Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

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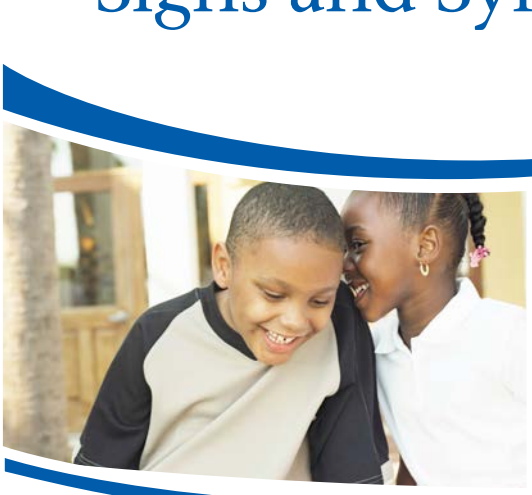
https://www.childwelfare.gov/pubs/factsheets/ques.cfm

What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms



The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. This factsheet is intended to help you better understand the legal definition of child abuse and neglect, learn about the different types

What's Inside:

- How is child abuse and neglect defined in Federal law?
- What are the major types of child abuse and neglect?
- Recognizing signs of abuse and neglect
- Resources

Use your smartphone to access this factsheet online.

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of abuse and neglect, and recognize the signs and symptoms of abuse and neglect. Resources about the impact of trauma on well-being also are included in this factsheet.

How Is Child Abuse and Neglect Defined in Federal Law?

Federal legislation lays the groundwork for State laws on child maltreatment by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized 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."

Most Federal and State child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers. Some State laws also include a child's witnessing of domestic violence as a form of abuse or neglect.

CHILD ABUSE AND NEGLECT STATISTICS

- *Child Maltreatment*
  This report summarizes annual child abuse statistics submitted by States to the National Child Abuse and Neglect Data System (NCANDS). It includes information about child maltreatment reports, victims, fatalities, perpetrators, services, and additional research: http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment
- Child Welfare Outcomes Report Data
  This website provides information on the performance of States in seven outcome categories related to the safety, permanency, and well-being of children involved in the child welfare system. Data, which are made available on the website prior to the release of the annual report, include the number of child victims of maltreatment: http://cwoutcomes.acf.hhs.gov/data/overview

What Are the Major Types of Child Abuse and Neglect?

Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child abuse and neglect. Most States recognize the four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Signs and symptoms for each type of maltreatment are listed below. Additionally, many States identify abandonment and parental substance abuse as abuse or neglect. While these types of maltreatment may be found separately, they often occur in combination. For State-specific laws pertaining to child abuse and neglect, see Child Welfare Information Gateway's State Statutes Search page: https://www.childwelfare.gov/systemwide/laws_policies/state/

Information Gateway's *Definitions of Child Abuse and Neglect* provides civil definitions that determine the grounds for intervention by State child protective agencies: https://www.childwelfare.gov/systemwide/laws_policies/statutes/define.pdf

Physical abuse is nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child.[1] Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

Neglect is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs. Neglect may be:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment)[2]
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

Sometimes cultural values, the standards of care in the community, and poverty may contribute to maltreatment, indicating

[1] Nonaccidental injury that is inflicted by someone other than a parent, guardian, relative, or other caregiver (i.e., a stranger), is considered a criminal act that is not addressed by child protective services.

[2] *Withholding of medically indicated treatment* is a specific form of medical neglect that is defined by CAPTA as "the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions..." CAPTA does note a few exceptions, including infants who are "chronically and irreversibly comatose"; situations when providing treatment would not save the infant's life but merely prolong dying; or when "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane."

the family is in need of information or assistance. When a family fails to use information and resources, and the child's health or safety is at risk, then child welfare intervention may be required. In addition, many States provide an exception to the definition of neglect for parents who choose not to seek medical care for their children due to religious beliefs.[3]

Sexual abuse includes activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Sexual abuse is defined by CAPTA as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is almost always present when other types of maltreatment are identified.

Abandonment is now defined in many States as a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. Some States have enacted laws—often called safe haven laws—that provide safe places for parents to relinquish newborn infants. Child Welfare Information Gateway produced a publication as part of its State Statute series that summarizes such State laws. *Infant Safe Haven Laws* is available on the Information Gateway website: https://www.childwelfare.gov/systemwide/laws_policies/statutes/safehaven.cfm

Substance abuse is an element of the definition of child abuse or neglect in many States. Circumstances that are considered abuse or neglect in some States include the following:

- Prenatal exposure of a child to harm due to the mother's use of an illegal drug or other substance
- Manufacture of methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child

[3] The CAPTA amendments of 1996 (42 U.S.C.A. § 5106i) added new provisions specifying that nothing in the act be construed as establishing a Federal requirement that a parent or legal guardian provide any medical service or treatment that is against the religious beliefs of the parent or legal guardian.

For more information about this issue, see Child Welfare Information Gateway's *Parental Drug Use as Child Abuse* at https://www.childwelfare.gov/systemwide/laws_policies/statutes/drugexposed.cfm

Recognizing Signs of Abuse and Neglect

In addition to working to prevent a child from experiencing abuse or neglect, it is important to recognize high-risk situations and the signs and symptoms of maltreatment. If you do suspect a child is being harmed, reporting your suspicions may protect him or her and get help for the family. Any concerned person can report suspicions of child abuse or neglect. Reporting your concerns is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed.

Some people (typically certain types of professionals, such as teachers or physicians) are required by State law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. Some States require all adults to report suspicions of child abuse or neglect. Child Welfare Information Gateway's publication *Mandatory Reporters of Child Abuse and Neglect* discusses the laws that designate groups of professionals as mandatory reporters: https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm

For information about where and how to file a report, contact your local child protective services agency or police department.

Childhelp National Child Abuse Hotline (800.4.A.CHILD) and its website offer crisis intervention, information, resources, and referrals to support services and provide assistance in 170 languages: http://www.childhelp.org/pages/hotline-home

For information on what happens when suspected abuse or neglect is reported, read Information Gateway's *How the Child Welfare System Works*: https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf

Some children may directly disclose that they have experienced abuse or neglect. The factsheet *How to Handle Child Abuse Disclosures*, produced by the "Childhelp Speak Up Be Safe" child abuse prevention campaign, offers tips. The factsheet defines direct and indirect disclosure, as well as tips for supporting the child: http://www.speakupbesafe.org/parents/disclosures-for-parents.pdf

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision

- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home
- Is reluctant to be around a particular person
- Discloses maltreatment

The Parent:

- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
- Shows little concern for the child

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

The above list may not be *all* the signs of abuse or neglect. It is important to pay attention to other behaviors that may seem unusual or concerning. In addition to these signs and symptoms, Child Welfare Information Gateway provides information on the risk factors and perpetrators of child abuse and neglect fatalities: https://www.childwelfare.gov/can/risk_perpetrators.cfm

Signs of Physical Abuse

Consider the possibility of physical abuse when the **child:**

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver
- Abuses animals or pets

Consider the possibility of physical abuse when the **parent or other adult caregiver:**

- Offers conflicting, unconvincing, or no explanation for the child's injury, or provides an explanation that is not consistent with the injury
- Describes the child as "evil" or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child
- Has a history of abusing animals or pets

Signs of Neglect

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

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child:**

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Consider the possibility of sexual abuse when the **parent or other adult caregiver:**

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child:**

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver:**

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

THE IMPACT OF CHILDHOOD TRAUMA ON WELL-BEING

Child abuse and neglect can have lifelong implications for victims, including on their well-being. While the physical wounds heal, there are several long-term consequences of experiencing the trauma of abuse or neglect. A child or youth's ability to cope and even thrive after trauma is called "resilience," and with help, many of these children can work through and overcome their past experiences.

Children who are maltreated often are at risk of experiencing cognitive delays and emotional difficulties, among other issues. Childhood trauma also negatively affects nervous system and immune system development, putting children who have been maltreated at a higher risk for health problems as adults. For more information on the lasting effects of child abuse and neglect, read Child Welfare Information Gateway's factsheet *Long-Term Consequences of Child Abuse and Neglect*: https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm

The National Child Traumatic Stress Network's webpage What Is Child Traumatic Stress offers definitions, materials on understanding child traumatic stress, and several Q&A documents: http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts

The Monique Burr Foundation for Children's brief *Speak Up Be Safe: The Impact of Child Abuse and Neglect* explains the immediate and long-term consequences of child abuse and neglect to child, family, school, and community well-being: http://www.moniqueburrfoundation.org/SUBS/Resources/Impact_of_Abuse_and_Neglect.pdf

The National Council for Adoption's article "Supporting Maltreated Children: Countering the Effects of Neglect and Abuse" explains several issues common to children that have experienced abuse or neglect and offers suggestions for parents and caregivers on talking with children and helping them overcome past traumas: https://www.adoptioncouncil.org/images/stories/documents/NCFA_ADOPTION_ADVOCATE_NO48.pdf

ZERO TO THREE produced *Building Resilience: The Power to Cope With Adversity*, which presents tips and strategies for helping families and children build resilience after trauma: http://www.zerotothree.org/maltreatment/31-1-prac-tips-beardslee.pdf

Resources

Child Welfare Information Gateway's web section on child abuse and neglect provides information on identifying abuse, statistics, risk and protective factors, and more:
https://www.childwelfare.gov/can/

The Information Gateway Reporting Child Abuse and Neglect webpage provides information about mandatory reporting and how to report suspected abuse:
https://www.childwelfare.gov/responding/reporting.cfm

The National Child Abuse Prevention Month web section provides tip sheets for parents and caregivers, available in English and Spanish, that focus on concrete strategies for taking care of children and strengthening families:
https://www.childwelfare.gov/preventing/preventionmonth/tipsheets.cfm

Information Gateway also has produced a number of publications about child abuse and neglect:

- *Child Maltreatment: Past, Present, and Future:*
  https://www.childwelfare.gov/pubs/issue_briefs/cm_prevention.pdf
- *Long-Term Consequences of Child Abuse and Neglect:*
  https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf
- *Preventing Child Abuse and Neglect:*
  https://www.childwelfare.gov/pubs/factsheets/preventingcan.pdf
- *Understanding the Effects of Maltreatment on Brain Development:*
  https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

The Centers for Disease Control and Prevention (CDC) produced *Understanding Child Maltreatment*, which defines the many types of maltreatment and the CDC's approach to prevention, in addition to providing additional resources:
http://www.cdc.gov/violenceprevention/pdf/cm_factsheet2012-a.pdf

Prevent Child Abuse America is a national organization dedicated to providing information on child maltreatment and its prevention:
http://www.preventchildabuse.org/index.shtml

The National Child Traumatic Stress Network strives to raise the standard of care and improve access to services for traumatized children, their families, and communities:
http://www.nctsn.org/

Stand for Children advocates for improvements to, and funding for, programs that give every child a fair chance in life: http://stand.org/

A list of organizations focused on child maltreatment prevention is available in Information Gateway's National Child Abuse Prevention Partner Organizations page: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=21&rate_chno=19-00044

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STATE MANAGERS SERIES

Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

BULLETIN FOR PROFESSIONALS

January 2013

Chronic Child Neglect

Chronic child neglect is one of the most daunting challenges to the well-being of children and families receiving child welfare services. The child welfare system is primarily geared to protect children who are in imminent danger or who experience egregious harm at the hands of their parents or caregivers (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). Chronic child neglect, however, which is less visible and often less sensational, is more pervasive and difficult to resolve.

What's Inside:

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1912 2012 Children's Bureau

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This bulletin for professionals discusses what we know about chronic neglect and then reviews ways to work with families experiencing chronic neglect, including critical elements of successful casework practice, examples of what agencies are doing, and ways agencies can integrate child welfare approaches to chronic neglect with prevention and early intervention efforts.

What Is Chronic Neglect?

While a universal definition of chronic neglect does not exist, there are several professionally agreed upon identifiers. Chronic neglect occurs when:

1. One or more needs basic to a child's healthy development are not met.
2. The neglect is perpetrated by a parent or caregiver.
3. The neglect happens on a recurring or enduring basis.

When these three identifiers result in cumulative harm or serious risk of harm to the child's safety, health, or well-being, a child can be said to be chronically neglected. Using this framework, chronic child neglect can be defined as a parent or caregiver's ongoing, serious pattern of deprivation of a child's basic physical, developmental, and/or emotional needs for healthy growth and development (Kaplan, Schene, DePanfilis, & Gilmore, 2009).

Chronic neglect differs from incident-based neglect in terms of duration, frequency (e.g., number of reports), duration of need for services, and referrals for multiple types of maltreatment.

> For more information about incident-based neglect, read Information Gateway's *Acts of Omission: An Overview of Child Neglect* at https://www.childwelfare.gov/pubs/focus/acts/index.cfm.

There are many types of chronic neglect that may bring a family to the attention of a child welfare agency. The following table describes these types, as well as the associated parental behaviors.

Types of Neglect	Examples
Abandonment	Abandonment by parents/caregivers
Physical	• Inadequate nutrition • Inadequate or unsuitable seasonal clothing • Unreasonably unclean clothing • Inadequate hygiene • Exposure to chronically unhygienic, unsafe, chaotic or cluttered environment
Medical	• Delays in medical/health care • Parental/caregiver failure to seek health care • Parental/caregiver failure to seek therapy for developmental delay
Psychological/Emotional	• Deprivation of emotional nurturance • Emotional absence of parent/caregiver
Developmental	• Parental/caregiver failure to recognize developmental capacities/limits • Parent/caregiver failure to address developmental needs • Parent/caregiver failure to foster ordinary developmental milestones
Supervisory	• Being left alone for extended or prolonged periods given the child's age and capacities • Being left in a locked, closed vehicle • Parental/caregiver incapacitation
Guidance	• Exposure to antisocial/criminal behaviors by parents/caregivers • Exposure to illicit drug use by parents/caregivers • Parental/caregiver failure to prevent/discourage risk taking or criminal behavior
Educational	• Parental/caregiver failure to ensure school enrollment or other necessary educational institutions • Parent/caregiver failure to discourage frequent absenteeism

Source: The Australian Office for Children, Youth and Family Support: http://www.dhcs.act.gov.au/__data/assets/pdf_file/0008/165635/OCYFS_Neglect_Practice_Paper.pdf

Scope of the Problem

For more than a decade, State reports to the National Child Abuse and Neglect Data System (NCANDS), a Children's Bureau initiative, have shown that the great majority of maltreatment reports in the United States involve neglect rather than physical or sexual abuse. The most recent Child Maltreatment reports show that children who experienced neglect made up approximately three-quarters of children who were identified as maltreatment victims (U.S. Department of Health and Human Services [HHS], 2009, 2010, 2011). Additionally, cases involving neglect are more likely to recur than cases involving other maltreatment types (DePanfilis and Zuravin, 1999; Marshall & English, 1999; Fluke & Hollinshead, 2003) and recur more quickly than abuse cases (DePanfilis & Zuravin, 1999).

See the Appendix for a chart of statistics on cases of substantiated neglect in the United States from 2000 through 2010.

Characteristics of Families

Several parental stressors are associated with chronic neglect, including poverty, mental health issues, and substance abuse (Tanner & Turney, 2003; Wilson & Horner, 2003). Of all forms of maltreatment, neglect has the strongest relationship to poverty (Loman, 2006). This relationship is not causal but contributory—neglect is strongly associated with measures of socioeconomic disadvantage, which include welfare dependence, homelessness, low levels of education, and single-parent families—as well as limited income. It is often difficult to distinguish when neglect is a direct effect of family poverty and when it arises from lack of concern, insufficient knowledge of parenting, poor financial planning, mental incapacity, addiction, parental disabilities and medical conditions, or other factors.

Families' lives at home are frequently characterized by a chaotic, unpredictable, and disorganized family life; low social cohesion and fewer positive interactions; fewer actual or perceived social supports and social isolation; a lack of life skills; limited nurturing; perceived or learned powerlessness; and exposure to violence and crime. The communities in which these families live are often typified by community poverty, high unemployment, inadequate housing, and high crime rates (Cahn & Nelson, 2009).

In addition, these families are often victims of intergenerational issues. If parents do not engage in developmentally appropriate activities to encourage their children's physical, mental, and academic growth and promote their safety and well-being, their children are less likely to learn how to do those things when they are parents.

Effects on Children

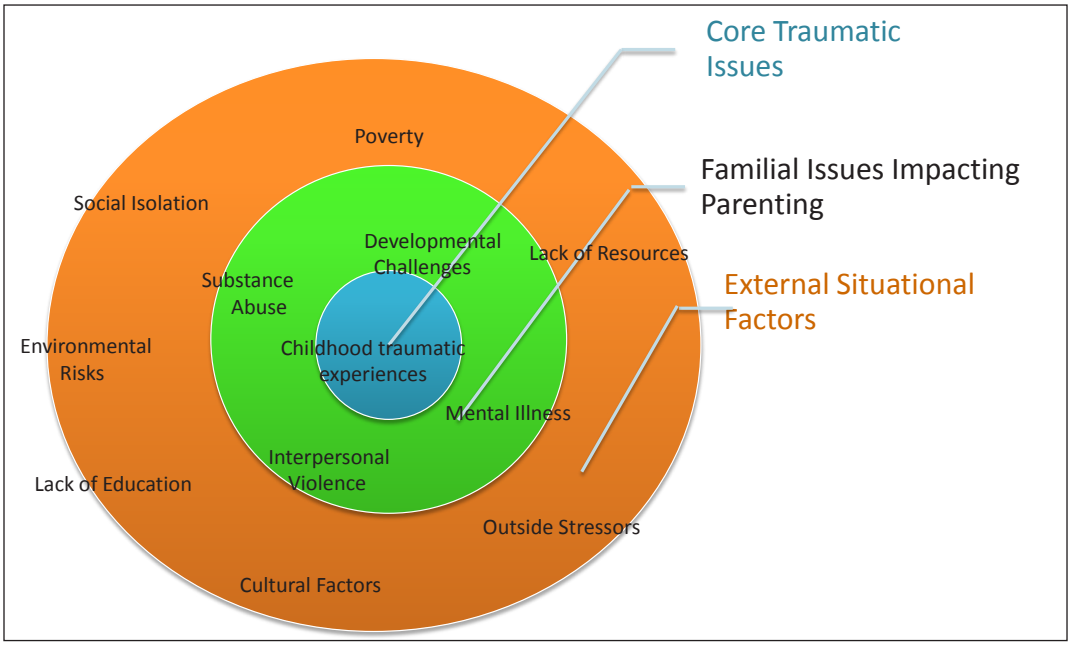
Neglected children, relative to children impacted by other types of maltreatment, experience more severe cognitive and academic deficits, social withdrawal, and internalizing behaviors (Hildyard & Wolfe, 2002). Although single incidences of physical and sexual abuse may sometimes appear to be more extreme than neglect, the effects of chronic neglect, if not addressed, can have a considerable impact on the long-term health and well-being of children and youth.

Child trauma expert Bruce Perry (2003) has indicated that the impact of child neglect is often similar to that of trauma. Permanent changes in the brain, including lack of neural connections and pathways may permanently limit the child's ability to develop normally.

Children who have been the subject of chronic neglect exhibit problems with attachment, cognitive development, emotional self-regulation, social self-confidence, social competence, perseverance in problem-solving, and empathy and social conscience. They may experience language delay, as well as conduct disorders. The younger the child and more prevalent the neglect, the greater the cumulative harm and more pernicious the consequences for the child (Perry, 2000, in American Humane Association, 2010). The unremitting daily impact of these experiences on the child can be profound and exponential, diminishing a child's sense of safety, stability, and well-being (American Humane Association, 2010).

Given that neglect often co-occurs with other types of maltreatment, isolating the impacts of neglect alone is challenging. More research is needed in this area (Corso, 2010).

Three Tiers of Chronic Neglect



This Ecological Framework illustrates how the accumulation of experiences and factors across three tiers—core traumatic issues, family issues, and external factors—contributes to chronic neglect. Adapted from an ecological framework used by the World Health Organization at http://www.who.int/violenceprevention/approach/ecology/en/index.html and Bronfenbrenner's Ecological Model of Human Development (1979).

Effects on Society

In assessing the impact of chronic neglect on society, studies show a significant economic toll as resources are disproportionately dedicated to chronic neglect families to increase supports and enhance their capacity to parent their children. One study found that the costs associated with families who chronically neglect their children are seven times greater than the costs associated with families not experiencing chronic neglect in the child welfare system (Loman & Siegel, 2004). Another study indicated that one-half of all child welfare expenditures are spent on chronic neglect cases, with one-fifth of all families responsible for one-half of the spending, averaging $13,000 per year per family over a 5-year period (Lange & Ghazvini, 2007).

High-cost and long-term solutions can be considered if there are significant future benefits, especially cost-avoidance results. Cost-benefit and cost-effectiveness studies are essential to new programs aimed at chronic neglect families.

Practice Principles

While practice elements remain the same in many aspects of working with all families involved with child welfare, there are distinct aspects that require new or additional elements in order to effectively partner with and assist families impacted by chronic neglect.

An Ecological Framework

Using an ecological development framework that targets interventions at all the levels of the individual, family, community, and society is recommended. Principles for implementing these interventions and working with families to reduce risk of neglect include the following (DePanfilis, 2002):

- Provide attention to basic, emergency, and concrete needs.
- Support families in identifying and meeting children's basic needs.
- Practice community outreach.
- Assess families to tailor interventions.
- Form helping alliances with families.
- Empower families and use strengths-based approaches.
- Address readiness to change.
- Embrace cultural competence.
- Use outcome-driven service plans.

Chronic Neglect Casework

The multiple needs of families impacted by chronic neglect suggest that caseworkers must have access to the necessary resources, a flexible work environment, and the authority to make decisions in response to changing circumstances and needs (Kaplan et al., 2009). The following sections describe how chronic neglect may be addressed in casework.

It is important to recognize and remember that the accumulation of harm experienced by

families requires resolute and reliable practice. An emphasis on positive attitudes and positive qualities of helpers are imperative with this population of families.

Intake

In screening maltreatment reports, workers can, with the support of tools and protocols, determine whether the case is "chronic." Indicators of chronicity can be straightforward, such as a specific number of reports in a given period of time. Other indicators are a family's history of need around cumulative harm rather than immediate safety issues and/or a pattern of involvement with the agency that is seldom acute. While the complexities of a case can be revealed through family engagement and assessment, it is reasonable to begin with a simplified discernment, such as the number of reports in a given time period.

Engagement

Engagement with the family increases the caseworker's ability to influence factors affecting safety. The quality of the relationship between the parents and the worker is the most powerful factor in change. Engaging families who have minimal energy and interest requires exceptional skills, patience, and staying power (Thompson & Lockwood, 2008).

In order to successfully engage the family, a caseworker must demonstrate to the family that he or she:

- Trusts the family and can be trusted
- Possesses a belief that the family is more than the problem that brought them into the system
- Understands family needs from the family's point of view
- Understands the effort it takes for a family to change
- Has a sincere interest in supporting change

Assessment

In order to fully understand the safety and risk factors associated with chronic neglect, a comprehensive, individualized assessment must be conducted to identify family members' unique strengths, needs, and relevant targeted services (Johnson, 2009). Approaches to neglect need to move away from incidence-based intervention and assessment and toward assessment of cumulative harm, with intervention and support aimed at the long-term.

In order to make that determination, the initial assessment considers (1) family history and cumulative harm, not just immediate safety, and (2) the pattern of prior referrals. Assessment and actions need to address the parents' underlying issues. Analysis should focus on examining how the children's basic needs are met and on identifying situations that may indicate repeated or a variety of omissions in care that result in harm to the children (DePanfilis, 2006). Assessing the detailed circumstances and behaviors within the widest possible context will help ensure a successful intervention plan (Jones & Gupta, 2003). It is important to solicit the parents' perspectives on what presents challenges and impedes their success as well as what increases their capacity and opportunities to respond to their child's needs effectively.

Case Planning and Intervention

Partnering with families to develop the case plan can benefit both families and caseworkers. Parents feel that their voice

is heard as they weigh in on the family's strengths and needs; workers share responsibility for devising a plan that is tailored to meet the unique circumstances of the family. Information Gateway's (2012) *Engaging Families in Case Planning* (https://www.childwelfare.gov/pubs/engaging_families.cfm) describes ways to promote skillful engagement and provides examples of successful family engagement using such techniques as family group decision making, family partnership meetings, and solution-based casework.

Timing is critical with intervention. It is important to provide families with help before situational and sporadic neglect becomes chronic and before chronic neglect is combined with physical abuse or sexual abuse (Wilson, 2010). In addition, given the critical early development of brain physiology before age 3 (Perry, 2003), there is a need to explore preventive interventions that can reduce the consequent development deficits and break the intergenerational cycle.

Common practices used in effective interventions include the following (American Humane Association, 2010):

- Meeting concrete (survival) needs first
- Building a trusting relationship with the whole family through maximum involvement of family members and informal networks
- Making more frequent/intensive visits over a longer time
- Tailoring interventions to the family to help them achieve individualized goals
- Building life skills and problem-solving skills around time, money, and family planning via goals that are small, specific, measurable, achievable, and related to outcomes
- Helping the family build or strengthen their support network
- Promoting self-care and teaming
- Planning for a longer-term intervention (greater than 1 year)
- Using interventions with an ecological approach that considers the family's multiple systems (community, school, extended family, etc.)
- Using interventions that have a strong focus on skill building (communication, problem-solving, parenting, interpersonal relationships)
- Connecting families with informal networks in their communities

In order to be effective, these essential components require infrastructure support such as small caseloads for specialized chronic neglect workers or units, competent communication and leadership practices, and solution-focused supervisors with clinical expertise in identifying and responding to the vicarious trauma of workers (American Humane Association, 2010).

FEDERAL FUNDING TO ADDRESS NEGLECT

In 1996 and 1997, the Children's Bureau funded demonstration projects to address the prevention, intervention, and treatment needs of neglected children and their families. One project focused specifically on chronic neglect. The Family Network Project, in Buffalo, NY, was run by a partnership between the local Parents Anonymous organization and the Erie County Department of Social Services and offered the following services to chronic neglect families: 24-hour crisis intervention and support counseling, family-focused assessments, home-based support, concrete services, and parent education and support groups. Based on data from 92 families, the project exceeded its goals, which included safe housing, mastery of daily living skills, appropriate child discipline, health care, and mental health care. Families who were assigned one caseworker for their entire service term recorded greater improvements in all domains than families with multiple caseworkers. Three-fourths of the families sustained their improvements 6 months after termination of services. Changes were more substantial for families that stayed in the program for at least 3 months.

Read the project's final report here: http://library.childwelfare.gov/cbgrants/ws/library/docs/cb_grants/Record?w=NATIVE%28%27PDT+%3D+%27%27Grantee+Final+Reports%27%27+AND+YEAR+%3D+2002%3A2002+%27%29&upp=0&rpp=25&order=native%28%27year%2FDescend%27%29&r=1&m=9

Case Closure and Beyond

Chronic neglect cases require specialized caseworker skills due to the intensity and duration of the practitioner's involvement in the family's life and the significance of particular steps/actions. A plan should be in place that addresses what the family can do if they begin to find themselves slipping into their former circumstances. At a minimum, these plans will provide family members with ways to access and receive ongoing family or community support as well as needed services and assistance. For families needing ongoing assistance, the caseworker should ensure that a warm handoff to community services has occurred.

It is good practice to anticipate and prepare for a family crisis as case closure nears, since the experience of ending the relationship may be different for different family members. It is also important for the caseworker to get the family's consent to allow visits after case closure. Visits at 3 and 6 months may serve as "boosters" that also allow for status updates and some assistance if needed.

Competencies and Training

Competencies and responsibilities of supervisors and workers who specialize in chronic neglect are somewhat distinct from the core child protection competencies. The following sections review those competencies and then discuss the types of training that can promote those competencies.

Competencies and Responsibilities of Caseworkers Who Specialize in Chronic Neglect

Caseworkers need specialized knowledge and experience with this population of families in order to be effective. Characteristics and skills should include:

- Exceptional engagement skills, patience, and staying power
- Ability to assess and identify child developmental needs
- Understanding of the distinction between immediate harm and cumulative harm
- Understanding of the concept of low impact/high frequency events compared to high impact/low frequency events
- Ability and willingness to enlist not only formal support networks but also informal networks such as family supports, relatives, neighbors, churches, and other nonprofessionals
- Knowledge of protective factors that families can build and strategies for helping them build these protective factors
- Ability to instill hope, which is a key to intervention and change, in particular to counteract the pervasive impacts of despair and demoralization
- Awareness of the signs and symptoms of secondary trauma and strategies to address it

More information on the protective factors is available in Child Welfare Information Gateway's *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide*: https://www.childwelfare.gov/preventing/preventionmonth/guide2013/

Competencies/Responsibilities of Supervisors Who Specialize in Chronic Neglect

Supervisors will be able to coach their caseworkers for both competence and confidence by building caseworker knowledge, skills, and abilities needed to implement family-centered, strengths-based casework with fidelity. This building of competence and confidence occurs through:

- Partnering and relationship-building
- Skillful use of questions
- Listening
- Observing
- Providing constructive feedback

In addition to these five skills, many supervisors will require additional training to optimize their work with the chronic neglect worker. Supervisors should be able to provide support (vs. require compliance of the worker), use clinical expertise, assist in solving problems and making decisions, serve as mentors, monitor workers for secondary trauma, and encourage self-care strategies and behaviors. Much like the flexibility required of workers who work with families impacted by chronic neglect, the flexibility of supervisors can, among other things, encourage creative thinking and solutions within the legal framework in which this work is performed.

Specialized Training

Specialized training is essential to optimizing the performance of both workers and supervisors working on chronic neglect cases. Such training should provide workers and

their supervisors with an understanding of the characteristics of families that are chronically involved with the child welfare system, the patterns of maltreatment associated with this repeated involvement, and the areas in which these families often need services and supports. Examples include the following:

- Enhanced training on **family engagement** is necessary, with a focus on involving families and their informal supports as "experts" on their own family's strengths and needs.
- Caseworkers must be skilled in understanding what families are **communicating**. If caseworkers better understand the families' needs by effectively listening to them, there is a greater likelihood of success through developing a supportive relationship and tailoring services to meet individual needs.
- Training should also include **comprehensive family assessment** as opposed to a more limited focus on the specific allegations contained in a single report of maltreatment (Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy [CSSP], 2006).
- To better serve children who repeatedly experience child maltreatment, all direct service providers should have access to and receive ongoing training to develop an in-depth understanding of **child development** and current research on early brain development.
- To prevent recurrences of neglect and to help families become stronger, all workers should be trained in the Strengthening Families Protective Factors framework and the strategies that can help families build protective factors (http://www.cssp.org/reform/strengthening-families). More information on protective factors is available in Information Gateway's annual resource guide on prevention at https://www.childwelfare.gov/preventing, and a free online training on a strengths-based approach to helping families build protective factors is available from the National Alliance of Children's Trust and Prevention Funds at http://learner.ctfalliance.org/login/index.php.
- To help adult family members understand their own trauma and the importance of protecting their children from trauma, all workers would benefit from training on the Adverse Childhood Experiences (ACES) research, conducted by the Centers for Disease Control and Prevention (http://www.cdc.gov/ace/).

There must be an organizational commitment to collaborate with other child- and family-serving systems and community-based organizations so that caseworkers and supervisors can develop strong working relationships with community service providers. Cross-training child welfare, mental health, substance abuse, and domestic violence service providers can build workers' internal capacity to identify, assess, refer, and intervene, as appropriate, in response to a chronic neglect family's multiple needs. For example, an effective partnership and cross-training between early childhood education providers and child welfare workers is essential to the well-being of chronically neglected young children (CSSP, 2006).

Other programs such as Circle of Parents and Parents Anonymous show promise in providing peer support to parents by

matching them with other parents who have previous experience with child welfare and have successfully resolved their own family issues. These experienced and trained parents (Parent Leaders) serve as mentors, providing support, guidance, and hope to parents struggling to meet their children's needs. The California Evidence-Based Clearinghouse for Child Welfare identifies several Parent Partner programs: http://www.cebc4cw.org/topic/parent-partner-programs-for-families-involved-in-the-child-welfare-system.

Implications for Child Welfare Organizations

Child welfare agencies may need to restructure and rethink their organization and policies to better meet the needs of families experiencing chronic neglect. Steib and Blome (2009) recommend specific changes that agencies can make, including:

- Moving away from the idea of quick fixes and toward plans for long-term interventions to address chronic neglect
- Fostering leadership that supports and promotes family engagement approaches
- Reorganizing so that staff work in teams to ensure continuity with families when there is worker turnover
- Allowing specialized chronic neglect units to hire workers with masters degrees and to maintain a manageable workload
- Relying on methodologically sound evaluation and outcome data instead of anecdotal indicators
- Permitting services to be long-term when needed
- Using cost-benefit research to determine the cost of not providing needed benefits and services to children experiencing chronic neglect

Public agencies need to focus on prevention and early intervention and on developing partnerships with other community and informal support systems to promote effective prevention strategies for chronic neglect. The only way to address chronicity is to interrupt the cycle before it begins (Kaplan et al., 2009). Child welfare research and practice have evolved so that there is also a general recognition of the need for multiple, differential responses to child maltreatment. Short-term interventions have little impact on families chronically involved with the child welfare system, and thus using them in this way can be a waste of already-limited resources. Public child welfare agencies need to identify ways and resources to train the workforce on chronic neglect as well as the co-occurring issues that burden the lives of these families.

A Framework for Addressing Chronicity

The Center for the Study of Social Policy (2006), in a report on chronic abuse and neglect, lists seven areas of action as a framework for agencies to increase understanding of and strengthen responses to the needs of this population:

1. Develop a better understanding of the phenomenon of "repeated involvement" or "chronicity."

2. Assess whether change is needed in management, staffing, and training in the agency and in the court.
3. Assess the current array of services and supports for families with chronic involvement.
4. Determine ways to listen to parents when developing a plan to address the family's needs.
5. Assess how well the needs of children and youth are being met.
6. Assess the level of involvement with community-based efforts that focus on economic development of neighborhoods, community revitalization, employment training and preparation, and affordable and safe housing.
7. Improve the level of collaboration with other child and family-serving agencies.

Integrating Approaches Along the Child Welfare Continuum

Two child welfare approaches—differential response and prevention—have particular relevance for addressing chronicity.

Differential response systems may be the most promising framework for treatment of neglect and chronic neglect. Greater breadth and depth are encouraged in conducting family assessments in differential response systems; thus, workers are better able to detect safety and risk factors (Johnson, 2009). Agencies may set up a chronic neglect pathway that can identify families that repeatedly come to the attention of the child welfare agency (Johnson, 2009). When the third referral is received by the hotline (or another number as designated by agency policy or protocol), the family receives specialized response and intervention. Having a dedicated chronic neglect pathway allows for targeted screening and case assignment to workers with specialized knowledge of and expertise in working this population. It provides an opportunity for the agency to assign a family to a worker who is familiar with them, and conversely, offers families an option to work with someone they already know (Johnson, 2009). With easy access to case history at the second and third report, child protective services may respond by offering voluntary, concrete services to the family and assist in building support systems (Gilmore, 2009). Concrete Support and Social Connections are just two of the known protective factors.

For more information about differential response, visit the Children's Bureau's National Quality Improvement Center on Differential Response in Child Protective Services at http://www.differentialresponseqic.org.

Many **prevention services** (e.g., respite, family support, home visiting, etc.) are effective at different points of families' involvement with the child welfare system and may keep families from becoming chronically involved. Unsubstantiated cases of maltreatment often signal significant need of services. One option for agencies is to mandate that a second report of maltreatment triggers an enhanced assessment and case management plan to ensure needed services are accessed, regardless of immediate risk of harm (Jonson-Reid, 2012).

Some of the most promising prevention initiatives nationwide are types of community

empowerment, including the investment in early childhood education (Wilson, 2010). In times of economic hardship, community agencies, churches, and neighborhoods can join together to support child development in poor families (Wilson, 2010). Community programs that sustain morale under these conditions will:

- Provide concrete emergency assistance to families on the verge of destitution
- Offer ongoing emotional support, especially to single-parent families
- Involve families in creating a better future for their children
- Make sustained investments in poor children's intellectual and social development (Wilson, 2010)

Examples of Promising Interventions and Evidence-Informed Programs

As more innovative programs are tested and more research is carried out, both researchers and practitioners are learning more about what works in addressing chronic neglect. The following are two examples of programs focused on chronic neglect.

Minnesota and the Family Asset Builder

In 2009, Casey Family Programs and the American Humane Association partnered to develop a new intervention model for cases of chronic child neglect. The model, called the Family Asset Builder (FAB), was implemented in two Minnesota counties in February 2011. It is a strengths-based, solution-focused approach that calls for chronic neglect workers with reduced caseloads to partner with and more fully engage families through frequent and consistent contact over an 18-month period. Preliminary results suggest that the model has enabled workers to establish better working relationships with families and focus more productively on manageable goals. It also has given workers a sense of accomplishment regarding the program's positive impact on families.

For more information, visit the Casey website: http://www.casey.org/Resources/Initiatives/FamilyAssetBuilder/default.htm

Missouri and the Chronic Neglect Worker

In response to the highly publicized 1995 death of an infant due to chronic neglect, as well as part of a larger reform effort, the St. Louis, MO, child welfare system revamped its practice by making the following changes:

- Changing removal criteria to focus on accumulation of harm
- Providing training and new processes focused on assessment
- Revamping the criteria for case closure in cases of chronic neglect
- Developing a protocol for coordination between agencies
- Reducing caseloads (Johnson, 2009)

A chronic neglect worker position was created, and this specialist was responsible for identifying and working with families impacted

by chronic neglect. Other innovations included hiring a chronic neglect family support worker from the neighborhood, integrating social work students in meaningful functions, using family team meetings and a family relationships map, and providing specialized training for workers.

For more information, read Frances Johnson's (2009) "Chronic Neglect Practice With St. Louis Families," *Protecting Children*, Vol. 24, at http://www.americanhumane.org/assets/pdfs/children/pc-pc-chronic-neglect-st-louis.pdf.

In addition, Missouri's *Child Welfare Manual* includes a chapter on chronic neglect and recommended practice: http://www.dss.mo.gov/cd/info/cwmanual/section7/ch1_33/sec7ch10.htm.

Conclusion: The Importance of Hope

Hope is the linchpin to intervention and the motivation to change, in particular, to counteract the omnipresent impacts of despair and demoralization. Hope aims to raise expectations of a better future and increase the possibility of its attainment (Kaplan, et al., 2009). Families that have hope are able to look ahead and envision a time when their problems are under control and their children are happy and healthy. Workers who can maintain a positive, forward-thinking attitude and who can radiate that optimism have a greater chance of igniting hope in families who may have had little reason to be hopeful in the past.

EVIDENCE-INFORMED PROGRAMS

The following list provides links to programs that focus on prevention or intervention to help families with chronic neglect. Each of these programs has some level of empirical support for their effectiveness; program activities have been found, based on an objective standard, to lead to intended goals.

- Circle of Security
- Family Connections
- Healthy Start
- Healthy Families
- Helping Families Prevent Child Neglect
- Nurse Family Partnership
- Families and Centers Empowered Together (FACET)
- Nurturing Parents Program
- Project Healthy Grandparents
- Project Safe Care
- Project Twelve Ways
- Strengthening Families Program
- Therapeutic Child Care

"A touch of hope, a trustworthy attachment, growing self-esteem and a sense of being in control make the unbearable somewhat less so." (Krugman, 1987, in Kaplan, et al., 2009)

"By hypothesis, any factor or set of factors that influence the hopes of poor parents that they may one day have a better life, affects their morale, which, in turn, affects their parenting practices." (Wilson & Horner, 2005, in Kaplan, et al., 2009)

"Goals regarding intervention should be founded on building hope, self-esteem and self-sufficiency for both the parents and the children." (Gaudin, 1993, in Kaplan, et al., 2009)

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Appendix

National Statistics on the Number and Percentages of Child Neglect Cases

Year[1]	Number of Children With Substantiated Reports of Child Maltreatment[2]	Number (percent) Who Were Victims of Neglect
2000	862,455	515,792 (59.8)
2001	903,089	516,635 (57.2)
2002	895,569	523,704 (58.5)
2003	787,156	479,567 (60.9)
2004	872,088	544,050 (62.4)
2005	899,454[3]	564,765 (62.8)
2006	885,245	567,787 (64.1)
2007	740,517	436,944 (59.0)
2008	758,289	539,322 (71.1)
2009[4]	693,174	543,035 (78.3)
2010	688,251	538,557 (78.3)

Numbers are taken from Federal *Child Maltreatment Reports* (https://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment) and are based on tables at the end of Chapter 3 presenting case-level data for type of maltreatment.

[1] States include District of Columbia and Puerto Rico. Not all States reported case-level data every year. The reports used aggregate data when case-level data were not available.

[2] Victims of neglect may have also experienced other types of maltreatment, including medical neglect. Medical neglect is not included in this number.

[3] Increase in total number of victims in 2005 is largely attributed to the inclusion of case-level data from Alaska and Puerto Rico, which had not been included in 2004.

[4] Beginning in 2009, *Child Maltreatment* reports broke down the numbers by unique vs. duplicate count victims. The duplicate count of child victims counts a child each time he or she was found to be a victim. The unique count of child victims counts a child only once regardless of the number of times he or she was found to be victim during the reporting year. These numbers refer to unique victims.

Child Welfare Information Gateway

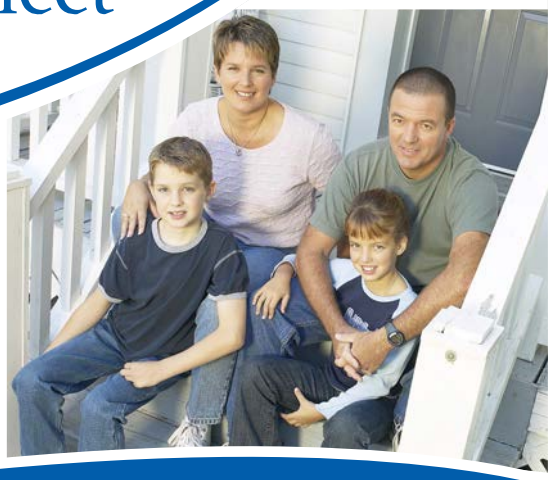
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

July 2013

Disponible en español
https://www.childwelfare.gov/pubs/factsheets/sp_long_term_consequences.cfm

Long-Term Consequences of Child Abuse and Neglect



For fiscal year (FY) 2011, States reported that 676,569 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2012). While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families, and society that last lifetimes, if not generations.

What's Inside:

Use your smartphone to access this factsheet online.

Children's Bureau

Child Welfare Information Gateway
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
https://www.childwelfare.gov

The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, and societal consequences. In reality, however, it is impossible to separate the types of impacts. Physical consequences, such as damage to a child's growing brain, can have psychological implications, such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems, such as sexually transmitted diseases, cancer, and obesity. Not all children who have been abused or neglected will experience long-

The Federal Government has made a considerable investment in research on the causes and long-term consequences of child abuse and neglect. These efforts are ongoing; for more information, visit the websites listed below:

Adverse Childhood Experiences (ACE) Study is a collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic in San Diego, CA. It is the largest ongoing examination of the correlation between childhood maltreatment and adult health and well-being outcomes. Data are collected from more than 17,000 participants undergoing regular health screenings who provide information about childhood experiences of abuse and neglect. Findings show that certain experiences are risk factors or causes for various illnesses and poor health.
http://www.cdc.gov/ace/index.htm

LONGSCAN (Longitudinal Studies of Child Abuse and Neglect) is a consortium of longitudinal research studies on the causes and impact of child abuse and neglect. It was initiated in 1990 with grants from the National Center on Child Abuse and Neglect. The size and diversity of the sample (1,354 children from five distinct geographical areas) enables LONGSCAN researchers to examine the relative impact of various forms of maltreatment, alone and in combination. LONGSCAN studies also evaluate the effectiveness of child protection and child welfare services.
http://www.iprc.unc.edu/longscan

NSCAW (The National Survey of Child and Adolescent Well-Being) is a project of the Administration on Children, Youth and Families to describe the child welfare system and the experiences of children and families who come in contact with the system. Survey data are collected from firsthand reports of children, parents, and other caregivers, as well as reports from caseworkers, teachers, and administrative records. NSCAW will continue to follow the life course of these children to gather data about services received during subsequent periods, measures of child well-being, and longer term results for the study population. This information will provide a clearer understanding of life outcomes for children and families involved with child welfare. http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw-1

term consequences, but they may have an increased susceptibility.

This factsheet explains the long-term physical, psychological, behavioral, and societal consequences of child abuse and neglect. For more information on abuse and neglect, including definitions, the different types, and the signs and symptoms, read Child Welfare Information Gateway's *What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms:* https://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm

Factors Affecting the Consequences of Child Abuse and Neglect

Individual outcomes vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of maltreatment (physical abuse, neglect, sexual abuse, etc.)
- The frequency, duration, and severity of the maltreatment
- The relationship between the child and the perpetrator

Researchers also have begun to explore why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed. The ability to cope, and even thrive, following a negative experience is often referred to as "resilience." It is important to note that resilience is not an inherent trait in children but results from a mixture of both risk and protective factors that cause a child's positive or negative reaction to adverse experiences. A number of protective and promotive factors—individually, within a family, or within a community—may contribute to an abused or neglected child's resilience. These include positive attachment, self-esteem, intelligence, emotion regulation, humor, and independence (Shaffer, 2012).

Physical Health Consequences

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases, the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted.

Child abuse and neglect can have a multitude of long-term effects on physical health. NSCAW researchers found that, at some point during the 3 years following a maltreatment investigation, 28 percent of children had a chronic health condition (Administration for Children and Families, Office of Planning, Research and Evaluation [ACF/OPRE], 2007). Below are some outcomes other researchers have identified:

Abusive head trauma. Abusive head trauma, an inflicted injury to the head and its contents caused by shaking and blunt impact, is the most common cause of traumatic death for infants. The injuries

may not be immediately noticeable and may include bleeding in the eye or brain and damage to the spinal cord and neck. Significant brain development takes place during infancy, and this important development is compromised in maltreated children. One in every four victims of shaken baby syndrome dies, and nearly all victims experience serious health consequences (CDC, n.d.).

Impaired brain development. Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. These alterations in brain maturation have long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders (Tarullo, 2012). Disrupted neurodevelopment as a result of maltreatment can cause children to adopt a persistent fear state as well as attributes that are normally helpful during threatening moments but counterproductive in the absence of threats, such as hypervigilance, anxiety, and behavior impulsivity (Perry, 2012). Child Welfare Information Gateway has produced two publications on the impact of maltreatment on brain development.
Supporting Brain Development in Traumatized Children and Youth:
https://www.childwelfare.gov/pubs/braindevtrauma.pdf
Understanding the Effects of Maltreatment on Brain Development:
https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

Poor physical health. Several studies have shown a relationship between various forms of child maltreatment and poor health. Adults who experienced abuse or neglect during childhood are more likely to suffer from cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma, and obesity (Felitti & Anda, 2009). Specific physical health conditions are also connected to maltreatment type. One study showed that children who experienced neglect were at increased risk for diabetes and poorer lung functioning, while physical abuse was shown to increase the risk for diabetes and malnutrition (Widom, Czaja, Bentley, & Johnson, 2012). Additionally, child maltreatment has been shown to increase adolescent obesity. A longitudinal study found that children who experienced neglect had body mass indexes that grew at significantly faster rates compared to children who had not experienced neglect (Shin & Miller, 2012).

Psychological Consequences

The immediate emotional effects of abuse and neglect—isolation, fear, and an inability to trust—can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

Difficulties during infancy. Of children entering foster care in 2010, 16 percent were younger than 1 year. When infants and young children enter out-of-home care due to abuse or neglect, the trauma of a primary caregiver change negatively affects their attachments (ACF/OPRE, 2012a). Nearly

half of infants in foster care who have experienced maltreatment exhibit some form of cognitive delay and have lower IQ scores, language difficulties, and neonatal challenges compared to children who have not been abused or neglected (ZERO TO THREE, 2011).

Poor mental and emotional health. Experiencing childhood trauma and adversity, such as physical or sexual abuse, is a risk factor for borderline personality disorder, depression, anxiety, and other psychiatric disorders. One study using ACE data found that roughly 54 percent of cases of depression and 58 percent of suicide attempts in women were connected to adverse childhood experiences (Felitti & Anda, 2009). Child maltreatment also negatively impacts the development of emotion regulation, which often persists into adolescence or adulthood (Messman-Morre, Walsh, & DiLillo, 2010).

Cognitive difficulties. NSCAW researchers found that children with substantiated reports of maltreatment were at risk for severe developmental and cognitive problems, including grade repetition (ACF/OPRE, 2012b). In its final report on the second NSCAW study (NSCAW II), more than 10 percent of school-aged children and youth showed some risk of cognitive problems or low academic achievement, 43 percent had emotional or behavioral problems, and 13 percent had both (ACF/OPRE, 2011).

Social difficulties. Children who experience neglect are more likely to develop antisocial traits as they grow up. Parental neglect is associated with borderline personality disorders, attachment issues or affectionate behaviors with unknown/little-known people, inappropriate modeling of adult behavior, and aggression (Perry, 2012).

Behavioral Consequences

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group. According to NSCAW, more than half of youth reported for maltreatment are at risk for an emotional or behavioral problem (ACF/OPRE, 2012b). Child abuse and neglect appear to make the following more likely:

Difficulties during adolescence. NSCAW data show that more than half of youth with reports of maltreatment are at risk of grade repetition, substance abuse, delinquency, truancy, or pregnancy (ACF/OPRE, 2012b). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease. Victims of child sexual abuse also are at a higher risk for rape in adulthood, and the rate of risk increases according to the severity of the child sexual abuse experience(s) (Felitti & Anda, 2009; Messman-Morre, Walsh, & DiLillo, 2010).

Juvenile delinquency and adult criminality. Several studies have documented the correlation between child abuse and future juvenile delinquency. Children who have experienced abuse are nine times more likely to become involved

in criminal activities (Gold, Wolan Sullivan, & Lewis, 2011).

Alcohol and other drug abuse. Research consistently reflects an increased likelihood that children who have experienced abuse or neglect will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime. In fact, male children with an ACE Score of 6 or more (having six or more adverse childhood experiences) had an increased likelihood—of more than 4,000 percent—to use intravenous drugs later in life (Felitti & Anda, 2009).

Abusive behavior. Abusive parents often have experienced abuse during their own childhoods. Data from the Longitudinal Study of Adolescent Health showed that girls who experienced childhood physical abuse were 1–7 percent more likely to become perpetrators of youth violence and 8–10 percent more likely to be perpetrators of interpersonal violence (IPV). Boys who experienced childhood sexual violence were 3–12 percent more likely to commit youth violence and 1–17 percent more likely to commit IPV (Xiangming & Corso, 2007).

Societal Consequences

While child abuse and neglect usually occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

Direct costs. The lifetime cost of child maltreatment and related fatalities in 1 year totals $124 billion, according to a study funded by the CDC. Child maltreatment is more costly on an annual basis than the two leading health concerns, stroke and type 2 diabetes (Xiangming, Brown, Florence, & Mercy, 2012). On the other hand, programs that prevent maltreatment have shown to be cost effective. The U.S. Triple P System Trial, funded by the CDC, has a benefit/cost ratio of $47 in benefits to society for every $1 in program costs (Mercy, Saul, Turner, & McCarthy, 2011).

Indirect costs. Indirect costs represent the long-term economic consequences to society because of child abuse and neglect. These include costs associated with increased use of our health-care system, juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. Prevent Child Abuse America estimates that child abuse and neglect prevention strategies can save taxpayers $104 billion each year. According to the Schuyler Center for Analysis and Advocacy (2011), every $1 spent on home visiting yields a $5.70 return on investment in New York, including reduced confirmed reports of abuse, reduced family enrollment in Temporary Assistance for Needy Families, decreased visits to emergency rooms, decreased arrest rates for mothers, and increased monthly earnings. One study found that all eight categories of adverse childhood experiences were associated with an increased likelihood of employment problems, financial problems, and absenteeism (Anda et al., 2004). The authors assert that these long-term costs—to the workforce and to society—are preventable.

Prevention Practice and Strategies

To break the cycle of maltreatment and reduce the likelihood of long-term consequences, communities across the

country must continue to develop and implement strategies that prevent abuse or neglect from happening. While experts agree that the causes of child abuse and neglect are complex, it is possible to develop prevention initiatives that address known risk factors.

For more information, visit Information Gateway's Preventing Child Abuse and Neglect web section: https://www.childwelfare.gov/preventing/

Trauma-Informed Practice

While the priority is to prevent child abuse and neglect from occurring, it is equally important to respond to those children and adults who have experienced abuse and neglect. Over the past 30 years, researchers and practitioners have developed a better understanding of the effects of trauma. More has been done in the way of developing supports to address these effects, build resiliency, and, hopefully, prevent further trauma. Trauma-informed practice refers to the services and programs specifically designed to address and respond to the impact of traumatic stress. The importance of this approach has become especially evident in the child welfare system, as a majority of children and families involved with child welfare have experienced some form of past trauma. When human service systems recognize and respond to the impact of trauma and use this knowledge to adapt policies and practices, children, youth, and families benefit (Wilson, 2012).

The National Child Traumatic Stress Network strives to raise the standard of care and improve access to services for traumatized children, their families, and communities: http://www.nctsn.org/

For more information on trauma-informed practice, visit Information Gateway's Treatment and Trauma-Informed Care web section: https://www.childwelfare.gov/responding/trauma.cfm

Summary

There is a significant body of ongoing research on the consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Ultimately, due to related costs to public entities such as the health-care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole. Therefore, it is imperative for communities to provide a framework of prevention strategies and services before abuse and neglect occur and to be prepared to offer remediation and treatment when necessary.

Resources on Child Welfare Information Gateway

Child Abuse and Neglect
https://www.childwelfare.gov/can/

Definitions of Child Abuse and Neglect
https://www.childwelfare.gov/can/defining/

Preventing Child Abuse and Neglect
https://www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect
https://www.childwelfare.gov/responding/reporting.cfm

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Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

ISSUE BRIEF

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Child Maltreatment Prevention: Past, Present, and Future

What's Inside

This issue brief was developed by Child Welfare Information Gateway, in partnership with Deborah Daro, Ph.D. This document is made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services.

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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.
www.childwelfare.gov/preventing/preventionmonth/guide2011

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 at www.supportingebhv.org/home

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 judicial 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.

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