

MALTREATMENT (CHILD)

[Archived] Services and Programs Proven to be Effective to Prevent Child Maltreatment and its Impact on the Social and Emotional Development of Young Children (0-5)

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Introduction

Child maltreatment exacts an enormous toll on society in terms of both human suffering and economic loss. The costs of medical, legal, educational and child-welfare services related to maltreatment are estimated to be a staggering \$94 billion a year in the United States alone.¹ Accordingly, there is a sense of urgency in addressing this issue at all levels of prevention and intervention.

Subject

The growing recognition of child maltreatment has brought worldwide interest in public- health strategies designed to document and reduce the incidence of child maltreatment. Today, 32 countries have an official government policy regarding child abuse and neglect, and about one-third of the world's population lives in countries that conduct an annual count of child abuse and neglect cases.² Such efforts provide the critical first steps to identifying the scope of the problem and justify the implementation of important societal, community and cultural changes to combat it.

Problems

There are many difficulties in providing suitable intervention and prevention services for maltreating families: (1) Those most in need are least likely to seek help on their own; (2) they come to the attention of professionals as a result of someone else's concern, usually after they have violated accepted norms or laws; and (3) parents do not want to admit to problems due to their fear of losing their children or being charged with a crime. Despite these obstacles, children and youth who have grown up with violence can make major shifts in how they relate to others, especially if intervention treatment is begun early.³

Research Context

Prevention of child maltreatment is often studied in the context of the day-to-day stress of childrearing, the pressures of poverty, and cultural expectations that may condone certain acts of violence against children. Families at risk of maltreatment may be randomly assigned to receive either "standard" intervention services, such as child protection visits, or a novel intervention intended to address more specific issues.

Key Research Questions

Key questions related to prevention involve ways to ensure the development of positive childrearing abilities from an early age. Researchers seek ways to strengthen the early formation of the parent-child relationship, improve parents' abilities to cope with stress through exposure to a mental-health or social-services support system, and strengthen the child's adaptive behaviours, which will contribute to his or her further emotional and psychological adjustment. A major challenge to prevention programs, however, is the identification and selection of appropriate,

desirable and attainable goals that can be addressed through community action programs, individual skills-training efforts and similar activities.4

Recent Research Results

Far-reaching programs aimed at preventing child abuse focus on increasing the general public's awareness and understanding of child maltreatment, as well as ways to access important community resources. These methods include a variety of delivery formats, such as media campaigns, home-based services for families, and community networks that provide support and feedback to families.

Strategies to prevent child maltreatment were surveyed among member countries of the International Society for Prevention of Child Abuse and Neglect.² Based on reports from 58 countries worldwide, those strategies believed to be most effective involved *public education*, such as awareness and media campaigns to inform the public of the signs of abuse and how to respond to suspected child abuse and neglect; *environmental improvements* for families, such as housing; *professional education*; and enhanced *methods of case identification*, such as screening tools and inter-agency communication.

Interventions range from the use of the media and brief messages to intensive family interventions for parents who have more risk factors and sources of adversity. These efforts often target vulnerable populations, such as single and teenaged parents, low socioeconomic level or isolated families and parents undergoing crises, to offer assistance to these sub-groups during pre- and post-natal periods and times of excessive stress.

At the individual and family level, the need for support, instruction and resource linkage among new parents is best met by a personalized outreach strategy, such as home visitation, which is relatively adaptable to different cultures and locations. With multi-problem families, home visiting provides direction in terms of service linkage, child physical health care and monitoring, enhanced parent-child interactions and the prevention of physical abuse and neglect.

Programs may assist identified high-risk families during transitional periods, offering help from parent aides who model effective parenting methods in the home, providing childrearing assistance and involving trained health visitors who make parents more aware of their children's health and psychological needs.^{6,7} In a well-designed study conducted 15 years after they completed the program, participants showed better family planning in terms of the number and

spacing of children, less need for welfare, less child maltreatment and fewer arrests of their children during adolescence. Mothers who followed the program developed or changed their understanding of child health and development, their expectation for their own development, and their personal strengths (i.e. self-efficacy).8 Additional follow-up data also revealed that youths who had received the home-visitation intervention in childhood had fewer early onset problem behaviours in adolescence.9

Healthy Families America is another promising example of home-visitation programs that emphasize child-abuse prevention in the context of family assistance and support. This network of programs, currently being evaluated in 29 of its 270 sites across the U.S., offers a comprehensive assessment of the strengths and needs of families at the time of birth, outreach to build trust relationships and acceptance of services, teaching of problem-solving skills, expansion of support systems, and promotion of healthy child development and positive parent-child relationships.¹⁰

Conclusions

Clearly, efforts to enhance positive experiences at an early stage in the development of the parent-child relationship hold considerable promise for preventing child maltreatment and reducing its consequences. Programs to prevent child abuse and neglect that are community-based are considered most promising, since they reach more families and are designed to address problems before they become severe. Programs that offer a personalized approach (such as home visits by an individual who is familiar to the recipient) stand out as most successful in helping high-risk families and children, who may be eligible for such services due to their economic circumstances, living conditions or similar factors identified by local communities. Parental needs for support, parenting instruction and resource linkage seem to be fulfilled by the more personalized, outreach nature of the home-visitor approach. Program development should focus on providing child development and parenting information that is easily understood, practical and accessible to all present and potential parenting populations.

Implications

At the most basic level, prevention of the various forms of child abuse and neglect should encourage diversity and opportunities for the development of unique resources among children and parents. Societal influences that play a role in child abuse and neglect, especially in circumstances where families are exposed to major effects of poverty, health risks and

environmental conflict, require concerted efforts. The special risks and strengths of diverse cultural and ethnic groups need to be addressed, along with greater sensitivity to ethnic and cultural issues in the planning of services. Such a cross-cultural perspective on child abuse and neglect intervention and prevention would re-direct the focus away from individuals and families and explore societal and cultural conditions that worsen or improve these problems.

References

- 1. Prevent Child Abuse America. *Total estimated cost of child abuse and neglect in the United States:Statistical evidence.*Available at:http://www.preventchildabusenj.org/documents/index/cost_analysis.pdf Accessed Octobre 25, 2007.
- 2. Kempe Children's Center. *World Perspectives on Child Abuse: The Fifth International Resource Book* 2002. Carol Stream, III: International Society for the Prevention of Child Abuse; 2002.
- 3. Saunders BE, Berliner L, Hanson RF, eds. *Child physical and sexual abuse: Guidelines for Treatment (Final Report: January 15, 2003*). Charleston, SC: National Crime Victims Research and Treatment Center; 2003.
- 4. Wolfe DA. Child abuse: Implications for child development and psychopathology. Thousand Oaks, Calif: Sage;1999.
- 5. Sanders MR, Cann W, Markie-Dadds C. The triple P-positive parenting programme: A universal population-level approach to the prevention of child abuse. *Child Abuse Review* 2003;12(3):155-171.
- 6. Peterson L, Tremblay G, Ewigman B, Saldana L. Multilevel selected primary prevention of child maltreatment. *Journal of Consulting & Clinical Psychology* 2003;71(3):601-612.
- 7. Olds D, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettit LM. Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *JAMA Journal of the American Medical Association* 1997;278(8):637–643.
- 8. Olds D, Henderson CR Jr, Cole R, Eckenrode J, Kitzman H, Luckey D, Pettitt L, Sidora K, Morris P, Powers J. Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. JAMA - Journal of the American Medical Association 1998;280(14):1238-1244.
- 9. Eckenrode J, Zielinski D, Smith E, Marcynyszyn LA, Henderson CR Jr, Kitzman H, Cole R, Powers J, Olds DL. Child maltreatment and the early onset of problem behaviors: Can a program of nurse home visitation break the link? Development & Psychopathology 2001;13(4):873-890.
- 10. Daro D, Donnelly AC. Child abuse prevention: Accomplishments and challenges.In: Myers JEB, Berliner L, Briere J, Hendrix CT, Jenny C, Reid TA, eds. *The APSAC handbook on child maltreatment*. 2nd Ed. Thousand Oaks, Calif: Sage; 2001:55-78.