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## **ABSTRACT**

### **SAFE HAVEN INFANT PROTECTION: INCIDENCE OF USE AND CHARACTERISTICS OF SURRENDERED INFANTS AND RELINQUISHING USERS**

**by  
Sallie Anne Porter**

Background: Safe Haven Infant Protection (SHIP) laws are variously-titled state-level laws that permit infants to be surrendered to designated persons and/or places in a generally anonymous fashion with prescribed limits on prosecution.

Objective: The objective of this study was to determine the number of infants surrendered under SHIP laws in the United States, detail the characteristics of surrendered Safe Haven (SH) infants and relinquishing users, and directly compare the SH infant/relinquishing user population and the discarded infant/discarding mother populations.

Methods: Non-profit reports and communications, government documents and communications, and media reports provided the basis of the national SH estimate. Data were collected over a three year period. A second data base combining 206 surrendered SH infant/relinquishing user cases from the states of California, Illinois, Michigan and New Jersey was built using data from multiple convenience-based government, non-profit and media sources. Third, a data base combining New Jersey's 33 SH infants and 27 discarded infants was created using data from the State of New Jersey and media sources.

Results: *National Tally*-A total 1,479 infants were identified as surrendered under SHIP law as of December 31, 2008. *Four state sample*-Both male and female infants have been surrendered. Infants of various ethnicities have also been surrendered. Most SH infants are given up on their first day of life and most are born in hospitals. Most relinquishing users chose a hospital for their surrender site. February and March are the most common months of SH infant surrender. The maternal age range for SH relinquishment is 15-42 years of age. *New Jersey*-Survival of SH infants is significantly higher than that of discarded infants. One-half of infants are discarded during the winter months and 1/3 of SH infants are relinquished in spring months. Black infants were statistically overrepresented among discarded and SH infants.

Conclusion: SH law is being used more than previously reported. SH law is being used as expected in relation to infant gender, infant race/ethnicity, mode of maternal age, and day of use. SH is being used by a broader range of maternal ages and by women who gave birth in hospital in numbers greater than expected. SHIP laws appear to reach a portion of their intended audience with SH infants surviving significantly more than discarded infants.



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**A Dissertation  
Submitted to the Faculty of  
New Jersey Institute of Technology,  
Rutgers, The State University of New Jersey - Newark  
And The University of Medicine and Dentistry of New Jersey  
in Partial Fulfillment of the Requirements for the Degree of  
Doctor of Philosophy in Urban Systems**

**January 2010**

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**APPROVAL PAGE**

**SAFE HAVEN INFANT PROTECTION: INCIDENCE OF USE  
AND CHARACTERISTICS OF SURRENDERED INFANTS AND  
RELINQUISHING USERS**

**Sallie Anne Porter**

Dr. Jeffrey R. Backstrand, Dissertation Adviser  
Associate Professor, School of Nursing, UMDNJ

10/20/09

Date

Dr. Barbara Caldwell, Committee Member  
Associate Professor, School of Nursing, UMDNJ

10/20/09

Date

Dr. Huey-Shys Chen, Committee Member  
Associate Professor, School of Nursing, UMDNJ

10/20/09

Date

Dr. Elizabeth Parietti, Committee Member  
Associate Professor, Fairleigh Dickinson University

11/09/09

Date

Dr. Dennis E. Gale, Committee Member  
Professor Emeritus, School of Public Affairs and Administration, Rutgers University

02.25.2009

Date

## **BIOGRAPHICAL SKETCH**

**Author:** Sallie Anne Porter  
**Degree:** Doctor of Philosophy  
**Date:** January 2010

### **Undergraduate and Graduate Education:**

- Doctor of Philosophy in Urban Systems  
New Jersey Institute of Technology, Newark, NJ, 2010  
Rutgers, The State University of New Jersey, Newark, NJ, 2010  
University of Medicine and Dentistry of New Jersey, Newark, NJ, 2010
- Post-Masters Certificate/Pediatric Nurse Practitioner  
Seton Hall University, South Orange, NJ, 2000
- Masters of Science in Parent-Child Nursing  
Rutgers, The State University of New Jersey, Newark, NJ, 1988
- Bachelor of Science in Nursing  
Georgetown University, Washington, DC, 1983

**Major:** Urban Systems

For all the babies from whom I have learned so much.

## ACKNOWLEDGMENT

I would like to express my deepest appreciation to Dr. Jeffrey Backstrand who served as my dissertation adviser and provided able support, valuable ideas and helpful expertise always with a spirit of good humor. Special thanks are given to Dr. Barbara Caldwell, Dr. Huey-Shys Chen, Dr. Dennis E. Gale, and Dr. Elizabeth Parietti for sharing their insight and expertise as members of my committee

I wish to acknowledge the University of Medicine and Dentistry of New Jersey School of Nursing for their partial funding of this dissertation. I also wish to acknowledge the Helene Fuld Health Policy Leadership Fellowship, the Eagleton Institute of Politics Harold and Reba Martin Fellowship, and the University of Medicine and Dentistry of New Jersey Foundation and School of Nursing for their partial funding of my doctoral studies.

Thank you to my fellow graduate students, most especially Rubab Qureshi and Lynne Rosenberg, for their encouragement and support. Thank you to my co-workers and the trustees of Hudson Cradle Infant Home for their encouragement and support. Thank you to Dawn Geras of the Save Abandoned Babies Foundation in Chicago, Illinois for being generous in both spirit and deed. And finally thank you to my dear family especially my Mother, Sister, Brother, and Nephews for their support and to my late Father for instilling in me a love of learning and desire for education.

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# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 Purpose**

This dissertation addresses the urban health/social problem of discarded (abandoned) infants and Safe Haven Infant Protection legislation. Specifically, it details the number of infants surrendered under Safe Haven law in the United States and the characteristics of surrendered Safe Haven infants and relinquishing Safe Haven users. It also directly compares the Safe Haven infant population and the discarded infant population in New Jersey.

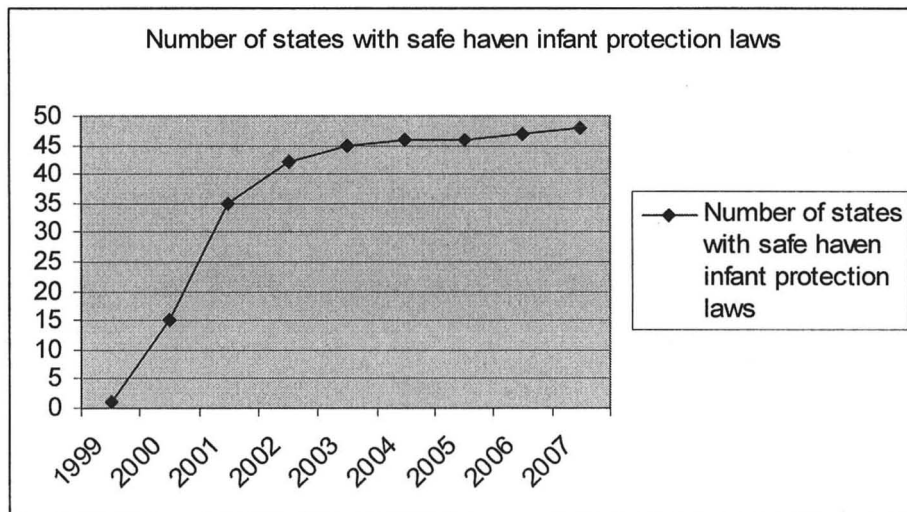
### **1.2 Background Information**

In 1999, the state of Texas, as a public policy response to the discovery of 13 discarded infants in the Houston-area during a 10-month period, passed the Baby Moses Act. Texas's current Baby Moses Act allows a parent to legally abandon her/his baby to "a designated emergency infant care provider," including any hospital, fire rescue station or emergency medical technician as long as the baby is less than 60 days old and the parent intends not to return for the child (State of Texas, 2006). As long as the infant appears unharmed the police are not notified.

In the next five years (2000-2004), 45 states followed Texas's lead and enacted their own Baby Moses Acts, more commonly known outside of Texas as Safe Haven Infant Protection Acts (See Table 1.1). Safe Haven Infant Protection Laws are variously titled state-level laws that strive to simultaneously ensure infant safety and to permit

infants to be surrendered to ‘authorities’ in a legal and anonymous fashion, sometimes with limits on prosecution. Other act titles include (but not limited to) *Voluntary Delivery of a Child* (Arkansas), *Newborn Protection Act* (Iowa), *Safely Surrendered Baby law* (California), *Safe Surrender* (North Carolina), *Daniel’s Law* (South Carolina), *Safe Delivery of Newborns* (Michigan), *A Safe Place for Newborns* (Georgia), and *Safety of Newborn Children* (Washington). By February 2008, all 50 states had passed Safe Haven laws.

**Table 1.1** Cumulative Number of States with Safe Haven Infant Protection Laws, 1999-2007 (as of July 17, 2007)



Sources: Abel, 2005; BabySafeHaven, 2007; Bernstein, 2001; Lundstrom, 2003; National Conference of State Legislators, 2003; Wiltenburg, 2003.

These statutes appear to be largely predicated on the unproven assertion that there is an overlap in the populations of Safe Haven babies and would-be discarded infants (See Figure 1.1). The intention of Safe Haven Infant Protection law is to save infants’

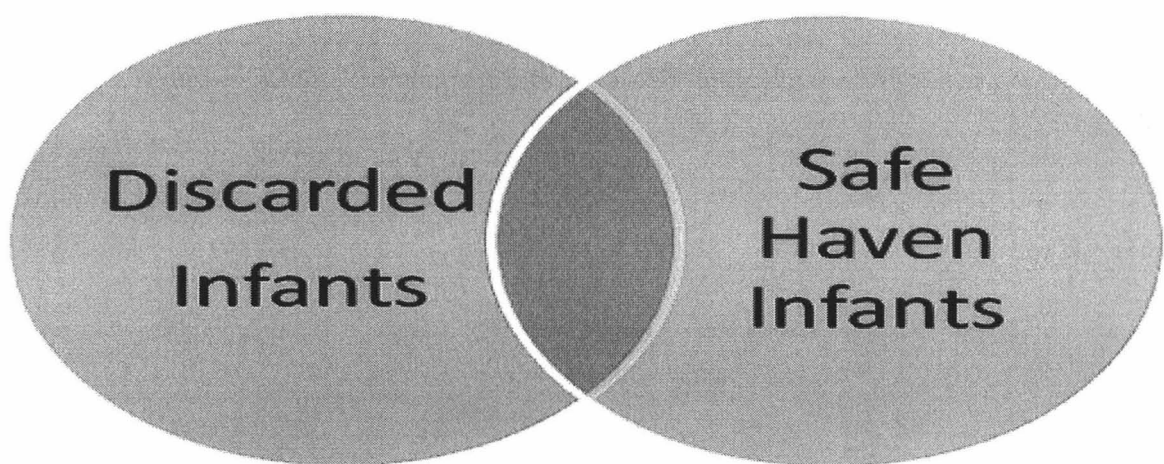
lives by having mothers, who would otherwise discard their infants, more safely relinquish the infant at an approved Safe Haven site (National Abandoned Infants Assistance Resource Center, 2005; Philipsen, 2003). The National Safe Haven Alliance states that Safe Haven law will “prevent infanticide and unsafe newborn abandonment (National Safe Haven Alliance, 2009). In other words, supporters of Safe Haven Infant Protection legislation believed that women who were considering discarding an infant, would be inclined to make use of the Safe Haven option instead, if it was available. These statutes mark a significant change in public policy by decriminalizing infant abandonment under certain circumstances (Bernstein, 2001).

Discarded infants (typically labeled as abandoned infants by the media and the general public) are defined by the United States Department of Health and Human Services as “newborns who have been abandoned in public places, other than hospitals, without care or supervision” (US Department of Health and Human Services, 2001). The Child Welfare League of America prefers the term *baby abandonment* defined as: “discarding or leaving alone for an extended period of time an infant under the age of 12 months in a public or private setting with the intent to relinquish care of or responsibility for the infant” (2000). Another term synonymous with discarded infant and most often used in older literature, is *foundling*.

Neonaticide is the killing of a newborn during the first day of life (Resnick, 1970). Mothers may view the discarding of an infant as an alternative to neonaticide (Schwartz & Isser, 2000). Some authorities believe neonaticide has a relationship to discarded infants (National Abandoned Infants Resource Center, 2004). Other experts doubt that there is a substantial relationship between the phenomena of discarded infants

and neonaticide (Pollack & Hittle, 2003). In other words, characteristics of women who discard or kill a infant may be very different from characteristics and motivations of women who use the Safe Haven Infant Protection option.

Safe Haven Infant Protection infants are those surrendered to a legally-sanctioned institution (e.g., hospital, police station, fire house) by a parent or parental representative and relinquished to the state's care. Safe Haven Infant Protection laws provide a mechanism to ensure infant safety as well as often providing anonymity, and sometimes freedom from prosecution, for parents or other sanctioned caregivers surrendering an infant. Safe Haven Infant Protection Laws also empower the institution (e.g., hospital) receiving the surrendered infant to provide for the infant's safety and health care needs (Pollack & Hittle, 2003). A medical and family history may be requested from the person relinquishing the infant, but she/he is not required to provide any such information.



**Figure 1.1.** Safe Haven Infant Protection Act assumption.

### **1.3 Research Statement**

The purpose of this study is to document the use of Safe Haven Infant Protection and the characteristics of Safe Haven infants and their relinquishing users and to assess whether these characteristics are similar to those of discarded (abandoned) infants and abandoning mothers.

The major research questions are:

- (1) How many infants have been surrendered under Safe Haven laws?
- (2) What are the characteristics of Safe Haven infants?
- (3) What are the characteristics of relinquishing Safe Haven users?
- (4) What are the patterns and associations of Safe Haven use?
- (5) Do the characteristics of Safe Haven infants support the assumption that discarded infants and Safe Haven infants have characteristics in common?

### **1.4 Significance**

The protection of children is a fundamental societal responsibility. Each discarded infant whether found dead, found alive or never found at all represents a profound social failure (Lusk, 2001). Hudson County, New Jersey Prosecutor Edward DeFazio believes that each incident of an infant being discarded “really diminishes our society” (Conte, 2006). This failure is not just that of an individual, but rather of a society as a whole. In an instance involving an adolescent girl, it means not only a failure on the part of the young mother, but also a failure on the part of the family, the community, the school system, health care providers, and others who have not provided the necessary supports. By improving our knowledge about discarded infants and Safe Haven infants, we can help ensure that

society learns from its failures and does better for all involved – infant, mother, family, community, and society.

A profound social failure requires a policy response. Although thought to be small in number, babies discarded in public places are a social problem that has generated (as of February 2008) a policy response in 50 states. The Safe Haven Infant Protection Act policy response appears predicated on the presumed overlap of would-be discarded infants with Safe Haven infants (See Figure 1.1). This assumption is untested and without demography of Safe Haven infants and relinquishing users it is impossible to support or reject this assumption. For Safe Haven Infant Protection to work as intended, women who may have discarded their infant would need to use the Safe Haven option instead.

It is important to shed light on this issue because policies have been put in place in all 50 states that use financial resources that might be better allocated elsewhere. In addition, Safe Haven Infant Protection has potential emotional and physical ‘costs’ to the surrendered infants who may never know their birth parents and family or family and birth history. Answering this question will help determine if Safe Haven Infant Protection is accomplishing (e.g., reaching the intended population) what supporters and legislators intended it to do.

### **1.5 Potential Use of Study Findings**

The primary target audience of the dissertation is policy makers and professionals from the fields of public health and child welfare. With a basic understanding of who uses Safe Haven Infant Protection and how Safe Haven Infant Protection is used, professionals may be better able to design improvements in Safe Haven promotion and

discarding/neonaticide prevention efforts, social policy refinements, and better targeted social marketing campaigns.

### **1.6 Discarded Infants and Safe Haven Infants as an Urban Issue**

Although certainly not exclusively an urban issue; the problem of discarded infants may be (and is often) conceptualized as one. However, the validity of this conceptualization is hampered by the lack of national discarded infant data concerning prevalence, incidence and demographics. A search at the *Forum on Child and Family Statistics* (ChildStat.gov) for the following key words: *discarded*, *abandoned*, *surrendered*, and *safe haven*, all with and without the qualifier *infants*, found no results. However, evidence that discarded infants and Safe Haven infants are an urban problem can be found in historical documents, research studies, and media reports.

Historically, the issue of discarded infants has been an urban one. Urban documentarian and crusader, Jacob A. Riis bemoaned the police finding three or four discarded infants each night during especially cold or hot periods (1890). The police generally found the babies in hallways or in well-to-do areas (Riis, 1890). Riis theorized that infants were discarded in wealthier areas by distraught mothers who hoped that a family of means would find and adopt the infant (Riis, 1890). Riis reported that, in one year, 170 discarded infants were discovered in New York City (1890). An additional 72 discarded infants were found dead (Riis, 1890).

Urban health is often conceptualized from a health disparities perspective. African-Americans and other minorities are statistically overrepresented in infant mortality, infant health and child welfare statistics (Berrick, Needell, Barth & Jonson-



Reid, 1998; Galea & Vlahov, 2005). Similar racial disparities might exist with respect to discarded infants and Safe Haven infants. A North Carolina based study found that almost 53 percent of infants found dead or discovered shortly before perishing were black (Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003). During the study period blacks represented just 28 percent of all live births in North Carolina (Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003).

Homicide rates (including infanticide) are higher in urban areas than non-urban places (Galea & Vlahov, 2005). The risk for being a homicide victim is at least ten times higher on the first day of life than at any other time during the lifespan (Centers for Disease Control and Prevention, 2002). This is important if relationships between neonaticide and discarded infants and between discarded infants and Safe Haven infants exist; because if true, Safe Haven policies and associated efforts should then focus most strongly on the first day of life.

Health care access issues also affect many urban areas. Later entrance into prenatal care by a pregnant woman is associated with increased risk of infanticide. No prenatal care (at all) increases this risk even more (Gruss, 2006).

More than half of the first sixteen infants surrendered via New Jersey's Safe Haven Infant Protection Act originated in urbanized Essex and Hudson counties (George, 2004). Almost one-third of the first 23 infants were relinquished in highly urbanized, densely-populated Hudson County alone (Garretson, 2006). These statistics support the premise that Safe Haven infants are an urban issue.

### 1.7 Urban Systems, Urban Health, and Social Disparities of Health

The urban systems field strives to improve the health, safety and welfare of city dwellers (Gale, 2002). Urban Systems is expected to take an integrated, transdisciplinary approach to the major problems affecting metropolitan areas. Urban systems problems may be framed in two different ways. The first framing is as a population-focused issue. The second framing is as a disparities-focused issue.

The population-focused framework's unit of interest is all the residents of a particular city or cities regardless of race or socioeconomic status. This framework is often used by urban planners or architects creating sustainable *green* projects. The population-focused framework is the one that considers issues such as these: use and usability of parks, agglomeration economies, economies of scale, transportation hubs, and energy reliability. For the joint Urban Systems program, it is the framework most often seen in the urban environment specialization, but is also seen in the urban health specialization around issues such as health insurance and evolution of the medical profession (Starr, 1982). The urban sprawl approach (focusing on urban creep into formerly suburban and rural areas) to urban health works within this population-based framework (Freudenberg, Galea, & Vlahov, 2005). A transdisciplinary example of this population-focused framework can be found in many articles included the September 2003 issue of the *American Journal of Public Health* that focused on (overall) health and the built (urban) environment.

The disparities-focused approach examines specific segments of the metropolitan population, usually segments defined by race and/or ethnicity, socioeconomic status, so-called low-skilled employment, and/or opportunity deprivation. The disparities-focused

framework is often used in public health and in education. The disparities-focused framework is the one that is sometimes used to consider issues of immunization, black infant mortality, high school drop-out rates, and variations in scholastic achievement. The urban health penalty approach (focusing on concentration of poor people and exposure to negative environmental factors in cities) works within this disparities-focused framework (Freudenberg, Galea, & Vlahov, 2005). For the joint Urban Systems program, the disparities-focused framework is most relevant to the urban health track and urban education policy track.

As there is no one agreed upon definition for surrendered Safe Haven infants, there is no one agreed upon definition for social disparity of health. A comprehensive review found 11 definitions for social disparity of health (Carter-Pokras & Baquet, 2002). This paper will use the National Institutes of Health definition: social disparity of health is the *differences in the incidence, prevalence, mortality, and burden of diseases and other health conditions that exist among specific population groups in the United States. Research on health disparities related to socioeconomic status is also encompassed in this definition* (2002).

Urban health, especially, is often conceptualized from a health disparities approach. Research studies have looked at increased risk of sexual assault among homeless women, higher risk of obesity in blacks than whites, less access to medical care by the poor, later entry to prenatal care among minorities, and the relationships of race, income, urbanicity, and asthma in an attempt to document health disparities (Braveman, Egerter, Cubbin, & Marchi, 2004; Lethbridge-Cekju, Schiller & Bernadel, 2004; Mayberry, Mili & Ofili, 2000; Ray, Thamer, Fadillioglu, & Gergen, 1998). It is clear that

disparities-focused research is a framework that can apply to many different conditions and issues.

Health disparities may occur due to many different factors: less access to health care, poor quality of health care, lifestyle choices, limited opportunities, institutional racism, stressful environment, environmental pollution, and low-skilled employment (Volkers, Westert & Schellevis, 2007). In child welfare, unequal opportunities for minorities, especially black children, may be related to poverty, place of residence, discrimination, child welfare system practices, and lack of culturally competent care (The Annie E. Casey Foundation; National Coalition for Child Protection Reform; 2009; Williams-Mbengue & Christian, 2007).

### **1.8 Potential Ethnic Disparities in Discarded Infants and Use of Safe Haven Infant Protection**

For the purposes of this dissertation, a disparities-approach will be used as African-Americans and other minorities are (statistically) overrepresented in infant mortality, infant health, and child welfare statistics (Berrick, Needell, Barth & Jonson-Reid, 1998; Galea & Vlahov, 2005). Therefore, similar ethnic and other disparities could potentially occur with discarded infants and Safe Haven infants.

There are several examples of this ethnic overrepresentation in the research literature. As noted previously, a North Carolina study found that almost 53 percent of abandoned infants killed or discovered alive, but perishing shortly after discovery were black (Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003). As also noted previously, during the study period, blacks represented just 28 percent of all live births in North Carolina (Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003). According to

the United States Census (2000), African-Americans represent 15.0% of the population, yet African-American children make up 37.0% of children in foster care (Center for Social Policy, 2004). African-American children are disproportionately represented in foster care in 46 states (Center for Social Policy, 2004). Perhaps, this ethnic disparity could be extended to both discarded infants discovered alive and to Safe Haven infants. Only Pruitt's study (2008) compares discarded infants and Safe Haven infants in general or along ethnic lines.

### **1.9 Public Policy and Safe Haven's Assumed Effect on Discarded Infants**

Policy making arises not in a vacuum, but rather in both a historical and social milieu (Mooij & de Vos, 2003). This context influences both the formulation and implementation of policy. Policy can be viewed as a prescription based on rational decision-making or as a result of social and political pressures, but either way the goal of policy making is generally that some sort of positive impact is effected (Theodoulou & Cahn, 1995).

Policy makers enact policy in order to have some kind of impact (Theodoulou & Cahn, 1995). This impact can be symbolic or tangible or both (Dye, 2002). For sponsors of Safe Haven Infant Protection legislation, the symbolic impact took place with the passage and implementation of the law, as then policymakers could tell the public they had done something about the problem of discarded infants. A tangible impact would likely include a decrease in the number of discarded infants as well as well-documented, consistent use of Safe Haven surrender laws or the results of a thoughtful analysis of the formulation and implementation of the Safe Haven Infant Protection Acts.

The relationship between neonaticide and discarded infants is still a matter of debate (National Abandoned Infants Resource Center, 2004; Pollak & Hittle, 2003; Schwartz & Isser, 2000). Safe Haven Infant Protection Laws in 50 states appear to be predicated on an expansion of this not yet fully substantiated assumption. The expanded assumption is that there is an overlap in the population of potential discarded infants and potential Safe Haven infants. Part of this study will explore whether there is an overlap in the characteristics of discarded infants and surrendered Safe Haven infants. Little basic information exists on the fundamental characteristics of Safe Haven infants and relinquishing Safe Haven users (Freidman & Resnick, 2009).

### **1.10 Research Questions**

Using this disparities-focused/public policy framework as a foundation for inquiry, this dissertation will determine:

- (1) How many infants have been surrendered under Safe Haven laws?
- (2) What are the characteristics of Safe Haven infants?
  - What are the genders of the infants?
  - What are the ethnicities of the infants?
  - At what age are the infants surrendered?
  - What are the birth sites (i.e., hospital or not in hospital) of the infants?
  - What is the health status (i.e., medical condition reported or not) of the infants at the time of surrender?
  - What is the ultimate custody status (i.e., adopted or reclaimed) of the infants?
- (3) What are the characteristics of relinquishing Safe Haven users?
  - What are the ethnicities of the mothers?
  - What are the ages of the mothers?
  - What are the ages of the fathers?

(4) What are the patterns and associations of Safe Haven use?

- What surrender sites are used?
- What is the month of surrender?
- Is father of infant present at surrender?
- Is there an association between infant's ethnicity and gender?
- Is there an association between infant's ethnicity and surrender site?
- Is there an association between infant's ethnicity and maternal age?
- Is there an association between infant's place of birth and surrender site?
- Is there an association between surrender site and maternal age?
- Is there an association between maternal age and month of surrender?

(5) Do the characteristics of Safe Haven infants support the Safe Haven policy assumption that discarded/abandoned infants and Safe Haven infants have characteristics in common?

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

In 1999, Texas became the first state to enact Safe Haven Infant Protection legislation-a response to the discovery of 13 discarded/abandoned infants (including three infants found dead) in a short period of time near Houston (Williams-Mbengue, 2001). Safe Haven Infant Protection laws are variously-titled state-level laws that ensure infant safety and permit unharmed infants to be surrendered to designated persons and/or at designated places in a generally anonymous fashion often with prescribed limits on prosecution. As of February 2008, all 50 states have enacted varying forms of Safe Haven legislation with more than 1,355 infants being surrendered under Safe Haven laws.

Only one published study has described the basic demography (i.e., gender, ethnicity, age of mother, site of surrender) of surrendered Safe Haven infants in Texas (Pruitt, 2008). The potentially related areas of discarded infants and neonaticide will be discussed along with Safe Haven Infant Protection in this literature review.

#### **2.2 Historical Responses to Discarded Infants**

The social and health issue of discarded infants is not a new one. Discarded infants date to the origins of recorded history (Pitt & Bales, 1995). Examples of discarded infants are found in Greek mythology (Baby Oedipus) and in the Old Testament (Baby Moses) (Pitt & Bale, 1995). China criminalized the discarding of infants in the 17<sup>th</sup> century (Johnson, 1996).



The Archbishop of Milan in 787 AD set up a system to rescue discarded infants (Schneider & Macey, 2004). The Archbishop had a cradle attached to a church door. The person dropping off the so-called *little stranger* would ring a bell causing the door to turn inward, bringing the infant to safety (Schneider & Macey, 2004). The Archbishop's infant rescue efforts were replicated by others throughout Europe and disseminated by missionaries as they moved from one country to another (Schneider & Macey, 2004). These discarded infant revolving rescue devices even had special names: *ruota* in Italy, *roda* in Portugal, and *la tour* in France (Schwartz & Isser, 2000).

The rise of cities after the decline of feudalism coincided with an increase in the number of discarded infants (Schneider & Macey, 2004). Schneider & Macey (2004) stated that social and economic turmoil, poverty, and contagious diseases, all associated with urban life, contributed to an increase in the numbers of discarded infants. Infants were more likely to be discarded than killed outright during this time (Schwartz & Isser, 2000).

In an effort to stem infant death after abandonment, a 1547 law required Parisian nobility to care for infants discarded within the confines of their lands (Schneider & Macey, 2004). An increase in illegitimacy, along with poverty and other conditions related to low socio-economic status during the 17<sup>th</sup> century, coincided with the crest of infant abandonment in Paris, where an estimated 7,000-30,000 infants were discarded annually (Schneider & Macey, 2004; Schwartz & Isser, 2000). One area of Europe that had little problem with discarded infants was the Basque region; there, single motherhood held much less stigma (Schwartz & Isser, 2000).

Historically, discarded infants have also been a problem in the United States. For the years 1861-1871, 900 infants were discarded in New York State (Pertman, 2003). As previously noted, Jacob A. Riis in *How the Other Half Lives* documented 170 discarded infants in one year who were discovered in New York City and brought to Randall Island Hospital by police (1890). The police generally found the discarded babies in hallways or in well-to-do areas. Riis hypothesized that infants were discarded in high-income areas by distraught mothers who hoped that wealthy families would find and adopt the infants (Riis, 1890). An additional 72 discarded infants were found dead (Riis, 1890).

Riis also described a very early precursor to Safe Haven Infant Protection laws in the United States—a small crib placed just inside the door of the Sisters of Charity Foundling Asylum in downtown New York City, where mothers could surrender their infants with no questions asked (Riis, 1890). In just one year 1,100 such infants were cared for on-site at the Foundling Asylum. An even greater number of discarded infants were boarded out (so-called *pay babies*) with breastfeeding women in private homes (Riis, 1890). The rescued infants were generally adopted at age four or five by families in the western part of the United States (Riis, 1890).

### **2.3 Cultural Issues, Discarded Infants, and Neonaticide**

The phenomenon of discarded infants and neonaticide is not limited to cities in the United States. Sex ratios and anthropologic reports point to a high rate of female infant homicide among certain Canada Inuit groups (Pitt & Bale, 1995). Brazil will prosecute a mother for killing her newborn, but not for discarding or neglecting the baby (See Figure 2.1; Pitt & Bale, 1995). The Republic of Georgia (in the former Soviet Union) continues

to struggle with discarded infants (World Vision International, 2006). Italy places signs on dumpsters stating *Not for babies* to discourage their use for the discarding of newborns (Levene, 1998). A similar outreach strategy to place stickers on all dumpsters in Los Angeles, California was rejected in 2005 as too expensive to implement (Fausett, 2005).



**Figure 2.1** Discarded infant female found alive, Brazil, 2006.

Source: Associated Press, January 30, 2006.

A cultural preference for sons is prevalent in most of South Asia (Oberman, 2003). In India this is evidenced by “a deeply skewed” gender ratio (Oberman, 2003). The poorer the area, the greater the ratio of male children to female children (Oberman, 2003). In Maduri, India, among the low-caste Kellar, female infant homicide is socially constructed as equivalent to abortion (Pitt & Bale, 1995). One government study found

that of 600 Kellar female infants born in a government hospital, 570 were dead within a few days of birth (Oberman, 2003).

In Fiji (where about half the population derives ancestry from India-born indentured servants who immigrated during the late 19th and early 20<sup>th</sup> century), neonaticide occurs among mostly young, single, and economically-deprived women (Oberman, 2003). Domestic violence is also a key factor (Oberman, 2003). Local experts in Fiji believe the root cause of infant abandonment is poverty (Oberman, 2003).

The discarding and murder of female infants in China is well-publicized. A mix of long-standing cultural beliefs, government policy limiting births per family, and socio-economic pressures has contributed to over 1,000,000 *missing girls* per year - many of whom are believed to have been discarded and subsequently delivered to orphanages or found dead (Johnson, 1996). However, like the United States, official government records documenting discarded infants in China are not available (Johnson, 1996). Despite, long-time criminalization of the offense, parents in China who discard their offspring are rarely prosecuted (Johnson, 1996).

In Japan, the practice of *makibi*, which originally described the process of thinning vegetable crops, is now used to describe the practice of killing female infants as a means of population control (Kaye, Borenstein & Donnelly, 1990). There was a sharp increase in the rate of female neonatal mortality in Japan during 1966 related to the belief that it was bad luck for a female baby to be born in the year of the Fire Horse (Kaye, Borenstein, & Donnelly, 1990). The year of the Fire Horse occurs every 60 years as per the Chinese Almanac (Kaye, Borenstein, & Donnelly, 1990). Infants in Japan have been discarded (and found dead) in coin-operated lockers (Schwartz & Isser, 2000).

The discarding of infants appears to be on the rise in Hungary, despite pro-birth policies (Oberman, 2003). Dead and alive newborns have been discovered in a variety of public and semi-public places, including parks, sewers, and abandoned buildings (Oberman, 2003). Local authorities cite the high cost of contraceptives, adolescent sexual activity, restrictive abortion policy, poverty, and violence against women as probable causes (Oberman, 2003).

The use of the Safe Haven approach as a method of preventing the discarding of infants today is also not limited to the United States. Infant Safe Havens exist in the form of a cushioned mailbox in South Africa, a revolving window in Florence, Italy, and heated cots with alarms in Germany (Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003). The problem of discarded infants (predominately female infants) recently received a great deal of attention in Pakistan. The Edhi Foundation has placed 315 cradles throughout Pakistan as part of its *cradle baby* program rescuing an average of 650 newborns annually (Terziwiff, 2006).

## **2.4 Responses to Discarded Infants in the Contemporary United States**

Prior to 1999 there were efforts to address the issue of discarded infants outside of the public policy realm of law making, court decisions, or executive actions. These efforts included a 24-hour hotline in California for mothers thinking of discarding their infants, burial services in California and New York for infants who died as the result of being discarded, as well as a private infant Safe Haven in Alabama (Pollack & Hittle, 2003). In Pittsburgh, Pennsylvania, hundreds of families placed blanket-lined baskets on their front

porches indicating a willingness to accept a discarded infant (Hampson, 2000). Traditional adoption, of course, and abortion also remain as options.

### **2.5 Mobile County, Alabama's A Secret Safe Place for Newborns**

In the United States, Safe Haven Infant Protection policy originated locally as a law at the county-level in Mobile County, Alabama. Television reporter Jodi Brooks took note that the discarding of infants was not confined to just one geographic area. Brooks approached the Mobile County district attorney, John Tyson about whether he would prosecute a new mother who safely handed over a baby if the mother did not want or was unable to care for the infant. Tyson (who had just finished convicting a well-to-do mother and grandmother for drowning a newborn boy in order to keep his birth a secret) said he would not prosecute in such an instance (Volvo for Life Awards: John Tyson, 2004). Both the district attorney and the state attorney eventually agreed not to file criminal charges in such instances (Volvo for Life Awards: John Tyson, 2004). Brooks and Tyson approached hospitals next and *A Secret Safe Place for Newborns* began in November 1998. The cooperation of social services agencies was also sought in order to facilitate the placement of surrendered Safe Haven infants in homes.

In Mobile County, when a mother surrenders an infant at the hospital, she receives information about free counseling and medical services, a letter explaining what will happen to/with the baby, and a medical history form that the mother can elect to complete and return by mail (Court TV online chat, 2000). As of October 2000, eight babies had been surrendered. By February 25, 2008, 21 infants had been surrendered in

Alabama with 16 of the 21 surrendered in Mobile County as of June 2008. As of August 2008, 29 infants had been surrendered in Alabama.

## **2.6 Baby Moses Law in Texas**

As previously noted, in 1999, the state of Texas, as a public policy response to the discovery of 13 discarded infants in the Houston-area during a ten-month period, passed the *Baby Moses Act* sponsored by Texas State Representative Geanie W. Morrison and signed into law by then-Governor George W. Bush. Texas's Baby Moses Act currently allows a parent to legally surrender her/his baby to "a designated emergency infant care provider," including any hospital, fire rescue station or emergency medical technician as long as the baby is less than 60 days old and the parent intends not to return for the child; if the infant appears unharmed the police are not called (State of Texas, 2006).

A review of Texas newspapers 1996-2006 using the LexisNexis database found 82 illegally abandoned infants and 11 infants surrendered under the state's Baby Moses law (Pruitt, 2008). For the surrendered Safe Haven infants the demographics broke down as follows: gender-male (6)/female (5); ethnicity-Hispanic (1)/presumed Hispanic (1) [the ethnicities of the other infants were not noted]; mothers age-range (17-28), mean (22.2); and surrender site-hospital (6)/fire station (5) (Pruitt, 2008).

In 2006, the Dallas Morning News reported 40 infants surrendered under Texas Baby Moses statute since the law was enacted in 1999 (Martin-Hidalgo, 2006). Texas official's report 31 infant surrendered under Baby Moses law as of December 31, 2008 (M. Vogt [Texas Department of Family Protective Services], personal communication, April 20, 2009). Texas has no requirement for data collection on legally surrendered

infants (Pruitt, 2008). Related to media coverage, maintaining the anonymity of relinquishing users has been a concern in Texas as Baby Moses (aka Safe Haven) relinquishing users have been filmed by television crews on court house steps.

### **2.7 Safe Haven Laws in the United States since Texas**

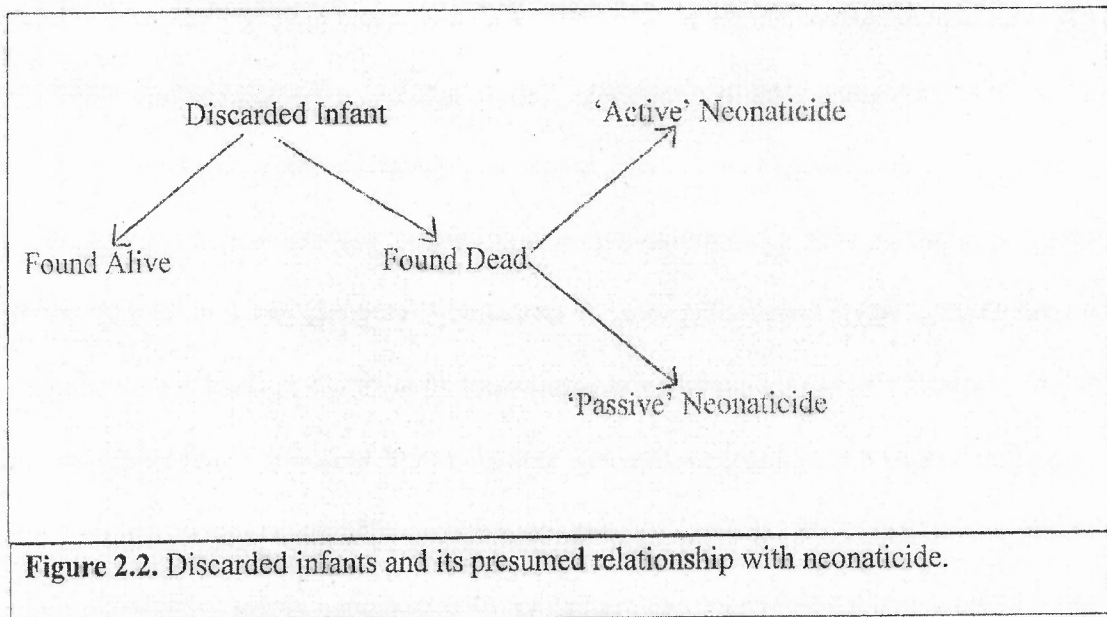
Since 1999, as a response to the plight of discarded infants and the accompanying media and public interest, all 50 states have enacted laws that attempt to ensure infant safety and permit infants to be surrendered to authorities in a legal and mostly anonymous fashion, sometimes with prescribed limits on prosecution (National Abandoned Infants Assistance Resource Center, 2005). Massachusetts approved Safe Haven legislation in 2004. Hawaii approved its Safe Haven law in 2008. As of February 2008, Alaska and Nebraska approved their Safe Haven laws, bringing the Safe Haven Infant Protection option to all 50 states.

The intent of Safe Haven Infant Protection statutes is to decrease the number of discarded infants by providing mothers with a means to safely and legally abandon their newborns. These Safe Haven Infant Protection Acts assume that there is an overlap between those who would discard infants and those who would use Safe Haven provisions (See Figure 2.2).

The specifics of Safe Haven Infant Protection statutes vary from state to state. Variations include limits on the age of baby, sanctioned surrender sites, and limits on criminal prosecution. California's Newborn Abandonment Law (Safely Surrendered Baby Law) lets a parent, or other person having legal-custody of an infant, surrender the infant to a hospital during the first 72 hours of the baby's life (Safe Haven for Abandoned



Infants Task Force, 2002). Colorado's Safe Haven Program permits newborns to be legally surrendered by their mothers during the first three days of life to fire or hospital personnel without fear of prosecution (Griego, 2004). In Louisiana, mothers may drop off babies who are less than 30 days old at hospitals, police stations, fire departments, and public health units, and as long as the baby is unharmed there will be no prosecution (Pompilio, 2001). Massachusetts (with the Baby Safe Haven law passed on October 29, 2004) allows the mother to surrender a baby who is less than 72 hours old to any hospital, police station, or manned fire station (Abel, 2005). The Safe Haven Infant Protection Act in New Jersey allows mothers to surrender their baby on or before 30 days of age to hospital emergency rooms or police stations. The state of New York's Abandoned Infant Protection Act permits infants to be surrendered to a suitable person in a suitable location up to five days of age (National Conference of State Legislators, 2006). Pennsylvania's





**Figure 2.3** Examples of Safe Haven signage used in various locales.

**Table 2.1** Safe Haven Infant Protection Acts: Name of Law, Maximum Surrender Age and Approved Surrender Sites by State

State	Name of Law	Maximum Surrender Age Limit	Approved Surrender Sites
Alabama	Safe Haven for Newborn Babies	3 days	Hospital ER
Alaska	Safe Haven for Infants Act	21 days	Peace officer, physician, hospital employee or an employee at a fire station
Arizona	Safe Haven for Newborn Infants	3 days	Fire station, hospital, outpatient treatment center, private child welfare agency, adoption agency, church
Arkansas	Voluntary Delivery of a Child	30 days	Medical provider, police department
California	Safely Surrendered Baby Law	3 days	Hospital, designated fire station or other safe surrender sit
Colorado	Colorado Safe Haven for Newborns	3 days	Hospital, fire station
Connecticut	Safe Haven for Newborn Infants	30 days	Hospital ER
Delaware	Safe Place for Newborn	14 days	Hospital Emergency Room
District of Columbia <sup>1</sup>	X	7 days	Hospital, police station, fire station, emergency medical facility
Florida	Safe Haven	7 days	Hospital, 24/7 staffed fire rescue/EMS departments
Georgia	Safe Place for Newborns Act	7 days	Hospital, county health center, licensed birthing center
Hawaii	Safe Haven Law	3 days	Hospital, police station, fire stations, emergency personnel
Idaho	Idaho Safe Haven	30 days	Medical provider (hospitals, clinics, doctors, doctors offices, nurse practitioners, physician's assistants, ambulance personnel)
Illinois	Abandoned Newborn Infant Protection Act	30 days	Hospital, Emergency care facilities, staffed fire station, police department
Indiana	Safe Haven Infant Protection Act	45 days	Emergency Medical Services provider (firefighters, EMTs, police officers, nurses, doctors)
Iowa	Safe Haven Act	14 days	Hospital, Health care facility
Kansas	Newborn Protection Act	45 days	Health department, fire station, medical facility
Kentucky	Kentucky Safe Infants Act	3 days	EMS provider, firefighter, police officer
Louisiana	Louisiana's Safe Haven Law	30 days	Designated emergency care facility
Maine	Safe Haven	31 days	Law enforcement officer, staff at medical emergency room, a medical services provider, a hospital staff member at a hospital
Maryland	Safe Haven	10 days	Hospitals, police stations
Massachusetts	Safe Haven Act of Massachusetts (Baby Safe Haven)	7 days	Hospital, Police station, manned fire station
Michigan	Safe Delivery of Newborns Law	3 days	Emergency Service Provider: Hospital, fire department, police station, EMT, paramedic
Minnesota	Safe Haven	3 days	Hospital
Mississippi	Possession of Newborns	3 days	EMS provider

**Table 2.1** Safe Haven Infant Protection Acts: Name of Law, Maximum Surrender Age and Approved Surrender Sites by State (Continued)

Missouri	Safe Place for Newborns Act of 2002	1 year	Hospital staff, fire fighter, EMT, law enforcement officer, health care provider
Montana	Montana Safe Haven Newborn Protection Act	30 days	Hospital, fire department, police department, another emergency services provider
Nebraska	Safe Haven Act	30 days	Hospital
Nevada	Safe Haven Law	30 days	Hospital, urgent care facility or occupied police or fire station
New Hampshire	New Hampshire Safe Haven Law	7 days	Church, fire station, police station, 911 responder
New Jersey	New Jersey Safe Haven Infant Protection Act	30 days	Hospital ER, Police Department
New Mexico	Safe Haven for Infants	90 days	Hospital or health care clinic
New York	Abandoned Infant Protection Act	5 days	Responsible person (hospital, church, police or fire station)
North Carolina	North Carolina's Safe Surrender Law	7 days	Hospital, health department, community health center, police or sheriff department, social services department, fire or emergency services station. Health care provider, law enforcement officer, social worker or certified EMS worker
North Dakota	Safe Haven Law	1 year old	Hospital
Ohio	Ohio's Safe Haven for Newborns	30 days	Hospital, EMS, police department
Oklahoma	Safe Haven Law	7 days	Hospital, Police Department, Fire Department
Oregon	Oregon Safe Haven Law	30 days	Agent, employee, physician or other medical professional working at an authorized facility
Pennsylvania	The Newborn Protection Act (Safe Haven of Pennsylvania)	28 days	Hospital
Rhode Island	The Safe Haven for Infants Act	30 days	Hospital, open medical emergency facility, fire station, police station
South Carolina	The Safe Haven for Abandoned Babies Act "Daniel's Law"	30 days	Hospital or outpatient facility
South Dakota	Baby Moses	60 days	Hospital, clinic, law enforcement officers, licensed child placement agencies, department of social services, EMT, firefighters
Tennessee	Safe Haven Law	3 days	Hospital, birthing center, community health clinic, walk-in clinic, police department, fire department
Texas	Baby Moses	60 days	EMS provider
Utah	Utah Newborn Safe Haven	3 days	Hospital staff
Vermont	Baby Safe Haven Law	30 days	Hospital, fire department, adoption agency
Virginia	Safe Haven for Babies	14 days	Emergency room of participating hospitals or medical facilities
Washington	Safety of Newborn Children	3 days	Hospital emergency room or fire station where someone is on duty
West Virginia	Emergency Possession of Certain Abandoned Children	30 days	Hospital, health care facility
Wisconsin	Safe Haven Law	3 days	Police, medical personnel
Wyoming	Safety for a Newborn Child Act	14 days	Fire station, hospital, police department or sheriff's office

Source: al.com, 2008; A Safe Haven for Newborns, 2009; Baby Safe Haven, 2009; Bewley & Hood, 2009; Brooks, 2008; Buford, 2006; Collom, 2008; Delaware Safe Arms for Babies, 2009; Edwards, 2000; El Dario, 2007; Geras, 2009; House Information Office, 2001; Hunter, 2007; Iowa Department of Human Services, 2009; Kansas Department of Social and Rehabilitation Services, 2002; Kirkie, 2008; KIROT, 2006; KTUU.com, 2008; Lee, 2009; Michigan Department of Human Services, 2007; Missouri Revised Statutes, 2007; New Jersey Safe Haven, 2009; News Channel 5, 2008; Noll, 2008; Office of Children & Family Services, 2009; Peters, 2008; Poland, 2007; Porter, 2007; Price, 2009; Roccapriore, 2003; South Dakota Department of Social Services, 2006; State of California, 2009; State of Colorado, 2007; State of Georgia, 2002; State of Hawaii, 2008; State of Illinois, 2007; State of Louisiana, 2009; State of Oregon, 2009; State of Virginia, 2006; State of Wyoming, 2007; Stingl, 2009; Sullivan, 2007; Summerford, 2009; The Union-Recorder, 2006; West Virginia Legislature, 2009; Williams-Mbengue, 2001.

<sup>1</sup> Law passed by D.C. Council on April 8, 2009.

Newborn Protection Act lets mothers give up babies under 29 days of age to hospitals without fear of criminal prosecution as long as there is no indication of child abuse or criminal conduct involved (Smykla, 2004). Variations in Safe Haven signage can be found in Figure 2.3. Safe Haven variations (i.e., title, maximum surrender age, approved surrender site) by state can be found in Table 2.1. These variations will be further discussed in Chapter 7.

## **2.8 Discarded Infants**

No national government-sponsored database on the incidence and prevalence exists for discarded infants (or for Safe Haven infants). Most states do not systematically track discarded infants. Of course, the usefulness of any database would be limited because not all discarded infants are ultimately discovered or when discovered, reported to the appropriate record-keeping authority (Friedman & Resnick, 2009; Howle, 2008; Lusk, 2001; Wilkey, Pearn, Petrie, & Nixon, 1982). Nor is there a uniform definition for discarded infants. Some states do not consider an infant found dead as part of their discarded infant count, while other states, including New Jersey, usually do count an infant found dead in their discarded infant tally. However, a report to Congress is set to detail discarded infants more fully and may provide a clearer national picture of the issue. As of April 2008 the required report (due June 2006) had not been submitted to Congress with a federal employee citing the difficulty of obtaining such information as the reason for the delay (Office of Congressman Albio Sires, personal communication, April 2008).

As part of a larger report that primarily focused on abandoned infants and boarder babies, researchers attempted to provide a national estimate of the number of discarded

infants via a *Lexis-Nexis* news database search (U.S. Department of Health and Human Services, 1998).

The report identified sixty-five discarded infants nationally for the year 1992. Twelve percent of these discarded infants were discovered already dead (as opposed to discovered alive and subsequently expired) (U.S. Department of Health and Human Services, 1998). For 1997, 105 discarded infants were identified nationally. Of the 1997 discarded infants, thirty-one percent were deceased at the time of discovery (U.S. Department of Health and Human Services, 1998). Data for other years were not captured or analyzed as part of the report. These discarded infant numbers are likely to be an undercount as not all instances of discarded infants will likely receive media attention or note (Pollack & Hittle, 2003).

As a point of clarification, the federal government defines *abandoned infants* as “*infants under the age of 12 months, who have not yet been medically discharged but who are unlikely to leave the hospital in the custody of their biological parents*” (U.S. Department of Health and Human Services, 1998). This is distinct from the federal government’s definition for *discarded infants*. The federal government defines discarded infants as: “*newborns who have been abandoned in public places, other than hospitals, without care or supervision*” (National Abandoned Infants Resource Center, 2005).

The Department of Justice provides another estimate of the number of discarded infants: 300-400 per year. Another study (sample size-34) that looked at discarded infants found dead, or who died shortly after discovery, estimated the discarded infant rate as 0.002 percent or 2.1/100,000 births (Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003). Based on the 4,315,000 births and Hermann-Giddens 2.1/100,000 births

rate, this investigator estimated that, there would be approximately 90 discarded infants per year in the United States in 2007 (Centers for Disease Control and Prevention, 2008).

Not included in these reported discarded infant estimates were infants for whom the cause of death was clearly (in the eyes of the Medical Examiner) 'active' infant homicide (U.S. Department of Health and Human Services, 1998). *'Active' homicide requires an intentional violent or overt act by the mother or other individual that results in the demise of the infant.*

The United States Department of Health and Human Services report noted this apparent increase nationally in discarded infants from 1992 to 1997, but speculated that this increase was a function of increased media attention to the discarded infant issue as well as changes in the functioning of the *Lexis-Nexis* news database rather than a real increase in the annual number of discarded infants (U.S. Department of Health and Human Services, 1998).

The Congressional Research Service updated a report to Congress in late August 2001 concerning the issue of discarded (abandoned infants) and related Safe Haven Laws (Spar, 2001). It noted that limited national data were available on the number of discarded infants in the United States and that the methodology used to count them was "less than perfect" (Spar, 2001). As noted in the previous paragraph, 65 discarded infants were identified during 1991/1992 and 105 were identified in 1996/1997 suggesting an increase in the problem (US Department of Health and Human Services, 1998). The report also noted that five percent of children who enter foster care have abandonment listed a reason for entry, but that more than one reason for entry per child may be listed (Spar, 2001).

Because data on discarded infants and on Safe Haven infants is sparse, the Abandoned Infants Assistance Research Center reasoned that mothers who kill their newborns on the first day of life would likely be similar to mothers who discard their infants in public places. The Abandoned Infants Assistance Resource Center reported that mothers who kill their newborns on the first day of life are most often: very young, single, physically healthy, experiencing their first pregnancy, and not addicted to substances (2002). The Congressional Research Service report also noted that states may access federal funding for Safe Haven Infant Protection programs in some instances.

During the 1<sup>st</sup> session of the 110<sup>th</sup> Congress, Representative Shelia Jackson-Lee (Democrat) of Texas introduced a bill entitled the Baby Abandonment Prevention Act of 2007 (Jackson-Lee, 2008). The bill's purpose was to establish "a task force within the Bureau of Justice Statistics to study infant discarding/abandonment including data collection (prevalence, demographics, risk factors, circumstances, outcomes, and trends), database development, drawing conclusions and making recommendations, and report submission" (Jackson-Lee, 2008). The Baby Abandonment Prevention bill did not come out of committee. A September 2008 email inquiry to determine whether Congresswoman Jackson-Lee plans to reintroduce the bill was not responded to as of August 31, 2009.



## **2.9 Neonaticide and Discarded Infants**

The literature on neonaticide has potential relevance to the subject of discarded infants and Safe Haven infants because some victims of neonaticide may form a subset of discarded infants (Figure 2.2). The legitimacy of this claim is uncertain and requires additional research (Pollak & Hittle, 2003). Whether the population of would-be discarded infants has some overlap with that of Safe Haven infants is not known, but there could be some potential Safe Haven infant candidates that may exist among the discarded infants found alive and the discarded infants found dead via passive neonaticide. For example, if a mother discards her infant in a relatively safe public place, her intention might be for the infant to be found rather than for the infant to expire undiscovered, making it possible that if adequately informed and sufficiently motivated the mother might make use of the Safe Haven Infant Protection law in her state.

Victims of neonaticide and those infants discarded in a place where they are likely to be found probably represent the outcomes of different maternal motivational motives. An obvious difference may be a dead infant versus a living infant. Another difference may be maternal intention as to whether she wishes that the baby be discovered alive and ultimately survive. One act (attempted neonaticide) may involve an aggressive, deliberate behavior such as dropping a newborn down a 31 foot air shaft and another act (discarded infant) may involve placing an infant in a brightly lit and well-traveled apartment house vestibule and ringing a doorbell (Alaya, 2006; Del Ray & Conte, 2006). These two actual events illustrate important differences in maternal actions (with both cases included in the New Jersey Department of Children and Families tally of discarded infants in the state).

### 2.10 Neonaticide

Approximately eighty-three percent (82.6 %) of infants who are murdered are killed on their first day of life (See Table 2.2) (Bradley, 2003; Centers for Disease Control and Prevention, 2002). Of those killed during the first 24 hours of life, 95.0% were not born in hospitals (Bradley, 2003). Unattended, out-of-hospital birth would appear to be a strong risk factor for neonaticide. However, it can be difficult for a pathologist to determine whether an infant died prior to delivery or after birth, sometimes making a determination of neonaticide difficult (Bartholomew & Milke, 1978).

Mothers who commit neonaticide tend to be young, unmarried, have made no plans for the birth or baby care, and fear rejection by their mother (See Table 2.3) (Atkins, Grimes, Joseph, Liebman, 1999; Kaye, Borenstein & Donnelly, 1990; Oberman, 2003; Resnick, 1970). Based on information available in media reports of individual instances of discarded infants, there are also likely shared demographic characteristics between discarded infants who survive and with victims of neonaticide and their mothers including the young age of the mother. However, since so little information on discarded infants exists, this is an area that requires further exploration. More detailed recommendations for research are noted at the end of this chapter and in Chapter 7.

**Table 2.2** Infant Homicide in the United States

15 <sup>th</sup> leading cause of death in the first year of life
Among homicides during the first week of life, 82.6 % are on the first day of life
The homicide rate on the first day of life is at least 10 times greater than the rate at any other time in life.
95.0% date of birth victims were not born in hospitals

Source: Centers for Disease Control and Prevention, 2002

**Table 2.3** Characteristics of Mothers who Commit Neonaticide, United States

Young (less than 25 years of age)
Not married
Denial of pregnancy
Fear of censure from social networks
Father of baby not involved
Fear/psychotic disassociation
Emotional isolation from adults in life
Adults in mother's life ignored signs of pregnancy

Source: Atkins, Grimes, Joseph & Liebman, 1999; Kaye, Borenstein & Donnelly, 1990; Oberman, 2003, Resnick, 1970

As was previously discussed, a North Carolina based study found that 52.9% of infants killed were African-American (See Table 2.4; Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003). During the study period African-Americans represented just 28% of all live births in North Carolina (Hermann-Giddens, Smith, Mittal, Carlson, & Butts, 2003). Table 2.5 shows the results of a Virginia study that looked at seven discarded infants found dead or who perished after discovery (Virginia State Child Fatality Review Team, 2005). Most of the discarded infants found dead were female and white (Virginia State Child Fatality Review Team, 2005). Most of the discarded infants were found in the family residence specifically in the toilet or bathtub with the cause of death determined to be drowning (Virginia State Child Fatality Review Team, 2005).

In three media reports, the characteristics of mothers who discard their infants (while avoiding infant death) do seem to mirror the characteristics of mothers who commit neonaticide. However, comprehensive evidence is unavailable. A few observations from New Jersey suggest that this may be so. Three discarded infants discovered in 2006 in New Jersey involved young, unmarried women. In Bergen County, a 15-year-old student discarded her five and one-half pound son in a trash can (Alaya, 2006). In Jersey City, an 18-year-old recent high school graduate left her 4 pound 13 ounce newly born premature son in an apartment vestibule (Del Ray & Conte, 2006). In Union City, an 18-year-old woman dropped her baby boy down an airshaft (Del Ray & Conte, 2006). The grandmothers of all 3 discarded babies denied knowing that their daughters were pregnant (Alaya, 2006; Del Ray & Conte, 2006).

**Table 2.4** Characteristics of Infants who are Killed or Discarded (and Perish) by their Mothers During the First Few Days of Life, North Carolina, 1985-2000

Determined to be homicide (91.2%)
Male gender (58.8%)
African American ethnicity (52.9%)

Source: Hermann-Giddens et al. 2003 [N = 34]

**Table 2.5** Discarded Infants, Found Dead, Virginia 1998-1999

Female (57.1%)
White (57.1%)
Location of Discovery – family residence (57.1%)
Place of Discovery - toilet/bathtub (42.8 %)

Source: Virginia State Child Fatality Review Team, 2005 [N=7]

Gruss, in her 2006 dissertation *Is Safe Haven legislation an efficacious policy response to infant abandonment: A biopsychosocial profile of the target population* described the characteristics of 1.) pregnant females expressing interest in the Safe Haven option and 2.) infants who died from child neglect and abandonment and their parents. The typical woman who called a toll-free number to inquire about the Safe Haven Infant Protection option (N = 17) was age 19, unmarried, had obtained late prenatal care, had disclosed her pregnancy to someone (but not always to the birth father), and was currently dating the birth father.

Gruss then looked at infant deaths due to neglect and abandonment. Gruss found most infant victims were male (57.0 %), white (46.6%) and three months of age or older. The higher proportion of male victims to female victims is different than what was noted previously that in some cultures female infants are killed at a much higher rate than male

infants. Gruss found that there was a significant association between maternal age and infant death: with maternal age of less than 25 and paternal age of less than 30 associated with infant death due to death and abandonment. The highest risk of neglect/abandonment deaths involved mothers in the 15-19 year old range. The highest risk mothers had less than a high school education (40.0 %) and late or no entry into prenatal care.

### **2.11 Use of Safe Haven Infant Protection Laws**

The ‘best’ information about the incidence of surrendered Safe Haven infants nationally comes from non-profit organizations with the mission of preventing discarded infants. Non-profit leaders reported 378 Safe Haven rescues nationally by May 1, 2005 and reported 561 Safe Haven babies by July 11, 2005 (Ferkenhoff, 2005; O’Shaughnessy, 2005). The definition of what constitutes a surrendered Safe Haven infant to these particular nonprofits is unclear and varies among nonprofit organizations (just as it does among governmental entities). Sometimes the definition is more inclusive rather than rigorously following the particular state’s Safe Haven law’s criteria. For example, a Safe Haven non-profit may or may not include infants whose mothers ultimately decide against Safe Haven and choose traditional adoption instead. Clearly, there is a need for nationally-applied definitions for both Safe Haven infants and for discarded (abandoned) infants.

## **2.12 Three State's Experience**

To better elucidate how Safe Haven law has been experienced at a statewide-level three states will be discussed. The states of New Jersey and California were chosen because of the detailed information the two states had available. Nebraska was chosen because of the media attention paid to the state's Safe Haven law when it was first enacted and 36 children of all ages were relinquished.

To put the findings in context: it is noted that the three states discussed vary in respect to geographic size, population and diversity. New Jersey is geographically one of the smallest states and is located on the east coast. New Jersey's population in 2005 was 8,717,925 (U.S. Census, 2009). Its largest city is Newark with approximately 280,666 person (U.S. Census, 2009). New Jersey is more diverse than the United States as a whole with an ethnic/racial makeup of Asian (5.7%), black (13.6%), Hispanic (13.3%) and white (72.6%) (U.S., 2009).

California is the largest state in the United States in geographic size and population (U.S. Census, 2009). It is located on the west coast. California's total population is 33,871,648 (U.S. Census, 2009). Los Angeles is its largest city with approximately 9,862,049 residents. California is diverse with an ethnicity/race breakdown of Asian (10.9%), black (6.7%), Hispanic (32.4%), and white (59.5%) (U.S. Census, 2009).

Nebraska is much smaller than both New Jersey and California with a total population of 1,711,263 (U.S. Census, 2009). Nebraska is land bound. Nebraska's ethnic/racial breakdown is black (4.0%), Hispanic (5.5%) and white (89.6%) (U.S. Census, 2009).

### **2.13 New Jersey's Experience**

As previously noted, Safe Haven Infant Protection laws appear fundamentally predicated on the idea that would-be discarded infants and would-be Safe Haven babies have some essential similarities. The laws also assume an inverse relationship between the number of discarded infants and the number of Safe Haven babies. However, this similarity of demographic and personal characteristics between those infants killed and those infants discarded may not extend to include infants who are surrendered under Safe Haven statutes and their mothers. So while there may be some overlap between neonaticide victims and discarded infants, the demographic overlap may not necessarily be shared with Safe Haven infants. The population using Safe Haven law may not be the same as the population of women who discard or kill their newborn infant.

At its onset, New Jersey's Safe Haven Infant Protection Act awareness campaign targeted adolescents and college-age women, believing that they were the most at-risk group and the population segment most likely to make use of the Safe Haven law. New Jersey was only one of three states with Safe Haven laws (California and Oregon being the other two) that provided funding, at their law's onset, for a media campaign to increase public awareness of the Safe Haven statute.

A 2005 request for funding announcement distributed by the New Jersey Task Force on Child Abuse and Neglect for the New Jersey Department of Human Services noted the Safe Haven law-using population was different from the population identified in some research on neonaticide and in some media reports concerning discarded infants (New Jersey Department of Human Services, 2005). Using demographic information on mothers who surrendered their babies under New Jersey Safe Haven Infant Protection



Law (several “were older women with other children”), the State of New Jersey now wanted to target women 20-40 years of age living in cities, suburbs and rural areas. This expanded focus is at odds with the assumption that Safe Haven infants in the aggregate are similar in most respects to the population of discovered discarded infants both dead and alive (New Jersey Department of Human Services, 2005).

There may be a bias toward a description of mostly younger women. As, perhaps, mostly infants of younger women are ultimately discovered relative to infants of older women. Older, more experienced mothers, with potentially greater resources (e.g., access to transportation, more privacy, access to financial resources), may be more adept at discarding an infant (dead or alive) so that the baby is not found, and thus, may not be accurately reflected in discarded infant statistics due to lack of discovery. This, of course, is a problem in virtually all criminal acts. Some, or many are presumably never discovered.

Little or no formal data exists to support development of a specific social marketing approach to promote the appropriate use of Safe Haven Infant Protection. New Jersey Assemblywoman Joan Quigley is sponsoring a bill that would require posting of Safe Haven notices in all government women’s rest rooms including public schools (Thorbourne, 2006). This is an example of a more population-based approach that attempts to target the entire female gender rather than specific (e.g., age, ethnicity, socio-economic status) population segment. This investigator developed a similar outreach method suggesting that Safe Haven Infant Protection act notices be posted in all restaurants using the (required by New Jersey state statute) Fetal Alcohol Syndrome awareness strategy as a model.

## **2.14 New Jersey's Safe Haven Infant Protection Awareness Report**

New Jersey's Safe Haven Awareness Promotion Task Force released a report in September 2007 entitled: *Safe Haven Infant Protection Awareness*. The primary goal of the report was to document Safe Haven Infant Protection promotion efforts and make recommendations to the New Jersey Governor and the Legislature.

The Task Force believes that New Jersey's implementation of the Safe Haven law has been successful because fewer infants were abandoned than surrendered (27 discarded infants versus 33 Safe Haven infants) in the time since the law has been in effect. However, this measure of success is suspect since statistical information for abandoned infants during the period prior to the law's enactment is sparse. Therefore, comparing the number of discarded infants to Safe Haven infants may not be an appropriate or accurate measure of Safe Haven law's success.

New Jersey has been a leader in funding for Safe Haven Infant Protection promotion. New Jersey has provided at least \$500,000 per year in funding for Safe Haven promotion since the law went into effect on August 7, 2000. New Jersey is the only state to fund Safe Haven promotion outreach initially and consistently. All outreach materials are available in English and Spanish. Initially, the state implemented the outreach campaign mostly on its own, but in later years nonprofit-led and county-specific outreach were implemented with state-provided funding. A sharp increase in the number of surrendered Safe Haven babies was noted after the local and county initiatives began, so the state allocated \$150,000 in grants to counties in 2007 and 2008. The increase in Safe Haven infants was in hospital-births only, so this may not necessarily reflect an increase in awareness for the true target audience as most victims of neonaticide are not born in

hospitals. Determination of the true target audience may likely increase the success of Safe Haven law and influence subsequent marketing efforts.

The Task Force reported a concern about the clarity of the outreach message of *No Shame/No Blame/No Names: Don't Abandon Your Baby* message as well as the effectiveness of outreach efforts in general. Appropriate targeting of the outreach message remains a concern and has been expanded from just pregnant teens to all women from puberty through the mid-forties. The Task Force also noted the challenges of conducting research on the population of relinquishing users because of the anonymity protections of Safe Haven law hinder delineating the target population.

The State of New Jersey contracted with the Eagleton Institute of Politics located at Rutgers University in New Brunswick, New Jersey to conduct a statewide poll concerning Safe Haven Infant Protection awareness. The poll found the public to have “reasonably good” awareness about the Safe Haven Infant Protection law with thirty percent of the surveyed public having heard of the law. Women, and older and better educated people were more likely to know about the law. Repeat polling was recommended to assess the effectiveness of continuing outreach efforts.

The Task Force also recommended that outreach to police and hospitals continue in order to ensure that first-line receivers of Safe Haven infants implement the law as intended. Another recommendation was that the Department of Children and Families develop more partnerships with other agencies, professionals, and non-profit organizations in order to better promote the law. The Task Force suggested better training for those who answer the Safe Haven hotline as well as better data collection at the hotline point of contact. The Task Force also recommended a research initiative with

women who have discarded (abandoned) their babies both fatally and near-fatally. The Task Force recommended mandating Safe Haven information as part of the school curriculum. A listing of the Task Force's recommendations can be found in Table 2.6.

### **2.15 California's Experience**

California has also found less similarity than anticipated between Safe Haven infants (known in California more commonly as Safely-Surrendered Babies) and their mothers, and the victims of neonaticide and/or abandonment and their mothers (California Department of Social Service, 2005). Los Angeles County reported no standard maternal profile for those surrendering infants as to age, race, ethnicity, or educational levels, but rather a more diverse population than expected (Safe Haven for Abandoned Infants Task Force, 2002). California women between the ages of 15 and 42 have surrendered their babies under Safe Haven law (Safe Haven for Abandoned Infants Task Force, 2002). This is in contrast to the popular notion that the law would be used primarily by adolescents (Safe Haven for Abandoned Infants Task Force, 2002).

California found the following common characteristics of mothers who had discarded a baby that was subsequently discovered: denial or concealment of pregnancy, lack of social support, minimal substance abuse, and no prenatal care (Safe Haven for Abandoned Infants Task Force, 2002). Focusing on marketing to those women with the aforementioned characteristics might be beneficial by allowing limited media dollars to be focused on the most at-risk women. However, such a strategy has not been developed.

### **2.16 California's State Auditor Report**

Statewide, there were 218 infants classified as safe-surrender during 2001- 2007 (Howle, 2008). California's Social Services Department reported 175 abandoned infants (counting only those less than seven days of age). California's State Auditor reported at least 404 discarded/abandoned infants (counting all those one year of age and younger as required by the state legislature) (See Table 2.7). Data for deceased abandoned infants was deemed not reliable.

California implemented an \$800,000 media campaign to promote the law between October 2002 and December 2003. The funding for the campaign came from the State Children's Trust Fund and the California Children and Families Commission. Individual counties implemented various approaches to Safe Haven law's promotion including: public service announcements, middle and high school education, obligations by government contractors to inform employees about the law, translation of materials into Chinese, Hmong, Spanish, Tagalog, and Vietnamese, and an award-winning film.

In April 2008, California's State Auditor Elaine M. Howle released a report entitled: *Safely Surrendered Babies: Stronger Guidance from the State and Better Information for the Public Could Enhance Its Impact*. The report assessed the implementation of the Safe-Surrender law in California and made recommendations to the Legislature and Social Services that might improve the law's effectiveness and enhance its impact. The State Auditor was specifically: to look at funding and annual expenditures in support of the law; to examine how Social Services determined its goals and its approach in terms of Safe-Surrender law support; to provide details of safe-surrender babies and abandoned infants; and to evaluate the appropriateness of Safe-Surrender promotion efforts to date.

The 75-page report, while viewing the intent of the law to be admirable, also documented several issues concerning the law's implementation and dissemination. Essentially, the State Auditor concluded that there were problems with outreach, monitoring, reporting, and funding of California's Safely-Surrendered Baby Law:

- that no state agency is mandated to promote the law and that this may decrease effectiveness,
- that there is no consistent funding to promote the law,
- that the state is undercounting the number of discarded/abandoned infants by applying a maximum age limit of seven days rather than the 365 days required by the state and that capture of all cases was an issue especially those discarded infants found dead,
- that data collection on infants and mothers was not optimal (partially due to the nature of the law and the mandate to protect confidentiality) and there was missing data in many reviewed cases including (in order of most incompleteness) mother's economic status, mother's marital status, mother's age, mother's status regarding psychosocial disorder/drug use, infant's ethnicity, infant's condition, infant's age at date of surrender, and location of surrender,
- that nine percent of the files on safely-surrendered infants included information that could have led to confidentiality violations with no correction mandated, and that 26 percent (77 infants) were wrongly identified as safely-surrendered leading, perhaps, to withholding of information the infants might be entitled to by law,
- that medical information was usually not available for the safely-surrendered infant nor was information about the relinquishing user systematically collected,
- and that state-wide reporting occurred only in 2003 and 2005 (2004 was missed due to insufficient staff) and stopped thereafter because it was no longer mandated by statute.

These recommendations are listed in Table 2.6.

**Table 2.6** New Jersey and California Safe Haven Report Recommendations

New Jersey (September 2007)	California (April 2008)
Safe Haven Awareness Promotion Task Force	California State Auditor
<i>Safe Haven Infant Protection Act Public Awareness</i>	<i>Safely Surrendered Baby Law: Stronger Guidance From the State and Better Information for the Public Could Enhance Its Impact</i>
<p>Obtain information through an official public poll to assess Safe Haven public awareness.</p> <p>Increase outreach to police and hospitals to ensure full knowledge of the law/program by all personnel.</p> <p>Develop a broader network of partners.</p> <p>Improve knowledge of child abuse hotline screeners and expand data collection using the Safe Haven hotline.</p> <p>Change the Safe Haven hotline number to a catchier and more memorable number.</p> <p>Continue annual funding for Safe Haven outreach.</p> <p>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.</p> <p>Do not expand the Safe Haven locations to include firehouses and other rescue and first aid units.</p> <p>Require that lessons about the Safe Haven program be included in school curriculums.</p>	<p>If it would like Social Services or other agencies to promote awareness of the safe-surrender law, the Legislature should consider amending the law to do the following:</p> <ul style="list-style-type: none"> <li>Specify the agency that should administer a safe-surrender program, with responsibilities that include ongoing outreach and monitoring efforts.</li> <li>Require continued annual reporting to the Legislature on the law's impact.</li> <li>Consider providing or identifying funding that will support efforts to promote awareness of the law.</li> </ul> <p>To ensure that it is aware of and can appropriately react to changes in the number of abandoned babies, Social Services should work with the Department of Public Health and county agencies to gain access to the most accurate and complete statistics on abandoned babies.</p> <p>To support future efforts related to the safe-surrender law, including continuing outreach and improving the quality of the State's statistics, Social Services should consider using a portion of existing funds, such as those available in its trust fund, and should consider renewing its partnership with First 5 California, which Social Services can legally use for such efforts.</p> <p>To ensure that individuals who surrender babies receive proper protection under the safe-surrender law, Social Services should take the following steps:</p> <ul style="list-style-type: none"> <li>Clarify the definition of safe surrender then disseminate and monitor its use among county and state agencies. The clarified definition should address situations in which babies born and surrendered in a hospital as well as those in which the individual surrendering the baby indicates that adoption is his or her ultimate goal. If Social Services believes statutory change is needed to do so, it should seek the requisite authority from the Legislature.</li> <li>Clarify the circumstances under which safe-surrender sites and counties must protect the identifying information on the individual who surrenders an infant. At a minimum, Social Services would revoke its erroneous guidance on the waiver of the privilege of confidentiality by individuals who safely surrender babies.</li> <li>Require counties to correct records in the CWS/CMS that Social Services' staff believe are erroneous because counties have misclassified babies as either surrendered or abandoned. Because Social Services does not believe it presently has the authority to do so, Social Services should seek legislation to obtain this authority.</li> </ul> <p>To provide surrendered babies and their health care providers as much information on their medical histories as possible, Social Services should consider ways to improve the availability of medical information.</p> <p>To continue promoting awareness of the safe-surrender law in the most cost-effective manner, Social Services should work with the counties to leverage models and tools currently in use in California, such as existing middle and high school curricula and translated materials.</p>

### **2.17 Nebraska's Experience**

On July 18, 2008, Nebraska's Safe Haven law went into effect (Bernstein & Scarcey, 2008). Nebraska was the 50<sup>th</sup> state to pass a Safe Haven Law, but with one significant difference. Nebraska law did not specify a maximum age limit for infant surrenders, but rather used the word *child* to designate those eligible for surrender. By using the word child with no specific maximum surrender age, parents or guardians could legally drop off children up to age 19. Between September 1, 2008 and November 22, 2008, 36 children were dropped off at Nebraska hospitals under Safe Haven law (Jenkins, 2008). The ages of surrendered children ranged from 1-17 years old. Some of the children came from out of state. Many of the families surrendering children claimed that they had no choice but to surrender their children as they were not receiving much needed mental health services. After a special session of the legislature in November 2008, the law was revised. The revised Safe Haven law which set an age limit of 30 days for infant surrender went into effect at 12:01 AM on November 22, 2008 (Eckholm, 2008). Nebraska's problems with no stated maximum age limit provides evidence of the importance of research to determine the most effective age limit for Safe Haven infant relinquishment.

### **2.18 Collaboration and Concerns**

In many states alliances between conservatives and liberals, law enforcement and social service providers, and pro-life and pro-choice groups supported the creation of Safe Haven Infant Protection laws (Dailard, 2000). Despite the unusual alliances that helped ensure passage, these Safe Haven Infant Protection Acts are not without controversy.



Some believe that passage and implementation in some states was too rushed due to a lack of research on the causes of abandonment and the efficacy of legal anonymous infant surrender to prevent unsafe abandonment (Pertman, 2003). Almost ten years after passage of the first Safe Haven law, the Congressional Research Service is struggling (due to lack of easily available data) to provide Congress with a required report detailing infant abandonment in the United States (Office of Congressman Albio Sires, personal communication, 2008).

Others believe Safe Haven Infant Protection acts might increase the number of discarded infants because they allow abandonment in a legal and socially-acceptable manner and may encourage parental irresponsibility as well as pregnancy concealment (Daliard, 2000; National Conference of State Legislators, 2006; Pertman, 2003). The ability of states to protect the anonymity of the mother in Safe Haven cases has also been called into question especially in regard to existing civil child abuse laws and father's rights (Markley, 2005; National Conference of State Legislators, 2006). Current New Jersey law allows the state attorney general to contact the birth mother's family about the surrendered infant if the mother's identity is established.

Other concerns about Safe Haven laws are that they will decrease traditional adoption and increase legal abandonment (aka Safe Haven) because Safe Haven is less difficult to use than adoption. Another concern is that Safe Haven law will encourage pregnancy concealment, which is often unsafe for the pregnant woman and infant. In addition, another worry is that Safe Haven surrender might be used by relatives or others to rid themselves of an unwanted infant without first obtaining the consent of the infant's mother.

Some adoptee-rights advocates believe Safe Haven Infant Protection Acts are dangerous because they permit anonymity for parents as well as the option of providing the infant with no medical information or family history. This leaves the adoptee and adoptive family without pertinent health and birth family information (Dailard, 2000). Fathers' rights may be virtually unprotected under some Safe Haven Infant Protection Acts (Dailard, 2000).

Another concern is that Safe Haven Infant Protection Acts are just a short-term, fundamentally unsound solution for the problem of discarded infants (Dailard, 2000). Some suggest that available resources should be focused on a comprehensive solution: including sex education, family communication, identification of at-risk women, and supports for pregnant and parenting women rather than promoting Safe Haven laws (Dailard, 2000; National Abandoned Infant Assistance Resource Center, 2004; National Conference of State Legislators, 2006; Pollack & Hittle, 2003). Oberman (1996) believes the solution is mostly about communication and community. Massachusetts has a toll-free hot line (1 866 814 SAFE) where counselors help pregnant women in crisis develop a 'pregnancy plan.' As of the summer of 2007, the Massachusetts counselors at the hotline had assisted 35 women in developing such plans.

Safe Haven Infant Protection policies seem to assume that the decision to discard an infant is spontaneous, part of a crisis, and happens soon after birth. Most Safe Haven laws have time restrictions with the median age restriction being 72 hours after birth (however, more and more states are extending the maximum surrender age limit (Pollack & Hittle, 2003). The policies provide for augmentation of infant care, but do not usually provide for maternal supports. Lack of a variety of maternal supports (e.g., counseling,

financial assistance) is thought by some to be underlying the discarded infant issue. Familial communication deficits may also be an issue.

## **2.19 What is Known About Safe Haven Infants and Relinquishing Users**

In summary, there are Safe Haven Infant Protection laws in all 50 states. The first local-level Safe Haven law (*A Secret Safe Place for Newborns*) was in Mobile County, Alabama. The first state-level law Safe Haven law (*Baby Moses Act*) was in Texas.

There are variations among states in the specifics of Safe Haven statutes. These variations include:

- the maximum age of infant at time of surrender,
- sanctioned surrender sites,
- responsibilities of Safe Haven providers,
- anonymity clause specifics,
- prosecution specifics,
- sanctioned relinquishers,
- act titles,
- promotion requirements,
- signage used,
- and reporting requirements.

Little research exists on the characteristics of surrendered Safe Haven infants and relinquishing users. Gruss (2006) detailed 17 pregnant females interested in the Safe Haven option. Pruitt (2008) described basic demographics for 11 Safe Haven infants and their mothers surrendered in Texas between 1999 and 2006. This investigator, aggregated data from Los Angeles, California on 47 surrendered infants and relinquishing users (See Table 2.8).

Data collection by the State of New Jersey resulted in the refocusing of Safe Haven law promotion efforts to include women ages 20-40 (New Jersey Department of Human Services, 2006). California found no common description of Safe Haven

relinquishing users. This suggests that characteristics of Safe Haven relinquishing users may not be fully similar to mothers who discard or kill infants. At least age-wise, women using Safe Haven law are different than women who kill their newborns.

There is no national systematic data-collection concerning Safe Haven and discarded infants. Only eight states require data collection and/or dissemination of results (Gruss, 2006). The Commonwealth of Virginia reports that Safe Haven data for their state is not readily available as it was never programmed into their new data system (Personal Communication, Marilyn B. Tavenner, August 8, 2008).

## **2.20 Need for Research**

There is little information on discarded infants except for a few governmental reports (McCartney, 2001; National Abandoned Infants Assistance Resource Center, 2004; Pollak & Hittle, 2003). Unfortunately, without basic numerical usage data, it is nearly impossible to assess the impact or effectiveness of Safe Haven Infant Protection Laws. Demographic information on discarded infants and Safe Haven infants is needed including a comparison of the two groups. Only Pruitt's very limited study has been published (2008). Friedman & Resnick suggested research to compare mothers who use Safe Haven, discard, and kill (2009).

The usefulness of knowledge about neonaticide is also an outstanding question; the relationship of neonaticide to discarded infants and Safe Haven babies needs study. There is also a need to study how often women provide medical information at the time of Safe Haven infant surrender and ways to increase acquisition of medical information as a means to mitigate negative aspects of Safe Haven Infant Protection laws. Studies of

maternal intention associated with discarded infants are needed. Research on cross-cultural issues related to abandonment would be helpful in marketing efforts. Research on various government responses to discarded infants would be helpful to find the best policy alternative. Policy research is needed to describe formulation, implementation, and impact of Safe Haven Infant Protection Laws. Research on how to most effectively access and intervene with pregnant women who may be at risk for discarding an infant is also needed.

**Table 2.7** Discarded Infants in California

At least 404 discarded infants (one year old or less)
175 (seven days old or less) 43.32%
229 (older than seven days of age) 56.68%
<b>Of the 40 discarded infant described in detail:</b>
29 (three days of age or less) 72.5%
5 (four-seven days of age) 12.5%
4 (eight-30 days of age) 10%
1 (31-50 days old) 2.5%
1 (not stated) 2.5%

Source: Howle, 2008

**Table 2.8** Comparison of Safe Haven-Related Studies

Comparison of Studies		
Reference	Conceptual Orientation & Research Design	Results
Gruss, 2006	Biopsychosocial Theory Descriptive-Exploratory n=17 (female callers expressing interest in safe haven option)	<ul style="list-style-type: none"> <li>• Mean maternal age (19 years)</li> <li>• Unmarried</li> <li>• Disclosed pregnancy to some one</li> <li>• Late entry into prenatal care</li> <li>• Currently dating birth father</li> </ul>
ICAN, 2007 <sup>1</sup>	Descriptive n= 47 (surrendered infants and relinquishing users in Los Angeles County, California)	<ul style="list-style-type: none"> <li>• Infant Gender: male (26) female (21)</li> <li>• Infant Race/ethnicity: Hispanic (23) White (12) Black (8) Filipina/White (1) White/Hispanic (1) Black/Hispanic (1)</li> <li>• Surrender site: hospital (33) fire station (14)</li> <li>• Month of surrender: January (5) February (5) March (7) April (4) May (5) June (4) July (1) August (1) September (2) October (2) November (6) December (5)</li> <li>• Relinquisher: Mother (32) Father (2) Mother's friend (2) Mother's neighbor (1) Mother's friend/neighbor (2) Aunt (1) Acquaintance (1) Woman, not mother (1) Unidentified female (1) Unidentified male (1) Uncle (1) Unknown [box drop-off] (1)</li> <li>• Mother's age (known (24)/unknown/estimated (23): range (16-42), mean (24.54), mode (25), median (24-25)</li> <li>• Mother's race/ethnicity: Hispanic (18) African-American (7) Caucasian (11) Asian (1) Unknown (9) Mixed (1)</li> <li>• Ultimate status: Adopted (44) reclaimed (3)</li> <li>• Marital status: Unmarried (6) Married (7) Not known (34)</li> <li>• Student (3) Employed (6) Unemployed (2) Not known (36)</li> <li>• Other children yes (15) no (7) not known (25)</li> <li>• Medical information 21/47</li> <li>• Motivation: care/finances (1) homelessness (1) care (2) hidden pregnancy (4) job in other state (1) military (1) finances (2) rape (1) unplanned pregnancy (1) return to Mexico (1)</li> </ul>
Pruitt, 2008	Descriptive Analysis n=11 (surrendered infants and birth mothers in Texas)	<ul style="list-style-type: none"> <li>• Maternal age: range (17-28), mean (22.2)</li> <li>• Gender: male (6) female (5)</li> <li>• Surrender site: hospital (6)/fire station (5)</li> <li>• Race/ethnicity: Hispanic (1) presumed Hispanic (1)</li> </ul>

Source: Gruss, 2006, Interagency Council on Child Abuse and Neglect, 2004, 2006, 2007; Pruitt, 2008

<sup>1</sup> Data aggregated by S.Porter

## CHAPTER 3

### SURVEY OF GOVERNORS TO DETERMINE THE NUMBER OF INFANTS SURRENDERED UNDER SAFE HAVEN LAWS

#### 3.1 Introduction

Although thought to be small in number, babies discarded/abandoned in public places are a social problem that has generated a policy response in the form of new Safe Haven Infant Protection legislation in all 50 states. States have enacted laws that promote infant safety and permit infants to be surrendered to authorities in a legal and generally anonymous fashion, sometimes with prescribed limits on prosecution (National Abandoned Infants Assistance Resource Center, 2005). Texas enacted its Baby Moses legislation after the discovery of 13 discarded infants in a ten-month period. The most recent states to approve Safe Haven legislation were Hawaii in July 2007, and Alaska and Nebraska in February 2008.

No national database on the number of discarded infants or the number of Safe Haven infants appears to exist; a search at the Forum on Child and Family Statistics (ChildStat.gov) for the following key words: *discarded*, *abandoned*, *surrendered*, and *safe haven*, all with and without the qualifier *infants*, yielded no results. Without accurate data on the number of infants surrendered under Safe Haven laws it is impossible to determine the scope of use as well as to gauge the effectiveness of Safe Haven law and the appropriateness of its use. This chapter presents the results of a survey of governors to determine the number of infants surrendered under Safe Haven Infant Protection law between 1999 and 2006.

### 3.2 Definitions of Terms

- Abandoned Infant: see discarded infant
- Discarded Infant: newborns who have been abandoned in public places, other than hospitals (as inpatients), without care or supervision
- Infant: child less than 12 months of age
- Safe Haven Infant: those babies brought to a legally-sanctioned institution (e.g., hospital emergency room, police station, fire house) by a parent or parental representative and relinquished to the care and under the statute of the State
- Safe Haven Laws: variously titled state-level laws that ensure infant safety and permit infants to be surrendered to authorities in a legal and generally anonymous fashion sometimes with prescribed limits on prosecution

### 3.3 Overview

A three-item mailed and/or emailed survey was sent to governors of all 50 states (See Appendix A). The mailed/emailed survey was developed partially based on the Child Welfare of America (CWLA) Infant Abandonment Survey (Zambruski & Chopra, 2000). The CWLA survey's basic lay-out was followed but with many fewer questions. In addition, a question about the number of surrendered Safe Haven infants for each year was added. It was sent to all 50 states because information requested also concerned discarded/abandoned infants. The CWLA survey served as a quasi-pilot, but no pilot testing of the survey was done even though this is a recommended step for survey research to check for clarity, effectiveness and completeness of the questions (Burns & Grove, 2001).

Governors were selected as the contact point because the investigator believed that if the governor delegated the survey-response completion to another party it would be completed and returned in a timely fashion. Each individual governor's mailing



address was ascertained from his/her official website, except in two instances (Massachusetts and Pennsylvania) where the official website could not be accessed. In those two instances, America On-Line's Government Guide service was used. The name and official web site was located for each governor at the National Governor's Association web site (National Governor's Association, 2006). The survey with cover letter was mailed to each individual governor on either March 20 or 21, 2006. In addition, five of the governors received a duplicate cover letter and query by email on March 17, 2006. Only one-third to one-half of 2006 calendar year data were potentially available due to survey timing and requested return-by date.

The data that were requested were for the years 1999 - 2006. As survey responses arrived the data were entered into the database. Inputted data were double-checked on April 23, 2006 for accuracy and again on July 11, 2007. The first response (Florida) arrived during March 2006 and the last response (New Jersey) arrived during August 2006. Sixteen states provided year-by-year data. Seventeen states provided a cumulative total Safe Haven infant tally.

Surrendered Safe Haven infant rates were computed individually for each state and in the aggregate using the survey results and birth certificate data for the 16 states that provided year-by-year data (See Table 3.1). Birth certificate data came from the National Center for Health Statistics. The surrendered Safe Haven infant rate was calculated as follows:  $\text{Total number of Safe Haven infants in 16 responding states} / \text{Total number of births in the responding 16 states} \times 100,000 = \text{Safe Haven infant rate}$  The resulting rate was then used to calculate a rough estimate of the number of expected Safe Haven infants annually in the entire United States (See Table 3.2).

**Table 3.1 . Safe Haven Babies nationally and by state and by year, 1999-2006 (partial)**  
[governor survey]

State	1999	2000	2001	2002	2003	2004	2005	2006	Total
								(partial)	
Alabama <sup>1</sup>	1	3	1	2	2	3	11	NA	23
Arkansas			0	0	0	0	0	0	0
Connecticut		NA	2	1	1	1	0	0	5
Delaware			0	0	0	0	0	0	0
Florida <sup>1</sup>	1		1	0	3	6	16	4	31
Idaho			1	2	2	1	5	0	11
Illinois <sup>2</sup>				X	X	X	X	X	21
Iowa			0	0	3	3	0	0	6
Kentucky <sup>3</sup>				1	5	1	3	0	11
Louisiana		0	0	0	1	2	2	0	5
New Jersey		3	4	3	4	4	3	5	26
N. Dakota			0	0	0	0	0	0	0
Oklahoma <sup>4</sup>			X	X	X	1	1	X	2
Pennsylvania				0	2	0	0	0	2
S. Dakota			0	0	0	0	1	0	1
Wisconsin			1	6	9	11	8	X	35
Wyoming					0	0	1	0	1
<b>Total</b>	<b>2</b>	<b>6</b>	<b>10</b>	<b>15</b>	<b>32</b>	<b>33</b>	<b>51</b>	<b>9</b>	<b>180</b>

Legend:

NA = Safe Haven data not available X indicates data not provided by state.

Notes:

1: Alabama reported that under Mobile County law, one infant was surrendered in 1999, three in 2000 and one in 2001. Florida reported one infant surrendered 1999, however their Safe Haven law was not in place until 2001.

2: Illinois provided cumulative data, not year by year numerical data.

3: Kentucky annual data represents usage of Safe Haven law. One usage actually involved two infants, but is not reported that way due to privacy concerns.

4: Oklahoma reported incidence data as estimate.

**Table 3.2** Surrendered Safe Haven Infants Rate Per 100,000 Births

State	1999	2000	2001	2002	2003	2004
Alabama <sup>1</sup>	1.68	4.96	1.73	3.58	3.54	5.33
Arkansas			0	0	0	
Connecticut			4.83	2.45	2.40	2.45
Delaware			0	0	0	0
Florida	0.52		0.5	0	1.46	2.84
Idaho			5.09	10.06	9.68	4.71
Illinois				X	X	X
Iowa			0	0	8.08	8.04
Kentucky				1.96	9.67	1.91
Louisiana		0	0	0	1.58	3.16
New Jersey		2.78	3.70	2.8	3.68	3.73
N. Dakota			0	0	0	0
Oklahoma <sup>3</sup>			X	X	X	2.05
Pennsylvania				0	1.42	0
S. Dakota			0	0	0	0
Wisconsin			1.52	9.17	13.49	16.48
Wyoming					0	0

### 3.4 Results

Thirty-five states (70 percent response rate) responded in some manner to the March 2006 email or written survey (See Table 3.3). Not all of the responding states provided numerical data. At the time of the query 46 states had Safe Haven infant protection laws in place. Three of the four states without Safe Haven laws did respond.

Seventeen states provided Safe Haven Infant Protection numerical data for at least part of the last eight years (34 percent). Illinois only provided summary data (not numerical data for each year as had been requested). Eight states responded that they did not have Safe Haven infant numerical data available or did not collect it (16 percent). Examples of stated reasons for Safe Haven data not being available include: not part of federal reporting requirements (New Hampshire) and not currently tracked (New Mexico).

Three states sent a reply letter with no numerical data (6 percent). One state (Virginia) provided incomplete data that did not include Safe Haven infant numbers (2 percent). Three states chose not to participate, citing work load (California and Montana) or research participation policy constraints (Arizona) as the reason.

Gruss (2006) reports that the following eight states are legislatively mandated to provide a report of Safe Haven utilization: Arizona, California, Colorado, Indiana, Illinois, Louisiana, New Jersey and Rhode Island. Of those states, only three (Illinois, Louisiana and New Jersey) provided numerical data. Two states (Arizona and California) elected not to participate. One state (Colorado) reported they do not have this data available. Two states (Indiana and Rhode Island) did not respond in any manner.

More frost-belt states (12) responded than sunbelt (5) states. More states east of the Mississippi River (12) responded than states west of the Mississippi River (5).

**Table 3.3** Safe Haven Survey Response Type by State

<b>Provided Number of Safe Haven Infants</b>	<b>Indicated Data Not Available or Do Not Collect It</b>	<b>Responded: No Data or Incomplete Data Provided</b>	<b>Elected Not To Participate</b>	<b>Responded: No Law</b>	<b>Did Not Respond</b>	<b>Did Not Respond: No Law</b>
Alabama	Colorado	Massachusetts	Arizona	Hawaii	Georgia	Alaska
Arkansas	Kansas	Minnesota	California	Nebraska	Indiana	
Connecticut	Nevada	Texas	Montana	Vermont	Maine	
Delaware	New Hampshire	Virginia			Maryland	
Florida	New Mexico				Michigan	
Idaho	New York				Mississippi	
Illinois <sup>1</sup>	Washington				Missouri	
Iowa	West Virginia				North Carolina	
Kentucky					Ohio	
Louisiana					Oregon	
New Jersey					Rhode Island	
North Dakota					South Carolina	
Oklahoma					Tennessee	
Pennsylvania					Utah	
South Dakota						
Wisconsin						
Wyoming						
<b>17</b>	<b>8</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>14</b>	<b>1</b>

<sup>1</sup> Total number of surrendered Safe Haven infants provided, but not year by year numerical data.

### 3.5 Analysis

Due to partial data responses by the states, it is impossible to provide a valid national estimate of the number of surrendered Safe Haven infants. Only 34.7 percent of the 46 states were able to provide year-by-year numerical data. Eight (8) of the 46 states with a Safe Haven law in place during the time of the survey responded that they did not have Safe Haven data available or did not collect it. Only 3 of the 8 states with a mandate to collect data provided numerical data on the number of surrendered Safe Haven infants for their state.

Using data from the 17 states that provided the requested numerical data, the total number of Safe Haven infants surrendered was 180 (See Table 3.1)

As would be expected, the number of surrendered Safe Haven infants increased as the number of states with Safe Haven laws increased. In 1999, there were two Safe

Haven infants. In 2000, there were six Safe Haven infants, in 2001, ten infants; 2002, 15 infants; 2003 (the year 2003 is the first year that all 17 states represented in Table 3.4 had Safe Haven laws in place), 32 infants; 2004, 32 infants; and in 2005, 51 surrendered Safe Haven infants. [Illinois did not provide year by year numerical data and is not included in these estimations, but is included in the total number of Safe Haven infants found in Table 3.1].

The total number of births in 2004 for the 16 states providing year-by-year numerical data in Table 3.1 was 919,752 or 22.2 percent of the total number of births for the United States (Centers for Disease Control and Prevention, 2008). [Illinois did not provide year by year numerical data and is not included in these estimations, but is included in the table]. For 2004, a surrendered Safe Haven infant rate was calculated for the 16 states in Table 3.1. The year 2004 was the most recent year complete birth certificate data were available. It is also the year with the most complete survey responses. The surrendered Safe Haven infant rate for the 16 states combined was 3.58/100,000 births (See Table 3.2 for individual rates by State). Extrapolated to the entire United States (4,112,052 births), this would equate to 147.21 surrendered Safe Haven infants in 2004.

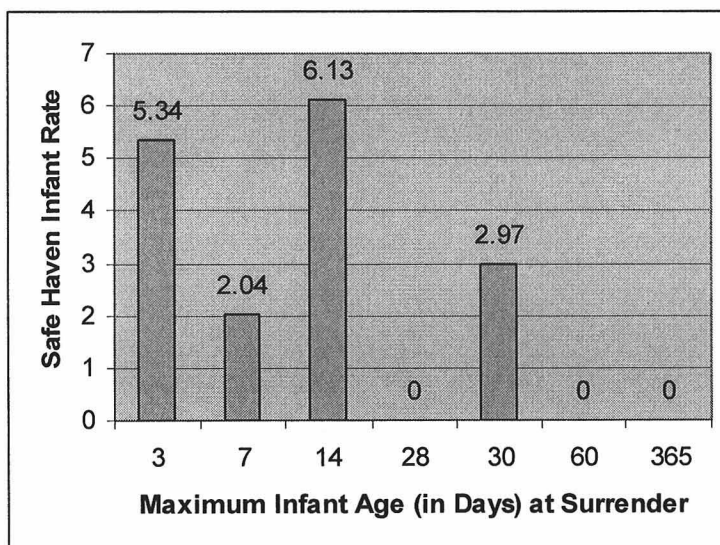
The data were analyzed to determine if variations in surrendered Safe Haven rates varied with maximum infant age at surrender constraints in each state's Safe Haven law. The maximum infant age at surrender in the sixteen states who provided a complete survey response range from 3 days to 365 days (See Table 3.4).

The Safe Haven infant rate by maximum infant age at surrender ranged from 0 (28 day, 60 day, 364 day) to 6.13 (14 day) (See Tables 3.4/3.5). To determine this rate for

the year 2004, the states were categorized by maximum infant age at surrender and placed into the appropriate group. The total number of surrendered Safe Haven infants per group was divided by the total number of births then multiplied by 100,000 to calculate the surrendered Safe Haven infant per 100,000 births rate for each category.

However, using data made available to the researcher (separate from survey results) for the state of Illinois only: it was found that the rate of surrendered Safe Haven infants per month did increase (in Illinois) after the age limit was raised to seven days (effective on June 26, 2006). The Illinois law originally went into effect August 17, 2001. In addition, the discarded infant rate per month decreased after the seven day limit went into effect. Other factors could influence this finding including media coverage, education efforts, promotion efforts, and changes in the nature and characteristics of births (See Table 3.6).

**Table 3.4** Safe Haven Infant Rate per 100,000 Births by Maximum Infant Age at Surrender (2004)



**Table 3.5** Safe Haven Infant Rate Per 100,000 Births by Maximum Infant Age at Surrender with State Detail (2004)

3 day	7 day	14 day	28 day	30 day	60 day	365 day
Alabama (3)	Oklahoma (1)	Delaware (0)	Pennsylvania (0)	Arkansas (0)	South Dakota (0)	North Dakota (0)
Florida (6)	Wyoming (0)	Iowa (3)		Connecticut (1)		
Kentucky (1)				Idaho (1)		
Wisconsin (11)				Louisiana (2)		
				New Jersey (4)		
5.34/ 100,000 births	2.04/ 100,000 births	6.13/ 100,000 births	0/ 100,000 births	2.97/ 100,000 births	0/ 100,000 births	0/ 100,000 births

<sup>1</sup> Kentucky annual data represents usage of Safe Haven law. One usage actually involved two infants, but is not reported that way due to privacy concerns.

**Table 3.6** Safe Haven Infant and Discarded Infant Rate, Three Day Limit versus Seven Day Limit, Illinois 2001-2008

Maximum Age	Safe Haven Infants	Discarded Infants
<b>3 day (August 17, 2001)</b>	0.42 infants/month	0.71 infants per month
<b>7 day (June 26, 2004)</b>	0.78 infants/month	0.41 infants per month

### 3.6 Discussion

Although the definition of Safe Haven infant was specified in the survey questionnaire, state laws vary with respect to maximum age of infant at surrender and approved surrender sites. This inconsistency in who qualifies as a Safe Haven infant among states may make exact tallies and rates of use more difficult to determine. This inconsistency in



Safe Haven parameters may make comparisons across states more difficult including comparisons for scope of use, effectiveness of law, and appropriateness of use.

The 180 surrendered Safe Haven infants identified is 30 percent higher than the 126 Safe Haven surrenders reported in August 2006 for over essentially the same time period by Gruss, 2006. This indicates that Safe Haven Infant Protection is being used more than previously documented.

The number of surrendered Safe Haven infants increased each year as the number of states with active Safe Haven laws increased. The number of surrendered Safe Haven infants is likely even higher due to insufficient survey responses.

The national surrendered Safe Haven infant rate is based on this estimated as well as incomplete data from only 16 of the 46 states with Safe Haven laws in place. Based on this data and extrapolated rate 147.21 surrendered Safe Haven infants per year would be expected in the United States.

The surrendered Safe Haven rate did not increase with an increase in the maximum infant age of surrender limit. While the potential number of infants who might be surrendered remains unchanged with an increased maximum infant age at surrender, the opportunity time for relinquishment does increase.

The results of this survey underscore the difficulty in obtaining an accurate measure of surrendered Safe Haven infants. Insufficiencies are apparent, including inadequate data collection, inability to easily retrieve existing data, data collection not required as part of federal reporting mandates, failure to comply with state reporting requirements, and minimal dissemination of data. Five of eight states that are mandated to keep track of Safe Haven infant numbers did not provide requested information.

Without adequate baseline data on surrendered Safe Haven infants it will be difficult to judge the law's impact as well as to make comparisons as various promotional strategies are implemented. Data collection in a systematic and uniform manner to document the number of surrendered Safe Haven infants annually is needed.

### **3.7 Strengths and Limitations**

This is the first systematic attempt to ascertain the number of surrendered Safe Haven infants since the first Safe Haven law's inception in 1999. This baseline data assists in efforts to judge Safe Haven law's impact. However, due to limitations of returned survey responses as well as additional information available from nonprofit, governmental and media reports it is likely that this method underestimates the surrendered Safe Haven infant tally.

A research design using the mailed/email survey method is not the most powerful of research methods and has several limitations. These limitations include the potential for poor response rates, biases in who responds and who does not, and the impossibility of response verification (Kerlinger & Lee, 2000). Pretesting of the questionnaire was not done. Respondents may misinterpret the question or not fully follow the survey instructions (Kerlinger & Lee, 2000). A promise to share results may have also resulted in more responses, but was not given. Only 34 percent of states were able to provide data on the number of surrendered Safe Haven infants. The lack of a consistent definition for Safe Haven infant may also impact the reliability of the results due to states not including all infants of a certain age.

### **3.8 Summary**

The survey tallied 180 surrendered Safe Haven infants nationally for the years 1999-2006. A surrendered Safe Haven infant rate of 3.58 per 100,000 was established for the 16 responding states (See Table 3.3). This extrapolated to an expected 147.21 surrendered Safe Haven infants per year in the United States. More research is needed to more certainly determine the national number of surrendered Safe Haven infants.

## CHAPTER 4

### NATIONAL ESTIMATE OF INFANTS SURRENDERED UNDER SAFE HAVEN INFANT PROTECTION ACTS USING MULTIPLE DATA SOURCES

#### 4.1 Introduction

Due to insufficient responses to the governor's survey as described in the previous chapter, it was impossible to provide an accurate national estimate of the number of surrendered Safe Haven infants using that particular methodological approach. As noted in Chapter Three, only 34.7 percent of the states (with Safe Haven laws in place at the time of the survey) provided numerical data. Without complete data, it is certain that the Safe Haven estimate in Chapter 3 is an undercount.

In addition, nonprofit representatives have reported much higher numbers of surrendered Safe Haven infants. Tim Jacquard of the AMT Children of Hope Foundation based in New York reports that 378 infants had been relinquished nationally under Safe Haven Laws as of May 1, 2005 (O'Shaughnessy, 2005). The Save Abandoned Babies Foundation based in Illinois reports 561 surrendered Safe Haven infants nationally as of July 10, 2005 (Ferkenhoff, 2005). The California-based Garden of Angels nonprofit reported that "as of December 31, 2005 we know that 122 babies have been safely surrendered in California" (Katherine [Garden of Angels], 2006).

Publicly available government sources also provide additional information that supports the likelihood of a higher surrendered Safe Haven infant tally, the *County of Los Angeles January 2005 Safely Surrendered Baby Law (SSB) Report to the Legislature* confirms 12 Safe Haven babies relinquished between January 1, 2001 and October 21,

2002 with an additional 52 babies surrendered between October 22, 2002 and September 30, 2004 for a total of 64 infants (California Department of Social Services, 2005).

Media reports are other sources of data. As noted in Chapter Three, Arizona refused to share requested data without prior approval by the state's research committee. However, a newspaper article reported Arizona to have had four surrendered Safe Haven infants in 2002, one surrendered Safe Haven infant in 2003, four surrendered Safe Haven infants in 2004, and three surrendered Safe Haven infants in 2005 with a total of 11 infants relinquished since the Safe Haven Law went into effect in 2001 (Sakal, 2006). Ohio is reported to have had 37 infants relinquished under Safe Haven law as of December 7, 2005 (Candisky, 2005).

The aim of this chapter is to provide a national and state-by-state estimate of the number of infants surrendered under Safe Haven Infant Protection law using multiple data sources.

## 4.2 Definitions of Terms

- Abandoned Infant: see discarded infant
- Discarded Infant: newborns who have been abandoned in public places, other than hospitals (as inpatients), without care or supervision
- Infant: child less than 12 months of age
- Safe Haven Infant: those babies brought to a legally-sanctioned institution (e.g., hospital emergency room, police station, fire house) by a parent or parental representative and relinquished to the care and under the statute of the State
- Safe Haven Laws: variously titled state-level laws that ensure infant safety and permit infants to be surrendered to authorities in a legal and generally anonymous fashion sometimes with prescribed limits on prosecution

**Table 4.1** Number of Infants Surrendered Under Safe Haven Laws in the United States, Estimated From Government Reports and Replies, Media Reports and Nonprofit Reports, 1999-2008 (through December 31, 2008)

STATE	TOTAL	STATE	TOTAL	STATE	TOTAL
Alabama	53	Kentucky	20	North Dakota	1
Alaska	0	Louisiana	6	Ohio	63
Arizona	13	Maine	3	Oklahoma	2
Arkansas	1	Maryland	2	Oregon	4
California	280	Massachusetts	6	Pennsylvania	12
Colorado	31	Michigan	66	Rhode Island	1
Connecticut	9	Minnesota	16	South Carolina	14
Delaware	0	Mississippi	11	South Dakota	3
District of Columbia	XX	Missouri	21	Tennessee	21
Florida	123	Montana	3	Texas	30
Georgia	320	Nebraska <sup>1</sup>	0	Utah	9
Hawaii	0	Nevada	1	Vermont	1
Idaho	15	New Hampshire	0	Virginia	2
Illinois	47	New Jersey	38	Washington	11
Indiana	6	New Mexico	2	West Virginia	0
Iowa	11	New York	118	Wisconsin	73
Kansas	1	North Carolina	8	Wyoming	1
X	X	X	X	TOTAL	1479

Source: See Appendix B

<sup>1</sup>No infants under one year of age have been surrendered.

### 4.3 Methods

Integrative research was undertaken using a snowball search technique including expert informant verification (Boyer, 1990). Non-profit reports and communications, government documents and communications, and media accounts were the basis for the estimate. Documents already in possession of the investigator were reviewed for pertinent information. The investigator signed up for the Yahoo news alert service using these key words: abandoned infant, discarded infant, safe haven, and also signed up for the Google news alert service using the key word: safe haven AND infant. The UMDNJ Institutional Review Board advised that informed consent is not required as only publicly-available information was being solicited and fact finding could proceed.

The data were collected over an approximately three year period of time (June 2006-May 2009). A table was created entitled Number of Infants Surrendered Under Safe Haven Laws in the United States, Estimated from Government Reports and Replies, Media Reports and Nonprofit Reports, 1999-2008 (through December 31, 2008) (See Table 4.1). As new information arrived, the data were entered into the table. These data were double-checked during June 2007, October 2008, and April 2009 for accuracy. Augmentation of the Yahoo/Google alert service data using government reports and non-profit reports was initiated. An inquiry letter and/or email was sent to the following entities, plus others, for information verification during July 2007 and on-going through December 2008: Alabama (Department of Human Resources), Arkansas (Division of Children and Family Services), Georgia (Division of Family and Children's Services), Illinois (Save Abandoned Babies Foundation), Indiana (Catholic Charities of Indianapolis), Iowa (Department of Human Services), Massachusetts (Baby Safe Haven),

Michigan (Primary Care Association), Montana (Department of Public Health and Human Services) New Jersey (Department of Children and Families), Oregon (Child Welfare Research & Reporting), South Carolina (Department of Social Services), South Dakota (Department of Social Services), Utah (Vital Records and Statistics), Virginia (Department of Social Services) and Wisconsin (Safe Place for Newborns of Wisconsin, Inc.).

In order to verify surrendered Safe Haven infant numerical findings, these results were compared with information accumulated by Dawn Geras. Ms. Geras is a founding board member of the National Safe Haven Alliance based in the Washington, DC area and a board member of the Save Abandoned Babies Foundation based in Illinois. Both entities have a mission of preventing infant abandonment and promoting Safe Haven laws. Three separate hour plus discussions (in the first quarter of 2008) were undertaken to agree upon the number of surrendered Safe Haven infants for each state. In addition, there has been continued sharing of new information and sources as they are discovered.

#### **4.4 Results**

A total of 1479 infants were identified as surrendered under Safe Haven laws since 1999 through December 31, 2008. This computes to an average of 147.9 surrendered Safe Haven infants per year over ten years.



## 4.5 Discussion

The total number of surrendered Safe Haven infants tallied here is higher than in other estimates. This tally is well above the estimate (of 126 total Safe Haven infant surrenders in the United States) by Gruss in August 2006.

The average number of surrendered Safe Haven infants per year (147.9) is well-above the estimate provided by Hermann-Giddens et al that approximately 85 infants each year might be surrendered under Safe Haven laws (2003). This is almost identical to the estimate of 147 surrendered Safe Haven infants per year put forth in chapter three. The actual average number of infant surrenders per year may even be higher as not all states had Safe Haven laws in place for all the years counted nor for a full year in each of the years investigated.

Systematic and centralized data collection would be useful to develop a more complete and accurate surrendered Safe Haven infant tally. A consistent definition (including maximum age limit) across states would help ensure a more accurate count as well as permit better comparisons across states.

## 4.6 Strengths and Limitations

This is the first systematic attempt (beyond the initial Governor's survey described in Chapter 3) to obtain a national estimate of the number of infants surrendered under Safe Haven law. This estimate may provide the basis for future study and planning. Expert informants can be a means to judge the reliability and validity of research findings.

A research design primarily using the Google and Yahoo search engines is not the most powerful of research methods to find and integrate isolated facts and has several

limitations. These limitations include search result deficiencies (missed items), difficult response verification, as well as accuracy and reliability of information especially when relying on such a large and diverse group of data sources. This method assumes the accuracy and reliability of the information obtained. Augmenting the search engines is a snowball technique to obtain supplemental materials via government reports and nonprofit reports. It is likely that useful items were missed even with the augmenting snowball technique. The issue of inconsistent definitions among sources is a limitation of this study.

#### **4.7 Summary**

A total of 1479 infants were documented as surrendered under Safe Haven Infant Protection law beginning in 1999 through December 31, 2008. There was an average of 147.9 surrendered Safe Haven infants per year for 1999-2008. Additional research using more systematic and standardized data is needed.

## **CHAPTER 5**

### **CHARACTERISTICS OF SURRENDERED SAFE HAVEN INFANTS AND RELINQUISHING USERS**

#### **5.1 Introduction**

Little is known about the characteristics of surrendered Safe Haven infants and relinquishing users. This may be due to the relative newness of Safe Haven Infant Protection acts, legislated anonymity for relinquishing Safe Haven users, poor and/or non-mandated data collection, and limited research interest perhaps related to the false assumption that few mothers have used the Safe Haven option.

Safe Haven Infant Protection laws appear to assume that there is an overlap in the population of potential discarded infants and potential Safe Haven infants. For example, the New Jersey Safe Haven Infant Protection Act states “newborn infants are sometimes abandoned in life-threatening situations and that some of these children have been harmed or died as a consequence of their abandonment” and “that anonymity, confidentiality and freedom from prosecution may encourage the parent to leave an infant safely and save the life of the infant” (New Jersey Safe Haven Infant Protection Act, 2000). However, little is known about either the Safe Haven infant population or discarded infant population – even though many policy makers assume that both populations resemble the neonaticide victim population (National Abandoned Infants Assistance Resource Center, 2005).

The expected (by policy makers and others) population of Safe Haven relinquishing users (based upon what is known about neonaticidal mothers/infant victims): would give birth outside of a hospital, would act (relinquish) on the baby’s first day of life, would be

young in age (i.e., adolescents and college-aged women), and the father of baby would not be involved (Atkins, Grimes, Joseph, & Leibman, 1999; Centers for Disease Control and Prevention, 2002; Craig, 2004; Kaye, Borenstein, & Donnelly, 1990; Oberman, 2003; Resnick, 1970). Expected surrendered Safe Haven infants (using limited data available on infants who are killed or are discarded and perish) would be of both African-American and white races and of both genders (Herman-Giddens, Smith, Mittal, Carlson, & Butts, 2003; Virginia State Child Fatality Review Team, 2005).

The aim of this chapter is to answer the following questions:

What are the characteristics of Safe Haven infants?

- What is the gender breakdown of the infants?
- What are the ethnicities of the infants?
- At what age are the infants surrendered?
- What are the birth sites (i.e., born in hospital or not born in hospital) of the infants?
- What is the health status (i.e., medical condition or not) of the infants at the time of surrender?
- What is the ultimate custody status (i.e., adopted or reclaimed) of the infants?

What are the characteristics of relinquishing Safe Haven users?

- What are the ethnicities of the mothers?
- What are the ages of the mothers?
- What are the ages of the fathers?

What are the patterns and associations of Safe Haven use?

- What surrender sites are used?
- What are the most common months of surrender?
- Is father of infant present at surrender?
- Is there an association between infant's ethnicity and gender?
- Is there an association between the infant's ethnicity and surrender site?
- Is there an association between the infant's ethnicity and maternal age?

- Is there an association between the infant's place of birth and surrender site?
- Is there an association between surrender site and maternal age?
- Is there an association between maternal age and month of surrender?

## 5.2 Methods

### 5.2.1 Sources of Data

Due to the lack of systemic record keeping and the relative newness of Safe Haven Infant Protection laws, the sources of data for this chapter were both multiple and convenience based. Sources of data include government data, nonprofit organization data, and media reports. Major data sources include:

- Safely Surrendered and Abandoned Infants in Los Angeles County (Baby Safe Los Angeles/California) [government agency - <http://babysafela.org/data.htm>]
- Safely Relinquished Newborns (Save Abandoned Babies Foundation/Illinois) [nonprofit - [saveabandonedbabiesfoundation.org](http://saveabandonedbabiesfoundation.org)]
- Safe Delivery Fact Sheet (State of Michigan) [government site - [http://www.michigan.gov/documents/FIA-Fact-SafeDelivery\\_82216\\_7.pdf](http://www.michigan.gov/documents/FIA-Fact-SafeDelivery_82216_7.pdf)]
- Babies Surrendered under Safe Haven (State of New Jersey) compiled by the Department of Children and Families [government].

Other data sources include: Black, 2006; Blair, 2007; California Department of Social Services, 2002; Harris, 2002; Inter-Agency Council on Child Abuse and Neglect, 2004; Inter-Agency Council on Child Abuse and Neglect, 2006; Inter-Agency Council on Child Abuse and Neglect, 2007; Kobely, 2008; Kozlowski, 2007; Lum, 2006; New Jersey State Police, 2007; O'Konowitz, 2006; and Richard, 2006.

### **5.2.2 IRB Approval**

Institutional Review Board approval was obtained from the University of Medicine and Dentistry of New Jersey as of May 16, 2008.

### **5.2.3 Ethical Issues**

As previously noted, Safe Haven Infant Protection Acts generally preserve the anonymity of the mother. This presents a quandary for researchers who might want to investigate the characteristics of individual mothers to identify potential risk factors. Since the mother (or a surrogate) surrendered her infant with the expectation of anonymity, is it appropriate to contact her for a research investigation? For this dissertation, the investigator made no attempt to either individually identify or contact Safe Haven relinquishing users.

### **5.2.4 Database Development**

Using Statistical Package for the Social Sciences (SPSS) Graduate Pack 16.0, a database of 206 individual Safe Haven infants was developed. Each variable was named and the format defined. The variables were as follows: infant's gender, infant's ethnicity, infant's age at time of surrender, place of birth (i.e., born in hospital/not born in hospital), infant's health status, infant's adoption status (i.e., adopted/reclaimed by family), site of surrender, mother's ethnicity, mother's age, father's age, month of surrender, and father present or not at surrender. None of the data sources were in electronic data base form. Data were entered via keyboard as they were obtained and then subsequently double-checked for accuracy. Frequency runs were also done on each variable in an attempt to identify any data input errors.

### 5.2.5 Sample Description

A total of 206 cases are in the data base with the sample taken from the population of infants surrendered under Safe Haven statutes. This convenience sample uses publicly available data from multiple locales and sources. Four states are represented: California, Illinois, Michigan, and New Jersey. These states were selected for availability and accessibility of data as well as geographic diversity.

- The data set from California contains the following information: date of surrender, gender of infant, race of infant, site of surrender, location of surrender, and zip code of surrender. California's 77 cases come mostly from the confines of Los Angeles County during the years 2001 - 2008 (babysafela.org). Los Angeles County, California, has a much higher proportion of residents who identify as Hispanic or Latino (of any race) as compared to the general population of the United States (47.1 percent versus 14.7 percent). Los Angeles County is also more Asian than the general population of the United States (12.9 percent versus 4.3 percent) (U.S. Census Bureau, 2005-2007 American Community Survey).
- Illinois' data generally contains the following information: date of surrender, gender of infant, surrender site, location of surrender as well as relationship of relinquishing user to infant. Illinois's 40 cases come from the entire state during the years 2002-2008 (Saveabandonedbabiesfoundation.org.). The state of Illinois is more black (14.7 percent) and less white (71.1 percent) than the United States as a whole (U.S. Census Bureau, 2005-2007 American Community Survey).
- Michigan's data includes date of surrender, county of surrender, age/gender of the person(s) relinquishing infant, surrender site, and place of delivery if same as surrender site (i.e., hospital). Michigan's 56 cases are for the entire state during 2001-2008 (Michigan.gov). Michigan is more white (79.6 percent), more black (14.1 percent) and much less Hispanic (3.9 percent) than the entire United States (U.S. Census Bureau, 2005-2007 American Community Survey).
- New Jersey's data includes date of surrender, county of surrender, hospital of infant care, place of delivery (i.e., hospital or non-hospital), surrender site, race of infant, gender of infant, race of mother, and age of mother. New Jersey's 33 cases are for the entire state from 2000-2007 (Department of Children and Families, 2007). New Jersey is less white than the United States as a whole (69.7 percent versus 74.1 percent) (U.S. Census Bureau, 2005-2007 American Community Survey).

For 2005-2007, the United States race/ethnic composition was 74.1% white, 12.4% black, 4.3% Asian, and 14.7% Hispanic (U.S. Census Bureau, 2005-2007 American Community Survey).

The earliest Safe Haven data analyzed here is from 2000 with the most recent data from early 2008. For all states, some data is missing. Missing data includes variables as a whole and also values within variables. The provided data are in a confidential format with identifying information either not provided or not entered into the investigator-created database.

The number of cases from each set and the percentage of the entire data base is as follows: California (77/37.4%), Illinois (40/19.4%), Michigan (56/27.2%) and New Jersey (33/16.0%). Sixty-five (66 or 31.6% of the total cases) of the California cases come from Los Angeles County.

The four included states comprise 22.28% of the total United States population and rank in the top 11 states for resident population (U.S. Census Bureau, 2009). California (rank #1) alone comprises 11.95% of the United States population (U.S. Census Bureau, 2009). Illinois (rank #5) comprises 4.20%, Michigan (rank #8) 3.29%, and New Jersey (rank #11) 2.84% (U.S. Census Bureau, 2007; U.S. Census Bureau, 2009). Three cities in California (i.e., Los Angeles, San Diego and San Jose) are among the ten most populated in the United States (U.S. Census, 2009). Chicago is the second most populated city in the United States (U.S. Census, 2009). Detroit is the 11<sup>th</sup> most populated city in the United States.



### **5.3 Analysis**

Variables were analyzed for frequencies and frequencies were converted to percentages. Variables were also analyzed using cross tabulations to elicit Chi-squares. Range, mean and median values were determined for mother's age. Maternal age variable was dichotomized to 22 years of age or less and 23 years of age or more and then used to determine associations with season of surrender, surrender site, and infant's ethnicity. Months of surrendered were collapsed into seasons.

### **5.4 Results**

#### **5.4.1 Infant's Gender**

There were 106 cases with the infant gender information. Both female and male infants were surrendered. Males accounted for 54 of the Safe Haven infants (or 50.9%). Females made up 52 of the Safe Haven infants (or 49.1%). In 2002, for the entire United States, 51.7 percent of births were male infants and 48.8% were female infants (Mathews & Hamilton, 2005). Therefore, there were no apparent gender disparities for infants surrendered under Safe Haven Infant Protection law. Despite the preference for male infants found in many cultures (as discussed in Chapter Two), this finding mimics that of Marks and Kumar (1993) who found no gender disparities in infanticide in England and Wales. There was also no significant association between infant gender and infant ethnicity (See Table 5.1).

**Table 5.1** Sample size, *df*, Chi-square, p-value, and significance for Tested Associations.

<b>Variables</b>	<b>N</b>	<b>df</b>	<b>Chi-square</b>	<b>p-value</b>
<b>Infant Ethnicity*/ Gender</b>	90	3	.630	.890
<b>Infant Ethnicity*/ Surrender Site</b>	91	9	17.171	.046 <sup>a</sup>
<b>Infant Ethnicity*/Mother's Age</b>	29	54	44.540	.817
<b>Mother's Age/ Season of Surrender</b>	69	72	64.710	.717 <sup>a</sup>
<b>Surrender site/22 years or less/23 years or older</b>	69	3	1.549	.671
<b>Infant's Ethnicity*/22 years or less/23 years or older</b>	29	3	3.053	.384 <sup>a</sup>
<b>Season of surrender/22 years or less/23 years or older</b>	69	3	2.313	.510

\*Infant Ethnicity categories: Asian/biracial, black, Hispanic, white

<sup>a</sup> Cells have expected count less than five

#### 5.4.2 Infant's Ethnicity

There are 91 cases with documentation for the infant race/ethnicity variable. Infants from a range of ethnicities have been surrendered under Safe Haven Infant Protection law. For this sample, the ethnicity breakdown is Asian (1/1.1%), black (25/27.5%), Hispanic (22/24.2%), white (36/39.6%), and biracial (7/7.7%). The biracial infants were described as follows: white/Hispanic (2), black/Hispanic (2), Asian/Hispanic (2), and not stated (1). There were no significant associations between infants' ethnicity and infant gender, surrender site, mother's age, or mother's age combined into two groups (22 years or younger and 23 years or older) (See Table 5.1).

### **5.4.3 Infant's Age at Surrender**

The age of the infant at surrender was noted in only 14 cases. Of that group, most were surrendered on the first day of life (38.9%) or at one day old (33.3%) for a total of 72.2 percent. Two day old infants comprised 16.7% of the valid group. Three day old infants comprised 11.1% of the valid cases.

### **5.4.4 Place of Birth**

The place of birth (i.e., born in hospital/not born in hospital) was noted in 76 cases. Most infants were born in hospitals (56/73.7%) with the other 20 (26.3%) infants not being born in the hospital.

### **5.4.5 Health Status**

Weights and/or heights were available in 10 instances. A positive drug screen was noted in 3 instances. Gestational age or preterm birth was noted in 2 instances. That the infant was found in good condition was noted in 2 instances.

### **5.4.6 Adoption Status**

This variable had only 17 cases with information. Over one-third (35.3%) of surrendered infants were reclaimed by their mother (or another family member). The remainder of infants surrendered under Safe Haven Protection law were subsequently adopted (64.7%).

### **5.4.7 Site of Surrender**

Most relinquishing users elected to surrender the infant at a hospital (130 of 153 cases or 85.0%). This was true even for those mothers who did not give birth in a hospital and

who lived in a state allowing non-hospital relinquishment. Fire stations were used 9.8% of the time and police stations were used just 5.2% of the time.

No significant association was found between infant's ethnicity and surrender site. For all ethnic groups, a hospital surrender site was used 3½ times more often than the fire station and police station sites. No significant association was found between surrender site and mother's age. Almost all ages of mothers used hospitals almost 7 times more than other approved surrender sites (See Table 5.2). The oldest mother to use a non-hospital site was 35 years of age. This particular analysis does not take into account that someone other than the mother may have chosen to drop off the infant at particular surrender site.

When maternal age was dichotomized (women aged 22 and younger and women aged 23 or older), no significant association was found between age and surrender site, but only 2 women aged 22 or younger used the fire station surrender site and only 1 woman aged 22 or younger used the police station surrender site (See Table 5.1). There was also no significant association between mother's age and month of surrender, but 9 mothers aged 22 or younger surrendered infants in the month of February accounting for 13.0% of the total valid cases and 32.0% of the aged 22 years and younger cases.

**Table 5.2** Non-Hospital/Hospital Surrender Site by Younger Age/Older Age

	<b>22 Years of age or younger</b>	<b>23 years of age or older</b>
<b>Non-Hospital Surrender Site</b>	3	5
<b>Hospital Surrender Site</b>	25	31

#### 5.4.8 Maternal Characteristics

Maternal ethnicity was mostly not stated. For the 15 instances where maternal ethnicity was provided, the composition was as follows: black (8 mothers-53.3%), Hispanic (2 mothers-13.3%), and white (5 mothers-33.33%).

Mother's age was available for 69 cases. In the documented cases, mothers as young as 15 years and as old as 42 years have relinquished infants under the auspices of Safe Haven Infant Protection. The most common (mode) maternal age for Safe Haven use was 20 years (8 mothers). The mean maternal age for Safe Haven use was 26.04 years. The median maternal age for Safe Haven use was 25 years.

When maternal age was dichotomized (women aged 22 and younger and women aged 23 or older), no significant association was found between infant's ethnicity and maternal age (See Table 5.1). There was only 1 Hispanic mother aged 22 or younger. There were 4 Hispanic mothers aged 23 or older.

#### **5.4.9 Paternal Characteristics**

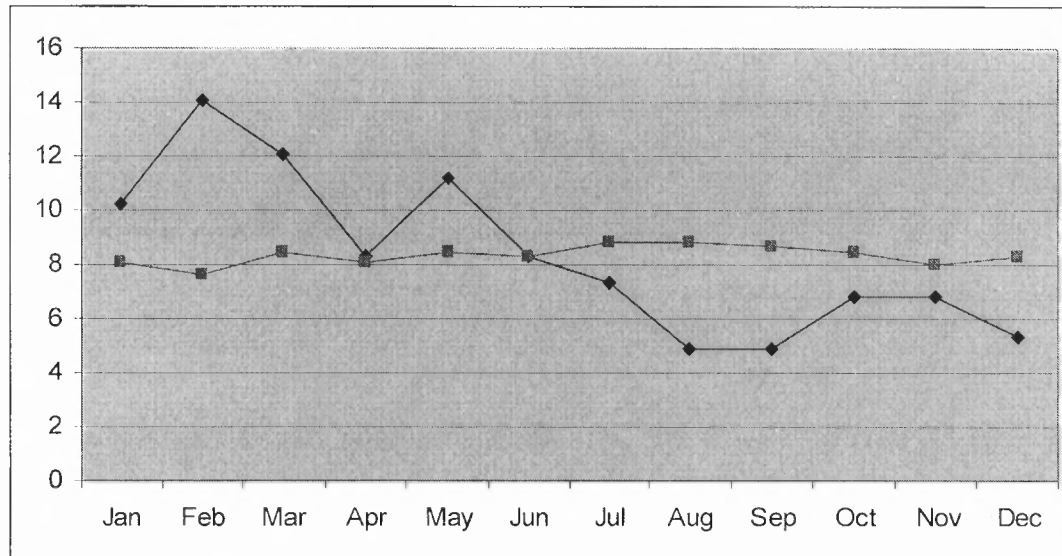
The father's age variable had the fewest cases with values. The father's age was reported only twice: age 34 years and age 38 years. The father was noted to be present at the time of relinquishment in six instances. Paternal ethnicity was not directly stated.

#### **5.4.10 Month of Surrender**

The month of surrender was available for all 206 cases, making this variable the one with the most complete data available. The month of Safe Haven Infant Protection surrender (serving as a proxy for month of delivery) was compared with the month of delivery for the general population. February (29/14.1%) and March (25/12.1%) were the most common months of Safe Haven surrender. The fewest number of Safe Haven surrenders were in August (10/4.9%) and September (10/4.9%).

Table 5.3 shows the months with the most surrendered Safe Haven infants differ from those with the most deliveries. For the general population the monthly contribution to annual births ranges from a low of 7.6% in November to a high of 8.8% in August (J. Backstrand, personal communication, March 22, 2008). Seasonality variation in deliveries in the general population is minor compared to the variation seen in the month of surrender for Safe Haven infants. However, it should be noted that the Safe Haven data are from a convenience sample, and are not strictly comparable with the deliveries for the entire United States.

**Table 5.3** Seasonality: Percent Month of Birth for General Population (Gray)/Percent Month of Surrender Safe Haven Population (Black)



Source: J. Backstrand, personal communication, March 22, 2008

## 5.5 Discussion

### 5.5.1 Expected Surrendered Safe Haven Infants and Relinquishing Users

As expected, both male and female infants are surrendered under Safe Haven Infant Protection law with no meaningful differences in surrender rates. In many countries, the discarding of female infants far exceeds the discarding of male infants (Johnson, 1996; Oberman, 2003; Pitt & Bale, 2003). Marks & Kumar (1993) found no gender disparity in infanticide for England and Wales.

Infants of a range of races/ethnicities were surrendered: black, Hispanic, Asian, and white. For this convenience sample, black and Hispanic infants were surrendered at percentages that were higher than their representation in the general population. However, this may be related to the over representation of urban areas in this sample

(e.g., Los Angeles County, Chicago). This finding supports the theoretical perspective of social disparities in health discussed in Chapter 1.

The sparse data available for the infant's age at surrender supports the idea that Safe Haven Infant Protection is being used as expected by women because most surrendered Safe Haven infants were one day old or less. The Centers for Disease Control (2002) reports that most victims of neonaticide are killed on their first day of birth, so those surrendering the youngest infants (i.e., newly born or one day old or less) most closely resemble the at-risk group (i.e., women and their just delivered babies). Better documentation of this characteristic might provide a basis for identifying an appropriate maximum age limit for Safe Haven Infant Protection law. However, since various motivations exist for infant surrender (as were shared by Los Angeles County relinquishing users – See Table 2.9), the optimal maximum age may need to be determined by more than just the metric that best fits with neonaticide prevention.

Many more surrendered Safe Haven infants were born in the hospital than not born in the hospital and this is not a characteristic of neonaticides. The out-of-hospital births are of particular policy importance because, as noted previously, 95.0% of neonaticides occur on the first day of life and 82.6% involve infants not born in hospitals. Therefore, non-hospital birth users of Safe Haven Infant Protection may most closely approximate the target population that Safe Haven law supporters are hoping to capture (i.e., infants who are at highest risk for being discarded) (Centers for Disease Control, 2002). In certain states (e.g., Illinois) infants born in hospitals are generally not eligible for Safe Haven status. However, Illinois extended its maximum age limit from 3 to 7



days (and is considering an additional extension to 30 days), so in some states, infants may be born in the hospital and surrendered subsequent to hospital discharge.

The range of mother's ages found to use Safe Haven Infant Protection was greater than expected given assumptions about expected potential Safe Haven Infant Protection users. The number of women aged 22 years or younger who surrendered infants was 28 (or 40.6%) of the valid cases. This means that at least 40.6% of the time the law is being used (at least with respect to age) by the population that is similar in some respects to the target population (i.e., adolescents and college-aged women). The mode age of 20 years also approximates in some respects what policy makers and nonprofits expected in terms of who would use the Safe Haven laws (i.e., adolescents and college-aged women).

### **5.5.2 Health Information**

One concern about Safe Haven Infant Protection law is that it potentially leaves the infant with very little family health history and perinatal information. This concern seems justified as little information was available concerning the health status of each individual infant. However, individual hospital and child welfare case records for the surrendered Safe Haven infants may be more informative than publicly-available data and could provide more robust information about the infants and their health and birth family histories. Strategies to obtain (but not coerce) medical information from relinquishing users should be developed. These may include clear guidelines for approved personnel to seek information, low-literacy health information forms, health information forms in various languages, incentives to encourage health information sharing, and a confidential telephone number and/or website for relinquishing users to provide health information.

### **5.5.3 Adoption**

For this sample, most infants surrendered under Safe Haven law were subsequently adopted (64.7%). The locale of the first Safe Haven law in the United States, Mobile County, Alabama, reports that all 15 infants surrendered prior to June 2008 under the county's Secret Safe Place for Newborns program have been adopted (Kramer, 2008). Iowa reports that the first 10 of 11 of their Safe Haven babies were "successfully adopted" with the 11<sup>th</sup> infant expected to be placed with a pre-approved adoptive family (Jacobs, 2008). Mechanisms to ensure speedy adoption should be a part of Safe Haven policy and procedures.

### **5.5.4 Approved Safe Haven Sites**

Approved Safe Haven surrender sites vary from state to state (See Table 5.4). California permits surrenders at hospitals with other surrender sites determined by each county (most approve fire stations). Illinois designates hospitals, emergency care facilities, fire stations, and police departments as Safe Haven surrender sites. Michigan allows relinquishment to fire departments, hospitals, police stations, and to emergency service providers responding to a 911 call. New Jersey permits relinquishment at police stations and hospital emergency rooms.

Eighty-five (85.0%) percent of relinquishing users chose to surrender the infant at a hospital. This overwhelming preference for hospital surrender may have policy-making implications. Relinquishing users also appear to prefer fire stations as a surrender site over police stations. A single approved surrender site that was consistent across states might make Safe Haven Infant Protection law simpler to promote, understand and to

utilize. However, the geographic dispersion of hospitals, especially in rural areas, may make additional sites beyond hospitals a necessity.

**Table 5.4** Safe Haven Infant Protection Laws for California, Illinois, Michigan, New Jersey – Title, Year Enacted, Surrender Age Limit, Approved Surrender Sites, 2009

State	Title	Year Enacted	Surrender Age Limit	Approved Surrender Sites
California	Safely Surrendered Baby Law	2001	3 days	Hospital, designated Fire Station or Other Safe Surrender Site
Illinois	Abandoned Newborn Infant Protection Act	2001	7 days (extended from 3 days)	Hospital, Emergency Care Facilities, Staffed Fire Station, Police Department
Michigan	Safe Delivery	2001	3 days	Hospital, Emergency Services Provider, Fire Department, Police Station, EMT, Paramedic
New Jersey	Safe Haven Infant Protection Act	2000	30 days	Hospital Emergency Room, Police Station

Sources: Michigan Department of Human Services, 2007; New Jersey Safe Haven, 2009; State of California-Health and Human Services Agency Department of Social Services, 2009; State of Illinois, 2007

### 5.5.5 Father's Involvement and Age

Little information was available concerning father's involvement and age. Completed medical history information forms might potentially provide more information to augment the father's age variable. Researchers investigating neonaticide have found the father of the baby was generally not involved (Atkins, Grimes, Joseph & Liebman, 1999; Kaye, Borenstein & Donnelly, 1990; Oberman, 2003, Resnick, 1970). However, Gruss

(2006) found that most young women considering the Safe Haven option were still involved with the father of the infant.

#### **5.5.6 Marketing**

Safe Haven Infant Protection is being used by a range of ethnicities and variously aged mothers, so targeting of diverse groups is likely essential. Of note is that 32.0% of mothers aged 22 or younger surrendered their infant in the month of February (and 10.7% in March). This may be important in terms of timing marketing and outreach efforts to the expected constituency of women aged 22 years and younger. In locales where limited resources exist for marketing efforts, the months of January, February and March might be the most efficient for advertising and education efforts.

#### **5.5.7 Data Collection and Annual Reporting Requirements**

The lack of systematic data, even from states with mandated data collection and annual reporting, stymied complete data collection and analysis. States variously collected information and reported upon different elements of the Safe Haven process. For example, Michigan did not present ethnic or gender information, while New Jersey did provide that information.

#### **5.5.8 The Law in Each State**

The ability to access data and to appropriately interpret the results is affected by the specific structure of the law in each particular state. For the 50 states, the maximum surrender age ranges from 3 days of age to a maximum surrender limit of up to 1 year of age. For example, California permits babies to be surrendered under Safe Haven law up to and including 3 days of age, while New Jersey permits infants to be surrendered up to

30 days of age (See Table 5.3). Illinois permits infants to be surrendered at age 7 days or younger. Originally, Illinois capped the surrender age at 3 days. Michigan allows infants to be surrendered up through age 3 days.

Variations in Safe Haven law parameters may affect not only how the law is used, but who uses it. For example, a woman with other children and economic constraints may use the time allotted by greater maximum age limits to ponder whether a new infant can be successfully integrated into her family. An extended age allowance does not increase the potential relinquishing pool of women and surrendered newborns, but does increase the time opportunity for relinquishment (as the total number of births does not change). Greater time opportunity may increase the number of infants surrendered, especially if women were surrendering infants for reasons not completely related to pregnancy concealment and denial. The relative availability and location of approved surrender sites may also impact the number of surrendered Safe Haven infants. Transportation availability may also affect Safe Haven use.

## **5.6 Strengths and Limitations**

This is the first systematic study to document and analyze characteristics of surrendered Safe Haven infants and relinquishing users in the United States beyond one locale. As noted previously, Pruitt (2006), only studied discarded infants and surrendered Safe Haven infants located in Texas.

For some states, significant portions of data were missing. In general, each individual case had some missing data. Missing data can bias conclusions (Hulley, Cummings, Browner, Grady, Hearst, & Newman, 2001). The lack of systematic data,

even from states with mandated data collection and annual reporting, stymied complete data collection and analysis. States variously collected and reported upon different elements of the Safe Haven process. There is a potential for coding discrepancies between states as well as for effects from varying Safe Haven-use guidelines for each state (e.g., age limit, approved surrender sites). The states included in this chapter did not collect the same information. For example, some states did not provide race/ethnicity information and some did not report infant's gender. For example, Michigan did not present ethnic or gender information while California, Illinois and New Jersey did. Also, the relative accessibility of the data from the 4 states that provided the valid cases may imply a certain degree of governmental sophistication (i.e., data collection abilities, financial resources) as compared to other states. As noted previously, the 4 state sample comprises 22.28% of the total United States population and includes 5 of the top 11 most populated cities in the country. In addition, the populations of the 4 state sample tended more non-white than the general United States population. This may mean that the results better reflect more populated states, more urban areas, and a more non-white population as opposed to the United States as a whole.

The convenience sample has weak external validity and is certainly biased. Convenience data lacks robustness and confers an inability to investigate other variables that might be of interest, including motivation for Safe Haven Infant Protection use and marital status. States' data collection procedures and instruments are not validated.

## 5.7 Summary

As expected by what has been reported about discarded infants, infants of all ethnicities and both genders are being surrendered under Safe Haven Infant Protection law. As expected, most infants are surrendered on their first day of life. However, most surrendered infants were born in hospitals and the ages of relinquishing mothers ranged from 15 years of age through 42 years of age and this is unlike what is found in instances of neonaticide. This suggests that although Safe Haven Infant Protection law is being used by the expected/target population, Safe Haven is being used by others as well. Strategies to increase the collection of health information from relinquishing users as well as guidelines would address a major concern about Safe Haven Infant Protection law. Most Safe Haven infants are subsequently adopted. Hospitals were the preferred surrender site. The father's characteristics in Safe Haven surrender is not well documented. Marketing to diverse groups and ages is indicated.

In order to more properly determine characteristics of surrendered Safe Haven infants and relinquishing users, systematic documentation is needed. Robust and rigorous data collection is an essential element for evaluating and, if necessary, making modifications to Safe Haven Infant Protection statutes. Consistent definitions and policies across states would likely contribute to more reliable data collection and analysis. States should agree upon important data elements to collect. Data collection tools should be standardized among states. Collected data should be centralized and analyzed by one organization (e.g., appropriate federal agency, designated resource center, national nonprofit), but be available in data sets to interested researchers. Ethical considerations as well as statutory limitations would need to be observed.

## **CHAPTER 6**

### **COMPARISON OF DISCARDED INFANTS AND SURRENDERED SAFE HAVEN INFANTS IN NEW JERSEY**

#### **6.1 Introduction**

The premise of Safe Haven Infant Protection law is that it provides an alternative for young women who are considering unsafely abandoning their newborn infant. This chapter addresses the question of whether the characteristics of Safe Haven infants and their mothers support the Safe Haven policy assumption that discarded (abandoned) and Safe Haven infants have characteristics in common. Using the populations of discarded/abandoned infants in New Jersey between August 2000 and August 2007, and surrendered Safe Haven infants in New Jersey during the same time period, the investigator will compare the characteristics of discarded (abandoned) infants and Safe Haven infants.

New Jersey's Safe Haven Infant Protection Act went into effect on August 1, 2000. The first infant was surrendered under New Jersey's Safe Haven Infant Protection law on August 19, 2000. The Act's primary sponsors were two Republican legislators (Charlotte Vandervalk and Jack Collins). The Act was signed into law by Acting Governor Jack Collins. In addition, the legislature appropriated \$500,000 to promote the Safe Haven Infant Protection Act. The lead agency is the Department of Children and Families. New Jersey's law allows a parent or her/his surrogate to surrender an infant who appears to be not more than 30 days old at a hospital emergency room or at a police station.



## **6.2 Methods**

### **6.2.1 Sources of Data**

The major source of data were the State of New Jersey, Department of Children and Families. The New Jersey Attorney General and the New Jersey Department of Children and Families jointly determine inclusion in New Jersey's listing of discarded infants and Safe Haven infants. Supplemental data were obtained from the New Jersey State Police web site and from media reports.

### **6.2.2 IRB Approval**

Institutional Review Board approval was obtained from the University of Medicine and Dentistry of New Jersey on May 16, 2008.

### **6.2.3 Ethical Issues**

As previously noted, Safe Haven Infant Protection Acts generally preserve the anonymity of the mother. This presents a problem for researchers who wish to identify risk factors for Safe Haven use. Since the mother (or a surrogate) surrendered her infant with the expectation of anonymity it would be inappropriate to contact her for a research investigation. For this dissertation, the investigator made no attempt to either identify or contact Safe Haven relinquishing users and discarding mothers or their families. However, due to media coverage of discarded infant events, the name of the mother as well as other sensitive information may be publicly available. In addition, New Jersey law permits the Attorney General to contact family members if the Safe Haven infant's identity is established.

#### **6.2.4 Database Development**

Using Statistical Package for the Social Sciences (SPSS) Graduate Pack 16.0, a database consisting of 33 Safe Haven infants and 27 discarded infants was created by the investigator. The variables are as follows: infant discarded (abandoned)/surrendered, infant died/survived, county of surrender/abandonment, infant's ethnicity, infant's gender, mother's ethnicity, mother's age, month of discarding/surrender, year of discarding/surrender, and region of discarding/surrender. Data were individually entered into the investigator-created data base. Data were entered via keyboard as they were obtained and then subsequently double-checked for accuracy. Frequency runs were also done on each variable in an attempt to identify any data input errors.

#### **6.2.5 Sample Description**

A total of 60 cases are in the data base. The entire population of New Jersey surrendered Safe Haven infants is included as defined by the Department of Children and Families and the Attorney General of the state. One baby (January 2006, male, Hudson County), originally included, was removed (after initial inclusion) by the state from their Safe Haven tally (A. Williams [Department of Children and Families], personal communication, September 11, 2007). That infant was not included in any of these tabulations.

The discarded infant cases included infant abandonments as tallied by the Department of Children and Families. Not included by the Department of Children and Families were an infant left submerged in a toilet after birth in Somerset County and the remains of an infant found buried in a church garden in Hudson County (Reilly, 2006). The reason for non-inclusion of these cases by the state is not known. In addition, there

are likely to be discarded infants who were never discovered making an undercount likely (Craig, 2004; Friedman & Resnick, 2009). New Jersey was selected for investigation because of availability of data, numerical equivalence of two data subsets, location of investigator's doctoral program, and the urban nature of New Jersey. New Jersey's data sets are for the entire state August 2000 through August 2007.

### **6.2.6 Statistical Analysis**

Crosstabulations comparing discarded infants and surrendered Safe Haven infants were run for the following variables: infant survived/died, county of surrender/discarding, infant's ethnicity, infant's gender, mother's ethnicity, mother's age, month of surrender/discarding, and region of surrender/discarding. Range, mean and median values were determined for mother's age. Chi-squares analysis was performed comparing the two groups of infants on each of the variables. Fischer's Exact Test was performed. Independent samples t-test was performed for mother's age. Rates per 100,000 deliveries were calculated for year of discarding/surrender and mother's ethnicity.

For the region of abandonment/surrender variable, the state is divided into three geographically-defined regions: North, Central and South, each consisting of seven counties: North (Passaic, Sussex, Hudson, Essex, Bergen, Morris, Warren), Central (Hunterdon, Somerset, Middlesex, Union, Monmouth, Mercer, Ocean), and South (Burlington, Camden, Gloucester, Atlantic, Salem, Cumberland, Cape May). This is also how the State of New Jersey usually divides the state when soliciting proposals or distributing funds. So any findings presented by region, may be useful in helping policy makers determine how to best allocate resources.

In addition, for some analyses the month of discarding data were collapsed into season: winter (December, January, February), spring (March, April, May), summer (June, July, August) and fall (September, October, November). Race/ethnicity data were also grouped into three categories for analysis: white, non-white and unknown.

Combining data from the New Jersey Center for Health Statistics and the Department of Children and families, a rate per 100,000 births was calculated for each of the years 2001, 2002, 2003, 2004, and 2005 (Goldman, 2008). The New Jersey Center for Health Statistics data for 2005 was still in preliminary form at the time of analysis. Rates were determined by dividing the number of discarded infants or Safe Haven infants per year and dividing that number by the number of deliveries for that year, and then multiplying by 100,000 for the result. Ethnicity rates for discarded and Safe Haven infants were also computed using combined data from the New Jersey Center for Health Statistics and the Department of Children and Families.

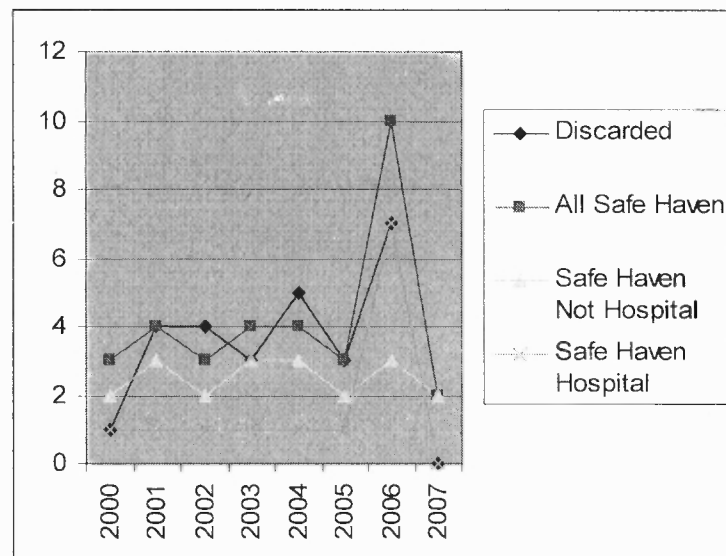
## **6.3 Results**

### **6.3.1 Missing Data**

Most variables had no missing data (See Table 6.1). Three variables were missing data. The variables with missing data were: infant's ethnicity, mother's ethnicity, and mother's age.

**Table 6.1** Valid Cases, Missing Data, and Percentage Missing Data for Discarded Infants and Safe Haven Infants in New Jersey, August 2000-August 2007

Variable	N	Missing Data	Percentage Missing Data
Region	60	0	0%
County	60	0	0%
Month	60	0	0%
Survived/Died	60	0	0%
Infant's Ethnicity	60	16	26.67%
Infant's Gender	60	0	0%
Mother's Ethnicity	60	36	40%
Mother's Age	60	42	70%
Season	60	0	0%
White/Non-white/Unknown	60	0	0%



**Figure 6.1** Discarded and Surrendered Safe Haven Infants in New Jersey by Year, August 2000 through August 2007.

### 6.3.2 Discarded and Safe Haven Infants Numbers

Unsafe infant abandonments were relatively constant in the 6 full years documented by the state with 3-5 discarded infants per year as follows: 2001(4), 2002(3), 2003 (4), 2004 (5), 2005 (3), and 2006 (5). (See Figure 6.1). For discarded infants who were found dead, the year represents the year of discovery, which may differ from the actual year of discarding (i.e., an infant's corpse may be found in a different year than the infant was born). This is likely for one instance that involved two siblings born and discarded at different times (Del Ray & Conte, 2006).

Safe Haven infant surrenders also remained fairly constant for the years 2000-2005 (See Figure 6.1). There was a spike in hospital-born Safe Haven infant surrenders in 2006 with the number of not-born-in-hospital Safe Haven infant surrenders remaining consistent with previous years. Research tends to support that the great majority of neonatal homicides occur among women who did not give birth in hospitals (Centers for Disease Control, 2002).

The range of discarded infants was 0 to 7 per year. The range of surrendered infants was 2 to 10 per year (See Figure 6.1). The mean number of discarded infants and Safe Haven infants per year for all 8 years (year 2000 and 2007 data were combined into one year due to only partial data being available for both these years) was 3.9 discarded infants per year and 4.7 Safe Haven infants per year. For Safe Haven infants not born in hospitals the mean was 2.9 per year. Both discarded and Safe Haven infants had medians of 3.5 infants per year.

### 6.3.3 Discarded Infant/Safe Haven Infant Rates

The discarded infant rate ranged from 0.89 infants per 100,000 births in 2000 (partial year data) to 4.5 infants per 100,000 births in 2004 (See Table 6.2). The Safe Haven infant rate ranged from 2.7 infants per 100,000 births in 2000 (partial year data) and 3.6 infants per 100,000 births in 2004. A Safe Haven surrender rate was also calculated for just those infants not born in hospitals. The rates for Safe Haven infant surrenders - not born in hospital - ranged from 1.79/100,000 births to 2.67/100,000 births with an average rate over the five years of 2.3/100,000 births. To place this in context, the infant (12 months of age or less) homicide rate for the United States was 8.0 per 100,000 in 2004 having decreased from 9.2 per 100,000 in 2000 (Child Trends Data Bank, 2009). Herman-Giddens et al calculated a rate of 2.1 per 100,000 newborn infants killed or left to die (and did perish) in North Carolina (2003).

**Table 6.2** Discarded Infant, Safe Haven Infant, and Safe Haven Infant –not born in hospital Rates per 100,000 New Jersey births, 2000-2005

Year (Deliveries)	Discarded Infants	Safe Haven Infants	Safe Haven Infants (not born in hospital)
2000 (112,340)	0.89*	2.67*	1.78*
2001 (112,663)	3.55	3.55	2.66
2002 (111,826)	3.58	2.68	1.79
2003 (113,862)	2.63	3.51	2.63
2004 (112,241)	4.45	3.56	2.67
2005 (110,836)	2.71	2.71	1.80
2001-2005 (561,428)	3.38	3.21	2.32

\*Partial data (August – December 2000 only) for Discarded Infants and Safe Haven Infants

### 6.3.4 Comparison of Discarded and Safe Haven Infants

This section will compare the New Jersey populations of discarded infants and Safe Haven infants.

### 6.3.5 Where were Infants Discarded or Surrendered

Rates per 100,000 births for discarded and Safe Haven infants were calculated: the southern region (Burlington, Camden, Gloucester, Atlantic, Salem, Cumberland, and Cape May counties) had the highest rate for discarded infants (6.08 discarded infants per 100,000 births) and the northern region (Passaic, Sussex, Hudson, Essex, Bergen, Morris, and Warren counties) had the highest rate for Safe Haven infants (4.14 Safe Haven infants per 100,000 births) (See Table 6.4). Chi-square identified no difference in the likelihood of use of discarding or Safe Haven surrendering by region (See Table 6.3).

**Table 6.3** Statistical Comparison of Discarded Infants and Safe Haven Infants

Variable	Chi-square	Degrees of freedom	p-value
Region	2.337	2	.311
Survived/Died	11.282	n/a	.001
Infant's Ethnicity	10.200	4	.037
Infant's Gender	.243	n/a	.796
Mother's Ethnicity	3.662	3	.300
Mother's Age	9.028	16	.792
Season	9.623	3	.022
White/Non-white/Unknown	0.008	1	.930



**Table 6.4** Percentages and Rates for Births, Discarded and Safe Haven Infants by Region in New Jersey, 2001-2005

<b>Region</b>	<b>Births 2001- 2005</b>	<b>Percentage of Births</b>	<b>Discarded Infants Per 100,000 Births</b>	<b>Percentage Discarded Infants</b>	<b>Safe Haven Infants Per 100,000 Births</b>	<b>Percentage Safe Haven Infants</b>
<b>Northern</b>	241,356	42.0	1.66	21.1%	4.14	55.6%
<b>Central</b>	218,596	38.0%	3.66	42.1%	1.83	22.2%
<b>Southern</b>	115,049	20.00%	6.08	36.8%	3.47	22.2%
<b>Total</b>	575,001	100%	3.30	100%	3.13	100%

**Table 6.5** Discarded Infants and Safe Haven Infants by Region in New Jersey, August 2000-August 2007

<b>Region</b>	<b>Discarded Infants</b>	<b>Percentage- Discarded Infants</b>	<b>Safe Haven Infants</b>	<b>Percentage- Safe Haven Infants</b>
Northern	12	44.4%	21	63.6%
Central	9	33.3%	8	24.2%
Southern	6	22.2%	4	12.1%
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>33</b>	<b>100%</b>

The Northern region had 12 discarded infants and 21 surrendered Safe Haven infants (See Table 6.5). While the highly urbanized counties of Bergen, Essex and Hudson hold 26.3 percent of the state's population, they account for 48.5% of Safe

Haven surrenders. In terms of discarded and surrendered Safe Haven infants, the North region is (statistically) overrepresented. Possible causes for this overrepresentation may be greater need related to poverty, younger population with more births, proximity to the major population of New York City, proximity to mass transportation allowing easier surrender, proximity to approved Safe Haven sites allowing easier surrender, a quality of urbanness such as greater likelihood of discovery due to population higher density and/or complexity of discarding/abandonment logistics, and/or media saturation of Safe Haven information (e.g., number of bus ads, length of billboard posting).

Both Hudson County and Monmouth County had 5 discarded infants each (See Table 6.6). Hudson County had 7 surrendered Safe Haven infants and Essex County had 6 surrendered Safe Haven infants. Middletown, Trenton, and West New York had 2 cases each of discarding. Jersey City had 5 surrendered Safe Haven infants with 2 of the Safe Haven infants not being born in hospital. Freehold had 3 Safe Haven infants with 2 infants not being born in hospital. Irvington had 2 Safe Haven infants both not born in hospital. The municipality of two Safe Haven infant's place of surrender is not known.

#### **6.3.6 Month of Discarding/Safe Haven Surrender**

Six (6) infants were discarded in the month of January (See Table 6.7). Five (5) infants were discarded in the month of December. Five (5) infants were surrendered in the month of March and 5 infants were surrendered in the month of May. There were too many sparse cells to obtain a valid chi-square (See Table 6.3).

After combining the months into seasons, the differences between the discarded infant group and Safe Haven infants group were significant ( $p = .022$ ) with almost one-

**Table 6.6** Discarded Infants/Safe Haven Infants in New Jersey by County, August 2000-August 2007

County	Population % (2005 census)	Discarded Infants  N	% Discarded Infants	All Safe Haven  N	% all Safe Haven	Safe Haven born <b>not</b> in hospital  N	% Safe Haven not born in hospital	Safe Haven born in hospital  N	% Safe Haven born in hospital L
Atlantic	3.1%	4	14.8%	0	0.0%	0	0.0%	0	0.0%
Bergen	10.5%	2	7.4%	3	9.0%	1	5.0%	2	15.0%
Burlington	5.1%	0	0.0%	1	3.0%	0	0.0%	1	8.0%
Camden	6.0%	2	7.4%	1	3.0%	0	0.0%	1	8.0%
Cape May	1.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cumberland	1.6%	0	0.0%	1	3.0%	1	5.0%	0	0.0%
Essex	9.0%	3	11.1%	6	18.0%	6	30.0%	0	0.0%
Gloucester	3.2%	0	0.0%	1	3.0%	1	5.0%	0	0.0%
Hudson	7.0%	5	18.5%	7	21.0%	4	20.0%	3	23.0%
Hunterdon	1.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Mercer	4.1%	2	7.4%	1	3.0%	1	5.0%	0	0.0%
Middlesex	9.0%	0	0.0%	3	9.0%	2	10.0%	1	8.0%
Monmouth	7.3%	5	18.5%	3	9.0%	2	10.0%	1	8.0%
Morris	5.6%	1	3.7%	3	9.0%	2	10.0%	1	8.0%
Ocean	6.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Passaic	5.7%	1	3.7%	1	3.0%	0	0.0%	1	8.0%
Salem	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Somerset	3.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sussex	1.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Union	6.1%	2	7.4%	1	3.0%	0	0.0%	1	8.0%
Warren	1.3%	0	0.0%	1	3.0%	0	0.0%	1	8.0%
<b>Total (New Jersey)</b>	100%	27	100%	33	100%	20	100%	13	100%

half of the discarded infants abandoned in Winter months and over one-third of Safe Haven infants surrendered in the spring months (See Table 6.3; See Table 6.8).

Further study to determine differences is needed as the month/season of discarding and/or surrender has relevance to potential marketing efforts in relation to media and educational campaign timing especially in light of limited resources.

**Table 6.7** New Jersey Discarded Infants/Safe Haven Infants by Month, August 2000-August 2007

<b>Month</b>	<b>Discarded Infants</b>	<b>Percentage-Discarded Infants</b>	<b>Safe Haven Infants</b>	<b>Percentage-Safe Haven Infants</b>
January	6	22.2%	0	0%
February	1	3.7%	4	12.1%
March	3	1.1%	5	15.2%
April	2	7.4%	3	9.1%
May	0	0.0%	5	15.2%
June	2	7.4%	4	12.1%
July	2	7.4%	4	12.1%
August	0	0.0%	2	6.1%
September	4	14.8%	2	6.1%
October	1	3.7%	2	6.1%
November	1	3.7%	2	6.1%
December	5	18.5%	0	0.0%
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>33</b>	<b>100%</b>

**Table 6.8** New Jersey Discarded and Safe Haven Infants by Season, August 2000-2007

	<b>Discarded Infants</b>	<b>Percentage-Discarded Infants</b>	<b>Safe Haven Infants</b>	<b>Percentage-Safe Haven Infants</b>
<b>Winter (December/January/February)</b>	12	44.4%	4	12.1%
<b>Spring (March/April/May)</b>	5	18.5%	13	39.4%
<b>Summer (June/July/August)</b>	4	14.8%	10	30.3%
<b>Fall (September/October/November)</b>	6	18.2%	6	18.2%
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>33</b>	<b>100%</b>

### 6.3.7 Characteristics of Infants and Mothers

This section will detail characteristics of Safe Haven infants and mothers and discarded infants and mothers.

### 6.3.8 Infant Survived/Infant Died

Eight (8) infants died (all of whom had been discarded) and 52 infants survived (including all 33 Safe Haven infants) (See Table 6.9). Almost one-third (29.6 %) of discarded infants died.

**Table 6.9** Infant Survival for Discarded Infants/Safe Haven Infants in New Jersey, August 2000-August 2007

Status	Discarded Infant	Percentage-Discarded Infants	Safe Infant Haven	Percentage-Safe Haven Infants
Infant Died	8	29.6%	0	0.0%
Infant Survived	19	70.4%	33	100%
Total	27	100%	33	100%

**Table 6.10** Discarded Infants/Safe Haven Infants by Race/Ethnicity, August 2000 through August 2007

	Discarded Infants	Percentage - Discarded Infants	All Safe Haven	Percentage - All Safe Haven	Safe Haven born not in hospital	Percentage - Safe Haven born not in hospital	Safe Haven born in hospital	Percentage - Safe Haven born in hospital	State Newborn Population (births) 2002
Black	5	18.5%	12	36.4%	9	45.0%	3	23%	15.7%
Hispanic	4	14.8%	4	12.1%	3	15.0%	1	7.7%	21.5%
White	6	22.2%	12	36.4%	6	30.0%	6	46.0%	53.8%
Other	0	0.0%	1	3.0%	0	0.0%	1	7.7%	9.0%
Unknown	12	44.4%	4	12.1%	2	10.0%	2	15.3%	0.0%
Total (New Jersey)	27	100%	33	100%	20	X	13	X	100%

**Table 6.11** Discarded/Abandoned and Survived Infants versus Safe Haven Infants Born not in Hospital by Race in New Jersey, August 2000 - August 2007

	Discarded/Abandoned <b>and</b> Survived	Percentage- Discarded/ Abandoned <b>and</b> Survived	Safe Haven born <b>not</b> in hospital	Percentage- Safe Haven born <b>not</b> in hospital	Percentage- State Newborn Population (births) 2002
Black	5	26.3%	9	45.0%	15.7%
Hispanic	2	10.5%	3	15.0%	21.5%
White	4	21.1%	6	30.0%	53.8%
Other	1	5.2%	0	0.0%	9.0%
Unknown	7	36.8%	2	10.0%	0.0%
<b>Total</b> (New Jersey)	19	100%	20	100%	100%

**Table 6.12** Discarded and Safe Haven Infants by White/Non-white/Unknown, August 2000-August 2007

	Discarded Infants	Percentage Discarded Infants	Safe Haven Infants	Percentage Safe Haven Infants
<b>Non-white</b>	6	22.2%	12	36.4%
<b>White</b>	9	33.3%	17	51.5%
<b>Unknown</b>	12	44.4%	4	12.1%
<b>Total</b>	27	100%	33	100%

### 6.3.9 Infant's Ethnicity

There were 15 discarded infants and 29 Safe Haven infants with ethnicity data (See Table 6.10). One (1) Safe Haven infant was biracial with specific ethnicities not stated. Five (5) (27.8%) discarded infants and 13 (72.2%) Safe Haven infants were black for a total of 18 infants. Four (4) (57.1%) discarded infants and 3 (42.9%) Safe Haven infants were Hispanic for a total of 7 infants. Six (6) (33.3%) discarded infants and 12 (66.7%)

surrendered Safe Haven infants were white for a total of 18 white infants. Hispanic category includes baby identified in DCF data as Hispanic/Black. This is in conformance with how similar infants are classified within State Newborn Population (births) percentages. For 2002, New Jersey births, black infants comprised 15.7%, Hispanics comprised 21.5 %, and whites comprised 53.8%. However, race/ethnicity is sometimes incorrectly designated on birth records.

No discarded infants who died were identified as black (See Table 6.11). However, ethnicity was not established in 44.4% of all discarding/abandonment cases and 12.1% of Safe Haven surrenders. As with other child welfare and infant health issues, black infants are (statistically) overrepresented in New Jersey abandonment cases and Safe Haven Infant Protection usage.

Infant's ethnicity for discarded infants and Safe Haven infants was collapsed into three groups: non-white, white and unknown. The unknown group was the largest with a count of 12 infants (See Table 6.12). There was no difference by race in the likelihood of discarding an infant or using Safe Haven (See Table 6.3).

Using 2002 New Jersey State Newborn Population (births) for comparison, black infants are also overrepresented in the subset of Safe Haven infants who were not born in the hospital (15.7 % of all New Jersey births versus 45.0 % of total Safe haven infants not born in hospital) (Center for Health Statistics, 2009). In the same Safe Haven infant -not born in hospital subset, Hispanic infants are underrepresented (21.5% all New Jersey births versus 15.0% Safe Haven births, not born in hospital). This may indicate that better marketing and education concerning Safe Haven law is being provided to black women or it may indicate a greater need among black women to use the law.

### 6.3.10 Infant's Gender

There were 14 (51.9%) female infants and 13 (48.1%) male infants who were discarded for a total of 27 infants. Fifteen (45.5%) female infants and 18 (54.5%) male infants were surrendered under Safe Haven law for a total of 33 infants. (See Table 6.13).

**Table 6.13** Discarded Infants/Infant Safe Haven Surrenders by Gender (Percent), August 2000-August 2007

Gender	Percentage New Jersey population (2005 census)	Discarded Infants (n=27)	Discarded Infants %	All Safe Haven(n=33)	All Safe Haven %	Safe Haven born not in Hospital (n=20)	Safe Haven born not in Hospital %	Safe Haven Born in Hospital (n=13)	Safe Haven Born in Hospital %
Female	51.4%	14	51.9%	15	45.5%	7	35%	8	61.5%
Male	48.6%	13	48.1%	18	54.5%	13	65%	5	38.5%

### 6.3.11 Mother's Ethnicity

For the discarded infants, mother's ethnicity was as follows: 3 black, 4 Hispanic and 2 white. For surrendered Safe Haven infants, there were 8 black mothers, 2 Hispanic mothers, and 5 white mothers (See Table 6.14).

For the years 2001-2005, there were a total 97,242 infants born to black mothers in New Jersey. The discarded and Safe Haven rates per 100,000 births to black mothers in New Jersey is 2.06 for discarded infants and 6.17 for Safe Haven infants (See Table 6.15). For Hispanic mothers, the rates are 2.34 for discarded infants and 1.56 for Safe Haven infants. For white mothers, the rates per 100,000 births are 0.25 for discarded infants and 0.5 for Safe Haven infants. [It is noted that there is likely overlap between race status and ethnicity status in the raw birth numbers (i.e., a mother may be counted in



race data and in Hispanic ethnicity data) but not in the raw discarded and Safe Haven infant numbers].

**Table 6.14** Mother's Ethnicity Comparison for Discarded Infants and Safe Haven Infants in New Jersey, August 2000-August 2007

	Discarded Infants	Percentage of Discarded Infants	Safe Haven Infants	Percentage of Safe Haven Infants
Black	3	33.3%	8	53.3%
Hispanic	4	44.4%	2	13.3%
White	2	22.2%	5	33.3%
N =	9	100%	15	100%

**Table 6.15** Discarded and Safe Haven Infant Rates per 100,000 Deliveries by Mother's Race in New Jersey , August 2000-August 2007

Mother's Race	Discarded Infants	Safe Haven Infants
Black	2.06	6.17
Hispanic	2.34	1.56
White	0.25	0.5

### 6.3.12 Mother's Age

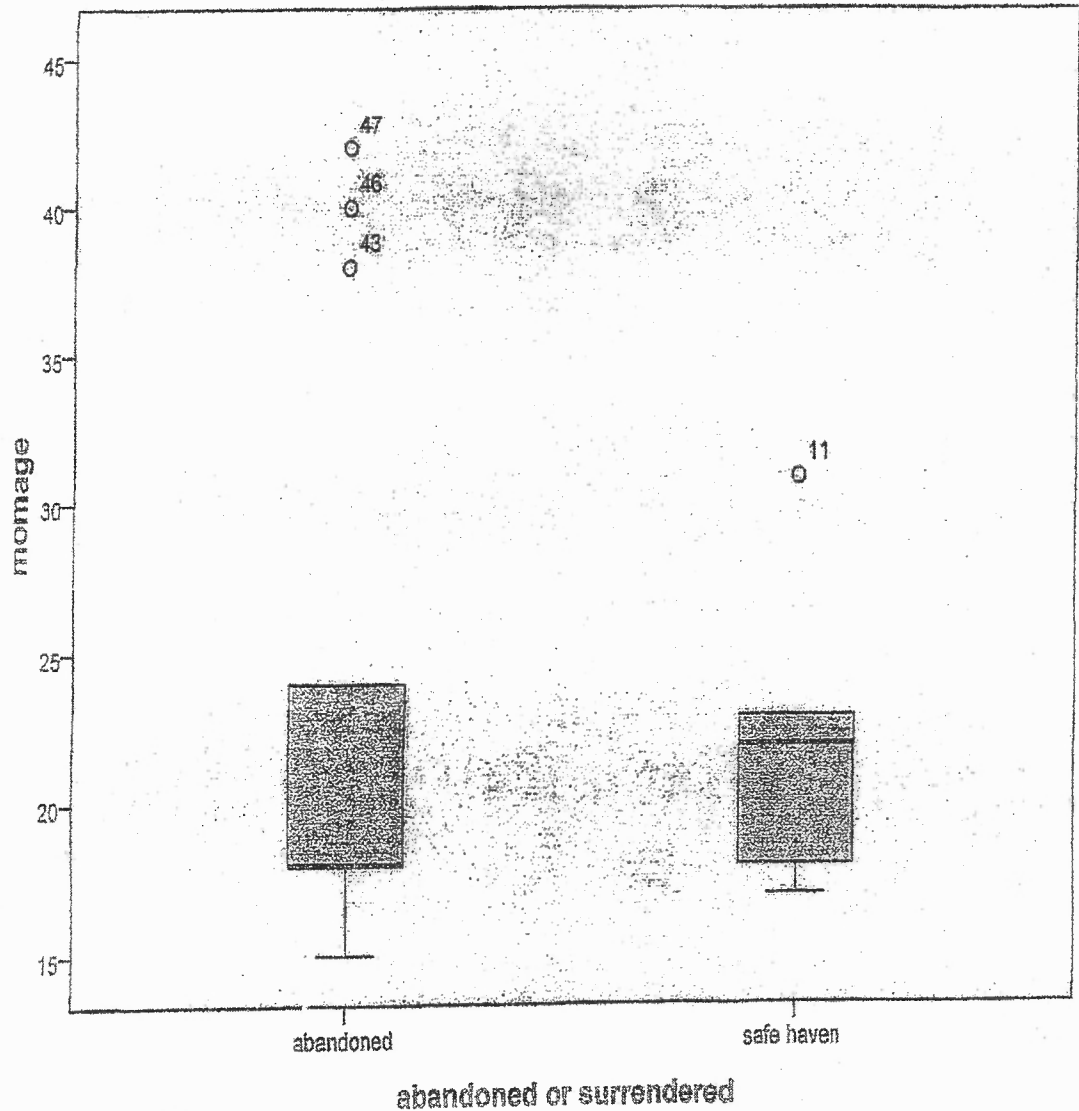
Information on the age of discarding and Safe Haven mothers was generally missing. Of the 13 cases with ages available, mother's age for discarded infants ranged from 15-42 years of age (See Table 6.16). Of the 5 ages available, mother's age for surrendered Safe Haven infants ranged from 17-31 years of age. Four (4) mothers who discarded their

infant were aged 18 years. All 5 of the mothers of Safe Haven infant cases were of differing ages. The median age for mothers of discarded infants was 18 years. The median age for mothers of surrendered Safe Haven infant was 22 years. Using an independent samples t-test there is no statistical difference in the ages of the mothers between discarded and Safe Haven infants (See Table 6.3)

**Table 6.16** Mother's Age Comparison for Discarded Infants and Safe Haven Infants in New Jersey, August 2000-August 2007

	<b>Discarded Infants</b>	<b>Safe Haven Infants</b>
<b>N =</b>	13	5
<b>Mean</b>	23.5 years	22.2 years
<b>Mode</b>	18 years	none
<b>Median</b>	18 years	22 years
<b>Range</b>	15 years-42 years	17 years-31 years

A box plot, (Figure 6.2). shows for discarded infants there were three extreme outliers of much older mothers. This may indicate that there are really two types of mothers discarding infants: a younger group that has been documented in neonaticide literature and an older woman with perhaps different motivations or social complexities. For the older mothers (ages 38 years, 40 years, 42 years)-all three discarded infants survived.



**Figure 6.2** Median Age for Mothers of Discarded Infants and Safe Haven Infants in New Jersey, August 2000-August 2007.

## 6.4 Discussion

### 6.4.1 Similarities of Discarded Infants and Safe Haven Infants in New Jersey

Chi-square calculations revealed no significant differences between discarded infants and Safe Haven infants in region, infant's ethnicity, infant's gender, mother's ethnicity and mother's age between the two groups (See Table 6.3). This suggests that the two groups

are similar in many respects and that Safe Haven may be reaching its intended audience. However, for 2 of the variables the results were not valid due to sparse cells (See Table 6.3). This indicates the need for additional research with larger groups of infants. There is also need for research on the group of Safe Haven mothers who do not give birth in the hospital.

#### **6.4.2 Differences Between Discarded and Safe Haven Infants in New Jersey**

There were significant differences in infant survival and season (See Table 6.3) The significant difference (Fischer's Exact=.001) in infant survival between the two groups is not unexpected. Infant survival differences highlight the much greater safety of Safe Haven surrender over infant discarding.

The significant difference ( $p=.022$ ) in season of discarding/surrender may suggest that other factors may be involved (e.g., physiologic response to season, ease of discarding during colder/darker times of year). This may indicate a need for additional research especially related to potentially limited resources for marketing. In particular, it may be that targeted advertising in the winter would be most beneficial.

#### **6.4.3 Disparity of Social Health of Discarded and Safe Haven Infants in New Jersey**

The study established race/ethnicity for 73.3% of the discarded and Safe Haven infants. However, as noted previously, race/ethnicity of 44.4% of discarded infants was unknown. Black infants were statistically overrepresented (as compared to New Jersey State Newborn Population-2002 births) in the categories of: discarded infants, discarded and survived infants, Safe Haven infants, Safe Haven infants born in hospital, and Safe Haven

infants not born in hospital. No discarded infant identified as black perished. This may indicate that black mothers tend to more safely discard their infants in places with a greater likelihood of discovery.

### **6.5 Strengths and Limitations**

A strength of the study is that it used the entire population of both groups as defined by the State of New Jersey. This study established ethnicity/race for 73.3% of the 60 infants. Pruitt (2008) was only able to establish or partially establish race for 2 of 11 Safe Haven infants in Texas (18.2%). The study determined rates for both discarded and Safe Haven infants for: year of surrender, infant's ethnicity, mother's ethnicity, and region. This is the first known attempt to establish rates per 100,000 births for both discarded and surrendered Safe Haven infants for year of discarding/surrender, infant's ethnicity, mother's ethnicity, and region.

The study had several weaknesses. Individual cases had missing data. Missing data can bias conclusions (Hulley, Cummings, Browner, Grady, Hearst, & Newman, 2001). The quality of secondary data may not be high and as previously mentioned for some variables data are missing. There was an inability to investigate other variables that might be of interest including motivation for Safe Haven use, paternal involvement, educational status, marital status, how mothers heard of the law, and whether they considered unsafely discarding the infant prior to Safe Haven relinquishment (P. Resnick, personal communication, June 26, 2009). For mothers who discarded infants, there was an inability to investigate whether they knew of Safe Haven law and if yes, why they did not use Safe Haven law and if no, would they have used Safe Haven if they had been

aware (P. Resnick, personal communication, June 26, 2009,). New Jersey's data collection procedures and tools are not validated. The very small sample size reduces statistical power (Portney & Watkins, 2000). Sparse cases in cells of 2 variables made some findings invalid. It is likely there are undetected discarded infants that therefore, would not be included in data. In addition, the exact criteria for inclusion, as determined by the Attorney General and Department of Children and Families, may not be discretely defined, as certain known cases were not included (Reilly, 2006).

## 6.6 Summary

There was consistent use of discarding and Safe Haven surrender - not born in hospital - during the years 2001-2006. For the years 2001-2005, the rates per 100,000 births in New Jersey were: discarded infants 3.38 and Safe Haven infants 3.21.

Using the research findings presented, there is some likelihood that the populations of discarded infants and surrendered Safe Haven infants are similar in respect to region of surrender, infant ethnicity infant gender, mother's ethnicity, and mother's age. They may be different in infant survival and season of discarding/surrender. A difference in infant survival between the two groups suggests that the Safe Haven surrender option saves infant lives. The results offer limited support for the policy assumption that people who discard infants and people who use Safe Haven Infant Protection are to some respects similar. The results offer limited support that blacks are overrepresented in discarded infant and Safe Haven incidents as is seen in other child welfare indicators. However, no discarded infant who was identified as black perished.

## **CHAPTER 7**

### **POLICY RECOMMENDATIONS FOR SAFE HAVEN INFANT PROTECTION**

#### **7.1 Introduction**

This chapter offers a summary of Safe Haven law and research findings as discussed in previous chapters, as well as Safe Haven Infant Protection policy recommendations in the following areas: data collection, standardization, research, and marketing. The basis for the recommendations is derived from the existing literature (e.g., Gruss, 2006; Friedman & Resnick, 2009; Pruitt, 2008), recommendations from the states of California, New Jersey, and Washington, and findings from this researcher's work as presented in previous chapters. The National Safe Haven Alliance was contacted, but offered no policy recommendations.

#### **7.2 Summary of Safe Haven Law and Research Findings**

##### **7.2.1 Summary of Safe Haven Law**

- In November 1998, Mobile County, Alabama became the first locale with a Safe Haven Infant Protection law-*A Secret Safe Place for Newborns*.
- In 1999, Texas became the first state with a Safe Haven Infant Protection law-*Baby Moses Act*.
- As of February 2008, all 50 states have passed Safe Haven Infant Protection laws.
- No national government-sponsored database exists for surrendered Safe Haven or discarded infants.
- There is no national uniform definition for surrendered Safe Haven infant.

- Many variations across states exist in Safe Haven Infant Protections laws including maximum infant age allowed for surrender, approved surrender sites, approved relinquishing users, specifics of anonymity/confidentiality clauses, limits on prosecution, act titles, promotion requirements, reporting requirements, and signage/logo used.
- Titles of Safe Haven Infant Protection laws vary by state, but at least 32 states use the phrase *Safe Haven* in their title.
- Maximum infant age at Safe Haven surrender ranges from 3 days through 365 days. For seventeen (17) states, the maximum age is 28-30 days. For 12 states, the maximum infant age for surrender is 3 days.
- All but 4 states designate (at a minimum) hospitals as approved Safe Haven Infant Protection surrender sites.

### **7.2.2 Summary of Nationwide Research Findings**

- A survey of 50 Governors found 180 infants surrendered under Safe Haven Infant Protection law from 2000-2006. Seventeen states provided data: Alabama, Arkansas, Connecticut, Delaware, Florida, Idaho, Illinois, Iowa, Kentucky, Louisiana, New Jersey, North Dakota, Oklahoma, Pennsylvania, South Dakota, Wisconsin, and Wyoming (See Table 3.3).
- The Governor's survey established a rate of 3.58 surrendered Safe Haven infants per 100,000 births. Sixteen states provided data: Alabama, Arkansas, Connecticut, Delaware, Florida, Idaho, Iowa, Kentucky, Louisiana, New Jersey, North Dakota, Oklahoma, Pennsylvania, South Dakota, Wisconsin, and Wyoming (See Table 3.3).
- Using governor's survey, media reports, government reports and communications, and nonprofit reports and communications, as of December 31, 2008, at least 1,479 infants have been surrendered under Safe Haven Infant Protection law.

### **7.2.3 Summary of Four State (California, Illinois, Michigan, New Jersey) Research Findings**

- A total of 206 infants were identified. California's 77 cases come mostly from the confines of Los Angeles County during the years 2001 – 2008. Illinois's 40 cases come from the entire state during the years 2002-2008. Michigan's 56 cases are for the entire state during 2001-2008. New Jersey's 33 cases are for the entire state from 2000-2007.



- Both male (51.7%) and female (48.8%) infants have been surrendered under Safe Haven Infant Protection laws.
- Infants of various ethnicities have been surrendered under Safe Haven Infant Protection laws: Asian (1.1%), black (27.5%), Hispanic (24.2%), white (39.6%), and biracial (7.7%).
- Most Safe Haven infants are surrendered on their first day of life (38.9%).
- Most Safe Haven infants are born in hospitals (73.7%).
- Most Safe Haven infants are subsequently adopted (64.7%).
- Most Safe Haven relinquishing users chose a hospital for their surrender site (85.0%).
- February (14.1%) and March (12.1%) are the most common months of Safe Haven infant surrender.
- Maternal age range for Safe Haven relinquishment is 15-42 years of age.

#### **7.2.4 Summary of New Jersey Research Findings**

- For the years 2001-2006, the number of discarded infants remained relatively constant at 3-5 per year.
- For the years 2000-2007, there was a mean of 4.7 Safe Haven infants per year and a mean of 3.9 discarded infants per year.
- For the years 2000-2005, the discarded infant rate per 100,000 births was 3.38.
- For the years 2000-2005, the Safe Haven infant rate per 100,000 births was 3.21.
- For the years 2000-2005, the Safe Haven infant – not born in hospital rate per 100,000 births for the years was 2.32.
- Survival of Safe Haven infants is significantly higher than that of discarded infants.
- One-half of infants were discarded during the winter months of December, January, and February. One-third of Safe Haven infants were relinquished in the spring months of March, April, and May.

- Black infants were statistically overrepresented (when compared to New Jersey State newborn population-2002 births) in the categories of: discarded infants, discarded and survived infants, Safe Haven infants, Safe Haven infants-born in hospital, and Safe Haven infants-not born in hospital.
- No discarded infant identified as black perished.
- There are older women who discard infants.

### 7.3 Comparison with Pruitt Study

As discussed previously in Chapter 2, Pruitt (2008) described 11 surrendered Safe Haven infants found in Texas via a Lexis Nexus search. The characteristic's described by Pruitt were limited to infant gender, infant ethnicity, surrender site, and maternal age. A comparison with this dissertation's findings can be found in Table 7.1

**Table 7.1** Comparison of Safe Haven-Related Studies

Characteristic	Pruitt, 2008	Porter, 2009	Discussion
Infant Gender	Male (6) 55.55% Female (5) 45.45%	Male (54) 50.94% Female (52) 49.06%	Both genders surrendered.
Ethnicity/Race	Hispanic (1), Presumed Hispanic (1) 18.18%	Asian (10) 10.75% Black (25) 26.88% Hispanic (22) 23.66% White (36) 38.71%	Ethnicity/Race established for greater percentage of infants.
Surrender Site	Hospital (6) 54.54% Fire Station (5) 25.45%	Hospital (130) 84.97% Fire Station (15) 9.80% Police Station (8) 5.23%	Hospital surrender site preferred in both studies, but more so in 2009.
Maternal Age	Range (17-28 years) Mean (22.2 years)	Range (15-42 years) Mode (20 years) Mean (26.4 years)	Range greater and mean older in 2009 study.

#### 7.4 Policy Recommendations for Data Collection

As noted in previous chapters, no systematic data collection occurs on Safe Haven infants and relinquishing users, or discarded infants and their mothers (both nationally and in many states). Only eight states require data collection and/or dissemination of results (Gruss, 2006). Improved and more detailed data collection (within the anonymity/confidentiality intent confines of the law) would allow for better evaluation of the effectiveness of Safe Haven law and marketing. For example, data collection by the State of New Jersey resulted in the refocusing of Safe Haven law promotion efforts to include women ages 20-40 (New Jersey Department of Human Services, 2006).

House of Representative Sheila Jackson-Lee's (never passed) *Baby Abandonment Prevention Act of 2007* required data collection in the following areas: prevalence, demographics, risk factors, trends, and circumstances. It also required the development of a discarded/abandoned infant database, recommendations, and a written report. Jackson-Lee's proposals may serve as a starting point for standardized data collection concerning discarded infants (Pruitt, 2008). However, data collection for discarded infants and Safe Haven infants has been so difficult and complex that a report required to Congress in June 2006 has still not been delivered (Office of Albio Sires, personal communication, April 2008).

Systematic and centralized data collection would be useful to develop a more complete and accurate surrendered Safe Haven infant tally. Collected data should be centralized and analyzed by one organization (e.g., appropriate federal agency, designated resource center, national nonprofit organization), but be available in data sets to interested researchers.

States should agree upon important data elements to be collected. Data collection tools should be consistent among states. Data tools could include other variables of potential interest, including paternal information and health information. It is important to note, however, that underreporting of both discarded infants and neonaticide will likely remain important due to undiscovered infants and incorrect determination as to cause of death. Ethical considerations as well as statutory limitations would need to be observed in data collection.

### **7.5 Policy Recommendations for Standardization**

A standardized definition for discarded infants and Safe Haven infants across states would assist with data collection and analysis. A consistent definition (including maximum surrender age) across states would help ensure a more accurate count as well as permit better comparisons across states. The federal government should also review their current definition of abandoned infants as the lack of a definition leads to confusion among policy makers, the media and the general public (See Chapter 1).

Standardization of Safe Haven Infant Protection law across states might decrease misinformation and confusion among potential users as well as facilitate a regional approach to marketing Safe Haven law. Safe Haven law standardization should include law title, maximum surrender age, signage, approved relinquishing users, approved surrender sites, whether infants born in hospitals are eligible, information released to the press, data collection forms and requirements, reporting requirements, and law particulars related to confidentiality/anonymity and prosecution. Safe Haven laws may need to be adjusted in order to conform to standardization recommendations. In many states there is

limited conformance with Safe Haven statutes, especially related to annual reporting (Bradley, 2003).

Even within states, there is lack of clarity concerning the definition of a Safe Haven infant. The California State Auditor noted the need to clarify and disseminate the definition used by California, especially for those infants born and surrendered in a hospital and for infants whose mother indicates that she would like the infant to be eventually adopted (Howle, 2008). Illinois also struggles with whether infants born in a hospital should be counted as Safe Haven infants. Individual states should develop and disseminate clear definitions and policies for Safe Haven inclusion.

Currently at least 32 states use the phrase *Safe Haven* for at least a part of their Act's title (See Table 2.1). Presently, 17 states have a maximum surrender age of 28-31 days, with 12 states having a maximum surrender age of 3 days. Only four states do not designate hospitals as approved surrender sites. This researcher recommends that individual states incorporate the words *Safe Haven* into their statute and marketing efforts, that 30 days be adopted as the maximum infant surrender age, and that all states designate (at a minimum) hospitals as approved surrender sites.

## **7.6 Policy Recommendations for Research**

There is little research on Safe Haven infants/relinquishing users and the effectiveness of Safe Haven law (Friedman & Resnick, 2009). Unfortunately, without basic numerical usage data, it is nearly impossible to assess the impact or effectiveness of Safe Haven Infant Protection Laws. Additional demographic information on discarded infants and Safe Haven infants is needed, including a comparison of the two groups. Only Pruitt's

very limited study has been published (See Table 7.1) (2008). Limited data (as well as legal and ethical concerns) greatly stymies the ability to investigate other variables of interest.

Friedman & Resnick (2009) have suggested research to compare mothers who use Safe Haven with those who discard or commit neonaticide. Dr. Philip Resnick argues for more research on this topic as well as investigation into factors related to motivation for use of discarding or Safe Haven law, discarding mother's prior knowledge of Safe Haven Infant Protection law, and the root causes of discarding (P. Resnick, personal communication, June 26, 2009). The New Jersey Safe Haven Awareness Promotion Task Force (2007) also recommends gathering information about women who discard infants. No study was found that assessed use of public assistance (e.g., WIC, food stamps, TANF) by either Safe Haven or discarding users. This may be an area that warrants further exploration.

Direct comparison of surrendered and discarded infants and their mothers may permit the identification of the actual target population of these laws. In this researcher's opinion, that target population is mothers of infants not born in hospitals. More focused research with individuals, including black women (related to better infant survival after discarding and higher rates of discarding and Safe Haven use) and older mothers who discard (related to their being outside the initial focus of Safe Haven laws), may also be helpful.

There is also a need to study how often women provide medical information at the time of Safe Haven infant surrender and to design ways to increase this as a means to mitigate negative aspects of Safe Haven laws (Howle, 2008). Studies of maternal

intention associated with discarded infants are needed. Research on diverse ethnic groups might help determine the best way to promote Safe Haven Infant Protection law given cultural preferences. Research concerning cross-government responses to discarded infants would be helpful for formulating the best policy. Others areas of needed research include: how to most effectively reach pregnant women who may be at risk for discarding an infant and the most appropriate maximum surrender age. Research needs to establish whether population based or more targeted marketing is best.

To evaluate any unintended effects of Safe Haven Infant Protection, there is a need to determine whether the number of traditional infant adoptions has decreased since the advent of Safe Haven, what types of comprehensive maternal supports might decrease the need for Safe Haven law, the root causes of abandonment, and conformance with Safe Haven laws as they exist today as well as other child welfare related laws including those related to fathers' rights.

### **7.7 Policy Recommendations for Marketing**

Based on limited information, targeting women who enter prenatal care late or not at all, and who do not give birth in hospitals may be most efficient approach to marketing. However, reaching that particular group will be difficult. Black women should be targeted due to social disparities of health related to poverty and higher rate of Safe Haven use in this population. Based on the limited information provided in this dissertation, the winter months may be most productive for marketing efforts. This observation may also assist schools in determining when best to place Safe Haven information into the school instruction calendar. A tested, standardized message for use

in educating those seeking information about pregnancy, parenting or Safe Haven options should be developed to assist in marketing efforts (Department of Health and Social Services, 2002). Dissemination of research findings to policy makers and professionals in health and child welfare is important as they will determine such things as statutory requirements, mandated education in schools, and logos/signage.

### **7.8 Conclusion**

Because of the anonymity of the relinquishing users of Safe Haven Infant Protection law and ethical concerns, collecting and analyzing Safe Haven Infant Protection data will always be problematic. It is clear, however, that Safe Haven law is being used by people both intended and unintended. However, if the original intent of the legislation to save just one baby's life is considered, the act has met its own (i.e., the legislative sponsors) definition of success.

Anecdotal evidence suggests that at least in one case Safe Haven Infant Protection saved a baby's life and was used as expected. Joseph Colavita a police dispatcher remembers the teenage girl who slipped a note under the bulletproof glass at the Monroe Township, New Jersey police department the note read: "I'm in trouble and I'm going to leave this baby" (Graber, 2007). As the dispatcher and the young woman waited for an ambulance to come take the baby she told him that originally she had planned to toss the baby into a store dumpster, but just before doing so decided instead on using the Safe Haven Infant Protection law (Graber, 2007).



**APPENDIX A**  
**GOVERNORS SURVEY LETTER & QUESTIONNAIRE**

Governor's Survey Letter and Questionnaire to estimate national Safe Haven infant tally.

Date

Dear Governor,

As part of my doctoral studies, I am attempting to tabulate a national state-by-state estimate of the number of abandoned (discarded) infants and safe haven babies on a year to year basis.

I would greatly appreciate it if you would request that someone in your government complete the following (and attached) survey.

Please return completed survey to:

Sallie Porter MS RN,BC CPNP  
XXXXXX XXXX Street  
XXXXXXXXXXXX, New Jersey 07XXX

I would appreciate it if it could be returned to later than Date.

Thank you in advance for your consideration and best wishes for a successful year.

Sincerely,

Sallie Porter

## **Abandoned (Discarded) Infant and Safe Haven Baby Survey\***

Please print

Agency name:

Contact person:

Title:

Mailing Address:

Phone:

Fax:

Email:

Definitions: for the purposes of the following survey,

an **abandoned (or discarded) infant** is defined as newborns who have been abandoned in public places, other than hospitals, without care or supervision

a **safe haven baby** is defined as those babies brought to a legally-sanctioned institution (e.g., hospital emergency room, police station, fire house) by a parent or parental representative and relinquished to the care and under the statute of the State.

The following symbols should be used to clarify answers. Please do not leave answers blank.

<b>Symbol</b>	<b>Indicates</b>
E	estimate is provided as exact data are not known (place this symbol next to any estimated data)
NA	data not available
O	none in your state

**1. For your State, how many abandoned (discarded) infants less than 12 months old were found in each of the following years**

1999 \_\_\_\_\_

2000 \_\_\_\_\_

2001 \_\_\_\_\_

2002 \_\_\_\_\_

2003 \_\_\_\_\_

2004 \_\_\_\_\_

2005 \_\_\_\_\_

2006 \_\_\_\_\_ (to date)

**2. Out of the total number of abandoned infants found in your state, how many were found dead and how many were found alive in each of the following years?**

	Dead	Alive	Total
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006 (to date)			

**3. How many infants were surrendered under your States Safe Haven Infant Protection Act for the following years?**

1999 \_\_\_\_\_

2000 \_\_\_\_\_

2001 \_\_\_\_\_

2002 \_\_\_\_\_

2003 \_\_\_\_\_

2004 \_\_\_\_\_

2005 \_\_\_\_\_

2006 \_\_\_\_\_ (to date)

**Please return by Date**

**To: Sallie Porter**  
**Street**  
**City, State, Zip**

**Thank you!**

*\*Adapted from CWLA Infant Abandonment Survey*

## **APPENDIX B**

### **SOURCES OF DATA FOR TABLE 4.1**

Sources of data for Table 4.1 entitled The Number of Infants Surrendered Under Safe Haven Laws in the United States, Estimated from Government Reports and Replies, Media Reports, and Nonprofit Reports, 1999-2008.

#### **Alabama**

al.com (2008). Alabama legislature needs to revise the age limit in the state's trailblazing law. Retrieved December 15, 2008, from <http://www.al.com>

#### **Alaska**

= 0 (no data source)

#### **Arizona**

Collom, L. (2008). Newborn girl dropped off at church. The Arizona Republic. Retrieved August 1, 2008, from <http://www.azcentral.com>

#### **Arkansas**

B. Burke (State of Arkansas), personal communication, July 3, 2007

#### **California:**

Fontana, C. & Correa, T. (2009). 'Safe haven' law suffers from neglect: Program aimed at rescuing unwanted babies' faces lack of funding, publicity. The Fresno Bee. Retrieved March 7, 2009, from <http://www.fresnobee.com>

#### **Colorado**

Mondragon, S. (2008). Colorado stats-Abandoned infants aka safe haven. Colorado Department of Human Services Child Welfare Division.

Pankratz, H. (2009, April 8). Woman abandons newborn to strangers in Aurora. *The Denver Post*. Retrieved May 2, 2009, from <http://www.denverpost.com>

## **Connecticut**

Koonz, B. (2008). Take on life: More work needed to educate pregnant teenagers about law. Retrieved November 16, 2008, from <http://www.newtimeslive.com>

## **Delaware**

S. Armstrong (Delaware Department of Health and Social Services), personal communication, April 23, 2009.

Governor's survey.

## **District of Columbia**

No law at present.

## **Florida**

Rogers, S. (2008). Safe haven for newborns founder given concern award. Retrieved December 29, 2008, from <http://www.themiamiherald.com>

## **Georgia**

M. Freeman, personal communication, August 5, 2008.

## **Hawaii**

= 0 (no data source)

## **Idaho**

Fox 12 KTRV. (2007). Safe haven program averaging two babies per year. Retrieved August 28, 2007, from [fox12Idaho.com](http://fox12Idaho.com)

Governor's Survey

D. Geras (Safe Abandoned Babies Foundation), personal communication, February 28, 2008.

L. Opdahl (State of Idaho), personal communication, July 9, 2007

## **Illinois**

D. Geras (Save Abandoned Babies Foundation/National Safe Haven Alliance), personal communication, November 4, 2008

## **Indiana**

B. Floyd (National Safe Haven Alliance), personal communication, July 7, 2007

## **Iowa**

Jacobs, J. (2006, October 19). *Mom gives up infant under 'safe haven': The child has already been placed with foster parents who plan adoption*. Retrieved October 19, 2006, from <http://desmoinesregister.com/apps/pbcs.dll/article?AID=/20061019/NEWS08/610190395>

Jacobs, J. (2008). New 'safe haven' baby in state's care in Cedar Rapids. Retrieved July 15, 2008, from <http://www.desmoinesregister.com>

## **Kansas**

K. Darling. (State of Kansas), personal communication, July 10, 2007.

## **Kentucky**

Noll, Jessica. (2008). Safe infants law, safe surrender of newborns. Retrieved February, 13, 2008, from [http://www.kypost.com/content/news/commonwealth/story.aspx?content\\_id=ebf06af2-909](http://www.kypost.com/content/news/commonwealth/story.aspx?content_id=ebf06af2-909)

## **Louisiana**

Hunter, M. (2007, July 31). Mother gives up newborn in Metairie, only the 6<sup>th</sup> time safe haven law used. *The Times-Picayune*.

## **Maine**

Skelton, K. (2009). Baby abandoned in Lewiston. *Sun Journal*. Retrieved January 8, 2009, from <http://www.sunjournal.com>

## **Maryland**

Baby Safe Haven. (2009). *Baby Safe Haven*. Retrieved March 24, 2009, from <http://www.babysafehaven.com/>

## **Massachusetts**

Boston Globe.(2008, October 25). Massachusetts A haven no questions asked. *The Boston Globe* Retrieved October 27, 2008, from <http://www.boston.com>

## **Michigan**

State of Michigan. Safe delivery fact sheet. Retrieved December 31, 2008, from <http://www.Michigan.gov>.

## **Minnesota**

C. Denardo (Minnesota Department of Health), personal communication, May 7, 2009.

Pohland, D. (2007, April 13). Safe haven law would have been option for teen. *Hutchinson Leader*. Hutchinson, MN: CBS Broadcasting, Inc.

valleynewslive.com (2008). Child dropped off in Fergus Falls under safe-haven law. Retrieved December 11, 2008, from <http://www.valleynewslive.com>

## **Mississippi**

Anderson, R. (2004). State law protects unwanted newborns. WLBT 3. Retrieved January 16, 2008, from <http://www.wlbt.com/global/story.asp?s=1797624>

## **Missouri**

F. Fite (Missouri Senate), personal communication, December 1, 2008

R.McDermitt (Missouri Department of Social Services), personal communication, June 9, 2009

## **Montana**

D. Geras (Safe Abandoned Babies Foundation), personal communication, February 28, 2008.

## **Nebraska**

KPTM Fox 42 News. (2009, March 7). Neb. safe-haven law not used since age limit added.

## **Nevada**

Roccapriore, C. (2003). Nevada's first' child among newly adopted children. Reno Gazette-Journal. Retrieved September 14, 2006, from <http://www.rgi.com/news>



## **New Hampshire**

Sullivan, M. (2006). New Hampshire's safe haven law rarely, if ever, used. *The Eagle-Tribune* online. Retrieved October 11, 2006, from [http://www.eagletribune.com/nhnews/local\\_story\\_284100503](http://www.eagletribune.com/nhnews/local_story_284100503)

## **New Jersey**

Baby Blue Foundation. (2008, December 4). Baby blue foundation introduces national safe haven sign to New Jersey. PR Web Press Release News Wire.

State of New Jersey. Safe Haven Statistics (thru December 23, 2008).

## **New Mexico**

M. Perry (State of New Mexico), personal communication, December 31, 2007.

## **New York**

D.Geras (National Safe Haven Alliance/Save Abandoned Babies Foundation), personal communication, April 20, 2009.

Kelley, T. (2008, March 5). Parents in crisis have many options for giving babies haven, officials say. *New York Times*. Retrieved March 5, 2008; from [http://www.nytimes.com/2008/03/05/nyregion/05baby.html?\\_r=2&ref=slog](http://www.nytimes.com/2008/03/05/nyregion/05baby.html?_r=2&ref=slog)

## **North Carolina**

The Index-Journal. (2008, July 11). Greenwood DSS reports legally abandoned child. *The Index-Journal*.

Judicial District 3B. (2007), April). Safe surrender law. *The Guardian Ad Litem Courier*. (newsletter).

## **North Dakota**

Lee, S. (2009, January 22). Baby abandoned at Grand Forks fire station. *Duluth News Tribune*.

Michael, J. (2007, May 18). Case helped inspired N.D. safe haven law. *Bismark Tribune*.

## **Ohio**

Bucyrus online. 63 babies surrendered under safe haven law. Retrieved December 31, 2008, from <http://www.Bucyrusonline.com>

Price, R. (2009, January 4). Is extending the window of Ohio's 'safe-haven' law effective? *The Columbus Dispatch*.

## **Oklahoma**

Governor's survey.

## **Oregon**

S. Yoakum (State of Oregon), personal communication, April 2, 2008.

## **Pennsylvania**

Brown, D.M. (2008, February 15). State's safe haven law gives infants a chance, supporters say. *Pittsburgh Tribune-Review*.

## **Rhode Island**

Bramson, K. (2009, May 24). 'Safe haven' law used just once since 2001. *The Providence Journal*.

## **South Carolina**

Peters, C. (2008). Officials want more people to know about Daniels' Law. Retrieved December 14, 2008, from <http://www.shj.com>

## **South Dakota**

Kirkie, L. (2008, October 25) Three children abandoned through S.D. 'safe haven'. *The Daily Republic*.

## **Tennessee**

D. Geras (Safe Abandoned Babies Foundation), personal communication, February 28, 2008.

## **Texas**

M. Vogt (Texas Department of Family Protective Services), personal communication, April 20, 2009.

Pruitt, S.L. (2008). The number of illegally abandoned and legally surrendered newborns in the state of Texas, estimated from news stories, 1996-2006. *Child Maltreatment*. 13(1), 89-93.

## **Utah**

M. Muirbrook (State of Utah), personal communication, April 21, 2008

## **Vermont**

Porter, L. (2007, October 1). 'Baby safe haven' law has had first use. *The Barre Montpelier Times Argus*.

## **Virginia**

D. Geras (Safe Abandoned Babies Foundation), personal communication, February 28, 2008.

## **Washington**

KIROTV.com. (2006, July 17). Moms can give up newborns safely, legally. Retrieved March 30, 2008, from <http://www.kirotv.com/nes/9531131/detail.html>

## **West Virginia**

Governor's survey.

## **Wisconsin**

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Governor's survey

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