



PREVENTION Engaging and Retaining Families in Child Abuse Prevention Programs

—by Karen McCurdy,
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Prevention programs, by definition, seek to intervene before an overt act of parental abuse or neglect occurs. Consequently, these programs cannot use the force of law to mandate a family's participation. Most prevention programs struggle with engaging and maintaining the voluntary involvement of the target families, especially when these programs attempt to serve high-risk populations (Larner, Halpern, & Harkavy, 1992). Successfully resolving the issues of engagement and retention presents a critical challenge to prevention programs (Daro & McCurdy, 1994). High rates of refusals and/or attrition denote serious problems in the service delivery system, such as an inability to reach the target population or a lack of program appeal to certain types of families.

Current research suggests that many child abuse prevention programs struggle with these issues (Clinton, 1992; Lyons-Ruth et al., 1990; Marcenko & Spence, 1994; Olds & Kitzman, 1993; Ramey et al., 1992; Seitz, Rosenbaum & Apfel, 1985; Siegel et al., 1980; Daro, Jones, & McCurdy, 1993). If a sizable proportion of the target families cannot be enrolled and involved in the service, the community may not see the desired outcomes: reduced child abuse rates, improved parenting skills, and healthier children as a result of more appropriate health care utilization patterns.

Clearly, these issues must be elucidated and addressed to improve program effectiveness (Barth, Hacking, & Ash, 1986; Olds &

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NEWS NIS-3 Data, Just Released, Show Alarming Increases in Maltreatment of American Children; APSAC Takes Stand for Best Possible Federal Legislation for Maltreated Kids; Members and Colleagues Speak About Professional Needs; 1996 APSAC Colloquium Biggest Ever

—by Theresa Reid

The lead article in this issue of *The APSAC Advisor* — on engaging and retaining families in child abuse prevention programs — takes on even greater urgency in light of data from the Third National Incidence Study (NIS-3) of child maltreatment, just released by the National Center on Child Abuse and Neglect (NCCAN), U.S. Department of Health and Human Services (HHS).*

Although experts debate the appropriateness and validity of the NIS methodology, the consistent application of the study design over the years provides valuable insights into the nature and scope of child maltreatment.

Some facts about the NIS:

- The NIS is congressionally mandated under the Child Abuse Prevention and Treatment Act (CAPTA) and is the single most

**This report is excerpted from the Executive Summary of the NIS-3, which can be obtained from the NCCAN Clearinghouse at 800-FYI-3366. Andrea J. Sedlak, PhD, and Diane D. Broadhurst, MLA, directed the study and authored its report.*

comprehensive source of information about the incidence of child maltreatment in the U.S.

- National Incidence Studies have been published on data collected in 1979 (NIS-1), in 1986 (NIS-2), and in 1993 (NIS-3).
- The NIS collects data on children who were investigated by child protective services (CPS) agencies and on children seen by community professionals who were not reported to CPS or who were screened out by CPS without investigation
- The NIS uses two definitions of child maltreatment: the Harm Standard, under which children are counted as maltreated only if they have already experienced demonstrable harm; and the Endangerment Standard, under which children are counted if they have experienced maltreatment that puts them at risk of demonstrable harm.
- The NIS-3 gathered data from a nationally

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Kitzman, 1993; Gomby et al., 1993) This article summarizes the most current knowledge regarding engagement and retention of families in voluntary child abuse prevention programs. Our review of the child maltreatment literature, however, identifies only a handful of studies examining factors related to patterns of engagement or retention. We therefore expand our inquiry to other fields, including psychology, attachment, and counseling, to seek guidance in this area. This article identifies prominent shared characteristics of participants and nonparticipants, formulates recommendations to enhance program outreach and service delivery, and suggests avenues for future research efforts.

Scope of the problem

Many evaluations of voluntary programs directed toward supporting mothers and families have one finding in common: high rates of nonparticipation by eligible families. Failure to engage families in the service presents the first challenge to both center- and home-based prevention programs (Gabinet, 1979). One urban home visitation program for pregnant women reported that 8% refused services initially and another 17% dropped before the child reached six months of age (Marcenko & Spence, 1994). A program geared toward preventing premature delivery and low birth weight in Manchester, England, reported that only 41% of the experimental group ($n = 655$) received services (Spencer et al., 1989). A number of evaluations report that 15% to 20% refused to enroll in the study regardless of their service eligibility (Liaw & Brooks-Gunn, 1994; Olds et al., 1986; NCPCA, 1996; Siegel et al., 1980).

Repeated analyses of Hawaii's Healthy Start program, an intensive home visitation program for at-risk mothers of newborns, have found that between 5% to 15% of eligible families immediately refuse services (Hawaii Department of Health, 1992; NCPCA, 1996). One study also noted the problem of "secondary" refusals with this

program. An additional 15% of mothers who accepted Healthy Start services during the hospital assessment never received a home visit despite three months of intensive outreach efforts (NCPCA, 1996). Though the parents initially agreed to home visitation, they avoided all home visits during this outreach period.

Retaining families for the program's duration represents another obstacle for many voluntary programs. In the evaluation of the Ford Foundation's Fair Start Initiative, four of the nine prevention programs reported substantial rates of attrition (Halpern, 1992).

For example, the Maternal Infant Health Outreach Worker Project in the Appalachian Mountains retained only 35% of the original families until the child's first birthday (Clinton, 1992) and half of the mothers involved in the Rural Alabama Pregnancy and Infant Health Project left services before the

child's second birthday (Nagy et al., 1992). Many programs report losing more than one-third of the original families within the first year of services (Wolfe et al., 1988; Resnick, 1985; HFA Research Network, in press). Conversely, some programs experience very little attrition after engaging families, though the reasons for this success are unclear (Winters-Smith & Lerner, 1993; Olds et al., 1986; Bryce et al., 1991).

Review of the literature

Despite the prevalence of program refusal and attrition in child abuse prevention and family support programs, few of these studies examined what factors predicted or correlated with participation. An earlier review of child abuse prevention programs concluded that little information existed regarding the most efficacious strategies for important tasks such as attracting and enrolling family members who may be at risk for child maltreatment.

Child abuse prevention programs often seem like a good idea to everyone except high-risk mothers. Work with

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reluctant and at-risk clients is a long-standing characteristic of public child welfare services. The difficulties of enlisting clients at risk of, but not proven to be, abusing or neglecting their children have now befallen child abuse prevention programs (Barth, Hacking, & Ash, 1986, 104).

In the current literature review, we apply an ecological framework to our discussion (Bronfenbrenner, 1979) but limit our consideration to the most proximate levels related to involvement in prevention programs. First, we identify individual and family characteristics (e.g., micro system) that influence engagement and retention. At

the meso system level, we focus on the effects of program-related attributes on decisions regarding participation. We then examine whether the interaction of program-related attributes with individual and family characteristics explains engagement and retention rates. Though other aspects of the meso system (e.g., community safety) and the macro system (e.g., cultural norms regarding child rearing) most likely affect the willingness of families to participate in voluntary child abuse prevention programs, this article addresses factors more easily influenced by the programs themselves. Due to the limited amount of data available as well as the overlap between reasons associated with refusing to enroll in services and reasons explaining decisions to drop out, we do not separate the factors associated with these two phenomena. We stress, however, that certain variables may only predict engagement while others more aptly explain retention.

Individual and family characteristics

Overall, the bulk of studies indicate that specific individual and family factors associated with an elevated risk for parenting difficulties are more prevalent in families who refuse or drop out of voluntary prevention programs (Larner et al., 1992; Nagy et al., 1992; Daro, 1988). An evaluation of nine prevention programs in Philadelphia reported

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that attrition occurred more often with single mothers, families receiving public assistance, larger families, and African-American participants (NCPCA, 1995; Daro, Jones, & McCurdy, 1993). Findings regarding family size and parenthood status have been mixed with other findings noting that first-time par-

ents evidence a greater likelihood of dropping out (NCPCA, 1995; Hurvis & McCurdy, in press). Still other findings conclude that teenage parents and first-time parents achieve higher participation rates than their older, more experienced counterparts (Olds & Kitzman, 1993).

Research expanding beyond basic demographic characteristics provides a more definitive understanding of the mechanisms influencing participation. For example, the relationship between attrition and first-time parenthood and/or the presence of a newborn may reflect a parent's responsiveness to the demands of a new child. This view is supported by a review finding that programs working with parents of children vulnerable because of low birth weight or a developmental delay achieve a higher degree of success than programs serving pregnant or low-income women (Olds & Kitzman, 1993). For parents with an inability to handle stress appropriately along with a limited understanding of child development, the demanding presence of a newborn was linked to dropping out of prevention programs (NCPCA, 1995).

Several studies have noted other personal attributes of parents that spark initial refusals or decrease involvement in support services. Reasons such as disinterest (Larner et al., 1992; Seitz et al., 1985); a failure to recognize the need for help (Daro, 1988; Larner et al., 1992; Olds & Kitzman, 1993); and a lack of motivation (Daro, 1988; Olds & Kitzman, 1993) prompt some parents to immediately refuse the offer of program services. Low self-esteem (Flick, 1988) and limited social resources characterize other families who exit service prematurely (NCPCA, 1995).

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Receptivity to a home visitor or support service may also be linked to the prior interpersonal experiences of the parent. Lerner, Halpern, and Harkavy (1992) postulate that prior negative experiences with social service providers may prompt families to refuse prevention services. Insights from the attachment literature support and expand upon this hypothesis. According to adult attachment theory, perceptions and expectations of others derive from an individual's past relationship experience (Bretherton, 1985). Adults with negative images of others tend to avoid close relationships to protect themselves from expected harm or disappointment; adults with positive images of others may be more willing to enter into relationships (Bartholomew & Horowitz, 1991). This theory suggests that parents will accept or refuse support services based on their expectation of a positive or disappointing experience with the program. Such an expectation may result from prior interactions with other programs or from the parents' relationship history.

Some evidence points to the influence of other family members in parental decisions to invest energy in a prevention program. Actual or perceived characteristics of the child have been implicated. Olds & Kitzman (1993) posit that parents are more likely to stay in programs if they perceive their child as vulnerable or have a specific need that can be met by a home visitor, but may discontinue services once the child resembles all of the other children in the neighborhood. The desires of other adult household members also may govern these decisions. In examining why some families failed to engage after initially agreeing to enroll in the Healthy Start program, researchers found that a number of nonengaging mothers reported that they refused services at the request of a spouse, partner, or parent who did not want the visitor coming into the home (NCPCA, 1996).

Finally, some families refuse to enroll or drop out for more functional reasons, such as

an upcoming move to another house or neighborhood (Olds et al., 1986b; Seitz et al., 1985; NCPCA, 1996) or the mother's return to work (NCPCA, 1996). This evidence suggests that decisions to withdraw or avoid parenting programs sometimes reflect the best interest of the family and will be hard to address without universally available services.

Program-related variables

In considering the influence of program-related attributes on participation in child abuse prevention services, research has produced more mixed findings. Studies have highlighted factors related to service delivery, structure, and staffing. The method of service delivery was found to affect participant involvement in a comparative study of nine prevention programs, with home-based services producing higher participation rates than center-based services (NCPCA, 1995). In contrast, some home visitation evaluations have reported that refusing families expressed an aversion to the service provider coming into the home (Marcenko & Spence, 1994; Olds & Kitzman, 1993; Weiss, 1993). It seems that home visiting is more acceptable to some families than others, which may be related to cultural norms around the openness of the home to "strangers."

The structure of services also appears to play a role. Rigid adherence to specific parenting curricula may dissuade participants from further involvement, especially if other needs take immediate precedence over parenting concerns (Lerner, Halpern, & Harkavy, 1992; NCPCA, 1992b).

The failure of a service provider to recognize and address these immediate personal needs can cause a parent to withdraw from the program (Lerner, Halpern & Harkavy, 1992; NCPCA, 1992b). The counseling literature identifies other structural issues that may apply to child abuse prevention programs. For example, one study found that a lengthy period between initial

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contact and the first session increased the likelihood of nonengagement in therapeutic services (Flick, 1988). Some evidence also suggests that longer initial assessment interviews and the use of intervention methods geared toward teaching clients help facilitate the establishment and maintenance of the provider-client relationship (Tyron, 1989).

Review of the counseling and psychological literature relating to participation produced contradictory findings on the impact of specific staff characteristics, such as gender and experience level, on client engagement. Betz & Shullman (1979) report that clients at a counseling center were significantly less likely to return if interviewed by male counselors than by female counselors, regardless of client sex. They also found that clients were significantly less likely to return if referred to a male counselor rather than a female counselor after intake. According to Epperson, Bushway, and Warman (1983), however, clients of female counselors had higher rates of attrition than those of male counselors.

Studies assessing the relationship between provider experience level and client participation in the counseling literature fail to reveal a clear and measurable association. A literature review by Beutler and his colleagues (1986) reported a direct relationship between therapeutic experience and client involvement. Other studies, however, did not report counselor experience level as a significant predictor of engagement (Betz & Shullman, 1979) or continuation in services (Epperson, Bushway, & Warman, 1983).

In the child abuse prevention arena, the training and experience levels of providers vary widely: from paraprofessionals to nurses, social workers, or child developmental specialists. Debate exists over the level of expertise needed to effectively engage high-risk families and achieve the most positive outcomes with these families (Olds & Kitzman, 1993; Wasik, 1993). A meta-analysis by

Hattie, Sharpley, and Rogers (1984) concludes that substantial evidence demonstrates that paraprofessionals should be considered effective additions to the helping services when compared with professionals. Paraprofessionals, particularly those sharing the same cultural and community background as the parents, may be more likely to gain entry into homes and family lives, and may have greater understanding and responsiveness to the family's needs (Harkavy & Bond, 1992).

Interaction of program attributes with individual and familial characteristics

In contrast to the mixed findings on specific program attributes such as staff education level, a number of studies highlight the salience of the relationship between the provider and participant as a primary determinant of program participation (Larner, Halpern, & Harkavy, 1992; NCPA, 1995). Elements of this relationship found to enhance participation include mutual agreement on the presenting problem (Epperson, Bushway, & Warman, 1983; Tyron & Tyron, 1986); clear communication (Tyron & Tyron, 1986); and the perception of the provider as a friend (Powell, 1990). A provider's ability

to establish some level of trust during the initial program contacts may be more predictive of ongoing participation than the specific services offered by the program (NCPA, 1992b). If a provider is unable to establish trust during the preliminary stages, families may decide to forego additional prevention services.

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Program and research implications

This review specifies a number of individual, familial, and program attributes that may help explain the prevalence of nonengagement and attrition in voluntary prevention programs. From a programmatic standpoint, the evidence that some of the highest risk families either refuse to enroll or drop out more frequently indicates that individual recruitment strategies or service

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packages may need to be refined to enroll and engage these resistant parents. From a research perspective, the dearth of information explaining or predicting involvement in voluntary programs suggests the need for a number of carefully designed studies in this area.

Program planners must pay attention to three interrelated issues to increase engagement and retention rates: outreach strategies, content of initial visits, and program structure. The research reported here confirms other work emphasizing the importance of family members and kin in parenting decisions (Slaughter-Defoe, 1993; Jones, 1995). Programs should expand outreach efforts to include all important family members, such as the father, the grandparents, and other relatives active in child rearing. Gaining their acceptance may reduce the problem of "secondary" refusals (NCPCA, 1996) as well as increase the provider's sensitivity to the familial and cultural norms in which parenting occurs for that family (Slaughter-Defoe, 1993).

The literature suggests that the initial contacts between the prevention program staff and a potential participant are pivotal for involving parents. During these first encounters, parents form expectations about the program that will help determine whether they will engage in prevention services. Issues related to nonengagement, such as lack of motivation and disinterest, must be successfully confronted at this point. To overcome these barriers, the program provider needs to identify a concrete benefit of the service for the family (Olds & Kitzman, 1993). If this need is not mutually established and reinforced between the provider and parent, families are more likely to disengage from the prevention program. The fact that parents often are referred to prevention programs when they are seeking help for other problems (NCPCA, 1992a) suggests that providers may want to focus initially on meeting these personal needs to gain the parent's trust.

Prevention planners should be cognizant of the cultural practices of the families they seek to serve and respect these practices when devising the program structure and content.

Identifying a number of shorter term, easily achieved goals in these first visits may increase the retention of participants with low self-esteem or negative attachment patterns. This method helps foster a sense of accomplishment and establishes some favorable experiences for the participant. Further, the provision of concrete goods and services (e.g., disposable diapers, transportation, toys)

provides an immediate tangible benefit for participants that encourages them to give parenting programs a chance (NCPCA, 1992a; Barth, Hasking & Ash, 1986).

Finally, targeting specific strategies or refining service structure may increase service utilization.

For example, prevention planners seeking to target services to socially isolated families or parents with newborns may want to consider offering home visits as the primary service delivery strategy to avoid the stress these types of families may face in attempting to reach center-based services. Establishing the briefest period possible between the initial contact and start of services (Flick, 1988; Cohn & De Graaf, 1982), and allowing some flexibility in the program's curricula for the provider to address nonparenting concerns (Halpern, 1987), may foster parent involvement in voluntary child abuse prevention programs. Most important, prevention planners should be cognizant of the cultural practices of the families they seek to serve and respect these practices when devising the program structure and content (Slaughter-Defoe, 1993).

The sparse research base allows us to offer only limited guidance about methods to increase engagement and retention. In our analysis of the child abuse prevention literature, we found only one study examining program refusal and/or attrition as its main focus. Few studies systematically interviewed parents as to why they dropped out of or stayed in voluntary prevention programs; none asked eligible parents why they refused services. In addition to obtaining the parents'

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perspectives on program involvement, other important research questions need to be addressed: Do families refuse or drop out because they can access appropriate support on their own? What impact do screening procedures have on engagement rates? What role do community factors play? Issues of transportation and safety may be primary impediments to program involvement for parents living in violent communities.

From a methodological standpoint, the most informative research will examine the interaction of variables across the ecological levels. For example, do certain provider or program characteristics work well with some types of families but not with others? Identifying these combinations would inform programs of how to successfully match families to providers to retain families in service. As noted by Lerner, Halpern, and Harkavy (1992) in their evaluation of the Ford Foundation's Fair Start Initiative, programs "can only help those whom they reach" (p.4). If we wish to make substantial strides in preventing child abuse, a critical research focus must be addressing the gap in knowledge around engaging and retaining high-risk families in prevention services.

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LAW The Effect of Threats on Children's Disclosure of Sexual Abuse

—by Thomas Lyon

Do abused children refuse to disclose their abuse because they have been threatened by their perpetrators?

In *Jeopardy in the Courtroom: A Scientific Analysis of Children's Testimony*, a book that many believe may have a substantial impact on child witness law and practice, Professors Stephen Ceci and Maggie Bruck argue that there is little empirical basis for this "professional 'lore'" (Ceci & Bruck, 1995, pp. 300-301).

Ceci and Bruck's position is sure to surprise clinicians, whose personal experience often teaches them that abused children are subjected to serious threats of harm should they disclose. Although expert witnesses often make such claims, they may wish to reexamine the basis for their beliefs, given the increasing likelihood that the scientific basis for their opinions will be challenged in court.

Judith Herman questioned 68 women in therapy who were victims of incest. She learned that many "were threatened with the most dreadful consequences if they told: their mothers would have a nervous breakdown, their parents would divorce, their fathers would be put in jail, or they themselves would be punished and sent away from home" (Herman, 1981, p. 88).

Barbara Smith and Sharon Elstein examined 954 criminal cases of child sexual

abuse, and found that admonishments not to tell ranged from "pleas that the abuser would get into trouble if the child told . . . to threats that the child would be blamed for the abuse . . . to ominous warnings that the defendant would hurt or kill the child (or someone he or she loved) if they revealed the abuse" (Smith & Elstein, 1993, p. 93). Intuition

would suggest that in the face of such threats, many abused children would be frightened into delaying disclosure, recanting, or persistently denying they were abused.

However, Ceci and Bruck take the position that clinicians, at least those that appear in court, ought to rely more on "systematic, controlled studies" and less on "anecdotes, personal opinions, and ideological views" (Ceci & Bruck, 1995, p. 302). In order to be scientific, expert witnesses must look beyond clinical experience and intuition.

Before concluding that experts should stop claiming that threats deter disclosure, let's take another piece of Ceci and Bruck's advice. The "model" expert witness should "review the full corpus of relevant scientific work, describing the magnitude of errors, the

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