CHILD ABUSE PREVENTION: ACCOMPLISHMENTS AND CHALLENGES

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Child abuse prevention as a concept and as a field has come a long way in the past thirty years (Daro & Cohn-Donnelly, 2002a). Today's prevention practitioners, advocates, and researchers have a greater appreciation for the complexity of the problem they seek to resolve and are slightly more resistant to overstating their case. Prevention efforts have established stronger, more diversified partnerships that are engaging more people and institutions.

Prevention research is more rigorous in terms of methods and measures and is more frequently cited in the articulation of specific program and policy decisions. Program evaluations are documenting more consistent and robust outcomes. As members of a field, prevention advocates are less competitive and are learning how to work across service models and problem areas. Evidence of this commitment to collaboration can be found in the growing number of community partnerships to promote child protection and early childhood education. State and county governments across the country are finding ways to pool their resources and think beyond their own agency or bureaucratic boundaries. All of these trends suggest society can expect more from its future investments in prevention. To garner these added benefits, however, prevention practitioners and researchers need to value what has been learned and to recognize they can do better.

Lessons Learned

In investigating the features of successful programs, many professionals have written about the importance of building innovations around strong theories of change that establish clear, coherent linkages among participant needs, program goals, program structure, and staff skills (Berlin, O'Neal, & Brooks-Gunn, 1998; Fulbright-Anderson, Kubisch, & Connell, 1998; Olds, Henderson, Kitzman, Eckenrode, Cole, & Tatelbaum, 1999; Weiss, 1995). Others have emphasized the need for greater attention to the role that community values and resources play in a child's development (Earls, 1998; Melton & Berry, 1994; Schorr, 1997) and the importance of continuous adherence to quality standards in both structuring programs and hiring and supervising staff (Dunst, 1995; Schorr, 1997; Wasik & Bryant, 2001).

Within these parameters, child abuse prevention advocates have designed and implemented a number of diverse and effective prevention efforts. Concerns over parental rights and family privacy have led prevention advocates to frame these efforts in terms of those risk factors identified in the literature as resulting in a higher probability of abuse or neglect. Such factors include both demographic characteristics (e.g., poverty, single parent status, young maternal age) as well as psychosocial characteristics (e.g., low frustration tolerance, substance abuse, limited knowledge of child development, situational stress). Therefore, when prevention efforts have sought universal coverage, they generally have used strategies that pose minimal threats to family privacy or parental control.

Volumes have been written about the efficacy of individual prevention strategies and broad prevention systems (Daro, 1988; Daro & Cohn-Donnelly, 2002b; Willis, Holden, & Rosenberg, 1992). Home visitation programs, group-based interventions, family resource centers, public awareness campaigns, and institutional reforms all have been used to reduce a child's risk for physical abuse or neglect.

Each strategy has produced some changes in targeted outcome areas with selected populations. Several center-based programs and support groups have demonstrated strong outcomes in extending the time between pregnancies and improving parental capacity among teen moms (Baker, Piotrkowski, & Brooks-Gunn, 1999; Carter & Harvey, 1996; Daro & Cohn-Donnelly, 2002b). In contrast, home-based interventions appear particularly attractive to low-income, new parents struggling to balance the demands of child rearing with their own need for personal support (Daro & Cohn-Donnelly, 2002b; Guterman, 2001). Strong empirical evidence for any of these strategies, however, is limited. In some cases, the absence of consistent outcomes reflects measurement difficulties (e.g., no solid baseline data, lack of standardized assessment measures in certain domains, incomplete or inaccurate administrative data systems). In other cases, the evaluations of these strategies have not incorporated rigorous designs (e.g., controlled randomized trials or quasi-experimental designs) or identified samples large enough to detect more subtle changes in attitudes or behaviors. In still other cases, implementation difficulties, such as high staff turnover rates, poor participant identification procedures, or dramatic changes in community context, have limited a strategy's potential.

Despite these difficulties, the number of prevention efforts is increasing, and most programs continue to enjoy strong political support. Not all efforts, however, are equally effective or appropriate across cultures or parenting difficulties. Research suggests that child abuse prevention programs can improve their effectiveness by embracing certain best practice standards (Daro, 2000; Guterman, 2001). Among the most promising standards are the following:

- Initiate services early in the parent-child relationship, either at the time a baby is born or, if possible, when a woman becomes pregnant.
- Offer a service dosage compatible with service objectives.
- Recognize that achieving sustained change with high-risk families requires intensive, long-term efforts.
- Address participants' personal needs as well as their parenting responsibilities.
- Provide a specific set of developmentally appropriate services for children.
- Offer strong linkages to other local service providers.

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Finally, program managers need to pay special attention to whom they hire and their manner of support (Wasik & Bryant, 2001). That is, funding prevention efforts need to keep in mind that prevention is often about building relationships not simply about delivering a product. Consequently, care must be taken to insure that caseloads are low enough to allow staff to spend the time necessary with each family to establish firm relationships. Also, programs must offer intensive training at the front end and solid, reflective supervision to avoid worker burnout and sustain service quality.

Moving Forward

Despite early and thoughtful interventions, many recipients will indeed mistreat their children or remain unable to provide the consistent nurturing and supervision necessary for their child's safe and full development. Such limitations call for new thinking in how prevention efforts are crafted and presented to potential participants. Specifically, these reflections suggest that future prevention efforts need to be built upon three key principles.

First, prevention programs need to focus not merely on changing individual behaviors but also on using these services as a springboard for systemic reforms in health and social service institutions. Establishing a series of solid, well-implemented direct service programs is one level of change. Integrating these efforts into a coherent system of support that can be used to leverage broader, institutional change is a more challenging and less obvious process. Although many private and public agencies have engaged in efforts to alter the way major institutions interface with families, few consistent success stories exist (Kagan, 1996; Schorr, 1997; St. Pierre, Layzer, Goodson, & Bernstein, 1997). Developing and sustaining such systemic success stories are essential components of success.

Second, such efforts need to offer community planners flexible, empirically based criteria for "building" their own prevention programs. Simply adopting predetermined, monolithic intervention strategies has not produced a steady expansion of high quality, effective interventions (Brookings Institute, 1998; Schorr, 1997). Replication efforts need to include a specific planning phase in which local stakeholders (e.g., potential participants, local service providers, funders, the general public) assess the scope of maltreatment in their community, identify local human and social service resources, and craft a service delivery system in keeping with local realities.

Finally, intensive efforts for those families facing the greatest challenges need to be nested within a more broadly defined network of support services. Successfully engaging and retaining those parents facing the greatest challenges will not result from more stringent efforts to identify and serve only these parents. Until systems are established that normalize the parent support process by assessing and meeting the needs of *all* new parents, prevention efforts will continue to struggle with issues of stigmatization and deficit-directed imagery.

At present, the vast majority of public and social investment in addressing the problem of child abuse is focused on tertiary care (ie., treatment). In the absence of any dramatic shift in mission, agency directors and line staff have no incentive to retool their operations or to alter their funding streams to accommodate the alternative service delivery methods and values represented by prevention advocates. Prevention efforts will remain marginalized and, ultimately, ineffective until this imbalance is corrected.

References

Baker, A., Piotrkowski, C., & Brooks-Gunn, J. (1999). The Home Instruction Program for Preschool Youngsters (HIPPY). *The Future of Children, 9*(1), 116-133.

Berlin, L., O'Neal, C., & Brooks-Gunn, J. (1998). What makes early intervention programs work? The program, its participants, and their interaction. *Zero to Three*, *18*(4), 4-15.

Brookings Institute. (1998). *Learning what works: Evaluating complex social interventions*. Report on the symposium held October 22, 1997. Washington, DC: Author.

Carter, N., & Harvey, C. (1996). Gaining perspective on parenting groups. *Zero To Three*,*16*(6), 1, 3-8.

Daro, D. (1988). *Confronting child abuse*. New York: Free Press.

Daro, D. (2000). Child abuse prevention: New directions and challenges. *Journal on Motivation: Proceedings of the 1998 Symposium on Motivation*, *46,* 161-219.

Daro, D., & Cohn-Donnelly, A. (2002a). Charting the waves of prevention: Two steps forward, one step back. *Child Abuse and Neglect, 26*(6/7), 731-742.

Daro, D., & Cohn-Donnelly, A. (2002b). Child abuse prevention: Accomplishments and challenges. In J. Myers, L. Berliner, J. Briere, C. Hendrix, C. Jenny, & T. Reid (Eds.), The *APSAC handbook on child maltreatment: Second edition* (pp. 431-448). Thousand Oaks, CA: Sage.

Dunst, C. (1995). *Key characteristics and features of community-based family support programs.* Chicago: Family Resource Coalition.

Earls, F. (1998). Positive effects of prenatal and early childhood interventions. *Journal of the American Medical Association, 280*(14), 1271-1273.

Fulbright-Anderson, K., Kubisch, A., & Connell, J. (Eds.). (1998). *New approaches to evaluating community initiatives: Volume 2, Theory, measurement, and analysis*. Queenstown, MD: Aspen Institute.

Guterman, N. (2001). *Stopping child maltreatment before it starts: Emerging horizons in early home visitation services.* Thousand Oaks, CA: Sage.

Kagan, S. L. (1996). America's family support movement: A moment of change. In E. Zigler, S. Kagan, & N. Hall (Eds.), *Children, families, and government: Preparing for the twenty-first century* (pp. 156-170). Cambridge, MA: Cambridge University Press.

Melton, G., & Berry, F. (1994). *Protecting children from abuse and neglect: Foundations for a new national strategy*. New York: Guilford.

Olds, D., Henderson, C., Kitzman, H., Eckenrode, J., Cole, R., & Tatelbaum, R. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children. 9* (1), 44-65.

St. Pierre, R. G., Layzer, J. I., Goodson, B. D., & Bernstein, L. S. (1997). *National impact evaluation of the comprehensive child development program: Final Report*. Cambridge, MA: Abt Associates.

Schorr, L. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books.

Wasik, B., & Bryant, D. (2001). *Home visiting: Procedures for helping families. (2nd ed.)*Thousand Oaks, CA: Sage.

Weiss, C. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. Connell, A. Kubisch, L. Schorr, & C. Weiss (Eds.), *New approaches to evaluating community initiatives: Concepts, methods, and contexts* (pp. 65-92). Washington, DC: Aspen Institute.

Willis, D., Holden, E. W., & Rosenberg, M. (Eds.). (1992). *Prevention of child maltreatment: Developmental and ecological perspectives*. New York: Wiley.