

Child Neglect and Maltreatment



Acts of Omission: An Overview of Child Neglect

Neglect accounts for over three-quarters of confirmed cases of child maltreatment in the United States—far more than physical or sexual abuse—but it continues to receive less attention from practitioners, researchers, and the media. Some reasons may be that neglect is not well understood and is difficult to identify, prevent, and treat effectively.

This bulletin for professionals addresses the scope of the problem of child neglect as well as its consequences, reviews definitions and strategies for assessing neglect, presents lessons learned about prevention and intervention, and suggests sources of training and informational support.

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Scope of the Problem

Neglect is by far the most common form of maltreatment. More than 538,000 children were neglected in 2010, accounting for about 78 percent of all unique victims of child maltreatment. In addition, neglect was either the sole cause or one of the contributors to over 68 percent of the 1,560 child maltreatment-related deaths in 2010 (U.S. Department of Health and Human Services, 2011).

These statistics include only children who came to the attention of State child protective services (CPS) agencies. The National Incidence Study (NIS) of Child Abuse and Neglect, which generates broader estimates by gathering data from multiple sources, generally shows higher numbers of maltreatment. The NIS-4, which is the most recent version, uses data from 2005–2006 to show that more than 770,000 children were neglected, accounting for about 77 percent of all children harmed or endangered by maltreatment (Sedlak et al., 2010). While the incidence of other maltreatment types has declined in recent years, the persistently high rates of neglect point to the need for more effective prevention and intervention in cases of neglect.

Defining Child Neglect

Both Federal and State laws provide basic definitions of child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. §5106g), as amended by the CAPTA Reauthorization

Act of 2010, defines child abuse and neglect as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

Neglect is commonly defined in State law as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm. Some States specifically mention types of neglect in their statutes, such as educational neglect, medical neglect, and abandonment; in addition, some States include exceptions for determining neglect, such as religious exemptions for medical neglect and financial considerations for physical neglect (Child Welfare Information Gateway, 2011b).

Neglect definitions are impacted by the accepted standards of care for children and the role of communities in families' lives. Some issues that are taken into account when defining neglect and standards of care include:

- Harm to the child
- Parent's ability or intent
- Family's concrete resources
- Community norms
- Availability of community resources (Grayson, 2001)

Difficulties in creating specific definitions of neglect contribute to the lack of consistency in research on neglect as well as CPS responses to neglect. The different ways children may be neglected, addressed below, also make it difficult to define such a complex issue.

Types of Neglect

Although State laws vary regarding the types of neglect included in definitions, summarized below are the most commonly recognized categories of neglect:

- **Physical neglect:** Abandoning the child or refusing to accept custody; not providing for basic needs like nutrition, hygiene, or appropriate clothing
- **Medical neglect:** Delaying or denying recommended health care for the child
- **Inadequate supervision:** Leaving the child unsupervised (depending on length of time and child's age/maturity); not protecting the child from safety hazards, providing

inadequate caregivers, or engaging in harmful behavior

- **Emotional neglect:** Isolating the child; not providing affection or emotional support; exposing the child to domestic violence or substance abuse
- **Educational neglect:** Failing to enroll the child in school or homeschool; ignoring special education needs; permitting chronic absenteeism from school

Consequences of Neglect

Although the initial impact may not be as obvious as physical or sexual abuse, the consequences of child neglect are just as serious. Because the effects of neglect are cumulative, long-term research like that being performed by the Longitudinal Studies of Child Abuse and Neglect

Research shows child neglect can have a negative impact in the following areas:

- Health and physical development—malnourishment, impaired brain development, delays in growth or failure to thrive

- Intellectual and cognitive development—poor academic performance, delayed or impaired language development
- Emotional and psychological development—deficiencies in self-esteem, attachment, or trust
- Social and behavioral development—interpersonal relationship problems, aggression, conduct disorders (DePanfilis, 2006)

The impacts in these areas are interrelated; problems in one developmental area may influence growth in another area. In addition, research indicates that experiencing neglect along with other forms of maltreatment worsens the impact (Smith & Fong, 2004). However, the impact of neglect can vary based on:

- The child's age
- The presence and strength of protective factors
- The frequency, duration, and severity of the neglect
- The relationship between the child and caregiver (Chalk, Gibbons, & Scarupa, 2002)

Trauma and Neglect

While trauma is often discussed in terms of witnessing or being harmed by an intensely threatening event, one or multiple experiences of neglect can also have a traumatic effect, especially in severe cases. One recent study found that, similar to physical and sexual abuse, neglected children showed signs of posttraumatic stress disorder and other traumatic symptoms (Milot et al., 2010). Funded by the Federal Child Neglect Consortium, De Bellis (2005)

summarized the results of numerous research studies that found that neglected children experienced adverse brain development and neuropsychological and psychosocial outcomes.

Fatal Neglect

A child's death is the most tragic consequence of neglect, and neglect causes or contributes to roughly two-thirds of all child maltreatment-related deaths (U.S. Department of Health and Human Services, 2011). Victims of fatal neglect are more likely to be age 7 or younger (U.S. Government Accountability Office, 2011). The most common reasons for fatal neglect are supervision neglect, chronic physical neglect, and medical neglect (Grayson, 2001). Neglect fatalities can be difficult to identify due to lack of definitive evidence, limited investigative and training resources, and differing interpretations of child maltreatment definitions (U.S. Government Accountability Office, 2011).

The next section discusses the most common family, parent, and child factors that place children at risk for neglect as well as factors that can protect children from neglect.

Risk Factors

While the presence of a risk factor does not mean a child will be neglected, multiple risk factors are a cause for concern. Research indicates that the following factors place children at greater risk of being harmed or endangered by neglect:

Environmental Factors

- Poverty
- Lack of social support
- Neighborhood distress

Family Factors

- Single parent households
- Family stress or negative interactions
- Domestic violence

Parent Factors

- Unemployment or low socioeconomic status
- Young maternal age
- Health, mental illness, or substance use problems
- Parenting stress

Child Factors

- Age
- Developmental delays (DePanfilis, 2006)

Ultimately, as Straus and Kaufman (2005) caution, the only certain risk is that the more often a child experiences neglect, the more likely he or she will be harmed by it—which is why prevention and early identification of neglect are critical.

PROTECTIVE FACTORS

Although a number of factors place children at greater risk of neglect, research shows that families with one or more of the following protective factors are less likely to experience abuse or neglect:

- Nurturing and attachment
- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports for parents
- Social and emotional competence of children

Special Considerations

Neglect rarely occurs in isolation; commonly related issues include poverty, substance abuse, and domestic violence. There are special considerations for addressing these issues with at-risk or neglected children and their families.

Poverty

Poverty is frequently linked to child neglect, but it is important to note that most poor families do not neglect their children. Poverty likely increases the risk of neglect by interacting with and worsening related risks like “parental stress, inadequate housing and homelessness, lack of basic needs, inadequate supervision, substance abuse, and domestic violence” (Duva & Metzger, 2010).

Caseworkers must differentiate between neglectful situations and poverty; in many States, definitions of neglect include considerations for a family’s financial means. For example, if a family living in poverty was not providing adequate food for their children, it would be considered neglect only if the parents were aware of but chose not to use food assistance programs. Taking poverty into consideration can prevent unnecessary removals and place the focus on providing concrete services for families to protect and provide for their children.

CHRONIC NEGLECT

Although some individual incidents of neglect may not appear harmful, multiple incidents of neglect occurring over time—known as chronic neglect—can have a greater negative impact on the child. Chronic neglect is “an ongoing, serious pattern of deprivation” of a child’s basic needs that results in “accumulation of harm” (Gilmore & Kaplan, 2009).

Chronic neglect can be hard to identify and treat; affected families face complex problems that require specialized, often long-term, interventions and coordinated community support.

Substance Abuse

Parental substance abuse is more closely related to child neglect than other forms of maltreatment (DePanfilis, 2006). Parents who lose control under the influence of substances may have impaired reasoning abilities, leave the child in an unsafe situation, or neglect the child’s basic needs (Children’s Bureau, 2009). These parents may also have difficulty conforming to expected parenting roles and providing the child with emotional support (Children’s Bureau). While treating the parent’s substance abuse is a priority, treatment must be combined with services to address the child’s needs and improve overall family functioning.

Substance-exposed newborns. When a woman abuses drugs or alcohol during her pregnancy, the unborn child is at greater risk for developmental delays. In addition, some substance-exposed newborns are left at the hospital by their parents; these infants, sometimes referred to as “boarder babies,” usually require CPS intervention to place them in out-of-home care. Child welfare caseworkers and health-care providers must work together to identify, assess, and develop a plan to care for affected infants and their families.

For more information, visit the National Center on Substance Abuse and Child Welfare, which is co-sponsored by the Children’s Bureau and the Substance Abuse and Mental Health Services Administration:

Family Reclaim, a child neglect demonstration project funded by the Children’s Bureau, helped families affected by substance abuse and child neglect by involving them in the design of their service plan; key services included substance abuse treatment, intensive case management, life skills training, and respite care. Family Reclaim provided services collaboratively with the family’s support network, community leaders, and other agencies; program staff found that long-term intensive services were necessary to address the family’s multiple stressors (Chambers, 2002).

Domestic Violence

Some States include exposure to domestic violence in their legal definitions of child abuse or neglect due to its potential effects on children (Child Welfare Information Gateway, 2011c). An unintended consequence of these policies is that parents who are domestic violence victims sometimes are charged with a type of neglect termed “failure to protect,” despite circumstances that may have impacted the victim’s ability to prevent the child’s exposure to violence. Child welfare caseworkers, in collaboration with domestic violence professionals, should consider the victim’s access to resources or services outside the home as well as the victim’s reasonable efforts to ensure the child had basic necessities and lived in the least detrimental environment possible.

A strong relationship with the victim parent is a protective factor that can increase the child’s resilience, and research indicates one of the most effective ways to protect the child is to keep the victim safe (Clarke, 2006; Bandy, Andrews, & Moore, 2012; Nicholson v. Williams, 2002). To address domestic violence cases involving children, workers should keep the victim parent and child together whenever possible; enhance the safety, stability, and well-being of all victims; and hold perpetrators of violence accountable through mechanisms such as batterer intervention programs.

Educational Neglect

Many States struggle to respond efficiently to reports of educational neglect due to overlapping responsibilities and lack of coordination between the departments of social services and education. A national review by Kelly (2010) found that nearly half of States neither define educational neglect in law nor hold one agency responsible for reporting it. There is inconsistency among the remaining States regarding which agency is responsible for enforcing neglect provisions, including the court, the school or school district, and the department of education.

Kelly (2010) recommends that the State's department of social services be primarily responsible for addressing educational neglect because it is better equipped to address the co-occurring problems families often face. He also cites promising programs in Missouri and Idaho that offer coordinated and flexible services through the department of social services to respond quickly to families in crisis and at risk of educational neglect

Investigation and Assessment

Identifying child neglect may seem more difficult than identifying other forms of maltreatment because neglect usually involves the absence of a certain behavior, rather than the presence. A thorough investigation of the child's safety and risk followed by a comprehensive family assessment can help determine what kinds of services and supports the family may need.

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the parent or other adult caregiver:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Investigation

The initial investigation should determine if neglect occurred and examine the child's safety and risk. Two of the most important factors to consider are (1) whether the child has any unmet cognitive, physical, or emotional needs and (2) whether the child receives adequate supervision (DePanfilis, 2006).

Straus and Kaufman (2005) offer the following tips to assess neglect in families:

- Gather information from multiple sources (child and parent self-reports; caseworker and neighbor observations)
 - Ensure confidentiality to collect more honest and accurate reports
 - Use nonjudgmental, open-ended questions that encourage diverse viewpoints on the situation
 - Probe for signs of different types of neglect
 - Consider contexts like the child's age, the home environment, and community resources
 - Note the severity and frequency of neglect incidents and the length of time since the last incident and between multiple incidents
- Exhibits self-destructive behavior or serious emotional symptoms requiring immediate help
 - Has exceptional needs that can result in severe consequences to the child
 - Has serious physical injuries or symptoms from maltreatment

The results of the investigation will inform whether the family requires additional assessment and intervention. A low-risk family may be referred for differential response (see box), while the most severe cases may require placement in out-of-home care, preferably with relatives, to ensure the child's immediate safety while the family is assessed and a safety and service plan is developed.

Safety. Determining the child's safety is as critical in the decision-making process in cases of possible neglect as it is in physical or sexual abuse cases. The determination should consider threats of danger in the family, the child's vulnerability, and the family's protective capacity. Lund and Renne (2009) encourage caseworkers to investigate the following key threats of danger:

- No adult in the home routinely performs basic and essential parenting duties and responsibilities
- The parent lacks sufficient resources, such as food and shelter, or parenting knowledge, skills, and motivation to meet the child's basic needs
- Living arrangements seriously endanger the child's physical health
- The parent refuses and/or fails to meet the child's needs or arrange care when the child:

DIFFERENTIAL RESPONSE

Although one report or incident of neglect may not require CPS response, many families could still benefit from services. Particularly in cases of neglect, by the time the situation becomes serious enough for the child welfare system to respond, the family's issues are likely more complex and require intensive intervention (DePanfilis, 2006).

To address this service gap, many States use differential response systems in which families with low risk are redirected to voluntary, often community-based, services to receive the supports they need.

effective ways to reduce risks and to engage the family in the assessment process.

The key purposes of assessment are:

- To **understand** the neglect and its impact on the child and family
- To **make decisions** to plan for the child's safety and connect the family to services
- To **engage** the family and its extended support network in services (Schene, 2001)

Overarching categories for assessing child neglect include:

- The child's cognitive, physical, and emotional needs and capacities
- The parent's expectations and parenting abilities
- The family's circumstances, attitudes, and behaviors
- Family members' interactions and relationships in and outside the home (DePanfilis, 2006)

To focus on strengths during the assessment process, the Children's Bureau's *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide*

Assessment

A comprehensive family assessment should help uncover the potential causes of neglect and underlying factors affecting the family's ability to care for the child. Because neglected children and their families often face complex issues, it is critical to use a holistic approach that looks at the child, family, and community context to identify strengths and the most

- Nurturing and attachment
- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports for parents

- Social and emotional competence of children

The assessment process ultimately informs the level of intervention necessary for the family. Assessment should continue throughout the family's case to ensure progress toward goals.

Prevention and Intervention

The services and supports that at-risk or neglected children and their families need vary greatly depending on the type of neglect they experienced, the severity of their situation, underlying risks, strengths, and many other factors. Analyzing the information gathered during the investigation and assessment is essential to developing an effective case plan in collaboration with the family, their support network, and related service providers.

CHILDREN'S BUREAU PROJECTS

Many of the strategies discussed below are informed by the results of the child neglect demonstration projects funded by the Children's Bureau from 1996 to 2002 to address the prevention, intervention, and treatment needs of neglected children and their families.

Begin early. Children are more likely to be harmed by neglect the earlier they experience it. Although it can be difficult to prevent neglect and identify it in its early stages, you can have a greater impact on families the earlier you intervene. At this stage, assess the parent's readiness to enhance their parenting abilities and help the family focus on meeting the child's developmental needs. Assume that parents want to improve the quality of their children's care—they just need support to identify and build on their strengths.

For more on early intervention with families, read Information Gateway's *Addressing the Needs of Young Children in Child Welfare: Part C -- Early Intervention Services*

CULTURAL COMPETENCE AND NEGLECT

As with all child protection practice, cultural issues must be taken into consideration both when assessing and intervening with families at risk of neglect. For example, a culture in which shared caregiving is the norm may see no problem with allowing young children to care for their siblings, perhaps in a way that does not conform to cultural norms in the United States (Smith & Fong, 2004).

When working with diverse families, maintain focus on ensuring that children's needs are met and that they are not harmed or endangered. Consult with knowledgeable staff or community members on how best to intervene in a way that is consistent with families' cultural practices.

Provide concrete services first. Most parents cannot focus on interventions like parenting classes when they are still addressing crises in their family. In the early stages of working with a family, be sure basic needs are met before expecting parents to fulfill other aspects of their case plan. Some concrete supports to address include:

- Housing and utilities
- Food and clothing
- Safety for domestic violence victims
- Transportation

- Child care
- Health care and public benefits

Focus on strengths. You can form better relationships with families when you encourage them to focus on positive parenting strategies and supports they already have in place. The six protective factors described earlier can serve as a framework for assessing families' strengths and helping them identify ways to build upon those strengths to protect their children from harm. The Children's Bureau's *2012 Resource Guide* for child abuse prevention offers numerous tools and strategies for talking with families about their strengths and incorporating them into service systems

New Jersey's Strengthening Families Initiative is making child and family strengths an essential component of prevention efforts statewide. Programs are required to demonstrate that they incorporate the protective factors framework into their services, and professionals are being trained on how to identify and build upon strengths in at-risk families.

Offer customized, coordinated services. Be flexible; there is no "one size fits all" solution to addressing neglect. Offer or refer families to a broad array of services and collaborate with other services providers to ensure the family's needs are met. Some of the most common services provided by the Federal

child neglect demonstration project grantees included:

- Parent education and support
- Home visits
- Referrals or links to community resources
- Mental health services
- Concrete assistance and crisis intervention (Child Welfare Information Gateway, 2004)

Home visiting programs, which provide in-home services to families with young children, show promise in engaging parents to reduce risks related to child abuse and neglect. Professional or paraprofessional home visitors can build relationships with parents and tailor their visits to address the family's needs and strengths. Some of the topics home visitors may address include:

- The mother's personal health and life choices
- Child health and development
- Environmental concerns such as income, housing, and domestic or community violence
- Family functioning, including adult and child relationships
- Access to services (Child Welfare Information Gateway, 2011a)

Encourage incremental change. Most changes don't happen overnight. Especially with families that are stressed by the demands of caring for their child, parents may feel overwhelmed if you expect them to accomplish too many goals too quickly. In collaboration with the family, establish a contract with a timeline for accomplishing specific goals as well as obligations for both you and the parents to meet (McSherry, 2007).

Remember to start with the most basic needs (e.g., food, housing, safety), then address critical underlying issues (e.g., substance abuse, mental health). Once those supports are in place, there will be fewer obstacles to improving higher family functioning. Many programs have found that working with families affected by neglect requires intensive, long-term services to help them achieve changes over time.

The Family Connections (FC) program in Baltimore, MD, began as a demonstration project, funded by the Children's Bureau, to prevent neglect in at-risk families. Core program components include emergency assistance, home-visiting family intervention, advocacy and service coordination, and multifamily supportive and recreational activities. FC results were so promising in reducing risk factors and increasing protective factors that replication demonstration grants at eight additional sites were funded by the Children's Bureau.

Intensive family preservation services provide short-term crisis support to high-risk families to prevent unnecessary child placement in out-of-home care. Children and families experiencing severe neglect may benefit from these kinds of services to address urgent issues, like housing or financial assistance, followed by ongoing family preservation and support to target underlying risk factors. For more information, visit Information Gateway's web section on Family Preservation Services:

Address the social support network.

Because your time with the family is limited, a strong social support network for the family can reinforce lessons learned and address needs as they arise. Seek out relatives, friends, community members, and other service providers who will help the family practice and build new skills over time. Positive relationships with other caring adults can help support the child's healthy development and serve as a source of respite for parents if they face future crises.

Put aftercare services in place. As the family begins achieving major goals, develop a roadmap for services and supports after more intensive interventions end. An aftercare services plan will ensure opportunities for follow-up and help families maintain improvements over time.

Training

Effective training is important for caseworkers addressing the often complex issues faced by at-risk or neglected children and their families. Training on child neglect should emphasize the following strategies:

- Address **definitions** of different types of neglect as well as the importance of **cultural competence** in understanding how neglect is perceived in different cultures.
- Describe **long-term consequences** to counteract the common but inaccurate belief that neglect is not as harmful as physical or sexual abuse.
- Help caseworkers learn how to develop a **positive helping relationship** with families—a key contributor to success when providing long-term, intensive services.
- Use **case studies** to demonstrate the complex interaction of issues that can impact the effectiveness of intervention (McSherry, 2007).

Because neglect is still misunderstood by many professionals serving children and families, ongoing training can help caseworkers remain aware of the latest research and refresh skills over time.

Investigating and assessing neglect involves a thorough examination of the child's safety and risk as well as the larger family and community context. To understand neglect, caseworkers should know how to address related problems such as poverty, substance abuse, and domestic violence. Interventions for children and families affected by neglect require customized and coordinated services. Defining, preventing, identifying, and treating child neglect is a significant challenge but one that researchers, professionals, communities, and families must face together if they are to protect children from its harmful consequences.

Conclusion

Child neglect is the most prevalent type of child maltreatment but has historically received the least attention from researchers and others. While there appears to be growing interest, child neglect continues to be a complex problem that is difficult to define, prevent, identify, and treat.

Neglect is a term used to encompass many situations, but their commonality is a lack of action—an act of omission—regarding a child's needs. Neglect most commonly involves physical, medical, educational, or emotional neglect or inadequate supervision. Neglect can range from a caregiver's momentary inattention to chronic or willful deprivation. Single incidents can have no harmful effects or, in some cases, they can result in trauma or death.

Child Maltreatment Prevention: Past, Present, and Future

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Introduction

Child abuse prevention efforts have grown exponentially over the past 30 years. Some of this expansion reflects new public policies and expanded formal services such as parent education classes, support groups, home visitation programs, and safety education for children. In other cases, individuals working on their own and in partnerships with others have found ways to strengthen local institutions and create a climate in which parents support each other.

This issue brief underscores the importance of prevention as a critical component of the nation's child protection system. It outlines programs and strategies that are proving beneficial in reducing the likelihood of child maltreatment. Looking ahead, the brief identifies key issues facing high-quality prevention programs as they seek to extend their reach and impacts.

Scope of the Problem

Recent research documenting the number of child maltreatment cases observed by professionals working with children and families across the country suggests prevention efforts are having an impact. For example, the Fourth Federal National Incidence Study on Child Maltreatment (Sedlak et al., 2010) reported a 19-percent reduction in the rate of child maltreatment as reported in a similar survey conducted in 1993. Substantial and significant drops in the rates of sexual abuse, physical abuse, and emotional abuse observed by survey respondents occurred between 1993 and

2006. Although no significant declines were observed in cases of child neglect, the NIS data mirror a similar drop in the number of physical and sexual abuse cases reported in recent years to local child welfare agencies (U.S. Department of Health and Human Services, 2010). Between 1990 and 2009, the number of substantiated cases of physical abuse dropped 55 percent, and the number of substantiated sexual abuse cases declined 61 percent (Finkelhor, Jones, & Shattuck, 2011).

Despite these promising trends, 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 percent—were under the age of four (U.S. Department of Health and Human Services, 2010). While child maltreatment is neither inevitable nor intractable, protecting children remains challenging.

History of Child Abuse Prevention

Modern public and political attention to the issue of child maltreatment is often pegged to Henry Kempe's 1962 article in the *Journal*

of the American Medical Association on the "battered child syndrome" (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). In contrast to those early pioneers who had used clinical case studies to explain maltreatment patterns, Kempe and his colleagues examined hospital emergency room X-rays for 1 year from 70 hospitals around the country and surveyed 77 district attorneys. These efforts painted a vivid and disturbing picture of children suffering physical and emotional trauma as a result of overburdened parents or caretakers using extreme forms of corporal punishment or depressed single mothers failing to provide for their children's basic emotional and physical needs.

Armed with these descriptions, Kempe persuaded Federal and State policymakers to support the adoption of a formal child abuse reporting system. Between 1963 and 1967, all States and the District of Columbia passed child abuse reporting laws. Federal reporting guidelines were established in 1974 with the authorization of the first Federal Child Abuse and Neglect Prevention and Treatment Act.

The 1980s represented a period of significant expansion in public awareness of child maltreatment, research on its underlying causes and consequences, and the development and dissemination of both clinical interventions and prevention strategies. As more became known of the diversity within the maltreatment population, unique subpopulations were singled out for specific programmatic options and legislative attention (Daro, 1988). On the prevention front, two distinct programmatic paths emerged (Daro, 1988):

- **Interventions targeting reductions in physical abuse and neglect** (including

emotional neglect and attachment disorders), including:

- Services to new parents
- General parenting education classes
- Parent support groups
- Family resource centers
- Crisis intervention services such as hotlines and crisis nurseries (Cohn, 1983)
- **Interventions targeting reductions in child sexual abuse**, including:
 - Universal efforts designed to teach children the distinction between good, bad, and questionable touching; the concept of body ownership; or the rights of children to control who touches their bodies and where they are touched (Wurtele & Miller-Perrin, 1992)
 - Educational programs that encouraged children and youth who had been victimized to report these incidences and seek services

The effectiveness of general parent education and support programs during this time was generally limited to parents able to access these options. Prevention efforts were far less successful in attracting and retaining families who did not know they needed assistance or, if they recognized their shortcomings, did not know how to access help (Daro, 1993).

By the 1990s, emphasis was placed on establishing a strong foundation of support for every parent and child, available when a child is born or a woman is pregnant. And the way to reach new parents centered on home-based interventions (U.S. Advisory Board, 1991). The seminal work of David Olds and his colleagues showing initial and long-term

benefits from regular nurse visiting during pregnancy and a child's first 2 years of life provided the most robust evidence for this intervention (Olds, Sadler, & Kitzman, 2007). Equally important, however, were the growing number of home visitation models being developed and successfully implemented within the public and community-based service sectors. Although less rigorous in their evaluation methodologies, these models demonstrated respectable gains in parent-child attachment, access to preventive medical care, parental capacity and functioning, and early identification of developmental delays (Daro, 2000).

Prevention Today

After implementing home visitation programs for over a decade, the prevention field is facing an important challenge. Recent Federal legislation included in the Patient Protection and Affordable Care Act of 2009 will provide States \$1.5 billion over the next 5 years to expand the provision of evidence-based home visitation programs to at-risk pregnant women and newborns. While research justifies an expansion of several high-quality national home visitation models, it also indicates that not all families are equally well-served by this approach; retention in long-term interventions can be difficult; and identifying, training, and retaining competent service providers is challenging. Even intensive interventions cannot fully address the needs of the most challenged populations—those struggling with serious mental illness, domestic violence, and substance abuse, as well as those rearing children in violence and chaotic neighborhoods.

Faced with the inevitable limitations of any individual program model, increased emphasis is being placed on approaches that seek change at a community or systems level (Daro & Dodge, 2009). The current prevention challenge is not simply expanding formal services but rather creating an institutional infrastructure that supports high-quality, evidence-based direct services. In addition, prevention efforts have embraced a more explicit effort to both reduce risks and enhance key protective factors, fostering strong partnerships with other local programs serving young children. Among the most salient investments in promoting protective factors are efforts to strengthen parental capacity and resilience, support a child's social and emotional development, and create more supportive relationships among community residents (Center for the Study of Social Policy, 2004). Communities where residents believe in collective responsibility for keeping children safe may achieve progress in reducing child abuse and strengthening child well-being.

Identifying and Implementing Quality Programs

All prevention services need to embrace a commitment to a set of practice principles that have been found effective across diverse disciplines and service delivery systems. A suggested list of best practice standards appears on the following page. As a group, these items represent best practice elements that lie at the core of effective interventions. To the extent that direct service providers and prevention policy advocates hope to maximize the return on their investments, supporting

service strategies that embrace the following principles will be essential:

- A strong theory of change that identifies specific outcomes and clear pathways for addressing these core outcomes, including specific strategies and curriculum content
- A recommended duration and dosage or clear guidelines for determining when to discontinue or extend services that is *systematically* applied to all those enrolled in services
- A clear, well-defined target population with identified eligibility criteria and strategy for reaching and engaging this target population
- A strategy for guiding staff in balancing the task of delivering program content while being responsive to a family's cultural beliefs and immediate circumstances
- A method to train staff on delivering the model with a supervisory system to support direct service staff and guide their ongoing practice
- Reasonable caseloads that are maintained and allow direct service staff to accomplish core program objectives
- The systematic collection of information on participant characteristics, staff characteristics, and participant service experiences to ensure services are being implemented with fidelity to the model, program intent, and structure

Promising Prevention Strategies

Several researchers 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 et al., 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).

Strengthening Families and Communities: 2011 Resource Guide supports service providers in their work with parents, caregivers, and their children to strengthen families and prevent child abuse and neglect. It focuses on the five protective factors and provides tools and strategies to integrate the factors into existing programs and systems. It was developed by the U.S. Department of Health and Human Services, Children's Bureau, Office on Child Abuse and Neglect, its Child Welfare Information Gateway, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, and the Center for the Study of Social Policy, with input from numerous national organizations, Federal partners, and parents.

Public Awareness Efforts: In the years immediately following Kempe's 1962 article on 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 (PSAs) for television, 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 designed to educate parents and caretakers about the importance of placing infants on their backs 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 (Dias, Smith, deGuehery, Mazur, & Shaffer, 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 universal service delivery systems, often being integrated into school curricula or into primary support opportunities for children (e.g., Boy Scouts, youth groups, recreation programs). Although certain concerns have been raised regarding the appropriateness of these 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:

- 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 Centers for Disease Control and Prevention (2009) on training programs for parents of children ages birth to 7 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 earlier, home visitation has become a major strategy for supporting new parents. Services are one-on-one and are provided by staff with professional training (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 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:

- 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 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 Noortgate, Grietens, & Onghena, 2004; Guterman, 2001; Hahn, et al., 2003; Stoltzfus & Lynch, 2009). Others are more sobering in their conclusions, noting the limitations outlined earlier (Chaffin, 2004; Gomby, 2005).

In 2008, the Children's Bureau within the Administration for Children and Families at the U.S. Department of Health and Human Services funded 17 cooperative agreements to generate knowledge about the use of evidence-based home visiting programs to prevent child maltreatment. Information about the grantees, the home visiting models they are using, the cross-site evaluation, and home visiting resources is available on the Supporting Evidence Based Home Visiting website

In 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) (P.L. 111-148), legislation designed to make quality, affordable health care available to all Americans, reduce costs, improve health-care quality, enhance disease prevention, and strengthen the health-care workforce. Through a provision authorizing the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, the Health Resources and Services Administration (HRSA) awarded \$88 million in grants, provided under the Affordable Care Act, to support evidence-based and promising home visiting programs focused on improving the well-being of families with young children. In addition, ACF, in collaboration with HRSA, awarded 13 grants totaling \$3 million for the Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program.

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, Bonzo, Sleet, Mercy, & Haas, 2007; Farrow, 1997; Mannes, Roehlkepartain, & Benson, 2005).

In 2009, prevention researchers 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 by Daro and Dodge 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 a 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 outcomes. Although not a replacement for personal contact, the judicious 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 the norm. 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.

Conclusion

Preventing child abuse is not simply a matter of *parents* doing a better job, but rather it is about creating a context in which "doing better" is easier. Enlightened public policy and the replication of high-quality publicly supported interventions are only part of what is needed to successfully combat child abuse. It remains important to remind the public that child abuse and neglect are serious threats to a child's healthy development and that overt violence toward children and a persistent lack of attention to their care and supervision are unacceptable. Individuals have the ability to accept personal responsibility for reducing acts of child abuse and neglect by providing support to each other and offering protection to all children within their family and their community. As sociologist Robert Wuthnow has noted, every volunteer effort or act of compassion finds its justification not in offering solutions for society's problems but in offering hope "both that the good society we envision is possible and that the very act of helping each other gives us strength and a common destiny" (Wuthnow, 1991: 304). When the problem is owned by all individuals and communities, prevention will progress, and fewer children will remain at risk.



“This document was developed from the public domain documents: Acts of Omission: An Overview of Child Neglect, Child Maltreatment Prevention: Past, Present, and Future - Child Welfare Information Gateway.”