

# **Safe Haven Awareness Promotion Task Force**

A Report on:

Safe Haven

Infant Protection Act

Public Awareness

September 2007

# *Safe Haven Promotion Task Force Report*

September 2007

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## **Safe Haven Awareness Promotion Task Force**

The Safe Haven Awareness Promotion Task Force was established by P.L. 2005, Chapter 294, to study and evaluate the effectiveness of efforts by the Department of Children and Families (DCF) – and prior to July 1, 2006, the Department of Human Services – to raise awareness of the Safe Haven Infant Protection Act.

The Task Force is made up of 19 members appointed by the Governor to review and analyze past efforts to raise public awareness of Safe Haven, and to report their findings and recommendations to the Governor and the New Jersey Legislature. The Task Force consists of experts from a variety of fields including, but not limited to, child advocates, health professionals, school administrators, and representatives of several key state agencies. (*See Attachment A & B – Law/Members*)

### **Overview**

The Safe Haven Awareness Promotion Task Force believes that the number of babies safely surrendered under the Safe Haven law when compared to the number unsafely abandoned demonstrates that the Safe Haven public awareness campaign has indeed been effective and working. The lives of 33 babies have been protected and saved since the program began seven years ago. New Jersey is also a leader among states by providing over \$500,000 annually to promote public awareness about its Safe Haven program. (*See Attachment C – Safe Haven Laws by state/age*)

However, all members of the Task Force recognize that infants are still unsafely abandoned every year and that the State, along with partners throughout New Jersey, must continue to do more to increase public awareness of the Safe Haven law. With this in mind, the Task Force thoroughly reviewed and discussed past outreach efforts and made recommendations to further enhance public awareness about this life-saving program. While it may not be possible to prevent all unsafe abandonments, work must continue to better understand what leads a person to unsafely abandon an infant and identify where and how there may be gaps in reaching and convincing a person to instead safely surrender a baby through Safe Haven.

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## Facts and Findings

### The Safe Haven Law and Statistics

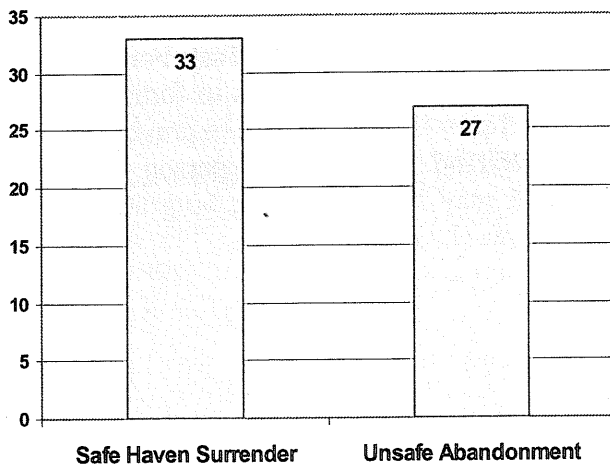
The Safe Haven law, enacted Aug. 7, 2000, allows a parent or someone they designate to anonymously surrender an infant 30 days old or younger at any hospital emergency room or police station in New Jersey. Provided that the child has not been abused or neglected, the parent(s) are provided an affirmative defense against charges of child abandonment. (See *Attachment D –NJ Safe Haven Law/Stats*)

The first Safe Haven baby was surrendered in Essex County on August 17, 2000, only 10 days after the law went into effect, and the most recent Safe Haven infant was surrendered on June 18, 2007, at St. Clare's Hospital in Morris County. To date, 33 babies have been safely surrendered to Safe Havens, including 10 in 2006 alone. During the same time period, 27 children have been abandoned unsafely, five of them in 2006.

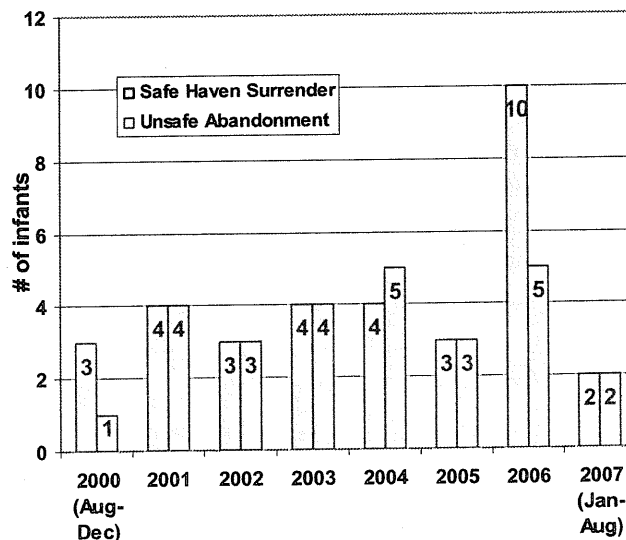
The rate of unsafe infant abandonment has dropped since the enactment of the Safe Haven law. Six babies were abandoned unsafely in the first seven months of 2000 before the law was enacted, while New Jersey has seen no more than five abandoned babies in any full year since the program started.

**Safe Haven  
Totals: August 2000 to August 2007**

Note: Of 27 abandoned infants, 8 did not survive.



**Safe Haven  
Annual Statistics**



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## Annual Budget

New Jersey is fortunate to consistently have legislative leaders and governors that continue to understand the importance of this law and dedicate funds every year from the state's limited resources to promote Safe Haven public awareness. Safe Haven programs in some other states have no funding support at all or have been charged with conducting their own fundraising, leaving uncertain their ability to run a continuous outreach campaign.

Since 2000, the New Jersey Legislature has provided an annual appropriation of at least \$500,000 and to fund Safe Haven outreach activities. (*See Attachment E - Budget/Expenditures*) These funds have allowed for a consistent and continuous Safe Haven awareness campaign to build for seven years.

In Fiscal Year 2007, Safe Haven Funds were expended on a myriad of outreach efforts much like previous years. The awareness campaign included county-based outreach grants, reprinting and distribution of education materials, NJ Transit bus and train ads (interior and exterior signs), television and radio public service announcements, magazine ads and banners, as well as a first-time official poll/survey to better assess the public's level of awareness about the Safe Haven program.

This annual funding has been and will continue to be key in getting the message out to residents across the state about New Jersey's Safe Haven law and program.

## Outreach Message

The initial outreach campaign began under the slogan "No Shame. No Blame. No Names." and was promoted through the development and distribution of educational materials to various constituencies and through an advertising campaign. Other states have adopted the "No Shame. No Blame. No Names." slogan for their own Safe Haven-related advertising campaigns.

After receiving feedback through focus group discussions in June 2002, the state later expanded this slogan. The focus groups felt the ads were not sufficiently clear about what action the campaign was seeking to prompt by the target audience. As a result, the ads now feature the more direct message: "Don't Abandon Your Baby."

The Task Force members discussed the possibility of altering this message again in the future since it was noted that the slogan "Don't Abandon Your Baby" could send a double message. One could say that surrendering a baby under the Safe Haven program is still essentially abandoning a baby, even though it is done in a safe and legal manner. As such, there is some concern that we may be discouraging a woman or parent from abandoning an infant through Safe Haven with such a blunt slogan as "Don't Abandon Your Baby."



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DCF will continue to assess the effectiveness of this particular slogan and any possible confusion it may create in order to determine if a different and more effective message can be developed that addresses or mitigates any mixed messaging.

### ***Outreach Materials***

New Jersey's Safe Haven outreach materials and resources include kits for volunteers and teachers to further help promote awareness. Key materials also include brochures, posters and pocket sized cards that allow a more discreet outreach approach and the Safe Haven Web site. A medical questionnaire is also available for hospitals, police stations and other organizations to hand to any individual who surrenders an infant. This questionnaire is a self-addressed, pre-posted post card that allows a parent or her/his designee to voluntarily provide important medical information about the infant. (*See Attachment F – Outreach Materials*)

DCF makes all materials, produced in both English and Spanish, available to any individual or organization upon request, free of any charge for materials, postage or delivery. Individuals can obtain materials through various means, including visiting the Safe Haven program Web site: [njsafehaven.org](http://njsafehaven.org), which contains a host of information, including downloadable materials such as the art ready files for reprinting or producing newspaper ads. Materials can also be requested by logging onto the DCF's main Web site ([www.nj.gov/dcf](http://www.nj.gov/dcf)) and downloading the publications order form and sending it into the distribution center. Once the request is received by the distribution center, the materials are packaged and mailed out. A request can also be made by calling the Safe Haven hotline (1-877-839-2339) or DCF's Office of Communications and Legislation, which manages the Safe Haven outreach program.

### ***Media and Advertising***

Electronic and print media can be very effective in reaching the greatest number of people; however, this type of advertisement is also the most costly. Television and radio public service announcements have been produced with purchased air time since December 2000. The ads were updated periodically and then completed revamped in 2007, using voice-overs by unidentified people to extend the longevity of the ads beyond the terms of governors or DCF commissioners. Using unidentified personalities should eliminate any future delays in placing and airing the ads because of a need to change the voices or names of any former appointed or elected officials. Copies have been produced and aired on television networks and the psa has also been uploaded onto the safe haven website.

In general, college radio stations have been receptive to airing the public service announcements gratis, but many, like the vast majority of the commercial stations, require that the ad time be purchased. Radio stations that agreed to air the psa for free are receiving copies accordingly.

In Fiscal Year 2007, a significant portion of the Safe Haven outreach funds were used to place English and Spanish ads on the exteriors and interiors of hundreds of NJ Transit buses, as well as, on the NJ Transit Rail system. (*See Attachment G-Bus Ads*) Television ad time was purchased through NJN, Telemundo and Univision. For Fiscal Year 2008, DCF plans to expend

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approximately \$300,000 airing the television and radio public service announcements on other additional stations.

While the Safe Haven program aims to prevent any infant from being unsafely or intentionally abandoned, there have been instances where a baby has been left behind by his or her parents. This often attracts significant media coverage. When this happens, the DCF press office uses every call as an opportunity to promote awareness about the Safe Haven law and thoroughly responds to all press inquiries, to the extent that the confidentiality aspect of the law permits. It is important to note that DCF cannot and does not announce when the DCF Division of Youth and Family Services receives custody of an infant surrendered through the Safe Haven program. While there may be benefits to publicly celebrating each surrendered Safe Haven infant – such as using the media to encourage others use the program if they feel they can't care for a newborn baby – DCF recognizes it is more important to respect two of the most important attributes of the Safe Haven program: anonymity and confidentiality.

### *Direct, Local and County-Based Outreach*

State representatives have also used direct outreach and presentations to promote Safe Haven awareness. State officials have attended countless resource fairs and conferences, meetings, teachers' conferences and conventions to distribute materials on Safe Haven and have made numerous presentations to interested external groups.

The volunteer kits were designed to amplify the statewide outreach by recruiting and supporting the work of any and all interested and caring advocates who want to help spread the word about Safe Haven.

The state considers the community-based organizations and human service agencies of each of New Jersey's 21 counties to be key partners in the Safe Haven outreach campaign. These local groups and county agencies have the best understanding of their local communities and how to most effectively connect with the audiences most important to reach for the Safe Haven program.

As such, in recent years the state has worked to expand its network of partners through grant support. Initially, grants in the amount of \$5,000 were awarded to various community based organizations. This funding was used for targeted local and often direct, street-level outreach. In the past couple of years DCF has doubled that award amount. Information about the Safe Haven law has steadily been disseminated more and more at the local level.

In 2006, following the distribution of these local grants, there was a sharp and historic increase in the number of infants safely surrendered under the Safe Haven program. Consequently, DCF decided to increase the amount of funding dedicated to local grants and outreach and allocated \$150,000 in county grants to fund a wide array of local outreach initiatives in Fiscal Year 2007.

To continue the county by county outreach and ensure the message reaches all residents, the state is issuing a \$10,000 grant to every county to support their respective Safe Haven outreach efforts in Fiscal Year 2008. To further support each county's campaign, the state is supplying each

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county with professional grade copies of the Safe Haven radio and video psa's and has produced for each an eye-catching display banner that will inform and likely attract visitors for further discussion at local conferences and events. These retractable banners are lightweight, easy to transport and be set up anywhere.

**Pregnant?**  
**Is it a secret?**  
**Can't care for**  
**your baby?**

Under New Jersey's  
**Safe Haven**  
 law you can safely  
 surrender your  
 newborn to any  
 hospital ER or police  
 station.

**NO QUESTIONS ASKED**

**1-877-839-2339**  
**njsafehaven.org**

  
 NJ Department of Children and Families  
 www.nj.gov/dcf

**¿Estas embarazada?**  
**¿Es un secreto?**  
**¿No puede cuidar**  
**a su bebé?**

Bajo la ley de  
**Safe Haven**  
 de Nueva Jersey puede  
 entregar a su bebé  
 a cualquier sala de  
 emergencia de un hospital  
 o estación de policía.

**SIN PREGUNTAS**

**1-877-839-2339**  
**njsafehaven.org**

  
 Departamento de Niños y Familias de NJ  
 www.nj.gov/dcf

Examples of Safe Haven Retractable Banner

## Challenges

One key challenge is defining the target audience. While we can somewhat narrow it to any female of childbearing age, this is still a rather large audience for conducting a targeted outreach campaign.

Originally, many advocates of the legislation believed that the unsafe abandonment of infants was primarily a problem for pregnant teens. However, information from Safe Haven surrenders and abandonment cases when the mother was identified shows that the mothers' ages ranged from young adolescent to women in their 40s.

Another ongoing challenge has been measuring the effectiveness of outreach efforts. For the lack of a better system, most people have used the numbers of Safe Haven babies safely surrendered compared to the number of infants still being unsafely abandoned to judge whether the outreach



efforts are working. As such, these statistics show us that we still have work to do and probably always will – but the message is increasingly reaching the right people.

The protection of anonymity under the Safe Haven law is one of the most important and key aspects of the program that has made it so effective in saving the lives of newborns. When a mother, father or their designee surrenders an infant under the Safe Haven program, the law clearly states that their identity will be protected. Police or hospital staff who could be approached by a person looking to surrender a baby through Safe Haven are instructed to ask no questions. Unless the individual voluntarily provides information or decides to submit the medical questionnaire provided, the state will have no background information about the baby or the parents beyond what may be physically apparent (sex, race, approximate age, etc.).

Of course, the medical questionnaire that was developed several years ago and designed to be distributed to anyone surrendering an infant under Safe Haven offers some important information, but of course these are not always returned. (*See Attachment H – Medical Questionnaire*)

The challenge created by the anonymity requirement and no-questions-asked policy is that it prevents the state from fully understanding how the awareness campaign may have been effective in convincing a person to access the program and surrender a baby to safe hands.

In addition to this challenge, the Safe Haven program has been viewed as controversial by some, which can lead to some agencies or organizations not wanting to support or promote the program. Although in the beginning some faith-based organizations raised concern that this law may somehow condone or encourage inappropriate behavior and unplanned pregnancies, for the most part individuals and organizations across the state have been very supportive.

The last and most important challenge is that the majority of cases in New Jersey where a mother has been identified after unsafely abandoning her infant, it becomes clear she never disclosed her pregnancy to anyone. The women hid their pregnancy and kept it a secret. This indicates that these women were not preparing to make any decisions about their pregnancies by looking at their options such as prenatal care, adoption or Safe Haven. Furthermore, these women were not consulting friends, family or others who could help them understand other options such as adoption or the Safe Haven program. It seems clear that any person who chooses to hide their pregnancy or remain in a state of denial will be difficult to reach in terms of convincing that person to consider and plan for accessing the Safe Haven program.

But again, statistics show that in New Jersey these are the circumstances surrounding the majority of women who have unsafely abandoned their babies. As such, finding ways to reach them must be a top priority.

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## Recommendations

### 1. Obtain information through an official public poll to assess Safe Haven public awareness

While we are encouraged by the increasing numbers of Safe Haven surrenders compared to abandoned babies, the Task Force members recognized that it may be difficult to assess past and current outreach efforts if we do not fully understand the current level of public awareness in New Jersey.

As a result, the Task Force recommended that DCF contract with a professional research organization to poll New Jersey residents to measure awareness of the law and to analyze the results based on demographics, including geography, race, age and gender.

To fulfill this recommendation, DCF subsequently contracted with Rutgers Eagleton Polling Institute to conduct a survey and worked with the Task Force members to develop the polling questions. On June 24, 2007, the Institute conducted the random poll of over 600 New Jersey residents to gauge public awareness and assess public views regarding the Safe Haven program. Approximately 4,000 random telephone calls were made to obtain a total of 604 respondents. A copy of the survey questions, as well as the complete report and analysis are attached. (*See Attachment I – Rutgers Eagleton Survey/Report*)

In summary, Rutgers Eagleton poll found that 80 percent of those surveyed said they *strongly* approve or approve of the law. The report also concluded that 30 percent of the New Jersey residents surveyed had actually heard of the law.

In comparison to previous polls conducted, the Eagleton Institute informed the Task Force that a 30 percent awareness level is a reasonably good baseline of knowledge for a public policy or program.

Both age and education increased the level of awareness. According to the survey, women knew more about the law (34 percent) compared to men (27 percent). The survey also found that 77 percent of those surveyed felt that the information about the law should be taught in sex education curriculums in public high schools. Women supported this idea at a greater percentage compared to men, 80 percent to 77 percent respectively. The lowest level of support came from residents age 65 and older. Seventy-three percent felt that the message itself was effective enough to get people to use the law.

Geographically, 31 percent of those living in the northern part of the state were aware of the law, compared to 28 percent in the central region and 35 percent in the southern region.

The Task Force also recommended that the state consider periodically updating the research so that DCF has both a recent accounting of public awareness and a basis for comparison to prior

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years. This data may provide DCF with a solid basis to evaluate the effectiveness of outreach activities undertaken during preceding years and to plan new outreach work accordingly.

### **2. Increase outreach to police and hospitals to ensure full knowledge of the law/program by all personnel.**

Reaching people on a face-to-face level is another very effective outreach method and one with the most impact. When the law was first enacted, training sessions were conducted specifically for hospital personnel and police officers so they had a clear understanding of the law. (See *Attachment J – 2007 Hospital /Police Guidelines*)

The Task Force recommends that hospital and police personnel be trained on what to do if they are approached with a Safe Haven surrender. Most importantly, they should always hand the medical questionnaire to the mother (or her designee) and emphasize the importance of the information to the baby's well-being and the fact that they can still remain anonymous despite providing the information.

Obviously, training of this magnitude would demand an extensive and trained staff, something that is not currently feasible. Nonetheless, to address this recommendation, DCF produced posters that clearly state the guidelines/procedures for hospitals and police personnel to follow in case of a Safe Haven surrender. These posters will be hung in plain sight so they are accessible to personnel during all shifts. These guideline posters have been printed and distributed to all of New Jersey's hospital emergency rooms and police stations.

While this may not fully address the state's needs for data to help guide planning and outreach, it will provide these organizations and personnel with accessible information about the laws' parameters so they can quickly address the baby's needs.

### **3. Develop a broader network of partners**

The Task Force believes that the responsibility of raising public awareness must be shouldered by a wider network of partners. While DCF should retain the primary responsibility for outreach, the Task Force recommends that DCF work to involve a wide array of partners who may not have been involved in the past.

These potential partners include but are not limited to:

- Public schools, in particular school nurses and teachers
- City and county government agencies
- Offices or agencies that deliver various social services administered by the Departments of Human Services and Health & Senior Services; such as the WIC program, Temporary Assistance to Needy Families, NJ Family Care, food stamps, etc.
- Colleges and universities

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- Physicians
- Pregnancy crisis centers
- Adoption agencies
- Agencies already contracted to provide services to families through DCF

Also, the Task Force suggests that DCF explore and employ less traditional outreach or advertising activities than those used in the past. For example, placing ads on the monitors positioned at checkout lanes of some supermarkets, advertising on Internet sites, or public service announcements through college radio stations.

In this same vein, the promotion and education of the Safe Haven law was ultimately expanded through the Task Force's very own "networks." Each one of the Task Force members brought a vast network of contacts that they shared with each other and DCF. For example, one member forwarded volunteer packets to all the Federally-Qualified Health Centers throughout the state. Another member promoted the Safe Haven law to her students in a sex education course. A school nurse forwarded volunteer packets and posters to other colleagues and nurses in various districts. Other members provided us with lists of different community organizations, hospital names and pregnancy centers so DCF could forward Safe Haven information. A medical doctor promoted the law through a consortium of health professionals of which she is an active member.

Stemming from the Task Force, DCF will be partnering with various advocates and the New Jersey Department of Health and Senior Services to incorporate the Safe Haven messages with new, statewide outreach on postpartum depression.

#### **4. Improve knowledge of child abuse hotline screeners and expand data collection using the Safe Haven hotline**

The Task Force members recognize that the Safe Haven hotline is a key element of the public awareness campaign. The Safe Haven hotline is 1-877-839-2339. Individuals who call the Safe Haven hotline go directly to the State Central Registry (SCR), otherwise known as the state child abuse hotline, where screeners are responsible for answering questions and providing referrals regarding the Safe Haven program.

A total of 500 calls were received through the hotline in Fiscal Year 2007; this was more than twice the number in Fiscal Year 2006 and more calls than in any prior year, including the first fiscal year that it went into operation.

The number of hotline calls, plus the increase in the number of babies surrendered in 2006, demonstrates that awareness of the hotline number is rising and inspiring people to use the law's protections. The Safe Haven advertising and outreach efforts could be having a positive effect because the phone number is known and used.

However, a Task force member stated that she is aware of instances where individuals who called the hotline spoke with operators that either did not have full knowledge of the Safe Haven



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law or did not have accurate information to provide the callers. The Safe Haven hotline number is a critical component to the awareness campaign, and it is critical that information provided through the hotline is accurate for every caller.

In response to this information and recommendation, DCF has been working with the Director and supervisors of the hotline to expand the hotline screeners' knowledge of the law and create a better mechanism for the screeners to collect useful data.

DCF developed a reference guide, providing information and guidance to the screeners on an easy to use desk top reference so that all the necessary information is readily available for every call. New information is also now available for the screeners providing information and guidance on how to manage and address any caller seeking to regain custody of a child who has been surrendered under Safe Haven.

In addition, a new call sheet has been developed for the screeners to collect and categorize in greater detail information about the caller, the nature of the call and from where they are calling. DCF will monitor this information to see if anything useful information can be obtained about whom may be using the Safe Haven hotline and how they learned about the program or obtained the phone number.

### **5. Change the hotline number**

The Task force believes that the hotline is a key resource and should be continued. However, the members suggest that DCF try to obtain a different telephone hotline. The Task Force felt that the hotline would be easier to remember if it were a catchier and more memorable number to call. Currently the number is 877-839-2339, which is not a number that is easy to remember.

The Task Force recommended that a new number be obtained, one that can be spelled out with some correlation to the name of the Safe Haven program, such as including words like Safe Haven, Safe Baby, etc.

In response to this recommendation, DCF did research through the state's telephone systems administrators and found that all the suggested Safe Haven hotlines had already been taken either by different national, state or local organizations.

Although the initial efforts have not been successful, DCF will continue to research this recommendation on an ongoing basis in the hopes that a useful number becomes available.

It is important to note that in the event DCF is able to obtain a more memorable hotline, the current hotline number will continue to be routed to the same Safe Haven hotline because it is included in all Safe Haven material that has been produced and distributed and these materials could be consulted for many years to come.

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### **6. Continue annual funding for Safe Haven outreach**

As noted before, New Jersey has been fortunate to be one of the states in the nation that has received an annual appropriation to conduct public outreach every year.

The Task Force recommends that this appropriation continue.

### **7. Explore options to gather information from the women who make the often-fatal decision to unsafely abandon their infants in order to better refine outreach methods and message for Safe Haven awareness.**

The Task Force has determined that one of the greatest challenges is connecting with the women who choose to make the tragic decision to abandon their babies. As noted, these women are often particularly difficult to reach because they never disclose their pregnancy to anyone and may have lived in a state of denial, unable to consider or be open to any options available to them. Although in New Jersey this target group of women is very small (26 women over last seven years) each one represents the chance to save a baby's life.

As such, the Task force believes an effort should be made to connect with the women who were identified as having unsafely abandoned a newborn baby and gather information from them about why they took such an ill-fated action.

All criminal charges and sentencing information for any woman who has been criminally charged in New Jersey for unsafely abandoning their infants is a matter of public record. Again, while this is not a large group of women, it is worth considering options for contacting and seeking interviews with these women. Any information gathered from the target group of women should remain confidential. Understanding that these interviews could only be obtained on a volunteer basis, there is clear recognition that this research effort could produce no results or case studies to work with in the end.

The Task Force is also aware that legal counsel for the target women could also advise their clients not to offer interviews and information to support this research effort. The Task Force further recognizes that some women may not want to recall the tragic ordeal at all and there would be no effort to push them.

The Task Force further recommends that the state work with organizations that do Safe Haven related work on a national level to see if any other states have conducted any such type of research. The state could also inquire as to any interest these national organizations may have in leading such research with the 46 states that have Safe Haven laws so that the pool of potential interviewees goes beyond the small group of woman in New Jersey.

The Task Force understands that a research project of this nature could require review and approval by an Institutional Review Board (IRB) and the work and assistance of an outside research company or university.

## 8. Legislative Recommendations

The Task Force is aware that there are several pieces of legislation currently pending that are related to the Safe Haven law. The members chose to focus on and discuss two of types of bills: those that propose expanding the designated Safe Haven locations and those that propose making it mandatory to teach about Safe Haven in school curriculums.

### **Expanding the number of locations designated as Safe Havens for surrendering newborn infants.**

**Summary:** NJ's current Safe Haven law allows a parent or person acting on their behalf to surrender a newborn baby at two types of sites: any hospital emergency room or any state, county or municipal police station. Bills have been proposed that expand the number of surrender sites to include fire stations and the premises of ambulance, first aid and rescue squads that are staffed 24 hours a day, seven days a week.

**Recommendation:** The Task Force members do not recommend expanding the Safe Haven locations to include firehouses and other rescue and first aid units. It is most important to keep the law as simple as possible and the less complicated the law is the better it is for any individual who may decide to surrender an infant under Safe Haven. The members also felt that there was no shortage of availability of Safe Havens, with over 80 hospital emergency rooms and over 500 police stations across the state, each staffed 24-hours a day, seven days a week.

However, the Task Force's primary and most important concern was that most of New Jersey's fire stations are volunteer fire companies, the majority of which are not staffed 24-hours a day. Only 43 out of the 747 fire departments in the state maintain full-time operations with paid fire fighters. The remaining stations are either fully volunteer or a combination of volunteer and paid fire fighters. Because most of New Jersey's fire houses are not open and staffed 24-hours a day, there is too much room for confusion and error by designating firehouses at all – error that could jeopardize the life of a baby someone may have intended to surrender safely under the Safe Haven program. As noted by a mental health professional, women who decide to access the Safe Haven program and surrender an infant are most likely stressed, in a fragile mental state and not prepared to dial or drive around to determine which fire houses operate 24 hours a day.

As such, a woman may know that she heard firehouses are now designated Safe Haven surrender sites and leave a child at any firehouse, including one that is not open. This clearly would not only place the baby in harm's way, but also possibly leave the mother or person surrendering the baby without protection under the Safe Haven law.

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Based on the experience in New Jersey and other states, the Task Force has found the success of the law depends more heavily on keeping the law simple to allow for a more precise public awareness message – not on number or type of Safe Haven sites available.

For example, Louisiana's law designates a wide variety of Safe Havens – including fire stations, police stations, child advocacy centers, pregnancy crisis centers and virtually all health care facilities. Yet between April 2000 (when Louisiana's law was enacted) and October 2005, only four babies were dropped off at Safe Havens while 23 were abandoned unsafely, including 17 who did not survive. There were actually no babies surrendered under Safe Haven until the state began a public awareness campaign in 2004.

In Illinois – where hospitals, police, fire and rescue stations are designated as Safe Havens – 27 children have been safely surrendered since 2001. During the same years, however, 43 children were unsafely abandoned, 21 of whom died.

Florida has a similar law to Illinois, but actually had 59 babies surrendered safely since 2000, compared to 33 abandoned babies.

And in California, which designates only hospitals as Safe Haven locations, 182 babies have been surrendered safely since 2001, including 60 in 2006 alone. The relative success in both states would seem attributable to outreach efforts. The California Department of Social Services has received more than \$1 million in grant funding to raise awareness. In Florida, a private, non-profit organization – the Gloria M. Silverio Foundation – works extensively to promote awareness of the Safe Haven law.

Other states have nonprofit organizations or foundations working to support Safe Haven as well, and a National Safe Haven Alliance – based in Washington, D.C. – has been formed to serve as an information clearinghouse and a Safe Haven resource for all states. DCF staff members have met with representatives of this organization, and the Task Force believes that working with the alliance will help considerably, as New Jersey continues trying to strengthen outreach efforts.

It is important to note, however, that under the current Safe Haven law, a person can already safely and legally surrender a baby to any firehouse staff. In fact the law says that parents can designate any other person to deliver the baby to a designated Safe Haven on their behalf.



**Requiring schools to provide instruction on the NJ Safe Haven Infant Protection Act as part of core curriculum standards.**

**Summary:** Task Force reviewed and discussed the benefits and potential concerns associated with requiring Safe Haven to be included in the school health education curriculum in public schools from grades 9 to 12. Bills have been proposed requiring each board of education which operates an educational program for public school students in grades 9 through 12 to provide information on the provisions of the New Jersey Safe Haven Infant Protection Act. The bills further specify that the instruction will take place as part of the district's implementation of the Core Curriculum Content Standards in Comprehensive Health and Physical Education. (*Attachment K-Current Health/Physical Education curriculum standards*)

**Recommendation:** The Task Force supports requiring lessons about the Safe Haven program be included in school curriculums. The results of the Safe Haven public poll also show that this would be supported by the general public. The bill statement highlights that newborn infants are sometimes abandoned by teens who are frightened and overwhelmed with dealing with an unanticipated and unwanted pregnancy. Fostering awareness of the availability of a "Safe Haven" provided under the law may ultimately help to protect the life of a newborn.

As noted before, one of the greatest challenges we must address is the fact that most women who have unsafely abandoned their baby in New Jersey never told anyone they were pregnant. This issue should be taken straight on and highlighted in the curriculum, stressing that even if one chooses not to reveal their pregnancy, which would not be recommended, they should never feel that their only option is to keep their secret or to continue to conceal their pregnancy to the end and unsafely abandon their newborn. There is always the option to safely, legally and anonymously surrender and save the life of a baby.

These bills would be further supported by legislation recently passed by the legislature and signed into law by the Governor (A277 and S1621), which requires distribution of pamphlets, posters and other educational materials informing public school students of New Jersey's Safe Haven Infant Protection Act.

## *Safe Haven Promotion Task Force Report*

*September 2007*

### Acknowledgements

First and foremost, the New Jersey Legislature and Governor Corzine are to be commended for their leadership in establishing this Task Force and their continued funding support to promote awareness about the Safe Haven program. Recognition is also due to the many volunteers, child advocates, community leaders, health professionals and all those throughout the state who have helped build public awareness about this program.

It is also appropriate to thank every public member who served on this Task Force. As incredibly busy as they all are, each took the time to meet, discuss, review and analyze every topic that came to the Task Force's agenda in regards to this law and the outreach efforts. Each member approached the work of this Task Force with a positive outlook and a selfless commitment to thoroughly review the issues and present ideas in order to improve the Safe Haven program for the benefit of women, families and infants throughout New Jersey.

## ATTACHMENTS

Safe Haven Awareness Promotion Task Force Law.....	A
Safe Haven Awareness Promotion Task Force Members .....	B
Safe Haven laws by State/ Age.....	C
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