Primary Prevention Programs for Child Maltreatment

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Introduction and Scope of the Problem

Child maltreatment is a major social problem in the United States. In 2007, state child protective services identified 794,000 abused and neglected children (Children's Bureau, 2009). According to the Children's Bureau, 1,700 children died because of abuse and neglect in 2007 (2009). Child abuse and neglect is the primary cause of injury-related death for children one year old and younger (Walker, Baker, & Szocka; Andrew, 1989). These data may understate the problem, because not every child fatality caused by maltreatment is recorded as such (Paxson & Haskins, 2009). Even when child maltreatment does not result in the death of a child, its impact on families, children, and society is profound.

The long and short term effects of child maltreatment are serious. A large body of research identifies parenting practices which enhance a child's maturation; conversely, maltreatment undermines healthy child development. Researchers have found an association between childhood maltreatment and long-term social and psychological problems such as depression, aggression, self-injurious behavior, post-traumatic stress disorder, increased risk of criminal activity, and substance abuse (Trickett & McBride-Chang, 1995). These adverse effects may have negative consequences lasting into adulthood (Lansing & Stager, 2009).

Childhood abuse and neglect places a financial burden on society. Once child protective services (CPS) substantiates a report, the mistreated youth and their family become involved in a complex network of public and private social and legal services meant to ensure the safety of the children and family integrity (Paxson & Haskins, 2009). In 2004, federal, state, and local child welfare agencies spent over $23.3 billion on case management, administrative expenses, foster care, and adoption programs (Scarcella, Bess, Hecht- Zielewski & Geen, 2006; Paxson & Haskins, 2009). This does not include hospitalization, law enforcement, and mental health

services directly related to child maltreatment. The estimated costs for these additional services were eight billion dollars in 2007 (Paxson & Haskins, 2009).

Primary Prevention

Prevention involves investing in future outcomes by influencing current behavior or conditions (Stagner & Lansing, 2009). One way to avert childhood maltreatment and diminish the financial burden for protecting abused children is through the implementation of primary prevention programs that aim to stop maltreatment before it occurs. Historically, child protective services have focused their limited resources on secondary and tertiary prevention efforts. Secondary prevention addresses the needs of children who already have a substantiated report of abuse or neglect (Waldfogel, 2009). Tertiary prevention aims to reduce damage that resulted from abuse and neglect. Although protecting children who have experienced abuse is essential, primary prevention programs have the potential to reduce the number of minors who need protection and costly intervention services.

In order for CPS to utilize its limited resources on initiatives that have a significant impact, it is imperative to conduct research on the efficacy of primary prevention programs. Some studies have examined existing primary prevention interventions, but generally, these evaluations have not taken ethnicity or race into account. Child welfare services are experienced differently by racially and culturally diverse populations of families and these variables need to be considered when evaluating prevention programs (Wells, Merritt, & Briggs, 2009). Nevertheless, several primary prevention interventions have undergone rigorous, quasi-experimental evaluation and show promise in preventing childhood abuse and neglect before it occurs.

Literature Review

Risks Associated with Abuse and Maltreatment

Development of primary prevention programs requires understanding the risk factors associated with child abuse and neglect. Research on the etiology of child maltreatment has focused on three primary categories of associated risk: characteristics of the child, parental dysfunction, and sociological factors (Belsky & Vondra, 1989). Although children are not responsible for being maltreated, certain traits are associated with their increased potential for abuse and neglect. For example, children who are mentally or physically disabled face a heightened risk for abuse and neglect (Crosee, Kay, & Ratnofsky, 1993), and the rate of substantiated maltreatment is highest for children under the age of one (Children's Bureau, 2009).

Certain family and socio-economic variables are also associated with child maltreatment. Research links parental substance abuse with child abuse, and especially neglect (Thomas et al., 2003; Testa & Smith, 2009). Other co-occurring family risk factors, such as parental mental illness, social isolation, single parenthood, and domestic violence, may be more powerful predictors of abuse and neglect than substance abuse (Testa & Smith, 2009) Research has also established a relationship between social context and child abuse and neglect. Some suggest that socio-economic variables such as poverty, child care burden, unemployment, and residential instability are associated with higher risk for child abuse and neglect (Wulczyn, 2009). In contrast, others have found that rates of harsh disciplining methods were not significantly different for low versus high income families (Theodore, et al., 2005). The presence of multiple risk factors likely increases the probability of child maltreatment (Brown, Cohen, Johnson, & Salzinger, 1998).

Children of all races and ethnicities are equally likely to suffer from abuse and neglect (U.S. Government and Accountability Office, 2007). Racial and ethnic minority children, however, are disproportionately represented in the US child welfare system. This is particularly evident for African American children. The rate of CPS substantiated reports of maltreatment among Black children in 2006 was almost twice the rate for White children (Wulczyn, 2009). Although African American children comprise fifteen percent of the US child population, they represent 32 percent of the foster care population (Children's Bureau, 2009). Researchers have two explanations for this situation. Some propose that racial bias within CPS makes minorities more likely to be reported for maltreatment, and their reports are more likely to be substantiated. This leads to higher rates of foster care placement for Black children. Others assert that racial and ethnic minorities experience higher rates of poverty, which is associated with increased likelihood of maltreatment (Wulcyn, 2009). In light of the fact that Black, Native American, and in some localities, Hispanic and Asian children represent a disproportionately larger percentage of those involved in CPS, strong empirical evidence supports the need to integrate culturally sensitive perspectives in prevention programs (Pierce & Pierce, 1996).

Universal Prevention Programs

Childhood abuse and neglect is underreported in the US (Wulzcyn, 2009 & Prinz, Sanders, Shapiro, Walker & Lutzker, 2009). For example, Theodore and colleagues (2005) found that maternal accounts of physical abuse from anonymous telephone surveys were 40 times greater than the official child physical abuse reports in North and South Carolina. One way to protect children who have not come to the attention of CPS would be through the implementation of universal primary prevention programs. Universal primary prevention (UPP)

efforts target the population at large, rather than specific high risk groups; these programs merit examination.

 The Triple P-Positive Parenting Program, a UPP initiative, originated in Australia and was implemented in other countries, including the US. Triple P is the most widely evaluated universal, evidenced-based primary prevention intervention. The first major implementation and evaluation of Triple P in the US took place in South Carolina, and the outcomes were promising (Barth, 2009). Social learning theory provides the basis for Triple P; it proposes that parents will be less abusive if they have an improved understanding of how to care for their children (Theodore et al., 2005; Barth, 2009; Daro, 2003). Triple P follows the model of large scale primary prevention public health interventions that seek to reduce smoking, sedentary lifestyles, and unhealthful diets. The Program contains five levels of intervention on a tiered continuum. Each builds on uniform concepts, but features distinct modes of delivery and intensity for parents (Sanders, 2008 & Barth, 2009).

 Triple P begins with a marketing campaign designed to educate community residents in the principles of positive parenting. This stage offers basic strategies for dealing with common child care issues (Daro & Dodge, 2009). During successive levels, parents who need greater assistance receive individual behavioral therapy sessions tailored towards their specific needs. These interventions take place in a clinic and at home, ensuring that parents are utilizing the skills correctly.

 The Centers for Disease Control and the University of South Carolina evaluated a state-wide implementation of Triple P (Prinz et al., 2009). They employed a randomized controlled trial; with 18 South Carolina counties randomly assigned to either Triple P or a services-as-usual control group (Daro & Dodge, 2009). The findings of this study were promising. In a community

with 100,000 children under eight years of age, there were 688 fewer cases of child maltreatment than in the control counties. In addition, the study counties saw a 12 percent decrease in out-of-home placements, compared to a 44 percent increase in the control counties. Finally, the counties that received the program intervention had an 18 percent reduction in child maltreatment related injuries requiring medical attention, while there was a 20 percent increase in the control counties (Prinz et al., 2009).

This study did not examine how race and culture impacted Triple P. Social and cognitive psychological research indicates racial and cultural biases exist within US human service institutions (Wells, Merritt, & Briggs, 2009) and that diverse individuals experience services in different ways. As a result, further research needs to determine how the variables of race and culture impact Triple P.

Targeted Prevention Programs

In contrast to UPP programs, targeted prevention programs treat fewer families and utilize a more intensive approach. These initiatives focus on families identified as "at-risk". This is consistent with the notion that some families are in greater jeopardy of child maltreatment and that limited resources should be utilized where they are most needed (Stanger & Lansing, 2009). Demographic-based targeted interventions for high risk subpopulations, such as first-time parents or low income families, have been more successful than other targeted prevention strategies. This may be because these initiatives serve as universal programs for specific subpopulations; lessoning stigmatization and facilitating peer networks (Stagner & Lansing, 2009).

One type of targeted prevention is home-visiting services. These widely implemented parenting programs reach high-risk families with infants and young children (Howard & Brooks-

Gunn, 2009). The primary objective is to improve parenting practices through information, emotional support, and referrals to other resources. Many home-visiting services have undergone rigorous evaluation to determine if they decrease rates of child maltreatment; the results are mixed. These programs do not operate under a unified theoretical basis. Eligibility requirements, services offered, and type of professionals utilized varied across programs. Consequently, outcomes for these programs were not consistent (Howard & Brooks-Gunn, 2009).

The Nurse Family Partnership Program (NFP) is considered the most well developed home-visiting service program in the US. In these programs, registered nurses trained to provide services to low-income, first time parents, who are often teenagers, conduct home visits. The NFP curriculum focuses on teaching healthy behaviors during pregnancy, encouraging appropriate parenting, and decreasing subsequent pregnancies. A randomized control study in Elmira, New York included 400 predominantly white, rural, adolescent mothers randomly assigned to home visitation or services as usual in a control group. During the first two years, 80 percent fewer cases of verified child maltreatment occurred in the group that received home visitation as compared with the control group (Donelan-McCall, Eckenrode & Olds, 2009). Comparable results were found among predominantly African American adolescent mothers in Tennessee and an ethnically diverse sample of mothers in Texas (Howard & Brooks-Gunn, 2009). Although the research did note the program was successful among racially and ethnically disparate populations, the authors did not examine what facets of the program may have led to this positive finding. In order to replicate the program, it is imperative to analyze which aspects of the program contributed to its success.

The most promising primary preventive programs focus on early intervention, because identifying risk factors early lessens the effects of those factors (Stagner & Lansing, 2009).

Consequently, some primary prevention programs developed in early childhood school programs. Head Start and Early Head Start, another type of targeted primary prevention program, are examples of school-based early childhood initiatives. Studies indicated these programs had a positive effect on parenting behavior (Children's Bureau, 2005). A Children's Bureau study in 2005 determined that parents randomly assigned to these programs were less likely to use spanking as a form of discipline than parents in the control group (Children's Bureau, 2005). However, using spanking as an indicator of potential child maltreatment may not be a valid predictor of abuse. Additionally, similar to other evaluations of primary prevention programs, the researchers did not examine how the clients' or practitioners' ethnicity or race affected program implementation or impact. Nonetheless, these findings were promising.

Conclusion and Implications for Further Research

A primary prevention paradigm has shaped US public health research, programs, and policy since the beginning of the 20th century. Many of these universal efforts have significantly reduced behaviorally based health care conditions such as cigarette smoking, obesity, diabetes, and HIV/AIDS. This primary prevention model, involving investments in future outcomes by influencing current behavior or conditions, should be utilized to help alleviate the problem of child maltreatment. Historically, child welfare systems have not focused their limited resources on the creation or execution of these types of interventions, but rather, have directed their attention and funds on tertiary and secondary prevention efforts.

This review of the literature yielded some evaluations of the targeted and universal primary prevention programs that currently exist. The outcomes of several studies were promising, however; they did not generally take the variables of race and ethnicity into account. Black, Native American, and in some localities, Hispanic and Asian children represent a

disproportionately larger percentage of those involved in CPS. In light of this fact, strong empirical evidence supports the need to integrate culturally sensitive perspectives in prevention programs (Pierce & Pierce, 1996). Researchers should include the variables of race and ethnicity in order to determine which primary prevention programs positively influence heterogeneous populations.

Federal, state, and local support for the study and implementation of primary prevention programs is paltry (Waldfogel, 2009). Consequently, available services are disproportionate to the population need. While these initiatives require additional examination, resources for the execution and expansion of promising programs are paramount.

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