The Promise of Prevention: Expanding With Quality

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Despite recent declines in substantiated cases of physical abuse and neglect, child maltreatment remains a substantial threat to a child's well-being and healthy development. In 2009, over 3 million children were reported as potential victims of maltreatment. The risk for harm is particularly high for children living in the most disadvantaged communities, including those living in extreme poverty or those living with caretakers who are unable or unwilling to care for them due to chronic problems of substance abuse, mental health disorders, or domestic violence. In 2009, an estimated 1,770 children—or over 4.8 children a day were identified as fatal victims of maltreatment. As in the past, the majority of these children—over 80%—were under the age of 4 (US DHHS, 2011). While child maltreatment is neither inevitable nor intractable, protecting children remains challenging.

Promising Prevention Strategies

Several reviewers suggest that the more universal or broadly targeted prevention efforts have greater success in strengthening a parent's or child's protective factors than in eliminating risk factors, particularly for parents or children at highest risk (Harrell, Cavanagh, & Sridharan, 1999; Chaffin, Bonner, & Hill, 2001; MacLeod & Nelson, 2000). Others argue that prevention strategies are most effective when they focus on a clearly defined target population with identifiable risk factors (Guterman, 2001; Olds, Sadler, & Kitzman, 2007). In truth, a wide range of prevention strategies has demonstrated an ability to reduce child abuse and neglect reports as well as other child safety outcomes, such as reported injuries and accidents. In other cases, prevention efforts have strengthened key protective factors associated with a reduced incidence of child maltreatment, such as improved parental resilience, stronger social connections, positive child development, better access to concrete supports such as housing, transportation and nutrition, and improved parenting skills and knowledge of child development (Horton, 2003).

Public Awareness Efforts

In the years immediately following Henry Kempe et al.'s 1962 (*JAMA*) article, "The Battered-Child Syndrome," public awareness campaigns were developed to raise awareness about child abuse and to generate political support for legislation to address the problem. Notably, the nonprofit organization Prevent Child Abuse America (PCA America, formerly the National Committee to Prevent Child Abuse) joined forces with the Ad Council to develop and distribute nationwide a series of public service announcements on TV, radio, print, and billboards.

Between 1975 and 1985, repeated public opinion polls documented a sharp increase in public recognition of child abuse as an important social problem and steady declines in the use of corporal punishment and verbal forms of aggression in disciplining children (Daro & Gelles, 1992). More recently, broadly targeted prevention campaigns have been used to alter parental behavior. For example, the U.S. Public Health Service, in partnership with the American Academy of Pediatrics (AAP) and the Association of SIDS and Infant Mortality Programs, launched its "Back to Sleep" campaign in 1994, which was designed to educate parents and caretakers about the importance of placing infants on their back to sleep as a strategy to reduce the rate of sudden infant death syndrome (SIDS). Notable gains also have been achieved with universal education programs to prevent shaken baby syndrome (SBS) (Dias et al., 2005; Barr et al., 2009).

Child Sexual Assault Prevention Classes

In contrast to efforts designed to alter the behavior of adults who might commit maltreatment, a category of prevention programs emerged in the 1980s designed to alter the behavior of potential victims. Often referred to as child assault prevention or safety education programs, these efforts present children with information on the topic of physical abuse and sexual assault, how to avoid risky situations, and, if abused, how to respond. A key feature of these programs is their introduction by universal service delivery systems, often being integrated into school curricula or primary support opportunities for children (e.g., Boy Scouts, youth groups, recreation programs). Although certain concerns have been raised regarding the appropriateness of such efforts (Reppucci & Haugaard, 1989), the strategy continues to be widely available.

Parent Education and Support Groups

Educational and support services delivered to parents through center-based programs and group settings are used in a variety of ways to address risk factors associated with child abuse and neglect. Although the primary focus of these interventions is typically the parent, quite a few programs include opportunities for structured parent–child interactions, and many programs incorporate parallel interventions for children. For instance, programs may include the following:

- Weekly discussions for 8 to 14 weeks with parents around topics such as discipline, cognitive development, and parent–child communication,
- Group-based sessions at which parents and children can discuss issues and share feelings,
- Opportunities for parents to model the parenting skills they are learning,
- Time for participants to share meals and important family celebrations such as birthdays and graduations.

Educational and support services range from education and information sharing to general support to therapeutic interventions. Many of the programs are delivered under the direction of social workers or health care providers.

A meta-analysis conducted by the U.S. Centers for Disease Control and Prevention (2009) on training programs for parents of children ages birth to 7 years identified components of programs that have a positive impact on acquiring parenting skills and decreasing children's externalizing behaviors. These components included the following:

- Teaching parents emotional communication skills,
- Helping parents acquire positive parent-child interaction skills,
- Providing parents opportunities to demonstrate and practice these skills while observed by a service provider.

Home Visitation

As noted before, home visitation has become a major strategy for supporting new parents. Services are one-on-one and are provided by staff with professional training (e.g., nursing, social work, child development, family support) or by paraprofessionals who receive training in the model's approach and curricula. The primary issues addressed during visits include the following:

- The mother's personal health and life choices,
- Child health and development,
- Environmental concerns such as income, housing, and community violence,
- Family functioning, including adult and child relationships,
- Access to services.

Specific activities to address these issues may include the following:

- Modeling parent–child interactions and child management strategies,
- Providing observation and feedback,
- Offering general parenting and child development information,
- Conducting formal assessments and screenings,
- Providing structured counseling.

In addition to working with participants around a set of parenting and child development issues, home visitors often serve as gatekeepers to the broader array of services that families may need to address various economic and personal needs. Critical reviews of the model's growing research base have reached different conclusions. In some cases, reviewers conclude that the strategy, when well implemented, does produce significant and meaningful reduction in child-abuse risk and improves child and family functioning (AAP Council on Child and Adolescent Health, 1998; Geeraert, Van den Noorgate, Grietens, & Onghena, 2004; Guterman, 2001; Hahn et al., 2003; Stoltz & Lynch, 2009). Others are more sobering in their conclusions, noting the limitations outlined earlier (Chaffin, 2004; Gomby, 2005).

Community Prevention Efforts

The strategies previously outlined focus on individual parents and children. Recently, increased attention is being paid to prevention efforts designed to improve the community environment in which children are raised. Among other things, these efforts institute new services, streamline service delivery processes, and foster greater collaboration among local service providers. This emerging generation of "community child abuse prevention strategies" focuses on creating supportive residential communities where neighbors share a belief in collective responsibility to protect children from harm and where professionals work to expand services and support for parents (Chaloupka & Johnson, 2007; Doll, Mercy, Hammond, Sleet, & Bonzo, 2007; Farrow, 1997; Mannes, Roehlkepartain, & Benson, 2005).

In 2009, Daro and Dodge examined five community child abuse prevention programs that seek to reduce child abuse and neglect. Their review concluded that the case for community prevention is promising. At least some of the models reviewed show the ability to reduce reported rates of child abuse, reduce injury to young children, improve parent–child interactions, reduce parental stress, and improve parental efficacy. Focusing on community building, such programs can mobilize volunteers and engage diverse sectors within the community, including first responders, the faith community, local businesses, and civic groups. This mobilization exerts a synergistic impact on other desired community outcomes, such as economic development and better health care.

Looking Toward the Future

Achieving stronger impacts with young children and their families will require continued efforts at developing and testing a broad array of prevention programs and systemic reforms. No one program or one approach can guarantee success. Although compelling evidence exists to support early intervention efforts, beginning at the time a woman becomes pregnant or gives birth, the absolute "best way" to provide this support is not self-evident. The most salient protective factors or risk factors will vary across populations as well as communities. Finding the correct leverage point or pathway for change for a specific family, community, or state requires careful assessment in which the final prevention plan is best suited to the needs and challenges presented by each situation.

As the prevention field moves forward, current strategies, institutional alignments, and strategic partnerships need to be reevaluated and, in some cases, altered to better address current demographic and fiscal realities. Key challenges and the opportunities they present include the following:

- **Improving the ability to reach all those at risk:** The most common factors used to identify populations at risk for maltreatment include young maternal age, poverty, single parent status, and severe personal challenges such as domestic violence, substance abuse, and mental health issues. Although such factors are often associated with elevated stress and reduced capacity to meet the needs of the developing child, no one of these factors is consistently predictive of poor parenting or poor child outcomes. In addition, families that present none of these risk factors may find themselves in need of preventive services as the result of a family health emergency, job loss, or other economic uncertainties. In short, our ability to accurately identify those who will benefit from preventive services is limited and fraught with the dual problems of overidentification and underidentification. Building on a public health model of integrated services, child abuse prevention strategies may be more efficiently allocated by embedding such services within a universal system of assessment and support.

- **Determining how best to intervene with diverse ethnic and cultural groups**: Much has been written about the importance of designing parenting and early intervention programs that are respectful of the participant's culture. For the most part, program planners have responded to this concern by delivering services in a participant's primary language, matching participants and providers on the basis of race and ethnicity, and incorporating traditional child rearing practices into a program's curriculum. Far less emphasis has been placed on testing the differential effects of evidence-based prevention programs on specific racial or cultural groups or the specific ways in which the concept of prevention is viewed by various groups and supported by their existing systems of informal support. Better understanding of these diverse perspectives is key to building a prevention system that is relevant for the full range of American families.

- **Identifying ways to use technology to expand provider–participant contact and service access**: The majority of prevention programs involve face-to-face contact between a provider and program participant. Indeed, the strength and quality of the participant–provider relationship is often viewed as one of the most, if not the most, important determinant of proximate and distal outcomes. Although not a replacement for personal contact, the judicial use of technology can help direct-service providers offer assistance to families on their caseload. For example, home visitors use cell phones to maintain regular communication with parents between intervention visits; parent education and support programs use videotaping to provide feedback to parents on the quality of their interactions with their children; and community-based initiatives use the Internet to link families with an array of resources in the community. Expanding the use of these technologies and documenting their relative costs and benefits for both providers and program participants offer both potential costs savings as well as ways to reach families living in rural and frontier communities.

- **Achieving a balance between enhancing formal services and strengthening informal supports**: Families draw on a combination of formal services (e.g., health care, education, public welfare, neighborhood associations, and primary supports) and informal support (e.g., assistance from family members, friends, and neighbors) in caring for their children. Relying too much on informal relationships and community support may be insufficient for families unable to draw on available informal supports or who live in communities where such supports are insufficient to address their complex needs. In contrast, focusing only on formal services may ignore the limitations to public resources and the importance of creating a culture in which seeking assistance in meeting one's parenting responsibilities is normative. Those engaged in developing and implementing comprehensive, prevention systems need to consider how they might best draw on both of these resources.

Identifying and testing a range of innovations that address all of these concerns and alternatives is important. Equally challenging, however, is how these efforts are woven together into effective prevention systems at local, state, and national levels. Just as the appropriate service focus will vary across families, the appropriate collaborative partnerships and institutional alignments will differ across communities. In some cases, public health services will provide the most fruitful foundation for crafting effective outreach to new parents. In other communities, the education system or faith community will offer the most promising approach. And once innovations are established, they will require new partnerships, systemic reforms, or continuous refinement if they are to remain viable and relevant to each subsequent cohort of new parents and their children.

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