

Prevention of Child Abuse and Neglect:

Best Practices, Phase II

Prepared for

Statewide Prevention Plan

Prevent Child Abuse Nebraska

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Executive Summary

In summary, protective factors that are pertinent to the prevention of child maltreatment include parenting skills and attitudes, family functioning and social support. Risk factors that are pertinent include parental stress, intimate partner violence, maternal depression, substance abuse, poverty, and a parent's history of abuse.

The use of school-based sexual abuse prevention programs is both widespread and common accepted. Indeed, evidence points to some positive impacts on children's knowledge and skills. Prevention programs that are targeted at preschool and early elementary age children seem to be most effective, especially when combined with opportunities to rehearse skills taught and when taught over a long period of time (more than four times). However, prevention programs do not seem to translate into protective behaviors when a child is confronted with a perpetrator, especially one that is known to them. The literature suggests that a more effective strategy in preventing sexual abuse may be through empowering and educating parents and adult caretakers so they may speak with their children, recognize the signs of abuse, and know when and how to make a report to Child Protective Services.

Respite care is shown as a promising strategy for reducing the stress in families with children with disabilities. Sadly, children with disabilities have a much higher chance of being victimized than do children without disabilities. Any positive effects of respite care, however, seem to extinguish when the intervention is withdrawn. Parent support groups are a common approach among special populations. Their evidence, however, has not been researched to date. Finally, more macro approaches to the prevention of child maltreatment are presented, including the use of mass media and the education of the public on mandatory reporting of child abuse and neglect.

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In this paper, I identify several additional means for protecting child abuse and neglect (see previous report, dated August 10, 2005, on home visitation models). This paper presents empirically supported protective and risk factors that are associated with child maltreatment. This paper then describes “best practices” in the areas of school-based sexual abuse prevention programs, respite care, parent support groups, and media and public education, as they relate to the prevention of child abuse and neglect.

The field of prevention of child abuse and neglect is often approached from the perspective of increasing protective factors and decreasing risk factors. Protective factors commonly associated with strong, nurturing, safe families include positive parenting skills, attitudes, and family functioning (Barber & Delfabbro, 2000; Brown, Cohen, Johnson, & Salzinger, 1998; DiLauro, 2004), and social support (Coohey & Braun, 1997, DePanfilis, 1996; Garbarino, 1992; Kotch, Browne, Dufort, Winsor, & Catellier, 1999). Risk factors include parental stress (Abidin, 1995; Coohey & Braun, 1997; Crouch & Behl, 2001; Kotch, Browne, Dufort, Winsor, & Catellier, 1999; Shipman, Rossman, & West, 1999), intimate partner violence (Brown, Cohen, Johnson, & Salzinger, 1998; Coohey & Braun, 1997; DiLauro, 2004; Shipman, Rossman, & West, 1999), maternal depression (DiLauro, 2004; Kotch, Browne, Dufort, Winsor, & Catellier, 1999; Shipman, Rossman, & West, 1999), substance abuse (Cash & Wilke, 2003; *Emerging Practices in the Prevention of Child Abuse and Neglect*, 2002; Rinehart, Becker, Buckley, Dailey, Reichardt, Graeber, et al., 2005), and poverty (Coulton, Korbin, Su, & Chow, 1995; Drake & Pandey, 1996).

In addition, the intergenerational transmission of child abuse is a significant factor. While rates of child abuse by individuals who have a history of abuse is higher than in the general population, reported rates vary widely. It is important to remember that “many abused children do not become abusive parents” (Langeland & Dijkstra, 1995, p. 5). In their study, Langeland & Dijkstra (1995) identified protective factors that may lead to a break in the intergenerational transmission pattern and to building resiliency in children. “Non-repeaters were more likely to mention that they had an emotionally supportive relationship with one parent, a foster parent, or a relative while growing up. Non-repeaters also experienced less severe and less persistent forms of abuse” (p. 6). Other factors discussed included that non-repeaters evaluated and rejected the attitudes and values of their parents (did not idealize their abusive parent(s)), had a high IQ, exceptional talents, physical attractiveness, and poise. At the community level, non-repeaters had good social supports in the community and strong, supportive religious affiliations, few stressful life events, and positive school experiences as a child (*Emerging Practices in the Prevention of Child Abuse and Neglect*, 2002; Langeland & Dijkstra, 1995).

One study looked at the community characteristics associated with child abuse in Iowa. The most significant association they found was between family structure and child abuse; specifically, single-parent families and divorce. They did not find significant relationships between rates of child maltreatment and socioeconomic or healthcare factors. Additionally, they identified a strong relationship between rates of child abuse and elder abuse (both reported and substantiated) (Weissman, Jogerst, & Dawson, 2003).

Sexual abuse prevention

The use of school-based programs to prevent sexual abuse is widespread. It is estimated that between 66 and 90% of all children in the U.S. have participated in a sexual abuse

prevention program in preschool or elementary school (Ko & Cosden, 2001; Rispens, Aleman, & Goudena, 1997). At first, curricula was written around the concept of “stranger danger,” assuming that most victims did not know their offenders. As the knowledge base increased, however, it was shown that children are at most risk of being abused by individuals they already know, even those related to them. In general, school-based prevention programs today have the overarching goal of reducing the vulnerability of children. They focus on three objectives “(1) to teach children the concept of sexual abuse, often described as ‘bad touching’ in private places; (2) to teach children that they can refuse such overtures and to get away from the person; and (3) to encourage children to tell an adult about overtures that occur” (Bolen, 2003, p. 175; David & Gidycz, 2000; Rispens, Aleman, & Goudena, 1997). The effectiveness of these programs, however, is still under debate.

Evaluations of sexual abuse prevention programs suggest increased knowledge and skills for those children involved in such programs (David & Gidycz, 2000). The ability of children to retain knowledge gained, however, is uncertain, especially in young children. “Children experience a substantial decay in the amount of information they can recall a month or more after participation in prevention programs” (Renk, Liljequist, Steinberg, Bosco, & Phares, 2002, p. 73). One large, follow-up study interviewed high school students who had participated in prevention programs in elementary school and compared them to students who had not. Students who recalled participating in abuse prevention programs had greater understanding on attribution of blame, understanding that abusers could be people who are close to the victim, awareness that both girls and boys could be victims, and acknowledging the need to report abuse. Children who had been abused by a family member, however, did not report successful use of any of the strategies learned in the prevention program (Finkelhor, Asdigian, & Dzuiba-Leatherman, 1995).

Rispens, Aleman, & Goudena (1997) state: “We conclude that there needs to be no doubt about *immediate* [emphasis added] program effectiveness. Children do learn sexual abuse concepts and acquire the self-protection skills that are taught in sexual abuse victimization prevention programs. This holds for even relatively young children” (p. 981).

The increase in knowledge does not come without cost, however, and does not likely translate into actual behavior when confronted by an offender and avoiding victimization (Ko & Cosden, 2001; Renk, Liljequist, Steinberg, Bosco, & Phares, 2002). Some children report increased worry that sexual abuse will happen to them as well as a greater fear of adults following participation in a prevention program (Bolen, 2003; David & Gidycz, 2000; Taal & Edelaar, 1997). Authors of one article contend, however, that, “A certain increase of fear is the price that has to be paid for effective prevention. . . . A higher level of fear may be appropriate for effective prevention” (Rispens, Aleman, & Goudena, 1997, p. 984).

The Finkelhor et al (1995) study mentioned earlier attempted to link knowledge obtained through prevention programs with actual behavior. In interviewing high school students who had participated in prevention programs in elementary school, they did not find any correlation between participation in a prevention program and incidence of victimization or injury. Although children did seem to make use of strategies they had learned in the prevention programs when confronted by an offender, these strategies were not associated with a reduction in the seriousness of the assault; in fact, it appeared that they experienced more serious injury than did those children who had not participated in prevention programs (Finkelhor, Asdigian, & Dzuiba-Leatherman, 1995). Given the power discrepancy between abuser and victim, one must wonder whether it is realistic to expect a child to be powerful enough to deflect the approach of an

offender – in fact, as evidenced in this study, teaching the child to say “no” and resist, may lead to injury of the child during an offense.

Additionally, the approaches of perpetrators are diverse, and at least initially, may be very subtle. It is simply impossible to teach children appropriate responses to the infinite numbers of ways they may be approached and/or enticed. “Abuse is so pervasive, and the multiplicity of offenders, locations, and approaches so varied, that children cannot be given adequate skills to protect themselves” (Bolen, 2003, p. 177).

The professional literature does agree on several factors that are likely to increase the effectiveness of prevention programs. A meta-analysis of 27 control-group studies showed that overall, effective prevention programs used tactics that actively involved participants and presented material over four or more sessions (David & Gidycz, 2000). It seems important in prevention programs to give children the opportunity to rehearse skills taught (David & Gidycz, 2000; Rispen, Aleman, & Goudena, 1997) and to allow “sufficient time for children to integrate these self-protection skills into their cognitive repertoire” (Rispen, Aleman, & Goudena, 1997, p. 983). Incorporating abuse prevention concepts into regular school curricula allows for long-term learning and modeling. Also, program planners need to make sure material presented is developmentally appropriate for the age of the child (Rispen, Aleman, & Goudena, 1997). The ability of a young child to benefit from a prevention curricula is dependent on the capacity of their cognitive development. Presentations must be stimulating enough to capture the attention of young children. The professional literature also suggests teaching children to identify and develop healthy relationships and assertiveness skills – skills that can be generalized to everyday situations as well as abusive situations. Young children can be taught about friendship relations. Junior high and high school students can learn about romantic relationships. Older children, boys

especially, can learn about healthy sexuality (Bolen, 2003; Renk, Liljequist, Steinberg, Bosco, & Phares, 2002).

To effectively prevent sexual abuse, rather than targeting efforts on children, it seems efficacious to target efforts on adults who can protect children from sexual abuse and who can respond appropriately if presented with a child with evidence of sexual abuse. Parents need to be educated about the facts concerning child sexual abuse so they can discuss sexual abuse with their children. Parents, teachers, and other adult caretakers need to learn to recognize the signs of a child who has been or is being abused, and to respond appropriately when a child discloses abuse. They need to understand and act on their role as mandatory reporters of suspected abuse. They need to take courageous steps in protecting children from perpetrators, especially in providing careful, age-appropriate supervision. Parents can provide information to their children that is age-appropriate and individualized. They can break the bonds of secrecy that too often allow sexual abuse to continue, even moving from generation to generation. Families can be strengthened through home-based services that provide knowledge on the realities of sexual abuse and model protective behaviors.

Respite Care

Respite care services, according to *Emerging Practices in the Prevention of Child Abuse and Neglect* (2002), “Provide short-term care to children who have disabilities or chronic or terminal illnesses, who are in danger of abuse or neglect, or who have experienced abuse or neglect” (p. 13). For caregivers experiencing stress, respite care services provide temporary relief from the ongoing responsibilities of caring for children with disabilities. The American Academy of Pediatrics reported in 2001 that “children with disabilities are 1.8 times more likely to be neglected, 1.6 times more likely to be physically abused, and 2.2 times more likely to be sexually

abused than children without disabilities” (Assessment of maltreatment of children with disabilities, 2001, p. 508). Another professional source reported a 31% rate of maltreatment for children with a disability as compared to a 9% prevalence rate for children without a documented disability (Sullivan & Knutson, 2000). Parents of children with a disability often experience high demands of caregiving, increased social and financial stress, and social isolation. Additionally, the child may demonstrate characteristics that heighten child abuse such as a troublesome temperament, poor attachments, and behavioral and emotional difficulties (Aniol, Mullins, Page, Boyd, & Chaney, 2004; O’Brien, 2001).

It seems logical that providing relief to parents of children with disabilities would be important and effective. Indeed, multiple studies show that respite care for families with a child with a disability can be effective in reducing a parent’s stress, reducing a family’s child abuse potential, and improving family relationships (Bruns & Burchard, 2000; Cowen & Reed, 2002; Mullins, Aniol, Boyd, Page, & Chaney, 2002; O’Brien, 2001). Many of these same studies also show that respite care is effective in reducing parental stress, but only during actual provision – intervention effects do not linger after the service is withdrawn (Mullins, Aniol, Boyd, Page, & Chaney, 2002). Many authors suggest that respite care services be combined with other individualized services and supports to provide a continuum of care in order to meet the substantial caregiving challenges faced by families of children with disabilities (Bruns & Burchard, 2000; O’Brien, 2001).

Crisis care is a unique form of respite - it is provided for families in crisis, with or without a child with a disability. Crisis care services may also be referred to as “emergency respite,” “crisis nursery,” or “shelter care.” At this time, “best practices” for crisis care as a

means to prevent child maltreatment have not been determined - very few professional journal articles have been published on this topic within the last 15 years (O'Brien, 2001).

Parent support groups

According to Hauser-Cram, Warfield, and Krauss (1997), parent support groups are designed primarily for families who face unique parenting challenges, such as adolescent parents or parents of children born prematurely, with disabilities, or with other chronic conditions. Parent support groups are also often centered around the parenting of a child with a mental health or behavioral problem. Despite the popularity of parent support groups, empirical literature indicates distinct socioeconomic differences in families who choose to attend, with most participants being white, middle class, and well-educated.

A common goal of parent support groups is to “bolster the supportive network of families so that parents will be able to access the formal and informal resources they need to enhance the development of their children (Hauser-Cram, Warfield, & Krauss, 1997, p. 101). Additionally, these groups often have “the primary function of offering information and advice so as to improve the chances of adaptive interaction patterns between parents and children. Such groups . . . often also serve as a means of alleviating stress through the mechanism of social support” (Hauser-Cram, Warfield, & Krauss, 1997, p. 102).

The evidence for the use of parent support groups to prevent child abuse and neglect is extremely minimal. Only one article was located within the last 10 years, and it was theoretical rather than empirical (Hauser-Cram, Warfield, & Krauss, 1997). Parent support groups are usually voluntary groups, with time-limited duration, having small budgets, reliant on parent leadership, and encompassing a variety of goals. All of these factors contribute to the barriers of conducting research on their effectiveness. Anecdotal evidence on parent support groups is

positive. Given the meager empirical literature on the effectiveness of parent support groups, however, “We question whether parent support groups should be viewed as a universal means of enhancing children’s development, and we caution against mandating parent support group participation as part of a package of family support services” (Hauser-Cram, Warfield, & Krauss, 1997, pp. 117-8).

Media, public education

The use of various forms of media is an integral part of any prevention program. The empirical link between a macro approach, such as the use of media, and the actual prevention of child maltreatment, however, is very difficult to make. The literature discusses ways in which the media can be engaged to educate the public on child maltreatment, since oftentimes, people in the community receive most or all of their information about child protection from the mass media. One study out of Australia states that mass media presents issues concerning child abuse and neglect in three general ways: public service announcements, fictionalized accounts, and investigative accounts. Mondy and Mondy (2004) state: “The mass media tend to: focus on the dramatic aspects of child protection; present complex issues simplistically; seek scapegoats; fail to acknowledge that isolated cases (e.g. a child death) are exceptions that should be set against a background of the structural causes of child abuse” (p. 436). This article suggests that child welfare professionals work closely with the producers of mass media to present a more fair and realistic approach.

Writers of the 2002 report, *Emerging Practices in the Prevention of Child Abuse and Neglect*, encourage the use of public service announcements, posters, information kits, television or video documentaries, and dramas to encourage positive parenting and to educate on

mandatory reporting of child maltreatment, stating that such activities have the potential to reach diverse community audiences.

Mandell (2000) presents a creative and relatively simple way to prevent child abuse and neglect. As presented in this article, the distribution of elementary school report cards often triggers an outbreak of child abuse. To curb these outbursts of parental anger, the city of Baltimore prepared colorful cards suggesting positive parenting techniques and crisis intervention phone numbers and distributed them with each report card. In addition, they aired public service announcements on television. Interestingly, teachers and administrators reported a positive change in parental attitude, and the agencies with their phone numbers listed on the cards, reported as many as 400 times their normal call rate. After one year, the State Attorney's office reported a significant drop in child abuse cases as a result of parent's responses to report cards.

One important area to consider in child abuse prevention is the promotion of the mandatory reporting of child abuse. Even though professionals are legally mandated to report child maltreatment, they often fail to do so (Alvarez, Kenny, Donohue, & Carpin, 2004; Bensley, Simmons, Ruggles, Putvin, Harris, Allen, et al., 2004; Davies, 2004; Rodriguez-Srednicki & Twaite, 2004; Twaite & Rodriguez-Srednicki, 2004). Failing to report suspected child abuse and neglect denies the child victim of the opportunity to be protected and to receive needed intervention services. Professionals fail to report for many reasons – among them are professionals being “unaware of child abuse signs and symptoms, misinterpreting laws pertinent to child abuse reporting practices, fear of negative consequences resulting from the report” (p. 563). Alvarez, Kenny, Donohue, and Carpin (2004) report in their article that “approximately 40% of mandated professionals have failed to report child maltreatment at some point in their

careers, and 6% consistently fail to report. Indeed, studies have indicated up to 68% of abused or neglected children are not referred to CPS agencies” (p. 564). In the State of Nebraska, all citizens are mandated reporters of child abuse.

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