evaluate and improve this new child abuse program in the DA’s Office. The [Racial Justice Improvement Project](#) (RJIP) team includes multidisciplinary administrators from the Dane County Board and Executive’s Offices, Circuit Court, [Dane County Sheriff’s Office](#), [Madison Police Department](#), [State Public Defender’s Office](#) and the [Dane County District Attorney’s Office](#). The RJIP team utilized the grant funds to hire the [University of Wisconsin Population Health Institute](#) to assist them in developing a logic model and corresponding data base to collect data on the new program. The Dane County District Attorney’s Office continues to collaborate with the RJIP team, systemic multidisciplinary team (MDT) members, faith leaders, national experts and the community to further develop the child abuse deferred prosecution program and continue a larger community conversation about the negative outcomes associated with corporal punishment.

“The cultural acceptance of violence [should] be decreased by discouraging corporal punishment at home... [because these] are models and sanctions of violence.”
– U.S. Surgeon General’s Workshop on Violence and Public Health

Children’s rights should be respected, protected and fulfilled.
Article 4
UN Convention on the Rights of the Child

Parents are responsible for the upbringing of their child and should always consider what is best for that child.
Article 18
UN Convention on the Rights of the Child

SECTION TWO

RESEARCH STATEMENT

Corporal punishment is no longer viewed by child psychologists or pediatricians as an effective form of discipline. Research indicates a significant link between corporal punishment and physical abuse. One study found that parents who utilize corporal punishment are nine times more likely to physically injure/abuse their children^{vi} and experiencing corporal punishment by their parents makes children more than 2 times as likely to suffer an injury requiring medical attention^{vii}. In a 2002 meta-analysis of numerous studies on corporal punishment, 85% of the studies indicated that corporal punishment is associated with less moral internalization and long term compliance. Both the meta-analysis and subsequent studies confirmed the association of corporal punishment with impairments in children's mental health including problems with anxiety and depression, alcohol and drug use, and general psychological maladjustment. Additionally, the association of corporal punishment to increased levels of antisocial behaviors applies regardless of the extent to which parents provide cognitive stimulation and emotional support, and regardless of socio-economic status, ethnic group, and sex of the child^{viii}. One 2010 report suggests that ending corporal punishment could result in 1,540,000 fewer cases of antisocial behavior problems^{ix}. Thirteen out of thirteen studies found corporal punishment to also be associated with eroded parent-child relationships^x.

Research consistently suggests that experiencing physical punishment directly causes children's levels of aggression to increase. The reasons may include that aggression is a reflexive response to experiencing pain, that children copy their parents' behavior and that children learn that violence is an appropriate method of getting what you want.^{xii} A study which used data from over 4,400 adults found that the more often respondents had experienced physical punishment as teenagers, the more likely they were to physically assault their partners as adults and to approve of violence (slapping a partner's face) in adult relationships.^{xiii} Another study found that parents who had experienced corporal punishment as children were more likely to approve of using corporal punishment on their own children and children whose parents approved of and used corporal punishment were more likely to approve of "spanking" and to think that hitting was a good strategy for resolving conflicts with their peers and siblings.^{xiv} In fact, many studies point to increased aggression, antisocial behavior problems, future domestic violence, future child abuse, and criminal behavior as direct consequences associated with experiencing corporal punishment.

Although many studies concentrate on more severe forms of corporal punishment, these associations have been shown to exist even where children experience corporal punishment infrequently. A study of 2,000 10-16 year olds in the USA found that the more often the young people had been "spanked", slapped or hit by parents or guardians in the past year, the more likely they were to have experienced psychological distress (including feeling sad, feeling alone and feeling bad about themselves). The association was significant at all levels of frequency of corporal punishment, including for young people who had experienced physical punishment once or twice in the past year. Those who experienced "frequent" corporal punishment (at least once a month) were also more likely to have been depressed in the past month. The study controlled for young people's experience of violence identified as abuse and for their age, gender and parent's income. The study also examined the effect of parental support (measured by young people answering questions such as "Do you and your parents have fun together?", "Do they trust you?" and "If you were in trouble would you talk to them?") and found that the association between experiencing frequent corporal punishment and psychological distress was greater when parents were more supportive: the difference in levels of psychological distress between frequently punished young people and those who were never physically punished was much greater among those with supportive parents. "The findings... suggest... that using physical punishment is not beneficial to the well-being of children or adolescents even in the context of a supportive parent-child relationship. In fact, this "loving" context may affect the meaning that children attach to the punishment, such that they are more likely to attribute it to their own failures and deficiencies, or experience the discipline as arbitrary and unexpected. Indeed, believing that "they spank me often because they love me" may be more distressing than believing that "they spank me often because we don't get along.""^{xi}

These outcomes are present in the short-term, while those experiencing corporal punishment are still children and in the long-term as they last into adulthood. Children who experience child abuse & neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.^{xv}

Between 1990 and 2006, there was a 48% decline in substantiated cases of physical abuse in the U.S. Researchers attribute this decline in part to the decline in corporal punishment, as there was a parent-reported decline in the use of corporal punishment between 1975 and 2002.^{xvi} Additional research with over 500 families demonstrated significant reductions in children's externalizing behavior problems as a direct result of decreases in parents' reliance on corporal punishment as discipline^{xvii}. A 2010 article noted that corporal punishment is no more effective than other techniques at achieving immediate compliance, and is in fact more likely to increase the negative child behaviors that parents intend to decrease by using it^{xviii}. In 1998, due to the overwhelming research regarding the negative consequences of corporal punishment, the [American Academy of Pediatrics](#) issued a recommendation that all parents be encouraged and assisted by pediatricians to utilize alternative discipline methods.^{xix} Therefore, pediatricians are now working with parents to develop a method other than corporal punishment to address undesirable behaviors in children^{xx}. The [American Academy of Child and Adolescent Psychiatry](#) issued a statement in 2012 stating that it "does not support the use of corporal punishment" and that they "should provide information to families about the hazards associated with corporal punishment and encourage and assist parents to modify behavior through other methods"^{xxi}.

According to a 2011 study, "black children are involved in reported and substantiated cases of child abuse and neglect at approximately twice the rate of white children."^{xxii} Until this study, it was unknown whether this was due to bias in reporting or that black children were at higher risk for abuse. The study concluded that black children are at higher risk of abuse and further recommended policies that target risk factors such as concentrated poverty, lack of available resources and cultural values that support corporal punishment. As such, efforts to reduce racial disparities in physical abuse referrals must also address these factors. Programming needs to be culturally responsive and geared toward alternative forms of discipline rather than simply prohibiting the use of physical punishment. An analysis of parents' motivation for using corporal punishment is essential to understanding how to provide alternative parenting techniques that still address genuine concerns parents have for their children. Author of *White Like Me*, Tim Wise, offers this hypothesis for why caregivers utilize corporal punishment:^{xxiii}

There is a "...deep and abiding fear that pumps like blood itself through the veins of black mothers in this country; especially when they are mothers of black men: the fear that persons in positions of authority -- most immediately police -- may well end the life of their man-child if they misinterpret a move, a look, a glance, a comment, or a smirk...So for black parents, even though they despair of allowing school officials -- who are typically white -- to discipline their children, let alone hit them, they often feel as though they have no choice. A paddle, after all, or the flat one one's hand will sting, it may even bruise, but it will not end one's life the way a bullet will. And for black parents, there is every reason to think that unless their children learn self-control at an early age, even if it has to be taught by way of a mechanism they'd rather not see dispensed, the risk of future catastrophe involving those same children will only grow...To be black is to feel the need to do whatever you think is necessary to keep your children alive because their longevity is anything but guaranteed."

Continued dialog regarding parental motivation for using corporal punishment is needed. Whether culture, economic status, education, and/or religion are the basis for the choices parents make, each holding environment represents diversity within our community and therefore should be researched, respected and understood prior to decision-making.

Children have the right to be free of cruel, harmful, or degrading punishment or torture.

Article 37
UN Convention on the Rights of the Child

SECTION THREE

COMMUNITY AND PROFESSIONAL EDUCATION

“Through our work in the community we have learned that, like us, community members see corporal punishment as a complex issue. The community struggles to define corporal punishment and to reach a consensus on acceptable versus unacceptable physical punishment, which makes these conversations all the more important. We have heard varying perspectives – from certainty that physical punishment should never be an option, to certainty that it’s the only and best option, and everything in between. We’ve learned that there are people who believe “this conversation was over years ago” and view any physical punishment as unacceptable, while others find it difficult to abandon a method of parenting they believe is effective and that has been passed down through generations. Throughout this process, we’ve also seen leaders step up and become willing to explore this issue, review the research, learn the effects, and as a result challenge their own beliefs and encourage their friends, family, and community to do the same. The research, including some from our backyard, is helping people to better understand long and short-term effects of physical punishment, and is influencing the way people view it. In our conversations it is evident that younger people are less likely to endorse the use of corporal punishment, and that tenor of the community is evolving in line with the research. Most importantly, our community is beginning to recognize the cost of corporal punishment – particularly as it affects racial disparity in the criminal justice system. For these reasons, it is imperative that the conversations continue, and that our community continues to challenge itself to adopt more effective, safer, and healthier ways of parenting.”

- Dane County District Attorney, Ismael Ozanne

Community Conversations

The DA’s office invited community members to conversations prior to and throughout the development process of this initiative. Initially, in 2013, many community members and area professionals were invited to participate in an informal dialog with staff regarding the issue of corporal punishment in the Dane County community, and obtained a baseline of perspectives on what corporal punishment is, how it affects people, whether it is acceptable, and what, if anything, the community can or should work to change regarding the use of this type of punishment. Throughout 2013 and 2014 DA’s office staff also presented outreach and education to local middle and high school groups, classes at [University of Wisconsin](#) and [Edgewood College](#), community service agencies, and law enforcement agencies. During these engagements, staff have elicited feedback from participants regarding their perception of the use of corporal punishment, whether it is a problem, and how it affects the community. This feedback has been closely considered and has assisted the office in determining steps to take as this initiative, and our community, moves forward.

Multidisciplinary Professional Training Initiatives

These conversation about the child abuse initiative and corporal punishment led to the creation of a conference for multidisciplinary professionals entitled *The Cultural Context of Corporal Punishment—Keeping Kids Safe* which was held on June 10 and June 11, 2014. This conference was a collaborative effort provided by: Dane County District Attorney’s Office, University of Wisconsin School of Medicine and Public Health, Department of Pediatrics, Office of Continuing Professional Development, Dane County Criminal Justice Council, Dane County Board of Supervisors, Bureau of Justice Assistance, American Bar Association, and American Family Children’s Hospital—Child Health Advocacy.

The first day of the conference involved a community conversation facilitated by Dr. Stacey Patton, which was open to the local faith community. It involved a structured talk, followed by audience discussion on the topic of corporal punishment and culture. The second day, led by Dr. Patton, Dr. Lisa Aronson Fontes, and Dr. Barbara Knox, was geared toward professionals, with the goal of explaining the impact of corporal punishment on child development in the context of research, history and culture, and to address the role of implicit bias as it relates to the topic. Therefore, the conference offered a forum where participants examined their own experiences, cultural beliefs and personal biases in order to identify at least one strategy to begin to move their own and their community’s approach toward more effective and positive, non-violent parenting strategies. Participants included: local and state leaders, community advocates, faith based leaders, medical professionals, human services professional, law enforcement, counselors/therapists, prosecutors, victim/witness specialists, corporation counsel, social workers and guardian ad litem. Both days of the conference were well attended. Highlights from conference participant’s comments included:

“I think this just starts the conversation that will continue for a long time.”

“I left feeling inspired to make change not only in my work but also my community. She gave me the tools to apply change as well.”

“Thank you to the planning committee for developing this very important and useful training. I walked away with new information and greater insight into CP and the need for more awareness, education, and action around this issue.”

“I came to the conference with an open mind. Overall the training met and exceeded my expectations. My knowledge of the back story of Corporal Punishment increased tremendously, including the research, science and the negative implications of engaging in Corporal Punishment as a form of discipline. The conference also gave me the tools I needed to be an agent for change.”

“This conference was a great starting point for conversations in our community.”

“All of the information was very useful, from highlighting the short and long term effect of corporal punishment to brainstorming about what solutions we could come up with for our personal jobs and our community as a whole.”

Based on the positive feedback from conference participants a second conference is planned for November 19 and 20, 2015. The goal will be for participants to understand how ethnic and religious cultures affect caretakers’ use of corporal punishment, and how to work responsively with culturally diverse families; participants will also examine how personal biases may influence their work and learn how corporal punishment affects physical and emotional development. The conference will include two full days of structured learning, as well as an evening community conversation open to the public. The goal of the community conversation is to enlist leaders in the community to engage in thoughtful dialog regarding their experiences, cultural values, and belief systems, while offering a safe space to challenge inaccurate assumptions. The hope is that community members will take this discussion to the wider community to activate a movement toward non-violent parenting.

Public Service Announcement

American Family Children's Hospital and the Dane County District Attorney's Office collaborated to create a public service announcement (PSA) educating the public about the negative outcomes associated with parental use of corporal punishment on children. This PSA aired on local radio stations for two weeks in the summer of 2014. In the fall of 2014, the [US Alliance to End the Hitting of Children](#) assumed sponsorship and today the PSA can be [heard](#) on national and local websites and during professional training conferences. The announcement reads as follows:

"Hi my name is Ismael Ozanne and many of you may know me as the Dane County District Attorney. I am also a husband and father of two young daughters.

I am asking you to make the choice my wife and I made - to not use physical punishment with your children.

Many of us are not aware that over 16 years ago, the American Academy of Pediatrics urged doctors to recommend that parents not use physical punishment on their children. Today, over 100 years of research on children and families supports this recommendation.

*Well-meaning parents may use physical discipline intending to teach their children to make good choices. But we **now** know that physical discipline actually leads to **more** disobedience and aggressive behaviors in children.*

We all want what is best for our kids. Today, we know what is best for kids is parenting based on respect, mutual understanding and logic rather than fear of physical pain.

Please join me in learning more about positive parenting and creating a violence-free home."

No Hit Zone

DA's office staff members were trained on implementation of a No Hit Zone (NHZ) in August of 2014. [Brochures](#), magnets, and signs related to the No Hit Zone were developed, and can be found throughout the lobbies of the DA's office public spaces.

The office announced the commencement of the No Hit Zone with the following statement on their [public website](#):

*Dane County District Attorney Ismael Ozanne is proud to announce that the District Attorney's Office, including its public lobbies, is now a **No Hit Zone**. The **No Hit Zone** initiative stems from the District Attorney's Office commitment to reducing the use of corporal punishment to discipline children because of the proven negative outcomes associated with such punishments. Corporal punishment of children puts children at risk of developing increased aggression, antisocial behavior, and mental health problems, as well as physical injury^{xxiv}. Ending the use of corporal punishment will reduce the risk that any given child will suffer child abuse, or engage in criminal conduct as an adult or juvenile.*

***No Hit Zones** represent an explicit and public call to all people in those environments to refrain from the use of violence. The purpose of the Dane County District Attorney's Office **No Hit Zone** is to create and reinforce an environment of safety and comfort for all people who come into the District Attorney's Office and its public spaces. The District Attorney's Office invites other agencies, businesses, schools and families to decide that they, too, want to live, work and learn in **No Hit Zones**.*

*With this commitment in mind, the Dane County District Attorney's Office joins children's hospitals across the country, such as the University of Louisville-Kosair Children's Hospital, University of Michigan - C.S. Mott Children's Hospital, Children's Mercy Hospitals in Kansas, and Gunderson Health System in La Crosse, WI, in establishing a safe and violence free zone, especially for children, with the introduction of the **No Hit Zone**.*

In addition to in-house staff training, DA staff provided training on the Not Hit Zone to local law enforcement agencies – some of whom are moving forward with establishment of their own No Hit Zones.

The NHZ magnet (right) has proven to be exceptionally popular, with many children and families taking one for their own home. It has also elicited questions and conversations about the NHZ and the use of physical punishment.



SECTION FOUR

CHILD ABUSE DEFERRED PROSECUTION PROGRAM

Service Gap

In addition to law enforcement investigations, the [Dane County Department of Human Services - Child Protective Services Unit](#) (CPS) is responsible for assessing safety when a report of intra-familial physical abuse is received. Because child safety is the mission of CPS, immediate interventions are implemented to address parenting approaches and family reunification. Historically, the criminal justice system has not operated as expeditiously, and has missed opportunities to collaborate with CPS and send a unified, clear and consistent message to families, provide additional incentive for parents to embrace services, and efficiently utilize scarce resources by minimizing replication of services. The traditional criminal justice system has, in the past, also failed to explore less punitive and more productive responses to physical punishment resulting in criminal conduct, immediately address child protection without prohibiting contact between parents and children through bail orders, or aim to coordinate meaningful services for families in a way that will spare defendants high legal costs that further stress families.

With the Deferred Prosecution Child Abuse program, the District Attorney's Office examined these gaps, and now aims to work collaboratively with CPS in an effort to expedite appropriate criminal cases in which offenders are arrested for Intentional Physical Abuse to a Child where excessive physical punishment is the presenting issue. This shift allows for enhanced communication between systems resulting in more comprehensive, less duplicative services for parents, and greater parental acceptance of and involvement in programming due to reinforcement from the criminal justice system. Both parents and their children are likely to receive short-term and long-term benefits from a deferred prosecution model providing more timely interventions focusing on alternative, non-violent parenting methods. Additionally, this program takes into account the reality that, in most low-level child abuse cases, a defendant is not going to be incarcerated for a long period of time and that children are not going to be permanently removed from a parent's care.

Program Mission Statement

“To provide meaningful criminal justice diversion programming for parents who have been arrested for child abuse following an incident of excessive use of corporal punishment. This multi-generational initiative will strive to have a short and long-term impact on child safety and protection, racial disparities, belief systems regarding violent parenting practices and decreasing future criminal behaviors.”

Program Goals and Objectives

The graphic in Figure 1 details the overall goals and objectives for the program. In addition to these explicit goals and objectives, the underlying goals remain to reduce corporal punishment in this community, and to have a multi-generational impact on reducing racial disparities in the criminal justice system. Due to the disproportionate number of minorities referred to the Dane County District Attorney’s Office, it is expected that this initiative will impact short-term and long-term racial disparities in the criminal justice system in concert with other county-level efforts.

Eligibility Criteria

DA’s office staff worked collaboratively with many other agencies in the community, including the Department of Human Services – Child Protective Services and the State Public Defender’s Office, to develop appropriate eligibility criteria for the Child Abuse Initiative. The eligibility guidelines were developed with the intent to engage appropriate defendants and impact disparities, while also assuring public safety and victim protection.

These guidelines assist staff in determining overall eligibility for the program and provide guidance for the different approaches the office may take in handling a case. The guidelines take into consideration many factors including the severity of the current incident, the chronicity of similar behaviors, prior criminal and human services history, and acceptance of responsibility for the behavior by the participant. Cases are typically approached in one of three ways: by offering a DPP contract prior to issuing charges where the result of successful contract completion is no charges ever issued, by offering a DPP contract post-charging with successful completion resulting in dismissal of charges, and by offering a DPP contract post-charging with successful completion resulting in reduction of charges. Each of these approaches also has guidelines to address child protection by way of bail conditions, court orders, or contract conditions. It is important to note that all offers for DPP involvement are contingent on compliance with [WI State Statutes Chapter 950 Victim’s Rights](#).

Victims have the right to have his or her interest considered; to have the opportunity to consult with intake workers, district attorneys and corporation counsel; to receive information about the case; to make an impact statement; and to provide the court with information pertaining to the economic, physical and psychological effects of the crime and have that information considered by the court.

Wisconsin State Statutes
Chapter 950.04 – (paraphrased from) Basic bill of rights for victims and witnesses

Figure 1. Child Abuse Program Goals and Objectives

- Goal A: Provide an opportunity for eligible caregivers to participate in an alternative to the formal criminal justice response to physical abuse of a child due to the use of corporal punishment
- A1: Increase the number of DPP offers through pre-charge, post-plea, and reduction referrals
- A2: Referred defendants will successfully complete DPP contracts
- Goal D: Strive to offer all participants services that will promote positive change, and are appropriate to their needs, abilities, goals, history, and offense
- D1: Increase the number of signed contracts that incorporate treatment services for defendant (and victim if appropriate and warranted)
- D2: Utilize providers that commit to using best practices with regard to their particular service/intervention
- D3: Provide referral to comparable evidence based parenting program regardless of payment method
- D4: Participants will complete exit survey to assess their program experience

- Goal B: Strive to coordinate and provide culturally responsive service for defendants and victims
- B1: Refer to providers that have been identified as culturally responsive (based on training, plan, language and familiarity with cultural group)
- B2: Promote cultural competence among system professionals and the criminal justice system through collaborating with other agencies to provide a conference focusing on cultural responsiveness
- B3: Utilize a culturally sensitive approach to assessing and referring participants
- B4: Provide ongoing training to DA's Office staff to address racial bias and systemic disparities

- Goal C: Strive to provide service delivery and referrals as close in time to incident as possible
- C1: Determine eligibility for CAI within 1 week of referral for charges by law enforcement
- C2: Offer for CAI within 2 weeks of eligibility determination
- C3: Participants signs contract within 6 weeks of referral for charges
- C4: Refer defendant for services or confirm active services within 1 week of contract signing

- Goal E: Eliminate the use of corporal punishment by participants
- E1: Select providers with zero-tolerance approach to corporal punishment/physical punishment, educate participants on positive, non-violent parenting alternatives, and educate on child development
- E2: Each defendant will sign a contract agreeing to no use of CP/physical punishment, and will agree to participate in approved parenting program
- E3: Participants will demonstrate a change in endorsement of the use of CP/physical punishment
- E4: Child abuse specialist and other DPP counselor(s) will become certified ACT facilitators and provide ACT group to eligible participants
- E5: Participants will have no new referrals to Human Services or Law Enforcement for use of CP/physical punishment from program admission to 1 year post successful contract completion

- Goal F: Provide information about and referrals to appropriate social services to assist the child victim and family to cope with the emotional impact of the crime, through collaboration with CPS
- F1: Utilize forensic interviews for child victims in order to preserve the case and assure access to appropriate services based on identified needs
- F2: Collaborate with CASA on appropriate cases to promote protection of children
- F3: Confirm active services or refer children for services based on needs identified during CAI eligibility and intake assessment process

Program Operation

Once caregivers are determined eligible and are referred to Deferred Prosecution, they begin the intake process. This process begins with a screening or pre-screening with a DPP specialist aimed at learning more about that individual and their family, culture, beliefs, needs, strengths, abilities, goals, and challenges. Accepted caregivers are then invited to sign a DPP contract, which includes conditions (or requirements) necessary for that individual to complete in order to successfully complete the program. In addition to conditions that are standard to all DPP contract there are also requirements catered to the individual and the information learned during the screening process. Therefore, each participant is referred to education and/or treatment services that are expected to best meet their (and their family's) identified needs and goals. Every caregiver involved in the Child Abuse Program is required to participate in a parenting program though the modality may vary depending on that participant and their family's needs. Participants may also have requirements related to mental health, AODA, anger management, aggression, or trauma services, involvement with Court Appointed Special Advocates (CASA), family therapy, facilitation of treatment for the child, participation in a victim impact circle, and employment, literacy, housing stabilization, or education services. The program also has a focus on ensuring that the child victim, when still residing with the parent (participant) has access to appropriate treatment services and is involved in services if needed and appropriate.

Contract length is informed by both the length of time necessary to fulfill requirements, and by the severity and chronicity of the offense behavior. Participants are monitored by a DPP specialist through monthly (or more frequent) contacts, and feedback from providers, as well as victims, and other collateral contacts in some cases.

Children have the right to receive services to promote physical and psychological recovery when they are a victim of any form of neglect, exploitation, abuse, torture, or any other form of cruel, degrading treatment or punishment. Attention should be paid to restoring health, self-respect, and dignity for that child.

Article 39
UN Convention on the Rights of the Child

In-House Services

Some participants engage in their required parenting services directly through DPP by way of an in-house parenting group developed to meet a need that was recognized early on in the program. This group provides a convenient parenting program for those who lack insurance that covers services at local agencies and are unable to pay out of pocket. This program is facilitated by DPP specialists who have been trained in the [Adults and Children Together \(ACT\): Raising Safe Kids](#) program developed by the [American Psychological Association](#).



The office is also currently working toward integration of restorative circles in order to facilitate better understanding of harm and impact on victims.

Commitment to Cultural Responsiveness

The Dane County DA's Office continues to respect all individual's rights to participate in diversion programming regardless of race, color, national origin, sex, religion, disability and age. As the Child Abuse Program continues to develop, it seeks to continue to explore the role of culture on parental discipline and physical punishment. A review of child abuse cases from June 2011 to June 2012 demonstrated that a disproportionate number of minority offenders were referred to the DA's Office for child abuse charges. Additionally, research suggests that children of color are at higher risk of abuse. With this in mind, the child abuse program endeavors to provide an alternative criminal justice response through which a family's culture is explored and honored, while also integrating services to assist the family in adopting healthier, non-violent parenting strategies. Additionally, the DA's Office will continue to support and collaborate on professional training opportunities that focus on culturally responsive service delivery, and selects providers who demonstrate a similar focus.

Due to the disproportionality of minority families referred to the DA's Office it is expected that the Child Abuse Program will impact short-term and long-term disparities in the criminal justice system. This impact will come by providing family's with a response that can result in reduction or dismissal of charges (or no charges) having a direct effect in the short-term on the parent, and by reducing the prevalence of corporal punishment, which is known to lead to increases in delinquent behavior and future criminal activity, having a direct short and long term impact on the children.

Commitment to Child Protection

In order to assure child protection, the DA's Office works collaboratively with CPS early on to identify appropriate contact permissions or restrictions for parents and children involved in the child abuse program. This is done through the use of DPP contract conditions, and in some cases bail orders. The program also prohibits physical punishment, and encourages exploration of belief systems regarding violent parenting practices and adoption of non-violent methods. When appropriate, DPP contracts include involvement with volunteers from CASA, who assist in ensuring a safe environment for the children in the home when CPS is no longer involved with the case. When appropriate and warranted, participants are also required to facilitate the victim's involvement in individual, group or family treatment services to promote healing.

In all actions concerning children, the best interests of the child shall be a primary consideration.

Article 3
UN Convention on the Rights of the Child

SECTION FIVE

OUTCOMES

As of February, 2015 the Dane County Deferred Prosecution Child Abuse Initiative (DPCAI) has been a successful pilot effort that is ready to be taken to full implementation. DPCAI has effectively enhanced a program to offer deferred prosecution to persons charged with child abuse due to excessive use of corporal punishment. It allows caregivers to gain parenting skills to replace the use of corporal punishment, changing long-held attitudes leading to subsequent behavior change. Required services are catered to the individual participant and their family's needs, and often include services that they may not otherwise know how to access. Successful completion of program requirements allows the participant to avoid the stigma and associated negative societal outcomes (on employment, housing, etc.) associated with a criminal conviction by having charges reduced, dismissed, or avoided altogether.

Preliminary analyses suggest that the initiative has increased speed of processing for these cases, offering participants the opportunity to more quickly resolve their cases. Additionally, this program has improved services for children involved in these cases by providing enhanced coordination with Child Protective Services, timely use of forensic interviews, use of the Court Appointed Special Advocates program, and referrals to necessary treatment and support services.

In addition to these individual-level factors, DPCAI has also initiated a variety of system-level and community-level activities during the past year in efforts to impact disparities. Adjustments in eligibility criteria over the past year will likely increase the number of pre-charging referrals to the program, meaning that additional participants will have a chance to avoid charges (dependent on successful completion). High-level collaboration has improved service coordination, created a "No Hit Zone" in the district attorney's office, created a public service announcement, coordinated a successful professional conference on corporal punishment and racial bias, and conducted extensive community outreach to local organizations.

It is important to keep in mind that this program aims to address two important challenges, corporal punishment and racial disparities, both of which have negative impacts on the children in our community. Although the effect on corporal punishment can be more readily observed, the extent to which DPCAI directly reduces disparities cannot be determined at this early stage of implementation. However, it is expected that the impacts of this initiative will be evident through the diversion of cases that may otherwise have been routed through the traditional criminal justice system, and in longer term positive outcomes for children, improvements to the system of care for parents and families, community education to change attitudes and norms related to corporal punishment, and integration of DPCAI into larger county-wide efforts to reduce disparities.

FUTURE HOPE

The Dane County DA's Office embraces the opportunity to continue to collaborate with additional community partners. The hope is that the outcomes of this project, along with the collective efforts of many other programs within our community, will be far-reaching, and reduce the negative outcomes associated with corporal punishment and reduce racial disparities in the criminal justice system. The office welcomes participation in an on-going community conversation in an effort to reduce crime, protect children and support families, address racial disparities within the criminal justice system, and enhance community services. We are hopeful this collaborative initiative will result in shared understanding and shared responsibility for all members of our community, beginning with children.

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Appendix 2: Deferred Prosecution Offer Letters

All individuals referred to DPCAI are screened for eligibility, and if eligible, the assigned prosecutor may extend an offer to participate in the DPCAI via the assigned defense attorney. For individuals without a defense attorney, the prosecutor may extend an offer of potential participation in the DPCAI directly and also encourage the individual to seek legal counsel and provide information on the avenues to obtain counsel.

The Dane County District Attorney's Office has developed fillable forms available to prosecutors through the statewide PROTECT data system. Use of the preformatted letters enhances the speed with which attorneys can inform defendants of the deferred prosecution opportunity. Different offer letters can be sent based on the three-tiered eligibility criteria and the type of opportunity offered by the DA's Office (pre-charging, dismissal, reduction, etc.). Examples of the preformatted letters are included in this appendix.

The following DPCAI offer letters are included in this appendix:

- Letter #1: Dismissal Offer Letter for Attorney
- Letter #2: Dismissal Offer Letter for Defendant
- Letter #3: Pre-Charge Offer Letter for Defendant
- Letter #4: Reduction Offer Letter for Attorney
- Letter #5: Reduction Offer Letter for Defendant



Dane County
District Attorney's Office
 ISMAEL R. OZANNE • DISTRICT ATTORNEY



PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR
Letter #1

[Current Date]

[Defense Attorney Name]
 [Defense Attorney Address]

RE: State of Wisconsin v. [Defendant Name]
Court Case No. [Court Case Number]

Dear Attorney [Defense Attorney Name]:

After reviewing this case, I am willing to settle with a referral to the Dane County District Attorney's Office Deferred Prosecution Program (DPP). Based upon the information reviewed, your client would be an appropriate candidate for this program.

To enter the program, your client would be required to enter a plea of guilty to the issued charge of _____, but would not be adjudicated guilty. Instead, your client would enter into a contract with DPP requiring that he/she follow through with various conditions that may include treatment and/or educational programs, involvement with Court Appointed Special Advocates, and individual and family therapy and/or any other conditions determined by the DPP counselor. If your client successfully completes all requirements of the contract in DPP, the case would be dismissed. However, if your client fails to successfully complete the program, or discontinues for any reason, the State will find them guilty based upon their prior plea and will proceed with sentencing.

Please consider this opportunity and notify me of your client's intentions by _____. If your client chooses to accept this offer, he/she will need to contact the Deferred Prosecution Program at (608)284-6896 to request an initial appointment by _____. If we do not hear from you or your client regarding the decision within that time frame, we will assume that he/she has declined the offer and will proceed with trial.

Additional information about the Deferred Prosecution Program can be found on our website at www.countyofdane.com/da/deferred_prosecution.aspx.

If you have any additional questions or concerns, please do not hesitate to call.

Sincerely,

[Assistant District Attorney Name]
 Assistant District Attorney

Letter #2

[Date]

Dane County Courthouse 215 S. Hamilton Street Room 3000 Madison WI 53703-3297
 Ph (608) 266-4211 Fax (608) 267-2545 <http://www.co.dane.wi.us/daoffice/dahome.htm>



Dane County
District Attorney's Office
 ISMAEL R. OZANNE • DISTRICT ATTORNEY



PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR

[Defendant Name]
 [Defendant Address]

RE: State of Wisconsin v. [Defendant Name]
Court Case No. [Court Case Number]

Dear Mr./Ms. [Defendant Name]:

I represent the State of Wisconsin. I am not your attorney. If you already have an attorney, please forward this letter to that person. If you do not have an attorney, please know that you have the right to have an attorney, but you may also choose to proceed without one. If you cannot afford an attorney, you can apply for the services of the State Public Defender and may contact them at (608)266-9150. If rejected by them, you can apply for a court-appointed attorney.

The [Police Agency Name] referred this case to the Dane County District Attorney's Office to review for criminal charges. After reviewing this case and consulting with staff from the Department of Human Services, I am willing to settle this case with a referral to the Dane County District Attorney's Office Deferred Prosecution Program (DPP). Based upon the information reviewed, you would be an appropriate candidate for this program. This would require an entry of a plea of guilty on your part, to the charge of _____, but you would not be adjudicated guilty. Instead, you would be referred for services in the Deferred Prosecution Program. In DPP, you would enter into a contract requiring you to follow through with various conditions that may include treatment and/or educational programs, involvement with Court Appointed Special Advocates, and individual and family therapy and/or any other conditions determined by the DPP counselor. If you successfully complete all requirements of the contract in DPP your case would be dismissed. However, if you fail to successfully complete the program, or discontinue for any reason, the State will find you guilty based upon your earlier plea, and will proceed with sentencing.

This is a voluntary program, and you may choose not to participate. However, you should be advised that choosing not to participate will result in the State proceeding with trial and sentencing. Please consider this opportunity carefully, and consider consulting with an attorney if you do not currently have one.

If you choose to accept this offer, you will need to notify me of your acceptance by _____. You will also need to contact the Deferred Prosecution Program at (608)284-6896 to request an initial appointment by _____. If we do not hear from you regarding your decision, or you fail to request an appointment by the above dates, we will assume that you have declined the offer. This would result in continued court proceedings and sentencing.



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PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR

Additional information about the Deferred Prosecution Program can be found on our website at www.countyofdane.com/da/deferred_prosecution.aspx.

If you have any additional questions or concerns, please do not hesitate to call.

Sincerely,

[Assistant District Attorney Name]
Assistant District Attorney



Dane County
District Attorney's Office
 ISMAEL R. OZANNE • DISTRICT ATTORNEY



PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR
Letter #3

[Date]

[Defendant Name]

[Defendant Address]

RE: State of Wisconsin v. [Defendant Name]
Court Case No. [Court Case Number]
Agency Case No. [Agency Case Number]

Dear Mr./Ms. [Defendant Name]:

I represent the State of Wisconsin. I am not your attorney. If you already have an attorney, please forward this letter to that person. If you do not have an attorney, please know that you have the right to have an attorney, but you may also choose to proceed without one. If you cannot afford an attorney, you can apply for the services of the State Public Defender and may contact them at (608)266-9150. If rejected by them, you can apply for a court-appointed attorney.

The [Police Agency Name] referred this case to the District Attorney's Office to review for criminal charges. After reviewing this case, and consulting with staff from the Department of Human Services, I am willing to settle with a referral to the District Attorney's Office Deferred Prosecution Program (DPP) pre-charging, or prior to issuing criminal charges in the matter. Based upon the information reviewed, you would be an appropriate candidate for this program.

Participation in the Deferred Prosecution Program would require that you enter into a contract requiring you to follow through with various conditions that may include treatment and/or educational programs, involvement with Court Appointed Special Advocates, and individual and family therapy and/or any other conditions determined by the DPP counselor. If you choose to accept and successfully complete the program no charges will be filed. However, if you fail to successfully complete the program, or discontinue for any reason, the State may proceed with formal charging.

This is a voluntary program, and you may choose not to participate. However, you should be advised that choosing not to participate will result in the State proceeding with potential issuance of criminal charges. Please consider this opportunity carefully, and consider consulting with an attorney if you do not currently have one. If you choose to accept this offer, you will need to contact the Deferred Prosecution Program at (608)284-6896 to request an initial appointment by . If we do not hear from you



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PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR
regarding your decision within that time frame, we will assume that you have declined the offer, and we will proceed with a formal charging decision.

Additional information about the Deferred Prosecution Program can be found on our website at www.countyofdane.com/da/deferred_prosecution.aspx.

If you have any additional questions or concerns, please do not hesitate to call.

Sincerely,

[Assistant District Attorney Name]
Assistant District Attorney



Dane County
District Attorney's Office
 ISMAEL R. OZANNE • DISTRICT ATTORNEY



PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR
Letter #4

[Current Date]

[Defense Attorney Name]
 [Defense Attorney Address]

RE: State of Wisconsin v. [Defendant Name]
Court Case No. [Court Case Number]

Dear Attorney [Defense Attorney Name]:

After reviewing this case, I am willing to settle with a referral to the Dane County District Attorney's Office Deferred Prosecution Program (DPP). Based upon the information reviewed, your client would be an appropriate candidate for this program.

To enter the program, your client would be required to enter a plea of guilty to the issued charge of _____, and would be adjudicated guilty. Your client would then enter into a contract with DPP requiring that he/she follow through with various conditions that may include treatment and/or educational programs, involvement with Court Appointed Special Advocates, and individual and family therapy and/or any other conditions determined by the DPP counselor. If your client chooses to accept and successfully completes the Deferred Prosecution Program, the charge(s) would be reduced to _____, a misdemeanor. However, if your client fails to successfully complete the program, or discontinues for any reason, the State will proceed with sentencing based on the prior guilty plea to the felony charge.

Please consider this opportunity, and notify me of your client's intentions by _____. If your client chooses to accept this offer, he/she will need to contact the Deferred Prosecution Program at (608)284-6896 to request an initial appointment by _____. If we do not hear from you or your client regarding the decision within that time frame, we will assume that he/she has declined the offer, and will proceed with trial.

Additional information about the Deferred Prosecution Program can be found on our website at www.countyofdane.com/da/deferred_prosecution.aspx.

If you have any additional questions or concerns, please do not hesitate to call.

Sincerely,

[Assistant District Attorney Name]
 Assistant District Attorney

Letter #5

Dane County Courthouse 215 S. Hamilton Street Room 3000 Madison WI 53703-3297
 Ph (608) 266-4211 Fax (608) 267-2545 <http://www.co.dane.wi.us/daoffice/dahome.htm>



Dane County
District Attorney's Office
 ISMAEL R. OZANNE • DISTRICT ATTORNEY



PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR

[Date]

[Defendant Name]

[Defendant Address]

RE: State of Wisconsin v. [Defendant Name]
Court Case No. [Court Case Number]

Dear Mr./Ms. [Defendant Name]:

I represent the State of Wisconsin. I am not your attorney. If you already have an attorney, please forward this letter to that person. If you do not have an attorney, please know that you have the right to have an attorney, but you may also choose to proceed without one. If you cannot afford an attorney, you can apply for the services of the State Public Defender and may contact them at (608)266-9150. If rejected by them, you can apply for a court-appointed attorney.

The [Police Agency Name] referred this case to the Dane County District Attorney's Office to review for criminal charges. After reviewing this case, and consulting with staff from the Department of Human Services, I am willing to settle this case with a referral to the Dane County District Attorney's Office Deferred Prosecution Program (DPP). Based upon the information reviewed, you would be an appropriate candidate for this program. To enter the program, you would be required to enter a plea of guilty to the issued charge of _____, and would be adjudicated guilty. You would then enter into a contract with DPP requiring that you follow through with various conditions that may include treatment and/or educational programs, involvement with Court Appointed Special Advocates, and individual and family therapy and/or any other conditions determined by the DPP counselor. If you choose to accept and successfully complete the Deferred Prosecution Program, the charge(s) would be reduced to _____, a misdemeanor. However, if you fail to successfully complete the program, or discontinue for any reason, the State will proceed with sentencing based on the prior guilty plea to the original charge.

This is a voluntary program, and you may choose not to participate. However, you should be advised that choosing not to participate will result in the State proceeding with trial and sentencing. Please consider this opportunity carefully, and consider consulting with an attorney if you do not currently have one. If you choose to accept this offer, you will need to notify me of your acceptance by _____. You will also need to contact the Deferred Prosecution Program at (608)284-6896 to request an initial appointment by _____. If we do not hear from you regarding your decision, or you fail to request an



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PATRICIA HRUBESKY • DEFERRED PROSECUTION DIRECTOR
appointment, by the above dates, we will assume that you have declined the offer. This would result in trial and sentencing.

Additional information about the Deferred Prosecution Program can be found on our website at www.countyofdane.com/da/deferred_prosecution.aspx.

If you have any additional questions or concerns, please do not hesitate to call.

Sincerely,

[Assistant District Attorney Name]
Assistant District Attorney

Appendix 3: Screenshots of the DPCAI Database

Database Overview

UWPHI collaborated with staff at the DA's Office to develop an Access database to collect and document participant-level data. At the point when UWPHI evaluation staff joined the project team in February 2014, information technology staff in the DA's Office had already begun to develop a participant-level database specifically for DPCAI. However, without clearly articulated goals and measurable objectives at that time it was necessary to reach consensus on the goals and objectives before proceeding to further develop the data system. The development, pilot testing, and revision of the database continued for the entirety of 2014 to assure both the accurate operationalization of measures and the inclusion of valid measures in the data system to address the objectives.

The resulting Access database is a high quality data system that resides on the DA's network, with links to the PROTECT data system and CCAP data system to integrate and utilize existing data to auto-populate some measures. This attachment contains example screens from the DPCAI database. DPCAI staff have been responsible for collecting data and maintaining database, with data quality review/support from evaluation staff. Staff at the DA's Office have also developed automated reports within the database to allow DPCAI staff to assess progress toward program objectives without external assistance. It is anticipated that DPCAI will continue to use the data system to document program activity going forward.

Database Content

The Access database developed for documenting and collecting participant-level information contains a vast amount of information for each of the DPCAI participants. Some of the fields in the database are automatically filled based on the information from the PROTECT data system. This database includes fields to document and collect participant-level information regarding:

- Participant demographics
- Participant diagnoses (drug, alcohol and mental health) and treatment history
- Governing offense information
- Corporal punishment incident information
- Criminal history
- Past and current involvement with Child Protective Services and other child services
- Assessment information (Adverse Childhood Experiences, criminal risk)
- Dates of completion for program processes
- Fees and restitution payment tracking
- Deferred Prosecution Agreement conditions and treatment
- Tracking of conditions and treatment completion and engagement
- Chronological log
- Case notes
- Victim demographic information
- Program completion information

The Access database also includes several reports that the DA's Office will be able to use to summarize participant-level information in the future. These reports include missing data reports for continuous data quality purposes, and reports to summarize the participant information and goals and objectives similar to the way that the summaries appear in this report. The following pages include screenshots of the database screens and report functions. It is important to note that only the main screens and reports from the database are included in these screenshots, subtables, subscreens, and all drop-down menu options are not included in these screenshots.

Partial Screen Shots of DPCAI Participant Database (not all drop-downs or subtables included)
 Data system developed by the Dane County District Attorney's Office Information Technology staff and the University of Wisconsin Population Health Institute

DPCAI Screen shots June 2015

DPU Case Information

Exit to Main Menu
Save

Program Status

Status Date

General Case Overview
Participant Information
Fees/Restitution
Corporal Punishment
Victim Information
Conditions And Treatment
Chrono Log
Case Notes

ID

** Indicates a required field*

Last Name*

Middle*

First Name*

Suffix*

DOB*

Age as of today

Gender*

Race From PROTECT Case*

To associate additional DA case numbers to the DPU case, please manually add them below.

DA Case #

* DPU Case #

* Referral Type

Date of Law Enf. Referral

Date DPU Determined Eligib.

Date Offer Made to Def

Date of Defendant Response

Date Offered Intake/Pre-Screen Appt

Pre-Screen Assessment Date

Intake Assessment Date

Ch950Compliance

Safe Harbor Interview

MDT Collaboration Date

Has Attorney

Referred for SPD Consult (Date)

Legal Consult Received (Date)

Represented By

Judge

DPU Case Information

Exit to Main Menu

Save

Program Status
Status Date

View Eligibility Criteria

All Eligibility Criteria Met

DPU Counselor
Contract Start Date
Contract End Date
Date Ref to Services
Contract Extension

CASA Involved

CPS Status for Current Case

Screened In/Out
Substantiated/
Unsubstantiated
CHIPS Petition Filed

Rejection Reason

Reason for Not Appropriate:

Reason for Def Decline:

Eligibility Criteria Not Met:

Program Disposition

Disposition Date

Exit Survey Provided

Completion Details

Back To Court Details

DPU Case Information

Program Status

 Status Date

[Save](#)

Self-identified Race(s)

Ethnicity/Nationality

Current Marital Status

Current Residence

Children

Religion

Education Level

School Status

Occupation

Employment Status

Gross Annual Individual Income

Gross Annual Household Income

Health Insurance

Child Support Ordered

Public Assistance Receiving

Veteran

DPU Case Information

Exit to Main Menu

Save

Program Status
Status Date

<input type="checkbox"/> Mental Health Issues Primary MH Diagnosis Code	<input type="checkbox"/> History of Being Medicated <input type="checkbox"/> Currently Medicated	<input type="checkbox"/> AOD Issues Primary AOD Diagnosis Code Primary AOD Diagnosis Desc Primary Drug of Choice	Treatment Experience
<input type="checkbox"/> Currently Seeing Counselor/Psychiatrist <input type="checkbox"/> Saw Counselor/Psych in the Past <input type="checkbox"/> Medical Problems	ACE Criteria Experienced		Total ACE Score

DPU Case Information

[Exit to Main Menu](#)

Program Status

Status Date

<input type="checkbox"/> Prior CPS Reports Number <input type="text"/>	<input type="checkbox"/> Ticketed In Past <input type="text"/>
<input type="checkbox"/> Prior CPS Reports Screened In <input type="text"/>	<input type="checkbox"/> Prior Juvenile Offenses <input type="text"/>
<input type="checkbox"/> Prior CPS Reports Substantiated <input type="text"/>	<input type="checkbox"/> Prior DPU Participation <input type="text"/>
<input type="checkbox"/> Kids Removed From Home In Past <input type="text"/>	<input type="checkbox"/> Prior Misd. Convictions <input type="text"/>
<input type="checkbox"/> PriorBanFromContactWithChildren <input type="text"/>	<input type="checkbox"/> Prior Felony Convictions <input type="text"/>
	<input type="checkbox"/> Age At First Arrest <input type="text"/>
	<input type="checkbox"/> No. of Prior Adult Arrests <input type="text"/>
	<input type="checkbox"/> LSI Score <input type="text"/>

DPU Case Information

Program Status
Status Date

Save

Fee Information

Amount	Amount Remaining
Due Date	Date Amount Remaining
	Payment Arrangement
	Paid In Full Date

Restitution Information

Amount	Restitution Remaining
Due Date	Date Amount Remaining
	Payment Arrangement
	Paid In Full Date

DPU Case Information

Exit to Main Menu

Program Status

Status Date

Save

Corporal Punishment Used

- Belt
- Burn
- Cold or hot water exposure
- Cord
- Dowel/rod
- Exposure to noxious smells
- Forced ingestion of soap
- Hair pulling
- Holding heavy objects
- Hot sauce/spice
- Isolation
- Kneeling on rice (or other painful surface)
- None
- Paddle
- Pinch
- Punch

Reasons for Using Corporal Punishment

Program Status Status Date

Number of Kids In Case Number of Kids in the Home at the Time of the Incident

Kids Removed From Home As Result

Victims Snapshot

Double click the victim's row to view their detailed information. If you do not see the victim listed below, click "Add Victim" to add the victim and their information to the case.

Last Name	First Name	Middle	Suffix	DOB	Gender	Victim's Age At Incident	
							...
							...

Add Victim

Victim Information

Save Close

Last Name First Name Middle Suffix
DOB Gender Race From PROTECT Case Age At Incident Age At Incident
Self-identified race(s) ...
Past Foster Care Placements Add
SeparationDate ReunificationDate ...

Services For Victims: ...

Victim Log

Date	Contact/Method	Action/Type	Notes

Notes

Condition Details

Save

Close



Date DPU Referred



Provider Name



Intake Date At Provider

Duration (In Months)



Frequency

Disposition



Disposition Date

Notes

Missing Data Report Example

Double click any field to open the case

[Exit to Main Menu](#)

Has Neither Race Nor Ethnicity										
ID	Last Name	First Name	Date of Law Enf Ref	Program Status	Missing Race	Missing Ethnicity				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Missing Referral Type										
ID	Last Name	First Name	Date of Law Enf Ref	Program Status	Referral Type					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

Missing Critical Dates										
ID	Last Name	First Name	Date of Law Enf. Re	Program Status	Date Det. Eligib.	Date Offer Made	Contract Begin	Contract End		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Missing Domestic Information										
ID	Last Name	First Name	Date of Law Enf Ref	Program Status	Current Marital Status	Current Residence				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Missing Children Information										
ID	Last Name	First Name	Date of Law Enf Ref	Program Status	Num. of Children	Children Involved in Case	Children Residing in Home at Incident			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Missing Children Information						
ID	Last Name	First Name	Date of Law Enf Ref	Program Status	Num. of Children	Children Involved in Case
						Children Residing in Home at Incident

Missing Education or Employment Information						
ID	Last Name	FIRST Name	Date of Law Enf Ref	Program Status	Education Level	Employment Status
						Occupation
						Gross Ann. Indiv. Inc.

Missing ACE Information			
ID	Last Name	First Name	Total ACE Score

Missing CPS Information						
ID	Last Name	First Name	Date of Law Enf Ref	Program Status	Prior CPS Reports No.	Prior Rpts Screened In
						Prior Rpts Substantiated

Missing Arrest History				
ID	Last Name	First Name	Date of Law Enf Ref	Program Status

Automated Report Example with Participant Information Summary

Table 1: Program Activity Overview			
<i>Summary of DPCAI Admissions from January 1, 2013 through May 5, 2015</i>			
Total # Identified for Possible Participation (pending assessment and admission)			
	White/ Non-Hispanic	Persons of Color	Total
Possible Participants			
# Admitted			
	White/ Non-Hispanic	Persons of Color	Total
Active			
Other			
Completed			
Charges Dismissed			
Charges Cleared			
Referral Type			
	White/ Non-Hispanic	Persons of Color	Total
Pre-Charge (direct) Referrals			
Post-plea Referrals			
Charge Reduction Referrals			
Length of Deferred Prosecution Agreement			
	White/ Non-Hispanic	Persons of Color	Total
12			
14-16			
18			
22			
24			
<i>Average Length of Deferred Prosecution Agreement:</i>			

All tables included in Appendix C are included in the automated reporting function in the DPCAI database.

Automated Report Example with Goals and Objectives Summary

Table 8: DPCAI Progress Towards Program Objectives			
Summary of DPCAI Admissions from January 1, 2013 through May 5, 2015			
Objective A1 Increase the number of offers for DPP by offering pre-charge, post-plea, and reduction referrals			
Referral Type	White/ Non-Hispanic	Persons of Color	Total
Pre-Charge (direct) Referrals			
Post-plea Referrals			
Charge Reduction Referrals			
Totals:			
Objective A2 Referred defendants will successfully complete DPP contracts			
Program Disposition	White/ Non-Hispanic	Persons of Color	Total
Pending			
Contracts not completed			
Contracts Completed			
# of Signed Contracts (Admissions):			
Objective B1 Refer to providers that have been identified as culturally responsive (based on training and plan, language, and familiarity with cultural group)			
# Service Referrals To Providers (Duplicated Count)	White/ Non-Hispanic	Persons of Color	Total
# Service Referrals To Providers (Duplicated Count)			
Objective C1 Determine eligibility for DPCAI within 1 week of referral for charges by Law Enforcement (LE)			
Days from LE Referral to Eligibility Determination	White/ Non-Hispanic	Persons of Color	Total
Within One Week (0-7 days)			
2-4 Weeks (8-30 days)			
2-4 Months (61-120 days)			
More than 4 months (121+ days)			
<i>Average number of days:</i>			
Objective C2 Offer for DPCAI within two weeks of eligibility determination			
Weeks from Eligibility Determination to DPCAI Offer	White/ Non-Hispanic	Persons of Color	Total
Within Two Weeks (0-14 days)			
2-4 Weeks (15-30 days)			
1-2 Months (31-60 days)			

All goals and objectives described in Table A of the main body of the report are included in the automated reporting function in the DPCAI database.

Appendix 4: Description of DPCAI Participants

Table 1: Program Activity Overview						
<i>Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015</i>						
	Defendant's Race				Overall	
	White/ Non-Hispanic		Persons of Color			
Total # Identified for Possible Participation	31		38		69	
Currently pending assessment and admission	3		4		7	
Other	1		0		1	
# Admitted	27	44%	34	56%	61	100%
Currently Active	25		30		55	
Discharged:	2		4		6	
Completed	2		3		5	83%
No charges issued	1		1		2	
Charges dismissed	1		2		3	
Terminated	0		1		1	17%
Referral Type						
Direct referral	12		6		18	29%
Post-Plea	13		26		39	64
Referral with reduction	2		2		4	7
Length of Deferred Prosecution Agreement					N = 61	
12 months	14		15		29	48%
14-16 months	6		7		13	21
18 months	6		7		13	21
22 months	0		1		1	2
24 months	1		4		5	8
Average Length of DP Agreement	14.4 months		15.6 months		15.0 months	

Table 2: Participant Demographics
Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015

	Defendant's Race		Overall (N=61)	
	White/ Non-Hispanic (N=27)	Persons of Color (N=34)	#	%
	#	#	#	%
Gender				
Male	17	11	28	46%
Female	10	23	33	54
Age				
17-25 years	1	2	3	5%
26-35 years	8	15	23	38
36-45 years	13	16	29	47
46+ years	5	1	6	10
<i>Average age in years</i>	<i>38 years</i>	<i>35 years</i>	<i>36 years</i>	
Race				
White/non-Hispanic	27	0	27	44%
African American	0	22	22	36
Native American	0	1	1	2
Asian	0	5	5	8
Hispanic	0	6	6	10
Marital Status				
Single	10	17	27	44%
Married	15	11	26	43
Domestic Partner	2	6	8	13
Number of Children				
None	1	0	1	2%
1	4	4	8	13
2	10	11	21	34
3	10	10	20	33
4	1	5	6	10
5	1	3	4	7
6	0	1	1	2
<i>Average number of children</i>	<i>2.3</i>	<i>2.9</i>	<i>2.6</i>	
Current Residence				
Own home/apartment	22	30	52	86%
Relative home	4	1	5	8
Friend home	1	1	2	3
Homeless	0	2	2	3
<i>[continued next page]</i>				

Table 2: Participant Demographics
Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015

	Defendant's Race		Overall (N=61)	
	White/ Non-Hispanic (N=27)	Persons of Color (N=34)		
Education at Admission				
Some high school	1	5	6	10%
High school diploma	5	4	9	15
GED/HSED	0	3	3	5
Some college/1-2 years	11	10	21	34
Associate degree	2	0	2	3
College degree	5	1	6	10
Advanced degree	1	3	4	7
Unknown/Missing	2	8	10	16
Employed at Admission				
Full-time (30-40 hours)	21	16	37	61%*
Part-time (20-30 hours)	1	1	2	3
Part-time (< 20 hours)	3	3	6	10
Part-time (< 10 hours)	1	0	1	2
Homemaker	1	1	2	3
Unemployed/Unable to Work	0	8	8	13
Unknown/Missing	0	5	5	8
Individual Annual Income				
0-\$5,000	2	6	8	13%
\$5-10,000	0	1	1	2
\$10-20,000	5	7	12	20
\$20-30,000	3	5	8	13
\$30-50,000	5	5	10	16
\$50-60,000	2	0	2	3
\$60,000+	4	1	5	8
Unknown/Missing	6	9	15	25

*Statistically significant at $p < .05$

**Table 3: Child Abuse Offense, Prior CPS Reports, and
Adverse Child Experiences (ACE) Score
Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015**

	Defendant's Race			Overall
	White/ Non-Hispanic N = 27	Persons of Color N = 34	N = 61	
Referred Offense/Charge:				
Physical abuse of a child – intentionally cause bodily harm	16	24	40	66%
Physical abuse of a child	7	4	11	18
Second degree recklessly endangering safety	1	0	1	2
Strangulation and suffocation	0	1	1	2
Misdemeanor battery	0	4	4	6
Disorderly conduct	3	1	4	6
Prior Child CPS Reports – ANY REPORT				
None	13	13	26	43%
1	2	8	10	16
2	3	3	6	10
3	4	3	7	11
4	2	4	6	10
5 or more	2	1	3	5
Unknown/Missing	1	2	3	5
Prior Child CPS Reports – SCREENED IN				
None	16	20	36	58%
1	7	5	12	20
2	2	4	6	10
3	0	3	3	5
4	0	0	0	0
5	1	0	1	2
Unknown/Missing	1	2	3	5
Prior Child CPS Reports – SUBSTANTIATED				
None	26	29	55	90%
1	0	3	3	5
Unknown/Missing	1	2	3	5
Adverse Childhood Experiences (ACE) Score				
0	6	8	14	27%
1	5	9	14	27
2	2	7	9	17
3	5	0	5	10
4 or more	6	4	10	19
<i>Average Score for Available Data</i>	<i>2.0</i>	<i>1.5</i>	<i>1.8</i>	

Table 4: Criminal History and Criminal Risk
Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015

	Defendant's Race		Overall (N=61)	
	White/ Non-Hispanic	Persons of Color		
	N = 27	N = 34	N = 61	
Hawaiian Proxy Criminal Risk Level				
0-4 (low risk)	21	26	47	77%
5-8 (high risk)	6	8	14	23
Hawaiian Proxy Score				
2	12	6	18	29%
3	2	5	7	12
4	7	15	22	36
5	2	3	5	8
6	4	5	9	15
Three Components of the Hawaiian Proxy:				
Age at First Arrest				
24 or older	19	20	39	64%
21-23 years of age	0	3	3	5
20 or younger	8	11	19	31
Number of Prior Arrests				
0-2	24	31	55	90%
3-6	2	3	5	8
7 or more	1	0	1	2
Current Age				
38 or older	17	12	29	48%
34-37 years of age	2	8	10	16
33 or younger	8	14	22	36

**Table 5: Reasons Given by Participants For Using Corporal Punishment
Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015**

	Defendant's Race		Overall (N = 61)	
	White/ Non-Hispanic	Persons of Color		
<i>*duplicated count, multiple reasons possible</i>	N = 27	N = 34	N = 61	
Frustration	19	22	41	67%
Anger	18	17	35	57%
Using same method as own parents	9	16	25	41%
Other methods were unsuccessful	5	12	17	28%
Intoxicated	4	0	4	7%
Deter child from criminal justice system	0	2	2	3%
Lack of knowledge about cultural norms/Unfamiliar with American discipline methods	0	2	2	3%
Teach child to "not act grown"	0	1	1	2%
Deter self-harming behavior	0	1	1	2%
Pressure from family or friends to use this method	0	1	1	2%
Fear/Uncertain about how to handle child's mental health issues	0	1	1	2%

**Table 6: Services Required as Part of Deferred Prosecution Agreements
Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015**

	Defendant's Race		Overall (N= 61)	
	White/ Non-Hispanic	Persons of Color		
Parenting/Psychoeducational Parenting	27	34	61	100%
ACT Parenting Classes	0	1	1	
Other Parenting Services	24	31	55	
Both ACT and Other Parenting Classes	2	2	4	
Completed Parenting Prior to Admission	1	0	1	
Family/Individual/In-Home Therapy	19	17	36	59%
Family Therapy	2	4	6	
Individual Therapy	5	1	6	
In-Home Therapy	2	0	2	
In-Home/Family Therapy (Safe at Home, Parenting Preservation Program, Families in Transition)	3	4	7	
Family and Individual Therapy	5	3	8	
Individual and In-Home Therapy	1	1	2	
In-Home , Family and Individual Therapy	1	0	1	
Individual and In-Home/Family Therapy	0	3	3	
Individual, Family and In-Home/Family Therapy	0	1	1	
Aggression/Violence Treatment	6	10	16	26%
Certified Abuser Treatment	1	1	2	
Domestic Violence Treatment	1	0	1	
Generalized Aggression Treatment	4	9	13	
AODA Assessment/Treatment	5	2	7	12%
AODA Assessment	1	2	3	
AODA Treatment	4	0	4	
Other Services (medication management, Court Appointed Special Advocate, case management, employment assistance, mental health treatment, English as a Second Language (ESL), drug testing, couples therapy, support group)	3	11	14	23%

**Duplicated count -- multiple service/treatment conditions can be assigned by DPP*

**Table 7: Description of Children Served through the DPCAI Initiative
Summary of DPCAI Admissions from January 1, 2013 Through May 14, 2015**

	Defendant's Race			Overall
	White/ Non-Hispanic	Persons of Color	N = 61	
	N = 27	N = 34	N = 61	
Total # Of Children Involved In Case				
1	25	31	56	91%
2	2	2	4	7
3	0	1	1	2
# Of Children Residing in Home at Time of Incident				
1	7	7	14	23%
2	10	13	23	38
3	8	9	17	28
4 or more	2	5	7	11
Children Removed from Home as Result of Incident?				
Yes	3	8	11	18%
No	24	26	50	82
Average Age Of Child(ren) at Time of Incident*	11 yrs	11 yrs	11 yrs (N = 64)	
Race of Child(ren) Involved in Incident*			N = 67	
White/non-Hispanic	29	7	36	54%
African American	0	26	26	39
Asian	0	4	4	6
Unknown/Missing	0	1	1	1
<i>*Duplicated count – multiple children can be involved in incident</i>				

Appendix 5: Adults and Children Together (ACT): Parents Raising Safe Kids Parenting Program Pre/Post Scale and Satisfaction Scoring and Summary of Participant Results

Description of Scale Score Content

A multi-site evaluation of the *Parents Raising Safe Kids Violence Prevention Program* (PRSK) Program was completed by Weymouth and Howe (Humboldt University, 2011). The study examined PRSK's effectiveness with a diverse group of parents, including those who were incarcerated, in drug treatment, or spoke both English and Spanish. This study included 616 participants who took part in the PRSK Program from 65 groups of parents and included nine sites that implemented the PRSK Program in eight cities. Incarcerated parents made up 44% of the 616 participants. While the population is not directly comparable to the DPCA participants, this multi-site evaluation can be used to provide context for the current results.

Weymouth and Howe (2011) used four subscales included in the survey to measure changes in pre and post levels of self-perceived knowledge and skills related to violence prevention and to measure pre and post levels of objectively assessed child development knowledge. These four subscales included:

- 1) **The Prosocial Parenting Scale** uses a five-point response scale and includes questions such as "When my child misbehaves..." with responses ranging between "I do something right away" and "I do something about it later." This scale includes Questions 1–11 from the "About Parenting" section of the pre/post survey.
- 2) **The Media Violence Literacy Scale** includes a four-point response scale ranging from "never" to "always" and reflects skills and knowledge around media literacy. This scale includes questions including "how often do you limit the time TV is on in your house" and "how often do you talk to your child about what he or she is watching?" This scale includes Questions 1–9 from the "About Media" section of the pre/post survey.
- 3) **The Ages and Stages Knowledge Scale** presents the participant with four hypothetical parenting scenarios and assesses their knowledge of child development and age-appropriate expectations. The questions regarding the scenarios include questions such as "the child is trying to show her independence," and "the child is upset and doesn't know how to use his words well yet, so he throws a tantrum." This scale includes all 16 questions from the "About Child Development" section of the pre/post survey.
- 4) **The Violence Prevention Skills Scale** reflects parents' internalization of overall course messages and impacts on participant behaviors. The scale ranges from "never" to "always" and includes items such as "I pay attention to what I say and do in front of my children" and "I control my anger when I have difficulties with my children." This scale includes Questions 1–10 from the "About Parents' Behavior" section of the pre/post survey.

Reverse Coding of Items to Calculate Pre/Post Scale Scores

UWPHI reviewed each question that included a four-point or five-point scale to ensure that all questions were scaled so that the lowest number represented a negative response, and the highest number represented a positive response (i.e. "1" was a negative response, and "5" was

a positive response). UWPHI reverse-coded some questions on the pre- and post-test to ensure that all questions and response options matched the desired format. This included reverse-coding of the following 16 items on both the pre-test and the post-test:

- Program Measure 1: About Parenting
 - Question #1 relating to the time to response when a child misbehaves.
 - Question #8 regarding the frequency of occurrence of using physical discipline
 - Question #9 related to anger responses when a child misbehaves
 - Question #10 regarding the use of bad language when a child misbehaves
 - Question #11 about responses when a child does something a parent doesn't like
- Program Measure 3: About Child Development
 - Story #1 related to child perceptions about parents leaving – Questions #1, #3 and #4 were reverse-coded
 - Story #2 regarding perceptions of child tantrums – Questions #1 and #4 were reverse-coded
 - Story #3 about perceptions of child independence – Questions #1 and #4 were reverse-coded
 - Story #4 regarding perceptions about child disagreements – Questions #2 and #3 were reverse-coded
- Program Measure 4: About Parents' Behaviors
 - Question #7 related to child reactions to insults or attacks by other children
 - Question #9 regarding physical discipline by parents when children misbehave

Process for Independent Summary of ACT Parenting Data by Program Staff

UWPHI developed two separate Microsoft Excel spreadsheets for use by the Dane County District Attorney's Office that will allow staff to summarize participant responses to both the ACT Parenting pre- and post-test and satisfaction surveys. The first Excel spreadsheet was created to summarize the ACT Parenting pre/post-test information and a second Excel spreadsheet was developed to summarize the ACT Parenting satisfaction surveys. The DA's Office will be able to use these spreadsheets to summarize this information after UWPHI is no longer contracted to provide evaluation support. The two Excel spreadsheets were developed to accommodate up to 50 ACT Parenting participants and were based on analyses and summary reports that UWPHI created and submitted to the Dane County District Attorney's Office in late 2014. The two Excel spreadsheets include the following components:

- The Excel spreadsheet for the *ACT Parenting pre-test and post-test* information includes:
 - Instructions at the beginning of the spreadsheet for using the Excel spreadsheets and reports included in the spreadsheet file.
 - A worksheet for data entry that includes areas to enter information about the ACT Parenting class start date and end date, areas to enter each response to each question for each participant from the ACT Parenting pre- and post-test questions, and a place to enter the DA case number which is used to identify participants in the DPCAI Microsoft Access Database. This worksheet also includes formulas that calculate summaries of each of the questions on the pre-test and the post-test.

- Summary tables including a demographic summary of all ACT Parenting participants, and tables for each program measure that summarizes responses to each of the questions within each of the program measures. Separate summary tables are included for each of the program measures including Program Measure #1 about parenting, Program Measure #2 about media, Program Measure #3 about child development, and Program Measure #4 about parents' behaviors. A summary table is also included for calculating the necessary subscales based on the ACT Parenting pre-test and post-test questions. These summary tables are automatically filled with information entered and calculated from the data entry worksheet.
- The Excel spreadsheet for the *ACT Parenting satisfaction survey* information includes:
 - Instructions at the beginning for using the Excel spreadsheets and reports included in the satisfaction survey spreadsheet file.
 - A worksheet for data entry that includes areas to enter each response to each question on the ACT satisfaction survey, and formulas that calculate summaries of each of the questions on the satisfaction survey.
 - Summary tables including a summary of those that chose "agree" or "strongly agree" for the items on the satisfaction survey, a summary of items chosen in questions about what participants found to be most helpful, and a summary table that summarizes open-ended responses to questions on the satisfaction survey. Separate summary tables were created for quantitative and qualitative result summaries. One summary table summarizes quantitative responses to satisfaction survey questions, and the other summary table summarizes qualitative responses to open-ended questions on the satisfaction survey. These summary tables are automatically filled with information entered and calculated from the data entry worksheet.

Users can navigate through the spreadsheet files via tabs in Microsoft Excel that allow users to move between instructions, data entry worksheets, and summary tables. The spreadsheets include several summary tables in a format that can be used by the DA's Office to summarize and share the ACT Parenting pre- and post-test and satisfaction survey information. This information can then be used for monitoring program implementation and to improve future ACT Parenting classes using feedback from participants.

Dane County Deferred Prosecution Child Abuse Initiative (DPCAI)
Preliminary Summary of *ACT Parenting Pre/Post* Surveys
2014 Participant Cohort #1

The Office of the Dane County District Attorney has implemented the Adults and Children Together (ACT) *Parents Raising Safe Kids Violence Prevention Program* for parents that are active in the Deferred Prosecution Child Abuse Initiative (DPCAI). The ACT Program is being offered to DPCAI participants charged with physical abuse of a child who would be otherwise unable to afford the cost of parenting skills services in the community as part of the requirements of their deferred prosecution agreement. The first cohort of four DPCAI participants to receive the ACT Program completed the 12-session course in October 2014.

Surveys provided with the ACT curriculum are given to participants prior to beginning ACT and again when they have completed the program. The first cohort of four DPCAI participants completed these pre-test and post-test surveys and UWPHI conducted this preliminary summary.

It should be noted that one participant did not complete several questions on the post-test because he lost custody of his child and could not answer some of the questions on the survey. Of the four participants, one attended 10 of the sessions, two attended 11 of the sessions, and one attended all 12 sessions offered. The preliminary results in this survey are for the purpose of program improvement feedback only due to the small sample size. The results are reported using raw numbers rather than percents due to the small sample size. Post-surveys were not collected for those participants that did not complete the program.

Table 1 summarizes selected demographic characteristics of participants at the time of pre-test. Examination revealed equal proportions of males and females, a variety of races/ethnicities, most with a high school education or GED, and household incomes between \$21,000 and \$30,000. One-half of the ACT participants lived with three or more children in the household.

Table 1: Demographic Characteristics of ACT Parenting 2014 Cohort #1 at Pre-Test	
	Overall Number (N = 4)
Age at admission	
Age 25 – 30	1
Age 31 – 35	2
Age 36 - 40	1
Gender	
Male	2
Female	2
Race/Ethnic Group	
African American	1
White/European American (non-Hispanic)	2
Mixed Race/Ethnicity	1
Highest Education Completed	
High School/GED	3
College Degree	1
Annual Household Income	
Between \$21,000 - \$30,000	3
Missing	1
Number of Adults Living in Household	
1 Adult	2
2 Adults	2
Number of Children Living in Household	
1 Child	2
2 Children	0
3 Children	1
4 or More Children	1

Analysis of the pre-survey and post-survey responses showed slight improvement in parenting knowledge and skills for DPCAI participants involved in the ACT Program (Table 2). While the changes were not statistically significant (using paired *t*-tests) due to the small sample size of just four participants, the results are in the expected direction. These results were seen across all areas including prosocial parenting, media violence, ages and stages knowledge, and violence prevention skills. Average scores from the Humboldt University multi-site evaluation are also provided in Table 2 as one point of comparison.

Table 2: ACT Parenting Knowledge and Attitude Scale Scores (N =4)		
	Pre-test Average	Post-test Average
Prosocial Parenting Scale for DPCAI	43.92	47.67
Prosocial Parenting Scale from Multi-site Evaluation	39.18	41.20
Media Violence Scale for DPCAI	18.00	25.00
Media Violence Scale from Multi-site Evaluation	21.41	23.61
Ages and Stages Knowledge Scale for DPCAI	64.25	69.75
Ages and Stages Knowledge Scale from Multi-site Evaluation	59.98	63.70
Violence Prevention Skills Scale for DPCAI	37.25	38.33
Violence Prevention Skills Scale from Multi-site Evaluation	33.19	34.56
<i>*Shaded fields include comparison data from a national, multi-site study (Weymouth and Howe, 2011, "A Multi-Site Evaluation of 'Parents Raising Safe Kids' Violence Prevention Program")</i>		

Tables 3–6 provide a detailed review of responses to each of the items that comprise the parenting subscales. These results are included for project staff solely for the purpose of program improvement due to the extremely small sample size of this first cohort.

Each table shows how the participants responded to each item at pre-test and post-test, the average score on either a 1-5 or 1-4 scale, and whether any change from pre-test to post-test was determined to be statistically significant using a paired *t*-test analysis. To simplify interpretation of the statistical testing results, each item is marked “Yes” (there was a significant change based on a 95% confidence level), “Marginal” (there was a change based on a 90% confidence level), or “No” (there is no difference between the two averages). A significant increase in the average score from pre-test to post-test can be interpreted as a positive change in parenting knowledge, attitudes, or behaviors. Some averages could not be compared using the *t*-test due to missing data for that particular item and are marked “NA”.

Table 3: Measure 1—Knowledge of Prosocial Parenting For ACT 2014 Cohort #1			
	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=4)	Significant Change? (t-Test)
1. When my child misbehaves...			
1 = I do something about it later	0	1	
2	1	0	
3	2	1	
4	1	1	
5 = I do something right away	0	0	
Average score	2.7	2.7	No
2. When I am upset or under stress...			
1 = I am picky and on my child's back	0	0	
2	1	0	
3	0	1	
4	0	0	
5 = I am not pickier than usual	3	2	
Average score	4.0	4.3	No
3. When my child misbehaves....			
1 = I usually get into a long argument with my child	0	0	
2	0	0	
3	1	0	
4	1	2	
5 = I don't get into an argument	2	1	
Average score	4.3	4.3	No
4. When my child misbehaves...			
1 = I give my child a long lecture.	0	0	
2	3	0	
3	0	0	
4	0	3	
5 = I keep my talks short and to the point.	1	0	
Average score	2.0	4.0	No
5. When my child misbehaves....			
1 = I raise my voice or yell	0	0	
2	2	0	
3	1	1	
4	1	2	
5 = I speak to my child calmly	0	0	
Average score	2.3	3.7	No
6. After there's been a problem with my child...			
1 = I often hold a grudge	0	0	
2	0	0	
3	0	0	
4	1	0	
5 = Things get back to normal quickly	3	3	
Average score	4.7	5.0	No
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Table 3: Measure 1—Knowledge of Prosocial Parenting For ACT 2014 Cohort #1

	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=4)	Significant Change? (t-Test)
7. When there's a problem with my child...			
1 = Things build up and I do things I don't mean to	0	0	
2	0	0	
3	0	0	
4	2	0	
5 = Things don't get out of hand	2	3	
Average score	4.7	5.0	No
8. When my child misbehaves, I spank, slap, grab, or hit my child...			
1 = Most of the time	0	0	
2	0	0	
3	0	0	
4	0	0	
5 = Never or rarely	4	3	
Average score	5.0	5.0	No
9. When my child misbehaves...			
1 = I get frustrated/angry my child can see I'm upset	0	0	
2	1	0	
3	0	0	
4	2	3	
5 = I handle it without getting upset	1	0	
Average score	3.3	4.0	No
10. When my child misbehaves...			
1 = I almost always use bad language	0	0	
2	1	0	
3	0	0	
4	0	1	
5 = I rarely use bad language or curse	3	2	
Average score	4.0	4.7	No
11. When my child does something I don't like, I insult my child, say mean things, or call names...			
1 = Most of the time	0	0	
2	0	0	
3	0	0	
4	1	0	
5 = Never or rarely	2	3	
Average score	4.7	5.0	No

Table 4: Measure 2 –Knowledge of Media Violence For ACT Parenting 2014 Cohort #1			
How often do you...?	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=3)	Significant Change? (t-Test)
12. Limit the time TV is on in your house?			
Never	2	0	
Sometimes	2	2	
Often	0	1	
Always	0	0	
Average score	1.7	2.3	No
13. Switch channel from inappropriate program?			
Never	2	0	
Sometimes	0	0	
Often	1	2	
Always	1	1	
Average score	2.7	3.3	No
14. Watch TV or movies with your child?			
Never	1	0	
Sometimes	2	2	
Often	1	1	
Always	0	0	
Average Score	NA	NA	NA
15. Talk about what he/she is watching?			
Never	1	0	
Sometimes	1	1	
Often	2	1	
Always	0	1	
Average score	2.7	3.0	No
16. Explain to your child the reality behind TV programs, commercials, or movies?			
Never	1	0	
Sometimes	3	0	
Often	0	2	
Always	0	1	
Average score	2.0	3.3	Marginal
17. Limit time your child spends on Internet?			
Never	2	0	
Sometimes	2	2	
Often	0	1	
Always	0	0	
Average score	1.7	2.3	No

Table 4: Measure 2 –Knowledge of Media Violence For ACT Parenting 2014 Cohort #1

How often do you...?	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=3)	Significant Change? (t-Test)
[continued next page]			
18. Monitor what websites your child visits?			
Never	1	0	
Sometimes	1	1	
Often	1	1	
Always	1	1	
Average score	3.0	3.0	No
19. Limit the time your child plays video games?			
Never	1	0	
Sometimes	2	1	
Often	1	2	
Always	0	0	
Average score	2.3	2.7	No
20. Control which video games your child plays?			
Never	1	0	
Sometimes	2	2	
Often	0	0	
Always	1	1	
Average score	NA	NA	NA

Table 5: Measure 3 – Knowledge of Child Development for ACT Parenting 2014 Cohort #1			
	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=4)	Significant Change? (t-Test)
Story 1: An 18-month-old boy sees his mother leaving the house to go shopping. Even though the mother has left the child with an adult he knows he likes, he won't stop crying.			
1. The child doesn't understand that the mother will return.			
Strongly Agree	1	3	
Agree	1	0	
Not Sure	1	0	
Disagree	1	1	
Strongly Disagree	0	0	
Average score	3.5	4.2	No
2. The child is trying to stop the mother from doing something she likes.			
Strongly Agree	0	0	
Agree	1	0	
Not Sure	0	1	
Disagree	2	1	
Strongly Disagree	1	2	
Average score	3.8	4.2	No
3. The child has a strong attachment to the mother and doesn't like to be away from her.			
Strongly Agree	2	2	
Agree	1	1	
Not Sure	0	1	
Disagree	0	0	
Strongly Disagree	1	0	
Average score	3.8	4.2	No
4. The mother should give the boy a warm hug, tell him she will be back, and leave.			
Strongly Agree	2	2	
Agree	2	2	
Not Sure	0	0	
Disagree	0	0	
Strongly Disagree	0	0	
Average score	4.5	4.5	No
Story 2: A father is with his 2-year-old son in the grocery store. The boy grabs a box of candy; the father asks him to put it back on the shelf. The boy starts to scream, hits the father, and falls on the floor in a tantrum.			
1. The child is upset and doesn't know how to use his words well yet, so he throws a tantrum.			
Strongly Agree	1	3	
Agree	0	1	
Not Sure	0	0	
Disagree	3	0	
Strongly Disagree	0	0	
Average score	4.5	4.5	Marginal
2. The child is trying to manipulate his father by embarrassing him.			
Strongly Agree	1	0	
Agree	1	0	
Not Sure	0	0	
Disagree	1	2	
Strongly Disagree	1	2	

Table 5: Measure 3 – Knowledge of Child Development for ACT Parenting 2014 Cohort #1			
	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=4)	Significant Change? (t-Test)
Average score	3.0	4.5	No
3. The father should hit the boy back to teach him a lesson.			
Strongly Agree	0	0	
Agree	0	0	
Not Sure	0	0	
Disagree	0	0	
Strongly Disagree	4	4	
Average score	NA	NA	NA
4. The father should try to ignore the tantrum if the child is not in danger.			
Strongly Agree	2	2	
Agree	2	1	
Not Sure	0	0	
Disagree	0	1	
Strongly Disagree	0	0	
Average score	4.5	4.0	No
Story 3: A 3-year-old girl is struggling to put on her rain boots. When her mother tries to help, the girl screams, “No, me do it!” and continues to force the foot into the wrong boot. The child throws the boot and breaks a photo frame that was on the table.			
1. The child is trying to show her independence.			
Strongly Agree	3	3	
Agree	0	1	
Not Sure	0	0	
Disagree	1	0	
Strongly Disagree	0	0	
Average score	4.2	4.8	No
2. The child is being difficult and stubborn.			
Strongly Agree	0	0	
Agree	1	2	
Not Sure	0	0	
Disagree	2	1	
Strongly Disagree	1	1	
Average score	3.8	3.3	No
3. The mother should swat the child’s bottom for breaking the photo frame.			
Strongly Agree	0	0	
Agree	0	0	
Not Sure	0	0	
Disagree	0	0	
Strongly Disagree	4	4	
Average score	5.0	5.0	No
4. The mother should say, “I know you’re frustrated. I know you can do it yourself. Why don’t you try the boot on the other foot?”			
Strongly Agree	3	3	
Agree	1	0	
Not Sure	0	0	
Disagree	0	0	
Strongly Disagree	0	1	
Average score	3.8	4.5	No

Table 5: Measure 3 – Knowledge of Child Development for ACT Parenting 2014 Cohort #1			
	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=4)	Significant Change? (t-Test)
Story 4: Two 4-year-old boys, Justin and Brandon, are waiting in a long line with their parents to get movie tickets. They are fighting. Brandon is pulling Justin's arm; Justin is crying and holding a toy out so Brandon can't reach it.			
1. The boys should be reprimanded for making a scene in public.			
Strongly Agree	0	0	
Agree	2	2	
Not Sure	0	1	
Disagree	2	0	
Strongly Disagree	0	1	
Average score	3.0	3.0	No
2. Children this age still need help using words to resolve their conflicts with others.			
Strongly Agree	3	3	
Agree	0	1	
Not Sure	0	0	
Disagree	1	0	
Strongly Disagree	0	0	
Average score	4.3	4.8	No
3. The parents should talk to the boys and keep them from getting bored or restless while waiting.			
Strongly Agree	1	2	
Agree	2	2	
Not Sure	0	0	
Disagree	1	0	
Strongly Disagree	0	0	
Average score	3.8	4.5	No
4. A parent should swat Brandon's arm to teach him a lesson.			
Strongly Agree	0	0	
Agree	0	0	
Not Sure	0	0	
Disagree	1	0	
Strongly Disagree	3	4	
Average score	NA	NA	NA

Table 6: Measure 4 -- Violence Prevention Behaviors for ACT Parenting 2014 Cohort #1			
	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=3)	Significant Change? (t-Test)
21. I pay attention when to what I say and do in front of my children.			
Never	0	0	
Sometimes	1	1	
Often	0	1	
Very Often	3	0	
Always	0	1	
Average score	3.3	3.3	No
22. I control my anger when I have difficulties with my children.			
Never	0	0	
Sometimes	1	0	
Often	0	1	
Very Often	3	2	
Always	0	0	
Average score	3.3	3.7	No
23. I teach my children how to resolve conflicts with other people using words, not violence.			
Never	0	0	
Sometimes	0	0	
Often	2	1	
Very Often	0	1	
Always	2	1	
Average score	3.7	4.0	No
24. I limit how much violence my children can see on TV, in movies, and in games.			
Never	0	0	
Sometimes	1	0	
Often	0	1	
Very Often	1	1	
Always	2	1	
Average score	3.7	4.0	No
25. I help my children express their feelings and understand the feelings of others.			
Never	0	0	
Sometimes	1	0	
Often	0	1	
Very Often	1	1	

Table 6: Measure 4 -- Violence Prevention Behaviors for ACT Parenting 2014 Cohort #1			
	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=3)	Significant Change? (t-Test)
Always	2	1	
Average score	3.7	3.7	No
26. I calm myself when I am angry so my children can learn how to do the same.			
Never	0	0	
Sometimes	1	0	
Often	0	1	
Very Often	3	1	
Always	0	1	
Average score	3.3	4.0	No
27. I tell my children to fight or hit back if others insult or hit them.			
Never	1	2	
Sometimes	2	0	
Often	1	0	
Very Often	0	0	
Always	0	0	
Average score	4.0	5.0	No
28. I praise my children when they behave well and do good things.			
Never	0	0	
Sometimes	0	1	
Often	0	0	
Very Often	1	0	
Always	3	2	
Average score	4.3	4.0	No
29. I spank, hit, or yell at my children when they misbehave or do something bad.			
Never	3	3	
Sometimes	1	0	
Often	0	0	
Very Often	0	0	
Always	0	0	
Average score	4.7	5.0	No
30. I participate in community or school efforts to prevent or reduce violence in my community.			
Never	2	2	
Sometimes	2	1	
Often	0	0	

Table 6: Measure 4 -- Violence Prevention Behaviors for ACT Parenting 2014 Cohort #1			
	Pre-Test # of Responses (N=4)	Post-Test # of Responses (N=3)	Significant Change? (t-Test)
Very Often	0	0	
Always	0	0	
Average score	1.7	1.3	No

Dane County Deferred Prosecution Child Abuse Initiative (DPCAI)
Preliminary Summary of *ACT Parenting* Satisfaction Surveys
2014 Participant Cohort #1

Highlights

The Office of the Dane County District Attorney has implemented the Adults and Children Together (ACT) *Parents Raising Safe Kids Violence Prevention Program* for parents that are active in the Deferred Prosecution Child Abuse Initiative (DPCAI). The ACT Program is being offered to DPCAI participants charged with physical abuse of a child who would be otherwise unable to afford the cost of parenting skills services in the community as part of the requirements of their deferred prosecution agreement. The first cohort of four DPCAI participants to receive the ACT Program completed the 12-session course in October 2014.

At the end of the course, satisfaction surveys were distributed to the four participants that completed the ACT Program. Examination of satisfaction survey results reveals that all of the participants were very satisfied with the program. All four of the participants found the program to be helpful and strongly agreed that the skills that they learned in the program will help them to be better parents. All four participants also strongly agreed that they will use the techniques learned in the program in the future. Additionally, all participants found the facilitators to be helpful and said that they would recommend this program to others. The participants chose a variety of parts of the course that they found to be helpful including group discussions, the facilitator's explanations, and activities (such as the "Wheel of Feelings", airplane, collage, etc.). None of the participants chose role plays or PowerPoint slides as things that they found to be helpful. All four participants chose the facilitator's attitude, learning new things and the materials as pieces that they liked most about the program. None of the participants chose making new friends, foods and snacks, or prizes and treats as parts that they liked about the program.

Suggestions for Improvement

Question 4 on the satisfaction survey asks: "What would you change in the parent program you just completed?" One participant mentioned that they would like "more space, more people to get other's inputs and ideas." The three other participants said that they would not change anything, that the question was not applicable, or left the question blank.

Next Steps

As a next step, the DPCAI staff should review the satisfaction and pre/post survey items to ensure that the program met the desired goals and should make changes to the program as necessary prior to the beginning of the next cohort of ACT Parenting Program that will begin in early 2015.

Question by Question Summary

A question by question summary of the items from the ACT satisfaction survey is included below. Numbers of participants are reported due to a small sample size of only four participants.

Question on Satisfaction Survey	# of Participants that Agree or Strongly Agree (N = 4)
1a. The facilitators knew the content covered in the classes very well.	4
1b. The facilitators were friendly and helpful.	4
1c. I like the program because it gave me many options for how to be a good parent.	4
1d. I will use the techniques I learned in the program.	4
1e. I am confident that I will be a better parent with what I learned in the program.	4
1f. I would recommend this program to others.	4
1g. I would like to continue meetings a group. (1 Don't Know, 2 Strongly Disagree)	1
2. What did you learn in the parent program that was most helpful to you? Choose three.	
Group Discussions	4
Facilitator's Explanations	3
Activities (Wheel of Feelings, airplane, collage, etc.)	2
Handouts	1
Homework Sheets	1
Use of Videos	1
Role Plays	0
PowerPoint Slides	0
3. What did you like most about the parent program? Choose three.	
Facilitator's Friendly Attitude	4
Learning New Things	4
Materials are Good and Easy to Read	4
Making New Friends	0
Food and Snacks	0
Prizes and Treats	0
4. What would you change in the parent program you just completed?	N = 3
"More space, more people to get other's inputs and ideas. That's it."	1
"Nothing."	1
"N/A."	1



Parents Raising Safe Kids Program

**PRE-PROGRAM
MEASURE**

ID#: _____/_____/_____



PARENTS RAISING SAFE KIDS PROGRAM

EVALUATION LEVEL I—PRE-PROGRAM MEASURE

Please tell us a little about yourself and your family so we know who is attending the program.

1. What is your date of birth? _____/_____/_____
Month Day Year
2. What is your gender? Male Female
3. What is your race/ethnic group?
 African American American Indian/ Alaska Native Asian/Pacific Islander
 Latino/Latina White/ European American Mixed race/ethnicity
4. What is the highest grade/level of education you have completed?
 Elementary school College degree
 Middle school Graduate degree
 High school/GED None was completed
5. What is your household annual income?
 Less than \$20,000 Between \$21,000 and \$30,000 Between \$31,000 and \$40,000
 Between \$41,000 and \$50,000 More than \$51,000
6. How many adults live in your household? _____
7. How many children live with you? _____
8. What are their ages? _____
9. For this evaluation, select one of your children between the ages of 0 to 8 years old about whom you will answer the evaluation questions.
What is the age of that child? _____
What is the gender? Male Female
What is your relationship to that child?
 Parent Foster parent
 Adoptive parent Grandparent
 Step-parent Other relative (e.g. aunt, uncle)

PRE-PROGRAM MEASURE

I. ABOUT PARENTING

DIRECTIONS:

For each item, circle the number that best describes your style of parenting during the past 2 months with the child you indicated on the cover sheet.

Numbers 1 and 2 indicate your behavior is closer to the statement on the left, number 3 indicates the middle, and numbers 4 and 5 indicate your behavior is closer to the statement on the right.

1. When my child misbehaves...

I do something right away. 1 2 3 4 5 I do something about it later.

2. When I am upset or under stress...

I am picky and on my child's back. 1 2 3 4 5 I am no pickier than usual.

3. When my child misbehaves...

I usually get into a long argument with my child. 1 2 3 4 5 I don't get into an argument.

4. When my child misbehaves...

I give my child a long lecture. 1 2 3 4 5 I keep my talks short and to the point.

5. When my child misbehaves...

I raise my voice or yell. 1 2 3 4 5 I speak to my child calmly.

(CONTINUES ON NEXT PAGE)

6. After there's been a problem with my child...

I often hold a grudge. 1 2 3 4 5 Things get back to normal quickly.

7. When there's a problem with my child...

Things build up and I do things I don't mean to do. 1 2 3 4 5 Things don't get out of hand.

8. When my child misbehaves, I spank, slap, grab, or hit my child...

Never or rarely. 1 2 3 4 5 Most of the time.

9. When my child misbehaves...

I handle it without getting upset. 1 2 3 4 5 I get so frustrated or angry that my child can see I am upset.

10. When my child misbehaves...

I rarely use bad language or curse. 1 2 3 4 5 I almost always use bad language.

11. When my child does something I don't like, I insult my child, say mean things, or call my child names...

Never or rarely. 1 2 3 4 5 Most of the time.

PRE-PROGRAM MEASURE II. ABOUT MEDIA

Directions:

For each statement below, circle one number to the right of each statement to indicate how often you do this.

How often do you...?	Never	Some- times	Often	Always
1. Limit the time TV is on in your house	1	2	3	4
2. Switch channels from inappropriate programs	1	2	3	4
3. Watch TV or movies with your child	1	2	3	4
4. Talk to your child about what he or she is watching	1	2	3	4
5. Explain to your child the reality behind TV programs, commercials, or movies	1	2	3	4
6. Limit the time your child spends on the Internet	1	2	3	4
7. Monitor what Web sites your child visits	1	2	3	4
8. Limit the time your child plays video games	1	2	3	4
9. Control which video games your child plays	1	2	3	4

PRE-PROGRAM MEASURE

III. ABOUT CHILD DEVELOPMENT

DIRECTIONS:

Below are four stories about behaviors that are common to children. For each story, there are four statements about why the behavior occurred or what the parent should do.

Please circle one of the numbers to the right of each statement that indicates how much you agree or disagree with the statement.

Story 1

An 18-month-old boy sees his mother leaving the house to go shopping. Even though the mother has left the child with an adult he knows and likes, he won't stop crying.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The child doesn't understand that the mother will return.	1	2	3	4	5
2. The child is trying to stop the mother from doing something she likes.	1	2	3	4	5
3. The child has a strong attachment to the mother and doesn't like to be away from her.	1	2	3	4	5
4. The mother should give the boy a warm hug, tell him she will be back, and leave.	1	2	3	4	5

Story 2

A father is with his 2-year-old son in the grocery store. The boy grabs a box of candy; the father asks him to put it back on the shelf. The boy starts to scream, hits the father, and falls on the floor in a tantrum.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The child is upset and doesn't know how to use his words well yet, so he throws a tantrum.	1	2	3	4	5
2. The child is trying to manipulate his father by embarrassing him.	1	2	3	4	5
3. The father should hit the boy back to teach him a lesson.	1	2	3	4	5
4. The father should try to ignore the tantrum if the child is not in danger.	1	2	3	4	5

(CONTINUES ON NEXT PAGE)

Story 3

A 3-year-old girl is struggling to put on her rain boots. When her mother tries to help, the girl screams, “No, me do it!” and continues to force the foot into the wrong boot. The child throws the boot and breaks a photo frame that was on the table.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The child is trying to show her independence.	1	2	3	4	5
2. The child is being difficult and stubborn.	1	2	3	4	5
3. The mother should swat the child’s bottom for breaking the photo frame.	1	2	3	4	5
4. The mother should say, “I know you are frustrated. I know you can do it yourself. Why don’t you try the boot on the other foot?”	1	2	3	4	5

Story 4

Two 4-year-old boys, Justin and Brandon, are waiting in a long line with their parents to get movie tickets. They are fighting. Brandon is pulling Justin’s arm; Justin is crying and holding a toy out so Brandon can’t reach it.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The boys should be reprimanded for making a scene in public.	1	2	3	4	5
2. Children this age still need help using words to resolve their conflicts with others.	1	2	3	4	5
3. The parents should talk to the boys and keep them from getting bored or restless while waiting.	1	2	3	4	5
4. A parent should swat Brandon’s arm to teach him a lesson.	1	2	3	4	5

PRE-PROGRAM MEASURE

IV. ABOUT PARENTS' BEHAVIORS

DIRECTIONS:

For each statement below, please circle one number to the right of each statement to indicate how much you agree or disagree.

	Never	Sometimes	Often	Very often	Always
1. I pay attention to what I say and do in front of my children.	1	2	3	4	5
2. I control my anger when I have difficulties with my children.	1	2	3	4	5
3. I teach my children how to resolve conflicts with other people using words, not violence.	1	2	3	4	5
4. I limit how much violence my children can see on TV, in movies, and in games.	1	2	3	4	5
5. I help my children express their feelings and understand the feelings of others.	1	2	3	4	5
6. I calm myself down when I am angry so my children can learn how to do the same.	1	2	3	4	5
7. I tell my children to fight or hit back if others insult or hit them.	1	2	3	4	5
8. I praise my children when they behave well and do good things.	1	2	3	4	5
9. I spank, hit, or yell at my children when they misbehave or do something bad.	1	2	3	4	5
10. I participate in community or school efforts to prevent or reduce violence in my community.	1	2	3	4	5



Parents Raising Safe Kids Program

**POST-PROGRAM
MEASURE**

POST-PROGRAM MEASURE I. ABOUT PARENTING



ID#: _____/_____/_____

Your date of birth _____/_____/_____
Month Day Year

NUMBER OF SESSIONS ATTENDED: _____

DIRECTIONS:

For each item, circle the number that best describes your style of parenting during the past 2 months with the child you indicated on the cover sheet.

Numbers 1 and 2 indicate your behavior is closer to the statement on the left, number 3 indicates the middle, and numbers 4 and 5 indicate your behavior is closer to the statement on the right.

1. When my child misbehaves...

I do something right away. 1 2 3 4 5 I do something about it later.

2. When I am upset or under stress...

I am picky and on my child's back. 1 2 3 4 5 I am no pickier than usual.

3. When my child misbehaves...

I usually get into a long argument with my child. 1 2 3 4 5 I don't get into an argument.

4. When my child misbehaves...

I give my child a long lecture. 1 2 3 4 5 I keep my talks short and to the point.

(CONTINUES ON NEXT PAGE)

5. When my child misbehaves...

I raise my voice or yell. 1 2 3 4 5 I speak to my child calmly.

6. After there's been a problem with my child...

I often hold a grudge. 1 2 3 4 5 Things get back to normal quickly.

7. When there's a problem with my child...

Things build up and I do things I don't mean to do. 1 2 3 4 5 Things don't get out of hand.

8. When my child misbehaves, I spank, slap, grab, or hit my child...

Never or rarely. 1 2 3 4 5 Most of the time.

9. When my child misbehaves...

I handle it without getting upset. 1 2 3 4 5 I get so frustrated or angry that my child can see I am upset.

10. When my child misbehaves...

I rarely use bad language or curse. 1 2 3 4 5 I almost always use bad language.

11. When my child does something I don't like, I insult my child, say mean things, or call my child names...

Never or rarely. 1 2 3 4 5 Most of the time.

POST-PROGRAM MEASURE II. ABOUT MEDIA

Directions:

For each statement below, circle one number to the right of each statement to indicate how often you do this.

How often do you...?	Never	Some- times	Often	Always
1. Limit the time TV is on in your house	1	2	3	4
2. Switch channels from inappropriate programs	1	2	3	4
3. Watch TV or movies with your child	1	2	3	4
4. Talk to your child about what he or she is watching	1	2	3	4
5. Explain to your child the reality behind TV programs, commercials, or movies	1	2	3	4
6. Limit the time your child spends on the Internet	1	2	3	4
7. Monitor what Web sites your child visits	1	2	3	4
8. Limit the time your child plays video games	1	2	3	4
9. Control which video games your child plays	1	2	3	4

POST-PROGRAM MEASURE

III. ABOUT CHILD DEVELOPMENT

DIRECTIONS:

Below are four stories about behaviors that are common to children. For each story, there are four statements about why the behavior occurred or what the parent should do.

Please circle one of the numbers to the right of each statement that indicates how much you agree or disagree with the statement.

Story 1

An 18-month-old boy sees his mother leaving the house to go shopping. Even though the mother has left the child with an adult he knows and likes, he won't stop crying.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The child doesn't understand that the mother will return.	1	2	3	4	5
2. The child is trying to stop the mother from doing something she likes.	1	2	3	4	5
3. The child has a strong attachment to the mother and doesn't like to be away from her.	1	2	3	4	5
4. The mother should give the boy a warm hug, tell him she will be back, and leave.	1	2	3	4	5

Story 2

A father is with his 2-year-old son in the grocery store. The boy grabs a box of candy; the father asks him to put it back on the shelf. The boy starts to scream, hits the father, and falls on the floor in a tantrum.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The child is upset and doesn't know how to use his words well yet, so he throws a tantrum.	1	2	3	4	5
2. The child is trying to manipulate his father by embarrassing him.	1	2	3	4	5
3. The father should hit the boy back to teach him a lesson.	1	2	3	4	5
4. The father should try to ignore the tantrum if the child is not in danger.	1	2	3	4	5

(CONTINUES ON NEXT PAGE)

Story 3

A 3-year-old girl is struggling to put on her rain boots. When her mother tries to help, the girl screams, “No, me do it!” and continues to force the foot into the wrong boot. The child throws the boot and breaks a photo frame that was on the table.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The child is trying to show her independence.	1	2	3	4	5
2. The child is being difficult and stubborn.	1	2	3	4	5
3. The mother should swat the child’s bottom for breaking the photo frame.	1	2	3	4	5
4. The mother should say, “I know you are frustrated. I know you can do it yourself. Why don’t you try the boot on the other foot?”	1	2	3	4	5

Story 4

Two 4-year-old boys, Justin and Brandon, are waiting in a long line with their parents to get movie tickets. They are fighting. Brandon is pulling Justin’s arm; Justin is crying and holding a toy out so Brandon can’t reach it.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. The boys should be reprimanded for making a scene in public.	1	2	3	4	5
2. Children this age still need help using words to resolve their conflicts with others.	1	2	3	4	5
3. The parents should talk to the boys and keep them from getting bored or restless while waiting.	1	2	3	4	5
4. A parent should swat Brandon’s arm to teach him a lesson.	1	2	3	4	5

POST-PROGRAM MEASURE IV. ABOUT PARENTS' BEHAVIORS

DIRECTIONS:

For each statement below, please circle one number to the right of each statement to indicate how much you agree or disagree.

	Never	Sometimes	Often	Very Often	Always
1. I pay attention to what I say and do in front of my children.	1	2	3	4	5
2. I control my anger when I have difficulties with my children.	1	2	3	4	5
3. I teach my children how to resolve conflicts with other people using words, not violence.	1	2	3	4	5
4. I limit how much violence my children can see on TV, in movies, and in games.	1	2	3	4	5
5. I help my children express their feelings and understand the feelings of others.	1	2	3	4	5
6. I calm myself down when I am angry so my children can learn how to do the same.	1	2	3	4	5
7. I tell my children to fight or hit back if others insult or hit them.	1	2	3	4	5
8. I praise my children when they behave well and do good things.	1	2	3	4	5
9. I spank, hit, or yell at my children when they misbehave or do something bad.	1	2	3	4	5
10. I participate in community or school efforts to prevent or reduce violence in my community.	1	2	3	4	5



Parents Raising Safe Kids Program

**PROGRAM
EVALUATION
QUESTIONNAIRE**

ID#: _____/_____/_____



PARENTS RAISING SAFE KIDS PROGRAM PROGRAM EVALUATION QUESTIONNAIRE

This questionnaire is part of our evaluation of the parent program. The information you provide here will help us improve the program.

Date _____/_____/_____
Month Day Year City _____ State: _____

I. Please put a checkmark in a box to the right of each statement to let us know if you agree or disagree with the following statements.

Regarding the program	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
a. The facilitators knew the content covered in the classes very well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The facilitators were friendly and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I like the program because it gave me many options for how to be a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I will use the techniques I learned in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am confident that I will be a better parent with what I learned in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I would recommend this program to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would like to continue meeting as a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(CONTINUES ON NEXT PAGE)

2. What did you learn in the parent program that was most helpful to you?
Check only 3 boxes.

- Group discussions
- Role plays
- Homework sheets
- Handouts
- Facilitator's explanations
- PowerPoint slides
- Activities (Wheel of Feelings, airplane, collage, etc.)
- Use of videos
- Other. Write your answer here: _____

3. What did you like most about the parent program?
Check only 3 boxes.

- Making new friends
- Learning new things
- Materials are good and easy to read
- Food and snacks
- Prizes and treats
- Facilitator's friendly attitude
- Other. Write your answer here: _____

4. What would you change in the parent program you just completed?

Thank you!

Appendix 6: “No Hit Zone” Materials

The Dane County District Attorney’s Office issued the following statement regarding the implementation of a “No Hit Zone”:

Dane County District Attorney Ismael Ozanne is proud to announce that the District Attorney’s Office, including its public lobbies, is now a No Hit Zone. The No Hit Zone initiative stems from the District Attorney’s Office commitment to reducing the use of corporal punishment to discipline children because of the proven negative outcomes associated with such punishments. Today, we know, corporal punishment of children puts children at risk of developing increased aggression, antisocial behavior, and mental health problems as well as physical injury. Ending the use of corporal punishment will reduce the risk that any given child will suffer child abuse, or engage in criminal conduct as an adult or juvenile.

No Hit Zones represent an explicit and public call to all people in those environments to refrain from the use of violence. The purpose of the Dane County District Attorney’s Office No Hit Zone is to create and reinforce an environment of safety and comfort for all people who come into the District Attorney’s Office and its public spaces. The District Attorney’s Office invites other agencies, businesses, schools and families to decide that they, too, want to live, work and learn in No Hit Zones.

With this commitment in mind, the Dane County District Attorney’s Office joins children’s hospitals across the country, such as the University of Louisville-Kosair Children’s Hospital, University of Michigan - C.S. Mott Children’s Hospital, Children’s Mercy Hospitals in Kansas, and Gundersen Health System in La Crosse, WI, in establishing a safe and violence free zone, especially for children, with the introduction of the No Hit Zone.

Further information regarding the No Hit Zone Initiative in Dane County can be found at <https://www.countyofdane.com/da/nohit.aspx>. Brochure information for the No Hit Zone initiative follows in both English and Spanish.

Online Resources:

Report on Physical Punishment in the US
www.prospank.net/overshoff.pdf

9 Steps to More Effective Parenting
www.wishealthkids.org/relidshealth/parents/positive-parenting/family-life/wine-steps-to-more-effective-parenting/22252.html

Discipline Ages 0-13 www.wishealthkids.org/relidshealth/parents/emotions-behavior/behavior/disciplining-your-child/21713.html

Discipline Without Spanking
www.wishealthkids.org/relidshealth/parents/ga/parenting/how-can-parents-discipline-without-spanking/32226.html

Essentials for Parenting from the CDC
www.cdc.gov/parents/essentials/index.html

The Center for Effective Discipline—Parent support materials www.stop hitting.com/index.php?page=trainingmaterials

Stacey Patton, PhD: Spare The Kids
www.sparethekids.com/

Play Nicely www.playnicely.org

Local Resources:

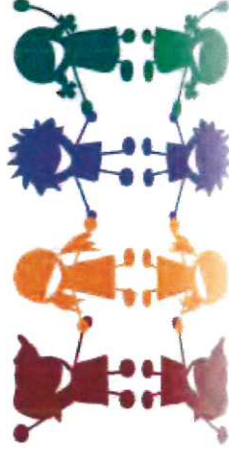
Center For Families www.centerforfamilies.org/
Family Resource Center www.fsrcdane.org/
Family Service Madison www.fsmad.org/
Office of Child Care and Family Resources @ UW www.nccf.wisc.edu/
The Rainbow Project www.the rainbowproject.net
UW Health www.wishealthkids.org/



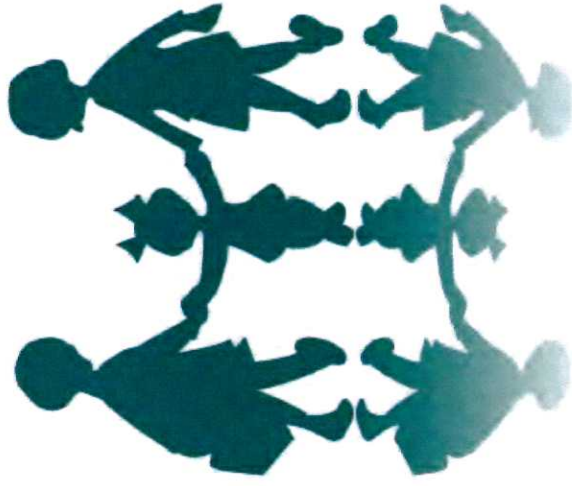
NO HIT ZONE

Dane County
District Attorney's Office
www.countyofdane.com/da

Dane County DA's Office
215 S. Hamilton Street, Room 3000
Madison, WI 53703
(608) 266-4211



The No Hit Zone is designed to promote a non-violent and safe environment for all members of the public visiting the DA's Office.



215 S. Hamilton Street, Madison, WI 53703

What is A No Hit Zone?

The Dane County District Attorney's Office is a No Hit Zone. This initiative is an extension of public health and safety policies that serve to promote wellness in our community. This means that we do not allow hitting of any kind: by adults or children, including parents hitting or spanking children as part of discipline.

Why is the Dane County District Attorney's Office a No Hit Zone?

Parents visiting the Dane County District Attorney's Office are often stressed and uncertain. Behaviors of young children intensify these feelings and put parents at risk of engaging in physical punishment. Our goal is to promote a non-violent environment for everyone. Our hope is that this initiative will grow to include communities and families throughout Dane County in an effort to reduce the overall use of physical punishment and the proven negative outcomes including future involvement in the criminal justice system.

Did you know...

- 1) Physical punishment does not improve behavior in the long-term. It actually leads to more disobedience and aggression in children.
- 2) Hitting or spanking teaches children to use violence to solve problems.
- 3) Using violence as punishment leads to children doing poorly in school and lacking the ability to concentrate.
- 4) Children that experience physical punishment are more likely to become involved in delinquency and criminal behavior.
- 5) Children that experience or see violence view the world as dangerous and scary.
- 6) Experiencing violence as children leads to physical and mental health problems as adults.
- 7) Children that have been physically punished may have difficulty forming healthy attachments and may not be able to trust other people.
- 8) Parents who use physical punishment with their children are at nine times greater risk of physically abusing their child.

Cerreto, E. T. (2008). Report on physical punishment in the United States: What research tells us about its effects on children. Columbus, OH: Center for Effective Discipline.

Zalator, A., Thorens, A., Chang, J., Beroff, M., Runyon, D., Spate, S. et al. (2008). Forget the Stick: Corporal Punishment and Child Physical Abuse. 2008. American Journal of Preventive Medicine 2008; 35(4): 364-369.

Tools parents can use

- ♦ It's normal for children to get bored waiting. Bring their favorite toy or activity to keep them occupied.
- ♦ Talk to your child and explain why they are asked to behave a certain way; have realistic expectations.
- ♦ Read to your child.
- ♦ Give your child lots of descriptive praise for good behaviors.
- ♦ Teach your child how to resolve conflict without violence.
- ♦ Do something for yourself each day to relieve stress.
- ♦ Set clear limits on your child's behavior; give clear instructions about misbehavior
- ♦ Ask for help if you need it.

We ask everyone who works at or visits the Dane County District Attorney's Office to respect the No Hit Zone policy and encourage everyone to avoid hitting others, especially children, in their daily lives.

****Special thanks to the University of Louisville for lending their expertise and materials for furthering No Hit Zones.**

Recursos en la Web

Report on Physical Punishment in the US

www.nospank.net/pershoff.pdf

Nueve pasos para una crianza más eficaz <http://www.uwhealthkids.org/kidshhealth/parents/para-padres/paternidad-y-maternidad-positiva-sec-mejores-padres/nueve-pasos-para-una-crianza-más-eficaz/80816.html>

Disciplinando a su hijo <http://www.uwhealthkids.org/kidshhealth/parents/para-padres/paternidad-y-maternidad-positiva-sec-mejores-padres/disciplinando-a-su-hijo/25897.html>

Discipline Without Spanking
www.uwhealthkids.org/kidshhealth/parents/qa/parenting/how-can-parents-discipline-without-spanking/32826.html

Essentials for Parenting from the CDC www.cdc.gov/parents/essentials/index.html

The Center for Effective Discipline — Parent support materials www.stophitting.com/index.php?page=trainingmaterials

Stacey Patton, PhD: Spare The Kids

www.sparethekids.com/

El programa de Play Nicely <http://www.childrenshospital.vanderbilt.org/services.php?mid=4772>

www.childrenshospital.vanderbilt.org/services.php?mid=4772

Recursos Comunitarios

Center For Families www.centerforfamilies.org/

Family Resource Center www.fsrcdane.org/

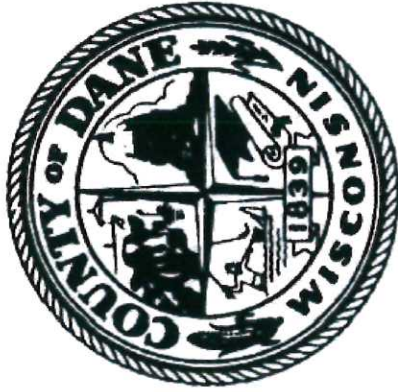
Family Service Madison www.fsmad.org/

Office of Child Care and Family Resources @ UW

www.occf.wisc.edu/

The Rainbow Project www.rainbowproject.net

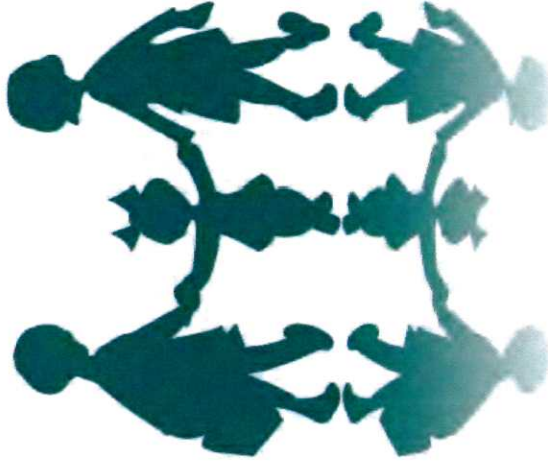
UW Health www.uwhealthkids.org/



ZONA DE NO PEGAR

Oficina de la Fiscalía
del Condado de Dane

<https://www.countyofdane.com/da>

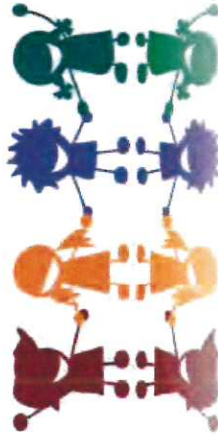


Oficina de la Fiscalía
del Condado de Dane

215 S. Hamilton Street #3000

Madison, WI 53703

(608)266-4211



La Zona de No Pegar se diseñó para promover un ambiente seguro y sin violencia para todos que visitan a la Oficina de la Fiscalía.

215 S. Hamilton Street, Madison, WI 53703

¿Que es una Zona de No Pegar?

La Oficina de la Fiscalía del Condado de Dane es una **Zona de No Pegar**. Esta iniciativa es un extensión de la salud pública y de las políticas de seguridad, que sirven para promover bien estar en nuestra comunidad. Esto significa que no permitimos que ninguna persona, ya sea adulto o niño, le pegue de ninguna manera a otra persona. Tampoco se permite que los padres peguen o den nalgadas a sus hijos como forma de disciplina.

¿Porque es la Oficina de la Fiscalía del Condado de Dane una Zona de No Pegar?

Los padres que visitan a la Oficina de la Fiscalía del Condado de Dane suelen sentirse estresados e inciertos. El comportamiento de los niños pequeños intensifica estos sentimientos y pone a los padres al riesgo de usar disciplina física. Nuestra meta es promover un ambiente sin violencia para todos. Nuestra esperanza es que esta iniciativa se desarrolle para incluir comunidades y familias por todo el Condado de Dane en este esfuerzo de reducir el uso de castigo físico y los resultados negativos comprobados, incluyendo el involucramiento en el futuro con el sistema de justicia penal.

Sabe que ...

- 1) Los castigos físicos no mejoran el comportamiento al plazo largo. En realidad promueve desobediencia y agresión en los niños.
- 2) Pegar o dar nalgadas enseña a los niños usar violencia para resolver sus problemas.
- 3) Usando violencia como castigo resulta que los niños salgan mal en la escuela y que carezcan de la habilidad de concentrarse.
- 4) Los niños que han recibido castigo físico son más probables de participar en delincuencia y comportamiento criminal.
- 5) Los niños que experimentan por sí mismos o vean a violencia contra los otros perciben al mundo como un lugar peligroso y espantoso.
- 6) Haber experimentado violencia como niño promueve problemas físicos y mentales después, como adulto.
- 7) Puede ser difícil para un niño que ha recibido castigo físico formar apegos saludables y poder confiar en los otros.
- 8) Los padres quienes usan castigo físico con sus hijos llevan un riesgo nueve veces mas grande de abusar físicamente a su hijo.

Gershoff, E. T. (2006). *Report on physical punishment in the United States: What research tells us about its effects on children*. Columbus, OH: Center for Effective Discipline.

Zolotor A., Theodore A., Chang J, Berkoff M., Runyan D. *Speak Softly – and Forget the Stick: Corporal Punishment and Child Physical Abuse*, 2008. *American Journal of Preventive Medicine* 2008; 35(4) 364-369.

Mecanismos de acción para los padres

- ♦ Es normal que los niños se aburran esperando. Lleve su juguete favorito u otra actividad para distraerles.
- ♦ Hablar con su hijo y explicar porque pide que se comporte de cierta manera. Mantener expectativas razonables.
- ♦ Leer a su hijo.
- ♦ Dar elogios descriptivos a su hijo para su buen comportamiento.
- ♦ Enseñar a su hijo resolver los conflictos sin violencia.
- ♦ Hacer algo para si mismo cada día para aliviar el estrés.
- ♦ Poner limites en el comportamiento de sus hijos. Darles instrucciones claras sobre su mal comportamiento.
- ♦ Pedir ayuda si lo necesita.

Pedimos a todos que trabajen o visiten a la Oficina de la Fiscalía del Condado de Dane que respalden la política de la Zona de No Pegar y animamos a todos que eviten pegar , especialmente a los niños, en su vida diaria.

****Muchas gracias a la Universidad de Louisville por haber compartido su experiencia y materias para promover las Zonas de No Pegar.**

THIS HOME IS A NO HIT ZONE!



THIS MEANS NO HITTING OF ANY KIND

Appendix 7: 2014 Corporal Punishment Conference Description and Participant Satisfaction/Feedback Summary

The Child Abuse Initiative led by the Dane County District Attorney's Office, has been a common topic among local media, political commentators, and medical, law enforcement, and human service specialists. A myriad of articles, editorials, and television spots have been dedicated to discussing this initiative. The messaging has been clear from the RJIP team and the DA's Office: This reform has the ability to have an impact on the safety and health of families, in the short and long term.

Conversations about the initiative led to creation of a two day conference on "Cultural Context of Corporal Punishment—Keeping Kids Safe" on June 10-11, 2014. The conference was a collaborative effort among the Dane County District Attorney's Office, University of Wisconsin School of Medicine and Public Health, Dane County Criminal Justice Council, Bureau of Justice Assistance, American Bar Association, and American Family Children's Hospital—Child Health Advocacy.

Day One: Safe Sanctuaries—How Churches Can Help Reduce Child Abuse.

June 10, 2014 at Fountain of Life Church, Madison, Wisconsin

Dr. Stacey Patton led the discussion targeting community advocates and African-American faith leaders. Dr. Patton connected historical information on slavery practices and principles with modern forms of punishment and abuse. A question and answer session provided opportunity for a candid conversation about race, religion and parenting practices. Typical questions included: how to translate current knowledge about positive parenting practices to the congregation, how to support each other in this message, and how parents can model and support each other. Faith based leaders, community members and racial justice advocates left the conference with an understanding of historic ties to corporal punishment, action plans to move forward, and long term goals of engaging community in this critical discussion. The session was held at a local African-American church in the evening to engage and give voice to residents who are often unheard. The information gleaned from "Safe Sanctuaries" helped informed Day Two: Cultural Context of Corporal Punishment—Keeping Kids Safe."

Day Two: Cultural Context of Corporal Punishment: Keeping Kids Safe

June 11, 2014 at the Monona Terrace Convention Center in Madison, Wisconsin

Overall Conference Objective:

The purpose of this conference was to explain the impact of corporal punishment on child development in the context of research, history and culture, and implicit bias. The conference offered a forum where participants examined their own experiences, cultural beliefs and personal biases in order to identify at least one strategy to begin to move their own and their community's attitude toward more effective and positive, non-violent parenting strategies:

- Explain the negative impact of corporal punishment on child development and long term health and well-being based on current research;
- Describe the influence history and culture has on parenting strategies;
- Examine one's own personal history and biases in order to become aware of how these influence practice-based decisions;
- Name one strategy to reduce the influence of personal bias in your daily work with families;
- Identify one strategy to employ in your professional practice to promote positive, non-violent parenting.

The day included a call for action by District Attorney Ismael Ozanne: *"Open and constructive conversations about race and culture can be uncomfortable. We may feel unjustly and inappropriately criticized; we may feel pressure to moderate our speech and contribution to the*

conversation because we do not wish to ask an honest question or state a sincere belief out of fear we will offend someone. Exactly these kinds of conversations, however, are necessary to meet our collective goal of protecting children and strengthening families by reducing violent parenting practices. Race and culture not only impact how people parent, they also impact how professionals and families engage each other and how both sides perceive outside intervention into the family. An effective solution that reduces violent parenting will reduce racial disparities in the criminal justice system, educational system, and in access to economic opportunity. But to be effective, that solution must be sensitive to the cultural and racial dynamics that surround violent parenting."

Both days of the conference were well attended. Participants included: local and state leaders, community advocates, faith based leaders, medical professionals, human services professional, law enforcement, counselors/therapists, prosecutors, victim/witness specialists, corporation counsel, social workers and guardian ad items.

The reach of the conference expanded beyond those two days in June 2014 – the information presented has spread throughout the community and the state. City of Madison detective Lieutenant Dan Olivas spread the information to all City of Madison police officers: *"In this profession, we have frequent contact with many different kinds of families, some of whom struggle with parenting (and discipline in particular). The Dane County District Attorney's Office recently added a large section regarding positive parenting models to their resources page. I would encourage everyone to take a look at the excellent resources offered and share them with the families you come in contact with (or use them for your own edification). The resources shared are based on current scientific research and come from highly respected providers."*

The two guest speakers each noted the potential of the Dane County Child Abuse Initiative to become a model for our nation.

Lisa Aronson Fontes, PhD. has dedicated 25 years to improving the ability of professionals and communities to support immigrants, refugees, and families from cultural minority groups. She is on the faculty at the University of Massachusetts, Amherst. Dr. Fontes states, *"In my 25 years in the field, this is one of the most interesting projects I have ever seen. It aims to keep people of color out of the criminal justice system through two important paths. First, it offers a limited number of families an intelligent program of deferred charges with intensive social work. And second, it aims to reduce serious child abuse by decreasing the use of corporal punishment in an entire county. I see very little truly innovative programming nationally. This project may be a model for the entire United States. The problems are serious--it is time to try something new. I applaud the Dane County District Attorney's office for its ambitious and creative work."*

Stacey Patton, PhD. is an adoptee, child abuse survivor, and former foster child turned children's advocate, journalist, historian, and motivational speaker. She stated *"As a presenter at the Cultural Context of Corporal Punishment Conference, I applaud the Dane County District Attorney's Office for taking a holistic approach to the very complicated intersections of culture, race, corporal punishment and child abuse, along with making child welfare professionals aware of their own unconscious biases and discussing ways to overcome them as they keep youth safe. Despite skepticism and resistance, the D.A.'s office never wavered in its effort to engage influential faith leaders by making them aware of the vital role they play in addressing these issues. This conference was an important step forward in the longtime struggle to challenge the African-American community's deep connection to physical punishment of children, which stems from the plantation experience and the racial nightmare of Jim Crow and persists today with the new risks of imprisonment for parents and foster care for abused children who too often end up transitioning into the juvenile justice and adult prison systems. I look forward to continued work with the D.A.'s office on this project and I hope that the diversion program becomes a national model to address this public health crisis."*

DPCAI 2014 Corporal Punishment Conference
Summary of “Intent to Change” Participant Responses
Prepared by the University of Wisconsin Population Health Institute

Summary

The “Intent to Change” protocol distributed at the Cultural Context of Corporal Punishment Conference in June 2014 stated that: “It is a goal of the conference program planners and presenters to provide information that course participants can apply to the enhancement of their professional practice.” This protocol asked conference participants:

As a result of your participation in this activity, have you gained new information or understanding that will allow you to affect positive changes in your professional practice? If Yes - Please specify up to three changes you will be able to make:

The narrative responses to this question were analyzed thematically by the University Of Wisconsin Population Health Institute (PHI) to examine the ways in which the conference inspired participants to use and apply the content.

The categories of change identified from the participant responses related to:

- **Cultural factors and faith-based community:** Comments related to *cultural factors and faith-based community* highlighted the importance of engaging local African American churches and church leaders in discussions about corporal punishment and child abuse. Participant comments included strategies for conducting outreach to these churches and ideas for collaboration with churches and other community partners. Comments in this category also included suggestions for examining the cultural elements around corporal punishment, as well as incorporating the historical roots of corporal punishment into existing practices.
- **Sharing information learned at the conference:** Comments related to *sharing information learned at the conference* described a variety of ways to share the information from the conference in personal and professional settings. Many comments included specific ideas to share with others, as well as specific individuals that would benefit from the information shared. Comments also included ideas for incorporating the information into learning opportunities and into existing programs and practices. At future conferences, participants would benefit from specific guidance on ways to share the information with professional colleagues and incorporate the information into existing practices.
- **Applying learning to client interaction:** Comments related to *applying learning to client interaction* included many ideas for guiding conversations with clients including questions to ask and ways to approach difficult conversations with clients. Comments in this category also included ideas for modeling individual behaviors to set a good example for others and ways to interact with others that could have a positive effect on others resulting in decrease in corporal punishment.

- **Use of “frames”:** Comments related to the *use of “frames”* included ideas for incorporating this approach into interactions with clients. Participants found this helpful as a way to discuss corporal punishment issues with clients.
- **Improve approaches for educating parents:** Comments related to *improving approaches for educating parents* included suggestions for educating parents in places such as doctor offices and educating parents about the alternatives to corporal punishment. Comments in this section also included specific ideas for content to share with parents and strategies for approaching parents and families.
- **Individual impact:** Comments related to *individual impact* included discussions of ways to continue to increase their knowledge of issues around corporal punishment. Many comments were made about gathering more information based on topics discussed at the conference. Comments in this area included specific suggestions for content to be included in individual education and ways to use the education to inform current practices. At future conferences, participants would benefit from guidance on where to access additional information about conference topics.
- **Addressing corporal punishment in parenting groups:** Comments related to *addressing corporal punishment in parenting groups* included suggestions for ways to incorporate information from the conference into existing parenting groups being held around the community. Comments in this category also included ideas for creating new parenting groups and ideas for improving the effectiveness of existing parenting groups.
- **How to better identify abuse:** Comments related to *how to better identify abuse* included ways to use information from the conference to better discern the signs of corporal punishment. Comments in this section also included ideas for how to incorporate information about identifying abuse into existing practices.
- **Service system collaboration:** Comments related to *service system collaboration* included suggestions for better collaboration among various partners in the community (such as CPS, law enforcement, DA’s office, treatment providers, etc.). Comments in this section included suggestions for more collaboration and better collaboration among the community partners.
- **Creating a “No hit zone”:** Comments related to *creating a “no hit zone”* included ideas for creating new “no hit zones” in places throughout the community.
- **Other suggestions going forward:** Finally, conference participants had numerous *other suggestions going forward*. Comments included ideas for ways to continue the conversations held during the conference and ways to support this ongoing conversation. Other suggestions for improvement included ideas for ways to make changes to existing strategies and structures.

Participant Response Highlights

Participants Anticipated Changes Related To:

Cultural Factors and Faith-Based Community

- “Acknowledging the importance/power of black churches and using it as a resource.”
- “Work to establish relationships with key black churches.”
- “Reach out to black church leaders.”
- “Map out and do outreach to local church leaders – start the conversation.”
- “Continue with efforts to engage with African American churches in the county.”
- “Talk with faith based subcommittee of DVCCR.”
- “Connect with church leadership to discuss collaboration around parenting groups.”
- “Integrate historical roots of corporal punishment into DV curriculum.”
- “Have better understanding of why some cultures use corporal punishment.”
- “Consider public discussion in CAA (black history) month.”
- “Continue putting a high importance on cultural competence.”
- “Look for or create materials that are culturally appropriate.”
- “During intake process with defendants, delve deeper into their religious, cultural upbringing/beliefs.”
- “Ensure cultural issues are considered in appropriate cases.”

Sharing Information Learned At the Conference

- “I can and will use research to talk about ‘side effects’ of corporal punishment.”
- “Share specific strategies from today’s conference with colleagues at agency.”
- “Incorporate new information in MAC program.”
- “Open agency-wide open dialogue about corporal punishment.”
- “Inform other staff of importance of intervening in a positive, helpful way in situations before it escalates. (Help mom on computer, provide toy for child, and say understanding words to parent).”
- “Either have someone in to present a program or do some information displays.”
- “Continue the conversation with coworkers.”
- “Develop a method of setting corporal punishment-free community standard at YWCA.”
- “Include information on positive parenting/negative corporal punishment in educational manuals.”
- “Goal/outcome = implement initiative hospital wide.”
- “Discuss the seminar info with every colleague I can.”
- “Incorporate these concepts into current clinical program.”
- “Discuss corporal punishment and the material from this conference with in-home family treatment teams and develop plan to better address issues with families.”
- “Diffuse knowledge to defendants/defense attorneys during plea negotiations.”
- “Share with families the 4 options vs. using physical discipline (establish a relationship, reinforce, avoid, last resort punish).”

- “Consider having school info session.”
- “Be more concrete with caregivers about the dangers of any corporal punishment.”
- “Share what was learned with fellow staff members, and for staff to consider how to integrate info into treatment.”
- “Use words, demonstrate how to use words, practice patience so children and adults can learn.”
- “Share info at unit meeting. Advocate for parent education/support groups in neighborhood and community centers.”
- “Pass on ‘framing’ as a tool for other professionals in field.”
- “Support internal office dialogue/education within our department.”
- “Discussions within churches we partner with.”
- “Talk to my neighbors.”
- “Talk to friends/family about corporal punishment.”

Applying Learning to Client Interaction

- “Ask better questions to understand parent’s thought process around using physical discipline.”
- “Use of thought-provoking questions with caregivers.”
- “Will always discourage and explain why not to use corporal punishment.”
- “Make fewer assumptions and ask more questions.”
- “Improve my ability to have the conversations with clients – utilize skills taught today (cognitive dissonance).”
- “Build a strong relationship with parents before providing challenging feedback.”
- “Use better strategies for talking to parents about discipline.”
- “Meet with parents for feedback on improving communication about sensitive topics like parenting/punishment.”
- “Demonstrate increased cultural awareness and empathy for families.”
- “Create cognitive dissonance for defendants about their own behavior.”
- “When meeting with individuals, to explore the fear behind the act.”
- “Listen to clients concerns/fears about how to implement new, non-abusive techniques.”
- “Remembering to ask ‘What was their fear’ when corporal punishment is used for self-reflection.”
- “Explore with families where their beliefs of corporal punishment originates.”
- “Ask more questions like ‘What does too far look like?’”
- “Use ‘I wonder’ questions from Dr. Aronson’s talk.”
- “Use ages and stages screening tool to help establish appropriate expectations. Work strategically with my moms to prevent frustrating situations.”
- “If I see stressed parents, offer to help prior to physical contact discipline.”
- “Continue to advocate for clients when experiencing institutional bias.”
- “Provide opportunity for CPS seekers to explore the roots of their beliefs about corporal punishment.”
- “Challenge literal transitions/interpretations of Bible with open questions and listening.”

Use of "Frames"

- "I now have words to use with families to help 'reframe' corporal punishment."
- "Speaking with parents/families through 'frames'."
- "Frames utilization with parents in field."
- "Use more varied frames with families I work with."
- "Utilize different frames discussed when a client brings up spanking in my parenting group."
- "Proactive discussions with parents using frames, research, etc."
- "Introduce frames to use in talking with parents about corporal punishment to all CPS seekers."
- "Framework for talking to mothers about corporal punishment."

Improve Approaches for Educating Parents

- "Discuss discipline as part of every well child check."
- "Post parenting/discipline information in exam room."
- "Develop signage/poster speaking about abandoning corporal punishment."
- "Bring up what else can be done instead of punishment."
- "Discuss discipline in more specific terms with parents."
- "Direct conversations about parenting strategies in foster homes that goes beyond 'no hitting'."
- "Study more and then share historical aspects of corporal punishment with parents."
- "More facts, research to share with parents."
- "Be better at educating families of the effects of child abuse (physical discipline)."
- "Discuss medical effects with parents in field."
- "Educate parents re: their practices and beliefs to help develop alternatives."
- "Engage non-offending parents in conversation about corporal punishment."
- "Discuss brain development for kids who experience corporal punishment with parents."
- "Evidence-based research related to help educate families."
- "Work to connect parents to positive places for support."
- "Provide education and support to families that use corporal punishment."
- "Identify alternatives for parents – collect info from parents – community based research initiative."
- "Engage and encourage families to address their stressors."
- "Historical information to help work with families – culturally competent."
- "Education programs on child development, positive solutions for families, social/emotional development."
- "Provide families with alternatives to corporal punishment."

Individual Impact

- "Now that I know, I can keep in mind what I'm doing that could be corporal punishment and change."

- “Educate myself about the issue.”
- “I have always struggled with my personal views on corporal punishment as opposed to what I do as a worker, this presentation has not only changed my personal views but also has taught me how to more effectively discuss the implications or concerns of corporal punishment with my families.”
- “Have a candid, open, honest conversation about use of corporal punishment.”
- “Bring more resources to use as a professional to improve my practice.”
- “Engage in discussions within my community regarding roots of corporal punishment.”
- “Model non-violent conflict resolution/behavior with others.”
- “Research culture (do your homework).”
- “Find/know resources of community.”
- “Make an effort to discuss this issue more often.”
- “Learn more about brain development and share with clients.”
- “Gather information about religious/spiritual backgrounds.”
- “Continue to learn more effective ways to improve the conversation.”
- “Continue to educate myself in this area (trends, interventions, resources).”
- “Be more effective/culturally sensitive.”
- “Volunteer at DA office to learn alternatives.”

Addressing Corporal Punishment in Parenting Curriculum and Groups

- “Suggest ‘classes’ at Dane County Parent Council (DPCP).”
- “Educate! Incorporate in already scheduled programs.”
- “Learn training for parents program.”
- “Add material to parenting group curriculum to further or better address cultural considerations.”
- “Think through our parenting group and curriculum specifically related to corporal punishment.”
- “Create effective parenting classes. Use education through media, signs on busses, doctor’s office.”
- “Develop parenting programs that work.”
- “Start parenting group for non-mandated clients.”
- “Use/implement more ideas for parenting education/group topics.”

How to Better Identify Abuse

- “I am a sensitive crimes detective and knowing the signs of abuse and knowledge looking more at circumstances as a whole.”
- “Remember to watch non-verbal cues in children who developmentally appear to be acting age appropriately.”
- “Assess discipline practices of parents.”
- “Become more aware of the signs of corporal punishment abuse.”
- “Enhance corporal punishment assessments.”

Service System Collaboration

- “Better collaboration between DCDHS and system.”
- “Encourage more unification between DA, CPS, police and treatment providers.”
- “More collaboration among CPS, law enforcement, community, and justice/legal system.”

Creating a “No hit zone”

- “Collaborate with CPS social worker to present ‘No Hit Zone’ to practice council at UW Health.”
- “Implement ‘No Hit Zone’ at AFCH.”

Other Suggestions Going Forward...

- “Keep the conversation going.”
- “Plan the next community conversation.”
- “Recommend ‘sparethekids.com.’”
- “Better evaluation/acceptance to DPU program.”
- “Support diversion program efforts within our department.”
- “Search for future funding to expand program efforts.”
- “Being able to implement working with our agencies/not being afraid to push the envelope and have open conversations about culture.”
- “Diversity of staff (paid and volunteer) to have people who look like the clients/participants we serve.”
- “Use Zip +4 to identify need areas.”
- “Use more focus on other negative effects of corporal punishment other than physical injury and legal ramifications.”

Responses to 2014 Corporal Punishment Conference Participant Feedback Survey
Suggestions Useful for 2015 Conference Planning

Prepared by the University of Wisconsin Population Health Institute

Potential quotes to use on 2015 conference brochure/announcement

- “I left feeling inspired to make change not only in my work but also my community. She gave me to tools to apply change as well.”
- “All of the information was very useful, from highlighting the short and long term effect on corporal punishment to brainstorming about what solutions we could come up with for our personal jobs and our community as a whole.”
- “Thank you to the planning committee for developing this very important and useful training. I walked away with new information and greater insight into CP and the need for more awareness, education, and action around this issue.”
- “I came to the conference with an open mind. Overall the training met and exceeded my expectations. My knowledge of the back story of Corporal Punishment increased tremendously, including the research, science and the negative implications of engaging in Corporal Punishment as a form of discipline. The conference also gave me the tools I needed to be an agent for change.”
- “This conference was a great starting point for conversations in our community.”
- “I think this just starts the conversation that will continue for a long time.”

Participant Suggestions for Improvement of Future Conferences

1. Priority Conference Planning Action Items

- Include a child welfare professional(s) on the planning committee
- Plan to provide hard copies (or electronic access to copies) of the powerpoint materials at conference so attendees can focus on listening and have a place to take notes
- Improve advertising of conference through more advanced notice and to surrounding counties
- Provide more scholarships rather than providing food for lunch
- Conference length: some felt the information could have been provided in a half-day training, while others felt an additional day would have been beneficial
- Include a brief introduction of the agencies present at the training to increase knowledge of those attending about the services available in the community
- Some felt that content was too basic – depends upon knowledge base of audience
- More thoroughly describe the Racial Justice Improvement Project to audience

2. Specific Feedback on 2014 Content and Suggestions for Future Content

- Duplication of some content between speakers
- “I would have liked to have more information on how to gain credibility in the minority community.”

- “One thing I didn't hear anything about was getting to families that WEREN'T connected to churches. The most frequent scenario I see with Abuse/CP is when the new boyfriend physically abuses his non-biological child. Some strategies to address this problem would be helpful, i.e. help women identify guys who are a danger to their children.”
- “I was also confused when Dr. Fontes would describe a corporal punishment technique and then state that it's ‘not abuse’ but that she didn't see it as ‘ideal’. I have always known abuse as anything that uses power and control over someone else in a negative way, so maybe Dr. Fontes was instead to say that it's not ‘legally’ considered abuse or that the punishment might not cause long-term physical harm. I would still however consider all the forms of corporal punishment that she describe as ‘abuse’ and would caution her in stating that they are not.”

3. Better inform presenters about the characteristics of the audience so that they can tailor the content of their presentations to the audience

- “It would have been helpful if she would have known her audience and the goals of the day. I found the series of photographs she showed to be entirely useless. For anyone in that room that actually conducts examinations and documents abuse as part of their jobs, they have already had extensive training on the injuries and patterns to look for. For the rest of us, you don't have to prove that abuse happens. We all know this. To go through it in such a needlessly traumatizing way is arbitrary.”
- “I found the first half of the presentation to be basic in nature, considering the level of practitioners at the presentation. However, the second (afternoon) portion of her presentation was helpful and new to me. Was somewhat offended when she stated that we should do our ‘master's thesis’ on one of the studies she presented, which indicated to me that she may not have understood who her audience was.”
- “There were many people in the audience who work directly in the child welfare system including many CPS workers. The comments made by DA Ozanne indicating that the DA's office and Children's Hospital were partnering to teach non violent discipline techniques was a little off putting to those of us who have been doing that our entire career.”

4. Videos and pictures too disturbing for some in audience; mixed reactions to usefulness

- Many attendees indicated that the graphic nature of the photos and videos of child abuse were too intense, particularly those present who had trauma issues of their own. They suggested more pointed warnings to those in the audience, more sparing use of the photos, or to move through the photos more quickly to discussion. However, most thought they were educational and moving.
 - “It was tough seeing the videos, especially the ones where a child was being spanked with a belt. I could close my eyes to the image but my ears were another matter. That is a particular trauma trigger of mine - hearing it happens to others. I know you said people could leave the room if needed but by the time I knew what kind of video it was it was really too late to leave.”
 - “Photos were emotionally difficult to see but very educational and useful.”
 - “... the amount of pictures seemed a bit excessive.”

5. Mixed feedback on small group discussion format, with some enjoying the opportunity to share and others not

- “Dialogue with professionals from different agencies that I might not of had an opportunity to meet with (thank you for making us get up and work with someone else)!”
- “I like talking to other professionals that I do not work with on a day to day basis but did not like the way the small group discussions were set up. I would have rather talked about my thoughts with my co-workers than participants who are coming from a community very different than mine.”
- “Break down tasks in smaller chunks, then, give more time to actually create solutions.”
- “I don’t personally find conversing with strangers to be the best way to process information. I think it could be more useful to stay with people that you do actually work with every day in order to begin formulating a concrete plan for how we may be able to implement some of these practices within the spheres that we influence.”
- “Group discussion for a group this size were not helpful.”

6. Provide specific direction to attendees on how to share information gained after the conference (tools, powerpoints, handouts, train-the-trainer, etc.)

- “The biggest change I will make is to talk more with parents about corporal punishment and why they should make other choices. Up to this point I have said that we do not support it but have not taken the conversation any further. I plan to discuss it more and give them things to think about.”
- “I have a lot of tools to take back to my practice, which is often not found in many training.”
- “We will integrate material from Dr. Patton's presentation regarding the historical context of corporal punishment. I will present this material to our in-home family therapy teams and discuss how to incorporate this material into our programming with families. I will renew our commitment to providing services in a culturally competent manner.”
- “I will introduce it to our management team and we will consider how we can incorporate it into our client services.”

7. Conference Facility/Physical

- The meeting room was too cold
- “The screen could have been raised higher as it was difficult to see the bottom.”
- “I would have done better with two 10-minute breaks during the morning session. I was getting quite antsy between the first break and lunch time.”
- “The room was cold and lunch was not that good.”
- “Room did not lend itself to forming and reforming groups.”

8. Improving Participant Feedback Survey

- Possible need for Spanish version? One participant answered in Spanish
- Survey was perceived as too long

Appendix 8: DPCAI Brochure

The American Bar Association (ABA) recommended that a project brochure be developed. A June 2015 draft of this brochure prepared by the ABA is included in this appendix. Numerous discussions among the ABA, RJIP team members, DPCAI staff, and evaluators occurred over the course of the project related to the purpose of the brochure, appropriate target audience, content, cost, and methods of dissemination. One potential project use for the draft brochure is as a starting point for creating a brochure to increase public defender and defense bar knowledge of DPCAI eligibility criteria and participation benefits. As of June 2015, discussions continue regarding the development and use of this brochure.

Local Resources:

Center For Families www.centerforfamilies.org/
Family Resource Center www.frcdane.org/
Family Service Madison www.fsmad.org/
Office of Child Care and Family Resources @
UW www.oocfr.wisc.edu/
The Rainbow Project www.therainbowproject.net/
UW Health www.uwhealthkids.org/

CONTACT US

Deferred Prosecution Unit
Pat Hrubesky, Director
211 S. Carroll Street #212
Madison, WI 53703
Ph: (608) 284-6896
Fax: (608) 266-4687

This brochure was produced by the Racial Justice Improvement Project of the American Bar Association Criminal Justice Section and the Wisconsin Racial Justice Task Force through funding provided by the Bureau of Justice Assistance

Deferred Prosecution Child Abuse Initiative



Dane County DA's Office
215 S. Hamilton Street, Room 3000
Madison, WI 53703
(608) 266-4211

How Does it Work?

The Deferred Prosecution Child Abuse Initiative (DPCAI) is currently offering Deferred Prosecution Agreements/contracts (DPA) to individuals facing charges related to their use of excessive corporal punishment in Dane County that, if completed, will result in reduced or dismissed sentences, and in some cases no charges being issued.



Once caregivers are determined eligible and are referred to Deferred Prosecution, they begin the intake process. This process begins with a screening or pre-screening with a DPP specialist aimed at learning more about that individual and their family, culture, beliefs, needs, strengths, abilities, goals, and challenges. Accepted caregivers are then invited to sign a DPP contract, which includes conditions (or requirements) necessary for that individual to complete in order to successfully complete the program. In addition to conditions that are standard to all DPP contract there are also requirements catered to the individual and the information learned during the screening process. Therefore, each participant is referred to education and/or treatment services that are expected to best meet their (and their family's) identified needs and goals. Every caregiver involved in the Child Abuse Program is required to participate in a parenting program though the modality may vary depending on that participant and their family's needs. Contract length is informed by both the length of time necessary to fulfill requirements, and by the severity and chronicity of the offense behavior.

Program Goals

- Provide an opportunity for eligible caregivers to participate in an alternative to the formal criminal justice response following an incident of physical abuse of a child as the result of excessive corporal punishment.
- Integrate parenting programs that strive to reduce the number of children who are abused by the excessive use of corporal punishment by replacing current discipline practices with positive parenting methods.
- Strive to provide services to all child victims that promote healing.
- Offer parents/defendants and children services in a timely, culturally responsive and systems coordinated manner.
- Strive to offer all participants services that will promote positive change and are appropriate to their needs, abilities, goals, history and offense.
- Eliminate the use of corporal punishment/physical discipline by all participants.
- Provide professional training opportunities regarding strategies to end violent parenting and efforts to improve cultural competency.
- Engage the community in a discussion that explores non-violent parenting practices.

HOW DO I PARTICIPATE?

ELIGIBILITY

To participate, one must meet the following criteria:

- Admit to using corporal punishment or physical discipline that resulted in injury to the child and be willing to address their actions
- Not under supervision or deferred agreement in any jurisdiction
- No pending or open matters filed or under review
- No convictions for five years prior to the event for which one has been referred to CAI (exceptions: delinquency, adjudications, OWI 1 and 2, or low level non-assaultive misdemeanors)
- No probation, parole, extended supervision or DPU participation for five years prior to the event for which they have been referred (exceptions: juvenile suspension & informal probation/conditional discharge out of state probation terms)
- No history of multiple domestic or family violence offenses
- No history of child abuse related charges
- Re-entry: No re-entry if returned to court due to failure to comply with contract (except at Director's discretion); Re-entry possible at Director's discretion if defendant has successfully completed a DPU contract in the past

The Director can make exceptions in the face of compelling circumstances.

BENEFITS OF THE PROGRAM

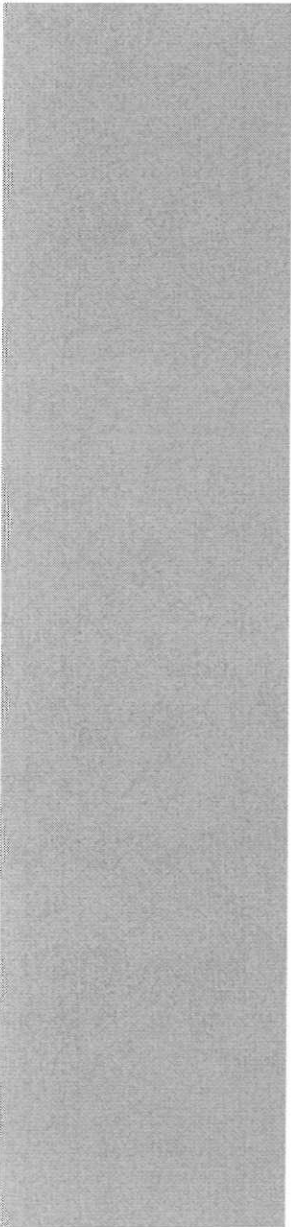
This program allows for enhanced communication between families, community resources, and criminal justice systems. Both parents and their children are likely to receive short-term and long-term benefits from a deferred prosecution model providing more timely interventions focusing on alternative, non-violent parenting methods. It allows caregivers to gain parenting skills to replace the use of corporal punishment, changing long-held attitudes leading to subsequent behavior change. Successful completion of program requirements allows the participant to avoid the stigma and associated negative societal outcomes (on employment, housing, etc.) associated with a criminal conviction by having charges reduced, dismissed, or avoided altogether. Additionally, this program has improved services for children involved in these cases by providing enhanced coordination with Child Protective Services, timely use of forensic interviews, use of the Court Appointed Special Advocates program, and referrals to necessary treatment and support services.






DEFENDING CHILDHOOD

PROTECT HEAL THRIVE



Report of the Attorney General's National Task Force on
Children Exposed to Violence



Members of the Task Force

Co-Chairs

Robert Listenbee, Jr., JD, Chief of the Juvenile Unit of the Defender Association of Philadelphia

Joe Torre, Chairman of the Joe Torre Safe At Home® Foundation; Major League Baseball's Executive Vice President for Baseball Operations

Members

The Rev. Gregory Boyle, SJ, Founder of Homeboy Industries

Sharon W. Cooper, MD, CEO of Developmental & Forensic Pediatrics, P.A.

Sarah Deer, JD, Citizen of the Muscogee (Creek) Nation of Oklahoma; Assistant Professor at William Mitchell College of Law

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Thea James, MD, Director of the Boston Medical Center Massachusetts Violence Intervention Advocacy Program; Associate Professor of Emergency Medicine at Boston Medical Center/Boston University School of Medicine

Alicia Lieberman, PhD, Director of the Early Trauma Treatment Network; Irving B. Harris Endowed Chair of Infant Mental Health at the University of California–San Francisco Department of Psychiatry; Director of the Child Trauma Research Program, San Francisco General Hospital

Robert Macy, PhD, Founder, Director, and President of the International Center for Disaster Resilience-Boston; Founder and Executive Director of the Boston Children's Foundation; Co-Director of the Division of Disaster Resilience at the Beth Israel Deaconess Medical Center

Steven Marans, PhD, Director of the National Center for Children Exposed to Violence; Harris Professor of Child Psychiatry and Professor of Psychiatry, Yale University School of Medicine; Director of the Childhood Violent Trauma Center at Yale University

Jim McDonnell, Chief of Police, Long Beach Police Department, California

Georgina Mendoza, JD, Community Safety Director for the City of Salinas, California

Retired Major General Antonio Taguba, President of TDLS Consulting, LLC; Chairman of Pan Pacific American Leaders and Mentors (PPALM)

From the Task Force Co-Chairs

We are facing one of the most significant challenges to the future of America's children that we have ever known. Our children are experiencing and witnessing violence on an alarming scale.

This exposure to violence is not limited to one community or one group of children. It occurs among all ethnic and racial groups; in urban, suburban, and rural areas; in gated communities and on tribal lands.

Advances in neuroscience and child development have taught us that the trauma children experience when they are exposed to physical, sexual, and emotional violence harms their ability to mature cognitively and emotionally, and it scars them physically and emotionally well into their adult lives.

Some of our children may grow up in safety and stability, but when millions do not, our entire society suffers. We pay astronomical costs to the health care, child welfare, justice, and other systems because we have not yet done what we know works to prevent and treat childhood exposure to violence.

U.S. Attorney General Eric Holder charged this task force with recommending ways our nation can prevent, reduce, and treat children's exposure to violence. We have taken this charge seriously.

We have heard from dozens of people who work to prevent, reduce, and treat children's exposure to violence, as well as from those who have experienced it. Their stories of what they had seen and lived through were sometimes horrifying but always inspired us to deeper commitment. What we learned from them has changed the way we think about this issue.

The good news is that we know what works to address children's exposure to violence. Now we must work courageously to find the resources to spread the solutions and implement them where they are needed. We must actively engage youth, families, and communities in the development of local solutions to these problems.

We must protect children, and we must not look away when they are in pain. We also must not let our own fears and pain stop us from helping. Above all, we must give them hope that their future will be better and safer.

We thank Attorney General Holder for shining a bright light on children's exposure to violence. It has been a tremendous honor to serve on this task force. We stand with the Attorney General and you, the reader of this report, ready to begin. When our children are dying, we cannot afford to wait.

Robert L. Listenbee, Jr.

Joe Torre

Glossary of Key Terms

American Indian/Alaska Native: As a general principle, an Indian is a person who is of some degree of Indian blood and is recognized as an Indian by a Tribe and/or the United States. No single federal or tribal criterion establishes a person's identity as an Indian. Government agencies use differing criteria to determine eligibility for programs and services. Tribes also have varying eligibility criteria for membership.

It is important to distinguish between the ethnological term "Indian" and the political/legal term "Indian." The protections and services provided by the United States for tribal members flow not from an individual's status as an American Indian in an ethnological sense, but because the person is a member of a Tribe recognized by the United States and with which the United States has a special trust relationship. (Please see <http://www.justice.gov/otj/nafaqs.htm>).

Assessment: Determining the specific nature of an individual's needs or problems using professional interviews, tests, questionnaires, or observations.

Child- and family-serving organizations: Agencies, facilities, and programs that provide children or families with services that may include education, assistance, rehabilitation, or treatment for medical or mental health, learning, social, financial, child protection, or legal needs.

Child exposed to violence: Any individual who is not yet an adult (threshold age varies across jurisdictions, typically birth to either 18 or 21 years old) who is directly or indirectly exposed to violence that poses a real threat or a perceived threat to the individual's or an affiliated person's life or bodily integrity. Children exposed to violence are at much greater risk of developing lethal medical illnesses in their early adult years; to utilize disproportionately costly medical, psychological, and public health services; and to die prematurely.

Ethnocultural: Characteristics of individuals or their communities that are related to race, ethnicity, or cultural beliefs and practices.

Evidence-based treatment: Interventions and services provided by a credentialed professional or paraprofessional to serve as a therapy or community-based service to promote recovery from psychosocial, psychological, or medical problems or to prevent these problems altogether. These interventions and services: (a) have been scientifically tested and demonstrated to be effective, (b) have clearly defined procedures that can be taught and implemented consistently with fidelity, (c) are feasible and useful for clinical practitioners and programs, and (d) are credible and acceptable to the recipients.

Screening: Asking brief questions or gathering existing information to determine if an individual should be identified as having a specific need or problem.

Trauma-informed care: This is a new form of evidence-based interventions and service delivery, implemented by multiple service providers, that identifies, assesses, and heals people injured by, or exposed to, violence and other traumatic events.

Trauma-focused services: Services are considered trauma-focused when caregivers (such as biological, foster, or adoptive parents, mentors, spiritual advisors, coaches, or line staff in child-serving programs) or professionals providing services (a) *realize* (understand) the impact that exposure to violence and trauma have on victims' physical, psychological, and psychosocial development and well-being, (b) *recognize* when a specific person who has been exposed to violence and trauma is in need of help to recover from trauma's adverse impacts, and (c) *respond* by helping in ways that reflect awareness of trauma's adverse impacts and consistently support the person's recovery from them (adapted from the 2012 SAMHSA [Substance Abuse and Mental Health Services Administration] "Working Definition of Trauma and Guidance for a Trauma-Informed Approach").

Trauma-specific treatment: Medical, physiological, psychological, and psychosocial therapies that are (a) free from the use of coercion, restraints, seclusion, and isolation, (b) provided by a trained professional to an individual, a family, or a group adversely affected by violence exposure and trauma, and (c) designed specifically to promote recovery from the adverse impacts of violence exposure and trauma on physical, psychological, and psychosocial development, health, and well-being.

Violence: The World Report on Violence and Health (WRVH) (<http://www.who.int/violenceprevention/approach/definition/en>) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

Violence exposure: Violence exposure can be *direct*, where the victim or community of victims is the direct target of the intentional use of force or power, but it can also be *indirect*, where the victim or community of victims is witness to the intentional use of force or power or has lost a loved one to violence. In both cases, over 20 years of scientific literature on the impact of violence demonstrates that violence exposure results in significant short- and long-term debilitating and costly impacts on the victim's physical, emotional, cognitive, and social health and well-being.

Violence exposure variables (magnitude of impact): Scientists and health professionals unanimously agree that specific violence exposure variables, whether direct or indirect, drastically increase negative health outcomes. Primary exposure variables include *duration of exposure* (being repeatedly victimized over months and years), *proximity to exposure* (remaining physically close to the perpetrator during the violence), *type of violence or perpetration* (combat, kidnapping, sexual assault and rape, assault and battery, torture, being buried alive, human trafficking, genocide, homeland displacement, and mass political violence), and *relationship to the perpetrator* (the perpetrator is a known figure of trust and protection like a parent, spouse, partner, or trusted authority figure).

A further critical aspect of violence exposure is the intentional selection of a victim or victims to do harm to that victim, that victim's property, that victim's family, or that victim's tribe. When the intentional selection to do harm is based on a victim's age, gender, race, ethnicity, tribal

affiliation, or beliefs and orientations, the negative health outcomes may be even more significant.

Workforce protections: Adaptations to a workplace's environment or its policies and procedures or to the education, supervision, and supportive services provided to the personnel that are designed to foster *workplace wellness* and provide protection from psychological or physical harm. A fundamental adaptation to promote wellness and protect workers is a workplace that is free from the use of coercion, restraints, seclusion, and isolation.

Executive Summary

The Attorney General's Task Force on Children Exposed to Violence

Exposure to violence is a national crisis that affects *approximately two out of every three of our children*. Of the 76 million children currently residing in the United States, an estimated 46 million can expect to have their lives touched by violence, crime, abuse, and psychological trauma this year. In 1979, U.S. Surgeon General Julius B. Richmond declared violence a public health crisis of the highest priority, and yet 33 years later that crisis remains. Whether the violence occurs in children's homes, neighborhoods, schools, playgrounds or playing fields, locker rooms, places of worship, shelters, streets, or in juvenile detention centers, the exposure of children to violence is a uniquely traumatic experience that has the potential to profoundly derail the child's security, health, happiness, and ability to grow and learn — with effects lasting well into adulthood.

Exposure to violence in any form harms children, and different forms of violence have different negative impacts.

Sexual abuse places children at high risk for serious and chronic health problems, including posttraumatic stress disorder (PTSD), depression, suicidality, eating disorders, sleep disorders, substance abuse, and deviant sexual behavior. Sexually abused children often become hypervigilant about the possibility of future sexual violation, experience feelings of betrayal by the adults who failed to care for and protect them.

Physical abuse puts children at high risk for lifelong problems with medical illness, PTSD, suicidality, eating disorders, substance abuse, and deviant sexual behavior. Physically abused children are at heightened risk for cognitive and developmental impairments, which can lead to violent behavior as a form of self-protection and control. These children often feel powerless when faced with physical intimidation, threats, or conflict and may compensate by becoming isolated (through truancy or hiding) or aggressive (by bullying or joining gangs for protection). Physically abused children are at risk for significant impairment in memory processing and problem solving and for developing defensive behaviors that lead to consistent avoidance of intimacy.

Intimate partner violence within families puts children at high risk for severe and potentially lifelong problems with physical health, mental health, and school and peer relationships as well as for disruptive behavior. Witnessing or living with domestic or intimate partner violence often burdens children with a sense of loss or profound guilt and shame because of their mistaken assumption that they should have intervened or prevented the violence or, tragically, that they caused the violence. They frequently castigate themselves for having failed in what they assume to be their duty to protect a parent or sibling(s) from being harmed, for not having taken the place of their horribly injured or killed family member, or for having caused the offender to be violent. Children exposed to intimate partner violence often experience a sense of terror and dread that they will lose an essential caregiver through permanent injury or death. They also

fear losing their relationship with the offending parent, who may be removed from the home, incarcerated, or even executed. Children will mistakenly blame themselves for having caused the batterer to be violent. If no one identifies these children and helps them heal and recover, they may bring this uncertainty, fear, grief, anger, shame, and sense of betrayal into all of their important relationships for the rest of their lives.

Community violence in neighborhoods can result in children witnessing assaults and even killings of family members, peers, trusted adults, innocent bystanders, and perpetrators of violence. Violence in the community can prevent children from feeling safe in their own schools and neighborhoods. Violence and ensuing psychological trauma can lead children to adopt an attitude of hypervigilance, to become experts at detecting threat or perceived threat — never able to let down their guard in order to be ready for the next outbreak of violence. They may come to believe that violence is “normal,” that violence is “here to stay,” and that relationships are too fragile to trust because one never knows when violence will take the life of a friend or loved one. They may turn to gangs or criminal activities to prevent others from viewing them as weak and to counteract feelings of despair and powerlessness, perpetuating the cycle of violence and increasing their risk of incarceration. They are also at risk for becoming victims of intimate partner violence in adolescence and in adulthood.

The picture becomes even more complex when children are “polyvictims” (**exposed to multiple types of violence**). As many as 1 in 10 children in this country are polyvictims, according to the Department of Justice and Centers for Disease Control and Prevention’s groundbreaking National Survey of Children’s Exposure to Violence (NatSCEV). The toxic combination of exposure to intimate partner violence, physical abuse, sexual abuse, and/or exposure to community violence increases the risk and severity of posttraumatic injuries and mental health disorders by at least twofold and up to as much as tenfold. Polyvictimized children are at very high risk for losing the fundamental capacities necessary for normal development, successful learning, and a productive adulthood.

The financial costs of children’s exposure to violence are astronomical. The financial burden on other public systems, including child welfare, social services, law enforcement, juvenile justice, and, in particular, education, is staggering when combined with the loss of productivity over children’s lifetimes.

It is time to ensure that our nation’s past inadequate response to children’s exposure to violence does not negatively affect children’s lives any further. We must not allow violence to deny any children their right to physical and mental health services or to the pathways necessary for maturation into successful students, productive workers, responsible family members, and parents and citizens.

We can stem this epidemic if we commit to a strong national response. The long-term negative outcomes of exposure to violence can be prevented, and children exposed to violence can be helped to recover. Children exposed to violence can heal if we identify them early and give them specialized services, evidence-based treatment, and proper care and support. We have the

power to end the damage to children from violence and abuse in our country; it does not need to be inevitable.

We, as a country, have the creativity, knowledge, leadership, economic resources, and talent to effectively intervene on behalf of children exposed to violence. We can provide these children with the opportunity to recover and, with hard work, to claim their birthright ... life, liberty, and the pursuit of happiness. We invest in the future of our nation when we commit ourselves as citizens, service providers, and community members to helping our children recover from exposure to violence and ending all forms of violence in their lives.

To prepare this report, the Attorney General commissioned a task force of diverse leaders dedicated to protecting children from exposure to violence and to healing those who were exposed. The report calls for action by the federal government, states, tribes, communities, and the private sector across the country to marshal the best available knowledge and all of the resources needed to defend all of our children against exposure to violence. The Attorney General's task force asks all readers of this report to imagine a safe country for our children's creative, healthy development and to join together in developing a national plan to foster that reality.

The findings and recommendations of the task force are organized into six chapters. The first chapter provides an overview of the problem and sets forth 10 foundational recommendations. The next two chapters offer a series of recommendations to ensure that we reliably identify, screen, and assess all children exposed to violence and thereafter give them support, treatment, and other services designed to address their needs. In the fourth and fifth chapters, the task force focuses on prevention and emphasizes the importance of effectively integrating prevention, intervention, and resilience across systems by nurturing children through warm, supportive, loving, and nonviolent relationships in our homes and communities. In the sixth and final chapter of this report, the task force calls for a new approach to juvenile justice, one that acknowledges that the vast majority of the children involved in that system have been exposed to violence, necessitating the prioritization of services that promote their healing.

The challenge of children's exposure to violence and ensuing psychological trauma is not one that government alone can solve. The problem requires a truly national response that draws on the strengths of all Americans. Our children's futures are at stake. Every child we are able to help recover from the impact of violence is an investment in our nation's future. Therefore, this report calls for a collective investment nationwide in defending our children from exposure to violence and psychological trauma, in healing families and communities, and in enabling all of our children to imagine and claim their safe and creative development and their productive futures. The time for action is now. Together, we must take this next step and build a nation whose communities are dedicated to ending children's exposure to violence and psychological trauma. To that end, the task force offers the following recommendations.

Task Force Recommendations

1. Ending the Epidemic of Children Exposed to Violence

1.1 Charge leaders at the highest levels of the executive and legislative branches of the federal government with the coordination and implementation of the recommendations in this report.

The executive branch should designate leadership at the highest levels of government to implement the recommendations in this report. Working with the executive branch, Congress should take legislative action on the recommendations in this report, making these recommendations a bipartisan priority.

1.2 Appoint a federal task force or commission to examine the needs of American Indian/Alaska Native children exposed to violence.

A federal task force or commission should be developed to examine the specific needs of American Indian/Alaska Native (AIAN) children exposed to violence and recommend actions to protect AIAN children from abuse and neglect and reduce violence. The management of this task force or commission, and the selection of its members, should be carried out through an equal collaboration between the Attorney General and the Secretary of the Interior.

1.3 Engage youth as leaders and peer experts in all initiatives defending children against violence and its harmful effects.

Local, state, and regional child-serving initiatives and agencies should be directed to involve youth as leaders, planners, problem solvers, and communicators and be given the support they need to do this. Engagement with youth is essential in order to develop effective solutions to the complex problems leading to and resulting from children's exposure to violence.

1.4 Ensure universal public awareness of the crisis of children exposed to violence and change social norms to protect children from violence and its harmful effects.

Precedents exist for solving epidemic and seemingly intractable problems. Federal, state, and regional initiatives should be designed, developed, and implemented to launch a national public awareness campaign to create fundamental changes in perspective in every organization, community, and household in our country.

1.5 Incorporate evidence-based trauma-informed principles in all applicable federal agency grant requirements.

The federal government should lead the development of standards of care for identification, assessment, treatment, protection, and other crucial services for children exposed to violence and psychological trauma as well as the development of protocols for monitoring the quality of these services as measured against the national standards.

1.6 Launch a national initiative to promote professional education and training on the issue of children exposed to violence.

Standards and a curriculum must be developed to ensure that all students and professionals working with children and families are aware of the scope of the problem of children's exposure to violence as well as their responsibility to provide trauma-informed services and trauma-specific evidence-based treatment within the scope of their professional expertise.

1.7 Continue to support and sustain the national data collection infrastructure for the monitoring of trends in children exposed to violence.

Continued support for the National Survey of Children's Exposure to Violence (NatSCEV) is essential to ensure that the survey is conducted at frequent, regular intervals. The government must gather and examine additional data on a regular basis, in concert with the NatSCEV, to address related justice, education, health, and human services issues; to establish a clear picture of children's continuing exposure to violence; and to track and demonstrate the progress our country makes in ending this epidemic.

1.8 Create national centers of excellence on children's exposure to violence.

To ensure the success of this report's recommendations, national centers of excellence should be established and fully funded to support the implementation of a sustained public awareness campaign, reforms to maximize efficiencies in funding, standards for professional education and practices, and ongoing monitoring of trends and the translation of data; and to bring together the scientific, clinical, technical, and policy expertise necessary to systematically ensure the success of each of the foregoing goals.

1.9 Develop and implement public policy initiatives in state, tribal, and local governments to reduce and address the impact of childhood exposure to violence.

Every community's governing institutions and leaders should be provided with guidance from national centers of excellence to enable them to create local public policy initiatives, regulations, and services that ensure that children are protected against the harmful effects of exposure to violence and psychological trauma to the fullest extent possible.

1.10 Finance change by adjusting existing allocations and leveraging new funding.

The federal government should provide financial incentives to states and communities to redirect funds to approaches with an established record of success in defending children against exposure to violence and enabling victimized children to heal and recover.

2. Identifying Children Exposed to Violence

Every year, millions of children in this country are exposed to violence, and yet very few of these children ever receive help in recovering from the psychological damage caused by this experience. The first crucial step in protecting our children is to *identify and provide timely and*

effective help to those who already are being victimized by violence. The recommendations below are offered to address identification, assessment, and screening:

2.1 Galvanize the public to identify and respond to children exposed to violence.

Sustained public information and advocacy initiatives should be implemented in every community in order to create an informed citizenry that can advocate for higher levels of services and support from policymakers for both prevention and early intervention for children exposed to violence. These initiatives are crucial to challenge the misplaced pessimism that makes violence seem like an inevitable part of life.

2.2 Ensure that all children exposed to violence are identified, screened, and assessed.

Every professional and paraprofessional who comes into contact with pregnant women and children must routinely identify children exposed to (or at risk for) violence, provide them with trauma-informed care or services, and assist them and their families in accessing evidence-based trauma-specific treatment.

2.3 Include curricula in all university undergraduate and graduate programs to ensure that every child- and family-serving professional receives training in multiple evidence-based methods for identifying and screening children for exposure to violence.

It is imperative to equip all professionals who serve children and families with the knowledge and skills they need to recognize and address the impact of violence and psychological trauma on children.

2.4 Develop and disseminate standards in professional societies and associations for conducting comprehensive specialized assessments of children exposed to violence.

Professional societies and associations of educators, law enforcement personnel, public health workers, providers of faith-based services, athletic coaches, physicians, psychologists, psychiatrists, social workers, counselors, and marriage and family therapists — and those representing specialists in child abuse and domestic violence prevention and treatment — should develop, update, and disseminate standards for training and practice in the specialized assessment of children exposed to violence.

3. Treatment and Healing of Exposure to Violence

The majority of children in our country who are identified as having been exposed to violence never receive services or treatment that effectively help them to stabilize themselves, regain their normal developmental trajectory, restore their safety, and heal their social and emotional wounds. But help isn't optional or a luxury when a child's life is at stake; it's a necessity. Even after the violence has ended, these child survivors suffer from severe problems with anxiety, depression, anger, grief, and posttraumatic stress that can mar their relationships and family life and limit their success in school or work, not only in childhood but throughout their adult lives. Without services or treatment, even children who appear resilient and seem to recover from

exposure to violence still bear emotional scars that may lead them to experience these same health and psychological problems years or decades later.

3.1 Provide all children exposed to violence access to trauma-informed services and evidence-based trauma-specific treatment.

Service and treatment providers who help children and their families exposed to violence and psychological trauma *must* provide trauma-informed care, trauma-specific treatment, or trauma-focused services.

3.2 Adapt evidence-based treatments for children exposed to violence and psychological trauma to the cultural beliefs and practices of the recipients and their communities.

Federal, regional, and state funding should be dedicated to the development, testing, and distribution of evidence-based, trauma-specific treatments that have been carefully adapted to recipients' cultural beliefs and practices in order to reach the millions of children currently in need in diverse communities throughout the country.

3.3 Develop and provide trauma-informed care in all hospital-based trauma centers and emergency departments for all children exposed to violence.

Hospital-based counseling and prevention programs should be established in all hospital emergency departments — especially those that provide services to victims of violence — including victims of gang violence. Professionals and other staff in emergency medical services should be trained to identify and engage children who have been exposed to violence or to prolonged, extreme psychological trauma.

3.4 Share information and implement coordinated and adaptive approaches to improve the quality of trauma-specific treatments and trauma-focused services and their delivery by organizations and professionals across settings and disciplines to children exposed to violence.

To be effective, trauma-specific treatments and trauma-focused services must be provided in a consistent manner across the many systems, programs, and professions dedicated to helping children exposed to violence.

3.5 Provide trauma-specific treatments in all agencies and organizations serving children and families exposed to violence and psychological trauma that are suitable to their clinicians' and staff members' professional and paraprofessional roles and responsibilities.

Agencies and organizations serving children and families should have access to training on and assistance in sustained, effective implementation of widely available trauma-specific treatments that have been shown scientifically to be effective with young children, school-age children, and adolescents.

3.6 Ensure that every professional and advocate serving children exposed to violence and psychological trauma learns and provides trauma-informed care and trauma-focused services.

Treatment providers should be made available in every setting in which children spend their days — schools, youth centers, even the family’s home — as well as where children receive care — clinics, hospitals, counseling centers, the offices of child protective services, homeless shelters, domestic violence programs — and where they encounter the legal system — on the street with police officers, in the courts, in probation and detention centers — to help children recover from violence and psychological trauma by providing trauma-informed care and trauma-focused services.

3.7 Grow and sustain an adequate workforce of trauma-informed service providers, with particular attention paid to the recruitment, training, and retention of culturally diverse providers.

Trauma-informed care and trauma-focused services should be taught as a required part of the curriculum for all graduate and undergraduate students enrolled in professional education programs in colleges, universities, and medical and law schools where these students are preparing for careers in the health care, human services, public health, child welfare, or juvenile justice fields. The same recommendation applies to technical and vocational schools in which the students are preparing to work in similar fields.

3.8 Ensure that professional societies should develop, adopt, disseminate, and implement principles, practices, and standards for comprehensive evidence-based treatment of children exposed to violence or psychological trauma.

Every professional society in the United States that represents children and families should develop and formally adopt principles, practices, guidelines, and standards for evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services for violence-exposed children and their families.

3.9 Provide research funding to continue the clinical and scientific development of increasingly effective evidence-based treatments for children exposed to violence.

Research and funding infrastructures that encourage the creation and testing of innovative practices and programs that allow for the evolution of increasingly effective evidence-based treatments for children exposed to violence must be expanded or newly developed.

3.10 Provide individuals who conduct services and treatment for children exposed to violence with workforce protection to prepare them for the personal impact of this work and to assist them in maintaining a safe and healthy workplace.

All providers should receive training and resources in their workplace that enable them to maintain their own emotional and physical health and professional and personal support systems.

3.11 Incentivize healthcare providers and insurance providers to reimburse trauma-focused services and trauma-specific treatment.

Even evidence-based treatments will fail if they are poorly implemented. Treatment providers must be incentivized in their practices to routinely monitor and report on the quality, reach, and outcomes of the evidence-based or evidence-informed services they provide using established methods for doing so.

4. Creating Safe and Nurturing Homes

Each year, millions of children in this country are exposed to violence and abuse in their homes or, less often, outside the home. Violence in the home can take many forms, including, but not limited to, physical and sexual abuse of children; intimate partner violence; and violence among family members, including siblings, grandparents, or extended family. In some cases, family members may even lose their lives because of criminal violence.

Recognizing that the best place for children and adolescents to not only survive but also to thrive is in families that keep them safe and nurture their development, the task force offers 11 recommendations that are described below.

4.1 Expand access to home visiting services for families with children who are exposed to violence, focusing on safety and referral to services.

Home visitation programs should be expanded to address the dynamics of child abuse and domestic violence; to provide evidence-based safety planning for parents, including pregnant mothers who are victims of domestic violence and sexual assault; and to strengthen the connections between children and their non-offending and protective parent(s), recognizing that every violence-exposed child's well-being is inextricably linked to the safety of that child's home and the well-being of her/his parents and caregivers.

4.2 Increase collaborative responses by police, mental health providers, domestic violence advocates, child protective service workers, and court personnel for women and children who are victimized by intimate partner violence.

We need to enhance coordination between law enforcement and service providers to identify children who are traumatized by domestic violence in order to assess immediate and subsequent threats and to follow up with visits to evaluate safety and other concerns of victims.

Coordinated responses must be developed to address safety issues, basic needs, trauma-focused assessment, and identification of children needing treatment, to support children's recovery from the impact of exposure to intimate partner violence.

Models for integrated planning and intervention following initial police responses to domestic disturbances to law enforcement, mental health, child protective services, and domestic violence services agencies and courts should be disseminated nationwide.

4.3 Ensure that parents who are victims of domestic violence have access to services and counseling that help them protect and care for their children.

Parents who have experienced intimate partner violence should be provided with trauma-informed services and treatment themselves in order to assist them in providing their children with emotional security and support for healthy development.

4.4 When domestic violence and child sexual or physical abuse co-occur, ensure that the dependency and family courts, the child protection system, and domestic violence programs work together to create protocols and policies that protect children and adult victims.

When domestic violence and child abuse co-occur in a family, all victims need protection. Adult caregivers who are victimized, and their children involved in custody and dependency cases, should be provided with coordinated trauma-informed services and trauma-specific treatment appropriate to their circumstances and developmental stage. Every reasonable effort should be made to keep the violence-exposed child and non-offending parent(s) or other family caregiver(s) together.

4.5 Create multidisciplinary councils or coalitions to assure systemwide collaboration and coordinated community responses to children exposed to family violence.

Every city, county, or tribe should be directed and supported to establish and sustain a multidisciplinary network or council that includes every provider and agency that touches the lives of children exposed to violence, including key decision makers who affect policy, programs, and case management.

Coordinated multidisciplinary teams that screen, assess, and respond to victims of family violence involved in the child protection and juvenile justice systems, and standards and procedures to prevent families and children who are exposed to violence in the home from becoming unnecessarily involved in those systems, are needed in every community.

4.6 Provide families affected by sexual abuse, physical abuse, and domestic violence with education and services to prevent further abuse, to respond to the adverse effects on the family, and to enable the children to recover.

Programs should be supported and developed to engage parents to help protect and support children, ideally working to stop child sexual or physical abuse before it occurs — and also enabling parents to assist their children in recovery if sexual or physical abuse does occur. Prevention programs that equip parents and other family members with the skills needed to establish healthy, supportive, proactive relationships with children should be available to all families in every community.

4.7 Ensure that parenting programs in child- and family-serving agencies, including fatherhood programs and other programs specifically for men, integrate strategies for

preventing domestic violence and sexual assault and include reparation strategies when violence has already occurred.

All agencies, programs, and providers working with fathers who have been violent toward their children, partners, or other family members must provide in-depth assessment, diagnosis, treatment planning, and educational services that are linked to the specific problems of each offender. Fathers who use violence also must be held accountable and monitored, as change does not always come easily or quickly.

4.8 Provide support and counseling to address the unique consequences for children exposed to lethal violence, both in the home as a result of domestic violence homicides and suicides, and in the community.

Evidence-based treatments that have been developed specifically to help children recover and heal from the traumatic grief of a violent death in their family should be available to all children who experience a loss due to violence, in every community in this country.

4.9 Develop interventions in all child- and family-serving agencies that build on the assets and values of each family's culture of origin and incorporate the linguistic and acculturation challenges of immigrant children and parents.

Evidence-based interventions should be created specifically for immigrant children and their families who have been exposed to violence, providing them with a network of services and supports that are grounded in the beliefs and values of their culture and language of origin rather than forcing them to renounce or relinquish those crucial ties and foundations.

4.10 Ensure compliance with the letter and spirit of the Indian Child Welfare Act (ICWA).

Thirty-five years after its passage, full implementation of the ICWA remains elusive. Because the ICWA is a federal statute, successful implementation will be best ensured through strong, coordinated support from the Department of Interior, Bureau of Indian Affairs; Department of Health and Social Services, Administration for Children and Families; and the Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

4.11 Initiate a nationally sponsored program similar to the Department of Defense's community and family support programs that provides military families with specialized services focused on building strengths and resilience, new parent support, youth programs, and forging partnerships with communities.

The unique challenges of military families are widely recognized, but military families are too frequently underserved. Family support programs developed in concert with the President's "Strengthening Our Military Families" initiative should be expanded to fully provide for the safety and well-being of the children of military families and veterans living in civilian communities.

5. Communities Rising Up Out of Violence

Every year, community violence affects tens of millions of children in this country. This violence can occur in episodic incidents such as shootings in schools or other public places that cause children and families to feel terror in their own neighborhoods and schools and leave them to recover from the traumatic grief of losing friends or peers who are killed or who never fully recover. In addition, countless children are victimized when violence becomes part of the fabric of American communities as a result of gangs, or when bullying or corporal punishment is tolerated or sanctioned in schools or youth activities.

To reduce the extent of this pandemic of children's exposure to community violence, on behalf of children not yet exposed to community violence, and to help children who have been victims recover and heal from the trauma and grief caused by violence in their neighborhoods and schools, the task force proposes the following recommendations:

5.1 Organize local coalitions in every community representing professionals from multiple disciplines and the full range of service systems (including law enforcement, the courts, health care, schools, family services, child protection, domestic violence programs, rape crisis centers, and child advocacy centers) as well as families and other community members, to assess local challenges and resources, develop strategies, and carry out coordinated responses to reduce violence and the number of children exposed to violence.

Nationwide, local coalitions should be formed to increase children's safety and well-being through public awareness, wraparound support services, and immediate access to services that are tailored to meet the individual needs of children and families exposed to violence in their schools, neighborhoods, or homes.

5.2 Recognize and support the critical role of law enforcement's participation in collaborative responses to violence.

Child-serving professionals from all disciplines and law enforcement professionals should partner to provide protection and help in recovery and healing for children exposed to violence.

5.3 Involve men and boys as critical partners in preventing violence.

Initiatives must be supported and expanded to involve men and boys in using nonviolence to build healthy communities and to develop a network of men and boys across the country who are committed to creating widespread change that will help break the cycle of violence in our homes, schools, and communities.

5.4 Foster, promote, and model healthy relationships for children and youth.

Community- and school-based programs should be developed and supported to prevent violence within adolescent relationships, to promote healthy relationships, and to change social norms that tolerate and condone abuse.

5.5 Develop and implement policies to improve the reporting of suspected child sexual abuse in every institution entrusted with the care and nurturing of children.

To break the silence and secrecy that shrouds child sexual abuse, every institution entrusted with the care and safety of children must improve its policies on mandatory reporting, implement them fully, educate its employees about them, and ensure full compliance.

5.6 Train and require child care providers to meet professional and legal standards for identifying young children exposed to violence and reducing their exposure to it.

Child care providers must be trained and provided with ongoing supervision and continuing education so as to be able to recognize children in their care who have been exposed to violence and to be able to help their families to access the services and treatment that these children need in order to recover.

5.7 Provide schools with the resources they need to create and sustain safe places where children exposed to violence can get help.

Every school in our country should have trauma-informed staff and consultants providing school-based trauma-specific treatment. In addition, these professionals should help children who have severe chronic problems to access evidence-based treatment at home or in clinics.

5.8 Provide children, parents, schools, and communities with the tools they need to identify and stop bullying and to help children who have been bullied — including the bullies themselves — to recover from social, emotional, and school problems.

Trauma-informed services and support should be provided to all children who are bullies or victims of bullying in order to stop the spread of emotional and physical violence in our schools and communities.

5.9 Put programs to identify and protect children exposed to community violence who struggle with suicidality in place in every community.

Every community in the nation should have immediate access to evidence-based, trauma-informed, trauma-specific, community-adaptive suicide prevention and treatment programs for children and youth at high risk because of their severe suicidality.

5.10 Support community programs that provide youth with mentoring as an intervention and as a prevention strategy, to reduce victimization by and involvement in violence and to promote healthy development by youths.

All children's mentoring programs should provide ongoing trauma-informed training and supervision to their adult mentors to ensure the children's safety and maximize the benefits of the mentoring relationship.

5.11 Help communities learn and share what works by investing in research.

A coordinated national initiative should be created to develop public-private partnerships and funding to ensure that scientific research on the causes of children's exposure to community violence, ways to prevent such exposure, and methods of treating its adverse effects is translated into effective and efficient interventions that are available to, and used successfully in, every community in our country.

6. Rethinking Our Juvenile Justice System

The vast majority of children involved in the juvenile justice system have survived exposure to violence and are living with the trauma of those experiences. A trauma-informed approach to juvenile justice does not require wholesale abandonment of existing programs, but instead it can be used to make many existing programs more effective and cost-efficient. By correctly assessing the needs of youth in the justice system, including youth exposed to violence, and matching services directly to those needs, the system can help children recover from the effects of exposure to violence and become whole.

As a guide to addressing the needs of the vast majority of at-risk and justice-involved youth who have been exposed to violence, the task force offers the recommendations listed below.

6.1 Make trauma-informed screening, assessment, and care the standard in juvenile justice services.

All children who enter the juvenile justice system should be screened for exposure to violence. The initial screening should take place upon the child's first contact with the juvenile justice system and should include youth who meet the criteria for diversion from the system. Where feasible, juvenile justice stakeholders should develop trauma-informed care and treatment for children diverted to prevention, mental health, or dependency programs.

6.2 Abandon juvenile justice correctional practices that traumatize children and further reduce their opportunities to become productive members of society.

Juvenile justice officials should rely on detention or incarceration as a last resort and only for youth who pose a safety risk or who cannot receive effective treatment in the community. Facilities must eliminate practices that traumatize and damage the youth in their care.

6.3 Provide juvenile justice services appropriate to children's ethnocultural background that are based on an assessment of each violence-exposed child's individual needs.

Culturally sensitive role models, practices, and programs aimed at healing traumatized youth and preventing youth from being further exposed to violence in the juvenile justice system should be expanded nationwide and incorporated into statewide juvenile justice systems.

6.4 Provide care and services to address the special circumstances and needs of girls in the juvenile justice system.

Programs that provide gender-responsive services for girls healing from violence and other traumatic events, including sexual and physical abuse, should be supported and developed.

6.5 Provide care and services to address the special circumstances and needs of LGBTQ (lesbian-gay-bisexual-transgender-questioning) youth in the juvenile justice system.

Every individual who works in the juvenile justice system should be trained and provided with ongoing supervision in order to be able to deliver trauma-informed care while demonstrating respect and support for the sexual orientation of every youth.

6.6 Develop and implement policies in every school system across the country that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and ultimately drive children into the juvenile justice system.

Successful school-based programs that help students develop better ways of handling emotional distress, peer pressures, and problems in family and peer relationships and that integrate recovery from trauma should be expanded and then embedded into existing school curricula and activities to increase students' abilities to have positive experiences with education, recreation, peer relationships, and the larger community.

6.7 Guarantee that all violence-exposed children accused of a crime have legal representation.

We should ensure that all children have meaningful access to legal counsel in delinquency proceedings. Screen all children who enter the juvenile and adult justice systems for exposure to violence and provide access to trauma-informed services and treatment. Train defense attorneys who represent children to identify and obtain services for clients who have been exposed to violence and to help identify and prevent abuses of children in juvenile detention and placement programs.

6.8 Help, do not punish, child victims of sex trafficking.

Child victims of commercial sex trafficking should not be treated as delinquents or criminals. New laws, approaches to law enforcement, and judicial procedures must be developed that apply existing victim protection laws to protect the rights of these child victims.

6.9 Whenever possible, prosecute young offenders in the juvenile justice system instead of transferring their cases to adult courts.

No juvenile offender should be viewed or treated as an adult. Laws and regulations prosecuting them as adults in adult courts, incarcerating them as adults, and sentencing them to harsh punishments that ignore and diminish their capacity to grow must be replaced or abandoned.



TOOLKIT

Racial Equity Toolkit

An Opportunity to Operationalize Equity



LOCAL AND REGIONAL
GOVERNMENT ALLIANCE ON
RACE & EQUITY

[RACIALEQUITYALLIANCE.ORG](https://racialequityalliance.org)



LOCAL AND REGIONAL
**GOVERNMENT ALLIANCE ON
RACE & EQUITY**

This toolkit is published by the
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achieve racial equity and advance opportunities for all.

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ABOUT THE GOVERNMENT ALLIANCE ON RACE & EQUITY



The Government Alliance on Race and Equity (GARE) is a national network of government working to achieve racial equity and advance opportunities for all. Across the country, govern-mental jurisdictions are:

- making a commitment to achieving racial equity;
- focusing on the power and influence of their own institutions; and,
- working in partnership with others.

When this occurs, significant leverage and expansion opportunities emerge, setting the stage for the achievement of racial equity in our communities.

GARE provides a multi-layered approach for maximum impact by:

- supporting jurisdictions that are at the forefront of work to achieve racial equity. A few jurisdictions have already done substantive work and are poised to be a model for others. Supporting and providing best practices, tools and resources is helping to build and sustain current efforts and build a national movement for racial equity;
- developing a “pathway for entry” into racial equity work for new jurisdictions from across the country. Many jurisdictions lack the leadership and/or infrastructure to address issues of racial inequity. Using the learnings and resources from jurisdictions at the forefront will create pathways for the increased engagement of more jurisdictions; and,
- supporting and building local and regional collaborations that are broadly inclusive and focused on achieving racial equity. To eliminate racial inequities in our communities, developing a “collective impact” approach firmly grounded in inclusion and equity is necessary. Government can play a key role in collaborations for achieving racial equity, centering community, and leveraging institutional partnerships.

To find out more about GARE, visit www.racialequityalliance.org.

I. What is a Racial Equity Tool?

Racial equity tools are designed to integrate explicit consideration of racial equity in decisions, including policies, practices, programs, and budgets. It is both a product and a process. Use of a racial equity tool can help to develop strategies and actions that reduce racial inequities and improve success for all groups.

Too often, policies and programs are developed and implemented without thoughtful consideration of racial equity. When racial equity is not explicitly brought into operations and decision-making, racial inequities are likely to be perpetuated. Racial equity tools provide a structure for institutionalizing the consideration of racial equity.

A racial equity tool:

- proactively seeks to eliminate racial inequities and advance equity;
- identifies clear goals, objectives and measurable outcomes;
- engages community in decision-making processes;
- identifies who will benefit or be burdened by a given decision, examines potential unintended consequences of a decision, and develops strategies to advance racial equity and mitigate unintended negative consequences; and,
- develops mechanisms for successful implementation and evaluation of impact.

Use of a racial equity tool is an important step to operationalizing equity. However, it is not sufficient by itself. We must have a much broader vision of the transformation of government in order to advance racial equity. To transform government, we must normalize conversations about race, operationalize new behaviors and policies, and organize to achieve racial equity.

For more information on the work of government to advance racial equity, check out GARE's "Advancing Racial Equity and Transforming Government: A Resource Guide for Putting Ideas into Action" on our website. The Resource Guide provides a comprehensive and holistic approach to advancing racial equity within government. In addition, an overview of key racial equity definitions is contained in Appendix A.

II. Why should government use this Racial Equity Tool?

From the inception of our country, government at the local, regional, state, and federal level has played a role in creating and maintaining racial inequity. A wide range of laws and policies were passed, including everything from who could vote, who could be a citizen, who could own property, who was property, where one could live, whose land was whose and more. With the Civil Rights movement, laws and policies were passed that helped to create positive changes, including making acts of discrimination illegal. However, despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Racial inequities exist across all indicators for success, including in education, criminal justice, jobs, housing, public infrastructure, and health, regardless of region.

Many current inequities are sustained by historical legacies and structures and systems that repeat patterns of exclusion. Institutions and structures have continued to create and perpetuate inequities, despite the lack of explicit intention. Without intentional intervention, institutions and structures will continue to perpetuate racial inequities. Government has the ability to implement policy change at multiple levels and across multiple sectors to drive larger systemic change. Routine use of a racial equity tool explicitly integrates racial equity into governmental operations.

Local and regional governmental jurisdictions that are a part of the GARE are using a racial equity tool. Some, such as the city of Seattle in Washington, Multnomah County in Oregon, and

the city of Madison in Wisconsin have been doing so for many years:

- The Seattle Race and Social Justice Initiative (RSJI) is a citywide effort to end institutionalized racism and race-based disparities in City government. The Initiative was launched in 2004. RSJI includes training to all City employees, annual work plans, and change teams in every city department. RSJI first started using its Racial Equity Tool during the budget process in 2007. The following year, in recognition of the fact that the budget process was just the “tip of the ice berg,” use of the tool was expanded to be used in policy and program decisions. In 2009, Seattle City Council included the use of the Racial Equity Tool in budget, program and policy decisions, including review of existing programs and policies, in a resolution (Resolution 31164) affirming the City’s Race and Social Justice Initiative. In 2015, newly elected Mayor Ed Murray issued an Executive Order directing expanded use of the Racial Equity Tool, and requiring measurable outcomes and greater accountability.

See Appendix B for examples of how Seattle has used its Racial Equity Tool, including legislation that offers protections for women who are breastfeeding and use of criminal background checks in employment decisions.

Multnomah County’s Equity and Empowerment Lens is used to improve planning, decision-making, and resource allocation leading to more racially equitable policies and programs. At its core, it is a set of principles, reflective questions, and processes that focuses at the individual, institutional, and systemic levels by:

- deconstructing what is not working around racial equity;
- reconstructing and supporting what is working;
- shifting the way we make decisions and think about this work; and,
- healing and transforming our structures, our environments, and ourselves.

Numerous Multnomah County departments have made commitments to utilizing the Lens, including a health department administrative policy and within strategic plans of specific departments. Tools within the Lens are used both to provide analysis and to train employers and partners on how Multnomah County conducts equity analysis.

Madison, Wisconsin is implementing a racial equity tool, including both a short version and a more in-depth analysis. See Appendix D for a list of the types of projects on which the city of Madison has used their racial equity tool.

For jurisdictions that are considering implementation of a racial equity tool, these jurisdictions examples are powerful. Other great examples of racial equity tools are from the Annie E. Casey Foundation and Race Forward.

In recognition of the similar ways in which institutional and structural racism have evolved across the country, GARE has developed this Toolkit that captures the field of practice and commonalities across tools. We encourage jurisdictions to begin using our Racial Equity Tool. Based on experience, customization can take place if needed to ensure that it is most relevant to local conditions. Otherwise, there is too great of a likelihood that there will be a significant investment of time, and potentially money, in a lengthy process of customization without experience. It is through the implementation and the experience of learning that leaders and staff will gain experience with use of a tool. After a pilot project trying out this tool, jurisdictions will have a better understanding of how and why it might make sense to customize a tool.

For examples of completed racial equity analyses, check out Appendix B and Appendix D, which includes two examples from the city of Seattle, as well as a list of the topics on which the city of Madison has used their racial equity tool.

Please note: In this Resource Guide, we include some data from reports that focused on whites and African Americans, but otherwise, provide data for all racial groups analyzed in the research. For consistency, we refer to African Americans and Latinos, although in some of the original research, these groups were referred to as Blacks and Hispanics.

TOOLKIT

Racial Equity Toolkit: An Opportunity to Operationalize Equity

III. Who should use a racial equity tool?

A racial equity tool can be used at multiple levels, and in fact, doing so, will increase effectiveness.

- **Government staff:** The routine use of a racial equity tool by staff provides the opportunity to integrate racial equity across the breadth, meaning all governmental functions, and depth, meaning across hierarchy. For example, policy analysts integrating racial equity into policy development and implementation, and budget analysts integrating racial equity into budget proposals at the earliest possible phase, increases the likelihood of impact. Employees are the ones who know their jobs best and will be best equipped to integrate racial equity into practice and routine operations.
- **Elected officials:** Elected officials have the opportunity to use a racial equity tool to set broad priorities, bringing consistency between values and practice. When our elected officials are integrating racial equity into their jobs, it will be reflected in the priorities of the jurisdiction, in direction provided to department directors, and in the questions asked of staff. By asking simple racial equity tool questions, such as “How does this decision help or hinder racial equity?” or “Who benefits from or is burdened by this decision?” on a routine basis, elected officials have the ability to put theory into action.
- **Community based organizations:** Community based organizations can ask questions of government about use of racial equity tool to ensure accountability. Elected officials and government staff should be easily able to describe the results of their use of a racial equity tool, and should make that information readily available to community members. In addition, community based organizations can use a similar or aligned racial equity tool within their own organizations to also advance racial equity.



Government staff



Elected officials



Community

IV. When should you use a racial equity tool?

The earlier you use a racial equity tool, the better. When racial equity is left off the table and not addressed until the last minute, the use of a racial equity tool is less likely to be fruitful. Using a racial equity tool early means that individual decisions can be aligned with organizational racial equity goals and desired outcomes. Using a racial equity tool more than once means that equity is incorporated throughout all phases, from development to implementation and evaluation.

V. The Racial Equity Tool

The Racial Equity Tool is a simple set of questions:

1. **Proposal:** What is the policy, program, practice or budget decision under consideration? What are the desired results and outcomes?
2. **Data:** What's the data? What does the data tell us?
3. **Community engagement:** How have communities been engaged? Are there opportunities to expand engagement?
4. **Analysis and strategies:** Who will benefit from or be burdened by your proposal? What are your strategies for advancing racial equity or mitigating unintended consequences?
5. **Implementation:** What is your plan for implementation?

6. **Accountability and communication:** How will you ensure accountability, communicate, and evaluate results?

The following sections provide a description of the overall questions. Once you are ready to jump into action, please check out the worksheet that can be found in Appendix C.

STEP #1

What is your proposal and the desired results and outcomes?

While it might sound obvious, having a clear description of the policy, program, practice, or budget decision (for the sake of brevity, we refer to this as a “proposal” in the remainder of these steps) at hand is critical.

We should also be vigilant in our focus on impact.

The terminology for results and outcomes is informed by our relationship with Results Based Accountability™. This approach to measurement clearly delineates between community conditions / population accountability and performance accountability / outcomes. These levels share a common systematic approach to measurement. This approach emphasizes the importance of beginning with a focus on the desired “end” condition.

- Results are at the community level are the end conditions we are aiming to impact. Community indicators are the means by which we can measure impact in the community. Community indicators should be disaggregated by race.
- Outcomes are at the jurisdiction, department, or program level. Appropriate performance measures allow monitoring of the success of implementation of actions that have a reasonable chance of influencing indicators and contributing to results. Performance measures respond to three different levels:
 - a. Quantity—how much did we do?
 - b. Quality—how well did we do it?
 - c. Is anyone better off?

We encourage you to be clear about the desired end conditions in the community and to emphasize those areas where you have the most direct influence. When you align community indicators, government strategies, and performance measures, you maximize the likelihood for impact. To ultimately impact community conditions, government must partner with other institutions and the community.

You should be able to answer the following questions:

1. Describe the policy, program, practice, or budget decision under consideration?
2. What are the intended results (in the community) and outcomes (within your organization)?
3. What does this proposal have an ability to impact?
 - Children and youth
 - Community engagement
 - Contracting equity
 - Criminal justice
 - Economic development
 - Education
 - Environment
 - Food access and affordability
 - Government practices
 - Health
 - Housing
 - Human services
 - Jobs
 - Planning and development
 - Transportation
 - Utilities
 - Workforce equity

STEP #2

What's the data? What does the data tell us?

Measurement matters. When organizations are committed to racial equity, it is not just an aspiration, but there is a clear understanding of racial inequities, and strategies and actions are developed and implemented that align between community conditions, strategies, and actions. Using data appropriately will allow you to assess whether you are achieving desired impacts.

Too often data might be available, but is not actually used to inform strategies and track results. The enormity of racial inequities can sometimes feel overwhelming. For us to have impact in the community, we must partner with others for cumulative impact. The work of government to advance racial equity is necessary, but not sufficient. Nevertheless, alignment and clarity will increase potential impact. We must use data at both levels; that is data that clearly states 1 community indicators and desired results, and 2 our specific program or policy outcomes and performance measures.

Performance measures allow monitoring of the success of implementation of actions that have a reasonable chance of influencing indicators and contributing to results. As indicated in Step 1, performance measures respond to three different levels:

Quantity—how much did we do?

Quality—how well did we do it?

Is anyone better off?

Although measuring whether anyone is actually better off as a result of a decision is highly desired, we also know there are inherent measurement challenges. You should assess and collect the best types of performance measures so that you are able to track your progress.

In analyzing data, you should think not only about quantitative data, but also qualitative data. Remember that sometimes missing data can speak to the fact that certain communities, issues or inequities have historically been overlooked. Sometimes data sets treat communities as a monolithic group without respect to subpopulations with differing socioeconomic and cultural experience. Using this data could perpetuate historic inequities. Using the knowledge and expertise of a diverse set of voices, along with quantitative data is necessary (see Step #3).

You should be able to answer the following questions about data:

1. Will the proposal have impacts in specific geographic areas (neighborhoods, areas, or regions)? What are the racial demographics of those living in the area?
2. What does population level data tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?
3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies.
4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?

Data Resources

Federal

- **American FactFinder:** The US Census Bureau's main site for online access to population, housing, economic and geographic data.
- **US Census Quick Facts:** <http://quickfacts.census.gov/qfd/index.html>
- **Center for Disease Control (CDC):** <http://wonder.cdc.gov>

State

- **American FactFinder** and the **US Census** website also have state data.
- Other sources of data vary by state. Many states offer data through the Office of Financial Management. Other places to find data include specific departments and divisions.

Local

- **American FactFinder** and the **US Census** website also have local data.
- Many jurisdictions have lots of city and county data available. Other places to find data include specific departments and divisions, service providers, community partners, and research literature.

STEP #3

How have communities been engaged?

Are there opportunities to expand engagement?

It is not enough to consult data or literature to assume how a proposal might impact a community. Involving communities impacted by a topic, engaging community throughout all phases of a project, and maintaining clear and transparent communication as the policy or program is implemented will help produce more racially equitable results.

It is especially critical to engage communities of color. Due to the historical reality of the role of government in creating and maintaining racial inequities, it is not surprising that communities of color do not always have much trust in government. In addition, there is a likelihood that other barriers exist, such as language, perception of being welcome, and lack of public transportation, or childcare. For communities with limited English language skills, appropriate language materials and translation must be provided.

Government sometimes has legal requirements on the holding of public meetings. These are often structured as public hearings, with a limited time for each person to speak and little opportunity for interaction. It is important to go beyond these minimum requirements by using community meetings, focus groups, and consultations with commissions, advisory boards, and community-based organizations. A few suggestions that are helpful:

- When you use smaller groups to feed into a larger process, be transparent about the recommendations and/or thoughts that come out of the small groups (e.g. Have a list of all the groups you met with and a summary of the recommendations from each. That way you have documentation of what came up in each one, and it is easier to demonstrate the process).
- When you use large group meetings, provide a mix of different ways for people to engage, such as the hand-held voting devices, written comments that you collect, small groups, etc. It is typical, both because of structure and process, for large group discussions to lead to the participation of fewer voices. Another approach is to use dyads where people “interview” each other, and then report on what their partner shared. Sometimes people are more comfortable sharing other people’s information.
- Use trusted advocates/outreach and engagement liaisons to collect information from communities that you know are typically underrepresented in public processes. Again, sharing and reporting that information in a transparent way allows you to share it with others. For communities that have concerns about documentation status and interaction with government in general, this can be a particularly useful strategy.

Here are a few examples of good resources for community engagement:

- The City of Seattle Inclusive Outreach and Public Engagement Guide
- The City of Portland's Public Engagement Guide

You should be able to answer the following questions about community engagement and involving stakeholders:

1. Who are the most affected community members who are concerned with or have experience related to this proposal? How have you involved these community members in the development of this proposal?
2. What has your engagement process told you about the burdens or benefits for different groups?
3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?

STEP #4

Who benefits from or will be burdened by your proposal? What are your strategies for advancing racial equity or mitigating unintended consequences?

Based on your data and stakeholder input, you should step back and assess your proposal and think about complementary strategies that will help to advance racial equity.

Governmental decisions are often complex and nuanced with both intended and unintended impacts. For example, when cities and counties face the necessity of making budget cuts due to revenue shortfalls, the goal is to balance the budget and the unintended consequence is that people and communities suffer the consequences of cut programs. In a situation like this, it is important to explicitly consider the unintended consequences so that impacts can be mitigated to the maximum extent possible.

We often tend to view policies, programs, or practices in isolation. Because racial inequities are perpetuated through systems and structures, it is important to also think about complementary approaches that will provide additional leverage to maximize the impact on racial inequity in the community. Expanding your proposal to integrate policy and program strategies and broad partnerships will help to increase the likelihood of community impact. Here are some examples:

- Many excellent programs have been developed or are being supported through health programs and social services. Good programs and services should continue to be supported, however, programs will never be sufficient to ultimately achieve racial equity in the community. If you are working on a program, think about policy and practice changes that can decrease the need for programs.
- Many jurisdictions have passed “Ban-the-Box” legislation, putting limitations on the use of criminal background checks in employment and/or housing decisions. While this is a policy that is designed to increase the likelihood of success for people coming out of incarceration, it is not a singular solution to racial inequities in the criminal justice system. To advance racial equity in the criminal justice system, we need comprehensive strategies that build upon good programs, policies, and partnerships.

You should be able to answer the following questions about strategies to advance racial equity:

1. Given what you have learned from the data and stakeholder involvement, how will the proposal increase or decrease racial equity? Who would benefit from or be burdened by your proposal?

2. What are potential unintended consequences? What are the ways in which your proposal could be modified to enhance positive impacts or reduce negative impacts?
3. Are there complementary strategies that you can implement? What are ways in which existing partnerships could be strengthened to maximize impact in the community? How will you partner with stakeholders for long-term positive change?
4. Are the impacts aligned with the your community outcomes defined in Step #1?

STEP #5

What is your plan for implementation?

Now that you know what the unintended consequences, benefits, and impacts of the proposal and have developed strategies to mitigate unintended consequences or expand impact, it is important to focus on thoughtful implementation.

You should be able to answer the following about implementation:

1. Describe your plan for implementation.
2. Is your plan:
 - realistic?
 - adequately funded?
 - adequately resourced with personnel?;
 - adequately resourced with mechanisms to ensure successful implementation and enforcement?
 - adequately resourced to ensure on-going data collection, public reporting, and community engagement?

If the answer to any of these questions is no, what resources or actions are needed?

STEP #6

How will you ensure accountability, communicate, and evaluate results?

Just as data was critical in analyzing potential impacts of the program or policy, data will be important in seeing whether the program or policy has worked. Developing mechanisms for collecting data and evaluating progress will help measure whether racial equity is being advanced.

Accountability entails putting processes, policies, and leadership in place to ensure that program plans, evaluation recommendations, and actions leading to the identification and elimination of root causes of inequities are actually implemented.

How you communicate about your racial equity proposal is also important for your success. Poor communication about race can trigger implicit bias or perpetuate stereotypes, often times unintentionally. Use a communications tool, such as the Center for Social Inclusion's [Talking About Race Right Toolkit](#) to develop messages and a communications strategy.

Racial equity tools should be used on an ongoing basis. Using a racial equity tool at different phases of a project will allow new opportunities for advancing racial equity to be identified and implemented. Evaluating results means that you will be able to make any adjustments to maximize impact.

You should be able to answer the following questions about accountability and implementation:

1. How will impacts be documented and evaluated? Are you achieving the anticipated outcomes? Are you having impact in the community?

2. What are your messages and communication strategies that will help advance racial equity?
3. How will you continue to partner and deepen relationships with communities to make sure your work to advance racial equity is working and sustainable for the long haul?

VI. What if you don't have enough time?

The reality of working in government is that there are often unanticipated priorities that are sometimes inserted on a fast track. While it is often tempting to say that there is insufficient time to do a full and complete application of a racial equity tool, it is important to acknowledge that even with a short time frame, asking a few questions relating to racial equity can have a meaningful impact. We suggest that the following questions should be answered for “quick turn around” decisions:

- What are the racial equity impacts of this particular decision?
- Who will benefit from or be burdened by the particular decision?
- Are there strategies to mitigate the unintended consequences?

VII. How can you address barriers to successful implementation?

You may have heard the phrase, “the system is perfectly designed to get the outcomes it does.” For us to get to racially equitable outcomes, we need to work at the institutional and structural levels. As a part of institutions and systems, it is often a challenge to re-design systems, let alone our own individual jobs. One of the biggest challenges is often a skills gap. Use of a racial equity tool requires skill and competency, so it will be important for jurisdictions to provide training, mentoring, and support for managers and staff who are using the tool. GARE has a training curriculum that supports this Toolkit, as well as a “train-the-trainer” program to increase the capacity of racial equity advocates using the Toolkit.

Other barriers to implementation that some jurisdictions have experienced include:

- a lack of support from leadership;
- a tool being used in isolation;
- a lack of support for implementing changes; and,
- perfection (which can be the enemy of good).

Strategies for addressing these barriers include:

- building the capacity of racial equity teams. Training is not just to cultivate skills for individual employees, but is also to build the skill of teams to create support for group implementation and to create a learning culture;
- systematizing the use of the Racial Equity Tool. If the Racial Equity Tool is integrated into routine operations, such as budget proposal forms or policy briefing forms, then management and staff will know that it is an important priority;
- recognizing complexity. In most cases, public policy decisions are complex, and there are numerous pros, cons and trade-offs to be considered. When the Racial Equity Tool is used on an iterative basis, complex nuances can be addressed over time; and,
- maintaining accountability. Build the expectation that managers and directors routinely use the Racial Equity Tool into job descriptions or performance agreements.

Institutionalizing use of a racial equity tool provides the opportunity to develop thoughtful, realistic strategies and timelines that advance racial equity and help to build long-term commitment and momentum.

VIII. How does use of a racial equity tool fit with other racial equity strategies?

Using a racial equity tool is an important step to operationalizing equity. However, it is not sufficient by itself. We must have a much broader vision of the transformation of government in order to advance racial equity. To transform government, we must normalize conversations about race, operationalize new behaviors and policies, and organize to achieve racial equity.

GARE is seeing more and more jurisdictions that are making a commitment to achieving racial equity, by focusing on the power and influence of their own institutions, and working in partnership across sectors and with the community to maximize impact. We urge you to join with others on this work. If you are interested in using a racial equity tool and/or joining local and regional government from across the country to advance racial equity, please let us know.

APPENDICES

TOOLKIT

**Racial Equity
Toolkit: An
Opportunity to
Operationalize
Equity**

Government
Alliance on
Race and Equity

Glossary of Frequently Used Terms

Bias

Prejudice toward one group and its members relative to another group.

Community Indicator

The means by which we can measure socioeconomic conditions in the community. All community indicators should be disaggregated by race, if possible.

Contracting Equity

Investments in contracting, consulting, and procurement should benefit the communities Dane County serves, proportionate to the demographics in Dane County.

Equity Result

The condition we aim to achieve in the community.

Explicit Bias

Biases that people are aware of and that operate consciously. They are expressed directly.

Implicit Bias

Biases people are usually unaware of and that operate at the subconscious level. Implicit bias is usually expressed indirectly.

Individual Racism

Pre-judgment, bias, or discrimination based on race by an individual.

Institutional Racism

Policies, practices, and procedures that work better for white people than for people of color, often unintentionally.

Performance Measure

Performance measures are at the county, department, or program level. Appropriate performance measures allow monitoring of the success of implementation of actions that have a reasonable chance of influencing indicators and contributing to results. Performance measures respond to three different levels: 1) Quantity—how much did we do?; 2) Quality—how well did we do it?; and 3) Is anyone better off? A mix of these types of performance measures is contained within the recommendations.

Racial Equity

Race can no longer be used to predict life outcomes and outcomes for all groups are improved.

Racial Inequity

Race can be used to predict life outcomes, e.g., disproportionality in education (high school graduation rates), jobs (unemployment rate), criminal justice (arrest and incarceration rates), etc.

Structural Racism

A history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.

Workforce Equity

The workforce of Dane County government reflects the diversity of Dane County residents, including across the breadth (functions and departments) and depth (hierarchy) of Dane County government.

TOOLKIT

**Racial Equity
Toolkit: An
Opportunity to
Operationalize
Equity**

APPENDIX B

City of Seattle Racial Equity Toolkit

On the following pages you will find an excerpt of the racial equity tool used by the City of Seattle as an example of what such tools can look like in practice. As discussed in Section 3 of the Resource Guide, the Seattle City Council passed an ordinance in 2009 that directed all City departments to use the Racial Equity Toolkit, including in all budget proposals made to the Budget Office. This directive was reaffirmed by an executive order of Mayor Ed Murray in 2014.

The Racial Equity Tool is an analysis applied to City of Seattle's policies, programs, and budget decisions. The City of Seattle has been applying the Racial Equity Toolkit for many years but as the City's Race and Social Justice Initiative (RSJI) becomes increasingly operationalized, the expectation and accountabilities relating to its use are increasing. In 2015, Mayor Murray required departments to carry out four uses of the toolkit annually. This will also become a part of performance measures for department heads.

TOOLKIT

Racial Equity Toolkit: An Opportunity to Operationalize Equity

Government
Alliance on
Race and Equity

Racial Equity Toolkit

to Assess Policies, Initiatives, Programs, and Budget Issues



The vision of the Seattle Race and Social Justice Initiative is to eliminate racial inequity in the community. To do this requires ending individual racism, institutional racism and structural racism. The Racial Equity Toolkit lays out a process and a set of questions to guide the development, implementation and evaluation of policies, initiatives, programs, and budget issues to address the impacts on racial equity.

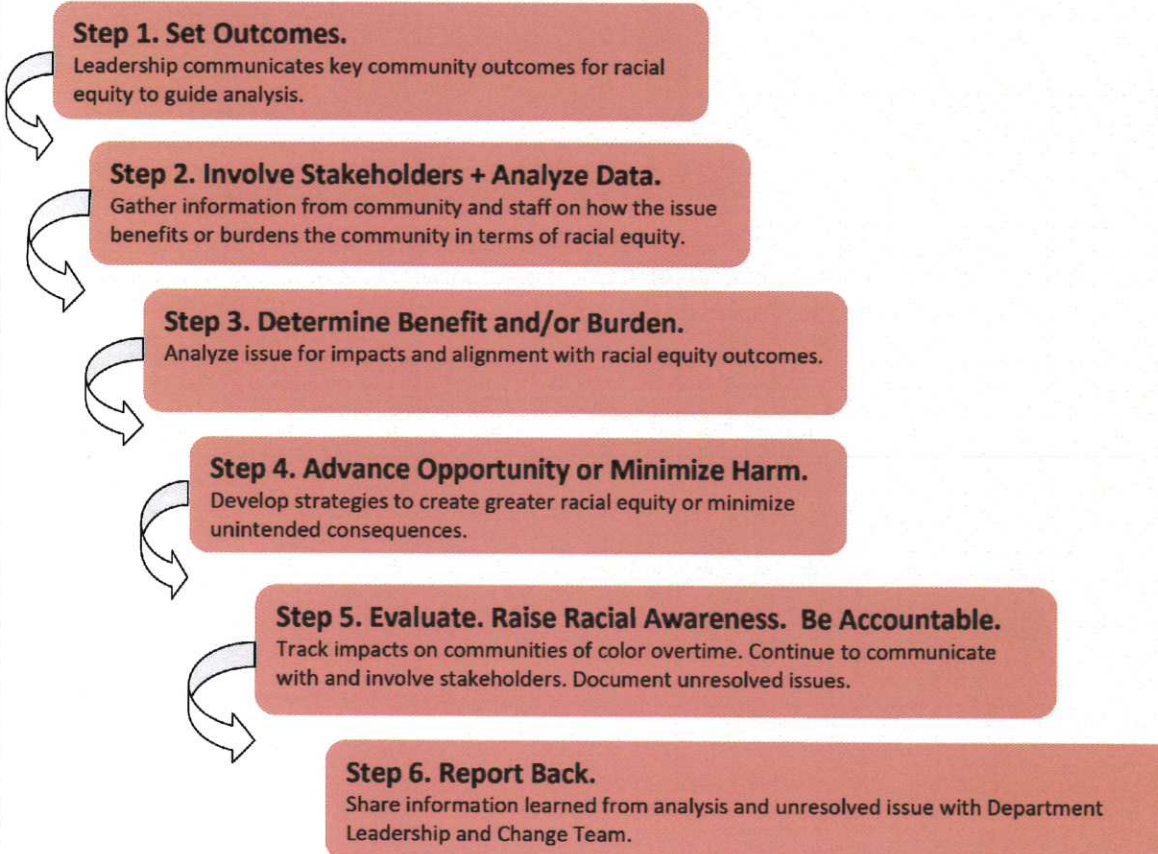
When Do I Use This Toolkit?

Early. Apply the toolkit early for alignment with departmental racial equity goals and desired outcomes.

How Do I Use This Toolkit?

With Inclusion. The analysis should be completed by people with different racial perspectives.

Step by step. The Racial Equity Analysis is made up of six steps from beginning to completion:



TOOLKIT

Racial Equity Toolkit: An Opportunity to Operationalize Equity

Racial Equity Toolkit Assessment Worksheet

Title of policy, initiative, program, budget issue: _____

Description: _____

Department: _____ Contact: _____

Policy Initiative Program Budget Issue

Step 1. Set Outcomes.

1a. What does your department define as the most important racially equitable **community outcomes** related to the issue? *(Response should be completed by department leadership in consultation with RSJI Executive Sponsor, Change Team Leads and Change Team. Resources on p.4)*

1b. Which racial equity **opportunity area(s)** will the issue primarily impact?

- | | |
|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Criminal Justice |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Jobs |
| <input type="checkbox"/> Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Environment | |

1c. Are there impacts on:

- | | |
|---|---|
| <input type="checkbox"/> Contracting Equity | <input type="checkbox"/> Immigrant and Refugee Access to Services |
| <input type="checkbox"/> Workforce Equity | <input type="checkbox"/> Inclusive Outreach and Public Engagement |

Please describe:

Step 2. Involve stakeholders. Analyze data.

2a. Are there impacts on geographic areas? Yes No
Check all neighborhoods that apply *(see map on p.5)*:

- | | | |
|--|---|--|
| <input type="checkbox"/> All Seattle neighborhoods | <input type="checkbox"/> Lake Union | <input type="checkbox"/> East District |
| <input type="checkbox"/> Ballard | <input type="checkbox"/> Southwest | <input type="checkbox"/> King County (outside Seattle) |
| <input type="checkbox"/> North | <input type="checkbox"/> Southeast | <input type="checkbox"/> Outside King County |
| <input type="checkbox"/> NE | <input type="checkbox"/> Delridge | Please describe: |
| <input type="checkbox"/> Central | <input type="checkbox"/> Greater Duwamish | |

2b. What are the racial demographics of those living in the area or impacted by the issue?
(See Stakeholder and Data Resources p. 5 and 6)

2c. How have you involved community members and **stakeholders**? *(See p.5 for questions to ask community/staff at this point in the process to ensure their concerns and expertise are part of analysis.)*

APPENDIX B: CITY OF SEATTLE RACIAL EQUITY TOOLKIT

2d. What does data and your conversations with stakeholders tell you about existing racial inequities that influence people's lives and should be taken into consideration? (See Data Resources on p. 6. *King County Opportunity Maps* are a good resource for information based on geography, race, and income.)

2e. What are the root causes or factors creating these racial inequities?
Examples: Bias in process; Lack of access or barriers; Lack of racially inclusive engagement

Step 3. Determine Benefit and/or Burden.

Given what you have learned from data and from stakeholder involvement...

3. How will the policy, initiative, program, or budget issue increase or decrease racial equity? What are potential unintended consequences? What benefits may result? Are the impacts aligned with your department's community outcomes that were defined in Step 1.?

Step 4. Advance Opportunity or Minimize Harm.

4. How will you address the impacts (including unintended consequences) on racial equity? What strategies address immediate impacts? What strategies address root causes of inequity listed in Q.6? How will you partner with stakeholders for long-term positive change? If impacts are not aligned with desired community outcomes, how will you re-align your work?

Program Strategies? _____

Policy Strategies? _____

Partnership Strategies? _____

Step 5. Evaluate. Raise Racial Awareness. Be Accountable.

5a. How will you evaluate and be accountable? How will you evaluate and report impacts on racial equity over time? What is your goal and timeline for eliminating racial inequity? How will you retain stakeholder participation and ensure internal and public accountability? How will you raise awareness about racial inequity related to this issue?

5b. What is unresolved? What resources/partnerships do you still need to make changes?

Step 6. Report Back.

Share analysis and report responses from Q.5a. and Q.5b. with Department Leadership and Change Team Leads and members involved in Step 1.

Creating Effective Community Outcomes

Outcome = the result that you seek to achieve through your actions.

Racially equitable community outcomes = the specific result you are seeking to achieve that advances racial equity in the community.

When creating outcomes think about:

- What are the greatest opportunities for creating change in the next year?
- What strengths does the department have that it can build on?
- What challenges, if met, will help move the department closer to racial equity goals?

Keep in mind that the City is committed to creating racial equity in seven key opportunity areas: **Education, Community Development, Health, Criminal Justice, Jobs, Housing, and the Environment.**

Examples of community outcomes that increase racial equity:

OUTCOME	OPPORTUNITY AREA
Increase transit and pedestrian mobility options in communities of color.	Community Development
Decrease racial disparity in the unemployment rate.	Jobs
Ensure greater access to technology by communities of color.	Community Development, Education, Jobs
Improve access to community center programs for immigrants, refugees and communities of color.	Health, Community Development
Communities of color are represented in the City's outreach activities.	Education, Community Development, Health, Jobs, Housing, Criminal Justice, Environment
The racial diversity of the Seattle community is reflected in the City's workforce across positions.	Jobs
Access to City contracts for Minority Business Enterprises is increased.	Jobs
Decrease racial disparity in high school graduation rates	Education

Additional Resources:

- **RSJI Departmental Work Plan:** <http://inweb/rsji/departments.htm>
- **Department Performance Expectations:** <http://web1.seattle.gov/DPETS/DPETSWEbHome.aspx>
- **Mayoral Initiatives:** <http://www.seattle.gov/mayor/issues/>

4

Identifying Stakeholders + Listening to Communities of Color

Identify Stakeholders

Find out who are the **stakeholders** most affected by, concerned with, or have experience relating to the policy, program or initiative? Identify racial demographics of neighborhood or those impacted by issue. (See *District Profiles in the Inclusive Outreach and Public Engagement Guide* or refer to U.S. Census information on p.7)

Once you have identified your stakeholders

Involve them in the issue.

Describe how historically underrepresented community stakeholders can take a leadership role in this policy, program, initiative or budget issue.

Listen to the community. Ask:

1. What do we need to know about this issue? How will the policy, program, initiative or budget issue burden or benefit the community? (concerns, facts, potential impacts)
2. What factors produce or perpetuate racial inequity related to this issue?
3. What are ways to minimize any negative impacts (harm to communities of color, increased racial disparities, etc) that may result? What opportunities exist for increasing racial equity?



Tip: Gather Community Input Through...

- Community meetings
- Focus groups
- Consulting with City commissions and advisory boards
- Consulting with Change Team

Examples of what this step looks like in practice:

- A reduction of hours at a community center includes conversations with those who use the community center as well as staff who work there.
- Before implementing a new penalty fee, people from the demographic most represented in those fined are surveyed to learn the best ways to minimize negative impacts.

For resources on how to engage stakeholders in your work see the **Inclusive Outreach and Public Engagement Guide**: <http://inweb1/neighborhoods/outreachguide/>



DANE COUNTY DISTRICT ATTORNEY



RECOPIED

BRIAN W. BLANCHARD
District Attorney

July 8, 2010

JUDY SCHWAEMLE
Deputy District Attorney
Felony Unit

Representative Terese Berceau
PO Box 8952
Madison, WI 53708

TIMOTHY R. VERHOFF
Deputy District Attorney
Criminal Traffic &
Misdemeanor Unit

RE: Proposals For Law Changes To Protect Children

MICHAEL S. WALSH
Deputy District Attorney
Juvenile Unit

Dear Representative Berceau,

**ASSISTANT DISTRICT
ATTORNEYS**

- Donald C. Garber
- Miriam J. Rohrer
- Joseph E. Mimier
- Michael P. Finley
- Barbara N. Franks
- Kenneth M. Farmer
- Shelly J. Rusch
- Robert J. Kaiser
- Jonathon G. Kaiser
- Paul W. Humphrey
- Mary Ellen Karst
- Corey C. Stephan
- Karie D. Cattanaach
- Ragen A. Shapiro
- Brian S. Asmus
- Chris E. Freeman
- Andra L. Nollendorfs
- Michelle L. Viste
- Tim Kiefer
- Emily L. Thompson
- Lanny B. Glinberg
- Kenechukwu Okocha
- Gregory S. Venker
- Vanny Lu
- Iliana Castillo
- Andrea B. Raymond

Following up on a brief conversation we had some months ago, please allow me to address at some length one set of issues in the area of child protection in Wisconsin as I depart from the District Attorney's Office. My hope is that you, colleagues in the Capitol, and other recipients of this letter might be willing to spend a few minutes to read these thoughts and address them as you are able. Thank you very much for your willingness to entertain these ideas.

I believe that the following are necessary changes in the law related to responses made at the county level to allegations of child abuse or neglect. These proposed changes focus on the fact that well intentioned human service workers and police officers are simply not communicating enough with each other--indeed, sometimes not communicating at all--about facts relevant to allegations of child abuse or neglect, in part because of legal standards based on outdated research and impressions about the nature of child abuse.

SUZANNE BEAUDOIN
Director
Victim Witness Unit

In order to protect children from abuse or severe neglect, information sharing is critical. Yet in many cases staff of this office become aware, after the fact, that social workers and police have addressed issues related to the same family or household at the same time, but had no idea of each other's efforts, producing missed opportunities for timely and appropriate interventions. Comparing timelines of police responses to timelines of social work responses in the same cases can be sobering.

PATRICIA HRUBESKY
Director
Deferred Prosecution Unit

KATHY MCDERMOTT
Administrative Services
Supervisor

The recent passage of 2009 Wisconsin Act 78, requiring new, productive data reporting, is encouraging. I believe that the following proposals could build on Act 78 in a positive manner.

1. Amend § 48.981(3), Wis. Stats., which mandates reporting to social service agencies of child abuse and neglect. This statute should be changed to include specific language that mandates information sharing among social workers and police, going in *both* directions, not only in the direction of human services, on all child neglect and physical abuse cases.
2. Expand the definition of "abuse" in § 48.02(1)(g), Wis. Stats., which now addresses only drug endangered children exposed to methamphetamine manufacturing, to include exposure to in-home drug trafficking and substance abuse of a wide range of dangerous controlled substances.
3. Expand the definition of "abuse" in § 48.02, Wis. Stats., to include children exposed to chronic and/or severe domestic violence.
4. Amend § 48.02(14g), Wis. Stats., which requires that victims have suffered from lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm. This CHIPS standard of proof is substantially more difficult to prove than the criminal definition of physical abuse found in § 948.03, Wis. Stats., which requires only physical harm. Current law delegates the role of child protection to the criminal justice system when the CHIPS system is the more appropriate system to address these family issues.
5. Amend § 948.21, Wis. Stats., to create a crime of chronic child neglect that is punishable as a felony.

I would like to address at some length the first suggestion above, because it would be a significant change in the law, and requires the most explanation. In essence, it would be an expansion of § 48.981(3)(a)4, Wis. Stats., which requires social workers and police to work together *only* in child sexual abuse cases.

Child sexual assaults are very serious offenses in which our systems routinely use a multi-disciplinary approach in sharing information as required by the statute. Yet child physical abuse and chronic neglect of children can be equally or more damaging to children, yet information sharing is left to the sole and exclusive discretion of social workers.

In essence, in the areas of physical abuse of a child or serious neglect cases, felony level crimes against children may be reported to a government agency, but the criminal justice system may never even learn of the report.

Under current law, county Departments of Human Services (or, in the case of Milwaukee County, state-employed social workers) are not required to contact law enforcement in neglect and physical abuse cases. § 48.981(3), Wis. Stats. This leaves the child protection workers (CPS) with limited information. Law enforcement may have additional information about what is occurring in a residence or among family members, such as drug trafficking intelligence, violence and/or substance abuse in the home and/or domestic violence, which may have influenced a substantiation finding or the initiation of a CHIPS petition had CPS contacted law enforcement.

Additionally and perhaps more importantly, CPS workers, who are responsible for conducting child protection assessments, have limited authority and limited competence in conducting forensic investigations. For example, CPS workers are not permitted to interview witnesses, such as neighbors, who may have crucial information regarding a family. § 48.981(7), Wis. Stats. They do not have access to forensic testing or many other fact gathering tools necessary to the threshold determination of whether a child is a victim of neglect or abuse. In addition, police have access to such critical tools as the ability to obtain and execute search warrants to gather relevant information, when, for example, there may be drug endangered children in a household.

Further, criminal history information can be key. It appears that social workers across the state are uneven in the degree to which they can or do check criminal history. For example, those who rely only on CCAP checks will capture only Wisconsin convictions (outside Portage County), and none from such locations as Minnesota, Iowa, or Illinois. Police, in the alternative, always check the comprehensive NCIC system.

As a consequence of this systemic failure, despite their best efforts and intentions, CPS frequently screens out or unsubstantiates the very cases in which early intervention has the best chance of motivating and rehabilitating parents to be successful. These are cases in which a relatively minor intervention could make a significant impact on the long term welfare of a child. When there is insufficient intervention early on, we send the message to putative caregivers that their conduct is acceptable. This unfortunately results in chronic neglect that can lead to severe injury, mental harm, and in some of the saddest cases, fatalities.

It is undisputed by child development experts that the acquisition of some of the skills and traits essential to a stable and productive adulthood take place early in life, and if not acquired at that stage cannot be acquired later. Linguistic ability and empathy for others, for example, are learned early or not at all. We also know that deficiency in either or both of these areas is a strong predictor of

anti-social behavior in later life. These are not new ideas, but we have yet to incorporate this knowledge into our child welfare laws.

The current approach of often not intervening in a meaningful way early on results in the investment of a high levels of resources in families with caregivers whose capacity to parent their children, even with the most intense service package, is sadly minimal, while at the same time almost no resources are being used in the "low-level" neglect cases.

I would point out that "low level" neglect can include Drug Endangered Children, when social workers and police are able to document only the potential for harm to children. These are the kinds of cases that can easily get worse and worse for children as a household becomes a "drug house" at the expense of basic nutrition, shelter, education, and medical care.

Current research indicates that child neglect is often the consequence of the untreated mental illness or addiction of their caregivers. "The two strongest predictors of physical neglect were related to primary caretakers who were twice as likely to have physical neglect substantiated if they had mental health or substance abuse problems." Carter & Myers, "Exploring the risks of substantiated physical neglect related to poverty and parental characteristics: A national sample," Children and Youth Services Review 29 (2007). Mental illness and substance abuse issues are complex, and a short term offer of services is typically not going to resolve them.

I will point out that some social workers seem to take the position that the presence of some degree of mental or emotional disorder by a putative caregiver precludes police investigation or potential criminal justice intervention. This view is misguided. If we took this approach to our work across the board in responding to allegations of crime, we would effectively abandon a huge percentage of all crime victims. This should not be our approach only when it comes to the most vulnerable of all victims, children.

Under current law, police become involved in child neglect and physical abuse frequently only as a matter of chance: As a result of an emergency response or a reporter happening to contact the police in lieu of the Department of Human Services or after prior Human Services calls. Chance police involvement is irrational and does not serve all children fairly. The unfairness is all the more acute when one considers that an effective *earlier* joint response from child protection and law enforcement in some cases would have eliminated the need for a court response at all. Initial information sharing and joint investigations can help prevent the serious chronic neglect we see in some of our most egregious cases, including some of our infant death cases.

Representative Terese Berceau

July 8, 2010

Page 5

In sum, the decision as to whether the criminal justice system should be invoked when there has been a report of child abuse should not be made unilaterally by social workers at the time of a referral, but instead should be made after there has been a complete and thorough investigation of all potentially relevant facts. That is routinely not occurring now.

In recent years, multi-disciplinary teaming work has had a tremendously positive impact for the protection of the children of Wisconsin, involving social workers, employees of non-profit organizations, medical personnel, police, prosecutors and others. My hope is that the Legislature would expand on these efforts to improve the level of service for children who have been physically abused or chronically and seriously neglected.

If there is any way I could be of assistance, please do not hesitate to contact me. I appreciate your consideration of these thoughts.

Sincerely,

A handwritten signature in cursive script, appearing to read "B. W. Blanchard".

Brian W. Blanchard

cc: Milwaukee County District Attorney John Chisholm
Portage County District Attorney Thomas Eagon
La Crosse County District Attorney Tim Gruenke
Dane County Sheriff David Mahoney
Rock County District Attorney David O'Leary
Appointed Dane County District Attorney Ismael Ozanne
Attorney General J.B. Van Hollen
Madison Police Chief Noble Wray

Representative Terese Berceau
July 8, 2010
Page 6

bcc: Dane County DDA Judy Schwaemle
Dane County DDA Tim Verhoff
Suzanne Beaudoin, Director, Dane County Victim Witness Unit
Amy Brown, Dane County Victim Witness Specialist
Dane County DDA Mike Walsh
Rock County DDA Perry Folts
Milwaukee County DDA Pat Kenney
Milwaukee County ADA Lori Kornblum
AAG Thomas Fallon, WI DOJ
Dane County ADA Shelly Rusch
Dane County ADA Bob Kaiser
Dane County ADA Mary Ellen Karst



**DISTRICT ATTORNEY
DANE COUNTY
Ismael R. Ozanne**



October 26, 2015

Dear Respected Faith Leaders,

I am reaching out to inform you of an important collaborative learning opportunity for our community and am inviting you and your congregation to participate.

On **November 19 and 20, 2015** multidisciplinary professionals from Dane County and beyond will be attending a conference at the Monona Terrace Convention Center entitled the **Cultural Context of Corporal Punishment: Keeping Kids Safe**. We expect participants in this conference will be able to:

- Explain how hundreds of published studies and many years of social science research have found the use of corporal punishment to be associated with risk of negative outcomes on child development, long term physical and mental health, and future domestic violence and deviance;
- Describe the influence of faith on parenting and discipline, and ways to engage with religiously observant families and communities;
- Describe the influence history and culture have on parenting strategies;
- Reflect on their own history and biases to become aware of how these influence their professional work;
- Name strategies to reduce the influence of personal bias in work with diverse families;
- Identify strategies to employ in professional practice to promote positive, non-violent parenting.

As a faith leader, I hope you will consider joining us. The presence of faith leaders at this professional conference will enrich collaborative learning and build bridges for future collaborations; therefore I am hopeful you can make it a priority.

In addition to the professional conference, Everett Mitchell, JD Director of Community Relations at the University of Wisconsin-Madison and Pastor at Christ the Solid Rock Baptist Church will be moderating a **Community Conversation** the evening of **November 19th from 7-8:30pm at the Monona Terrace Convention Center in Madison, Wisconsin. This event will be free of charge and open to the public.** This will be an excellent opportunity for parents and caregivers to join the conversation. Our moderator and conference presenters will hear from community members and take this information back to professionals the next day. Therefore, I hope you will encourage parents and caregivers in your congregation to attend, connecting the community's voices to professional service delivery.

If you have any questions, comments or concerns please feel free to contact me directly at 608-266-4211.

Together we will do great things!

Sincerely,

Ismael R. Ozanne
Dane County District Attorney

LAST CHANCE TO REGISTER!

NOVEMBER 19-20, 2015

MONONA TERRACE COMMUNITY AND CONVENTION CENTER

<http://cultureanddiscipline.pediatrics.wisc.edu>

THURSDAY, NOVEMBER 19, 2015

The Cultural Context of Corporal Punishment Conference:

Helping all families reduce their use of corporal punishment and physical abuse through culturally responsive assessment, investigation, and interventions.

Keeping Kids Safe

Community-based professionals bring personal history and implicit biases to their work life that may negatively impact their ability to objectively assess and "see" the reality of a family's situation. These factors can lead to over reporting or under reporting of incidences of child abuse, both resulting in poor outcomes for child health. Although some community-based professionals are familiar with research related specifically to child abuse, they may not be as familiar with the research on the short-term and long-term impact of corporal punishment on the developing child.

Expert faculty will discuss the significant negative impact corporal punishment has on the child's physical and emotional development. Learners will have the opportunity to examine their personal biases, gain understanding of how these biases influence their daily work, and develop strategies to reduce the impact of bias in their work.

Speakers: Lisa Aronson Fontes, PhD; Barbara Knox, MD; Everett Mitchell, JD; Ismael Ozanne, JD; Stacey Patton, PhD; Victor Vieth, JD.

General Information

Location

Monona Terrace Community and Convention Center
One John Nolen Drive, Madison, Wisconsin 53703

Fee

Registration is available for one or both days of the conference. When registering, please identify what day(s) you will be attending the conference. Registration costs:

Option A) Attending both days (Thursday & Friday, November 19-20, 2015): \$170.00

Option B) Attending only on Day 1 (Thursday, November 19, 2015): \$100.00

Option C) Attending only on Day 2 (Friday, November 20, 2015): \$100.00

The conference fee includes all sessions, handouts and/or reference materials, a nonrefundable \$50 cancellation/administrative fee, and continental breakfast, lunch, and a break. Cancellation through November 11, 2015, will allow a full refund except the \$50 cancellation/administrative fee. No refunds will be made for cancellations received after November 11, 2015.

TIME	ACTIVITY
9:00	REGISTRATION
9:30	WELCOME EVERETT MITCHELL, JD OPENING REMARKS JOSEPH PARISI DANE COUNTY EXECUTIVE A CALL TO ACTION ISMAEL OZANNE, JD
10:00	PARENTING IN THE PEW* STACEY PATTON, PHD
12:00	LUNCH (PROVIDED)
1:00	FROM STICKS TO FLOWERS: GUIDELINES FOR CHILD PROTECTION PROFESSIONALS WORKING WITH PARENTS USING SCRIPTURE TO JUSTIFY CORPORAL PUNISHMENT* VICTOR VIETH, JD
2:30	BREAK
2:45	ENGAGING FAITH-BASED COMMUNITIES IN ENDING PHYSICAL PUNISHMENT OF CHILDREN* VICTOR VIETH, JD
4:30	ADJOURN
7:00	FAITH-BASED COMMUNITY FORUM: THE RELIGIOUS CONTEXT OF CORPORAL PUNISHMENT STACEY PATTON, PHD VICTOR VIETH, JD

FRIDAY, NOVEMBER 20, 2015

TIME	ACTIVITY
8:00	REGISTRATION
8:30	WELCOME EVERETT MITCHELL, JD
8:45	THE HISTORICAL ROOTS OF SLAVERY AND RACISM: HOW UNDERSTANDING AND HONORING OUR AMERICAN HISTORY CAN LEND TO MEANINGFUL AND CULTURALLY RESPONSIVE APPROACHES TO ENDING VIOLENCE TOWARD CHILDREN* STACEY PATTON, PHD
10:30	BREAK
10:45	PHYSICAL PUNISHMENT: MEDICAL IMPLICATIONS FOR CHILDREN* BARBARA L. KNOX, MD
11:30	LUNCH (PROVIDED)
12:30	LOVE NOT LICKS: FRAMEWORK FOR HELPING CULTURALLY DIVERSE PARENTS REDUCE THEIR USE OF CORPORAL PUNISHMENT* LISA ARONSON FONTES, PHD
2:00	BREAK
2:15	CREATIVE CONVERSATIONS TO KEEP CHILDREN SAFE: EXAMINING PERSONAL BIAS AND DEVELOPING STRATEGIES* LISA ARONSON FONTES, PHD
4:15	CLOSING REMARKS/EVALUATIONS

Faith-Based Community Forum: The Religious Context of Corporal Punishment

November 19, 2015 at 7:00 - 8:30 pm
Monona Terrace Community and Convention Center
One John Nolen Drive, Madison, WI

SCHEDULE

7:00-7:30 pm

- ◆ Presentation from experts regarding impact of culture and religion on parenting

7:30-8:30 pm

- ◆ Community discussion regarding physical punishment
- ◆ Alternatives to physical punishment
- ◆ Challenges of transitioning from physical punishment to alternative discipline styles



PARKING INFORMATION:

The Monona Terrace offers a cashier-operated parking structure with a flat rate of \$5 (after 5pm) - accessible via East Wilson Street and the eastbound lanes of John Nolen Drive.

Short-term and full-day parking available throughout downtown Madison in structures and surface lots; short-term street parking also available.

Disabled parking stalls available on lower parking level in front of Level Three entrance in Monona Terrace parking structure.

Contact person:

Barbara Franks
BarbaraN.Franks@da.wi.gov

EXPERT PANEL

Everett Mitchell, JD - Moderator and Presenter

Everett Mitchell is the senior Pastor at Christ the Solid Rock Baptist Church and Director of Community Relations for the University of Wisconsin-Madison. He has worked as an Assistant District Attorney in Dane County, served as associate director of the Madison Area Urban Ministry (MUM), worked with restorative justice programs for ex-offenders, served as an inmate mentor at Oakhill Correctional Institution and was a mentor to children who have incarcerated parents. Mitchell has been involved with a number of community service groups including 100 Black Men of Madison, Omega Psi Phi Fraternity Incorporated, Big Brothers, Schools of Hope, United Way, the Madison Homeless Housing Consortium, and the Dane County Criminal Justice Planning Group.



Stacey Patton, PhD - Presenter

Stacey Patton is an adoptee, child abuse survivor, foster care alumna, nationally-recognized child advocate and founder of Spare The Kids, Inc., an organization that teaches alternatives to physical discipline of children. Patton is also an award-winning journalist. She has worked for the NAACP Legal Defense and Educational Fund in New York City on issues such as the school to prison pipeline, juvenile life without parole, and the Dignity in Schools project. She is currently working on two publications—Spare The Kids: Why Whipping Children Won't Save Black America, and Why America Hates Black Children: From Jim Crow to the Era of King's Dream.



Victor Vieth, JD - Presenter

Victor Vieth serves as the Senior Director and Founder of the Gundersen National Child Protection Training Center. He has trained thousands of child-protection professionals from the U.S. and around the world on topics pertaining to child abuse investigations, prosecutions and prevention. He is the author of *Unto the Third Generation*, a bold initiative that outlines the necessary steps we must all take to eliminate child abuse in America in three generations.



Lisa Aronson Fontes, PhD - Consultant

Lisa Aronson Fontes has dedicated 25 years to improving the ability of professionals and communities to support immigrants, refugees, and families from cultural minority groups. She is on the faculty at the University of Massachusetts, Amherst, has worked as a psychotherapist in a variety of settings. Fontes is the author of numerous scholarly publications and the following books: *Child Abuse and Culture: Working with Diverse Families*; *Interviewing Clients Across Cultures: A Practitioner's Guide*; and *Under His Thumb No More: Confronting Men's Domination of Women in Personal Relationships*.



Greeting – Hi, my name is April Eckdahl and I am a special education teacher for the Milwaukee Public School system. I'm here today because not only do I have experience with the Bureau of Milwaukee Child Welfare for the past 8 years as a teacher, but because for the past two years I have seen monumental errors that have and could continue to affect a child's life.

AB 431 - LRB-1942/6- This bill changes the current statutes to better define what the intent of neglect is and makes it easier for District Attorneys to explain to a jury. This bill also creates a crime of repeated acts of neglect of the same child. This change was modeled after repeated acts of sexual abuse to allow prosecutors the tools necessary to address those who have neglected the same child in numerous instances.

- I know this bill is of great debate. Neglect is such a broad area it is really hard to know what is considered "neglect" under the law or not. In the proposed changes to better define neglect and to make the punishments on a level, not just a misdemeanor or felony, I am hopeful that it will create a much more explanatory way of informing mandated reporters of what constitutes neglect. I know it is a case of "critical" neglect, but isn't that very subjective?
- For example, as a teacher I have seen what I think are many cases of neglect, only to call 220-SAFE and they say it is not, or question why I think it would be neglect. I have seen students walk to school in below freezing temperatures with a light jacket or a sweatshirt but that is not neglect. Or students have lice for weeks or continuous bed bug bites still sent to school. I have worked with a student (8 yr. old) who wore the same underwear for weeks, switched clothes with a sibling without them being washed, smelling, etc. I think most of these things ARE neglect. Not ridding your child's head of lice or not having a different pair of underwear to the point of smelling, to me is neglect. It is not necessarily seen that way by the BMCW and that is a problem. Worse is that the situation seems to be based on what intake worker you get on the phone. One may think it is horrible, one may not.
- In the case of a girl having a seizure disorder and not being taken for required dr check ups, especially when adults begin to notice her walking differently, speaking slower, and having frequent bloody noses, but is STILL not taken in, even when offered by a school worker. It was screened out. That should be a clear case of neglect right there! Therefore, this statute, as the authors said, needs to BETTER DEFINE neglect is long past overdue (and repeated acts - there should be a record, and it should be MONITORED, of both substantiated or unsubstantiated – that should be considered numerous instances as well).
- This bill, all bills, should also address the needs of children with disabilities. The "typical" kind of neglect can look very different than what is neglect for children with disabilities. Children with disabilities being neglected can look very different than neglect for children without disabilities.

AB 429 - LRB-2015/1-While child abuse and child neglect are both felonies in the State of Wisconsin, neither of these crimes are referred to law enforcement. This legislation requires that any suspected or threatened child abuse or neglect instances be referred to law enforcement. This bill aligns law enforcement and Child Protective Services to work as partners to substantiate allegations of abuse and neglect by using greater investigative power and experience to help Wisconsin's children.

- While this bill is of extreme importance, I believe there should be a measure put in place to monitor that all suspected instances are actually being referred to law enforcement. As it stands now, all suspected sexual assault instances of children are to be referred to law enforcement within 12 hours and through anonymous law enforcement sources I have learned that this is not always followed. This NEEDS to be followed with documented guidelines for calling. Does the child have to be pregnant? Knowing that calls of SEXUAL abuse are being dismissed and not even sent to law enforcement should make us all question if the same thing will happen with physical abuse or neglect.
- I think this bill is extremely important but it needs to be followed and implemented with great fidelity. There also needs to be someone to overlook this to make sure it is always followed and that it can be verified that each allegation was worked in coordination with law enforcement.
- I made numerous calls alleging of sexual assault for one of my students over the course of two years, as did co-workers, and not once was this ever referred to Sensitive Crimes or any other sort of law enforcement as is REQUIRED, according to my source. To make this situation worse was that this student was a young girl with autism.
- A call of any kind of abuse for a child with disabilities is different than for disabled children. Children with disabilities are taken less seriously – why?

AB 430 - LRB- 1327/2- Research has shown that sexual assault survivors who received services from sexual assault advocates had more positive outcomes and experienced less distress. This legislation works to partner with victim advocates by giving them closer access to survivors and make them a more important part of the treatment for sexual violence survivors to work towards better outcomes for survivors.

- Since I have worked with children for nearly ten years with varying types of disability, I can attest that any and all of my students would have benefited from having an advocate with them. It increases their feelings of confidence, reduces their fear, and doesn't feel alone in what is or could be a very scary time.
- A child is allowed to have a trusted adult with them in the room when they speak to an initial assessment worker. This should be put in place so that an interview doesn't start without an advocate, maybe even of their own choice. Of course not every student or teacher knows that is an option, which makes having victim advocates known much more important. Once this bill is passed, giving victim advocates closer access to survivors and more a part of the treatment for victims needs to be made aware on a

massive level. It should be made known that these advocates are out there and are available and can be utilized if needed.

AB 428 - LRB- 2516/1-This bill creates the crime of repeated acts of physical abuse of the same child. As children are often not the best with times and dates, this legislation gives District Attorneys the ability to set time periods for when instances of abuse have occurred and levy the crime of repeated acts of physical abuse of the same child.

- I also agree with this bill as part of the Justice for Children Package. It is extremely hard for children to set time periods in their heads and adults in all capacities need to understand that most likely, the child will not be able to give an exact date, or give a time period for how long abuse occurred. It is one more thing that can and has caused a problem when attempting to prosecute child abuse cases.
- This gives the children more of a voice. Having someone understand that it's okay if they aren't sure of the day, the month, if it was raining or cold is okay because that is not what is important. What's important is what HAPPENED and a general time frame. Any person working with children that is worth anything, that cares about kids at all, knows how children's minds work and will work with them, not AGAINST them.
- Physical abuse is rarely a one-time thing and rarely will it stop simply because one was arrested. The abuser needs to know that it can happen again, they can be arrested again, and with further consequences. More importantly, the victim needs to know that they do not need to be subjected to continuous abuse because the law only allowed prosecution for one offense.

At this point, I want to strongly urge you as power-holders of the law to deeply think about children with special needs; I'll primarily focus on autism. Children with disabilities are experiencing an injustice because they cannot express abuse verbally. They are a much more vulnerable population and much more likely to keep the abuse to themselves for many different reasons. In my experience, they have been treated much differently in the child protective services system than their neurotypical peers.

I have experienced this past year and a half a heart-breaking situation that has opened my eyes wide to the injustice for those with disabilities who cannot express the abuse they're subjected to in the way that the Bureau considers "disclosing". The summary of this situation is that one of my students began to exhibit behavior changes after a family member said something may have happened to her by a parent. I began to notice many changes that I soon learned from research were classic signs of sexual abuse. I call the BMCW over a dozen, maybe 2 dozen, times with new and important information. Another teacher called in as well. This little girl was telling us in her own way, in her own time, and when case workers came out to talk with her, she used avoidance as her tactic. She did not open up to anyone, and that is not how she is. She requires a close relationship with them, building trust over a long period of time before she will start to disclose. But she was disclosing to me and the other teacher in drawings, writings, acting things out with dolls (including laying the boy doll next to the girl doll after the abuse and saying the boy then says "I'm sorry". Any "normal" 8-year-old girl would not know that that comment is a classic of what pedophiles say, followed by presents and trips to McDonald's.

She also tried to disclose with her own physical actions, comments, etc. In the end, she did disclose to both a school social worker and a Bureau social worker. Instead of even realizing that children with disabilities will express things different, need patience, need different tactics, they closed the case because she didn't SAY what they wanted. With her mouth. And when she did, it was questioned. I was questioned. My motives were questioned.

A thorough check and understanding of the way her disability affects her thinking, her communication, her vulnerability, was not done. If any training or research has been done, or had been done, workers would see how communication is difficult even for a highly verbal student with autism. They need to stop to think of how that disability affected her judgment or reaction or regard toward her abuser. Autism is even more of a reason to investigate thoroughly. They should be thinking that her teachers perhaps DO know her very well and can see many behavior changes and can see and hear disturbing, sad things that are happening in her life.

Workers have always warned her guardians that they were coming for a "surprise" visit, in more than one case. Am I missing the definition of surprise? Do the guardians automatically get believed or is more research done? Is any relevance put at all on the fact that a child with disabilities may feel alone, closed off and only safe at the place they spend 6 hours a day at? BMCW "experts" need more training about how disabilities can affect a child – patience, commitment, and understanding are just a few very important skills to have.

I have story after story after and during this situation that made me see how differently children with disabilities are treated in the child welfare system. They are dismissed, screened out, tossed aside. They are the least cared for because they are the easiest to be pushed aside. They can't verbally state what happened? Case closed. They are the losers in this because it takes time, it takes commitment, to get to know a child and gain their trust not even just because of abuse but because of their disability in the first place! They need to be taken more seriously and with patience and with time because of their differing ways of communicating, etc. I can understand that caseloads are high but something needs to be done. Perhaps a new section of the BMCW should be created specifically for workers that work only with children with disabilities. Case workers that can recognize and accommodate children with disabilities, or at least supply a generous amount of training, continuously. Perhaps a case worker should have a disability "expert" or advocate accompany them on any visit involving a child with disabilities. They are losers because it is so much easier to close their cases and the workers will not get in any trouble or be thought less of because they followed each step and "no abuse" was found.