



Synthesis on prevention of child maltreatment (abuse/neglect)

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This topic is developed with the collaboration of the Centre of Excellence for Child Welfare.

How important is it?

Child maltreatment is a major public health problem that affects both children and society at large. For many people, it is synonymous with physical or sexual abuse, but these represent only 24% and 3% of cases, respectively. More common forms of maltreatment are neglect (30% of incidents), exposure to domestic violence (28%) and emotional maltreatment (15%). According to the second Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), between 1998 and 2003 child maltreatment rose by 125%, from 9.64 substantiated cases per thousand children to 21.71.¹ This could be attributed to improved reporting and investigation procedures. Changes have been made to the way cases are substantiated, victimized siblings are more readily identified, and there is a greater awareness of emotional maltreatment and exposure to domestic violence.

What do we know?

Generally, child maltreatment can be grouped into [four main categories](#): physical abuse, sexual abuse, emotional abuse (including exposure to domestic violence), and neglect.

In some instances, the effects of maltreatment are seen immediately. From 7% to 30% of infants who are victims of [Shaken Baby Syndrome \(SBS\)](#) die, while 30% to 50% have serious cognitive or neurologic deficits, such as behavioural disturbances, developmental delay, motor and visual deficits.

However, the impact of maltreatment is not always so directly evident. Early life adversity or trauma may lead to a [range of problems](#), including depression, aggression, substance abuse, health problems and general unhappiness, years after the end of maltreatment. As adults, victims of maltreatment have high rates of anxiety and post-traumatic stress disorder and are more likely to engage in criminal behaviours. Maltreatment during infancy can lead to [insecure attachment](#) with caregivers that carries over to future relationships.

Children who witness [domestic violence](#) are at risk of psychological, emotional, behavioural, social and academic problems. They show problems similar to children who themselves have been the victims of physical abuse. Children in abusive families are exposed to maladaptive forms of emotional communication and behaviour and receive poor models of adaptive self-regulation.

The precise mechanisms linking the experience of maltreatment with the development of these problems are for the most part unknown. Children may be more sensitive to certain emotions (e.g. anger) relative to other emotions important for their social behaviour, or high stress may affect the process by which they learn to regulate their emotions.

Research on the effects of maltreatment faces a number of challenges. Researchers do not agree on how best to define and measure maltreatment. It is also difficult to distinguish between the effects of different forms of maltreatment (often experienced by the same children), and between the effects of maltreatment and the effects of associated poverty or other associated adverse environmental factors and life events. [Genetic predisposition](#) may help to explain why some children are more resilient to child maltreatment than others.

What can be done?

Programs aimed at [preventing child maltreatment](#) enhance protective factors and reduce risk factors. They promote the well-being of children, parents and families by preventing many negative outcomes.

The following programs are among the most effective preventive strategies:

- Perinatal home visiting by nurses
- [High-quality child care](#) and preventive early-childhood education programs
- [Public education](#), such as awareness and media campaigns for targeted issues (i.e. shaken baby syndrome)
- Professional education, better training in identifying maltreatment and better screening tools
- [Community improvements](#), such as housing

Intervention has the potential to help both children and parents. [Earlier identification](#) of children at risk of SBS may reduce individual, medical and societal costs associated with this form of maltreatment. Health professionals can play a key role in home assessment and in helping parents identify key risk situations, such as excessive crying. Interventions for children exposed to domestic violence aim to help them cope with the associated stressors and to reduce disruptions in parenting.

While positive impacts have been observed, it should be noted that we cannot extrapolate these results to all situations. For example, David Olds' [well-studied nurse home-visiting program](#) has been shown to be effective in preventing child maltreatment, but it cannot be assumed that other home visiting programs will be as effective, until there is evidence for it. Certain conditions must apply for the effects to be repeated—for instance, there is evidence that [preschool prevention programs](#) must be long and intensive in order to have short- and long-term preventive impacts. In some instances, our knowledge of the full effects of programs is limited. For instance, sexual abuse education programs for children are associated with increased disclosure of abuse, but it is uncertain whether they also help reduce the occurrence of abuse.

Much work remains to be done if we are to fully understand and exploit the effects of preventive programs on child maltreatment. Currently, we need to achieve consensus on [uniform definitions](#) and ethical issues in order to accomplish serious research in child maltreatment prevention. We also need to examine program processes and outcomes in different [cultural contexts](#) and become more sensitive to

diverse ethnic and cultural groups. Child maltreatment prevention requires [coordination of efforts](#) at multiple levels: government, the public, agencies, law enforcement, researchers and service-providers.

Ultimately, the most effective approaches to preventing child maltreatment will address the multilevel root causes of maltreatment by tackling, with the general population as well as at-risk and clinical populations, issues of poverty, housing, employment, schools, health care and other community systems, and supporting parents in raising young children.

Reference

1. Trocmé N, Fallon B, MacLaurin B, Daciuk J, Felstiner C, Black T, Tonmyr L, Blackstock C, Barter K, Turcotte D, Cloutier R. *Canadian Incidence Study of Reported Child Abuse and Neglect-2003: Major Findings*. Ottawa, Ontario: Minister of Public Works and Government Services Canada; 2005. Available at: http://www.phac-aspc.gc.ca/cm-vee/csca-ecve/pdf/childabuse_final_e.pdf. Accessed March 18, 2008.