

EVERYONE'S BUSINESS: Protecting Our Children

Over black we SEE:

GRAPHIC: The youth voices in this documentary are taken from transcripts of youth now in recovery.

We HEAR a toy piano music and old fashion typing as we SEE

GRAPHIC: 1874

GRAPHIC: Mary Ellen Wilson, 2 years old
first case of child abuse in U.S. Courts

GRAPHIC: The lawyer on the case worked for

GRAPHIC: the American Society for the Prevention of Cruelty To Animals.

GRAPHIC: 100 Years Later: 1974
Child Abuse Protection and Treatment Act is enacted.

SHELLY BUCHER, National Center for Child Protection VOICE OVER:
We had rules and laws to protect animals before we had them to protect children.

GRAPHIC: 40 Years Later: 2014

HEADLINE shots on WHITE BOARD:
More kids found to be repeatedly abused.
Man pleads guilty in death of 2 year old.
Child exploitation alleged

As we HEAR the following SOUND

SHELLY BUCHER, National Center for Child Protection
It's like an epidemic, an epidemic, an epidemic. Everybody keeps saying it, but nobody's doing anything about it.

Continue HEARING bite above and below over more headlines.

JOHN ROMERO, Children's Court Judge
Child abuse and neglect in New Mexico, unfortunately has been that red-headed step child we don't talk about. It's there. It happens. And as long as it's not my kid or my grandchild, it's like, why do I need to know?

CHARLES SALLEE, Deputy Director Legislative Finance Committee

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We've estimated that for the most expensive type of abuse and neglect case, //those cases on average cost about \$107,000 to taxpayers alone. That doesn't include the negative occurrence on kids lives over time//

GRAPHIC: \$210,012 Average taxpayer cost of one maltreatment victim over a lifetime.

ESTHER DEVALL, PhD. Executive Director, National Center for Child Protection
They're not gonna succeed in school. They're not gonna have healthy relationships.
They're not gonna be physically or mentally healthy. It's gonna be a tremendous cost to us.

TITLE CARD:

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VICTOR VIETH, JD Director, Child Abuse Prevention Center

There's a significant body of research called Adverse Childhood Experience Studies which began in San Diego at Kaiser Permanente. So he queried 17,000 men and women and he asks them about ten different adverse childhood experiences. "Were you beaten as a child? Where you sexually abused as a child? Where you neglected as a child? Did you witness violence between your caretakers?" And if you simply fit into even one of those ten categories, you were more likely to suffer from hundreds of medical and mental health conditions, including things we would never think of being correlated with child abuse such as cancer, heart disease, liver disease, et cetera. So name the social ill, you want to reduce smoking? 95% of all smokers have an ACE score of at least 1.

We SEE the **Safe House interview Room** and HEAR and then SEE:

MICHELLE ALDANA , Dir. Of Forensic Services, Children's Safe House

I oversee a program where we conduct forensic interviews of children who are alleging physical abuse, sexual abuse or may have been witness to a violent crime. Annually we do approximately 1200 forensic interviews here at this site a year.

We SEE CU of the interview room as we HEAR an audio overlap of several youth voices from the interviews:

YOUTH VOICES (overlapped and echoed):

Girl: I have to go to the nurses office every single day, before or after school.

Boy: At home, my hands were all blistery and red and my grandma asked me what happened.

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Girl: Nobody ever believed me, you know, because they were so nice and loving.

MICHELLE ALDANA

10 years ago our average used to be 50 interviews a month. Our average now is between 85 to 95 interviews a month.

ANGIE VACHIO, Child Advocate

We've applied good treatment to cancer. We've applied good treatment to diabetes, to any other risk to our health, but child abuse continues to be invisible until somebody is hurt, until a child is a statistic. That's not acceptable. It's not acceptable anymore.

We SEE the NEWS CLIPPINGS BOARD as we HEAR the following bite. We SEE the line being drawn between the various HEADLINES as he speaks:

VICTOR VIETH

This should be your number one priority because whatever else you care about, whatever social ill you care about; you want to reduce juvenile delinquency, you want to reduce crime, you want to reduce drug usage, you want to reduce alcohol usage, you want to reduce poverty? We know from a very significant body of research that child abuse feeds in to every social ill. So name the social ill you care about. If you really care about it, if you really want to get a handle on it, you have to reduce child maltreatment. We could save millions of children and literally hundreds of billions of dollars.

TRANSITION to SAFE HOUSE:

MICHELLE ALDANA

We also provide family advocacy which is an incredible service, um, important in starting the process of healing, of hopefully getting hooked up with mental health services, maybe advocacy in the home, maybe even a food box but that can all start here.

(PERHAPS PARK DISAPPEARING KIDS)

YOUTH VOICES (Overlapped and echoed):

Boy: He would always hit me.

Girl: And then she told him to get uh, um, what's it called, uh a lighter.

Boy: Like on our backs and just like on our arms.

Girl: He would wake me up in the middle of the night and ask me to go watch cartoons with him.

Girl: They said I was lying and that I was disgusting.

ESTHER DEVALL

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It's 100% preventable. The parents in New Mexico need more support. They need education and support and we know how to do those two things. It's just a matter of us having the will as a state to do it.

CHARLES SALLEE

The state ends up spending far more resources, about \$113 million on child protective services, which is the negative outcomes at the back end of the system, than it does on the front end of the system.

JOHN ROMERO PG 3

Until we get in to the prevention mode, we're going to keep doing the same old thing, the same old way, expecting a different result. We all know what that describes.

We SEE the park scene and several families disappear as we HEAR

YOUTH VOICES (Overlapped and echoed):

Girl: Hangers, wired hangers, he would get a wrench and he would untie the wire hanger and he would fold it in half.

Boy: She would fold it to an arch like that and she would dip it in water, ice cold water.

Girl: I didn't understand, but it was like a wooden paddle.

ESTHER DUVALL:

Parents in New Mexico have a lot of unique stress factors.

We then SEE several more newspaper headings and SEE the connection line being drawn between several of them as we HEAR the theme music again.

GRAPHIC: Solutions: Understanding Stressors

SUSAN MILLER, Clinical and Pediatric Psychologist

What is child abuse, how does this happen? Given the right exhaustion, the right stressors, the right whatever, you could get mad enough to hurt a child and so how do you not hurt a child?

DR LESLIE STRICKLER, Asso Prof. of Pediatrics, UNM Children's Hospital

I find it really difficult to imagine what it's like for some of the families that I care for who face a number of social stressors in their day to day life, including poverty, social isolation, geographic isolation, drug and alcohol abuse, mental health problems, the whole gambit of social ills that face our community. And the bottom line is that when our families are struggling, our kids are gonna struggle. It's common sense and we have to recognize the connections there and really learn that we have to support families in order to support kids.

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GRAPHIC: SOLUTIONS: EARLY INTERVENTION

(PERHAPS PARK SCENE AND DISAPPEARING KIDS AGAIN)

YOUTH VOICES (Overlapped and echoed):

Girl: And one of my sisters, she's having her second baby.

Boy: I have two brothers and sisters.

Girl: I was born premature with cocaine in my system.

APRIL NERI, Family Planning Nurse Consultant, State of New Mexico

We see these 20-year-old females repeatedly coming in with a pregnancy test and who have drug addiction, who have alcohol addiction, and trying to get them to talk about what would help them. What would help them to not become pregnant, talking to them about drug addiction and alcohol addiction. Our visits in a public health office can be pretty lengthy. We have the time to talk to every one of our clients individually. We talk about a reproductive life plan. What do you want in your life?

SUSAN LOVETT, Program Manager, Family Planning, NMDOH

We want people to be ready before they have a child. That can be emotionally ready, financially ready, social supports just to plan when they want to have a child.

KIM STANEK, Education Project Officer, Family Planning, NMDOH

One of the programs that we use is the Teen Outreach Program and it's a positive youth development program and it's an evidence-based teen pregnancy prevention program but it also utilizes self efficacy and goal setting behaviors.

CLAUDIA MEDINA, Dir. of Community Health Initiatives, UNM

Research has proven that the earlier we start working with families from the moment the child is born or even the moment that mom is pregnant, the earlier we start, the better results we see. I'm part of a task force created by the state of New Mexico called J. Paul Taylor Early Childhood Task Force created by the legislative body to come out with a system to prevent child abuse and to intervene early for those cases that already have signs of child abuse. So this task force is recommending that every child and every pregnant woman that goes to a primary care health setting or a behavioral health setting gets screened for toxic stressors. If the screening shows that a kid is at high risk of being abused then we want to have, in every one of these primary care clinics, a community health worker that would connect that family with resources in the community, with wrap around services from parent education to preschool to home visitation to resources like housing and employment.

TRANSITION TO PARK AGAIN, DISAPPEARING KIDS

MICHELLE ALDANA

We really need to be looking at their parents and help them learn how to parent better, help them with coping skills, examine what type of issues they need to be dealing with.

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YOUTH VOICES (Overlapped and echoed):

Girl: I really didn't like to go with my Uncle cause, um, there was like some things that have, that was like just, that would scare me and uh, things he would say.

Boy: I hid under my bed when I knew she would come, and then as punishment for starvation she would put me in my closet and she would turn off the lights.

Girl: It would be like once or twice a month, depending on, how I behaved at school.

GRAPHIC: SOLUTIONS: Shaken Baby Education

KATHY LOPEZ BUSHNELL, Director of Nursing Research, UNMH

Shaken baby is a diagnosis, it's also called abusive head trauma. It's the number one cause of child abuse and death in children younger than three years of age.

DR. LESLIE STRICKLER

These are the kids who are most at risk to have bad outcome in terms of die from their injuries or not recover well. So from a prevention standpoint, this is a particularly important topic.

DR SUSAN MILLER

I work on the Carrie Tingley Inpatient Rehabilitation Unit and this is for children who have had traumatic brain injuries from car accidents, from NAT which is non-accidental trauma. A lot of the children that come to us on our unit are totally impaired. These children are with us for months. Oftentimes we have to place them in ARCA care which is a family that has been trained medically so that they can take care of these children.

KATHY LOPEN BUSHNELL

Shaken baby is across every income, across every culture, it's across every socio economic status.

DR LESLIE STRICKLER

Sometimes despite the fact that your baby's been fed, they're well rested, their diaper is changed, they're gonna have an off day, they're going to be fussy and no matter what you do, they won't be consoled. Parents become frustrated, they then lose control and sometimes shake the infant and for some individuals who have actually repetitively caused these type of injuries, what they will say is this is the only thing that worked. This is what quieted the baby, maybe not recognizing at the time the reason the baby quieted was because their brain was injured.

KATHY LOPEZ BUSHNELL

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What we found out is that almost 70% of our parents had never heard of it before. When you give parents education on prevention of shaken baby, you give them like a vaccine or an immunization so they know what NOT to do.

DR SUSAN MILLER PG 5

This is a baby that is a simulator and we take it to health fairs to show the public. Depending on how hard it's shaken and the area of the brain that lights up will tell you how impaired this child is. Look in the back and you'll notice now that the baby is now visually impaired or blind. Now the sides are also lit and at this point there's memory loss and emotional loss. There's learning disabilities and behavioral disorders happening. One more shake and now the baby has lost the ability to speak or hear and the probability of death is high.

KATHY LOPEZ BUSHNELL

We educate them about what shaken baby is, how to prevent it, how to cope with crying, how to put the baby down, make sure the baby's safe and walk away. Call for help, listen to music, distract yourself and then come back and check on the baby. But don't pick the baby up because you're so frustrated and our intention is to take this out to not only all the units at the UNM hospital, as well as take it out to the other hospitals Take it out to the state. The research we've seen indicates that when parents are educated on how to prevent shaken baby the incidence is decreased by 50% or more. And it will save our health care system millions of dollars, plus you'll save all that suffering not only for the children but for the parents.

HEADLINES AND LINES CONNECTING

YOUTH VOICES (Overlapped and echoed):

Girl: And she smacked me on the mouth and she said you better start talking.

Boy: I turned around and said "I'm sorry" and he said "For what? What does sorry mean to you?" and I didn't know how to explain that.

Girl: Like I would go like quite a bit back and forth with my family and to the foster home.

ANGIE VACHIO

Parents who are at risk of hurting their children are seen so many times before that child becomes a statistic. They're in the food stamp offices. They're in the welfare offices.

They're in schools. They're in classes. They're in grocery stores. They're everywhere.

And we've seen them and we've known it and we've seen harshness but most of us don't know what to do because we don't see ourselves as being those agents.

SHELLY BUCHER

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In New Mexico, everybody's a reporter. In some states, only social workers, teachers, doctors, et cetera are mandated reporters of child abuse and neglect, but mandated reporters don't even report. The research that shows that the reasons are; well, we don't want to get involved. I don't know if it's abuse or neglect. And what we want to do is, we want to educate people to say it. You're not the decider if there is abuse or neglect. All you do is raise the flag. You report it to the experts, let the experts investigate and they'll make that determination.

We SEE footage from the OMAREE vigil as we HEAR

VICTOR VIETH

We will get these rash of media accounts every time there are deaths. And of course they always blame the social workers and the doctors and police officers and others, but does anyone honestly think that these front line professionals wanted a child to die? No. They missed obvious clues. They didn't know what they were looking at. They didn't know how to ask the right questions. That's the bad news. The good news is we are so markedly better than we were a quarter of a century ago. But we've relied almost exclusively on on-the-job training. We've done a woeful job at every medical school, every law school, every graduate psychology school, every seminary, every undergraduate institution in our country in training people what to recognize, right? And so we turn them out and they make egregious errors and then we blame them for being ignorant when we graduated them with ignorance.

GRAPHIC: SOLUTIONS: Professional Training

ESTHER DEVALL, PhD Child Development and Family Studies NMSU

We're the second regional child protection training center in the nation. There's now five and we're trying to work on two levels. One is to train future professionals who are gonna be working with children, future social workers, teachers, help them to understand more about child abuse to recognize the signs and symptoms, to know how to report, to know what the law is. And then the second part is to train the current professionals, uh, and provide them really hands on experiential training that will give them the skills to investigate, prosecute, do forensic interviews with children and hopefully, of course, to treat and prevent child abuse.

VICTOR VIETH

One of the things we do at the training center here at New Mexico State University is to teach professionals how to process a crime scene. So this is a mock crime scene set up, based on a set of actual fact patterns. And so we instruct folks that everything should be paid attention to. Everything should be processed, beginning on the exterior

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of the house. It may be as simple as violent drawings by a child. You should always have your antenna up.

This is our crime scene. We're walking through it as an officer may be.

GIRL VOICE: I had come up and asked her for food, that I was hungry. And from there she told me it's rude to interrupt.

BOY VOICE So she hit me with a beer bottle.

VICTOR VIETH:

The beauty of this is, whatever errors you make, this is a safe place to make them because whatever errors you make in this scenario, nobody's actually gonna die.

This is our child's bedroom. This child perhaps was not being fed very well and she, in the middle of the night or whatever the scenario may be, is going to look for food and is hiding it here in the closet.

What's really important is that we're increasingly understanding with research that where you find one form of maltreatment you find multiple forms, so it's critical when you find one form to cross-screen for multiple.

Girl: I felt something wet dripping on my and then finally when she was done, I was, I went to the bathroom.

VICTOR VIETH

66% of the time a child abused in one way is abused in at least two ways and about 30% of the time a child abused in one way is abused in five or more ways.

NEWSPAPER CLIPPINGS TRANSITION as we HEAR:

YOUTH VOICES (Overlapped and echoed):

Girl: She would hold me where all the bubbles would come out, and I felt like I was shaking.

Boy: We were staying at his house and I think my sisters went out or went somewhere and I stayed with him, so we were just watching TV.

Girl: Sometimes he takes a bath with us, with our toys.

CUT TO INTERIOR OF SHERIFF CAR as we HEAR:

KYLE WOODS, Detective: We have a duty to investigate for the welfare of a child. And we have the right to enter any residence where we have information that a child could be endangered in some way.

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AMY DUDEWICZ, Sgt. Bernco SVU

That's what a welfare check is about. There seems to be a misconception that people think we need a warrant to get into a home. But when it comes to the welfare of a child, the law does give us some latitude to enter a home to do a child abuse investigation if we think there's a child that could be maltreated or the victim of neglect of some sort.

NAT SOUND OF RIDE ALONG FOR A MOMENT

AMY DUDEWICZ, Sgt. Bernalillo County SVU

We respond to a variety of calls from child homicide to animal abuse and everything in between. Sitting right here on my wall, this is what we did last year, how many were assigned, how many were completed and then I have the first two quarters of 2014 and we've actually almost doubled the amount of case assignments that we've had over this year from 2013. CYFD referrals are huge. We get anywhere from 100 referrals on a slow week to about 200 referrals on a busy week.

MORE NAT SOUND OF THE TWO OFFICERS COMING UP TO AN APARTMENT

Detective: What's your grandma's name again.

Boy: Betty.

Detective: Betty. Is she home right now?

Boy: Yeah.

Detective: Are there any other adults over there?

Boy: Yeah.

Detective: Who else is over there?

Boy: My cousin, she's 17.

Detective: Alright, I'm gonna go talk to Betty real quick. Um, nobody else is here at your house?

Detective: I'm with the crime against children unit. And we got a referral just to come check on (bleep) and his siblings.

MATTHEW CHANCE, Detective SVU

We start off with looking at the type of environment that's there.

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Detective Chance: My name's Kyle and your name is?

Betty: Betty

MATTHEW CHANCE:

Is there adequate shelter? Is there adequate food and clothing within the shelter? Every scene that we go into is significantly different. There's time where we'll see an immediate mark on a child and we'll discuss that with them and a lot of times we get called to the schools and that's the first place that we see them is they're alone, they're not with their parents and they've disclosed to school personnel of some sort that mom or dad or whoever has hit them with a belt or a frying pan, whatever the case may be. That's generally where we start off. We do find it in the house as well and it's usually connected with a domestic violence scene a lot of times with kids trying to protect one parent or another depending on the situation.

AMY DUDEWICZ

Child abuse has evolved. Neglect has evolved. People's economic situation has changed. Neglect is something we look at as a social problem. On so many calls people don't know what is the threshold here? Is this child abuse? Is it neglect or is it just they can't afford to take care of their children?

Detective: And do the kids stay here primarily or do they stay somewhere else?

Woman: No the primarily stay here after school or if she has to work.

Detective: And when does she work?

Woman: She works graveyard shift.

Detective: Ah, okay. That's hard.

Woman: Yes.

Detective: So they're here all the time asleep while she's awake.

Woman: And she has to sleep all day, so they're here during the day.

Detective: Is their father in the picture at all?

Woman: No.

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Detective: Is he helping at all financially?

Woman: No.

MATTHEW CHANCE

A lot of these families they just don't have the resources and that's what we hope to do is have that community outreach to help provide them with resources because sometimes a little bit of resources will stop the abuse because now they have a little bit more, whether that be food, different types of means for clothing, shelter, whatever the case may be and that's a big... I think that's a big factor in a lot of this.

AMY DUDEWICZ

This pile, this pile scares me the most. The ones that we don't go out on, the ones that we don't make contact with, the ones that end up being a homicide a year later and there were three referrals and we've had those cases. We've had them.

NEWSPAPER CLIPPINGS AND CONNECTING LINES

YOUTH VOICES (Overlapped and echoed):

Girl: They didn't take me to the hospital. He said it wasn't bad enough to take to the hospital.

Boy: I didn't know what was right and what was wrong.

Girl: And it was too much for me and it hurt.

Boy: I didn't want to move cause I didn't know what was going to happen.

Girl: I have one friend and she like, gives me her old clothes because I never had any, she saves all her clothes for me.

We SEE the Park from earlier and we see some of the CHILDREN AND FAMILIES ARE NOW RE-APPEARING.

GRAPHIC: SOLUTIONS: HOME VISITING

MARISOL ATKINS, United Way of Santa Fe

If you dissect where that parent had come from prior to that crisis where a child is very severely maltreated, all the signs are there. Poverty, previous maltreatment, substance abuse, lack of extended family and support... all of those things are usually very apparent in advance. And so the home visitation program really helps identify those things before they become a crisis and before a child is abused or neglected.

MELISSA MASON, MD Pediatrician

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There are some parents who are nervous about every last little thing and they don't know what's normal. You need a license to have an animal or a car. We don't need a license to have kids, so there's no training that occurs before you have this child.

JOHANNAH RUDDY, Exec. Dir. New Mexico Pediatric Society

Many of these families were not taught how to parent and so they're doing what they saw done in their own homes when they were children. So you do what you know and when you know better, you do better.

GRAPHIC: Solutions: Home Visiting

NAT SOUND....as we SEE the home visitor arriving at the home.

OLGA: Hi Alex, how are you?

ALEX: Good

OLGA: Great. The baby still asleep?

TANYA: Yeah.

MARISOL ATKINS, United Way of Santa Fe

The home visitor shows up regularly to provide support and encouragement, to listen to the joys and the fears of childhood, to be there when a new parent is concerned about something.

OLGA: I also brought you your grocery bag.

MARISOL ATKINS:

So the role of the home visitor is to support the family so the family can then support the child.

OLGA: So there's some tomatoes.

ALEX: I love tomatoes.

OLGA: and your favorite one.

TANYA: Oh yeah, We eat those a lot.

OLGA: I know you like those a lot.

TONYA, Mother

She's been coming since I was four months pregnant. I got to monitor what I was supposed to weigh, instead of waiting until my prenatal visits.

ALEX, Father

She tells us what to expect from Aieslynn, what to do to help her develop some skills and what activities to do with her that are safe for her age. I have never like really been

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around kids, you know, before Aislynn, so I really didn't know how to take care of a baby, change a diaper, how to make her a bottle and I've learned a lot since she was born.

OLGA

I got some stuff for you today. This is your explora card. I don't know if you've been to Explora before but it's like a museum for children...it's actually, they can go and touch and play....

TONYA

Knowing that a nurse can come to your home and actually help you one on one is actually very helpful.

OLGA

But this is for you.

ESTHER DEVALL

We learn in the families that we grow up in, we learn how to handle stress. We learn how to handle emotions or how to not handle them very well. And then even though we might think we want to do things differently, unless we develop some new skills and some new, habits, what's gonna happen under stress is those things that we learned as a child are gonna come out.

MARISOL ATKINS

Another huge component of the home visiting relationship is to create awareness and have dialog with parents about how they were raised themselves.

OLGA:

How were you raised? Were people screaming at your house? Were you beaten? Is that how you want your baby to grow? Okay, so what are you gonna change? So it's really giving them the knowledge to learn about themselves so that they could then teach the baby to do what is right.

OLGA: Nice, 19 pounds and 5 ounces.

ESTHER DEVALL

It's important for the parent to understand child development.

OLGA;

And sure enough at four weeks they start crying more and some people call it colic, some people call it the period of purple crying and they just cry more. And then I come and it's like, I didn't sleep last night. It's just talking to them about how they feel about

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that, if they could have someone to come and help them. If they can't, what can they do? And remind them, you know what, it's okay to put your baby in the crib for five minutes and then you go wash your face and just freshen up we don't want you to be over stressed.

CAROLYN SALAZAR, Nurse Family Partnership Program

It's voluntary. No one is mandated to have to do this program. There's a whole list of options that we kind of go over and then the client can kind of choose maybe something that's important to her and it might be something about how to discipline my child, it might actually even be how do I take better care of myself, how do I get myself into school?

TONYA: Well, I passed my chemistry exam with a B plus.

OLGA: That's really good.

OLGA

If you have to take care of someone, you have to take care of yourself. If our cups are empty, then how can you give from your cup to somebody else if it's empty? You can't.

OLGA: When is the last time you guys were on a date?

ALLEN SANCHEZ, CEO CHI St. Joseph's Children

When families participate in home visiting you're going to get a 48% reduction in child abuse, because a relationship is built there. That home visitor comes once a week for three years starting in pre-natal.

We SEE OLGA arriving at the VALERRA OLADE HOME for a visit NAT SOUND.

OLGA 11 pounds 9 ounces

VALERRA, Oh my goodness, she's big.

ALLEN SANCHEZ

So regardless if a program is privately funded or state funded, they save the state tons of money. The more you spend on the play pen, the more you save at the state pen.

MARISOL ATKINS

Currently in this state home visiting providers are reimbursed at \$3,000 per family per year. That's ten percent of what it costs to incarcerate a child at YDDC for a year. Studies have shown that for every dollar invested in early childhood services will receive a return of seven to ten dollars

We hear the THEME MUSIC as we SEE the park reappearing with families.

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JOHN ROMERO, Children's Court Judge

All too often I think what we're hearing is, we're a poor state. We can't afford those resources. I think we're being penny wise and pound foolish, that if we really do believe that our children are our future, that we're to invest in our children, that they're the most valuable resource we have for our future well-being, we need to put our money where our mouth is. Spend it now or spend it later. You're going to spend it.

AMY DUDEWICZ

All of these children are all of our children. This is our society and if we're not gonna take care of children in general and look at each and every one of them as our responsibility, then we have only ourselves to blame.

ESTHER DEVALL PG 5

It's 100% preventable. We know what to do. We just have to have the will to do it.

We SEE WS of Newspaper Articles all connected to Child Maltreatment

YOUTH VOICES (overlapped audio and echo):

Girl: They saw the bruises and they just didn't want to say anything.