



PREVENTING CHILD MALTREATMENT

PROGRAM ACTIVITIES GUIDE

Preventing Child Maltreatment

The Facts

The Centers for Disease Control and Prevention (CDC) recognizes child maltreatment as a serious public health problem with extensive short- and long-term health consequences. In addition to the immediate physical and emotional effects of maltreatment, children who have experienced abuse and neglect are at increased risk of adverse health outcomes and risky health behaviors in adolescence and adulthood. Child maltreatment has been linked to higher rates of alcoholism, drug abuse, depression, smoking, multiple sexual partners, suicide, and chronic disease.

While there is no uniformly agreed upon definition for child maltreatment, the Child Abuse Prevention and Treatment Act recognizes four major types: physical abuse, neglect, sexual abuse, and emotional abuse. In 2002, an estimated 1,400 children younger than 18 years old died as a result of maltreatment and approximately 896,000 children were determined by state and local child protective services agencies to be victims of child abuse or neglect. The actual number of children who experience maltreatment each year most likely exceeds estimates because many cases go unreported or undetected.

CDC's violence prevention research has practical implications and immediate relevance for preventing child maltreatment. Studies about risk and protective factors are conducted to guide prevention programs and policies. Evaluation studies determine how well programs work and identify ways to conduct programs with the greatest impact. CDC is also interested in studying the links between child maltreatment and other forms of violence, such as youth violence, suicide, intimate partner violence, and sexual assault.

Within the field of child maltreatment prevention, there is a great need for primary prevention strategies that stop abuse and neglect before it occurs. Developing effective prevention programs is essential.

Key Partners

Preventing child maltreatment requires the support and contributions of many partners: other federal agencies, state and local health departments, nonprofit organizations, academic institutions, international agencies, and private industry. Partners help in a variety of ways, including collecting data about violence, learning about risk factors, developing strategies for prevention, and ensuring that effective prevention approaches reach those in need.

New Directions

CDC is moving the injury and violence-prevention field toward primary prevention and early intervention by exploring ways to prevent child maltreatment before it occurs. CDC's key activity areas for violence prevention include:

- Surveillance,
- Research,
- Capacity building,
- Communication,
- Partnership, and
- Leadership.

CDC's violence prevention activities are guided by four key principles:

- An emphasis on primary prevention;
- A commitment to advancing the science of prevention;
- A focus on translating scientific advances into practical application through effective programs and policies; and
- A commitment to building on the efforts of others by addressing gaps or needs.

Additional information about CDC's child maltreatment prevention programs and activities is available at www.cdc.gov/injury.

Monitoring, Tracking, and Researching the Problem

Addressing State Surveillance of Child Maltreatment

Five state health departments are implementing mortality and morbidity surveillance for child maltreatment. California, Michigan, Minnesota, Missouri, and Rhode Island are comparing alternative approaches to state-level surveillance for fatal and nonfatal child maltreatment and are testing methods that may be used for the surveillance of violence at all ages. This program addresses the need for a practical surveillance system for child maltreatment that can be implemented at the state level. It will also help determine the utility of various data sources, including data from hospitals, child protective services, law enforcement, child fatality review, and medical examiner and coroner reports.

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Developing Uniform Definitions and Recommended Data Elements

CDC is developing uniform definitions and recommended data elements to improve and standardize data collected for child maltreatment surveillance. Without uniform definitions, different terms are used to describe acts of child maltreatment. These inconsistencies contribute to confusion and a lack of consensus about the magnitude of the problem. Consistent data allow researchers to better gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs. CDC is working with a diverse group of child maltreatment experts and the five state health departments currently funded to conduct child maltreatment surveillance to develop uniform definitions.

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National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, police, crime labs, and death certificates that could answer important fundamental questions about trends and patterns in violence. However, the information is fragmented and difficult to access. CDC has funded 17 states—Alaska, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Mexico, North Carolina, New Jersey, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin—to establish the National Violent Death Reporting System (NVDRS) to gather, share, and link state-level data about violence. When fully implemented, NVDRS will enable CDC to pull together vital, state-level information to gain a more accurate understanding of the problem of violence and to enable policy makers and community leaders to make educated decisions about violence prevention strategies and programs, including those that address violence against children. The Harvard Injury Control Research Center has also developed a complementary Child Fatality Review Team Module to augment information collected on child deaths by NVDRS.

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National Electronic Injury Surveillance System

The National Electronic Injury Surveillance System (NEISS), operated by the U.S. Consumer Product Safety Commission, provides data about all nonfatal injuries treated in U.S. hospital emergency departments. CDC uses NEISS data to generate national estimates of nonfatal injuries, including those related to violence against children.

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Assessing Cultural Attitudes and Beliefs About Parenting Practices

CDC is researching attitudes, beliefs, and behaviors among parents to identify cultural factors that influence parenting practices. Information is being gathered through a comprehensive literature review and focus groups with Hispanic, Asian, African American, Native American, and Caucasian parents. The information gathered from this research will guide the development of culturally-appropriate child maltreatment prevention messages and programs.

Contact: Program Implementation and
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Identifying Consequences of Child Sexual Abuse

Research links child sexual abuse to a range of physical, sexual, reproductive, and psychological problems. Despite this evidence, prevention efforts for child sexual abuse are limited. CDC is conducting a systematic review of the literature published since 1975 about the consequences of child sexual abuse. It will show the consequences of sexual abuse, discuss how health

care providers can respond, and introduce prevention concepts.

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Examining Sociocultural and Community Risk and Protective Factors

CDC is funding researchers at the University of Georgia to examine sociocultural and community risk and protective factors associated with child maltreatment and early risk factors for youth violence. Previous research has suggested the importance of community and sociocultural factors such as access to social capital, community social organization, economic and family resources, residential instability, and community and family violence. However, there is limited information about how these and other risk and protective factors might impact child maltreatment and youth violence. Results from this research will inform the development of violence prevention strategies for communities.

Contact: Etiology and Surveillance Branch
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Developing and Evaluating Prevention Strategies

Evaluating Interventions for High-risk Families

CDC is working with the University of Oklahoma's Center on Child Abuse and Neglect to evaluate two projects with the Oklahoma Department of Human Services. Researchers are:

- Evaluating a pilot program serving high-risk families and children, including parents with

drug and/or alcohol abuse problems, mental illness, mental and/or physical disability, and a history of intimate partner violence.

- Conducting a large-scale effectiveness trial of the Project SafeCare ecobehavioral program.

Contact: Prevention Development and
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Review of Parenting Programs

CDC is reviewing the literature on the scope and efficacy of programs for parents with children from birth to seven years old. The parenting programs focus on providing parenting skills to enhance child well-being and adjustment. The review will identify common and specific components of parenting program content, mode of program delivery, strategies used for recruitment and retention, evaluation methodology, and outcome evaluation results.

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Parenting Program Attrition and Compliance Efficacy Trial

Even the most effective parenting programs have limited impact on child maltreatment if parents do not attend sessions or learn about and apply alternative parenting skills. CDC is funding Purdue University and the University of Oklahoma Health Sciences Center to test the role of different enhancements or service delivery methods in reducing attrition and improving engagement and behavioral compliance in two existing parenting programs. Researchers are examining the impact of the strategies on parental attendance, attrition rates, compliance, behavior change, parent and child outcomes, and incidents of child maltreatment.

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Multilevel Parent Training Effectiveness Trial

CDC is funding the University of South Carolina to examine the effectiveness of a multilevel parent training program. Triple P-Positive Parenting Program is a parenting and family support strategy to prevent severe behavioral, emotional, and developmental problems

among children by enhancing the knowledge, skills, and confidence of parents. The project tests broad strategies aimed at preventing and reducing the risk of child maltreatment and promotes positive parenting to reduce stress and child behavior problems. CDC is also supporting an economic evaluation of Triple P, focusing on training and implementation costs.

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Technical Assistance for Projects to Expand Home Visitation Programs

CDC is providing technical assistance to the Nurses for Newborns Foundation in Missouri and Tennessee to expand home nurse visitation programs for high-risk families to prevent infant mortality and child maltreatment. In addition, the programs will evaluate strategies to determine program fidelity and effectiveness.

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Examining Practices to Improve Training Skills of Home Visitors

Home visitation by health professionals has been reported to be an effective strategy for preventing child maltreatment and other adverse child outcomes. However, the relative effectiveness of home visiting varies widely across different programs. CDC is funding the University of Colorado Health Sciences Center and Johns Hopkins School of Medicine to examine two widely used home visiting programs. Researchers will determine the impact of home visitor training and implementation factors on outcomes of child maltreatment and risk behaviors for youth violence.

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Supporting and Enhancing Prevention Programs

Collaborations to Prevent Child Sexual Assault

CDC is funding three state organizations—Prevent Child Abuse Georgia, Project Pathfinder, Inc. in Minnesota, and Massachusetts Citizens for Children—to develop and implement statewide child sexual abuse prevention programs. Each program is conducting a statewide inventory of child sexual abuse prevention programs; creating a collaborative to guide prevention programming; and selecting, implementing, and evaluating a pilot program. The organizations will focus on adult or community responsibility and response in preventing the perpetration of child sexual assault.

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Preventing Violence through Education, Networking and Technical Assistance (PREVENT)

CDC is funding the University of North Carolina Injury Prevention Research Center to develop a national training program for violence prevention practitioners. PREVENT works with individuals and organizations to build skills in identifying community needs and assets, creating and mobilizing partnerships, developing and implementing prevention programs, measuring success, and funding and sustaining programs.

Contact: www.prevent.unc.edu
919-966-2251 ohcinfo@cdc.gov

Recommendations to Help Communities Better Serve the Abused

CDC is partnering with other federal agencies to fund six community projects to implement recommendations from the National Council of Juvenile and Family Court Judges. These recommendations, published in *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (called the “Green Book”), are designed to improve the way the court system handles cases of abused women and children; to increase the effectiveness of

the child protective system; and to enhance services for victims of domestic violence. Project goals include holding batterers accountable for their actions; increasing protection for victims of abuse; and decreasing the number of children who are removed from their nonabusive mothers.

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BECAUSE Kids Count!

CDC is funding the National Alliance of Children’s Trust and Prevention Funds, Parents Anonymous, and Prevent Child Abuse America to expand their leadership roles in addressing the prevention of child maltreatment before it occurs. Goals include fostering collaborations to respond to emerging policy and program issues; conducting assessments to determine organizational readiness to embrace primary prevention; and developing a plan to guide prevention activities aimed at preventing violence before it occurs.

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Enhancing State Capacity to Address Child and Adolescent Health through Violence Prevention (ESCAPE)

CDC’s ESCAPE program is designed to develop capacity and leadership in preventing violence toward or among children and adolescents, including youth suicide, child maltreatment, teen dating, sexual violence, school violence, community violence, and bullying. The planning and implementation phases of this project will address the intersection of shared risk and protective factors for these forms of violence. Colorado, Iowa, Massachusetts, Michigan, Minnesota, New Mexico, Rhode Island, and Virginia are currently being funded.

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Encouraging Research and Development

CDC's extramural research program funds and monitors varied research on violence and injury prevention.

Adolescent Pregnancy, Intimate Partner Violence, and Poor Birth Outcomes: Consequences of Childhood Victimization?

CDC is funding the University of North Carolina Injury Prevention Research Center to assess how victimization during childhood is associated with early pregnancy, victimization during pregnancy, and adverse pregnancy outcomes. Researchers are using an existing sample of adolescents in a longitudinal investigation of child maltreatment.

Carol W. Runyan, PhD, MPH 919-966-3916

Evaluation of a Program to Prevent Abusive Head Trauma

CDC is funding researchers from the University of Maryland School of Medicine to determine the effectiveness of a hospital-based program designed to reduce the incidence of abusive head trauma (AHT) among young children. Maternal risk factors that affect the risk for AHT will also be examined.

Wendy Lane, MD, MPH 410-706-7865

Preventing Child Maltreatment in High-Risk Families

Researchers from the University of Oklahoma are conducting a full-scale efficacy trial of SafeCare, a home-based parenting program, enhanced with components to address substance abuse, intimate partner violence, and depression in high-risk families.

Jane F. Silovsky, PhD 405-271-8858

Building Social Support to Enhance Home Visitation

Researchers from Columbia University are examining the efficacy of a social networking enhancement for home visitation services. Evidence suggests that social contextual factors, especially the social networks of

parents, may play a substantial role in the effectiveness of home visiting programs to prevent maltreatment.

Neil B. Guterman, PhD 212-854-5371

Violence Over Time: Growing Up and Parenting in Poverty

Researchers from the Education Development Center are examining violence perpetration among young parents who have grown up in severely distressed inner-city neighborhoods to identify protective factors that foster resiliency, examine the links between multiple forms of violence and parenting attitudes and practices, and identify factors that lead to less violence perpetration.

Lydia Nuelander O'Donnell, EdD 617-969-7100

Risk for Sexual Abuse: A Study of Adolescent Offenders

Researchers from the University of Minnesota are examining the unique and shared risk factors for perpetrating child sexual abuse, sexual assault, and delinquent behavior through a study of 300 adolescent males. The study explores attitudes toward intimate relationships and masculinity and beliefs about sexuality.

Michael H. Miner, PhD 612-625-1500

Primary Prevention of Child Sexual Abuse

CDC is funding researchers from the Medical University of South Carolina to conduct a controlled evaluation of media products developed by *From Darkness to Light*, a nonprofit child sexual abuse prevention organization. Focus groups will be conducted on the content and presentation of the media campaign. The evaluation will provide useful information for approaching the problem of child sexual assault and strategies for refining prevention messages.

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