Testimony to

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Thank you for the opportunity to speak with you today. I am a clinical psychologist, research scientist, and faculty member at the Sanford School of Public Policy at Duke University in North Carolina, proud home to several large military bases.

Since Dr. Henry Kempe first identified the battered child syndrome in 1962, most of our nation's efforts have been devoted to protecting battered children after-the-fact of child abuse. This is a never-win situation because battered children keep coming. As we all know, even in the military, the rate of child abuse is too high and has not declined enough in the past several years.

Recently, the field has moved upstream to understand how child abuse occurs and how to prevent it within families in the first year of life. We have made progress in helping entire communities lower their child abuse rate. Our work began in 2001 in Durham, North Carolina. Since that date, the population-wide rate of substantiated infant abuse in Durham has declined by over 67 percent.

We have learned a great deal from scientific research on the causes of child abuse and neglect in early life. Abusive parents are not necessarily "evil people" but rather are struggling due to circumstances. A large body of research tells us that every family is at risk after the birth of a child, but the particular reason for risk varies across families. Alcohol and drug abuse, maternal depression, and domestic violence are factors for some parents. Lack of knowledge about child development and parenting skills are common. Financial stress makes the challenges worse for other families. For some parents, the stress of a crying baby in the middle of the night can be overwhelming. On the positive side, we know that social connectedness -- to family, friends, neighbors, pastors, and professionals -- can protect parents from going over the edge.

These diverse needs tell us that no single intervention will help all families. The field does have intervention programs that rigorous evaluations have shown are effective for small numbers of families, such as the Nurse-Family Partnership and Trauma-Focused Cognitive Behavior Therapy. But these programs by themselves do not solve the child abuse problem for an entire community. Instead, what we need is a system that reaches every family but quickly triages and provides different resources to different families. We must identify each family's unique needs, address those needs quickly, and match families in need with professional community resources. What we need is a system of engineering to understand what a family needs and to connect that family

with the right community resources at the right time. We have created the Family Connects approach to solve this problem. It builds on three pillars.

First, we try to reach every family in the community at the time of birth through one to three home visits. A trained nurse assesses a family's needs, including screening for depression, domestic violence, and substance abuse. She provides education in baby feeding, sleep, and crying; parent self-care and parenting; and child care. She identifies individualized ongoing concerns and connects parents with community resources such as professional mental health intervention, parenting groups, and breast-feeding consultation.

The Family Connects program is brief and temporary. The cost averages about $500 per family. Many families use less of our time, and some use more.

In order to make these community resource connections, we create a second pillar, which is an alignment of community resources. In Durham, we have created an annotated electronic directory of over 400 agencies that serve families at birth, including eligibility criteria, cost, and evidence of effectiveness. The nurse has this directory at her disposal when she visits a family.

The third pillar is an integrated computer data system that tracks every family's contacts and progress so that we can be efficient in our work, monitor staff performance, and be accountable for implementation and impact.

We have evaluated Family Connects as rigorously as possible, through two randomized controlled trials and a third field quasi-experiment. Our published evaluations show that the Family Connects program decreases maternal anxiety and improves parenting. Most importantly, it reduces child abuse as indicated by official child protective service records and illnesses and injuries at emergency rooms..

We are now disseminating the Family Connects program across the nation. We are working with 28 communities today and plan to grow to over 200 communities. With each new community, we continue to learn how to adapt the program to particular circumstances and how to improve impact. We believe military communities, such as the Army's Fort Bragg near Fayetteville, and the Marines' Camp Lejuene in Jacksonville, offer both challenges and opportunities to promote infant healthy development and prevent child abuse.