

The National Call To Action: A Movement to End Child Abuse and Neglect

Background

Over the last several decades, our knowledge about and experience with child abuse and neglect has grown exponentially as have our efforts. Despite our many advances and growing numbers, we have not witnessed dramatic reductions in the size of the problem. This is due to many factors including but certainly not limited to:

- An incomplete knowledge base;
- Uneven application of what we do know;
- Inefficient uses of resources;
- Inadequate resources;
- Lack of common mission or goal to guide our actions; and,
- Lack of a political base (nonpartisan or otherwise) to support targeted efforts should they be identified.

We believe that it is time to change this. We believe that it is time for the field in concert with the general public to take action — political action. We believe that the time is now to identify a common vision for the field, and implement a strategic plan to bring about bold changes in how we as a nation deal with the child abuse problem.

Due to the enormity of this problem, Children's Hospital and Health Center - San Diego (CHHC) launched the *National Call To Action: A Movement to End Child Abuse and Neglect* (NCTA) initiative. The NCTA is an unprecedented coalition of more than 30 national organizations, and 3,000 child abuse professionals, concerned community leaders, and survivors of child abuse (Authentic Voices) – all pledging to work together towards significantly **reducing child abuse in America** over the next 20 years.

The National Call To Action is a unique initiative that adds value for the legions of dedicated child abuse professionals and organizations equally concerned with ending child abuse:

- We are building a massive non-partisan grassroots movement of Authentic Voices. To date, there has not been a strong social movement, that represents across all perspectives of child abuse, of survivors partnered with child abuse professionals to advocate on behalf of children like other fields with extremely effective advocacy, such as cancer, heart disease, and stroke.
- We are working on developing the capacity to spread effective models or strategies for the child abuse field. In the past, the field has not been effective at taking and implementing best practices to scale.

- We aim to develop a common message for the child abuse field, so that we can speak with one voice to insert the plight of children into the American consciousness.
- We assembled many stakeholders from the child abuse field to embark on a common vision and mission.

Vision

We envision a nation where children flourish free from abuse and neglect.

Mission

Our mission is to prevent child abuse and neglect through a new alignment of public and private organizations, professionals and Authentic Voices — one that will raise the level of urgency to protect children and mobilize communities in new ways to achieve this goal.

Goal and Objectives

Our Goal

By the Year 2020, there will be obvious and substantial reductions in the amount of child abuse and neglect in the United States.

Our Focus

The focus of the National Call to Action is on the abuse and neglect (physical, emotional and sexual) of children perpetrated by parents, guardians, caretakers and others who care, nurture and provide support to children.

Our National Action Plan Objectives

Several objectives have been chosen as the focus of the efforts of the National Call to Action. The objectives were identified utilizing a reiterative Delphi process. The NCTA surveyed and obtained input from nearly 300 child abuse experts, Authentic Voices, community representatives, parents and viewpoints from outside the field (e.g. public health, sociology, and business).

To broaden the pool of Delphi reviewers, surveys were disseminated through annual professional meetings and board member lists of national organization members of the NCTA. The process facilitated an ever-widening circle of input. The resulting National Action Plan consolidates, builds upon, and goes beyond the good thinking and work of the last decade, and acts a rallying point for the whole field.

The objectives that emerged through the Delphi process are not intended to cover all efforts aimed at the child abuse problem. They are a manageable subset for which sufficient evidence, experience and political will exists - suggesting that they are achievable and pivotal in reaching the overall goal. Each has equal importance; each may well be played out in unique ways in any given neighborhood and community.

PREVENTING: Families of our nation's youngest children receive the support and education necessary, so that their children will not be subjected to child maltreatment.

In other words, by the year 2020, children in the earliest years of life will not experience abuse or neglect.

PROTECTING: Our nation's systems of protecting children are revised and strengthened to deliver the highest quality response. In other words, by 2020 when abuse or neglect does occur, children and families get the best possible intervention as determined by various evaluation studies and generally recognized standards of best practice that are culturally appropriate.

HEALING: Any child who is abused or neglected receives the full complement of therapeutic and other services and support needed, as do their families, to recover as fully as possible from the effects of that maltreatment. In other words, by 2020, children who have been subjected to child maltreatment will no longer carry the non-permanent scars or problems associated with their abuse into adulthood. Tragically, too few children receive this important after-care to ameliorate the ramifications from abuse.

Further, the NCTA aims to promote research-based policy. The framework includes four priorities - surveillance, identification of risk factors, developing programs based upon risk factors and evaluation, and implementation and dissemination.

It is critical to identify and understand the social, behavioral, and environmental factors that cause violence in the first place. This process, in turn, will serve to guide the development of prevention areas, ensuring progress toward effective interventions that can be nationally disseminated. This approach will also ensure that more of society's resources, more than one penny out of every dollar, are devoted specifically to prevention activities.

Utilizing a multidisciplinary, scientific approach, we can more comprehensively design strategies and policies by cutting across professions to involve a broad array of disciplines, working towards a common solution. Traditionally, violence prevention and child abuse treatment solutions have been fragmented along disciplinary lines and narrowly focused in the criminal justice domain. The most promising way to ameliorate child abuse and family violence is to unify those scientific disciplines pertinent to violence prevention, involving relevant disciplines (i.e., health, education, social work, mental health, public housing, business, media, and justice), and establishing linkages with community-based leadership.

In summary, the child abuse field must possess the ability to identify and implement effective prevention strategies through a four-step process of surveillance, determination of risk factors, development of interventions, and widespread implementation of preventive interventions. We must pursue a research agenda for the prevention of child abuse with allied partners to comprehensively implement this inclusive and effective model.

THE NATIONAL CALL TO ACTION

A MOVEMENT TO END CHILD ABUSE AND NEGLECT

The *National Call To Action: A Movement to End Child Abuse and Neglect* (NCTA) initiative is an unprecedented coalition of more than 30 national organizations, and 3,000 child abuse professionals, concerned community leaders, and survivors of child abuse (Authentic Voices) – all pledging to work together towards significantly **reducing child abuse in America** over the next 20 years.

Biography

Domonique J. Hensler is the Director of the National Call To Action, a movement to end child abuse and neglect, which is based at Children's Hospital and Health Center – San Diego Chadwick Center for Children and Families. This unprecedented coalition of organizations and individuals, both citizens and professionals, is dedicated to ensuring children flourish free from abuse and neglect through the promotion of research-based policy.

Ms. Hensler obtained her Masters of Healthcare Administration from the School of Public Health at the University of Minnesota in 1994. Her interest in developing healthier communities soon led her to focus on child abuse and neglect. She implemented two pilot projects for the California Department of Social Services, Office of Child Abuse Prevention: A Juvenile Crime Prevention Demonstration Program and a California Safe and Healthy Families, both in Lake County. The application of the public health model led to strong program outcomes, including improved family strength and cohesion as well as reduced violent behavior.

For the past two years, Ms. Hensler was the Professional Education Services Manager for Children's Chadwick Center, where she supervised the annual San Diego Conference on Responding to Child Maltreatment; Summer Seminars; Clinical Training Program; curriculum development projects; and the Child Abuse Training and Technical Assistance (CATTA) program. While in this position, she led the development of the National Call To Action.

Ms. Hensler possesses strong facilitation skills and is often requested to facilitate meetings. In 2000, she facilitated two special briefings for the United States Deputy Attorney General Eric H. Holder and United States Attorney General Janet Reno on Children's Exposure to Violence – Innovations in the Healthcare Industry.

Prior to her work in the field of child abuse program and policy, Ms. Hensler worked in the healthcare industry at Sutter Health. While there, she established care for 10,000 underserved MediCal patients by creating two new rural health clinics, conducted Performance Improvement programs, implemented quality improvement plans, JCAHO preparation and compliance, and consolidated medical group accounting systems to save \$2 million dollars.

Ms. Hensler views child abuse as a silent public health epidemic that is undermining the fabric of our communities. Her vision is to apply the discipline of public health to ameliorate this social health issue.

**Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention
Child Maltreatment Activities**

ETIOLOGY AND SURVEILLANCE BRANCH

State Surveillance of Child Maltreatment

Five state health department cooperative agreements were funded for FY 2002 to implement three-year cooperative agreements related to mortality and morbidity surveillance for child maltreatment. States will (1) compare alternative approaches to surveillance for fatal and nonfatal CM on the state level, and (2) test methods that may be employed for the surveillance of violence at all ages. The first purpose addresses the pressing need for a practical surveillance system for CM that can be implemented at the state level. The second purpose addresses the particular need to use efforts in child maltreatment mortality surveillance as a starting point for a national violent death surveillance system. This program will help determine the utility of various data sources for such a system. Data that may be used for this surveillance include hospital data, child protective services data, FBI/police data, child fatality review data, and medical examiner or coroner data. Data collection is currently underway.

Uniform Definitions of Child Maltreatment

In conjunction with the five state health departments involved in the State Surveillance of Child Maltreatment project and a diverse group of child maltreatment experts in epidemiology, research, public health, medicine, state and federal officials CDC/DVP/ESB will seek consultation and advice on the development of consensus on surveillance definitions for child maltreatment and document emerging issues surrounding the development of research definitions. This iterative and consultative process will result in a formal set of recommendations designed to promote consistency in the use of terminology and data collection related to child maltreatment. The first meeting for this process will occur in April '03 in St. Louis, MO during the OCAN conference on child maltreatment. A second meeting will be planned to follow-up on the action items from St. Louis.

Analysis of Child Fatality Review Legislation

The Institute for Bioethics, Health Policy, and Law at the University of Louisville School of Medicine (Mark Rothstein, JD, PI) was awarded a cooperative agreement via the ATPM mechanism for this one-year project. The purpose of this project is to review current Child Fatality Review (CFR) legislation and existing protocols in order to develop uniform procedural guidelines and operational definitions to be used by state and local CFR teams. Current laws in all 50 states and the District of Columbia authorizing or mandating CFR will be summarized, compared, and contrasted with regard to six key conceptual areas: purpose, funding, membership, case review process, authority/impact, and data collection and dissemination. Recommendations for standardized operational definitions and guidelines for a uniform system of child death review procedures will be proposed.

NEISS Special Study of Intimate-partner Violence, Sexual Violence, Violence Against Children, and Self-inflicted Injury

This one-year interagency agreement with the Consumer Product Safety Commission is designed to examine the suitability of obtaining additional information about four types of violence treated in US hospital emergency departments: intimate-partner violence, sexual violence, child maltreatment, and self-inflicted injury. The National Electronic Injury Surveillance System (NEISS) All-Injury Project (AIP) data will be used for this purpose. If the pilot is successful, this information will be collected on an ongoing basis. Data from hospital emergency department records will be extracted to complete four special "pop up" screens which will require more in-depth information on each of the four types of violence. The pre-pilot phase of the project was completed in CY2001. Data collection for the pilot phase began in February, 2002, and will conclude by July, 2002.

National Violent Death Reporting System (NVDRS)

The Center received initial funding for a surveillance system that will capture all violent deaths in the US in FY02. Violent deaths (homicide, suicide, undetermined, and unintentional firearm) in children will be included in this

system. Pilot systems will be started in several states through cooperative agreements this fall. To allow collection of more detailed information about these childhood deaths from child fatality review committees, a special module is also being designed for NVDRS by the Harvard Injury Control Center. This module can be incorporated into NVDRS by states who have access to such detailed information. One outcome of this approach could be the standardization of data from child fatality review committees. NVDRS is starting cooperative agreements this fall. It will be capturing child violent deaths and testing a special module to be used by CFR committees.

Northwestern Juvenile Project (“Teplin” Project)

This is a longitudinal study of a random sample of adolescents who were newly detained in the Cook County Juvenile Temporary Detention Center (CCJTDC) in Illinois, between 1995 and 1998. Data were collected by the Northwestern Juvenile Project and include detailed interviews from 1,832 youths (36% females; 64% males) between 10 and 17 years of age. The three overarching aims of the study are to investigate: 1) the service and treatment needs for ADM (alcohol, drug, mental) disorders; 2) the barriers, pathways and patterns of ADM disorder service use; and 3) the pathways and patterns of involvement in risky behaviors such as substance use, violence and those behaviors that increase the risk of becoming infected with HIV/AIDS. Among other things, the participants are asked about parental substance abuse or psychiatric problems, witnessing parental/guardian violence and whether the adolescents themselves were abused either emotionally, physically or sexually.

PREVENTION DEVELOPMENT AND EVALUATION BRANCH

Inventory of Literature and Programs in Child Maltreatment

The purpose of this project is to get an indication of the breadth of child maltreatment programs that are in place, whether or not they have been evaluated, what outcomes of evaluation have been examined and what evaluation measures have been used. The first task in this is a literature review of all published literature (in English since 1985) which describes child maltreatment programs. The second task involves taking the information from the literature review plus other information concerning child maltreatment programs to create a database of child maltreatment programs. All programs operating in the United States and Canada from 1980 to the present are eligible to be included in the database. The eventual purpose of having the database of programs is so we and others can readily identify appropriate child maltreatment programs for use or future evaluation.

NIH Neglect Consortium Proposal Funding

Project by John Borkowski—This is a multi-site longitudinal study of 560 adolescent mothers and 180 adult mothers and their children recruited from prenatal clinics and health providers in four different sites. The project aims to do the following: 1. Clarify the meaning and measurement of neglect by analyzing the results from five sources and measures of parenting (cellular phone interviews, observations of mother and child interaction, staff member assessment, nighttime parenting, and measures of rigidity and unhappiness); 2. Develop and test the accuracy of a screening tool to predict neglectful parenting among teenage mothers based on variables identified prior to the birth of the child; 3) Assess the impact of varying degrees and types of neglect on childhood intelligence, attachment, temperament, problem and prosocial behaviors and language development during the first three years of life; 4. Test and refine a conceptual model to explain the developmental associations among parenting characteristics, parenting behaviors and attitudes, external factors and child outcomes.

“Green Book” Project

In 1998 the Juvenile and Family Court Judges addressed the problem of co-victimization of children and their mothers by assembling an Advisory Committee composed of representatives from the courts, child welfare agencies, domestic violence agencies, federal agencies, and the academic community. The resulting document was Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice (called the “Green Book” because of its green cover). This project is a multi-year collaboration between 8 government agencies (4 in DOJ and 4 in HHS) which was formed to fund several demonstration sites across the U.S. to implement the 70 recommendations in the “Green Book”. Six demonstration sites across the US have been funded to help determine the effectiveness of these recommendations and the feasibility of implementing them. The intent of these demonstration sites is to completely change the three systems which come in contact with abused women and children and their perpetrators (the court system, the child protective system and the domestic violence service provider system) so that victims are protected and perpetrators held accountable.

Evaluation of Child Maltreatment (CM) Training Programs

This project involves assessing child maltreatment training programs in health care provider training settings (e.g., medical schools, schools of social work, nursing schools). A database will be created containing information about curricula which address child maltreatment prevention. Information collected will include variables such as type of training, evaluation results, target population, approaches and issues, whether the programs have been evaluated and evaluation results, evaluation methods, type of audience for curricula, targeted results (primary prevention or intervention or both), etc. The resulting database will be useful to the field of child maltreatment researchers, service providers and others because it will be a source of information for promising and model curriculums for the prevention of child maltreatment.

Parenting Program Attrition and Compliance Efficacy Trial

Difficulties in engaging and retaining parents at risk for child maltreatment in prevention programs have been well documented. Even the most effective parenting programs will have limited impact on child maltreatment if parents do not attend programs or do not endorse the need to learn and use alternative parenting skills. This project funds two four-year cooperative agreements with Purdue University and the University of Oklahoma Health Sciences Center that focus on testing the efficacy of different enhancements or service delivery methods (i.e., motivational enhancement, financial incentives, motivational action plans) for reducing attrition and enhancing parental behavioral compliance and emotional and cognitive engagement in two existing efficacious parenting programs. The impact of the strategies on parental attendance, attrition rates, compliance, readiness to change parenting behaviors, parent and child outcomes, and incidents of child maltreatment will be examined. In addition, information pertaining to the cost of the enhancements will be collected for later analyses.

Multilevel Parenting Project

This is an effectiveness trial of an intervention that includes at least three "levels" of interventions to promote positive parenting strategies in order to prevent child maltreatment. The different levels of interventions may vary in intensity or mode of delivery, but the content will be similar (i.e., all levels will focus on positive parenting strategies). Families with at least one child six or younger will be eligible for enrollment. The intervention will be evaluated using an experimental or quasi-experimental design, and using both direct and indirect measures of parenting behaviors and child maltreatment.

Review of Parenting Programs

The project reviews literature on the scope and efficacy of parenting interventions for parents with children 0-7 years of age. Parenting interventions are defined as programs that focus on active acquisition of parenting skills to enhance child well-being and adjustment. The review will identify common and specific components of parenting program content, modality of program delivery, dosage effects, strategies used for recruitment and retention, evaluation methodology, and results of outcome evaluations with diverse ethnic and cultural groups. Meta-analytic techniques will be used, where applicable, to summarize the literature.

Oklahoma Child Maltreatment Project--House Bill 1143 High Risk Services

The University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect (OUHSC/CCAN) and PDEB are conducting the evaluation of the HB 1143/High Risk Service Project. The HB 1143/High Risk Service Project is targeted to serve families and children identified at high risk of abuse and neglect, including but not limited to, parents with drug and/or alcohol abuse, mental illness, mental and/or physical disability, and intimate partner violence. Eligible families must have at least one child 5-years-old or younger in the home. The pilot intervention consists of Project SafeCare, Motivational Interviewing, and Intimate Partner Violence Counseling. The research evaluation consists of a comparison group receiving the pilot intervention versus services as usual. Families are being randomly assigned into the two comparison groups. The project is funded for three years. The Department of Human Services (DHS) administrative data is collected to determine future reports and confirmation of abuse and neglect. Survival analysis will be used to evaluate differences between the two comparison groups. The follow-up data will continue for four years after service ends.

Oklahoma Child Family Services Project

A larger scale statewide effectiveness trial research project is being implemented to evaluate the Project SafeCare model. The research is being conducted by University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect (OUHSC/CCAN) and PDEB with the help of the Department of Human Services (DHS), Oklahoma

Child Family Services (OCS) to evaluate a statewide network of Comprehensive Home-Based Services (CHBS). CHBS are the service vendors for the DHS/OCS. The State of Oklahoma is divided into six service regions. These service regions have been matched according to the demographic characteristics of families being serviced by CHBS. Three of the service regions of CHBS received training in a Project SafeCare model and the other three are conducting services as usual. All services are provided in the home, and it is estimated over 1,200 families will be involved in the evaluation per year. This project has received funding for four years.

Review of Faith-Based Interventions

The project reviews published literature, including existing evaluations, on existing faith-based interventions. The purpose of the project is to identify faith-based interventions focused on promoting positive family and child functioning (i.e., prevention of family and youth violence, enhancement of positive child outcomes and prosocial behavior) that may be promising programs for future evaluation or dissemination efforts.

Risk and Protective Factors for the Perpetration of the Sexual Abuse of Children

Adults and juveniles can be prevented from sexually offending against children. However, before program staff can design effective primary and secondary prevention efforts, they must know what puts a person at risk for the behavior, as well as what the protective factors are that may keep a person from developing risk factors or sexually abusive behaviors. This study will review and report on the known literature on risk and protective factors for correlates of the initiation of perpetration of child sexual abuse by adults and juveniles. The ultimate aim of this study is to create a repository of knowledge that can be expanded upon and grown as new information about risk and protective factors for sexually abusing a child is uncovered. These data will be made available for the design of effective primary and secondary public health child sexual abuse prevention programs throughout the United States.

PROGRAM IMPLEMENTATION AND DISSEMINATION BRANCH

Child Maltreatment Cultural Norms

The purpose of this project is to identify the cultural norms that support the occurrence of child maltreatment. Information will be gathered via literature review, focus groups, individual interviews, and interviews with external partners in order to identify regional, ethnic, and socioeconomic factors that influence cultural norms. Interviews and focus groups will be conducted with individuals in 5 racial/ethnic groups (Hispanic, Asian, African American, Native American and Caucasian) concerning cultural attitudes, beliefs, and behaviors in child rearing practices. Forty focus groups will be conducted within the 5 racial/ethnic groups in different parts of the US. The ultimate purpose of this information gathering process is to facilitate a public health approach to child maltreatment prevention which takes into account cultural child rearing practices so that culturally appropriate communication messages can be created.

Child Maltreatment Electronic Media Product

A contractor will produce a video, 5 to 10 minutes in length, that highlights the public health issues of Child Maltreatment. The intent is for this product to raise awareness with audiences of the extent of child maltreatment, the substantial health consequences, why the audience should be involved and what would be an appropriate personal and community response.

Collaborative Efforts to Prevent Child Sexual Abuse

The purpose of this program is to create statewide prevention collaboratives to promote the development and implementation of child sexual abuse prevention programs that focus on adult or community responsibility and response in the prevention of perpetration, rather than focusing solely on the prevention of victimization. This program intends to support projects that utilize already existing infrastructures in order to broaden efforts to prevent child sexual abuse. Collaborative Efforts to Prevent Child Sexual Abuse will involve a partnership that combines the expertise of child abuse prevention, sexual abuse prevention and public health agencies/organizations.

MISCELLANEOUS

Consequences of Child Sexual Abuse

A large body of research exists that link child sexual abuse with a range of medical, psychological, and social ills. Despite this large body of evidence, efforts to prevent child sexual abuse are very limited. The scale of the problem

and the magnitude of the response are disproportionate to one another. We are conducting a systematic review of consequences of child sexual abuse to help summarize the existing evidence for the far-reaching consequences of child sexual abuse in the hope of bringing more public health attention to this issue. Our objectives are to review the scientific literature on consequences since 1975, consider mechanisms to explain how child sexual abuse is related to consequences, discuss how health care providers can respond, and introduce prevention concepts.

Valuing the Prevention of Child Maltreatment

A series of questions will be added to ICARIS 2.5 to estimate the societal value of preventing a case of child maltreatment. At present the ability to undertake economic analyses of effective interventions for preventing child maltreatment is hindered by the absence of credible information on the benefits of preventing a case of child maltreatment, which is a non-market good replete with non-monetary outcomes that are difficult to quantify. For example, the Task Force on Community Preventive Services, based on a systematic review of the literature, recently recommended early home visitation programs as an effective intervention for preventing child maltreatment. The Task Force, however, was unable to identify any credible analyses of the cost effectiveness of home visitation programs, in part, because of the absence of useful estimates of the benefits of preventing child maltreatment from a societal perspective. During recent years there exists a growing body of literature that suggests that monetary values of non-market goods may legitimately be estimated by asking members of society how much they would be willing to pay for the prevention intervention concerned. This approach is referred to as the contingent valuation (CV) method's willingness-to-pay (WTP) approach. In this study, we propose to apply, for the first time, a WTP approach to estimate the value of preventing a case of child maltreatment. Survey respondents will be randomly assigned questions relative to type of child maltreatment, (physical abuse, sexual abuse, mental abuse, and neglect), reduction in risk (2 levels), and different start points in a person's willingness to pay for prevention (3 levels). The first stratification, by type of maltreatment, allows us to estimate values for particular types of child maltreatment and an overall value for preventing a case of child maltreatment. The second stratification allows us to test for sensitivity to scope (i.e., does WTP increase with an increase in risk reduction?); and the third stratification allows us to control for potential starting point bias.

BIOGRAPHICAL SKETCH

JOHN R. LUTZKER, Ph.D., (University of Kansas) is a Distinguished Consultant and Chief, Prevention Development and Evaluation Branch, for the Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. From 1988-2001, he was the Florence and Louis Ross Distinguished Professor and Chair of the Department of Psychology and Director of Graduate Training in Behavioral Psychology at the University of Judaism in Bel Air, California. He previously served as Acting Provost of the University of Judaism. Also, he is an Adjunct Professor of Human Development at the University of Kansas and was President of Behavior Change Associates.

Dr. Lutzker has published over 100 professional articles and chapters; he has presented over 300 professional papers. He is a Fellow of the American Psychological Association (Divisions 25, 33, 37, 53), and is a Clinical Fellow of the Behavior Therapy and Research Society. He is a past Editor of the Behavior Therapist, and the APA Division 25 Recorder. He has been Associate Editor of Education and Treatment of Children and is currently on the editorial boards of the Journal of Family Violence, the Journal of Behavior Therapy and Experimental Psychiatry, Child and Family Behavior Therapy, Behavioral Interventions, and the Journal of Developmental and Physical Disabilities. Dr. Lutzker is the author of, Behavior Change (with Jerry Martin) Ecobehavioral Family Interventions in Developmental Disabilities (with Randy V. Campbell), and of Reducing Child Maltreatment: A Guidebook for Parent Services (with Kathryn Bigelow). He is editor of Handbook of Child Abuse Research and Treatment. His current major research interests are in intervention and prevention of child maltreatment and other forms of violence. Dr. Lutzker lives in Atlanta, GA