PPN Issue Briefs

✿ Promising Practices for Preventing Child Abuse and Neglect

This summary provides a concise overview of research-based information related to preventing child abuse and neglect. As defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA), child abuse and neglect is:

> "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or is an act or failure to act which presents an imminent risk of serious harm"

For more information about this topic, see additional resources from PPN shown at the right, or consult the references at the end of the Issue Brief.

What is the scope of the problem?

What are the costs to individuals and society?

What are promising strategies for preventing abuse and neglect?

What is the scope of the problem?

Incidence of Maltreatment

Every year in the United States, more than one out of every hundred children are victims of substantiated child abuse and neglect. For instance, in 2006, 3.6 million cases of child maltreatment were investigated, which is a rate of 47.8 per 1,000 children. In that year, nearly 1 million maltreatment claims were substantiated meaning that the investigation confirmed that the alleged child maltreatment had occurred; a rate of 12.1 per 1,000 children. The rates have held relatively steady during the preceding five years with some minor increases in investigation, but there has been essentially no change in the rate of cases that were substantiated. *[1]*

Type of Maltreatment

There is a range of maltreatment types, and they are tracked within these broad categories: neglect, physical abuse, sexual abuse, psychological maltreatment and medical neglect. Neglect is by far the most common type of maltreatment experienced by children, with nearly two-thirds of maltreatment cases being neglect (see Figure 1). Examples of neglect include failing to provide food to a child when a caregiver is able, or being incapacitated at times when a child needs supervision. In 2006, an estimated 1,530 children died as a result of abuse or neglect, and forty-one percent of these deaths were attributable to neglect. *[1]*

Figure 1. Types of Maltreatment Reported — Neglect Most Common

About PPN

The Promising Practices Network (PPN) is dedicated to providing quality evidence-based information about what works to improve the lives of children, youth, and families.
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Neglect	64
Physical abuse	16
Other	15
Sexual abuse	9
Psychological maltreatment	7
Medical neglect	2
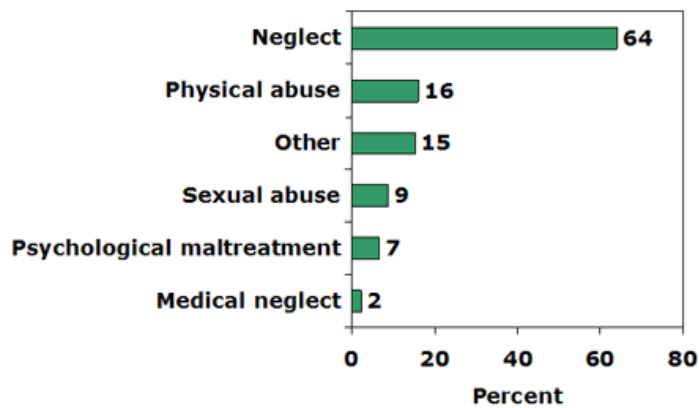
Source: *Child Maltreatment 2006*, Administration on Children, Youth and Families, 2008

Victims and Perpetrators of Maltreatment

Children under one year of age are the most common victims of abuse and neglect, with about 24 out of 1,000 being victims of maltreatment (Figure 2). Infants are not exclusively the victims of child maltreatment, and the chart below reports maltreatment by age. Boys and girls suffer from maltreatment in roughly equivalent numbers; 48% of victims in FY2006 were boys while 52% were girls. Additionally, children of different races and ethnicities are maltreated. In 2006, 49% of victims were White, 23% were African-American, and 18% were Hispanic. [1]

Parents are by far the most common perpetrators—83 percent of perpetrators are parents. There is limited data available about the characteristics of these parents due to differences in the way that states collect and report data on maltreatment. However, from the data available on 60% of cases, it is known that 27% of all maltreatment victims in 2006 lived with a single mother, 22% lived with both parents (whose marital status was unknown), and 20% lived with married parents. Taken together, these statistics support the argument for providing prevention and early intervention to families with new babies, and for directing the primary focus of prevention and intervention efforts towards parents rather than other caregivers. [1]

Figure 2. Youngest Children Are at Greatest Risk

Age (years)	
<1	24.4
1-3	14.2
4-7	13.5
8-11	10.8
12-15	10.2
16-17	6.3

Rate per 1,000 children, 2006
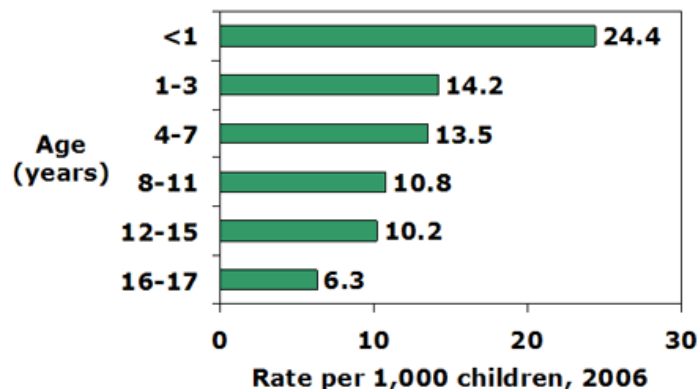
Source: *Child Maltreatment 2006*, Administration on Children, Youth and Families, 2008

Risk and Protective Factors

Research has identified factors that are associated with either greater or lower risk of being maltreated. These factors include characteristics of the individual, family, community, and greater society. Below are several examples of risk and protective factors.

Risk factors:

- Disabilities or mental retardation in children

- Social isolation of families

- Parents' lack of understanding of children's needs and child development

- Poverty and other socioeconomic disadvantage, such as unemployment
- Family disorganization, dissolution, and violence, including intimate partner violence
- Lack of family cohesion
- Substance abuse in family
- Parental stress and distress, including depression or other mental health conditions
- Community violence

Protective factors:

- Supportive family environment
- Nurturing parenting skills
- Stable family relationships
- Having household rules and parental monitoring of the child
- Parental employment and high parental education
- Adequate housing
- Access to health care and social services
- Communities that support parents and take responsibility for preventing abuse *[2]*

What are the costs to individuals and society?

Child maltreatment burdens individuals and society in a number of different ways. First and foremost it harms the victim, and not just when maltreatment happens—it also has long-term consequences. Additionally, there are financial and other non-monetary costs at the societal level.

Consequences for Individuals

Children who are victims of abuse or neglect are at higher risk for a number of negative outcomes throughout their lifespan. They are at risk for having negative outcomes in the areas of physical and mental health, cognitive development, academic achievement, and the development of healthy social behavior and relationships. For example, childhood victims of abuse and neglect have higher rates of depression, hopelessness and low self-esteem *[3]*. Victims of maltreatment are also at greater risk of having developmental delays than their peers *[4]*, and have lower academic achievement (e.g., lower grades and standardized test scores, and higher rates of grade retention) *[3]*. Antisocial behavior, physical aggression, fear and anger are consistently observed outcomes in victims of childhood physical abuse *[3]*. These traits can also hinder children's and adults' abilities to form healthy social relationships. Studies have also found that adults who experienced abuse and neglect as children have higher rates of physical and sexual assault/abuse (perpetrators or victims), kidnapping or stalking, and having a family friend who is murdered or commits suicide compared to adults who did not experience maltreatment during childhood. *[5]*

Consequences for Society

The impact of child abuse and neglect is also felt by the greater society in the form of monetary and non-monetary costs. Wang and Holton (2007) drew from a number of data sources in an attempt to estimate the annual cost of child abuse and neglect. They estimate that the total costs to society, both direct and indirect, of child abuse and neglect is around $100 billion annually in the United States. About one-third of the total amount is spent on direct costs of maltreatment including hospitalization for injuries, mental health services, child welfare system costs, and law enforcement. Indirect costs include expenses for providing special education services, costs to the juvenile delinquency system for operating things such as residential facilities (maltreatment is a risk factor for delinquent behavior), long-term mental health and health care costs for adults who are victims as children, costs to the adult criminal justice system due to the link between earlier child maltreatment and violent crimes. Lost productivity to society makes up the greatest share of the roughly $70 billion of indirect costs, estimated by Wang and Holton to be over $30 billion. *[6]*

What are promising strategies for preventing abuse and neglect?

Many approaches have been developed to attempt to prevent child abuse and neglect. They may seek to prevent the risk factors listed above from developing. They may also seek to put protective factors in place for children and families, or strengthen protective factors that are already present in children's lives. Some strategies are universal approaches (primary prevention) meant to reach all corners of society while others are individual approaches that target at-risk groups (secondary prevention) or families where abuse has previously occurred (tertiary prevention). Examples of promising practices include:

- public awareness and education,
- skill-based curricula or life skills training for children and youth,
- parent education programs,
- home visitation programs
- family support services including respite or crisis care,

Below, we describe some of these practices in more detail and review evidence of their effectiveness.

Primary Prevention

With the broadest reach, *public awareness activities* are one of the more common approaches to preventing child abuse and neglect. Through various methods including public service announcements, information kits and brochures, and TV/other media content, sponsors of public awareness campaigns can reach a broad audience to promote healthy parenting practices and inform the public about what can and should be done when maltreatment is suspected. *[2]*

Few rigorous evaluations have attempted to measure the effect of public awareness campaigns on preventing child abuse and neglect per se. Instead, impact is most commonly measured by methods designed to measure exposure to the campaign or activity (e.g., telephone surveys asking community members if they remembered seeing campaign materials) and through increased contacts made to the campaign sponsor or designated prevention organization (e.g., increased calls made to prevention and reporting hotlines). For example, an evaluation of a multimedia campaign to promote awareness and understanding of the link between addiction and child abuse was found to be responsible for 62% increase in the average monthly number of calls made to telephone hotline for child abuse and neglect, though the actual impact on abuse and neglect prevention was not assessed. *[7]*

Perhaps the most widely studied use of public education and awareness campaigns related to child abuse and neglect have been those focused on preventing shaken baby syndrome. Public awareness campaigns first started appearing in the 1980's with a more organized, national effort starting in 1992 and funded by the National Center on Child Abuse and Neglect (NCCAN), which spread the message "Never Shake a Baby." An evaluation of NCCAN's three year project to educate the public about the dangers of shaking a baby found that one-third of people who gave feedback on the educational materials reported that this was the first time they been informed on this topic *[8]*. In other words, there is some research on whether this strategy reaches audiences and whether audiences gain information, but we know little about whether it actually prevents child maltreatment.

Skill-based curricula for children and parent education programs and support groups can be provided universally or can be targeted for at-risk children and parents. *Skill-based curricula for children* seek to teach children skills they can employ to keep themselves safe, such as being able to distinguish if they have been touched appropriately or inappropriately and what they should do if they experience the latter. The Safe Child Program is one example of a skill-based curriculum for children with the goal of preventing sexual, emotional, and physical abuse of children. Evaluations of the program have found it to be successful in teaching children skills to help them avoid being victims of abuse including how to speak up for themselves, how to recognize dangerous situations or inappropriate behavior by other people, and knowing where and how to get help (read the Safe Child Program PPN program summary).

Parent education programs seek to help parents develop appropriate discipline techniques and to gain knowledge and understanding about age-appropriate behavior and expected developmental milestones. These programs also tend to have a component that helps parents learn the skills of identifying community resources that provide support to families, such as economic resources.

Numerous programs and curricula have been developed for these purposes. *[2]* One example of a program that provides parent education is the Chicago Child-Parent Centers (read the Chicago Child-Parent Centers PPN program summary), which combines enriched preschool, home visiting, and referrals of families to social services. In a 15-year follow-up study of the program, a significantly fewer number of children who had participated in

the program in preschool were the subjects of child maltreatment reports compared to preschoolers who had not participated. *[9]* Another promising parent education program focused on preventing shaken baby syndrome is the *Period of PURPLE Crying*, which attempts to help parents understand and cope with the stresses of normal infant crying. A randomized control trial of the program found that it succeeded in enhancing mothers' knowledge about infant crying and women who participated in the program were more likely to walk away in situations where an infant was crying inconsolably compared to control group mothers. *[10]* A recent meta-analysis conducted by the Centers for Disease Control and Prevention on training programs for parents with children ages zero to seven, identified components within parent training programs found to have a positive impact on acquiring parenting skills and behaviors and decreasing children's externalizing behaviors. The components that were found to positively impact the two program outcomes studied by the meta-analysis are displayed below:

Content and Program Delivery Components Found to Have a Positive Effect on Parent Training Program Outcomes	
Outcome 1: Acquiring Parenting Skills and Behaviors	Teaching parents emotional communication skills *(content component)*
	Teaching parents positive parent-child interaction skills *(content component)*
	Requiring parents to practice with their child during program sessions *(program delivery component)*
Outcome 2: Decreases in Children's Externalizing Behaviors	Teaching parents the correct use of time out *(content component)*
	Teaching parents to respond consistently to their child *(content component)*
	Teaching parents to interact positively with their child *(content component)*
	Requiring parents to practice with their child during program sessions *(program delivery component)*

Practitioners can use the study's findings when considering programs to implement or modifying programs they currently offer to emphasize the more effective components. *[11]*

Secondary Prevention

Several approaches that are more typically used with children and families who have known risk factors for abuse include home visitation programs, respite and crisis care programs, and family resource centers.

Home visitation programs are typically provided to pregnant women and families with new or young children. Through home visits and other personal contact, home visitation programs provide information about child development, positive parenting practices, and establishing social supports. Two prominent examples of home visiting programs are Nurse Family Partnership and Healthy Families New York. Both programs have an established evidence base showing that they are effective in reducing child abuse by parents. Evaluations of Nurse Family Partnership show that the program's impacts are sustainable many years after participants complete the program. In a nine year follow-up study, Olds et al. (2007) found that children who participated with their mothers in the program were less likely to die of preventable causes. *[12]* A recent evaluation of Healthy Families New York, which incorporates the Healthy Families America critical elements, found that mothers who participated in the program, including "psychologically vulnerable" mothers, reported committing one-quarter as many acts of serious abuse at age 2 compared to mothers in the study's control group. Also, compared to the control group mothers, young first-time mothers in the HFNY group who were randomly assigned at 30 weeks of pregnancy or less were less likely at the time their children were two years olds to engage in minor physical aggression in the past year (51% versus 70%) and harsh parenting in the past week (41% versus 62%). *[13]* (Read the Nurse Family Partnership and Healthy Families New York PPN program summaries).

Another common approach to child maltreatment prevention is *respite and crisis care*. Respite and crisis care services provide short-term urgent services to families in crisis due to family illness or other emergency, or when a caregiver overwhelmed with stress needs a temporary place where the child can be cared for. Respite care is also used by caregivers of children already involved in the child welfare system, such as adult kinship caregivers, adoptive, and foster caregivers. While there have not been rigorous studies demonstrating that respite and crisis care prevent child maltreatment, there is some

research that shows these services reduce the risk factors and enhance the protective factors that are linked to child maltreatment. For instance, when a group of this type of caregiver who cared for children in the child welfare system with special needs was surveyed, respondents reported that using respite care reduced their feelings of stress, increased their feelings of being supported, and improved positive attitude toward children. [14] Overall, however, little evidence is available demonstrating the strategies' ability to prevent child abuse and neglect.

Respite care is often provided in the context of **family resource centers**. Family resource centers can provide a wide range of formal and informal services to families in need, such as parent skill training, job training, substance abuse prevention, mental health or family counseling, and financial support services (e.g., meeting basic needs, housing, etc.). The services offered by the centers are tailored to the needs of the families it serves and the surrounding community. [2] Despite the popularity of centers like these, the literature does not contain rigorous evaluations of the effectiveness of family resource centers in preventing child maltreatment.

Evidence for Promoting Prevention

Several studies have synthesized existing studies of child maltreatment prevention programs. A meta-analysis conducted by the Washington State Institute for Public Policy (Lee, 2008) found evidence of the effectiveness of several prevention programs. Their analyses also found that for several of the effective programs, the costs of the programs were significantly lower than the achieved benefits. [15] An older meta-analysis from Abt Associates, Inc., which included a range of family support approaches, found that as a whole the effect of the programs on child abuse and neglect outcomes was relatively small. [16]

The Promising Practices Network provides summaries of several programs that have been rigorously evaluated and found to have a positive impact on preventing child abuse and neglect. (Read the PPN program summaries of Child Abuse and Neglect Prevention and Treatment programs.) PPN has also reviewed several compendia that provide evidence-based information about programs that have been found to prevent child abuse and neglect, or mitigate its consequences. Two of the reviewed compendia used similar criteria for evaluating a program's evidence. These are Child Trends' LINKS and the Department of Health and Human Services' *Emerging Practices in the Prevention of Child Abuse and Neglect*. Read more about these compendia in the Child Abuse and Neglect Resources and Tools section of the site.

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