

**Risk Factors Associated with Child Abuse and Mitigating Services:  
A Conceptual Framework**

by

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## **Abstract**

Evidence demonstrates that the incidence of child abuse is higher in families who experience certain risk factors, such as domestic violence, poverty, and substance abuse disorders. In addition, research indicates that parenting attitudes and values are indicators of abuse. These problems often occur simultaneously, and can reinforce each other. For example, poverty and the stress it produces can lead to a need to escape that can result in drug/alcohol abuse. Or, substance abuse can lead to bad decisions, poor work history, and poverty. Substance abuse can also lower inhibitions and lead to domestic violence and/or child abuse. The purpose of this paper is not to determine the causal sequence. Rather, the purpose is to identify services that address and alleviate these problems. The factors and services are classified in a conceptual framework. Subsequently, this information is used to develop a handbook identifying Texas agencies and organizations that provide services that may reduce the risk factors.



## **About the Author**

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## *Dedication*

*This research study is dedicated to a remarkable woman – my late grandmother,  
Mrs. Lupe Navarro Moncivais, a great influence in my life.*

*A deeply felt thank you for your love that continues to be my guiding light.*





## Table of Contents

Chapter I. Introduction.....	1
Research Purpose .....	2
Research Implications .....	3
Organization of Paper .....	3
Chapter II. Institutional Setting.....	4
Chapter Purpose .....	4
Statewide Intake.....	4
Child Protective Services.....	5
Adult Protective Services.....	8
Prevention and Early Intervention .....	10
Child Care Licensing .....	12
Chapter Summary .....	12
Chapter III. Literature Review .....	14
Chapter Purpose .....	14
Introduction.....	14
Domestic Violence.....	14
<u>Services to Reduce Domestic Violence</u> .....	20
Counseling .....	20
Crisis Helpline .....	21
Emergency Shelter .....	21
Legal Advocacy .....	22

Poverty .....	23
<u>Services to Reduce Poverty</u> .....	28
Child Care .....	28
Employment Assistance.....	28
Food Assistance .....	29
Health Care Assistance .....	30
Utility Bill Assistance .....	31
Substance Abuse .....	32
<u>Services to Reduce Substance Abuse</u> .....	33
Counseling/Treatment Services .....	34
Self-help/Support Groups .....	34
Parenting Education .....	35
<u>Services to Improve Parenting Skills</u> .....	39
Child Development .....	39
Parenting Skills/Support .....	40
Conceptual Framework.....	40
Chapter Summary .....	43
Chapter IV. Methodology .....	44
Chapter Purpose .....	44
Document Analysis.....	44
Chapter Summary .....	47

Chapter V. Conclusion.....	48
Chapter Purpose .....	48
Chapter Summary .....	68
References.....	69
 Appendix A: A Handbook of Community Services for Parents in Texas .....	 77



## Chapter I. Introduction

The federal *Child Abuse Prevention and Treatment Act* (CAPTA) defines child abuse and neglect as, “at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (42 U.S. Federal Code §5106)<sup>1</sup>. Any person who suspects child abuse or neglect is required by state law to immediately report the allegation (5 Texas Family Code §261.101), and failure to report is a Class B misdemeanor offense (5 Texas Family Code §261.109).

The Texas Department of Family and Protective Services (DFPS) is the agency required by state law to investigate reports of suspected child abuse and neglect that meet the above statutory definition. The mission of DFPS is to protect children, the elderly, and people with disabilities from abuse, neglect, and exploitation by involving clients, families and communities. In FY 2006<sup>2</sup>, DFPS worked to accomplish this mission by expending approximately \$1,047,142,543 with an estimated 7,832 full-time equivalent (FTE)<sup>3</sup> staff positions (TDFPS 2007b, 1).

In FY 2006, DFPS received 206,173 reports of alleged child abuse and neglect that met the statutory definition with sufficient identifying information to locate the family and were assigned for investigation (TDFPS 2007b, 45). In FY 2006, DFPS completed 163,795 child abuse/neglect investigations, including 25.3 percent confirmed cases<sup>4</sup> (TDFPS 2007b, 46) with 67,737 confirmed victims<sup>5</sup> (TDFPS 2007b, 49). The majority of the confirmed allegations involved

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<sup>1</sup> See Texas Family Code, Title 5, Chapter 261, § 261.001, Investigation of Report of Child Abuse or Neglect for a more detailed definition of child abuse and neglect.

<sup>2</sup> DFPS’ FY 2006 begins September 1, 2005 and ends August 31, 2006.

<sup>3</sup> FTE is the year-to-date average number of full-time employees calculated by the hours paid each month.

<sup>4</sup> Based on a preponderance of evidence, staff concluded that abuse or neglect occurred.

<sup>5</sup> Victims in more than one investigation are counted in each investigation.

neglectful supervision (44,754), physical abuse (15,206), and physical neglect (8,494) (TDFPS 2007b, 54).

Evidence demonstrates that the incidence of child abuse is higher in families who experience certain risk factors, such as domestic violence, poverty, and substance abuse disorders. In addition, research indicates that parenting attitudes and values are indicators of abuse. State and local entities offer an array of services that can help families cope more effectively with these risk factors. Unfortunately, information about these services is scattered and often not accessible to at-risk families.

Further, state and community services tend to be organized in silos with little coordination or communication. Hence, most efforts to provide information about services tend to focus on a single agency, city, or county. Caseworkers and other client providers seldom have time to systematically collect information about services outside their immediate concern. High turnover among caseworkers further exacerbates this problem (Guzman 2007). A comprehensive statewide list that describes services and lists contact information does not exist. A concise handbook of services available throughout Texas would address this need, crossing the silos and providing a ready reference for both caseworkers and parents across the state.

### **Research Purpose**

The purpose of this paper is to review literature on child abuse and neglect in order to identify risk factors for child maltreatment and identify the types of services used to mitigate the risk factors. The factors and services are classified in a conceptual framework. Subsequently, this information is used to develop a handbook (see **Appendix A**) identifying Texas agencies and organizations that provide services that may reduce risk.

## **Research Implications**

This research has important implications for helping to prevent and break the cycle of child abuse and neglect. Child Protective Services caseworkers can offer the handbook to families as a reference tool for future support after their cases close. Service providers in the community can also use the handbook to further support their clients. In addition, parents may reference the handbook if copies are provided by community agencies or if a master copy is made available in waiting areas frequented by at-risk families (e.g., Office of Attorney General (OAG)<sup>6</sup>; Women, Infants, and Children (WIC)<sup>7</sup>, Texas Workforce Commission (TWC)<sup>8</sup>, and Temporary Assistance for Needy Families (TANF)<sup>9</sup> offices).

## **Organization of Paper**

The following chapter describes the operations of DFPS, the agency that is required by state law to investigate reports of suspected child abuse/neglect and work to prevent further harm to the child. Chapter III reviews the literature on child abuse and neglect in order to identify risk factors for child maltreatment and identify the types of service used to mitigate the risk factors. The risk factors and identified services are classified in a conceptual framework. Chapter IV explains the research design used to compile the information that is included in the handbook. Chapter V concludes the paper through an overview of Texas agencies/organizations that provide services that may reduce the risk of child abuse and neglect.

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<sup>6</sup> OAG provides no-cost services to parents who wish to obtain or provide child support.

<sup>7</sup> WIC provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

<sup>8</sup> TWC provides targeted populations with assistance to overcome barriers to employment.

<sup>9</sup> TANF provides monetary assistance to low-income families with children.

## Chapter II. Institutional Setting

### Chapter Purpose

The Texas Department of Family and Protective Services (DFPS)<sup>10</sup> is the agency that is required by state law to investigate reports of suspected child abuse and neglect. The Department's functions are divided into four major programs: Child Protective Services; Adult Protective Services; Prevention and Early Intervention; and Child Care Licensing. Hence, this chapter describes each of the DFPS programs, with an introduction of Statewide Intake, the division responsible for receiving and routing reports of abuse, neglect, and exploitation.

### Statewide Intake

Any person who suspects child abuse or neglect is required by state law to immediately report the allegation (5 Texas Family Code §261.101), and failure to report is a Class B misdemeanor (5 Texas Family Code §261.109). Statewide Intake (SWI) is the division within DFPS that is responsible for receiving and routing reports of child abuse and neglect, as well as reports of abuse, neglect, and exploitation of the elderly and adults 18 – 64 years of age with disabilities. SWI also processes complaints against child care operations. The vast majority of reports are received through a toll-free statewide telephone hotline (1-800-252-5400) or via a secure Web site ([www.txabusehotline.org](http://www.txabusehotline.org)). In FY 2006, DFPS received 821,774 calls<sup>11</sup>, 41 percent of which were reports of alleged abuse/neglect<sup>12</sup> (TDFPS 2007b, 6). Of the 337,181 reports of alleged

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<sup>10</sup> All information in this chapter regarding DFPS was excerpted from the TDFPS 2006 Data Book (TDFPS 2007b), unless otherwise noted.

<sup>11</sup> The term "calls" includes information received by telephone (86.4 percent), Internet (10.1 percent), mail/fax (3.1 percent), walk-ins (0.2 percent), or other methods (0.2 percent).

<sup>12</sup> The remaining calls included calls for: information and referrals related to protective services (49.6 percent); information and referrals not related to protective services (6.3 percent); case-related special requests (2.9 percent); and non case-related special requests (0.2 percent).



abuse/neglect, 70.9 percent of the reports were for Child Protective Services, 26.8 percent were for Adult Protective Services, and 2.3 percent were for Child Care Licensing (TDFPS 2007b, 6).

Intake workers make a determination regarding whether the report meets statutory definitions of possible abuse, neglect or exploitation. Reports are then prioritized based on risk to the alleged victim, and routed to appropriate program staff for investigation. In FY 2006, 41.2 percent of all calls received by DFPS met statutory definitions (TDFPS 2007b, 2).

### **Child Protective Services**

In FY 2006, DFPS received 239,115 reports of child abuse/neglect (TDFPS 2007b, 45). For reports that progressed to the investigation stage, school professionals accounted for the largest report source percentage (19.3 percent), with the next highest percentages for medical personnel (15.9 percent), law enforcement (13.3 percent), and relatives (13.3 percent) (TDFPS 2007b, 51). Of all the child abuse/neglect reports received, 86.2 percent met the statutory definition with sufficient identifying information to locate the family (TDFPS 2007b, 45).

The Child Protective Services (CPS) division of DFPS is required by state law to investigate reports of suspected child abuse or neglect that meet the statutory definition. The goal of the investigation is to ensure the child's safety, determine whether abuse/neglect occurred, and establish whether the child is at risk for future abuse/neglect.

Priority I reports include children who appear to face immediate risk of abuse/neglect that could result in death or serious harm. CPS must initiate investigation of a priority I report within 24 hours of receipt. All other assigned cases are categorized as priority II. CPS must initiate priority II investigations within 10 days of receipt.

Each allegation in an investigated case is subsequently assigned a disposition of confirmed or unconfirmed. In FY 2006, CPS completed 163,795 investigations, including 25.3 percent of which were confirmed cases<sup>13</sup> (TDFPS 2007b, 46) with 67,737 confirmed victims<sup>14</sup> (TDFPS 2007b, 49). The rate of confirmed child abuse/neglect was 10.8 per 1,000 children in the Texas child population of 6,300,598 (TDFPS 2007b, 48). There were 44,754 confirmed allegations of neglectful supervision; 15,206 for physical abuse; 8,494 for physical neglect; and 7,176 for sexual abuse (TDFPS 2007b, 54).<sup>15</sup> The majority of the perpetrators in confirmed investigations were female (58.1 percent), and 78.4 percent of the perpetrators were parents of the oldest victim (TDFPS 2007b, 55).<sup>16</sup>

When abuse/neglect is confirmed, DFPS works to prevent further harm to the child. If the safety of the child is reasonably assured, CPS provides family-based safety services to help stabilize the family and reduce the risk of future abuse (TDFPS 2007a). According to the TDFPS CPS Handbook, the goal of providing family-based safety services is to:

- Ensure child health and safety;
- Provide family focused services;
- Strengthen families through home and community-based services; and
- Establish permanency for the child.

The worker first meets with the family in their home to conduct a family assessment, in order to identify the issues that placed the child at risk. Family strengths and outside resources that can

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<sup>13</sup> Based on a preponderance of evidence, staff concluded that abuse or neglect occurred.

<sup>14</sup> Victims in more than one investigation are counted in each investigation.

<sup>15</sup> Other confirmed allegations included medical neglect (2,664), emotional abuse (1,005), refusal to accept parental responsibility (872), and abandonment (382).

<sup>16</sup> For the remaining perpetrators, the relationship to the oldest victim is categorized as follows: Parent's Paramour (5.5 percent); Sibling/Other Relative (4.8 percent); Grandparent (4.4 percent); Aunt/Uncle (3.5 percent); Other Sub Care Giver (3.4 percent).

help resolve the issues are also identified. The worker and the family then develop a family service plan, including goals and changes needed to reduce the risk.

The service plan identifies tasks that the family must work on, as well as services that CPS will provide to help accomplish those tasks. Services may include day care, homemaker services<sup>17</sup>, parenting classes, counseling (individual, group, family), and/or concrete services. Concrete services include, but are not limited to, essential household items (e.g., beds, heaters, sheets), supplies (e.g., cleaning), repairs (e.g., plumbing, heating, structural), and personal care items. In FY 2006, an average of 12,828 families received family-based safety services per month (TDFPS 2007b, 60).

All reasonable efforts are made to protect children without removing them from their homes (42 U.S. Federal Code §671). However, in severe or high-risk cases, CPS may petition the court to remove the child from his/her home and placed temporarily in substitute care (e.g., with a relative or foster care) while services are provided to the children and the family. In FY 2006, 17,536 children entered substitute care (TDFPS 2007b, 63), and 34,275 children were in foster care (TDFPS 2007b, 62). At the end of FY 2006, there were 19,942 children in foster care, the majority of which were ages 14 – 17 years (25.3 percent) and birth – 2 years (22.1 percent) (TDFPS 2007b, 73).<sup>18</sup>

Children are returned home only if the court determines that the family can provide a safe and stable environment. If it is determined that the child cannot return home, parental rights may be terminated and custody given to relatives or the child subsequently placed for adoption. In FY 2006, custody was given to relatives for 3,856 children (TDFPS 2007b, 67). Adoptions were

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<sup>17</sup> Homemaker services are provided by a protective homemaker trained and supervised to improve the functioning of a family by modeling and teaching home management and child-care skills.

<sup>18</sup> The remaining children were 6 – 9 years (17.7 percent), 10 – 13 years (17.6 percent), 3 – 5 years (15.2 percent), and 18 – 21 years (2.1 percent).

consummated for 3,376 children, with the majority of the children (57.1 percent) between the ages of 1 – 5 years (TDFPS 2007b, 78).<sup>19</sup>

For youth who are aging out of foster care, CPS assists with the transition to adulthood through the Preparation for Adult Living (PAL) program. Services may include individual living assessments, time-limited financial help, training in money management, job skills, educational planning, and interpersonal skills (TDFPS 2007a). Available financial assistance includes a transitional living allowance up to \$1000, aftercare room and board assistance (based on need, and up to \$500 per month not to exceed \$2,000), and tuition/fee waiver for higher education at Texas state-supported colleges and universities<sup>20</sup> (TDFPS, PAL). In FY 2006, PAL served 7,279 youth ages 16 through 20 (TDFPS 2007b, 86).

### **Adult Protective Services**

The mission of the Adult Protective Services (APS) division is to protect the elderly (i.e., persons 65 years of age or older) and adults 18 – 64 years of age with disabilities from abuse, neglect, and exploitation by investigating and providing or arranging for services necessary to alleviate or prevent further maltreatment.<sup>21</sup> When abuse is confirmed, APS may provide services which include, but are not limited to, emergency shelter, medical and psychiatric assessments, heavy housecleaning, minor home repairs, emergency food, medication, rent/utility restoration, and legal services.

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<sup>19</sup> The ages of all other children in consummated adoptions are as follows: 6 – 12 years of age (32.2 percent); 13 and older (7.6 percent); under 1 year of age (3.1 percent).

<sup>20</sup> Youth adopted at age 14 and older who received an adoption assistance agreement are also eligible for the tuition and fee waiver program.

<sup>21</sup> See research by Stephen Este (2007) for more detailed information regarding Adult Protective Services.

In FY 2006, APS received 82,029 reports of in-home adult abuse<sup>22</sup>, and completed 74,737 in-home investigations (TDFPS 2007b, 14), 52.6 percent of which were elderly clients and 47.4 percent were disabled (TDFPS 2007b, 20). Females represented 61.9 percent of all clients in completed in-home investigations, 37.8 percent were male, and 0.3 percent were unknown (TDFPS 2007b, 20). Family members accounted for the largest report source percentage (19.1 percent), with the next highest percentages for self reports (14.9 percent), healthcare providers (13.3 percent), and social services staff (10.4 percent) (TDFPS 2007b, 24).

Of all adult in-home investigations completed in FY 2006, 68.5 percent were confirmed (TDFPS 2007b, 14). The highest number of confirmed allegations was for physical neglect (43,197)<sup>23</sup> and medical neglect (11,596) (TDFPS 2007b, 22). The majority of the perpetrators in confirmed in-home cases were adult children (39.6 percent), spouses (16.7 percent), or grandchildren (9.0 percent) (TDFPS 2007b, 25).<sup>24</sup> The recidivism rate<sup>25</sup> of APS in-home cases was 13.8 percent (TDFPS 2007b, 27).

Priority I reports (11.7 percent of all APS in-home SWI reports in FY 2006) allege that the victim is in a state of serious harm or is in danger of death from abuse or neglect (TDFPS 2007b, 15). APS must initiate investigation of a priority I report within 24 hours of receipt. Priority II reports (54.6 percent) allege that the victim is abused, neglected, or exploited, and, as a result, is at risk of serious harm (TDFPS 2007b, 15). APS must initiate investigation of a priority II report within three calendar days of receipt. Priority III reports (29.8 percent) allege that the victim is in a state of abuse or neglect, and investigations must be initiated within seven calendar days of

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<sup>22</sup> The term “in-home” generally refers to non-institutional settings (e.g., private homes, small foster homes, unlicensed room and board facilities).

<sup>23</sup> The term “neglect” is defined as the failure to provide for one’s self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain, or the failure of a caretaker to provide the goods or services.

<sup>24</sup> Each victim may have more than one perpetrator.

<sup>25</sup> Recidivism is a measure of the percentage of APS clients referred to DFPS more than once during the fiscal year, including clients who refused services and were re-referred.

receipt (TDFPS 2007b, 15). All other assigned cases (3.9 percent) allege exploitation when there is no danger of imminent impoverishment or deprivation of basic needs, and investigations must be initiated within 14 calendar days of receipt (TDFPS 2007b, 15).

APS is also responsible for investigating reports of abuse, neglect, and exploitation of persons with disabilities receiving services in state-operated mental health (MH) and mental retardation (MR) facilities and state contracted settings that serve adults and children with mental illness or mental retardation. In FY 2006, APS completed 7,930 investigations in MH/MR settings (TDFPS 2007b, 31), of which the majority of confirmed cases were for neglect (40.8 percent) and physical abuse (35.8 percent) (TDFPS 2007b, 34).<sup>26</sup> Self reports accounted for the largest report source percentage (30.0 percent), with the next highest percentages for institutional staff (25.7 percent) (TDFPS 2007b, 33).

### **Prevention and Early Intervention**

The Prevention and Early Intervention (PEI) division manages and contracts with community agencies to provide the following prevention and early intervention programs to alleviate at-risk behaviors that may lead to child abuse, juvenile delinquency, running away, or truancy.

The **Services to At-Risk Youth (STAR)** program offers services in all 254 Texas counties to youth under the age of 18 who are runaway and/or truant, living in family conflict, have allegedly been involved in or committed delinquent offenses, or have allegedly committed misdemeanor or state felony offenses but have not been adjudicated delinquent by a court.

Services include family crisis intervention, short-term emergency residential care, individual and

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<sup>26</sup> Other types of confirmed abuse included emotional-verbal abuse (12.3 percent), exploitation (5.3 percent), sexual abuse (2.6 percent), physical neglect (2.3 percent), and medical neglect (1.0 percent).

family counseling, and other support services. In FY 2006, 31,670 youth were registered and received STAR services (TDFPS 2007b, 108).

The **Community Youth Development (CYD)** program is available in 15 Texas communities with identified high incidences of juvenile crime. The program provides delinquency prevention services to support families and enhance the positive development of youth. In FY 2006, CYD served an average of 6,031 youth per month (TDFPS 2007b, 107).

The **Family Strengthening** program provides services that are designed to increase family resiliency while preventing child abuse and neglect.

The **Texas Families: Together and Safe** program provides family support services designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children and create support networks that enhance child-rearing abilities.

The **Youth Resiliency** program provides services that are designed to increase youth resiliency while preventing juvenile delinquency.

**Community-Based Child Abuse Prevention** increases community awareness about existing prevention services, strengthens community and parental involvement in child abuse prevention efforts, and encourages families to engage in services that are available in their communities.

The goal of the **Texas Youth and Runaway Hotlines**<sup>27</sup> is to provide callers with 24-hour crisis intervention and telephone counseling, information and referrals for callers in need of food, shelter, and/or transportation home, conference calls to parents and shelters, and confidential message relay services between runaways and parents. In FY 2006, the hotlines received 38,481 calls (TDFPS 2007b, 109).

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<sup>27</sup> The Runaway Hotline number is 1-888-580-HELP (1-888-580-4357), and the Texas Youth Hotline number is 1-800-98YOUTH (1-800-989-6884).

## **Child Care Licensing**

The Child Care Licensing (CCL) division is responsible for regulating child care operations, including, but not limited to, child day care facilities, residential child-care operations<sup>28</sup>, and child-placing agencies<sup>29</sup>. CCL develops minimum standards, inspects operations to ensure compliance with standards, and investigates complaints and serious incidents or standard violations, ensuring appropriate corrective or adverse actions, when necessary.

At the end of FY 2006, there were 32,490 child-care operations in Texas, with a total capacity of 981,866 (TDFPS 2007b, 94). In FY 2006, CCL completed 18,281 investigations, including 577 valid complaints of abuse/neglect and 3,521 non-abuse/neglect complaints resulting in cited child-care operation deficiencies<sup>30</sup> (TDFPS 2007b, 93). During the same time period, CCL conducted 47,358 inspections in regulated child-care operations, 85.6 percent of which were of child day care operations and 14.4 percent were of residential child-care operations (TDFPS 2007b, 100).

## **Chapter Summary**

In summary, the purpose of this chapter is to acquaint the reader with the operations of DFPS, the agency required by state law to investigate reports of suspected child abuse and neglect and work to prevent further harm to the child. The following four main programs within DFPS were described: Child Protective Services, Adult Protective Services, Prevention and Early

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<sup>28</sup> Residential child-care is care provided to children 24 hours a day outside the child's own home in the absence of a child's parent. The operation becomes the child's residence. Residential operations include emergency shelters, foster homes, residential treatment centers, half-way houses, and therapeutic camps.

<sup>29</sup> Child-placing agencies include a person, agency, or organization other than a parent who places or plans for the placement of a child in an adoptive home or other residential care setting.

<sup>30</sup> The term "deficiency" refers to any failure to comply with a rule, including a minimum standard, law, specific term of the permit, or condition of evaluation, probation, or suspension.



Intervention, and Child Care Licensing. In addition, Statewide Intake, the division responsible for receiving and routing reports of suspected abuse, neglect and exploitation, was introduced.

The following chapter includes a review of the literature on child abuse and neglect in order to identify risk factors for child maltreatment and identify the types of services used to mitigate the risk factors.

## **Chapter III. Literature Review**

### **Chapter Purpose**

The purpose of this chapter is to review literature on child abuse and neglect in order to identify risk factors for child maltreatment and identify the types of services used to mitigate the risk factors. The factors and services are classified in a conceptual framework of the descriptive categories type. Subsequently, this information is used to develop a handbook identifying Texas agencies/organizations that provide services that may reduce the risk factors.

### **Introduction**

Evidence demonstrates that the incidence of child abuse is higher in families who experience certain risk factors, such as domestic violence, poverty, and substance abuse disorders. In addition, research indicates that parenting attitudes and values are indicators of abuse. These factors often occur simultaneously, and can reinforce each other. For example, poverty and the stress it produces can lead to a need to escape that can result in drug/alcohol abuse. Or, substance abuse can lead to bad decisions, poor work history, and poverty. Drug/alcohol abuse can also lower inhibitions and lead to domestic violence and/or child abuse. The purpose of this paper is not to determine the causal sequence. Rather, the purpose is to identify services that address and alleviate these problems.

### **Domestic Violence**

The term “domestic violence” includes the following forms of abuse: physical abuse, such as hitting, choking or slapping; sexual abuse; threats; verbal abuse, including name-calling and

public humiliation; and forced isolation from friends and family (Texas Council on Family Violence 2003, 3). A recent study (Texas Council on Family Violence 2003, 4) found that 74 percent of all Texans reported that they, a family member, and/or a friend or co-worker experienced some form of domestic violence in their lifetime. Forty-seven percent of Texans have personally experienced domestic violence, including 26 percent who have been physically abused by a partner (Texas Council on Family Violence 2003, 4). Due to the high incidence of domestic violence in Texas, it is critical to determine if the rate of child abuse is higher for these families.

There have been a number of research studies on the co-occurrence of child abuse and domestic violence for at least the previous three decades. For example, Appel and Holden (1998) reviewed over 30 separate studies that documented co-occurrence. The studies were categorized into three types of samples: community samples, data from battered women, and reports of child abuse.

The review by Appel and Holden included four community sample studies that established the overlap between spousal and child abuse within the general population. The first study was of a 1972 survey conducted by Richard J. Gelles and Murray A. Straus of 334 college freshmen<sup>31</sup>. Results revealed that 5.7 percent of the students experienced at least one incidence of both violence between their parents and abuse by their parents during the past year. Appel and Holden (1998) also analyzed two National Family Violence Surveys (NFVS) by Gelles and Straus. The 1975 NFVS found that 6.9 percent of parents reported co-occurring spousal and child abuse in the past year. The 1985 NFVS indicated a co-occurrence rate of 5.6 percent in the past year. Another community sample analyzed by Appel and Holden (1998) was a 1995 study

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<sup>31</sup> See Hotaling, Straus, and Lincoln (1990) for more details regarding the 1972 survey by Gelles and Straus.

by L. Silvern, et al. Of the 550 undergraduate students surveyed, 11 percent experienced abuse and also witnessed spousal abuse at least once in their lifetime.<sup>32</sup>

Appel and Holden (1998) also evaluated 17 studies of women who identified themselves as being battered. Although the percentages of co-occurrence ranged from four to 100 percent within each study, the median rate across all studies was 41 percent. The significant differences in percentages were due to the criteria used by the child to reveal abuse, whether the incidence of abuse occurred in the past year versus whether it ever occurred, and whether the mother or the father was the perpetrator.

The final category reviewed by Appel and Holden (1998) included child abuse case studies. A 1991 research study by B.E. Carlson found that 50 percent of 101 adolescents in residential treatment who were physically abused indicated there was spousal abuse in their homes. The following research studies provide additional evidence of co-occurrence between domestic violence and child abuse.

Carlson (1977) conducted a study on 101 cases from the first 18 months of the National Organization of Women (NOW) Domestic Violence project.<sup>33</sup> Victims of spousal abuse reported that 27 percent of their assailants were also child abusers.

Giles-Sims (1985) conducted a longitudinal study of abused children of wives who sought help from a battered women's shelter. The mothers were interviewed using a modified version of the Conflict Tactics Scale (CTS). At least one act of violence<sup>34</sup> was used on their children by

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<sup>32</sup> The considerably higher rate for the L. Silvern, et al. study compared to Gelles and Straus (1972) and the Gelles and Straus NFVS studies was attributed to reported incidence in the "past year" versus incidence "over the students' lifetimes."

<sup>33</sup> The NOW Project began in January 1976 and offered the following free services to battered women: emergency housing, short-term peer counseling by volunteers, legal advice and referral, financial assistance, 24-hour crisis phone coverage, and referrals to appropriate social service and mental health agencies.

<sup>34</sup> The CTS Violence Index includes throwing something at the child, pushing, grabbing or shoving, slapping, kicking, biting, hitting with a fist, hitting or trying to hit with something, beating up, threatening with a knife or gun, and/or using a knife or gun.

88.9 percent of men and 92.6 percent of women. In addition, 55.6 percent of the women and 63 percent of the men used severe violence<sup>35</sup> on their children.

McKibben, De Vos, and Newberger (1989) reviewed medical records of mothers of child abuse victims by husbands or boyfriends to search for indicators of spousal abuse. According to the study, 59.4 percent of the women's medical records showed evidence of violence against the mothers. This is in comparison to only 12.5 percent of the control group.

Wilden, Williamson, and Wilson (1991) surveyed 39 residents at the Houston Area Women's Center Battered Women's Shelter from January through August 1989. All participants resided at the shelter for at least 3 days and had children between 9 months and 14 years of age. Sixty-seven percent of the mothers reported that their children had been abused.

Sternberg, et al. (1993) conducted a study of 110 lower-class Israeli children and their parents identified by social workers from the Department of Family Services. Analysis indicated that 30 children (27.3 percent) had been physically abused by one or both parents and also witnessed domestic violence between their parents in the last 6 months.

Using a 1985 National Family Violence Survey (NFVS) consisting of telephone interviews with 6,002 adults with at least one minor child in the home, Ross (1996) determined the gender-specific probability of physical child abuse in relation to domestic violence. Results indicated that 22.8 percent of men who abused their spouses also physically abused their children, as opposed to only 8.5 percent of men who were not violent towards their spouses. According to the study, for every act of violence toward the mother by the husband, the odds of the child being physically abused by the husband increased by an average of 12 percent.

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<sup>35</sup> The CTS Severe Violence Index is restricted to the more serious acts of violence which are most likely to result in injury: kicking, biting, punching, hitting with an object, beating up, threatening with a knife or gun, and/or using a knife or gun.

Coohey and Braun (1997) collected data from 81 abusive and 148 presumably non-abusive mothers. These researchers found that 54.8 percent of abusive mothers' ex-partners severely assaulted them, compared to only 27.9 percent of the comparison group. In addition, 24.1 percent of their current partners severely assaulted them in the past, compared to 13.1 percent of the comparison group. Based on results from this study, "the probability of child physical abuse by the average mother increases .211 if, all other variables being equal, she now has a physically abusive partner.... The large probability effect suggests a plausible positive relationship between the presence of a physically abusive partner and the mother being physically abusive toward her children" (Coohey and Braun 1997, 1089).<sup>36</sup>

A similar study was conducted with married U.S. soldiers on active duty between 1989 and 1995 who were involved in substantiated child abuse cases based on medical evidence, confession, or legal determination. Families who experienced domestic violence had 32.3 substantiated cases of child abuse per 1,000 family-years of exposure<sup>37</sup>, compared to a significantly lower rate of 6.6 episodes for families who were not involved in domestic violence. Families involved in domestic violence were twice as likely to be involved in a child abuse report as families who did not experience spousal abuse (Rumm, et al. 2000).

Beeman, Hagemester, and Edelson (2001) conducted a study of 172 families with 289 incident reports of child abuse between 1992 and 1995, as identified by a police department in a large midwestern city. The sample was divided into two groups: 95 families (55.2 percent) were involved in child abuse and domestic violence; 77 families (44.8 percent) were involved in only child abuse. Families in the first group who experienced both child abuse and domestic violence "were significantly more likely than child maltreatment-only families to have past child

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<sup>36</sup> It is worth noting that Coohey and Braun (1997) cited Gaylord (1975), O'Keefe (1995), and Stark and Flitcraft (1988) studies as research demonstrating that over one-third of battered mothers abused their own children.

<sup>37</sup> "Family-years" refers to the number of years each family accrued in the Army during the study timeframe.

maltreatment reports associated with them during the 2-year period” (Beeman, Hagemeister, and Edelson 2001, 441).

A 2001 longitudinal study evaluated the co-occurrence of domestic violence and child abuse of 2,544 at-risk mothers who were participating in a home-visiting child abuse prevention program (McGuigan and Pratt 2001). The presence of domestic violence was determined during discussions and observations over approximately 14 visits to the home from the birth of the child through his/her sixth month. Results indicated a significant relationship between domestic violence and physical child abuse. The occurrence of domestic violence during the child’s first six months of life was a significant indicator of confirmed physical child abuse. These families were over three times more likely to have confirmed cases of physical child abuse through the child’s fifth birthday than families that did not experience domestic violence.

Dong, et al. (2004) conducted a study of 8,629 adults subscribed to the Kaiser Health Plan in San Diego, California. These participants were part of a larger group of more than 26,824 who received a standardized medical and biopsychosocial exam and were mailed a questionnaire. Results indicated that the prevalence of reporting physical child abuse was 57.5 percent among persons who reported domestic violence compared to 21.7 percent who had not. The prevalence of reporting emotional child abuse was 31.3 percent among persons who reported domestic violence compared to 7.0 percent who had not.

Renner and Slack (2006) conducted a study of a random sample of 1,005 adult women who were receiving benefits in 1998 from the Temporary Assistance for Needy Families (TANF) program.<sup>38</sup> Results indicated that a statistically significant correlation exists between physical abuse during childhood and witnessing domestic violence during childhood.

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<sup>38</sup> The Illinois Department of Children and Family Services provided data on child abuse investigations conducted from January 1980 through June 2002.

Edelson (1999) identified 35 additional studies conducted over the past 25 years on the co-occurrence of child abuse and domestic violence. “The majority of studies reviewed indicate that in 30% to 60% of families where either child maltreatment or adult domestic violence is occurring one will find that the other form of violence is also being perpetrated” (Edelson 1999, 136).

### **Services to Reduce Domestic Violence**

The above analysis demonstrates that the incidence of child abuse is higher in families who experience domestic violence. Identifying appropriate services for parents who are victims of domestic violence can help to minimize the risk of child abuse and can benefit victims of spousal abuse. The following review shows that based on research, services include counseling, crisis helplines, emergency shelters, and legal advocacy.

#### **1.1 Counseling**

Counseling services can offer a source of support for parents who are victims of domestic violence. Participants have the opportunity to address various issues related to domestic violence, such as self-esteem, depression, relationship problems, stress, anger management, and coping skills.

Bennett, et al. (2004) evaluated services provided by 54 domestic violence agencies in Illinois, and demonstrated that counseling is effective for victims of domestic violence. Outcome measures administered pre- and post-service delivery indicated an increase in: social support, self-efficacy, coping skills, goal-setting, and information about domestic violence among victims of domestic violence after counseling.



In a similar review of women's experience with community services, Gordon (1996, 322) found that counseling was one of "the four most effective help resources for eliminating physical and sexual violence, based on direct effectiveness ratings". Horton, et al. (1988) also found that 40 percent of women who had been free from their abusive partner for at least one year described counseling as "helpful in ending the abuse" (Gordon 1996, 324).

## **1.2 Crisis Helpline**

Crisis telephone helpline staff are available 24 hours a day to provide callers with emotional support, advice, or guidance. Helpline staff also provide referrals to available community resources. Bennett, et al. (2004) demonstrated that at the end of hotline consults, callers reported an increase in information/knowledge and a sense of feeling supported. Horton, et al. (1988) also found that 40 percent of women who had ended their abusive relationships at least one year ago described hotlines as "helpful in ending the abuse" (Gordon 1996, 324)

## **1.3 Emergency Shelter**

Many victims of domestic violence lack the financial resources necessary to leave the abusive relationship. They may also fear that their abusers will find them if they stay with friends or relatives. For this reason, providing safe housing arrangements is sometimes a critical first step for victims of domestic violence. "When a victim finally does decide to leave, usually the only viable option is to stay at a domestic violence shelter" (Atwood 1999, 14). Emergency shelters provide a sanctuary for victims of domestic violence and their children. Services include immediate shelter, food, and clothing, as well as ongoing counseling services and legal assistance to support parents as they transition out of the shelter.

According to Giles-Sims, evidence suggests “that the risk of child abuse may be significantly reduced following” the woman’s stay at an emergency shelter (Giles-Sims 1985, 209). Results from this study showed that “the rate of both men and women who ever used abusive tactics with their children was substantially reduced” six months following the stay at the shelter (Giles-Sims 1985, 210). For mothers, the rate decreased from 61.9 percent one year prior to going to the shelter to 38.1 percent six months later. For men, the rate decreased from 46.2 percent to 23.1 percent.

In one other study of women who sought services from domestic violence shelters, 43.4 percent of mothers with children who were also abused stayed longer at the shelters than mothers whose children were not abused (25.6 percent). More than half of the women did not return to their abusive partners upon leaving the shelter (Krishnan 1997).

#### **1.4 Legal Advocacy**

Legal advocacy services have been shown to benefit parents affected by domestic violence. Services may include assistance navigating through the legal system, including informing victims of their legal rights, obtaining requests for separation orders, divorce processing, child custody and visitation, protective orders, as well as the provision of information regarding social service agencies.

Most women do not know how to obtain protective orders, or that protective orders even exist (Weisz 1999). However, through interviews with domestic violence survivors, it is evident that support from advocates provides “empowerment through information” (Weisz 1999, 145). In a study of battered women who filed for protective orders and attended hearings, all the women reported that support from the advocates played a significant role in helping them navigate

through the legal process. Most of the women also stated that receiving information about community resources was helpful, and it was reassuring to know they had the information if it was needed later.

In a similar study, women were interviewed immediately upon leaving a domestic violence shelter, and half the women proceeded to receive advocacy services upon exit of the shelter. Participants who received advocacy intervention “were more effective in ending the relationship when they wanted to” (Sullivan and Bybee 1999, 47) and “experienced less physical violence over time and reported increased quality of life, higher social support, less depressive symptoms, and increased effectiveness in obtaining resources compared with women” who did not receive advocacy services (Sullivan and Bybee 1999, 49).

## **Poverty**

Each year the U.S. Census Bureau publishes poverty thresholds (see **Table 3.1**) that are used to calculate the official federal government’s statistical definition of poverty<sup>39</sup> for the previous calendar year. Families and all individuals in the family are considered in poverty if their pre-tax incomes fall below the threshold.

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<sup>39</sup> The Census Bureau’s poverty threshold is the federal government’s official statistical definition of poverty, as directed through Office of Management and Budget (OMB) Statistical Policy Directive No. 14, Definition of Poverty for Statistical Purposes.

**Table 3.1: Poverty Thresholds for 2006 by Size of Family and Number of Related Children Under 18 Years**

Size of family unit	Weighted Average Thresholds	Related Children Under 18 Years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)....	10,294									
Under 65 years.....	10,488	10,488								
65 years and over.....	9,669	9,669								
Two people.....	13,167									
Householder under 65 years....	13,569	13,500	13,896							
Householder 65 years and over..	12,201	12,186	13,843							
Three people.....	16,079	15,769	16,227	16,242						
Four people.....	20,614	20,794	21,134	20,444	20,516					
Five people.....	24,382	25,076	25,441	24,662	24,059	23,691				
Six people.....	27,560	28,842	28,957	28,360	27,788	26,938	26,434			
Seven people.....	31,205	33,187	33,394	32,680	32,182	31,254	30,172	28,985		
Eight people.....	34,774	37,117	37,444	36,770	36,180	35,342	34,278	33,171	32,890	
Nine people or more.....	41,499	44,649	44,865	44,269	43,768	42,945	41,813	40,790	40,536	38,975

Source: U.S. Census Bureau 2007c

The Annual Social and Economic Supplement (ASEC) to the 2007 Current Population Survey (CPS)<sup>40</sup> is a high quality source of information used to produce the official annual estimate of poverty, and other socioeconomic and demographic estimates. Based on poverty thresholds, data from the CPS ASEC indicates that in 2006 there were 3,816,000<sup>41</sup> (16.4 percent<sup>42</sup>) Texans living in poverty, including 812,000<sup>43</sup> (13.4 percent<sup>44</sup>) families (U.S. Census Bureau 2007b).

Data from the American Community Survey (ACS)<sup>45</sup> is used to estimate the number of people living in poverty in the previous 12 month period, as opposed to the previous calendar year, based on poverty thresholds. According to the most recent ACS, there were 3,868,689<sup>46</sup>

<sup>40</sup> For the Current Population Survey, the annual sample size is about 100,000 addresses. Monthly interviews are conducted from February to April and ask about the prior calendar year.

<sup>41</sup> Margin of error  $\pm$  147,000

<sup>42</sup> Margin of error  $\pm$  0.6

<sup>43</sup> Margin of error  $\pm$  37,000

<sup>44</sup> Margin of error  $\pm$  0.6

<sup>45</sup> For the American Community Survey, the annual sample size is about 3 million addresses. Monthly interviews are conducted from January to December and ask about the previous 12-month period.

<sup>46</sup> Margin of error  $\pm$  52,605

(16.9 percent<sup>47</sup>) Texans, including 758,920 families<sup>48</sup> (13.3 percent<sup>49</sup>), with incomes below the established poverty threshold in 2006 (U.S. Census Bureau 2007a).

A number of research findings indicate that the prevalence of child abuse increases for families of low socioeconomic status. For example, results from the congressionally mandated Third National Incidence Study (NIS-3) of Child Abuse and Neglect<sup>50</sup> found that children from families with incomes less than \$15,000 per year were more than 22 times more likely to be harmed by child abuse<sup>51</sup> as children from families with incomes at or above \$30,000 (Sedlak and Broadhurst 1996, 5-50).

“[P]roblems associated with poverty that are also plausible causal contributors to child maltreatment” include “factors such as social mobility, lack of education, and all the stressors that poverty adds to daily life” (Sedlak and Broadhurst 1996, 5-54).

Drake and Zuravin (1998) analyzed numerous studies on child abuse to determine if class bias occurs within the CPS system. Visibility bias (i.e., the belief that poor families are more visible to potential reporters due to their frequent use of public services), labeling bias (i.e., an increased tendency to look for or suspect maltreatment among specific groups), reporting bias (i.e., a failure to report maltreatment once it is suspected), and substantiation bias (i.e., any propensity for CPS investigators to base substantiation decisions on inappropriate factors) were analyzed. “[T]he empirical evidence for each of the four types of potential bias in CPS data is minimal or nonexistent” (Drake and Zuravin 1998, 299). Hence, evidence suggests “high levels of child abuse and neglect among the poor” (Drake and Zuravin 1998, 299). Drake and Zuravin (1998,

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<sup>47</sup> Margin of error  $\pm$  0.2

<sup>48</sup> Margin of error  $\pm$ 13,266

<sup>49</sup> Margin of error  $\pm$  0.2

<sup>50</sup> The NIS is the single most comprehensive source of information about the current incidence of child abuse and neglect in the U.S.

<sup>51</sup> For maltreatment to be countable under the NIS Harm Standard, it is generally necessary that the child suffered demonstrable harm as a result of the maltreatment. In addition, the Harm Standard required that a child had been *moderately* harmed by abuse.

300) summarized their research by stating that “CPS-based and non-CPS-based data regarding the incidence of physical violence toward children are remarkably consistent in regard to the direction and degree of association between physical abuse and poverty.” The following research findings further demonstrate that there is a relationship between poverty and child maltreatment.

In a 1992 study, Gelles examined the 1976 First National Family Violence Survey (NFVS) and the 1985 NFVS. Results showed that “violence toward children, especially severe violence, is more likely to occur in households with annual incomes below the poverty line” (Gelles 1992, 263). The 1976 survey data showed that the rate of severe violence<sup>52</sup> was 62 percent higher in families with annual incomes below the poverty line.<sup>53</sup> Similarly, the 1985 data showed that the rate of severe violence was 46 percent higher in families with annual incomes below the poverty line.

Kotch, et al. (1995) conducted a study of 749 mothers and their newborns to identify risk factors for child abuse and neglect. Participants were selected from hospitals in North Carolina and interviews were conducted seven weeks (on average) after discharge from the hospital, between March 1986 and June 1987. Researchers then obtained official reports of child maltreatment through the participants’ children’s first year of life.<sup>54</sup> The results revealed significant predictors of child abuse, including lower maternal educational achievement and receipt of Medicaid.<sup>55</sup>

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<sup>52</sup> Severe violence includes: kicking, biting, or hitting with a fist; hitting or trying to hit with something; beating up the child; burning or scalding the child; threatening the child with a gun or knife; using a knife or firing a gun.

<sup>53</sup> For the purpose of this study, poverty was defined as a family income of less than \$6,000 per year.

<sup>54</sup> Reports were received from the Central Registry of Child Abuse and Neglect of the Division of Social Services of North Carolina or the Department of Social Services of South Carolina.

<sup>55</sup> The Medicaid program provides medical coverage for eligible needy persons and is evidence of poverty.

A 17-year longitudinal study, starting in 1975, by Brown, et al. (1998) involved 644 upstate New York families with children one to 10 years of age. After 1975, follow-up was conducted in 1983, 1986, and 1991-1993. The study used state recorded incidents and self-reported child abuse responses taken in 1992 from young adults who were 18 years of age or older between 1991 and 1993, as well as from state recorded incidents. Welfare dependence was related to official and self-reports of physical child abuse. Furthermore, low-income status and welfare dependence were significantly associated with official and self-reports of any type of child abuse. These “findings confirm that low income families may tend to have the highest rates of physical abuse and neglect” (Brown, et al. 1998, 1074).

Additional research demonstrating an association between poverty and child abuse was conducted using data from a larger study of low-income children from a large midwestern metropolitan area. The sample included children born between 1982 and 1994 from families who received Aid to Families with Dependent Children (AFDC)<sup>56</sup>. Reduced recurrence was associated with permanent exit from AFDC either before the initial child abuse report or within one year of the report. Results revealed that high income was associated with low recurring rates for families with annual median household incomes above \$20,000. In addition, every “increase in \$1,000 of income was associated with a half percentage point drop in risk” of child abuse recurrence (Drake, Jonson-Reid, and Sapokaite 2006, 1216).

Finally, the Avon Longitudinal Study of Parents and Children indicates a relationship between poverty and child maltreatment. Pregnant women from Avon, UK with anticipated due dates between April 1, 1991 and December 31, 1992 took part in the study. Between 85 and 90 percent (14,893) of all eligible mothers enrolled in the study and 14,256 children were tracked until the children turned 6 years of age. Results revealed that “the indicators of poverty come out

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<sup>56</sup> In 1996, AFDC was renamed to Temporary Assistance for Needy Families (TANF).

as the strongest risk factor both for investigation [of child abuse] and registration”<sup>57</sup> (Sidebotham and Heron 2006, 513).

## **Services to Reduce Poverty**

There are services available that can ease the sting of poverty. Unfortunately, many poor families are unaware of resources like child care, employment assistance, food assistance, health care assistance, and utility bill assistance. The following research shows that these services can help alleviate the stressors of poverty, and in effect, reduce the risk of child abuse.

### **2.1 Child Care**

It is estimated that 35 percent of a low-income family’s budget can go towards child care costs (U.S. Senate Committee on Ways and Means 2000). Information about child care resources can support parents who work, attend school, or participate in job training by helping to lower or completely eliminate costs for this service. According to a study of low-income women, 20 percent reported “they did not know how to find child care” (Walker and Reschke 2004, 158). Walker and Reschke (2004, 161) propose that these mothers might choose “limited employment” (resulting in less income) in order to stay home and care for their children because child care “would have consumed an unrealistic portion of their family income.”

### **2.2 Employment Assistance**

Providing parents with employment services can be a long-term solution for those who are living in poverty, resulting in a reduction in risk of child abuse. Employment assistance can

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<sup>57</sup> The term “registration” refers to confirmed incidents of abuse and placement on local child protection registers.



include information on career development opportunities, interviewing techniques, job search programs and training, as well as unemployment benefits.

Through structured interviews with women on welfare, findings showed that 23 percent of the interviewees were unemployed for the last year and nearly half worked less than 17 weeks in the same time period. In most recent employment, the average pay was \$7.25/hour. Although this is higher than federal minimum wage<sup>58</sup>, it is below the poverty level for the average participant of this study (Brush 2004).

In a survey analyzing caseworkers' attitudes, beliefs, and perceptions on child welfare reform, "caseworkers strongly agree that job training has been effective in moving TANF recipients from welfare to work" (McQueen 2001, 45). In addition, 84 percent of caseworkers believed that welfare recipients received "quality work positions" and "that TANF participants are putting the job preparation skills to use effectively" (McQueen 2001, 45).

### **2.3 Food Assistance**

Referrals for food assistance and nutrition education can prevent hunger and increase the intake of nutritious foods. Offering food assistance to low-income families can lessen the burden of living in poverty. In turn, this may lessen the risk of child abuse.

Food security is defined as "consistent access to an adequate nutritionally balanced diet" and recent research indicates that poverty decreases the likelihood of food security (Ashiabi 2005, 3). For example, Brush (2004, 34) found that among welfare recipients, 20 percent of respondents "reported hunger or food insecurity since age 16" and 87 percent of the 20 percent "also reported hunger or food insecurity in the past year." This included skipping meals or going to bed hungry

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<sup>58</sup> At the time of this study (2004), the federal minimum wage was \$5.15.

because they ran out of food, Food Stamps<sup>59</sup>, or money to purchase food. According to results from a similar multi-state longitudinal study of low-income families with at least one child under 13 years of age, 50.5 percent of the families were considered to be at-risk of not having enough food (Bauer 2004).

## **2.4 Health Care Assistance**

The majority of families living in poverty have limited access to health care. “Some working families without insurance simply assume that they are ineligible for assistance because at least one parent holds a job” (Barrios 2001, 10). In addition, eligible families may not be aware of health care assistance currently available. For example, in a study of the Children’s Health Insurance Program (CHIP), the research explored whether eligible parents were aware of the program and its benefits. Results indicated that only 20 percent of the participants had heard of CHIP (Barrios 2001, 59).

For these reasons, parents may be forced to wait until the illness becomes more serious before obtaining care. An illness or injury can eventually result in the need to spend more money that would have otherwise been used to meet basic needs, such as food. In addition, parents who must stay home to get well or care for sick children may work fewer hours, resulting in a loss of much-needed income.

In a 2002 study on the association of chronic child illness with parental employment for welfare recipients, researchers reported that “the majority of respondents (74.3%) indicated that their children’s health problems had made it difficult to find or keep a job” (Smith, et al. 2002, 1455). The health of the parents and other family members was also reported as a barrier to

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<sup>59</sup> The Food Stamp Program helps low-income families buy nutritious foods from local food stores.

employment. Results from the Bauer study indicated that more than one-third of low-income mothers do not possess health insurance, including half of which were employed (Bauer 2004).

## **2.5 Utility Bill Assistance**

According to the National Low-income Energy Consortium (NLIEC) (2003, 1), high energy costs are “a life-changing, often debilitating, reality” for low-income families. Although “home energy costs average just over 4 percent per year in middle class households, they can reach a staggering 70 percent of monthly income for low-income families and seniors” (NLIEC 2003, 8).

According to Garcia (2000, 22), “many low income families are confined to housing that is badly designed and built and in a poor state of repair. This situation means that fuel bills may be increased through damp condensation problems and poor insulation.” For this reason, utility bills are an expense that can lead to financial crises for the poor.

Research indicates that “[t]rouble paying the bills may make some women more vulnerable to entering or staying in an abusive relationship” (Brush 2004, 38). Brush (2004, 34) conducted structured interviews with women on welfare and found that 68 percent “had trouble paying their rent or utility bills, 1/3 as recently as the current month.”

Problem paying bills is a manifestation of poverty. Families who are unable to pay their utility bills are sometimes forced to live without heat or light. Poor families are also likely to lose housing over their inability to pay utility bills, leading to homelessness.<sup>60</sup> This can further contribute to the stresses of poverty. Assistance includes immediate and long-term solutions, such as help paying bills or providing monthly discounts for these services.

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<sup>60</sup> See research by Chance Sparks (2007) for more information about housing services.

## **Substance Abuse**

Substance abuse is another parent/caregiver factor that has been found to increase the risk of child abuse. While there is no universally accepted definition of substance abuse, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) published by the American Psychiatric Association frequently cites the following definition (MedicineNet.com):

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household)
2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

In face-to-face interviews of over 11,500 adults in five communities across the U.S., Kelleher, et al. (1994, 1588) found that adults with alcohol or drug disorders were 2.7 times more likely to physically abuse their children than non-perpetrators. Additionally, 40 percent of the respondents who reported physically abusing their children had alcohol or drug disorders at one point during their lifetimes (Kelleher, et al. 1994, 1589). This is considerably higher than the rate of 16 percent for the control group.

In a study of infants born at the University of Chicago, Chicago Lying-in Hospital from January 1985 through December 1990, “children who are prenatally exposed to drugs are two to

three times more likely to be abused than are all children living in the same area of the south side of Chicago” (Jaudes and Ekwo 1995, 1071). The rate of substantiated child abuse was two to three times that of the general population.

The 17-year longitudinal study by Brown, et al. (1998) also revealed a correlation between child abuse and substance abuse. Drug, alcohol, or police involvement was associated with official state records and self-reports of physical child abuse, as well as with reports of any type of child abuse (i.e., physical abuse; sexual abuse; neglect).

The Beeman, Hagemester, and Edleson (2001) study also demonstrates a relationship between substance abusing parents and child abuse. Results indicated that “perpetrator drug and alcohol abuse was more likely” to occur in families experiencing both domestic violence and child abuse (Beeman, Hagemester, and Edleson 2001, 445).

The 2004 Dong, et al. study showed that the prevalence of reporting physical child abuse was 38.7 percent among persons who reported substance abuse compared to 21.5 percent who had not. The prevalence of reporting emotional child abuse was 19.1 percent among persons who reported substance abuse compared to 6.7 percent who had not.

Finally, Drake, Jonson-Reid, and Sapokaite (2006) conducted a study of children born between 1982 and 1994 from families who received AFDC<sup>61</sup>. History of mental health or substance abuse treatment for the caregiver prior to the initial report of child abuse was associated with higher risk of child abuse recurrence.

### **Services to Reduce Substance Abuse**

It is widely recognized that substance abuse is a treatable disease, and there are many services available that have been shown to deter, reduce, or eliminate the incidence of drug and alcohol

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<sup>61</sup> In 1996, AFDC was renamed to Temporary Assistance for Needy Families (TANF).

abuse. Counseling/treatment services and self-help/support groups are among the most successful.

### **3.1 Counseling/Treatment Services**

According to Meyer (2005, 11), “drug use in today’s society is viewed more through the lens of addiction than personal choice, and is more likely to be dealt with through rehabilitation services.” Prior to provision of services, individuals seeking substance abuse treatment undergo a complete clinical assessments to determine the most appropriate services that will be provided, as well as to develop an effective treatment plan. The treatment plan typically “includes the person’s goals, treatment activities designed to help him or her meet those goals, ways to tell whether a goal has been met, and a timeframe for meeting goals” (U.S. Department of Health and Human Services 2004, 11). Recovery also includes learning “how to deal with stress, anger, or social situations and how to have fun without using drugs or drinking” (U.S. Department of Health and Human Services 2004, 18).

### **3.2 Self-help/Support Groups**

Participation in self-help/support groups is one effective method of providing support for persons in substance abuse recovery. According to the Institute of Medicine (1990), users who communicate their experiences with others in a group format are more likely to resist the pressure to use again than those who do not participate in support groups. Research suggests that attending meetings on a regular basis (at least weekly) is strongly associated with “reductions in hazardous alcohol use and marijuana use and improvements in emotional social support” (Toumbourou, et al. 2002, 65).

## **Parenting Education**

Research shows that there are specific parenting attitudes and values associated with child abuse and neglect. For example, parents may inappropriately punish the child, or parents may react inappropriately if they cannot handle a child's conduct. "A parent's lack of knowledge about normal child development may result in unrealistic expectations" (Goldman and Salus 2003, 29).

Mash, Johnston, and Kovitz (1983) observed interactions between mothers and their 36 pre-school children (half of which were physically abused and the other half were not abused). Results revealed that "abusive mothers rated their children as significantly more problematic" (Mash, Johnston, and Kovitz 1983, 341). Parenting-related stress was assessed at significantly higher rates for abusive mothers, compared to non-abusive mothers, in the following areas: child characteristics; mother-child relationship; mother characteristics; and situational characteristics. The abusive mothers also appeared to have significantly lower levels of parenting self-esteem.

Bauer and Twentyman (1985) found a relationship between child abuse and parenting skills during an experimental study of 36 mothers. Twelve of the participants had at least one substantiated report of physical abuse with the New York State Department of Social Service, 12 had at least one substantiated child neglect report, and the remaining 12 had no maltreatment reports. Results from the study "indicated that the abusing mothers were more likely to agree with the view that their child was acting to annoy them [as opposed to acting to communicate his/her feelings] than were either the neglectful or comparison mothers in the misbehavior with others present, child angry with parent, and idiosyncratic situations" (Bauer and Twentyman 1985, 339).

One other study that investigated child rearing practices, as they relate to child abuse, involved 40 families each with a child between 4 and 11 years of age, half of which were categorized as physically abusive to their children and the other half were not abusive. Every day, for five consecutive days, each family recorded at least three situations that required discipline of the child. Results revealed that abusive parents used simple requests for compliance less often than the control group, and reasoning scores were also lower for the abusive group. Although physical punishment was common in both groups, 40 percent of the abusive parents used severe physical punishment (e.g., striking with an object or striking in the face; pulling of hair), for which none of the control parents reported. Abusive parents were also twice as likely as the non-abusing parents to feel angry or irritated after disciplining the children. Trickett and Kuczynski (1986, 122) note that “[a]n important behavior modification perspective is that child-abusing parents may be ineffective in controlling their children’s behavior” and recommend “training in specific child management skills” as a way to alleviate the situation.

Trickett and Susman (1988) conducted structured interviews of 28 abusive and 28 non-abusive families, each with one child between 4 and 11 years of age, to determine the parents’ satisfaction with their children and to rate their discipline techniques. Child-rearing attitudes were measured with the Child Rearing Practices Q Sort (CRPQ), and characteristics of the family psychosocial environment were measured with the Family Environment Scale (FES).

According to results of the CRPQ, “[a]busive parents described their child rearing as less likely to encourage independence and openness to experience and to suppress aggression in their children” (Trickett and Susman 1988, 273). The FES showed that abusive parents scored higher than the control group on the conflict subscale<sup>62</sup> and lower on the expressiveness subscale<sup>63</sup>. The

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<sup>62</sup> The conflict subscale measured the amount of openly expressed anger, aggression, and conflict among family members.



interviews revealed that the abusive parents rated child rearing as more difficult than the control parents. The abusive parents were also less satisfied with their children than the control group. Regarding discipline, the abusive group used reasoning less often than the control group. “[T]here are clear, if at times subtle, patterns of differences in the child-rearing styles of abusive and nonabusive parents in both the parental control and nurturance domains” (Trickett and Susman 1988, 274).

The Brown, et al. (1998) study also demonstrated that a lack of parenting skills may be attributed to child abuse. Results showed that low parental involvement, low paternal warmth, and low maternal involvement were associated with official and self-reports of physical child abuse. These same parenting risk factors were significantly associated with reports of official and self-reports of any type of child maltreatment.

The final two studies were based on the Child Abuse Potential (CAP) Inventory<sup>64</sup> involving 28 female childless college students (*Study 1*), and 36 mothers with children between the ages of 2 and 5 (*Study 2*) (Dopke, et al. 2003). In the college study, 34 different descriptions of parent-child interactions, including 17 child compliant behaviors and 17 child noncompliant behaviors, were presented to the participants to evaluate accuracy and bias in reading children’s behavior. The students were then asked whether the child complied or did not comply. The respondents were also instructed to imagine that they were the parents and to select one of six responses to the behavior. Responses including ignoring, praising, spanking, scolding/yelling, reasoning with the child, or putting the child in time-out. Lastly, participants specified their level of annoyance with the behavior of the child.

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<sup>63</sup> The expressiveness subscale measured the extent to which family members are encouraged to act openly and to express their feelings directly.

<sup>64</sup> The CAP Inventory is intended to identify physically abusive parents and parents who are at risk of abusing their children.

*Study 1* results showed that college students identified as high risk for physically abusing children, compared to low-risk participants, used a more conservative approach in identifying compliant behavior. In addition, “low-risk participants were more likely to misinterpret noncompliant behavior as compliant, and there was a trend for high-risk participants to not perceive compliant behavior when it occurred” (Dopke, et al. 2003, 285). The high-risk participants were significantly more annoyed with the children’s behavior than the low-risk group.

*Study 2* replicated the procedures of *Study 1* but instead used mothers as participants. Mothers completed the Parent Behavior Inventory to measure common parenting behaviors on a supportive/engaged scale and a hostile/coercive scale. The Parenting Stress Index – Short Form was used to assess stress related to 1) parenting, 2) interacting with children, and 3) the nature of the child. Positive affect and negative affect were also measured through the Positive and Negative Affect Schedule, and the frequency and perceptions of common child behavior problems were measured. *Study 2* mothers were presented with questions and descriptions of parent-child interactions similar to those used in *Study 1*, including 14 child compliant behaviors and 14 child noncompliant behaviors. Results showed that mothers identified as high risk for physically abusing children, compared to low-risk mothers, “endorsed more stress in the parenting role, reported higher levels of negative affect<sup>65</sup> and reported greater use of hostile/coercive parenting. Moreover, mothers in the high-risk group reported a higher frequency of common child behavior problems in their own children and perceived these behaviors as more problematic than mothers in the low-risk group” (Dopke, et al. 2003, 295).

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<sup>65</sup> The term “negative affect” refers to feelings of anger, contempt, guilt, anxiety, and frustration.

## **Services to Improve Parenting Skills**

Hence, the above studies demonstrated that parents who abuse their children oftentimes have a lack of knowledge about age-appropriate child behavior, over-reliance on violence as a way to discipline, and higher perceptions that parenting is stressful. Most of these characteristics can be addressed through educational programs aimed at developing parenting skills, or increasing the array of options parents can use when dealing with disobedience, tantrums, etc.

Offering child development information can help abusive parents understand and recognize age-appropriate behavior. Parents who choose to participate in parenting classes or support groups can develop the skills that are necessary to be effective parents. The following research confirms that these services can help to reduce the risk of child abuse.

### **4.1 Child Development**

Helping parents to better understand the stages of child development can build on what parents already know. In effect, this can result in decreased risk of child abuse.

Research findings reveal that “parenting that is *sensitively* attuned to children’s capabilities and to the developmental tasks they face promotes a variety of highly valued developmental outcomes, including emotional security, behavioral independence, social competence, and intellectual achievement” (Belsky 1984, 85). Belsky also analyzed four additional studies (Blumberg 1974; Galdston 1965; Steele & Pollack 1968; L. Young 1964) that indicated “parents who mistreat their children are grossly ignorant of the sequence and timing of development” (1980, 323).

## 4.2 Parenting Skills/Support

“Parenting education is effective in the fight against child abuse and promotes raising children with normal development” (Chaney 1998, 3). Being a parent can be overwhelming at times, especially when extra stressors exist in the family. There are a number of research findings that demonstrate that parenting skills classes and support groups can help to alleviate some of these challenges. This includes emotional support, expectations about what is/is not appropriate, information, advice, and assistance, such as with child care (Belsky 1984).

In a 1979 article, Cochran and Brassard analyzed the relationship between child development and the parent’s personal social network<sup>66</sup>. “By providing a loving and relatively consistent social environment that allays the doubts and frustrations of parents, the social network may enable them to be more sensitive to the needs of their children” (Cochran and Brassard 1979, 603).

Additional research indicates that “attentive, warm, stimulating, responsive, and nonrestrictive caregiving” is essential during infancy, “high levels of nurturance and control” are ideal during preschool years, and older children benefit from “parental use of induction or reasoning, consistent discipline, and expression of warmth” (Belsky 1984, 85). Parenting skills classes can provide parents with alternative ways to handle their children.

### Conceptual Framework

The conceptual framework for this research is descriptive categories. According to Shields (1998, 213), “[c]lassification is a powerful conceptual tool” and “classification as an organizing tool is a major benefit of this approach.” In **Table 3.2**, categories are used as the framework to

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<sup>66</sup> A “social network” is defined as those people outside the household who engage in activities and exchanges of an affective and/or material nature with the members of the immediate family.

describe and classify the 1) risk factors associated with child abuse and 2) services used to mitigate the risk factors. The categories are also linked to supporting literature.

**Table 3.2: Conceptual Framework Linked to Supporting Literature**

Risk Factors for Child Abuse and Mitigating Services	Supporting Literature
1. Domestic Violence	1. Appel & Holden 1998 Beeman, Hagemester, & Edleson 2001 Carlson 1977 Coohy & Braun 1997 Dong, Anda, Felitti, Dube, Williamson, Thompson, Loo, & Giles 2004 Edelson 1999 Gaylord 1975 Giles-Sims 1985 Hotaling, Straus, & Lincoln 1990 McGuigan & Pratt 2001 McKibben, De Vos, & Newberger 1988 O’Keefe 1995 Renner & Slack 2006 Ross 1996 Rumm, Cummings, Krauss, Bell, & Rivara 2000 Silvern, Karyl, Waelde, Hodges, Stare, Heidt, & Min 1995 Stark & Flitcraft 1988 Sternberg, Lamb, Greenbaum, Cicchetti, Dawud, Cortes, Krispin, Lorey 1993 Texas Council on Family Violence 2003 Wilden, Williamson, & Wilson 1991
1.1 Counseling	1.1 Bennett, Riger, Schewe, Howard, & Wasco 2004 Gordon 1996
1.2 Crisis Helpline	1.2 Bennett, Riger, Schewe, Howard, & Wasco 2004 Gordon 1996
1.3 Emergency Shelter	1.3 Atwood 1999 Giles-Sims 1985 Krishnan, Hilbert, VanLeeuwen, & Kolia 1997
1.4 Legal Advocacy	1.4 Sullivan & Bybee 1999 Weisz 1999

**Table 3.2: Conceptual Framework Linked to Supporting Literature (continued)**

Risk Factors for Child Abuse and Mitigating Services	Supporting Literature
<p>2. Poverty</p> <p>2.1 Child Care</p> <p>2.2 Employment Assistance</p> <p>2.3 Food Assistance</p> <p>2.4 Health Care Assistance</p> <p>2.5 Utility Bill Assistance</p>	<p>2. Brown, Cohen, Johnson, &amp; Salzinger 1998            Drake &amp; Zuravin 1998            Drake, Jonson-Reid, &amp; Sapokaite 2006            Gelles 1992            Kotch, Browne, Ringwalt, Stewart, Ruina, Holt, Lowman, &amp; Jung 1995            Sedlak &amp; Broadhurst 1996            Sidebotham &amp; Heron 2006</p> <p>2.1 U.S. Senate Committee on Ways and Means 2000            Walker &amp; Reschke 2004</p> <p>2.2 Brush 2004            McQueen 2001</p> <p>2.3 Ashiabi 2005            Bauer 2004            Brush 2004</p> <p>2.4 Barrios 2001            Bauer 2004            Smith, Romero, Wood, Wampler, Chavkin, &amp; Wise 2002</p> <p>2.5 Brush 2004            Garcia 2000            National Low-income Energy Consortium 2003            Sparks 2007</p>
<p>3. Substance Abuse</p> <p>3.1 Counseling/Treatment</p> <p>3.2 Self-help/Support Groups</p>	<p>3. Beeman, Hagemeister, &amp; Edleson 2001            Brown, Cohen, Johnson, &amp; Salzinger 1998            Dong, Anda, Felitti, Dube, Williamson, Thompson, Loo, &amp; Giles 2004            Drake, Jonson-Reid, &amp; Sapokaite 2006            Jaudes &amp; Ekwo 1995            Kelleher, Chaffin, Hollenberg, &amp; Fischer 1994</p> <p>3.1 Meyer 2005            U.S. Department of Health and Human Services 2004</p> <p>3.2 Institute of Medicine 1990            Toumbourou, Hamilton, U'Ren, Stevens-Jones, &amp; Storey 2002</p>

**Table 3.2: Conceptual Framework Linked to Supporting Literature (continued)**

Risk Factors for Child Abuse and Mitigating Services	Supporting Literature
4. Parenting Education	4. Bauer & Twentyman 1985 Brown, Cohen, Johnson, & Salzinger 1998 Dopke, Lundahl, Dunsterville, & Lovejoy 2003 Goldman & Salus 2003 Mash, Johnston, & Kovitz 1983 Trickett & Kuczynski 1986 Trickett & Susman 1988
4.1 Child Development	4.1 Belsky 1980 Belsky 1984 Blumberg 1974 Chaney 1998 Galdston 1965 Steele & Pollack 1968 Young 1964
4.2 Parenting Skills/Support	4.2 Belsky 1984 Cochran & Brassard 1979

**Chapter Summary**

In conclusion, the purpose of this chapter is to review literature on child abuse and neglect in order to identify risk factors for child maltreatment and identify the types of services used to mitigate the risk factors. Clearly the literature shows that a relationship exists between child abuse and domestic violence, poverty, substance abuse, and a lack of parenting skills. Research provides strong support for the idea that children are generally at a greater risk for abuse if their parents possess these characteristics. However, in interpreting the research findings, it is crucial to bear in mind that not all parents who experience spouse abuse, are economically disadvantaged, are substance dependent, or lack parenting skills will abuse their children.

## Chapter IV. Methodology

### Chapter Purpose

This chapter describes the research methodology used to compile the information included in the Handbook of Community Services for Parents.

### Document Analysis

Agency Web sites and the documents found therein were used to identify agencies/organizations that provide services throughout Texas that alleviate the documented risk factors for child abuse/neglect. **Table 4.1** illustrates the source documents used to identify services available to low-income parents struggling with the challenges of parenting. Subsequently, this information is used to develop a handbook to assist families with locating needed services.

**Table 4.1: Operationalization of Conceptual Framework**

Risk Factors for Child Abuse and Mitigating Services	Proposed Websites Searched
1. Domestic Violence	
1.1 Counseling	1.1 2-1-1 Texas ( <a href="http://www.211texas.org">www.211texas.org</a> ) National Domestic Violence Hotline ( <a href="http://www.ndvh.org">www.ndvh.org</a> ) Texas Council on Family Violence ( <a href="http://www.tcfv.org">www.tcfv.org</a> )
1.2 Crisis Helpline	1.2 National Domestic Violence Hotline ( <a href="http://www.ndvh.org">www.ndvh.org</a> )
1.3 Emergency Shelter	1.3 2-1-1 Texas ( <a href="http://www.211texas.org">www.211texas.org</a> ) Family Violence Program ( <a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a> ) National Domestic Violence Hotline ( <a href="http://www.ndvh.org">www.ndvh.org</a> ) Texas Council on Family Violence ( <a href="http://www.tcfv.org">www.tcfv.org</a> )
1.4 Legal Advocacy	1.4 2-1-1 Texas ( <a href="http://www.211texas.org">www.211texas.org</a> ) National Domestic Violence Hotline ( <a href="http://www.ndvh.org">www.ndvh.org</a> ) Texas Council on Family Violence ( <a href="http://www.tcfv.org">www.tcfv.org</a> ) TexasLawHelp.org ( <a href="http://www.texaslawhelp.org">www.texaslawhelp.org</a> )



**Table 4.1: Operationalization of Conceptual Framework (continued)**

Risk Factors for Child Abuse and Mitigating Services	Proposed Websites Searched
<p>2. Poverty</p> <p>2.1 Child Care</p> <p>2.2 Employment Assistance</p> <p>2.3 Food Assistance</p> <p>2.4 Health Care Assistance</p> <p>2.5 Utility Bill Assistance</p>	<p>2.1 2-1-1 Texas (<a href="http://www.211texas.org">www.211texas.org</a>)            Head Start Program (<a href="http://www.acf.hhs.gov">www.acf.hhs.gov</a>)            Texas Workforce Commission (<a href="http://www.twc.state.tx.us">www.twc.state.tx.us</a>)</p> <p>2.2 2-1-1 Texas (<a href="http://www.211texas.org">www.211texas.org</a>)            Texas Workforce Commission (<a href="http://www.twc.state.tx.us">www.twc.state.tx.us</a>)</p> <p>2.3 2-1-1 Texas (<a href="http://www.211texas.org">www.211texas.org</a>)            Food Stamp Program (<a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a>)            National School Lunch Program (<a href="http://www.fns.usda.gov">www.fns.usda.gov</a>)            School Breakfast Program (<a href="http://www.fns.usda.gov">www.fns.usda.gov</a>)            Summer Food Program (<a href="http://www.fns.usda.gov">www.fns.usda.gov</a>)            TANF (<a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a>)            Women, Infants and Children (<a href="http://www.dshs.state.tx.us">www.dshs.state.tx.us</a>)</p> <p>2.4 2-1-1 Texas (<a href="http://www.211texas.org">www.211texas.org</a>)            CHIP (<a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a>)            Community Health Centers (<a href="http://www.ask.hrsa.gov">www.ask.hrsa.gov</a>)            Medicaid (<a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a>)            Planned Parenthood (<a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a>)            TANF (<a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a>)            Texas Women’s Health Program (<a href="http://www.hhsc.state.tx.us">www.hhsc.state.tx.us</a>)            Women, Infants and Children (<a href="http://www.dshs.state.tx.us">www.dshs.state.tx.us</a>)</p> <p>2.5 2-1-1 Texas (<a href="http://www.211texas.org">www.211texas.org</a>)            Lifeline/Link Up (<a href="http://www.att.com">www.att.com</a>)            LIHEAP (<a href="http://www.tdhca.state.tx.us">www.tdhca.state.tx.us</a>)</p>
<p>3. Substance Abuse</p> <p>3.1 Counseling/Treatment</p> <p>3.2 Self-help/Support Groups</p>	<p>3.1 2-1-1 Texas (<a href="http://www.211texas.org">www.211texas.org</a>)            National Alcohol and Substance Abuse Information Center            (<a href="http://www.addictioncareoptions.com">www.addictioncareoptions.com</a>)</p> <p>3.2 2-1-1 Texas (<a href="http://www.211texas.org">www.211texas.org</a>)            Al-Anon (<a href="http://www.al-anon.alateen.org">www.al-anon.alateen.org</a>)            Alcoholics Anonymous (<a href="http://www.aa.org">www.aa.org</a>)            Narcotics Anonymous (<a href="http://www.na.org">www.na.org</a>)            National Alcohol and Substance Abuse Information Center            (<a href="http://www.addictioncareoptions.com">www.addictioncareoptions.com</a>)</p>



## **Chapter Summary**

The operationalized conceptual framework supports development of the Handbook of Community Services for Parents in Texas. The following chapter presents a summary of the agencies/organizations that are listed in the handbook.

## Chapter V. Conclusion

### Chapter Purpose

The purpose of this paper is to review literature on child abuse and neglect in order to identify risk factors for child maltreatment and identify the types of services used to mitigate the risk factors. The factors and services are classified in a conceptual framework of the descriptive categories type. The following is an overview of Texas agencies/organizations that provide services that may reduce the risk factors. Subsequently, this information is used to develop a handbook for parents in Texas.

### Domestic Violence

**Table 5.1** lists the services for victims of domestic violence, the agencies/organizations that provide the identified services, and the corresponding handbook page numbers.

**Table 5.1: Domestic Violence**

Services for Victims of Domestic Violence	Agencies/Organizations Providing Identified Services	Corresponding Handbook Page Numbers
1. Domestic Violence		
1.1 Counseling	1.1 2-1-1 Texas National Domestic Violence Hotline Texas Council on Family Violence	2 2 2
1.2 Crisis Helpline	1.2 National Domestic Violence Hotline	3
1.3 Emergency Shelter	1.3 2-1-1 Texas Family Violence Program National Domestic Violence Hotline Texas Council on Family Violence	4 4 4 4
1.4 Legal Advocacy	1.4 2-1-1 Texas National Domestic Violence Hotline Texas Council on Family Violence TexasLawHelp.org	5 5 5 5

## 1.1 Counseling

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including counseling for victims of domestic violence. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., counseling) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org/211/search.do](http://www.211texas.org/211/search.do)**.

The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information, and referrals to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE** (1-800-799-7233). There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.

The **Texas Council on Family Violence** maintains a directory of Texas programs for domestic violence victims, including counseling. Users can search by city, county, or program (e.g., counseling). For more information, call toll-free **1-800-525-1978** or visit

**<http://www.tcfv.org/service-directory>**. There is also a TTY line at 1-888-239-9035 for people who are deaf, hard of hearing, or speech impaired.

## **1.2 Crisis Helpline**

The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information, and referrals to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE** (1-800-799-7233). There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.

## **1.3 Emergency Shelter**

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including emergency shelter for victims of domestic violence. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., shelter) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org/211/search.do](http://www.211texas.org/211/search.do)**.

The **Family Violence Program** maintains a comprehensive list of family violence shelters in Texas by city. For more information, visit [www.hhsc.state.tx.us/programs/familyviolence/shelters.html](http://www.hhsc.state.tx.us/programs/familyviolence/shelters.html).

The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information, and referrals to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE** (1-800-799-7233). There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.

The **Texas Council on Family Violence** maintains a directory of Texas programs for domestic violence victims, including emergency shelter. Users can search by city, county, or program (e.g., shelter). For more information, call toll-free **1-800-525-1978** or visit <http://www.tcfv.org/service-directory>. There is also a TTY line at 1-888-239-9035 for people who are deaf, hard of hearing, or speech impaired.

#### **1.4 Legal Advocacy**

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including legal services. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., legal) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org/211/search.do](http://www.211texas.org/211/search.do).

The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE** (1-800-799-7233). There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.

The **Texas Council on Family Violence** maintains a directory of Texas programs for domestic violence victims, including legal services. Users can search by city, county, or program (e.g., legal). For more information, call toll-free **1-800-525-1978** or visit [www.tcfv.org/service\\_providers/search\\_sd.php](http://www.tcfv.org/service_providers/search_sd.php). There is also a TTY line at 1-888-239-9035 for people who are deaf, hard of hearing, or speech impaired.

**TexasLawHelp** is a one-stop Web site where low-income Texans can get information about their legal rights and find out about free legal assistance in their area. Some organizations may make exceptions for people experiencing domestic violence, regardless of income status. Information is available in Spanish and Vietnamese. For more information, visit [www.texaslawhelp.org](http://www.texaslawhelp.org).



## Poverty

**Table 5.2** lists the services for families living in poverty, the agencies/organizations that provide the identified services, and the corresponding handbook page numbers.

**Table 5.2: Poverty**

Services for Families Living in Poverty	Agencies/Organizations Providing Identified Services	Corresponding Handbook Page Numbers
2. Poverty		
2.1 Child Care	2.1 2-1-1 Texas Head Start Program Texas Workforce Commission	1 1 1
2.2 Employment Assistance	2.2 2-1-1 Texas Texas Workforce Commission	6 6
2.3 Food Assistance	2.3 2-1-1 Texas Food Stamp Program National School Lunch Program School Breakfast Program Summer Food Program Temporary Assistance for Needy Families Women, Infants and Children	6 7 7 7 7 7 7
2.4 Health Care Assistance	2.4 2-1-1 Texas Children's Health Insurance Program Community Health Centers Medicaid Planned Parenthood Temporary Assistance for Needy Families Texas Women's Health Program Women, Infants and Children	9 8 8 8 9 8 8 9
2.5 Utility Bill Assistance	2.5 2-1-1 Texas Lifeline/Link Up Low Income Home Energy Assistance Program	13 13 13

### 2.1 Child Care

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including child care. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year.

Information can be provided in over 90 different languages. (An alternate toll-free number is

**1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., child care) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org/211/search.do](http://www.211texas.org/211/search.do).

The **Head Start Program** provides free comprehensive child development services to economically disadvantaged children three to five years of age and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. To search for the nearest Head Start Program by city, visit [www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices](http://www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices), call toll-free **1-866-282-7780**, or look up “Head Start” in your local telephone book.

The **Texas Workforce Commission (TWC)** provides child care assistance as a support service for parents who are low-income or transitioning off of public assistance if they work, attend school, or participate in job training. To locate the nearest TWC center, call **2-1-1** or for more information, visit [www.twc.state.tx.us/dirs/wdas/wdamap.html](http://www.twc.state.tx.us/dirs/wdas/wdamap.html).

## **2.2 Employment Assistance**

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including employment services. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., employment) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org/211/search.do](http://www.211texas.org/211/search.do).

The **Texas Workforce Commission (TWC)** provides job placement services, including access to thousands of job postings, job search resources and training programs, as well as assistance with exploring career options, resume and application preparation, career development, and more. For more information, visit [www.twc.state.tx.us/dirs/wdas/wdamap.html](http://www.twc.state.tx.us/dirs/wdas/wdamap.html) or call **2-1-1** to locate the nearest TWC center.

### **2.3 Food Assistance**

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community and state benefits, including food assistance. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. Callers also have the option of applying for benefits or checking the status of an application for benefits. This service is available Monday through Friday from 8 a.m. until 8 p.m. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., food) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org/211/search.do](http://www.211texas.org/211/search.do).

The **Food Stamp Program** helps individuals and families with little or no income buy the food they need for good health. Benefits are distributed each month through a Lone Star Card – an electronic debit card that is used like a credit card at the cash register when making food purchases. For more information or to start an application, call **2-1-1** and select option **2** or visit [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com).

The **National School Lunch/School Breakfast Program** provides free and very reduced-price lunch and breakfast during the school day to low- and moderate-income children. For more information or to request an application, contact your child's school office.

The **Summer Food Program** provides free, nutritious meals and snacks during the summer when school is not in session. The meals are usually provided along with educational or recreational activities. To eat, children just need to show up at a participating meal site. For more information, call **2-1-1** or visit <https://www.211texas.org/211/search.do>.

The **Temporary Assistance for Needy Families (TANF)** program provides temporary financial and medical assistance to needy dependent children under age 18 and the parents or relatives with whom they are living. Eligible TANF households receive monthly benefits to help pay for food, shelter, utilities and other basic needs. Emergency aid is also available for families facing financial crisis. For more information or to start an application, call **2-1-1** and select option **2** or visit [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com).

**Women, Infants and Children (WIC)** is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, nutritious foods, and help accessing health care are provided at no cost to low-income women, infants, and children under the age of five. WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit and vegetable juice, milk, eggs, cheese, beans, and peanut butter. Different food packages are issued to different clients. For example, mothers who are totally breastfeeding their babies without formula are issued tuna and carrots in addition to other foods. For information on how to apply or to obtain the telephone number and address of the nearest WIC clinic, call toll-free **1-800-WIC-FOR-U** (1-800-942-3678) Monday through Friday from 8 a.m. – 5 p.m.

#### **2.4 Health Care Assistance**

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including health care services. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., health care) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org/211/search.do](http://www.211texas.org/211/search.do)**.

The **Children's Health Insurance Program (CHIP)** provides health insurance coverage for low-income Texas children from birth through age 18 who do not qualify for Medicaid. Benefits include regular checkups, vision and dental services, immunizations, and prescription drugs. Families with CHIP may pay enrollment fees and co-payments for certain services. For more information or to start an application, call toll-free **1-877-KIDS-NOW** (1-877-543-7669) Monday through Friday between 8 a.m. and 8 p.m., or visit **www.CHIPmedicaid.org**. There is also a TTY line at 1-800-735-2988 for people who are deaf, hard of hearing, or speech impaired.

**Community Health Centers** exist in many parts of Texas. These health centers provide care to individuals without health insurance and have sliding fee scales based on an individual's income. You pay what you can afford, based on your income. Health centers provide check-ups when you are well, treatment when you are sick, complete care when you are pregnant, immunizations and well-child care for children, dental care, and prescription drugs. For the nearest community health center, call toll-free **1-800-ASK-HRSA** (1-800-275-4772) or visit **<http://findahealthcenter.hrsa.gov>**.

**Medicaid** provides health care services for low-income children, pregnant women, the elderly, and people with disabilities. Medicaid pays for doctor's visits, lab and x-ray charges, hospital and nursing home care, eyeglasses, hearing aids, dental, maternity, and other healthcare services. For more information or to start an application, call **2-1-1** and select option **2** or visit **www.yourtexasbenefits.com**.

**Planned Parenthood** health centers offer high-quality sexual and reproductive health care, including family planning, gynecological care, sexually transmitted disease testing and treatment, and pregnancy testing. For more information or to locate the nearest office, call toll-free **1-800-230-PLAN** (1-800-230-7526) or visit **[www.plannedparenthood.org](http://www.plannedparenthood.org)**.

The **Temporary Assistance for Needy Families (TANF)** program provides temporary financial and medical assistance to needy dependent children under age 18 and the parents or relatives with whom they are living. Eligible TANF households receive monthly benefits to help pay for food, shelter, utilities and other basic needs. Emergency aid is also available for families facing financial crisis. For more information or to start an application, call **2-1-1** and select option **2** or visit **[www.yourtexasbenefits.com](http://www.yourtexasbenefits.com)**.

The **Texas Women's Health Program** provides uninsured, low-income women with gynecological exams; health screenings for diabetes, sexually transmitted diseases, high blood pressure, and breast and cervical cancers; assessment of health risk factors, such as smoking, obesity, and exercise; counseling and education on birth control methods, including the health benefits of abstinence; and birth control. For more information, call toll-free **1-866-993-9972** or **2-1-1**, or visit **[www.hhsc.state.tx.us/WomensHealth/InformationforClients.html](http://www.hhsc.state.tx.us/WomensHealth/InformationforClients.html)**. Applications are also available at Women, Infants and Children (WIC) offices. Call 1-800-942-3678 Monday through Friday from 8 a.m. – 5 p.m. to obtain the telephone number and address of the nearest WIC clinic.

**Women, Infants and Children (WIC)** is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, nutritious foods, and help accessing health care are provided at no cost to low-income women, infants, and children under the age of five. WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit and vegetable juice, milk, eggs, cheese, beans, and peanut butter. Different food packages are issued to different clients. For example, mothers who are totally breastfeeding their babies without formula are issued tuna and carrots in addition to other foods. For information on how to apply or to obtain the telephone number and address of the nearest WIC clinic, call toll-free **1-800-WIC-FOR-U** (1-800-942-3678) Monday through Friday from 8 a.m. – 5 p.m.

## **2.5 Utility Bill Assistance**

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including help with utility bills. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., bill payment) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org/211/search.do](http://www.211texas.org/211/search.do)**.



**Lifeline** offers a monthly discount up to over \$15 on local telephone service and waives the monthly customer line charge. **Link Up** offers up to 50% discount on line connection charges. Additional discounts may apply for individuals living on tribal lands. Individuals with an income at or below 150% of the federal poverty level or who receive benefits from Food Stamps, Medicaid, Supplemental Security Income (SSI), Federal Public Housing/Section 8, Children's Health Insurance Program (CHIP), Bureau of Indian Affairs General Assistance, Tribally Administered Temporary Assistance for Needy Families (TANF), Head Start (income qualified customers only), or National School Lunch Program (free lunch program only) may qualify. For more information or to sign up, call the Texas Lite-Up Program toll-free at **1-866-454-8387** or visit **[www.att.com/lifeline](http://www.att.com/lifeline)**.

The **Low Income Home Energy Assistance Program (LIHEAP)** is a federally funded program that helps low-income households with their home energy bills. Services include bill payment assistance, energy crisis assistance, and weatherization and energy-related home repairs. For more information or to find the nearest office, call toll-free **1-877-399-8939** or visit **<http://www.tdhca.state.tx.us/texans.htm>**.

## **Substance Abuse**

**Table 5.3** lists the services for substance abuse, the agencies/organizations that provide the identified services, and the corresponding handbook page numbers.

**Table 5.3: Substance Abuse**

Services for Substance Abuse	Agencies/Organizations Providing Identified Services	Corresponding Handbook Page Numbers
3. Substance Abuse		
3.1 Counseling/Treatment	3.1 2-1-1 Texas National Alcohol and Substance Abuse Information Center	11 11
3.2 Self-help/Support Groups	3.2 2-1-1 Texas Al-Anon Alcoholics Anonymous Narcotics Anonymous National Alcohol and Substance Abuse Information Center	12 12 12 12 12

### 3.1 Counseling/Treatment

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including substance abuse counseling and treatment. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., substance abuse) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org/211/search.do](http://www.211texas.org/211/search.do).

The **National Alcohol and Substance Abuse Information Center** is a drug and alcohol addiction treatment Web site, call center, and hotline providing fast, accurate information and immediate assistance for alcoholism, substance abuse, detox, drug addiction, treatment, rehab, and chemical dependency. Information and services are provided at absolutely no charge 24

hours a day, 7 days a week. For more information, call toll-free **1-800-784-6776** or visit **www.addictioncareoptions.com**.

### **3.2 Self-help/Support Groups**

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including substance abuse support. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., substance abuse) or program/agency name, and city, ZIP code, or county. For more information, visit **www.211texas.org/211/search.do**.

**Al-Anon** offers hope and help to families and friends of alcoholics. Members meet others who share their feelings and frustrations in order to solve their common problems. There are no dues or fees for membership. For more information, call toll-free **1-888-4AL-ANON** (1-888-425-2666) or visit **www.al-anon.alateen.org**.

**Alcoholics Anonymous (AA)** is a fellowship of men and women who share their experiences, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. The primary purpose is to stay sober

and help other alcoholics achieve sobriety. For more information, visit [www.aa.org/en\\_information\\_aa.cfm?PageID=11](http://www.aa.org/en_information_aa.cfm?PageID=11). To find a local meeting, visit [www.aa.org/en\\_find\\_meeting.cfm?PageID=29](http://www.aa.org/en_find_meeting.cfm?PageID=29) or look up “Alcoholics Anonymous” in your local telephone book.

**Narcotics Anonymous (NA)** is a fellowship of men and women who share their experiences, strength and hope with each other that they may solve their common problem and help others to recover from drug addiction. NA has only one mission: to provide an environment in which addicts can help one another stop using drugs and find a new way to live. There are no dues or fees for NA membership. For more information or to find a local meeting, call **1-818-773-9999** extension **771** Monday through Friday from 8 a.m. until 5 p.m. (long distance charges may apply), visit [www.na.org/?ID=phonenumber](http://www.na.org/?ID=phonenumber), or look up “Narcotics Anonymous” in your local telephone book.

The **National Alcohol and Substance Abuse Information Center** is a drug and alcohol addiction treatment Web site, call center, and hotline providing fast, accurate information and immediate assistance for alcoholism, substance abuse, detox, drug addiction, treatment, rehab, and chemical dependency. Information and services are provided at absolutely no charge 24 hours a day, 7 days a week. For more information, call toll-free **1-800-784-6776** or visit [www.addictioncareoptions.com](http://www.addictioncareoptions.com).

## Parenting Education

**Table 5.4** lists the parenting services, the agencies/organizations that provide the identified services, and the corresponding handbook page numbers.

**Table 5.4: Parenting Skills/Support**

Parenting Services	Agencies/Organizations Providing Identified Services	Corresponding Handbook Page Numbers
4. Parenting Education		
4.1 Child Development	4.1 2-1-1 Texas Childhelp® Early Childhood Intervention Every Person Influences Children Organization Head Start Program Parents Anonymous Parents as Teachers Program	10 9 11 10 11 10 10
4.2 Parenting Skills/Support	4.2 2-1-1 Texas Childhelp® Early Childhood Intervention Every Person Influences Children Organization Head Start Program Parents Anonymous Parents as Teachers Program	10 9 11 10 11 10 10

### 4.1 Child Development and 4.2 Parenting Skills/Support

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including parenting information. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., parenting) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org/211/search.do](http://www.211texas.org/211/search.do)**.

**Childhelp®** runs a national 24-hour hotline for parents who need help or parenting advice. Hotline counselors can help callers with their children's behavior problems, including identifying situations that trigger the problem behavior and helping parents choose ways to respond. Hotline counselors can help parents understand what normal behavior is at different stages of the child's development, and can also provide non-judgmental emotional support. All calls are confidential and anonymous. Through interpreters, communication is possible in 140 languages. For more information, call toll-free **1-800-4-A-CHILD** (1-800-422-4453), or visit **[www.childhelp.org/pages/what-to-expect](http://www.childhelp.org/pages/what-to-expect)**.

**Early Childhood Intervention (ECI)** is a statewide program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. Services are provided by a variety of local agencies and organizations across Texas. For more information about ECI, visit **[www.dars.state.tx.us/ecis/searchprogram.asp](http://www.dars.state.tx.us/ecis/searchprogram.asp)** or call the Texas Department of Assistive and Rehabilitative Services Inquiries Line at **1-800-628-5115**. Information is provided in English and Spanish. Other languages can be accommodated through interpreters. The phone line is answered Monday through Friday, 8:00 a.m. to 5:00 p.m. Voice mail is in operation during evenings and on weekends.

**Every Person Influences Children (EPIC)** is a national non-profit organization dedicated to helping parents raise responsible and academically successful children. EPIC provides parents with support and advice in handling some of the stresses associated with parenting. For more information, visit [www.epicforchildren.org/parents.cfm](http://www.epicforchildren.org/parents.cfm).

The **Head Start Program** provides free comprehensive child development services to economically disadvantaged children three to five years of age and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. To search for the nearest Head Start Program by city, visit [www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices](http://www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices), call toll-free **1-866-282-7780**, or look up “Head Start” in your local telephone book.

**Parents Anonymous** is a non-profit organization dedicated to strengthening families and supporting safe and nurturing homes for all children. Parents find a caring, supportive environment where they can learn new parenting strategies and create long lasting positive changes in their families. The program includes weekly, free of charge parent support group meetings and family education. Parents can join a group at any time and attend as long as they wish. For more information, call **1-909-621-6184** (long distance charges may apply), visit [www.parentsanonymous.org/pahtml/parBene.html](http://www.parentsanonymous.org/pahtml/parBene.html), or look up “Parents Anonymous” in your local telephone book.

**Parents as Teachers (PAT)** is a parent education and family support program serving families throughout pregnancy until their child enters kindergarten. Parents are supported by

PAT-certified parent educators trained to translate scientific information on early brain development into specific *when, what, how, and why* advice for families. By understanding what to expect during each stage of development, parents can easily capture the teachable moments in everyday life to enhance their child's language development, intellectual growth, social development and motor skills. For more information or for the nearest program, call **1-866-PAT4YOU** (1-866-728-4968) or visit **[www.parentsasteachers.org/resources/locations](http://www.parentsasteachers.org/resources/locations)**.

### **Chapter Summary**

Research demonstrated that the incidence of child abuse is higher in families who experience certain risk factors, such as domestic violence, poverty, and substance abuse disorders. In addition, research indicated that parenting attitudes and values are indicators of abuse.

The factors and services were classified in a conceptual framework of the descriptive categories type. Subsequently, this information was used to develop a handbook (see **Appendix A**) identifying Texas agencies and organizations that provide services that may reduce the risk factors.



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# Appendix A

**A Handbook of**

**Community**

**Services**

**for**

**Parents in Texas**



## **Introduction**

The purpose of this handbook is to provide parents with a list of agencies/organizations that offer services throughout the state of Texas. The handbook includes details about each agency/organization, including contact information such as Web site addresses and toll-free telephone numbers, if available.

Service providers can also use the handbook to further support their clients by providing copies of the handbook to their clients, and/or maintaining a master copy in waiting areas frequented by parents.

For information about services not listed in this handbook, please call **2-1-1**. This phone number connects callers with information and referrals about services in your local community 24 hours a day, 7 days a week throughout the year. (If calling outside of Texas or if you experience technical difficulties when dialing 2-1-1, an alternate toll-free number is **1-877-541-7905**.)

This handbook was submitted by Andreana D. Ledesma to the Department of Political Science at Texas State University – San Marcos in partial fulfillment for the requirements for the Degree of Masters of Public Administration, and is available online at eCommons@TxState (<http://ecommons.txstate.edu/arp>).

## Table of Contents

Child Care .....	1
Domestic Violence	
Counseling .....	2
Crisis Helpline .....	3
Emergency Shelter .....	4
Legal Advocacy .....	5
Employment Assistance .....	6
Food Assistance .....	6
Health Care Assistance .....	8
Parenting Skills/Support .....	9
Substance Abuse	
Counseling/Treatment .....	11
Self-help/Support Groups .....	12
Utility Bill Assistance .....	13

## Child Care

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **child care**. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **child care**) or program/agency name, and city, ZIP code, or county. For more information, visit **www.211texas.org**.



The **Texas Workforce Commission (TWC)** provides **child care** assistance as a support service for parents who are low-income or transitioning off of public assistance if they work, attend school, or participate in job training. To locate the nearest TWC center, call **2-1-1** or for more information, visit **www.twc.state.tx.us/dirs/wdas/wdamap.html**.

The **Head Start Program** provides free comprehensive child development services to economically disadvantaged children three to five years of age and families, with a special focus on helping **preschoolers** develop the early reading and math skills they need to be successful in school. To search for the nearest Head Start Program by city:

- call toll-free **1-866-282-7780**,
- visit **www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices**, or
- look up “**Head Start**” in your local telephone book.

## Domestic Violence – Counseling

**Counseling services can offer a source of support for parents who are victims of domestic violence. Participants have the opportunity to address various issues related to domestic violence, such as self-esteem, depression, relationship problems, stress, anger management, and coping skills.**



The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information, and referrals to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE (1-800-799-7233)**. There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.

The **Texas Council on Family Violence** maintains a directory of Texas programs for domestic violence victims, including **counseling**. Users can search by city, county, or program (e.g., **counseling**). For more information, call toll-free **1-800-525-1978** or visit **[www.tcfv.org/service-directory](http://www.tcfv.org/service-directory)**. There is also a TTY line at 1-888-239-9035 for people who are deaf, hard of hearing, or speech impaired.

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **counseling** for victims of domestic violence. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **counseling**) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org](http://www.211texas.org)**.

## Domestic Violence - Crisis Helpline

The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide **crisis** intervention, safety planning, information, and referrals to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE** (1-800-799-7233). There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.



## Domestic Violence - Emergency Shelter

**Emergency shelters provide a sanctuary for victims of domestic violence and their children. Services include immediate shelter, food, and clothing, as well as ongoing counseling services and legal assistance to support parents as they transition out of the shelter.**

The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide crisis intervention, **safety** planning, information, and referrals to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE** (1-800-799-7233). There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.



The **Texas Council on Family Violence** maintains a directory of Texas programs for domestic violence victims, including **emergency shelter**. Users can search by city, county, or program (e.g., **shelter**). For more information, call toll-free **1-800-525-1978** or visit **www.tcfv.org/service-directory**. There is also a TTY line at 1-888-239-9035 for people who are deaf, hard of hearing, or speech impaired.

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **emergency shelter** for victims of domestic violence. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **shelter**) or program/agency name, and city, ZIP code, or county. For more information, visit **www.211texas.org**.

The **Family Violence Program** maintains a comprehensive list of family violence **shelters** in Texas by city. For more information, visit **www.hhsc.state.tx.us/programs/familyviolence/shelters.html**.



## Domestic Violence - Legal Advocacy

**Legal advocacy services can benefit parents affected by domestic violence. Services may include assistance navigating through the legal system, including informing victims of their legal rights, obtaining requests for separation orders, divorce processing, child custody and visitation, protective orders, as well as the provision of information regarding social service agencies.**

The **National Domestic Violence Hotline** is available 24 hours a day, 365 days a year for victims and anyone calling on their behalf to provide crisis intervention, safety planning, **information and referrals** to agencies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services. For more information, call toll-free **1-800-799-SAFE** (1-800-799-7233). There is also a TTY line at 1-800-787-3224 for people who are deaf, hard of hearing, or speech impaired.

**TexasLawHelp** is a one-stop Web site where low-income Texans can get information about their legal rights and find out about free **legal assistance** in their area. Some organizations may make exceptions for people experiencing domestic violence, regardless of income status. Information is available in Spanish and Vietnamese. For more information, visit **[www.texaslawhelp.org](http://www.texaslawhelp.org)**.

The **Texas Council on Family Violence** maintains a directory of Texas programs for domestic violence victims, including **legal services**. Users can search by city, county, or program (e.g., legal). For more information, call toll-free **1-800-525-1978** or visit **[www.tcfv.org/service-directory](http://www.tcfv.org/service-directory)**. There is also a TTY line at 1-888-239-9035 for people who are deaf, hard of hearing, or speech impaired.

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **legal services**. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **legal**) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org](http://www.211texas.org)**.

## Employment Assistance

**Employment assistance can include information on career development opportunities, interviewing techniques, job search programs and training, as well as unemployment benefits.**

The **Texas Workforce Commission (TWC)** provides **job placement services**, including access to thousands of job postings, job search resources and training programs, as well as assistance with exploring career options, resume and application preparation, career development, and more. For more information, visit [www.twc.state.tx.us/dirs/wdas/wdamap.html](http://www.twc.state.tx.us/dirs/wdas/wdamap.html) or call **2-1-1** to locate the nearest TWC center.

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **employment services**. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **employment**) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org](http://www.211texas.org).

## Food Assistance

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community and state benefits, including **food assistance**. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. Callers also have the option of applying for benefits or checking the status of an application for benefits. This service is available Monday through Friday from 8 a.m. until 8 p.m. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **food**) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org](http://www.211texas.org).

## **Food Assistance** (continued)

The **Food Stamp Program** helps individuals and families with little or no income buy the **food** they need for good health. Benefits are distributed each month through a Lone Star Card – an electronic debit card that is used like a credit card at the cash register when making food purchases. For more information or to start an application, call **2-1-1** and select option **2** or visit [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com).



The **National School Lunch/School Breakfast Program** provides free and very reduced-price **lunch and breakfast** during the school day to low- and moderate-income children. For more information or to request an application, contact your child's school office.

The **Summer Food Program** provides free, **nutritious meals and snacks** during the summer when school is not in session. The meals are usually provided along with educational or recreational activities. To eat, children just need to show up at a participating meal site. For more information, call **2-1-1** or visit [www.211texas.org/211/search.do](http://www.211texas.org/211/search.do).

The **Temporary Assistance for Needy Families (TANF)** program provides temporary financial and medical assistance to needy dependent children under age 18 and the parents or relatives with whom they are living. Eligible TANF households receive monthly benefits to help pay for **food**, shelter, utilities and other basic needs. Emergency aid is also available for families facing financial crisis. For more information or to start an application, call **2-1-1** and select option **2** or visit [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com).

**Women, Infants and Children (WIC)** is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, **nutritious foods**, and help accessing health care are provided at no cost to low-income women, infants, and children under the age of five. WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit and vegetable juice, milk, eggs, cheese, beans, and peanut butter. Different food packages are issued to different clients. For example, mothers who are totally breastfeeding their babies without formula are issued tuna and carrots in addition to other foods. For information on how to apply or to obtain the telephone number and address of the nearest WIC clinic, call toll-free **1-800-WIC-FOR-U** (1-800-942-3678) Monday through Friday from 8 a.m. – 5 p.m.

## Health Care Assistance

The **Texas Women's Health Program** provides uninsured, low-income women with gynecological exams; health screenings for diabetes, sexually transmitted diseases, high blood pressure, and breast and cervical cancers; assessment of health risk factors, such as smoking, obesity, and exercise; counseling and education on birth control methods, including the health benefits of abstinence; and birth control. For more information, call toll-free **1-866-993-9972** or **2-1-1**, or visit [www.hhsc.state.tx.us/WomensHealth/InformationforClients.html](http://www.hhsc.state.tx.us/WomensHealth/InformationforClients.html).

Applications are also available at Women, Infants and Children (WIC) offices. Call toll-free 1-800-942-3678 Monday through Friday from 8 a.m. – 5 p.m. to obtain the telephone number and address of the nearest WIC clinic.

The **Children's Health Insurance Program (CHIP)** provides health insurance coverage for low-income Texas children from birth through age 18 who do not qualify for Medicaid. Benefits include regular checkups, vision and dental services, immunizations, and prescription drugs. Families with CHIP may pay enrollment fees and co-payments for certain services. For more information or to start an application, call toll-free **1-877-KIDS-NOW** (1-877-543-7669) Monday through Friday between 8 a.m. and 8 p.m., or visit [www.CHIPmedicaid.org](http://www.CHIPmedicaid.org). There is also a TTY line at 1-800-735-2988 for people who are deaf, hard of hearing, or speech impaired.

**Medicaid** provides **health care** services for low-income children, pregnant women, the elderly, and people with disabilities. Medicaid pays for doctor's visits, lab and x-ray charges, hospital and nursing home care, eyeglasses, hearing aids, dental, maternity, and other healthcare services. For more information or to start an application, call **2-1-1** and select option **2** or visit [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com).

**Community Health Centers** exist in many parts of Texas. These health centers provide care to individuals without health insurance and have sliding fee scales based on an individual's income. You pay what you can afford, based on your income. Health centers provide check-ups when you are well, treatment when you are sick, complete care when you are pregnant, immunizations and well-child care for your children, dental care, and prescription drugs. For the nearest community health center, call toll-free **1-800-ASK-HRSA** (1-800-275-4772) or visit <http://findahealthcenter.hrsa.gov>.

The **Temporary Assistance for Needy Families (TANF)** program provides temporary financial and **medical assistance** to needy dependent children under age 18 and the parents or relatives with whom they are living. Eligible TANF households receive monthly benefits to help pay for food, shelter, utilities and other basic needs. Emergency aid is also available for families facing financial crisis. For more information or to start an application, call **2-1-1** and select option **2** or visit [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com).

## Health Care Assistance (continued)

**Planned Parenthood** health centers offer high-quality sexual and reproductive **health care**, including family planning, gynecological care, sexually transmitted disease testing and treatment, and pregnancy testing. For more information or to locate the nearest office, call toll-free **1-800-230-PLAN** (1-800-230-7526) or visit **www.plannedparenthood.org**.

**Women, Infants and Children (WIC)** is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, nutritious foods, and help accessing **health care** are provided at no cost to low-income women, infants, and children under the age of five. For information on how to apply or to obtain the telephone number and address of the nearest WIC clinic, call toll-free **1-800-WIC-FOR-U** (1-800-942-3678) Monday through Friday from 8 a.m. – 5 p.m.

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **health care** services. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **health care**) or program/agency name, and city, ZIP code, or county. For more information, visit **www.211texas.org**.

## Parenting Skills/Support

**Childhelp®** runs a national 24-hour hotline for parents who need help or **parenting** advice. Hotline counselors can help callers with their children's behavior problems, including identifying situations that trigger the problem behavior and helping parents choose ways to respond. Hotline counselors can help parents understand what normal behavior is at different stages of the child's development, and can also provide non-judgmental emotional support. All calls are confidential and anonymous. Through interpreters, communication is possible in 140 languages. For more information, call toll-free **1-800-4-A-CHILD** (1-800-422-4453), or visit **www.childhelp.org/pages/what-to-expect**.



## **Parenting Skills/Support** (continued)

**Parents as Teachers (PAT)** is a **parent education and family support** program serving families throughout pregnancy until their child enters kindergarten. Parents are supported by PAT-certified parent educators trained to translate scientific information on early brain development into specific *when, what, how, and why* advice for families. By understanding what to expect during each stage of development, parents can easily capture the teachable moments in everyday life to enhance their child's language development, intellectual growth, social development and motor skills. For more information or for the nearest program, call toll-free **1-866-PAT4YOU** (1-866-728-4968) or visit **[www.parentsasteachers.org/resources/locations](http://www.parentsasteachers.org/resources/locations)**.

**Parents Anonymous** is a non-profit organization dedicated to strengthening families and supporting safe and nurturing homes for all children. Parents find a caring, supportive environment where they can learn new **parenting** strategies and create long lasting positive changes in their families. The program includes weekly, free of charge **parent support** group meetings and family education. Parents can join a group at any time and attend as long as they wish. For more information:

- call **1-909-621-6184** and select option **1** (long distance charges may apply),
- visit **[www.parentsanonymous.org/pahtml/parBene.html](http://www.parentsanonymous.org/pahtml/parBene.html)**, or
- look up “Parents Anonymous” in your local telephone book.

**Every Person Influences Children (EPIC)** is a national non-profit organization dedicated to helping parents raise responsible and academically successful children. EPIC provides parents with **support** and advice in handling some of the stresses associated with **parenting**. For more information, visit **[www.epicforchildren.org/parents.cfm](http://www.epicforchildren.org/parents.cfm)**.

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **parenting information**. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **parenting**) or program/agency name, and city, ZIP code, or county. For more information, visit **[www.211texas.org](http://www.211texas.org)**.

## Parenting Skills/Support (continued)

**Early Childhood Intervention (ECI)** is a statewide program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. Services are provided by a variety of local agencies and organizations across Texas. For more information about ECI, visit [www.dars.state.tx.us/ecis/searchprogram.asp](http://www.dars.state.tx.us/ecis/searchprogram.asp) or call the Texas Department of Assistive and Rehabilitative Services Inquiries Line at **1-800-628-5115**. Information is provided in English and Spanish. Other languages can be accommodated through interpreters. The phone line is answered Monday through Friday, 8:00 a.m. to 5:00 p.m. Voice mail is in operation during evenings and on weekends.

The **Head Start Program** provides free comprehensive child development services to economically disadvantaged children three to five years of age and families, with a special focus on helping **preschoolers** develop the early reading and math skills they need to be successful in school. To search for the nearest Head Start Program by city:

- call toll-free **1-866-282-7780**,
- visit [www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices](http://www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices), or
- look up “**Head Start**” in your local telephone book.

## Substance Abuse - Counseling/Treatment

The **National Alcohol and Substance Abuse Information Center** is a drug and alcohol addiction treatment Web site, call center, and hotline providing fast, accurate information and immediate assistance for alcoholism, substance abuse, detox, drug addiction, treatment, rehab, and chemical dependency. Information and services are provided at absolutely no charge 24 hours a day, 7 days a week. For more information, call toll-free **1-800-784-6776** or visit [www.addictioncareoptions.com](http://www.addictioncareoptions.com).

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **counseling and treatment** for substance abuse. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **substance abuse**) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org](http://www.211texas.org).

## Substance Abuse - Self-help/Support Groups

The **National Alcohol and Substance Abuse Information Center** is a drug and alcohol addiction treatment Web site, call center, and hotline providing fast, accurate information and immediate assistance for alcoholism, substance abuse, detox, drug addiction, treatment, rehab, and chemical dependency. Information and services are provided at absolutely no charge 24 hours a day, 7 days a week. For more information, call toll-free **1-800-784-6776** or visit **www.addictioncareoptions.com**.

**Al-Anon** offers hope and help to families and friends of alcoholics. Members meet others who share their feelings and frustrations in order to solve their common problems. There are no dues or fees for membership. For more information, call toll-free **1-888-4AL-ANON** (1-888-425-2666) or visit **www.al-anon.alateen.org**.

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including **substance abuse support**. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **substance abuse**) or program/agency name, and city, ZIP code, or county. For more information, visit **www.211texas.org**.

**Alcoholics Anonymous (AA)** is a fellowship of men and women who share their experiences, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. The primary purpose is to stay sober and help other alcoholics achieve sobriety. For more information visit

**www.aa.org/en\_information\_aa.cfm?PageID=11**. To find a local meeting:

- visit **www.aa.org/en\_find\_meeting.cfm?PageID=29**, or
- look up “Alcoholics Anonymous” in your local telephone book.

**Narcotics Anonymous (NA)** is a fellowship of men and women who share their experiences, strength and hope with each other that they may solve their common problem and help others to recover from drug addiction. NA has only one mission: to provide an environment in which addicts can help one another stop using drugs and find a new way to live. There are no dues or fees for NA membership. For more information or to find a local meeting:

- call **1-818-773-9999** extension **771** Monday through Friday from 8 a.m. until 5 p.m. (long distance charges may apply),
- visit **www.na.org/?ID=phoneline**, or
- look up “Narcotics Anonymous” in your local telephone book.



## Utility Bill Assistance

**2-1-1** is a free, easy-to-remember phone number connecting callers with services in their community, including help with **utility bills**. Callers can speak with a trained resource specialist who can provide information and referrals 24 hours a day, 7 days a week throughout the year. Information can be provided in over 90 different languages. (An alternate toll-free number is **1-877-541-7905**.)

**211Texas.org** is a Web site that contains comprehensive information about services in Texas. Individuals can search by service need (e.g., **bill payment**) or program/agency name, and city, ZIP code, or county. For more information, visit [www.211texas.org](http://www.211texas.org).



The **Low Income Home Energy Assistance Program (LIHEAP)** is a federally funded program that helps low-income households with their home energy bills. Services include **bill payment assistance**, energy crisis assistance, and weatherization and energy-related home repairs. For more information or to find the nearest office, call toll-free **1-877-399-8939** or visit [www.tdhca.state.tx.us/texans.htm](http://www.tdhca.state.tx.us/texans.htm).

**Lifeline** offers a monthly discount up to over \$15 on local telephone service and waives the monthly customer line charge. **Link Up** offers up to 50% discount on line connection charges. Additional discounts may apply for individuals living on tribal lands. Individuals with an income at or below 150% of the federal poverty level or who receive benefits from Food Stamps, Medicaid, Supplemental Security Income (SSI), Federal Public Housing/Section 8, Children's Health Insurance Program (CHIP), Bureau of Indian Affairs General Assistance, Tribally Administered Temporary Assistance for Needy Families (TANF), Head Start (income qualified customers only), or National School Lunch Program (free lunch program only) may qualify. For more information or to sign up, call the Texas Lite-Up Program toll-free at **1-866-454-8387** or visit [www.att.com/lifeline](http://www.att.com/lifeline).