ENCYCLOPEDIA
on Early Childhood
Development

[Archived] The Prevention of Child Abuse and Neglect

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April 2004

Introduction

The maltreatment of children and adolescents is a problem that reaches well beyond the victims and perpetrators directly affected by these behaviours. It affects the lives of professionals who are charged to care for the health and well-being of families and children, as well as the government officials and private citizens who are concerned with the quality of life in their communities. Child maltreatment erodes social capital and the social cohesion that binds communities. Any effective approach to preventing child abuse and neglect must accommodate the complex causes of the problem and the diverse interests and needs represented by everyone who is affected by it.[1]

Subject

Alongside efforts to improve systems for detecting and treating maltreated children and maltreating families, prevention must be viewed as part of a comprehensive approach to the total problem of child maltreatment in countries and communities. An over-emphasis on detection and protection has at times diverted attention away from primary prevention strategies focused on providing support and assistance to families who are distressed or not functioning effectively.[2]

There are multiple approaches to the prevention of child abuse and neglect, from the level of the individual parent and child to the larger society.[3] Researchers and practitioners from different disciplines have developed various frameworks for characterizing prevention efforts in this field. Perhaps the two most prominent frameworks are the developmental-ecological model and the public-health model.[4,5,6] Recent reports from the World Health Organization, such as the Report of the Consultation on Child Abuse Prevention[7] and the World Report on Violence and Health,[8] discuss child abuse and neglect-prevention efforts from an international perspective, including recommendations for needed actions by governments, health-care workers, teaching and legal professionals and other groups invested in preventing abuse and neglect.

Research Context

Prevention programs, especially those where some adequate evaluations have been conducted, have mostly focused on secondary or tertiary efforts with at-risk families or victims and perpetrators of abuse and neglect. Well-designed and evaluated primary prevention efforts are fewer in number.

Key Research Questions

Key research questions include the identification of effective approaches to prevention at the community, school, health-system and family levels. Designing theoretically driven interventions and evaluating these within rigorous research designs are ongoing challenges. Key questions remain regarding the role of community context, as well as individual child and family characteristics that might influence the effectiveness of prevention programs.

Recent Research Results

Universal primary prevention efforts involving public-education and information campaigns represent important tools for raising public awareness of the problem of child abuse and neglect, for reinforcing community standards regarding the care of children and for raising funds for community initiatives, and as a means of exerting public pressure on government bodies to institute policies and programs designed to support the healthy development of children. Parents are frequently the targets of educational campaigns. For example, a broad public awareness campaign in the U.S. has focused on Shaken Baby Syndrome.[9] A multi-media campaign in the Netherlands in the early 1990s was aimed at increasing disclosure by victims and by adults caring for children.[8,10] It included a televised documentary, short films and commercials and a radio

program, as well as printed materials such as posters and booklets. The result was an increase in calls to the National Child Line service.

Perhaps the most widely used approaches to prevent child maltreatment involve attempts to provide direct support to families and improve parenting practices. Some of these are universal approaches aimed at a broad population of parents (e.g. rooming-in policies at hospitals for all parents having babies), but many are targeted programs designed for parents deemed at some risk for poor parenting practices. The most promising approaches address multiple risk factors for poor parenting and use various types of support (information, emotional support and tangible aid).[11] Such programs may not even be labelled as child-abuse and neglect-prevention programs, but more broadly as “family support and education” or “early intervention” programs.[12]

One approach that has received considerable attention in recent years is home-visitation programs for new parents. A growing body of research points to a number of benefits of well-designed and well-administered home-visitation programs for both children and parents, particularly programs involving nurses as visitors.[13,14,15] Home visitation to new parents is well suited as a child maltreatment prevention strategy.[16] It reaches high-risk parents who lack the skills or confidence to engage in formal service settings or who might be unable or unwilling to attend group meetings. It relies on the special attention given by a caring, non-judgmental adult in a familiar and comfortable setting for the parent. Home visitors are also in a position to directly observe factors in the home and family that might compromise effective parenting and place children at risk (e.g. unsafe physical conditions).

Most confidence in particular home-visitation models can be placed in those that have produced outcomes from clinical trials involving random assignment of families to treatment and control conditions. For example, in an experimental study of home visitation by nurses in a semi-rural community (Elmira, New York, U.S.), at-risk mothers (young, poor and unmarried) were visited by nurses during pregnancy and until their children were two years of age (an average of 32 visits). Child maltreatment was detected significantly less often in nurse-visited families over a 15-year period.[17]

Despite such promising findings from a small number of experimental studies of home visiting, it is also clear that home-visiting services alone cannot meet all the needs of at-risk families with young children. These services are most likely to succeed when combined with a range of prevention and intervention services in communities, such as high-quality child care.[15, 18]

Schools are important settings for child-abuse prevention efforts. Teachers play a crucial role in the early identification of children at risk for maltreatment. School-based programs are also one of the most widely used preventive strategies. Several curricula designed for younger children have been developed and evaluated that focus primarily on the prevention of sexual abuse and abduction.[19,20,21] Approaches typically involve some combination of videos, printed matter and instruction by adults. Some programs have tried to involve parents by including parent education meetings and sending materials home.[22]

Educational interventions, especially those that employ concrete concepts and an interactive experience that includes rehearsal and modelling, can be effective in improving children's knowledge as assessed through interviews using role-playing or hypothetical situations and vignettes. Older children (e.g. 10- to 12-year-olds) tend to learn and retain more information than younger children (e.g. four- to five-year-olds).[19] Few studies, even those involving parents, have measured or shown effects on a direct reduction in child sexual abuse. One national survey in the U.S. showed that exposure to assault-prevention programs was not associated with a reduced incidence of victimization or injury, although it was associated with a great likelihood that children would disclose the victimization and not blame themselves.[23]

Health professionals providing direct service to children and families can play several important roles in the prevention of child abuse and neglect. Two primary prevention roles (vs. medical management of the consequences of maltreatment or secondary prevention) for primary-care health-providers[24] are (1) careful assessment of the home environment to identify modifiable and non-modifiable risk factors for maltreatment, such as evidence of social isolation and lack of social supports; and (2) health professionals' awareness of triggering situations that can contribute to maltreatment incidents, such as crying and toilet-training. In pediatric settings, supplemental services can be delivered by child-development and parent-support specialists. This is the approach taken by the Healthy Steps for Young Children program, supported in part by the American Academy of Pediatrics.[25]

Conclusions

The WHO World Report on Violence and Health[8] has proposed several recommendations for actions that need to be undertaken by governments, researchers, health-care and social workers, non-governmental organizations and others with an interest in preventing child abuse and neglect. These reinforce many of the recommendations made by the WHO Report of the

Consultation on Child Abuse Prevention.[7] Better research is key to improved prevention efforts. Many countries still do not have adequate systems for monitoring cases of abuse and neglect. Better data are needed that document the health burden of child maltreatment in each country, as well as risk and protective factors, existing systems for responding to known cases, and evaluation of prevention efforts. In addition to improvements in the collection of official records, periodic population-based surveys conducted by academic institutions, health-care systems or non-governmental organizations are needed. To the extent possible, existing techniques for measuring maltreatment and its consequences should be used across countries so that cross-cultural comparisons can be made and reasons for cultural variations in child abuse and neglect explored.[26]

Implications

Training in child abuse and neglect needs to be further developed within the appropriate disciplines, particularly the health, education, social work and legal professions. These professionals, who work directly with at-risk children and families, can also work to attract resources for broader prevention efforts as well as advocate for government policies that protect children and support parents.

Governments should provide the needed support to localities to ensure that effective, efficient and safe systems are in place to respond to abused and neglected children and to initiate and sustain prevention efforts. These include efforts to improve the response of hospitals and clinics to abused and neglected children and efforts to improve the criminal justice system. The prevention of child abuse and neglect should be incorporated into national public-health policies, goals, programming and budgets.

Although many approaches to child abuse and neglect prevention have been developed and tried, relatively few of these have been evaluated rigorously. There is a great need in both developed and developing countries to ensure that prevention efforts are thoroughly evaluated as to their effectiveness. Over the longer term, the political and social will for prevention efforts can be undercut when ineffective approaches are instituted and little progress in preventing new incidents of maltreatment can be demonstrated.

A comprehensive approach to the prevention of abuse and neglect will involve many coordinated efforts across different sectors of society. Ultimately, however, the most effective approaches will

address the root causes of maltreatment by addressing issues of poverty, housing, employment, schools, health-care and other community and neighbourhood systems that build financial, human and social capital[27] and support parents in the job of raising young children.

Acknowledgement: *This brief was adapted from the following paper: Eckenrode, J., & Runyan, D. K. (in press) The prevention of child abuse and neglect. Annales Nestle.*

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