



**2020-2029**

# **A Vision for Child & Family Well-being in Georgia**

**Our State's Child Abuse & Neglect  
Prevention Plan**

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## Forward

On March 11, 2020, the World Health Organization declared the rapidly spreading coronavirus outbreak (COVID-19) a pandemic, acknowledging that the virus would likely spread to all countries on the globe.

This event occurred just five days after Georgia's Child Abuse and Neglect Prevention Plan was presented to State leadership for review. In less than a month, Georgia would go on to report more than 7,000 cases and 200 deaths and experience widespread disruption of the state's economy.

According to a report from McKinsey & Company (March 25, 2020), the US economy could take until 2023 to recover from the impact of the COVID-19 crisis. If the public health response, including social distancing and lockdown measures, is initially successful but fails to prevent a resurgence in the virus, the country is likely to experience a "muted" economic recovery. In this scenario, the US economy would need until the first quarter of

2023 to recover. If the public health response is stronger and more successful, controlling the spread of the virus within two-to-three months, the outlook could be more positive, with economic recovery by the third quarter of 2020.

The collateral damage of the pandemic and the associated economic collapse directly affects Georgia's families and their ability to create safe, stable, nurturing relationships and environments. According to *USA Today*, "hundreds of thousands of vulnerable US children could face a heightened risk of abuse and neglect as coronavirus-related school closures keep them at home and away from the nation's biggest group of hotline tipsters: educators." With children's social contacts restricted to the immediate

family under social distancing practices, visibility into child welfare circumstances is limited.

The economic impact on Georgia's families has the real potential to dramatically increase parent stress and significantly weaken family economic stability, family resiliency, access to early childhood care and education, mental well-being, and physical health. Yet, the goals, objectives, and strategies reflected in this plan remain largely unchanged. There will undoubtedly need to be time dedicated to stabilizing the institutions and systems that support families.

During the coronavirus outbreak, our nation acknowledged we were facing another pandemic – racism. As a result of the tragic and unnecessary murder of George Floyd in Minneapolis, Minnesota by four police officers,

the country's collective eye began to open to the systematic injustice, oppression and institutionalized racism that has plagued this land since 1619.

As our country has become more diverse, other groups have also experienced discrimination, racism and the resulting inequities faced by blacks in America. Sadly, inequity is even pervasive in systems created to support families and protect children.

Although Title VI of the Civil Rights Act of 1964 protects people of every race, color, or national origin from discrimination in programs, activities, and services administered by child welfare agencies and state court systems<sup>i</sup>, children of color are still disproportionately represented in the child welfare system. Structural racism, institutional racism, and racial bias and discrimination all contribute to worse outcomes for children of color involved with the child welfare system when compared to their white counterparts.<sup>ii</sup> In addition, research also tells us that racial disproportionality exists at almost every stage within the education, juvenile justice and mental health systems.

Every child and family deserve supports and services to strengthen them and help meet their needs. In order to implement Georgia's Child Abuse and Neglect Prevention Plan, we must understand the effects of racial inequity in all of the systems that impact child well-being and we must critically and systematically analyze the following factors<sup>iii,iv</sup> when doing so:

- Organizational Analysis – Examine administrative policies and practices within child serving organizations that may contribute to inequity.
- Strategic Partnerships – Create or strengthen partnerships with organizations and community groups to support race equity efforts, and to assist in providing accountability and sustainability.
- Data Collection & Analysis – Regularly collect and analyze data by race and ethnicity at all decision points in the child welfare, education, juvenile justice and mental health systems.
- Workforce Diversification and Development – Recruit a workforce that is racially, ethnically and culturally diverse. Offer anti-racism training with a focus on how racism and implicit bias negatively impacts children, families and communities of color.
- Parent and Youth Engagement – Engage parents and youth from communities of color to incorporate their input and feedback on race equity issues.
- Focus on Prevention – Prevention and early intervention services can strengthen all families, regardless of race or ethnicity. By providing prevention services, child serving agencies can support families through services before child abuse or neglect occurs. These services may be for the general population or targeted for at-risk groups. For example, programs aimed at providing concrete supports to families will have effects on one of the most prevalent risk factors for child abuse and neglect – poverty.

Over the next 10 years, we may not achieve some of the results we articulated prior to the advent of these coupling pandemics. Still, as the social and economic fabric of our state mends and we work collectively to dismantle racism, discrimination and bias, we believe the direction of this plan represents the best, collective approach to helping all of Georgia's children and families thrive.

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<sup>i</sup> National Child Welfare Workforce Institute (2017) Promoting Racial Equity Through Workforce & Organizational Actions. Retrieved from <https://ncwwi.org/index.php/resourcemenue/racial-equity>

<sup>ii</sup> Rhode Island Kids Count. (2020). Achieving Race Equity In The Child Welfare System

<sup>iii</sup> National Child Welfare Workforce Institute

<sup>iv</sup> Child Welfare Information Gateway. (2016). Racial Disproportionality and Disparity in Child Welfare. Retrieved from [www.childwelfare.gov](http://www.childwelfare.gov)

## What Is Georgia's Vision for Prevention?



Despite the complex factors that can lead to child abuse, child abuse can be prevented — in fact, **most people are already participating in prevention activities without realizing it!**

Common actions like mentoring children and youth, participating in community activities and campaigns, donating to service providers, supporting another parent in a challenging situation, and engaging in advocacy count towards prevention.

Essentially, any action, program, or policy that strengthens families and communities should be considered child-abuse prevention. Prevention comes in three forms: primary (support of the general well-being of families and children), secondary (support of families and children at higher risk for incidents of child abuse and neglect), and tertiary (support of families and children after abuse or neglect has taken place, to reduce the chance of future abuse or neglect). Moreover, if anything with a positive impact on families or communities is considered "prevention," then by achieving the goals of this plan, we will also benefit the goals of agencies and local organizations across Georgia, and vice-versa.

Georgia's vision and goals promote a collective, strength-based approach that can help

increase family assets, enhance child development, and reduce the likelihood of child abuse and neglect. This approach, known as Strengthening Families™, is based on engaging families, programs, and communities in building five key protective factors, which are characteristics that make a parent or caregiver, child, or family more likely to thrive despite whatever risk factors (characteristics that make a parent or caregiver, child, or family more likely to experience a negative outcome) they might face. All families benefit from having strong protective factors:

- Parental resilience: Managing stress and functioning well when faced with challenges, adversity, and trauma.
- Social connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support.
- Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
- Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
- Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.





GEORGIA'S VISION FOR PREVENTION

All Georgia's children and families have equitable opportunities and necessary support to thrive in safe, stable, connected, and nurturing communities where they live, learn, work, and play.





# What Are Georgia's Goals for Prevention?

When we come together with a common cause, we can make important conditions a reality.

The following overarching goals reflect the results of our collective action regarding Georgia's families, systems/governments, and society must achieve in the next ten years (2020-2029).



## Goals for Families

- All parents and caregivers have the skills and tools to meet the physical, intellectual, and emotional needs of their children.
- All children have the tools, skills, and support needed to meet their potential.
- All families have equitable access to culturally responsive services and resources in their communities to meet their needs.



## Goals for Systems/ Governments

- Families are engaged in planning and evaluating child abuse and neglect prevention efforts.
- All community, commerce, and state systems have integrated policies, training, programs, practices, and budgets that promote family and child well-being.
- Systems collaborate and cooperate in planning and implementing a comprehensive continuum of prevention services including but not limited to: strengthening economic supports to families, implementing family-friendly policies, and providing quality care and education.
- Permanent and adequate financial resources are equitably allocated to develop and maintain prevention strategies.
- All services and supports to children and families use trauma-informed, strength-based practices to reduce harms and prevent future risk.



## Goals for Society

- All Georgia citizens are accountable for the protection and well-being of our children.
- Prevention is valued as essential and achievable with collective action.
- Society invests in children early and throughout their lives.
- Georgia has increased equitable opportunities and access to services and resources that foster child well-being.
- Social norms reflect a culture that supports and sustains safe, stable, nurturing relationships and environments.



# What Are Georgia's Objectives for Prevention?

For collective action to work, we must hold ourselves accountable for making a difference in changing existing community conditions.

This focus must be inclusive of all Georgia's families and children. Georgia's plan must change the following conditions:

- Increase family economic stability
- Increase family resiliency
- Increase access to early childhood care and education
- Increase family mental well-being
- Increase family physical health
- Increase community knowledge and awareness of the societal factors that contribute to child abuse and neglect and the capacity to prevent it



Currently, Georgia ranks 38<sup>th</sup> in child/family well-being according to the Annie E. Casey Foundation's 2019 KIDS COUNT Profile. KIDS COUNT is a premier source of data on children and families. Each year, the Foundation produces a comprehensive report — the KIDS COUNT Data Book — that assesses child well-being in the United States. In 2019, the ranking was based on a review of economic well-being (e.g., children living in poverty), education (e.g., young children ages 3-4 not in school), health (e.g., children without health insurance) and family/community metrics (e.g., teen births). These indicators closely reflect the key objectives identified by Georgia families and subject matter experts in the production of this plan and are shown to lead to greater child well-being.

By 2030, Georgia will rank at least 33<sup>rd</sup> or higher according to the KIDS COUNT profile. This represents a 10% improvement in the state rankings over the next decade.



## Why Do We Need a State Plan?

Child abuse and neglect remain a major public health problem — and the public's health problem.

Early adversity in life has lasting impacts, with effects stretching from childhood and adolescence into adulthood. The risk for interpersonal violence starts at birth and continues across the lifespan. Where there is one form of violence, there are often other forms of violence. Exposure to interpersonal or familial violence early in life is, in and of itself, a risk factor for involvement in violence later in life (both victimization and perpetration). Additionally, adversity and trauma in childhood have an added risk for lifelong adverse health, social, and economic consequences. Survivors of abuse or neglect are more likely to have behavioral and mental health problems, have higher rates of incarceration or involvement with the juvenile justice system, develop chronic diseases, and have lower annual incomes. The consequences of child abuse and neglect greatly impact the financial costs and the well-being of Georgia's citizenry and is a primary reason for needing a state plan for prevention.

For a goal as complex as the prevention of child abuse, a well-planned broad-based strategy is essential.

Child abuse and neglect are not solely a topic for law enforcement, child protective services, or any one state agency. Multiple agency prevention plans exist, although they are not always in alignment. Therefore, comprehensive, coordinated, and cross-agency and public-private effort is necessary. Not one strategy or one agency can prevent it.

Child abuse and neglect are preventable! We believe that a state prevention plan will surface effective approaches to increasing safe, stable, and nurturing relationships and environments for all children and families. It will enable us to capture the comprehensive impact of primary, secondary, and tertiary prevention efforts from state, regional, and local agencies and organizations. It will provide us with a means of accountability for charting where we are, where we need to be, and when we have reached our goals.

The information summarized in this plan was gathered over a six-month period. We sought input in a variety of ways, including the following:

- Two **leadership meetings** among State of Georgia departments and divisions, convened by the Director of the Division of Family and Children Services, Tom Rawlings. The purpose was to secure buy-in at the start of the work and approval of the resulting plan.
- Twenty-five public **regional sessions** at community-based and -accessible locations around the state, covering all 14 Division of Family and Children Services regions. More than 635 individuals attended these sessions, including 525 service providers and professionals and 110 parents, caregivers, civic and faith leaders, and community members.
- Two **Champion Sessions** for identified point persons who represented their respective agencies and organizations in planning and ensured internal communication of plan progress. Additional video conferences and one-on-one meetings were held with champions unable to attend the sessions, and an online data-collection tool was used to collect and integrate their input.
- Two **statewide surveys** — one for service providers and professionals, and one for parents, caregivers, civic and faith leaders, and community members — completed by 801 Georgians from 158 counties.

A state child abuse prevention plan is a blueprint for action.



## UNDERSTANDING CHILD ABUSE AND NEGLECT

### What Is Child Abuse and Neglect?

According to Georgia Code § 19-7-5 (2018), child abuse includes intentional physical injury or death of a child by a parent or caregiver by other than accidental means, neglect or exploitation of a child by a parent or caregiver, endangering a child, and sexual abuse and sexual exploitation of a child.

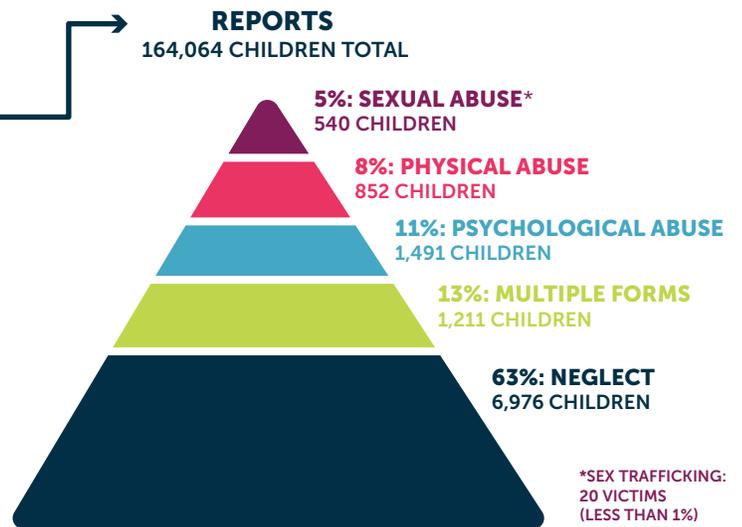
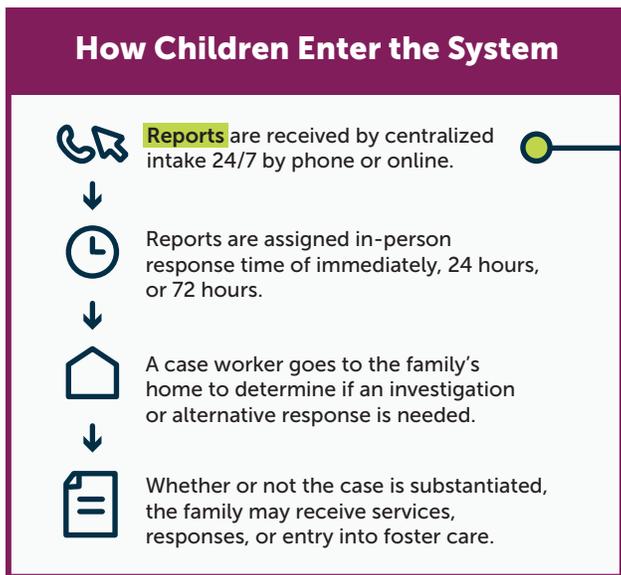
Child abuse is against the law, and on average, child protective services receives over 100,000 reports of abuse annually in Georgia. Child abuse and neglect have both short term and long-term negative impacts on children, families, communities, and society.

Experts agree that most child abuse goes unreported.

- **Neglect** is the most common form of child abuse. Neglect is failure to provide adequate food, shelter, clothing, medical care, education, or supervision, or failure to meet emotional or psychological needs (GA Code § 15-11-2 [2018]).
- **Emotional (psychological) abuse** is excessive or aggressive behavior that places unreasonable demands on a child or sends a hurtful message to a child and attacks the child’s emotional, intellectual, or psychological development or capacity and sense of self-worth. This usually occurs as verbal abuse (GA Code § 15-11-2 [2018]).

- **Physical abuse** is defined as an injury or pattern of injuries to a child that is non-accidental (GA Code § 15-11-2 [2018]).
- **Sexual abuse** is exploitation of a child for sexual gratification of an adult or older child and may include acts from fondling to penetration, child pornography, solicitation of a minor as well as other acts defined by Georgia law (GA Code § 15-11-2 [2018]).
- **Endangerment** occurs with the presence of child during the commission of a forcible felony or battery, including family violence; during the manufacture of methamphetamine, including collection and possession of ingredients with the intent to manufacture methamphetamine, and while driving under the influence of alcohol or drugs. Endangerment also encompasses prenatal abuse, which includes fetal exposure to alcohol or controlled substances that has demonstrable impact on a newborn (GA Code § 19-7-5 [2018]).

See [Appendix E: Childhood Abuse and Neglect in the Georgia Code](#) for further information.



A common misconception is that children are most at risk of abuse by someone unknown to them. Statistics indicate that the primary caregiver or other trusted adults are most often the abusers, and most of the abuse takes place inside the home, where children should be the safest.

### Challenges Quantifying Child Abuse and Neglect

States have difficulty tracking the number of children who have been impacted by abuse or neglect. In Georgia, the Statewide Automated Child Welfare Information System (SHINES) is used to capture most of the state's child abuse and neglect data. Comparing data from different years may lead to inaccurate conclusions because of enhancements to the SHINES database, how cases are entered and recorded in SHINES, and the outcome of an investigation based upon the specified allegation in the initial report (e.g., a report can be unsubstantiated for abuse, but a case may still be open due to a finding of neglect). All these variables, combined with the persistent underreporting

of child abuse and neglect, compound the complexity of analyzing child abuse and neglect data over time.

Another challenge in identifying trends in child abuse and neglect data involves changes in state and system policy and practice. For example, Georgia saw a 49% drop in substantiated child abuse and neglect cases between 2016 and 2017. This decrease is associated with new laws, policies, and practices that went into effect in mid-2016. In July 2016, Georgia began collecting and reporting personal information on alleged abusers from substantiated cases in the Child Abuse Registry. DFCS is also moving away from incident-focused responses to comprehensively assessing the safety of the child and the needs of the family. Although specific allegations may not be substantiated from a report of

Studies have shown that racial disparities occur in the child welfare continuum.

child abuse or neglect, DFCS may provide services to families. Therefore, it is also important to note the total number of families receiving services from DFCS continues to increase, despite the drop in substantiated cases.

A significant amount of research has documented the overrepresentation of certain racial and ethnic populations in the child welfare system when compared with their representation in the general population. Numerous studies have also shown that racial disparities occur at various decision points in the child welfare continuum, and children of color experience worse outcomes. This is also the experience of LGBTQ youth who are also disproportionately represented in the child welfare system. Strategies to address disproportionality and disparities are often the same strategies used to improve well-being for all children and families and should incorporate the principles of cultural competence and the recognition of biases. The objectives and strategies identified in this plan — with

appropriate time, resources, and support — have the potential to significantly affect the experiences of children and families of color, as well as LGBTQ youth, increasing equity for all our families.

## Why Does Child Abuse and Neglect Persist?

Child abuse and neglect are not caused by a single factor but by multiple factors related to the individual, family, community, and society at large. Environments that are violent, lack accessible and effective community resources, and are disproportionately affected by poverty or unemployment are stressors that may lead to child abuse and neglect.



Additionally, cultural norms and beliefs, including societal tolerance and promotion of violence and acceptance of corporal punishment, may impair caregivers' ability to create safe, stable, nurturing relationships and environments. Parent/caregiver factors that may contribute to child abuse and neglect include:

- Lack of parenting knowledge.
- Social isolation.
- Unmet emotional needs.
- Financial or other stressors.
- Drug or alcohol addiction.
- History of childhood trauma.

The individual, family, and environmental factors listed above can increase the risk of child abuse. For these reasons, we cannot focus our attention and efforts on “bad parenting.” Child abuse is a complex social issue that can impact a child over the course of his or her life. The groundbreaking Adverse Childhood Experiences (ACE) Study has illustrated a clear link between early traumatic experiences, such as child abuse and poorer health outcomes in adulthood. Children exposed to abuse and other forms of trauma are at an increased risk of experiencing chronic diseases, mental health challenges, and other adversities during adulthood. Child abuse impacts graduation rates, incarceration rates, job productivity, and more. Additionally, a newer term of Adverse Community Environments, such as lack of affordable and safe housing, community violence, systemic discrimination, and limited access to social and economic mobility, create additional conditions for vulnerability to child abuse or neglect.

# What Are the Important Components?

In "Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities," the Centers for Disease Control and Prevention – Division of Violence Prevention proposes the following strategies and approaches to address child abuse and neglect across different levels of the socio-ecological model (Society, Communities, Relationships, and Individuals). The strategies and approaches may work in combination, forming a truly comprehensive and multi-faceted prevention ecosystem.

## Preventing Child Abuse and Neglect

Strategy		Example Approach
Strengthening Economic Supports	→	Family-friendly work policies
Changing Social Norms	→	Public awareness and education
Providing Quality Early Childhood Care and Education	→	Expanding access to quality education in rural communities
Promoting Healthy Child Development	→	Evidence-based parenting skills programs
Preventing Future Risk	→	Enhanced access to primary care

Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Available at <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>



## GETTING INVOLVED

### **What Kinds of Programs Do We Need?**

Families change as they develop through a lifespan.

Their needs and resources vary considerably from one stage to another. Ideally, communities that are committed to preventing child abuse will develop a comprehensive approach to the prevention of child abuse made up of a continuum of services that are targeted to different populations and different phases of the family cycle.

Child abuse prevention activities must include all three types of prevention, ideally across the different socio-ecological levels (<https://www.childwelfare.gov/topics/preventing/overview/framework/>).

#### **Primary prevention**

Programs, practices, and services designed to promote the general well-being of children and families. Also known as universal prevention, examples of this include a statewide investment in universally accessible programs such as affordable, quality childcare at the societal level or a program available to all families, regardless of demographics or income, such as the First Steps Georgia screening and referral program at the top of the pyramid below.

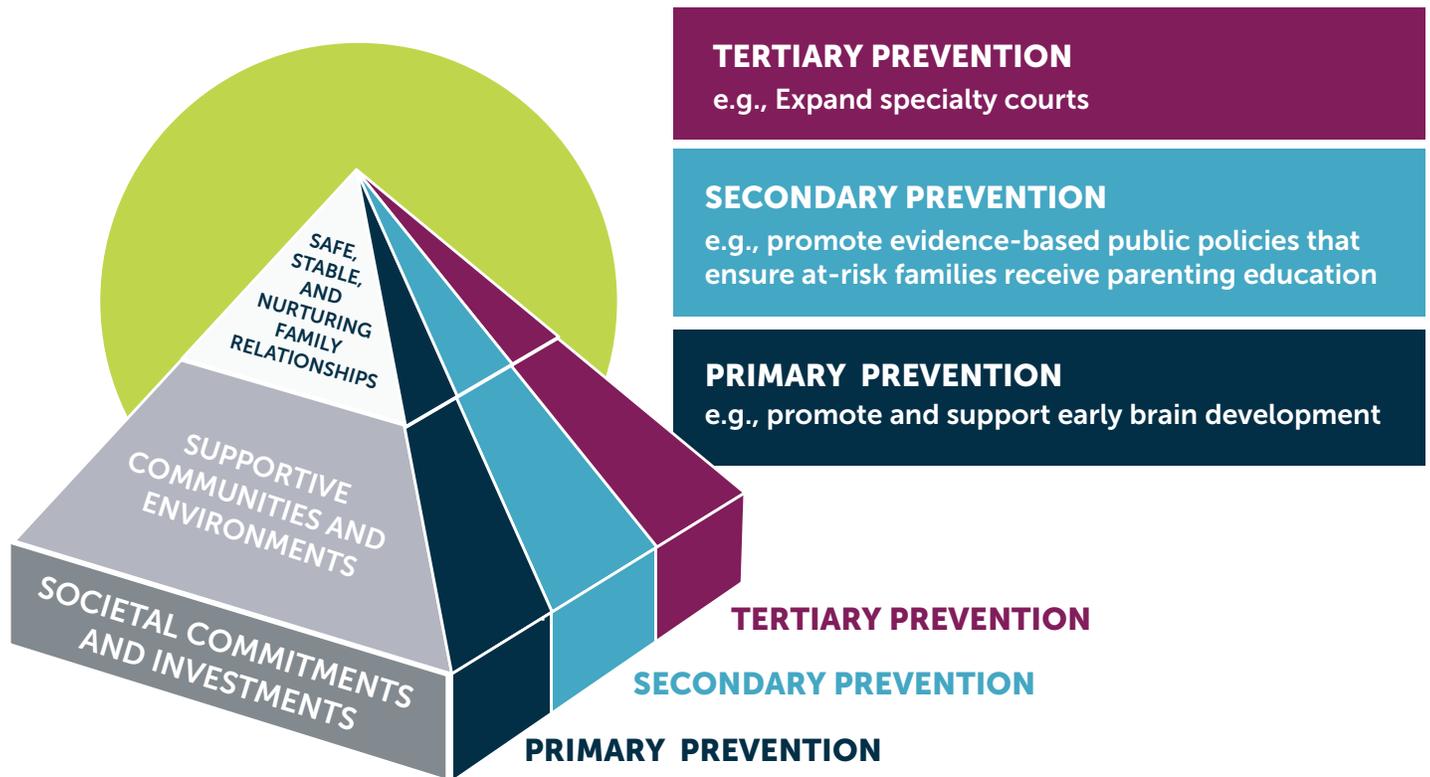
#### **Secondary prevention**

Programs designed to help identify families who are at high risk for abuse and provide services to them. As with primary prevention, secondary prevention programs, practices, or services are implemented for families who have not been identified to the child welfare system as no abuse or neglect has occurred. Programs, practices, or services in this category have been proven to be effective in preventing child abuse and neglect, but due to expense or limited trained providers are not scalable to be universally available. Certain established risk factors for abuse or neglect are used to determine eligibility for these programs, practices, or services. An example of a highly impactful secondary prevention program at the family level (top of the pyramid) is evidence-based home visiting. At the Supportive Communities and Environments level of the pyramid, an example of secondary prevention is Family Resource Centers.

## Tertiary prevention

Services provided after abuse or neglect occurs, designed to prevent the recurrence of abuse. Once the unfortunate event of child abuse or neglect occurs, and a family is identified to the child welfare system at the Georgia Division of Family and Children Services (GA DFCS), tertiary prevention services, programs, or practices are utilized to prevent a recurrence and to mitigate the impact of the abuse or neglect. An example at the Safe, Stable, and Nurturing Family Relationships level would be a substance abuse treatment for parents whose children have been removed due to substance abuse. At the Societal Commitments and Investments level, the federal government's Family First Prevention Services Act, aimed at preventing children and youth from coming into foster care, is a prime example of tertiary prevention.

The pyramid below can be found at <https://abuse.publichealth.gsu.edu/prevention-model/>. It is an interactive tool that identifies examples of Georgia's programs, practices, services, or policies at each prevention level.





## What Can We Do?

### Everyone has a role to play in prevention.

Leadership, resources, policies, efforts, and time must be committed to the process of prevention planning, implementation, and accountability. Collaboration is essential. Child abuse prevention cannot be done by any one profession, agency, or community alone.

#### Planning

Community prevention planning teams should include representatives from all community systems and sectors and involve families as well. Developing a plan takes time, creativity, and patience. Commitment over time is essential.



#### Programs

No single program, strategy, or approach will be enough to prevent child abuse in your community. Many different services, programs, practices, and strategies need to be put in place at once. Programs need to do the following:

- Be available and accessible to all populations.
- Be initiated early.
- Cut across related problems.
- Recognize cultural differences and inequities.
- Build on family strengths.
- Provide intensive services to those most at risk.
- Be appropriate to address different types of abuse and neglect.
- Be evidence-based, or at a minimum, have promising results.
- Be evaluated regularly.



#### Accountability

Management of prevention planning requires ongoing monitoring of progress toward achieving the comprehensive integration of prevention strategies in the community. Evaluation of prevention programs and activities is essential and should be an integral component of every prevention activity. It will be necessary to determine what group will be responsible for oversight of your community prevention plan.

At a state level, Champion agencies and organizations will meet each year to review the plan for alignment with current strategic priorities and initiatives, and to report on successes toward the plan's objectives and strategies.

See the [Implementation of this Plan](#) section of this document for more information.

# What Strategies Will We Adopt?

In order to make measurable progress on the plan's six objectives, we will adopt the following strategies as part of a holistic approach to child abuse and neglect prevention.

These strategies are intentionally broadly stated in order to allow local communities to identify and adopt aligned activities that will meaningfully meet their community's needs. These important next steps are outlined in the [Implementation of this Plan](#) section.

Each strategy is presented under the single objective it was intended to have the most impact on. However, we recognize that **many** of the following strategies will have a positive and direct effect on other objectives presented in this plan. The order of the strategies is not intended to represent any perceived rank of importance, and they should be viewed as an array of strategic actions.

## Objective: Increase family economic stability

- Expand efforts to develop safe and decent affordable housing for families
- Adopt/promote evidence-based family-friendly business policies (e.g., family leave, release time to attend parent-teacher conferences, on-site childcare)
- Expand programs and practices aimed at parents who are "returning citizens" (i.e., formerly incarcerated adults)
- Expand access to affordable childcare for parents who are working or in school (e.g., tax breaks for companies that offer on-site or subsidized childcare), especially for lower-income and hourly-wage-earning families
- Expand nontraditional programs and approaches to earn high-school diplomas (e.g., technical colleges)
- Expand opportunities for youth to explore career options before high-school graduation
- Expand small-business development and support programs
- Increase access to secondary (e.g., GED and high-school diplomas) and post-secondary degrees and certificate programs
- Increase adult literacy through the adoption and promotion of evidence-based practices and models
- Increase life-skills training for school-aged children and youth (e.g., financial literacy as a core competency)
- Identify and promote efforts to increase wages so that full-time employment does not result in households living at or below the federal poverty level
- Promote poverty-informed training for local and state policymakers
- Promote the development of positive and safe workplaces



### Objective: Increase family resiliency

- Expand evidence-based afterschool, out-of-school, and summer programs
- Decrease family violence through the adoption and promotion of evidence-based practices and approaches
- Increase access to evidence-based or research-informed programs for parenting skills and support that help parents/caregivers understand all stages of their child's development
- Increase access to family-support services in emergency rooms and urgent-care facilities
- Promote access to broadband internet technology for parents and caregivers to secure appropriate child-development tools and resources
- Promote and expand comprehensive and specialized supports for families of children with disabilities
- Promote policies that ensure at-risk families receive evidence-based parenting education
- Promote strategies to ensure families can quickly recover from natural disasters and public health crises
- Promote the development of transition plans for state-placed children and youth (e.g., Department of Juvenile Justice, Division of Family and Children Services), and engage families in the planning process
- Promote, link, and support information and referral systems
- Shape social norms around positive parenting and family help-seeking in times of need (e.g., public-awareness campaigns)

### Objective: Increase access to early childhood education

- Develop and promote incentives for expanding childcare businesses in underserved communities
- Expand eligibility to Georgia's Childcare and Parent Services (CAPS)
- Expand opportunities for childcare-enrollment assistance
- Increase access to Quality Rated early care and learning programs across the state
- Promote and support early brain development and language nutrition practices and models
- Promote universal developmental screenings and early intervention service access
- Provide language nutrition coaching and training for workforces and groups that interact with caregivers and babies (e.g., Talk with Me Baby)
- Shape social norms around the positive life-long impact of early childhood education
- Support elementary schools in accessing pre-K slots in communities with limited infrastructure for early childhood education

## Objective: Increase family mental health

- Expand access to First Episode Psychosis (FEP) programs
- Expand specialty/accountability courts (e.g., drug, mental health, family treatment) with an emphasis toward ensuring access to behavioral-health treatment for all families
- Expand substance abuse-prevention programs aimed at school-aged children and youth
- Implement and expand the use of evidence-based practices and approaches to reduce opioid addiction in youth and young adults (e.g., screening, brief intervention, and referral to treatment; behavioral therapy)
- Implement evidence-based school-climate improvement strategies and frameworks in all schools (e.g., anti-bullying programs; positive behavioral interventions and supports; social-emotional engagement, knowledge, and skills)
- Implement practices shown to strengthen parent-infant attachment in the NICU (e.g., shared reading, Kangaroo Mother Care)
- Implement tele-/web-based mental-health and substance abuse resources in underserved communities, and identify other strategies to make services more accessible (e.g., mobile clinics, Uber Health)
- Increase access to low-/no-cost community-based behavioral-health services for low-income families (e.g., substance abuse recovery groups)
- Integrate practices that are designed to strengthen caregiver-child attachment relationship along the child-development continuum (e.g., Home Visiting, positive behavioral interventions and supports)
- Promote and expand evidence-based suicide-prevention practices and approaches
- Promote awareness and adoption of mental-health resilience strategies targeting at-risk youth (e.g., prevention clubhouses)
- Promote evidence-based behavioral health training, assessment, and treatment models for all ages (e.g., trauma-informed care, addressing implicit bias, empathy, prejudices, attribution)
- Promote policies and approaches to ensure medical co-payments and the authorization of services by insurance companies are not barriers to mental-health treatment
- Promote resilience strategies for children and youth (e.g., stress management, coping skills development, problem-solving skills development)
- Promote the inclusion of social-emotional learning in curriculum requirements
- Promote trauma-informed training for all school personnel (e.g., trauma-informed care, addressing implicit bias, empathy, prejudices, attribution)
- Promote trauma-informed training for personnel in all youth-serving programs (e.g., trauma-informed care, addressing implicit bias, empathy, prejudices, attribution)
- Screen, assess, and monitor the language skills of all state-placed children and adolescents (e.g., Department of Juvenile Justice, Division of Family and Children Services)
- Shape social norms about mental health and how to recognize and seek help for mental illness and substance abuse (e.g., Mental Health First Aid) as well as how to support mental-health development
- Train mental-health providers to complete valid and reliable brief language screening (e.g., Children's Communication Checklist, Clinical Evaluation of Language Fundamentals) for children and adolescents as well as how to apply findings as part of the diagnostic process

## **Objective: Increase family physical health**

- Expand access to affordable health insurance coverage for all Georgians
- Expand telemedicine services
- Improve access to maternal and infant health services (especially among minority populations) in order to reduce infant and maternal mortality
- Increase efforts to ensure school buses are safe (e.g., bus monitors)
- Increase focus on school-safety planning and practices (e.g., increased security technology) to focus on positive school climate and the development of Safe School Plans
- Promote and expand the participation of families in the Planning for Healthy Babies (P4HB) waiver program
- Promote evidence-based models of sexual-health education and adolescent pregnancy prevention for school-aged children and youth
- Promote gun-safety practices and policies
- Promote policies and approaches to ensure medical co-payments and the authorization of physical health services by insurance companies are not barriers to treatment
- Promote strategies and programs aimed at increasing food sufficiency
- Promote strategies to enhance transportation safety
- Increase awareness of prenatal support resources

## **Objective: Increase community knowledge and awareness of the societal factors that contribute to child abuse and neglect and the capacity to prevent it**

- Enhance knowledge of effective framing and messaging of prevention information and policies
- Ensure medical professionals (e.g., nurses) are educated about the recognition of child abuse, accurate reporting, and trauma-informed care (e.g., addressing implicit bias, empathy, prejudices, attribution)
- Expand funding of programs and services for the prevention of child abuse and neglect, and promote policies that expand evidence-based resources across the state
- Expand local collaborations and advocacy across sectors (i.e., nonprofit, government, faith, business) aimed at strengthening families, developing solutions to local challenges, and identifying champions for promoting prevention policies
- Expand trauma-informed practices and resources across the state as well as increase understanding about the prevalence and impact of adverse childhood experiences (ACEs) and adverse community environments (jointly referred to as the Pair of ACEs)
- Increase awareness about human trafficking and related evidence-based prevention strategies
- Increase community knowledge and awareness of the incidence and long-term impact of childhood abuse and neglect, as well as how to accurately recognize and report suspected cases
- Promote child-friendly and trauma-aware practices in the courts, law enforcement, and corrections systems
- Promote public policies and practices that are broadly supportive of children and caregivers including those addressing father engagement and nontraditional families
- Promote quality standards for providers of prevention programs
- Use data to inform the development of prevention practices, programs, and strategies (including child death review data)
- Expand the delivery of evidence-based sexual-abuse prevention training for adults and awareness education for children and youth

# How Can My Group Get Involved?

Each community is unique and should prioritize the development of prevention programs after evaluating existing services and identifying gaps.

Each sector of the community has a role to play in developing a comprehensive program for child abuse prevention.

In the lists below, these strategies have been organized by audience — specifically looking at how you and your community can engage with this plan. To assist with the local application of the plan, Prevent Child Abuse Georgia and the Georgia Division of Family and Children Services — Prevention and Community Support Section will provide technical assistance to counties across the state to work collaboratively with local organizations and stakeholders to implement strategies contained in the plan in their communities. See the [Implementation of this Plan](#) section of this document for more information.

The following section highlights examples of sector-specific or community activities and is not intended to represent everything that could be done to reduce child abuse and neglect and create safe, stable, and nurturing relationships and environments.

If you would like additional information or more detailed descriptions of any of these strategies, or information about promising prevention programs and practices, contact Prevent Child Abuse Georgia ([PreventChildAbuseGA@gsu.edu](mailto:PreventChildAbuseGA@gsu.edu)) or the Georgia Division of Family and Children Services — Prevention and Community Support Section ([GADFCS.Prevention@dhs.ga.gov](mailto:GADFCS.Prevention@dhs.ga.gov)).



## For all sectors of the community

There are many strategies presented in the previous section that apply to everyone in our state.

Examples of these strategies include the following:

- Become involved in local collaborations and advocacy activities aimed at strengthening families and developing solutions to local challenges
- Learn about and promote early-brain-development and language-nutrition practices and approaches
- Increase your awareness about human trafficking and related evidence-based prevention strategies
- Become knowledgeable about the positive life-long impact of quality early childhood care and education
- Become more knowledgeable about mental health and learn how to recognize and seek help for mental illness and substance abuse disorders
- Understand and promote gun-safety practices and policies
- Work to improve race relations and promote healing and understanding
- Increase your knowledge and awareness of the incidence and long-term impact of childhood abuse and neglect, as well as how to accurately recognize and report suspected cases
- Learn about the prevalence and impact of adverse childhood experiences (ACEs) and adverse community environments (jointly referred to as the Pair of ACEs)
- Become aware of evidence-based behavioral-health assessment and treatment models for all ages (e.g., Mental Health First Aid, trauma-informed care)
- Advocate to expand access to affordable health insurance coverage for all Georgians
- Encourage policy leaders to adopt policies and practices that are supportive of children and families including father engagement and nontraditional families
- Work collectively to ensure families can quickly recover from natural disasters and public health crises
- Actively participate in programs and efforts (e.g., food drives) to reduce family hunger



## Faith and Civic Sectors

Faith- and community-based nonprofit organizations have a long history of meeting critical human and societal needs. Increasingly the public sector looks to these organizations to play a greater role in strengthening communities. The following are examples of strategies this sector can pursue to continue and increase their role in supporting their local communities:

- Become involved in local collaborations and advocacy activities aimed at strengthening families and developing solutions to local challenges
- Seek relationships with corporations and private foundations to engage in community and economic development
- Participate in and provide access to trainings that are trauma- and poverty-informed
- Continue to partner with the public sector in the provision of social services, especially programs and services involving the prevention of child abuse and neglect, parents who are “returning citizens” (i.e., formerly incarcerated adults), adult literacy, father engagement, evidence-based or research-informed parenting skills and support programs and practices, increasing food sufficiency, and evidence-based afterschool, out-of-school, and summer programs
- Work collaboratively with other sectors to support families during and after natural disasters and public health crises



## Workplace/Business

Businesses are increasingly viewed as a critical partner in reducing child abuse and neglect. This is especially true with regard to family economic well-being, education, and health. The following are examples of workplace strategies:

- Advocate for the expansion of accessible and affordable childcare for your workforce, and explore how your company can create and help expand quality childcare resources in your community
- Become more knowledgeable about the impact of low wages on the families of full-time employees who are living at or below the federal poverty level
- Work with local education partners to expand opportunities for youth to explore career options before high-school graduation
- Advocate for the development of safe, decent, and affordable workforce housing
- Be as inclusive as possible in hiring parents/ caregiver who are “returning citizens” (i.e., formerly incarcerated adults)
- Adopt evidence-based family-friendly business policies (e.g., family leave, release time to attend parent-teacher conferences, on-site childcare)
- Promote positive and safe workplaces for all employees
- Participate in local prevention implementation efforts in order to identify and articulate other business-driven prevention approaches



## Physical Health Systems

Now, more than ever, our physical-health systems are an essential partner in creating safe, stable, and nurturing environments for children.

- Continue to expand telemedicine services and expand access to underserved communities.
- Work with education leaders to promote evidence-based models of sexual-health education and adolescent pregnancy prevention for school-aged children and youth.
- Work with community-based organizations to develop methods of improving access to maternal and infant health services (especially among minority populations) in order to reduce infant and maternal mortality as well as increase awareness of prenatal support resources.
- Ensure all professionals are educated about the recognition of child abuse, accurate reporting, and trauma-informed care.
- Work with community partners to increase family access to support services in emergency rooms and urgent-care facilities (e.g., domestic violence support, food assistance, substance abuse treatment).
- Partner with schools to expand school-based health resources.
- Adopt and promote the use of universal early screenings and interventions.



## Behavioral Health Systems

One of the areas of greatest concern in the planning process was related to increasing family mental health and highlighting the importance of expanded family behavioral-health resources. Examples of ways the behavioral-health systems can make a substantial contribution to the plan include the following:

- Work with community-based organizations to increase the availability of evidence-based or research-informed programs for parenting skills and support (e.g., coping with stressors that accompany each developmental stage)
- Partner with education leaders to expand school-based behavioral-health resources
- Work to increase the accessibility of local, community-based programs and services for substance abuse recovery treatment
- Implement tele-/web-based mental-health and substance abuse resources in underserved communities, and identify other strategies to make services more accessible (e.g., mobile behavioral health clinics)
- Implement evidence-based school-climate improvement strategies and frameworks in all schools (e.g., anti-bullying programs)
- Work with education leaders to promote evidence-based models of sexual-health education and adolescent pregnancy prevention for school-aged children and youth
- Partner with community-based organizations to develop methods of influencing social norms related to seeking mental-health services
- Work with education and nonprofit partners to promote awareness and adoption of mental-health resilience strategies targeting at-risk youth (e.g., prevention clubhouses)



## Education

The education sector is one of the cornerstones of any plan to help children and families thrive. Examples of how educators can contribute to the state prevention plan include the following:

### EARLY EDUCATION

- Work with legislators and local elected officials to expand operations and increase access to Quality Rated early care and learning programs across the state
- Work with community partners to promote and expand comprehensive and specialized supports for families of children with disabilities
- Participate in trauma-informed training
- Conduct universal developmental screenings and work with community partners to ensure families have access to early intervention services
- Participate in language-nutrition coaching and training (e.g., Talk with Me Baby)
- Implement evidence-based school-climate improvement strategies and frameworks in all schools (e.g., anti-bullying programs)

### K-12 EDUCATION

- Partner with community-based organizations to increase life-skills training for school-aged children and youth (e.g., financial literacy as a core competency) and integrate into school curriculum as much as possible
- Work with state and local partners to promote and expand comprehensive and specialized supports for families of children with disabilities
- Work with health professionals to expand school-based health resources (physical and mental)
- Implement evidence-based school-climate improvement strategies and frameworks in all schools (e.g., anti-bullying programs)
- Work with community-based partners to expand substance abuse-prevention programs aimed at school-aged children and youth

- Work with health professionals, nonprofit organizations, and community leaders to implement evidence-based models of sexual-health education and adolescent pregnancy prevention for school-aged children and youth
- Continue to focus on school-safety planning and practices (e.g., increased security technology)
- Work with business and community partners to expand opportunities for youth to explore career options before high-school graduation
- Work with local law enforcement and community advocates to ensure school buses are safe (e.g., bus monitors)
- Continue and expand strategies and programs aimed at increasing food sufficiency
- Work with local organizations to expand evidence-based afterschool and summer programs
- Implement trauma-informed training for all school personnel
- Include social-emotional learning the curriculum
- Ensure that School Resource Officers participate in district- and school-level training on social-emotional learning and develop content on the role that School Resource Officers play in fostering positive school climates

### POST-SECONDARY EDUCATION

- Work with state and local leaders to increase access to secondary (e.g., GED) and post-secondary-education degrees and certificate programs, and increase the marketing and promotion of existing resources
- Explore and expand the development of additional programs aimed at entrepreneurs and small-business development/support
- Partner with community-based organizations and transportation providers to address the transportation barriers faced by adults seeking post-secondary education
- Partner with community-based organizations and childcare providers to address the childcare barriers faced by students
- Partner with behavioral-health organizations to offer post-psychosis programs, practices, services, and resources



## Social/Human Services

The social and human services sector has an instrumental role in child and family health and safety. Many organizations are already focused on providing effective services in key areas. However, we discovered many communities with little or no community-based resources to help families. Examples of strategies that the social/human services sector can support include the following:

- Partner with educators to increase life-skills training for school-aged children and youth (e.g., financial literacy as a core competency); expand opportunities for youth to explore career options before high-school graduation; adopt evidence-based programs aimed at increasing adult literacy; conduct universal early screenings and increase access to early intervention services; and expand access to evidence-based afterschool, out-of-school and summer programs
- Expand efforts to develop safe and decent affordable housing for families
- Expand small-business development and support programs
- Expand programs aimed at parents who are “returning citizens” (i.e., formerly incarcerated adults)
- Increase availability of evidence-based or research-informed programs and practices for parenting skills and support
- Promote and expand comprehensive and specialized supports for families of children with disabilities
- Increase accessibility of local, community-based programs and services for substance abuse recovery treatment
- Implement tele-/web-based mental-health and substance abuse resources in underserved communities
- Expand substance abuse-prevention programs aimed at school-aged children and youth
- Partner with the judicial and behavioral-health systems to expand specialty/accountability courts (e.g., drug, mental health, family treatment) with an emphasis toward ensuring access to behavioral-health treatment for all families
- Implement strategies and programs aimed at increasing food sufficiency
- Partner with physical-health systems to improve access to maternal and infant health services (especially among minority populations)
- Use, promote, and support comprehensive and specialized information and referral systems
- Adopt quality standards for prevention programs
- Complete trauma-informed training for personnel in all child- and youth-serving programs





## Local and State Government

While government action is not the solution to all challenges related to family well-being, its critical role in creating equitable opportunities and establishing policies friendly and supportive to families is unquestionable. The following are examples of the role that local and state government can play in implementing this plan:

- Work with companies and community-based organizations to expand access to affordable childcare for parents who are working or in school (e.g., tax breaks for companies that offer on-site or subsidized childcare) and develop incentives for expanding childcare businesses in underserved communities
- Expand state and local efforts to develop safe and decent affordable housing for families
- Adopt policies that ensure at-risk families receive evidence-based parenting education
- Adopt/promote evidence-based family-friendly business policies (e.g., family leave, release time to attend parent-teacher conferences, on-site childcare)
- Adopt policies that increase access to Quality Rated early care and learning programs across the state
- Expand eligibility Georgia's Childcare and Parent Services (CAPS)
- Adopt policies that expand school-based health resources (physical and mental)
- Increase accessibility of local, community-based programs and services for substance abuse recovery treatment
- Work with the judicial and behavioral-health systems to expand specialty/accountability courts (e.g., drug, mental health, family treatment) with an emphasis toward ensuring access to behavioral-health treatment for all families
- Participate in poverty-informed training
- Adopt policies that expand evidence-based resources for the prevention of child abuse and neglect
- Adopt policies and strategies to enhance transportation safety



## Public and Private Investment

The success of Georgia's prevention plan hinges, in part, on the willingness and readiness of the state's public and private investors and philanthropic community to ensure local communities across the state have the financial resources needed to implement critical components of the plan. Examples of strategic investment priorities include the following:

- Affordable childcare
- Life-skills training for school-aged children and youth
- Access to post-secondary-education degrees and certificate programs
- Opportunities for youth to explore career options before high-school graduation
- Safe and decent affordable housing
- Small-business development and support programs
- Programs aimed at parents who are "returning citizens" (i.e., formerly incarcerated adults)
- Adult literacy
- Evidence-based or research-informed parenting skills and support programs and practices
- Quality Rated early care and learning programs across the state
- School-based health resources (physical and mental)
- Substance abuse recovery treatment for teens and adults and prevention programs for school-aged children and youth
- Evidence-based models of sexual-health education and adolescent pregnancy prevention
- Programs aimed at increasing food sufficiency
- Maternal and infant health services and resources
- Programs and services for prevention of child abuse and neglect
- Evidence-based afterschool, out-of-school, and summer programs



## Legal and Law Enforcement

The judicial, correction, and public-safety sectors all have important roles to play in preventing child abuse and neglect. Examples of these roles are as follows:

- Work with community-based organizations to expand programs aimed at parents who are “returning citizens” (i.e., formerly incarcerated adults) and expand specialty/accountability courts (e.g., drug, mental health, family treatment) with an emphasis toward ensuring access to behavioral-health treatment for all families
- Partner with the education system to increase focus on school-safety planning and practices (e.g., increased security technology) and increase efforts to ensure school buses are safe (e.g., bus monitors)
- Include social-emotional learning and developmentally appropriate behavior in training for School Resource Officers
- Promote child-friendly and trauma-aware practices in the courts, law enforcement, and corrections systems



## Future Opportunities

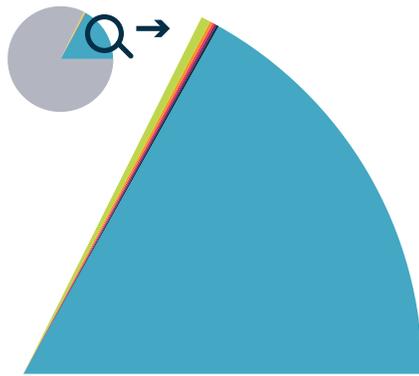
We recognize that some critical prevention strategies are not yet ready for community action. While these opportunities should be acknowledged, they are not formally addressed in Georgia’s plan. Opportunities for future focus in Georgia include the following:

- Addressing complex transportation issues that limit access to resources such as primary-medical and behavioral-health care
- Expanding education and employment opportunities
- Implementing more consistent approaches to monitoring and responding to bullying in local school districts (e.g., Positive Behavioral Interventions and Supports)
- Expanding the use of evidence-based programs and practices for stress reduction in the schools (e.g., Stress Education, Stress Reduction Techniques, Mindfulness-based Interventions, Sources of Strength)
- Expanding accessible and available community-based opportunities to receive health screenings
- Engaging a diverse base of stakeholders including sectors underrepresented in this plan, such as transportation and housing

# The Economics of Prevention

Every opportunity and pathway that has been shown to reduce child abuse and neglect has significant potential for cost savings.

If we prevent just one child from experiencing abuse or neglect, we are saving more than a quarter-million dollars over their life in costs to the state and society.



## Total Direct Cost for ONE Victim's Lifetime is \$226,822

- \$35,162** ■ Short-term health care costs
- \$11,341** ■ Long-term health care costs
- \$8,339** ■ Child welfare costs
- \$7,333** ■ Criminal justice costs
- \$8,693** ■ Special education costs
- \$155,894** ■ Productivity Loss

■ **\*INTANGIBLE COSTS** \$760,000 = Quality-adjusted life year reduction

For the 21,757 Georgia children who had substantiated cases of abuse or neglect in 2015 alone, their lifetime cost is almost \$5 billion.

### Economic Stability

For every \$1 added to the minimum wage, child abuse and neglect rates are reduced by 10%.

Children living in low-income families are at a greater risk for abuse or neglect. In Georgia, 20% of children are living below the federal poverty line, which is an annual income of \$25,100 or less for a family of four.<sup>1</sup>

### Parental Resilience

Evidence-based parenting programs have shown a significant return on investment. SafeCare (national headquarters in Georgia) has shown a \$21.60 return for every \$1 invested in the program.

Federal funds authorized through the Family First Prevention Services Act will prioritize increasing the availability of such programs.

### Family Health and Well-being

Expanded healthcare access is associated with decreased rates of child neglect.

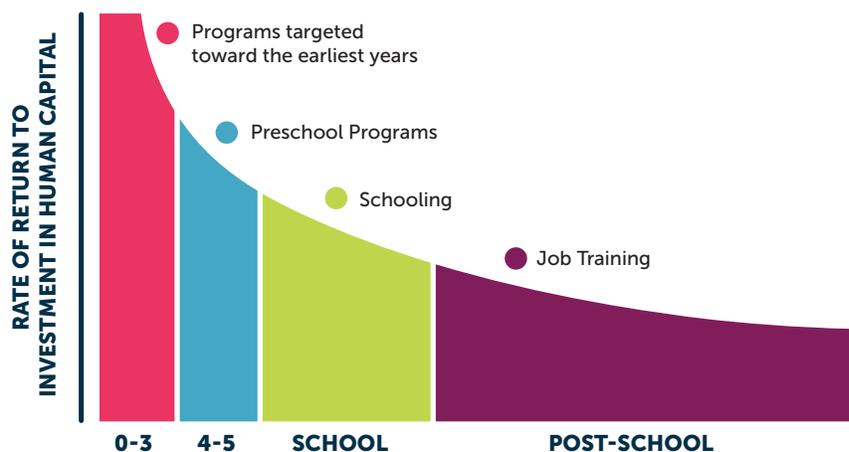
Paid "Family Leave" policies have been shown to significantly decrease abusive head trauma seen in hospitals for children under two years old.

### Access to Quality Early Childhood Education

The National Forum on Early Childhood Policy and Programs has found that high-quality early childhood programs can yield a return of \$4–\$9 per \$1 invested.

Investments made in children birth to 3 years of age have the highest return on investment.

### Returns to a Unit Dollar Invested are Highest in Earliest Years<sup>2</sup>



<sup>1</sup><https://www.sciencedirect.com/science/article/abs/pii/S0190740916303139>, <sup>2</sup>Hockman and LaFontaine (2007)

# Implementation of This Plan

It is the intent of all involved with the development of this plan that it be **(1) implemented at the local level, (2) revisited annually, and (3) updated every five years.**

To accomplish these tasks, the [Georgia Essentials for Childhood Initiative](#) will be responsible for annual monitoring and support of the plan and coordinating its five-year update. Essentials for Childhood, a strategic framework developed by the CDC, presents a roadmap to align and support stakeholders committed to the positive development of children and families, and specifically to the prevention of child abuse and neglect. The steps suggested in the Essentials for Childhood Framework help foster neighborhoods, communities, and a nation in which every child can thrive.

The Georgia Essentials for Childhood Initiative is a multidisciplinary partnership that proposes strategies to promote the types of relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, can build stronger and safer families and communities for their children. It is comprised of a steering committee and partners who examine data; propose strategies and programs; advocate for policies; and build partnerships and general awareness. Georgia Essentials is led by Prevent Child Abuse Georgia (housed at Georgia

State University), the Georgia Department of Public Health – Injury Prevention Program, and the Georgia Division of Family and Children Services (DFCS) – Prevention and Community Support Section.

**To assist with the local application of the plan, Prevent Child Abuse Georgia and DFCS – Prevention and Community Support Section will provide technical assistance to counties across the state to work collaboratively with local organizations and stakeholders to implement strategies contained in the plan in their communities.** Technical assistance will include the development of quantifiable goals at the local level. The

collaborative effort will be coordinated by local entities such as Family Connection Collaboratives or Prevent Child Abuse Councils. At least one county per DFCS region will receive resources and technical assistance to execute the plan in their county and act as a leader among other counties throughout their region for plan implementation.

Accomplishing the goals of a 10-year plan will take a broad, diverse base of dedication and perseverance. Georgia Essentials will be sure to celebrate small wins along the way, to recognize progress, lift up best practices, and renew our state's commitment to the vision and goals of the plan.



## **APPENDICES**

### **Appendix A: How Did This Plan Come Together?**

In May 2019, Director Tom Rawlings of the Georgia Division of Family and Children Services (DFCS) convened a meeting of child-serving State agencies and influential statewide organizations and coalitions to discuss updating Georgia’s Child Abuse and Neglect Prevention Plan, the first revision since its establishment in 1993. Each entity identified a representative champion to participate in strategic planning conversations and internally communicate progress and requests. After a Champions kick-off in July 2019, 25 planning sessions took place across the 14 DFCS regions – 14 sessions with service providers and professionals, and 11 sessions with parents, caregivers, local leaders (government, civic/community, faith, and business), and community members – in August-September 2019. More than 635 individuals took part in the sessions. At the same time, two surveys aimed at similar audiences were shared statewide, in both physical and digital (webform) formats, with 801 surveys submitted.

Six strategic objectives and 50 strategies were identified during the 14 provider and 11 community planning sessions. The following objectives are presented in the order of frequency in which they were identified across the 14 regions.

<b>PRIORITY PLAN OBJECTIVES</b>	<b># OF REGIONS</b>
Increase family economic stability	14
Increase family resiliency	13
Increase access to early childhood education	12
Increase family mental health	11
Increase family physical health	11
Increase community knowledge and awareness of the societal factors that contribute to child abuse and neglect and the capacity to prevent it	8

At a follow-up Champions Retreat Planning Session in November 2019, participants validated the existing objectives and strategies. They also identified an additional 12 strategies, both under the existing six objectives and outside of them, based on their agencies’ and organizations’ existing strategic priorities and initiatives that address the prevention of child abuse and neglect.

Between January-March 2020, a Plan Development Team of volunteers from the Champions met twice in person, in addition to individual work and e-mail conversations, to review the draft plans (this plan as well as a longer plan including all aligned efforts from Champion agencies and organizations) and prepare them for public review in February 2020 and final approval by leaders of state agencies in May 2020. The Plan Development Team reviewed suggested additions, deletions, and revisions of strategies and recommended the final set found in this plan document.

The project was facilitated by Chris Allers, Ph.D. and Mathew George of Advantage Consulting, LLC ([www.advantageconsultingllc.com](http://www.advantageconsultingllc.com)).

## Appendix B: Agency and Organizational Champions

We thank the following State agencies and organizations for their time, energy, and leadership through the development of this plan.

- Banyan Communications
- Bright from the Start: Georgia Department of Early Care and Learning
- Care Solutions / CAPTA Panels
- Children's Healthcare of Atlanta
- Council of Juvenile Court Judges of Georgia
- Criminal Justice Coordinating Council
- Douglas County Juvenile Court
- Emory University School of Nursing
- First TEAM America
- Fulton County Juvenile Court
- Georgia Bureau of Investigation, Child Fatality Review
- Georgia CASA
- Georgia Center for Child Advocacy
- Georgia Chapter of the American Academy of Pediatrics
- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Department of Corrections
- Georgia Department of Education
- Georgia Department of Juvenile Justice
- Georgia Department of Public Health, Injury Prevention Program
- Georgia Department of Public Health, Maternal and Child Health Section
- Georgia Division of Family and Children Services
- Georgia Early Education Alliance for Ready Students (GEEARS)
- Georgia Family Connection Partnership and Get Georgia Reading
- Georgia Office of the Child Advocate
- Georgia State University School of Social Work, Child Welfare Training Collaborative
- Georgia Statewide Afterschool Network
- Governor's Office of Student Achievement
- Mental Health America of Georgia
- Prevent Child Abuse Georgia
- Strengthening Families Georgia
- Truancy Intervention Project Georgia
- United Way of Greater Atlanta
- Voices for Georgia's Children

## Appendix C: Acknowledgments

The Prevention and Community Support Section of Georgia's Division of Family and Children Services, in partnership with Prevent Child Abuse Georgia, would like to thank Georgia DFCS Director Tom Rawlings for his leadership and support throughout the past year as we have worked to develop this plan. We also would like to thank Advantage Consulting, LLC, for their time and effort in managing this project and producing the report. Finally, we give a special thanks to the hundreds of stakeholders, providers, parents, caregivers, and concerned citizens who participated through surveys, meetings, or other means in the development of the plan.

### CANPP LEADERSHIP TEAM

- Natalie Towns, Section Director, Prevention and Community Support Section, Georgia Division of Family and Children Services
- Deborah Chosewood, Deputy Director, Prevention and Community Support Section, Georgia Division of Family and Children Services

**The Prevention and Community Support Section (PCS)** works within the Division and in partnership with community-based organizations to reduce child abuse and neglect. Using state and federal funding streams, PCS supports the use of evidence-based and evidence-informed practices and programs to improve outcomes for children and families. PCS also functions as the Children's Trust Fund entity for the state of Georgia.

- Julia Neighbors, Director, Prevent Child Abuse Georgia

**Prevent Child Abuse Georgia (PCA Georgia)** is a state chapter of [Prevent Child Abuse America](#) and is housed within the School of Public Health at Georgia State University's [Mark Chaffin Center for Healthy Development](#). PCA Georgia provides statewide direction to build safe, stable, nurturing relationships and environments to prevent child abuse and neglect and has over 20 local councils located throughout the state who advocate and implement prevention practices in their communities.

**Advantage Consulting, LLC (AC)** has been providing responsive and engaging consulting services to leaders in Georgia and across the nation since 2008. They help nonprofits, foundations, and governments maximize their impact by designing solutions that take advantage of their existing assets and developing new strategies that allow them to expand their reach. AC consultants not only have deep roots in the social sector, but also leverage relevant private sector thinking and approaches.

- Chris Allers Ph.D., Partner, and Mathew George, Associate, Advantage Consulting, LLC

### CORE PLANNING TEAM

- Sandra Alexander, Child Maltreatment Consultant, Division of Violence Prevention, Centers for Disease Control and Prevention
- Jennifer Bell, PCS Program Specialist, Prevention and Community Support Section, Georgia Division of Family and Children Services
- Lindsey Dale, PCS Program Specialist and Georgia Parent Advisory Council state lead, Prevention and Community Support Section, Georgia Division of Family and Children Services
- Liz Ferguson, Account Manager, Banyan Communications
- Laura Griggs, PCS Program Specialist and Georgia Family Support Network state lead, Prevention and Community Support Section, Georgia Division of Family and Children Services

- Naeshia McDowell, Training and Helpline Coordinator, Prevent Child Abuse Georgia
- Jeanette Meyer, Strengthening Families Coordinator, Prevent Child Abuse Georgia
- Jyll Walsh, Communications and Outreach Coordinator, Prevent Child Abuse Georgia

### PLAN DEVELOPMENT TEAM

- Pashia Cashaw, Child Fatality Review, Georgia Bureau of Investigation
- Matthew Clay, Georgia Department of Behavioral Health and Developmental Disabilities
- Deb Farrell, Care Solutions
- Gabrielle Howard, Douglas County Juvenile Court / Baby Steps Recovery Program
- Taylor Jennings, Prevent Child Abuse Georgia
- Ebony Johnson, United Way of Greater Atlanta
- Amy Mobley, Georgia State University Child Welfare Training Collaborative
- Chinyere Nwamuo, Georgia Department of Public Health
- Jessica Pinson Pennington, Truancy Intervention Project
- April Rogers, Bright from the Start: Georgia Department of Early Care and Learning
- Tiffany Sawyer, Georgia Center for Child Advocacy
- Anita Speed, Georgia Department of Behavioral Health and Developmental Disabilities

## Appendix D: Glossary

### ACCESS

Consideration of whether an intended audience (such as users, clients, customers, beneficiaries, or implementing organization) can reasonably afford the cost of a program, practice, resource, or service; whether that audience can reach it with reasonably available transportation; and whether that audience can reasonably navigate the process or bureaucracy around applying for, qualifying for, or using it.

### ACCOUNTABILITY COURT

Courts created by the Georgia Legislature in 2012 that provide alternative sentencing for nonviolent offenders, such as individuals charged with nonviolent property crimes or drug offenses, with the goal of reducing Georgia's prison population.

### ACES: ADVERSE CHILDHOOD EXPERIENCES

"Traumatic events occurring during childhood that may have negative, long lasting effects on a person's health and well-being" ("Georgia Data Summary: Adverse Childhood Experiences," [https://www.acesconnection.com/g/state-aces-action-group/fileSendAction/fcType/0/fcOid/476303634584359760/filePointer/476303634584359803/fodoid/476162897081358544/ACE\\_datasummary\\_April\\_2018\\_final.pdf](https://www.acesconnection.com/g/state-aces-action-group/fileSendAction/fcType/0/fcOid/476303634584359760/filePointer/476303634584359803/fodoid/476162897081358544/ACE_datasummary_April_2018_final.pdf)). Increasingly adverse childhood experiences are talked about jointly with **adverse community environments** – the environmental factors that can influence and affect adverse childhood experiences. Together these two concepts are sometimes called the Pair of ACEs ([https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description\\_Pair%20of%20ACEs%20Tree.pdf](https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description_Pair%20of%20ACEs%20Tree.pdf) and <https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/BCR%20Pair%20of%20ACEs%20Webinar%20Slides.pdf>).

### AFTERSCHOOL

A program that takes place after school hours, run by a public, nonprofit, or private provider, that offers children and youth a safe, supportive environment to work on academics and explore extracurricular topics and hobbies, such as STEAM.

### AVAILABILITY

Consideration of whether an intended audience (such as users, clients, customers, beneficiaries, or implementing organization) can take part in a program, practice, resource, or service because of a reasonable distance to it; because of meaningful awareness of it by the audience; and enough quantity (such as printed materials, slots, seats, or licenses) to meet the demand for it.

### BEHAVIORAL HEALTH

"A state of mental and emotional being and/or choices and actions that affect wellness. Behavioral health challenges include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental disorders" ("Georgia System of Care: Little Green Book, a behavioral health glossary," [https://gacoeonline.gsu.edu/files/2018/07/SOC\\_Pocket\\_Guide\\_7-3-18.pdf](https://gacoeonline.gsu.edu/files/2018/07/SOC_Pocket_Guide_7-3-18.pdf)).

### BULLYING

According to Georgia code (§ 20-2-751.4. **Policies prohibiting bullying; assignment to alternative school; notice**) – full text quoted:

(a) As used in this Code section, the term "bullying" means an act which occurs on school property, on school vehicles, at designated school bus stops, or at school-related functions or activities, or by use of data or software that is accessed through a computer, computer system, computer network, or other electronic technology of a local school system, that is:

(1) Any willful attempt or threat to inflict injury on another person, when accompanied by an apparent present ability to do so;

(2) Any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm; or

(3) Any intentional written, verbal, or physical act, which a reasonable person would perceive as being intended to threaten, harass, or intimidate, that:

(A) Causes another person substantial physical harm within the meaning of Code Section 16-5-23.1 or visible bodily harm as such term is defined in Code Section 16-5-23.1;

(B) Has the effect of substantially interfering with a student's education;

(C) Is so severe, persistent, or pervasive that it creates an intimidating or threatening educational environment; or

(D) Has the effect of substantially disrupting the orderly operation of the school.

### CAPS (CHILDCARE AND PARENT SERVICES)

A program that "supports early education goals by assisting low income families with the cost of childcare while [the parents] work, go to school or training, or participate in other work-related activities.... CAPS is administered by the Georgia Department of Early Care and Learning" (<https://caps.dec.state.ga.gov/en/About>).

### EARLY CHILDHOOD CARE AND EDUCATION

The umbrella term for programs in support of learning and well-being of children birth to school-age (generally, entering Kindergarten).

## **EVIDENCE-BASED**

A term used to denote that a program, practice, technique, or intervention model has been shown, through rigorous evaluation, to have positive effects on outcomes for a specific group or population. Determination for whether a model is evidence-based is usually made by a recognized body, like a federal agency or a professional association or clearinghouse.

## **GEORGIA FAMILY SUPPORT NETWORK (GFSN)**

A statewide network of Family Resource Centers, Family Support Programs, and Family Support Associates with a mission “to leverage state, county, and community networks to strengthen practices and policies that champion quality family support” ([https://8c49defa-92cd-4bf1-ac5b-91471683def4.filesusr.com/ugd/ec0538\\_2e99c28b27274ddcb1faa9f896a42ea6.pdf](https://8c49defa-92cd-4bf1-ac5b-91471683def4.filesusr.com/ugd/ec0538_2e99c28b27274ddcb1faa9f896a42ea6.pdf)). GFSN is funded and coordinated by the Prevention and Community Support Section of the Georgia Division of Family and Children Services and is affiliated with the National Family Support Network (<https://www.nationalfamilysupportnetwork.org/>).

## **HEALTH SCREENINGS**

“Tests that look for diseases before [a person] has symptoms... when they’re easier to treat” (<https://medlineplus.gov/healthscreening.html>) and <https://www.hhs.gov/programs/prevention-and-wellness/health-screenings/index.html>).

## **KIDS COUNT**

“A project of the Annie E. Casey Foundation and a premier source of data on children and families. Each year, the Foundation produces a comprehensive report — the KIDS COUNT Data Book — that assesses child well-being in the United States” (<https://datacenter.kidscount.org/>).

## **MENTAL HEALTH**

Emotional, psychological, and social well-being and how it relates to the self (Resilient Georgia).

## **MENTAL HEALTH FIRST AID**

“A course that teaches... how to identify, understand, and respond to signs of mental illnesses and substance use disorders” (<https://www.mentalhealthfirstaid.org/about/>).

## **QUALITY RATED**

“Georgia’s system to determine, improve, and communicate the quality of programs that provide childcare” (<http://qualityrated.org/>).

## **PREVENTION CLUBHOUSE**

A program of the Georgia Department of Behavioral Health and Development Disabilities — Office of Behavioral Health Prevention for “youth who are at high risk for alcohol and drug abuse, involved in ongoing detention and/or alternative school, parent(s) have current or past addiction, sibling(s) currently receiving treatment for substance abuse disorder, or experiencing education or social issues. The clubhouses use peer mentors, evidence-based prevention curriculums, and interactive, engaging youth activities to build coping, decision making, and life skills. They each include family activities/ participation, community service, education and employment services, nutrition, physical activities, and an evidence-based prevention curriculum. The clubhouses provide a safe, comfortable, and exciting place for the youth they serve” (<https://dbhdd.georgia.gov/prevention-clubhouses>)

## **PROTECTIVE FACTORS**

A set of five recognized characteristics that build family strengths and a family environment that promotes optimal child and youth development: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (<http://strengtheningfamiliesga.net/about-sfg/> and <https://abuse.publichealth.gsu.edu/protective-factors/>).

## **RESEARCH-INFORMED**

A term used to denote that a program, practice, technique, or intervention was developed with current, relevant research in mind. Research-informed models may have gone through some form of evaluation process to determine the degree of effectiveness, though not necessarily.

## **RESILIENCE**

“The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress, such as family and relationship problems, or workplace and financial stressors” (“Georgia System of Care: Little Green Book, a behavioral health glossary,” [https://gacoeonline.gsu.edu/files/2018/07/SOC\\_Pocket\\_Guide\\_7-3-18.pdf](https://gacoeonline.gsu.edu/files/2018/07/SOC_Pocket_Guide_7-3-18.pdf)).

## **RETURNING CITIZEN**

A person previously incarcerated in and released from a federal, state, or local facility.

## TELEMEDICINE

"Technology that can be used for the delivery of mental health services via electronic means, usually videoconferencing" ("Georgia System of Care: Little Green Book, a behavioral health glossary," [https://gacoeonline.gsu.edu/files/2018/07/SOC\\_Pocket\\_Guide\\_7-3-18.pdf](https://gacoeonline.gsu.edu/files/2018/07/SOC_Pocket_Guide_7-3-18.pdf)).

## TELE-MENTAL HEALTH OR WEB-BASED MENTAL HEALTH

"A use of telemedicine to provide mental-health assessment and treatment at a distance" (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/>). Services for web-based mental health would denote the use of Internet-based platforms in particular, typically a combination of audio and video; tele-mental health itself could include just audio (e.g., over the phone).

## TRAUMA

The result of "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (<https://www.integration.samhsa.gov/clinical-practice/trauma-informed>; see also <https://www.thenationalcouncil.org/consulting-services/trauma-informed-services/> and <https://www.youtube.com/watch?v=uraDbhfFvsk>).

For terms specifically connected to child abuse and neglect, please see [Appendix E: Childhood Abuse and Neglect in the Georgia Code](#).

If looking for a term or concept used in this plan but not included in this glossary, please search the following sources:

- Bright from the Start: Georgia Department of Early Care and Learning (DECAL): <https://decalfga.gov/>
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/>
- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD): <https://dbhdd.georgia.gov/>
- Georgia Department of Education (GaDOE): <https://www.gadoe.org/Pages/Home.aspx>
- Georgia Department of Public Health (DPH): <https://dph.georgia.gov/>
- Georgia Division of Family and Children Services – Prevention and Community Support Section (DFCS): <https://dfcs.georgia.gov/services/prevention-and-community-support-section>
- Georgia Family Connection Partnership (GaFCP): <https://gafcp.org/>
- Get Georgia Reading: <http://getgeorgiareading.org/>
- Prevent Child Abuse Georgia (PCA Georgia): <https://abuse.publichealth.gsu.edu/>
- Substance Abuse and Mental Health Services Administration (SAMHSA): <https://www.samhsa.gov/>
- US Department of Education (ED): <https://www.ed.gov/>
- US Department of Health and Human Services – Administration for Children and Families (HHS ACF): <https://www.acf.hhs.gov>

## TRAUMA-INFORMED

A term used for an approach that does the following:

- "Realizes the widespread impact of trauma and understands potential paths for recovery"
- "Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system"
- "Responds by fully integrating knowledge about trauma into policies, procedures, and practices"
- "Resists re-traumatization"

(<https://www.integration.samhsa.gov/clinical-practice/trauma-informed>)

## Appendix E: Child Abuse and Neglect in the Georgia Code

The following reflect Georgia Code as current when the plan was adopted. Please visit Prevent Child Abuse Georgia online at <https://abuse.publichealth.gsu.edu/> for updates and details on other relevant federal and Georgia legislation.

### ABANDONMENT OR ABANDONED:

Means any conduct on the part of a parent, guardian, or legal custodian showing an intent to forgo parental duties or relinquish parental claims. Intent to forgo parental duties or relinquish parental claims may be evidenced by:

- (A) Failure, for a period of at least six months, to communicate meaningfully with a child;
- (B) Failure, for a period of at least six months, to maintain regular visitation with a child;
- (C) Leaving a child with another person without provision for his or her support for a period of at least six months;
- (D) Failure, for a period of at least six months, to participate in any court ordered plan or program designed to reunite a child's parent, guardian, or legal custodian with his or her child;
- (E) Leaving a child without affording means of identifying such child or his or her parent, guardian, or legal custodian and:
  - (i) The identity of such child's parent, guardian, or legal custodian cannot be ascertained despite diligent searching; and
  - (ii) A parent, guardian, or legal custodian has not come forward to claim such child within three months following the finding of such child;
- (F) Being absent from the home of his or her child for a period of time that creates a substantial risk of serious harm to a child left in the home;
- (G) Failure to respond, for a period of at least six months, to notice of child protective proceedings; or (H) Any other conduct indicating an intent to forgo parental duties or relinquish parental claims.

**GA Code § 15-11-2 (2018)**

### ABUSE:

- (A) Any non-accidental physical injury or physical injury which is inconsistent with the explanation given for it suffered by a child as the result of the acts or omissions of a person responsible for the care of a child;
- (B) Emotional abuse;
- (C) Sexual abuse or sexual exploitation;
- (D) Prenatal abuse; or
- (E) The commission of an act of family violence as defined in Code Section 19-13-1 in the presence of a child. An act includes a single act, multiple acts, or a continuing course of conduct. As used in this subparagraph, the term "presence" means physically present or able to see or hear.

**GA Code § 15-11-2 (2018)**

### CAREGIVER

Any person providing a residence for a child or any person legally obligated to provide or secure adequate care for a child, including his or her parent, guardian, or legal custodian.

**GA Code § 15-11-2 (2018)**

### CHILD ABUSE:

- Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
- Neglect or exploitation of a child by a parent or caretaker thereof;
- Endangering a child;
- Sexual abuse of a child; or
- Sexual exploitation of a child.

**GA Code § 19-7-5 (2018)**

### ENDANGERING A CHILD:

- (A) Any act described by subsection (d) of Code Section 16-5-70;

#### Subsection (d) of Code Section 16-5-70

Any person commits the offense of cruelty to children in the third degree when:

- (1) Such person, who is the primary aggressor, intentionally allows a child under the age of 18 to witness the commission of a forcible felony, battery, or family violence battery; or
- (2) Such person, who is the primary aggressor, having knowledge that a child under the age of 18 is present and sees or hears the act, commits a forcible felony, battery, or family violence battery.

- (B) Any act described by Code Section 16-5-73;

#### Code Section 16-5-73

- (1) Any person who intentionally causes or permits a child to be present where any person is manufacturing methamphetamine or possessing a chemical substance with the intent to manufacture methamphetamine shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than two more than 15 years.
- (2) Any person who violates paragraph (1) of this subsection wherein a child receives serious injury as a result of such violation shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than five nor more than 20 years.

(C) Any act described by subsection (l) of Code Section 40-6-391; or

**Subsection (l) of Code Section 40-6-391**

(l) A person who violates this Code section while transporting in a motor vehicle a child under the age of 14 years is guilty of the separate offense of endangering a child by driving under the influence of alcohol or drugs. The offense of endangering a child by driving under the influence of alcohol or drugs shall not be merged with the offense of driving under the influence of alcohol or drugs for the purposes of prosecution and sentencing. An offender who is convicted of a violation of this subsection shall be punished in accordance with the provisions of subsection (d) of Code Section 16-12-1.

(D) Prenatal abuse, as such term is defined in Code Section 15-11-2.

**Code Section 15-11-2**

“Prenatal abuse” means exposure to chronic or severe use of alcohol or the unlawful use of any controlled substance, as such term is defined in Code Section 16-13-21, which results in:

- (A) Symptoms of withdrawal in a newborn or the presence of a controlled substance or a metabolite thereof in a newborn’s body, blood, urine, or meconium that is not the result of medical treatment; or
- (B) Medically diagnosed and harmful effects in a newborn’s physical appearance or functioning.

**GA Code § 19-7-5 (2018)**

**NEGLECT:**

- (A) The failure to provide proper parental care or control, subsistence, education as required by law, or other care or control necessary for a child’s physical, mental, or emotional health or morals;
- (B) The failure to provide a child with adequate supervision necessary for such child’s well-being; or
- (C) The abandonment of a child by his or her parent, guardian, or legal custodian.

**GA Code § 15-11-2 (2018)**

**SEXUAL ABUSE:**

Means a person’s employing, using, persuading, inducing, enticing, or coercing any minor who is not such person’s spouse to engage in any act which involves:

- (A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
- (B) Bestiality;
- (C) Masturbation;
- (D) Lewd exhibition of the genitals or pubic area of any person;
- (E) Flagellation or torture by or upon a person who is nude;
- (F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
- (G) Physical contact in an act of apparent sexual stimulation or gratification with any person’s clothed or unclothed genitals, pubic area, or buttocks or with a female’s clothed or unclothed breasts;
- (H) Defecation or urination for the purpose of sexual stimulation;
- (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure; or
- (J) Any act described by subsection (c) of Code Section 16-5-46.

**Subsection (c) of Code Section 16-5-46**

(c) A person commits the offense of trafficking an individual for sexual servitude when that person knowingly:

- (1) Subjects an individual to or maintains an individual in sexual servitude;
- (2) Recruits, entices, harbors, transports, provides, or obtains by any means an individual for the purpose of sexual servitude; or
- (3) Solicits or patronizes by any means an individual to perform sexually explicit conduct on behalf of such person when such individual is the subject of sexual servitude.

Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor

and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

**GA Code § 15-11-2 (2018)**

**SEXUAL EXPLOITATION:**

Means conduct by a caregiver or other person responsible for the care of a child who allows, permits, encourages, or requires a child to engage in:

(A) Prostitution, in violation of Code Section 16-6-9; or

**Code Section 16-6-9**

A person commits the offense of prostitution when he or she performs or offers or consents to perform a sexual act, including but not limited to sexual intercourse or sodomy, for money or other items of value.

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, in violation of Code Section 16-12-100.

**Code Section 16-12-100**

(b)

- (1) It is unlawful for any person knowingly to employ, use, persuade, induce, entice, or coerce any minor to engage in or assist any other person to engage in any sexually explicit conduct for the purpose of producing any visual medium depicting such conduct.
- (2) It is unlawful for any parent, legal guardian, or person having custody or control of a minor knowingly to permit the minor to engage in or to assist any other person to engage in sexually explicit conduct for the purpose of producing any visual medium depicting such conduct.
- (3) It is unlawful for any person knowingly to employ, use, persuade, induce, entice, or coerce any minor to engage in or assist any other person to engage in any sexually explicit conduct for the purpose of any performance.
- (4) It is unlawful for any parent, legal guardian, or person having custody or control of a minor knowingly to permit the minor to engage in or to assist any other person to engage in sexually explicit conduct for the purpose of any performance.

(5) It is unlawful for any person knowingly to create, reproduce, publish, promote, sell, distribute, give, exhibit, or possess with intent to sell or distribute any visual medium which depicts a minor or a portion of a minor's body engaged in any sexually explicit conduct.

(6) It is unlawful for any person knowingly to advertise, sell, purchase, barter, or exchange any medium which provides information as to where any visual medium which depicts a minor or a portion of a minor's body engaged in any sexually explicit conduct can be found or purchased.

(7) It is unlawful for any person knowingly to bring or cause to be brought into this state any material which depicts a minor or a portion of a minor's body engaged in any sexually explicit conduct.

(8) It is unlawful for any person knowingly to possess or control any material which depicts a minor or a portion of a minor's body engaged in any sexually explicit conduct.

(c) A person who, in the course of processing or producing visual or printed matter either privately or commercially, has reasonable cause to believe that the visual or printed matter submitted for processing or producing depicts a minor engaged in sexually explicit conduct shall immediately report such incident, or cause a report to be made, to the Georgia Bureau of Investigation or the law enforcement agency for the county in which such matter is submitted. Any person participating in the making of a report or causing a report to be made pursuant to this subsection or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, providing such participation pursuant to this subsection is made in good faith.

(d) The provisions of subsection (b) of this Code section shall not apply to:

(1) The activities of law enforcement and prosecution agencies in the investigation and prosecution of criminal offenses;

(2) Legitimate medical, scientific, or educational activities; or

(3) Any person who creates or possesses a visual medium depicting only himself or herself engaged in sexually explicit conduct.

(e)

(1) As used in this subsection, the terms "proceeds" and "property" shall have the same meaning as set forth in Code Section 9-16-2.

(2) Any property which is, directly or indirectly, used or intended to be used in any manner to facilitate a violation of this Code section and any proceeds are declared to be contraband and no person shall have a property right in them.

(3) Any property subject to forfeiture pursuant to paragraph (2) of this subsection shall be forfeited in accordance with the procedures set forth in Chapter 16 of Title 9.

(f)

(1) Except as otherwise provided in paragraphs (2) and (3) of this subsection, any person who violates a provision of this Code section shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than five nor more than 20 years and by a fine of not more than \$100,000.00; provided, however, that if the person so convicted is a member of the immediate family of the victim, no fine shall be imposed. Any person punished as provided in this paragraph shall, in addition, be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

(2) Any person who violates subsection (c) of this Code section shall be guilty of a misdemeanor.

(3) Any person who violates paragraph (1), (5), (7), or (8) of subsection (b) of this Code section shall be guilty of a misdemeanor if:

(A) The minor depicted was at least 14 years of age at the time the visual medium was created;

(B) The visual medium was created with the permission of the minor depicted; and

(C) The defendant was 18 years of age or younger at the time of the offense and:

(i) The defendant's violation of such paragraphs did not involve the distribution of such visual medium to another person; or

(ii) In the court's discretion, and when the prosecuting attorney and the defendant have agreed, if the defendant's violation of such paragraphs involved the distribution of such visual medium to another person but such distribution was not for the purpose of:

(I) Harassing, intimidating, or embarrassing the minor depicted; or

(II) For any commercial purpose.

**GA Code § 15-11-2 (2018)**



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