

# Preventing Child Abuse and Neglect

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Child maltreatment is a significant and preventable public health problem in North Carolina, and across the United States. It affects millions of children and their families each year in our country—devastating children’s psychological and physical well-being, tearing families apart, and costing our society billions of dollars in services to respond to and treat child victims. In North Carolina alone, 113,557 children were assessed for child maltreatment in 2003-2004, and 27,310 were substantiated, or found to be “in need of services.”<sup>a1</sup> For too many North Carolina children, maltreatment is fatal. In 2003, 30 children were killed by their parents or caretakers in our state as a result of being shaken, beaten, stabbed, poisoned, or drowned.<sup>2</sup>

As alarming as these numbers are, they are likely the tip of the iceberg, as child maltreatment is significantly underreported and difficult to detect. For example, the CarolinaSAFE survey—an anonymous, random telephone survey of mothers of children (0-17 years old) in North and South Carolina—found that mothers self-reported physical abuse of their children (by either themselves or their husband or partner at a rate more than 40

times higher and sexual abuse at a rate more than 15 times higher than rates found in official statistics.<sup>3</sup> Findings from this study and others suggest that the actual incidence of maltreatment may be much higher than official estimates.<sup>4</sup>

## Definitions of Child Maltreatment

Child maltreatment is an act, or a failure to act, which results in significant harm or risk of harm to a minor.<sup>5</sup> It varies in terms of frequency, severity, and duration with some children experiencing maltreatment primarily during stressful periods or periods of transition within their families, and other children experiencing chronic maltreatment throughout their childhood.<sup>6</sup> Parents, family members, caregivers, or other adults may commit maltreatment, but the vast majority of maltreatment is perpetrated by a parent or parental figure within a family.<sup>7</sup>

Typically, professionals recognize four types of child maltreatment: physical abuse, neglect, sexual abuse, and emotional/psychological abuse.<sup>8</sup> In many cases, children experience multiple forms of maltreatment simultaneously (e.g., physical abuse and

a North Carolina’s Multiple Response System (MRS) has created two ways of responding to child protection reports. ...FINISH

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emotional abuse),<sup>9</sup> and they may experience multiple forms of violence within their family, such as maltreatment and domestic violence.<sup>10-12</sup>

## The Costs of Child Maltreatment to Families and Communities

The consequences of child maltreatment can be devastating, not only for the children who are its victims, but for their families and the larger community. In children, especially young children, child maltreatment can adversely impact brain development and forever change the ways in which children think, feel, and behave.<sup>16</sup> Child maltreatment is a form of trauma that can lead to altered brain activity and structure among children who experience chronic and recurrent maltreatment.<sup>16</sup>

Children's brains develop in response to repetitive stimuli.<sup>16</sup> Daily experiences with caretakers that are nurturing, stimulating, and developmentally appropriate will help the child's brain develop normally and will form a life-long foundation for optimal growth and learning. However, frequent experiences that are frightening, painful, rejecting, or stressful will, over time, adversely change a child's brain structure and function. Chronic maltreatment (including sensory deprivation from neglect) may result in loss of brain volume and brain complexity.<sup>17,18</sup> Children's response to chronic stressful stimuli will eventually create maladaptive neural systems leading to a host of negative outcomes, including developmental delays, such as speech and motor problems, behavioral and emotional disorders, and cognitive delays.<sup>16</sup>

Recent research has also demonstrated a strong correlation between child maltreatment and long-term health problems, such as heart disease, pulmonary disease, obesity, alcoholism, substance abuse, smoking, and depression. The Adverse Childhood Experiences study is a collaborative effort between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego of 17,000 HMO members, which found that adverse childhood experiences, such as maltreatment, substance abuse, domestic violence, and other forms of trauma are major risk factors for the leading causes of illness and death, as well as poor quality of life in the United States.<sup>19</sup> The research found a "dose-response" relationship in which a greater number of adverse childhood experiences was associated with an increased risk for health and mental health issues throughout the lifespan.<sup>20</sup>

Clearly, child maltreatment is a social problem with far-reaching and devastating consequences for the health and mental health of our children and for the state's population overall. While the personal costs of child maltreatment to children and families are significant, the economic costs of child maltreatment to communities are also quite staggering. Prevent Child Abuse America estimates that the expenditures associated with child maltreatment in the United States amount to \$94 billion annually,<sup>21</sup> after including costs such as child protective services, court proceedings, health and mental health treatment, special education programs, incarceration, and loss of employment. North Carolina's share of these costs approximates \$3 billion each year.<sup>22</sup>

## Child Maltreatment Definitions\*

**Child physical abuse** includes physical injuries that result from caretaker actions that can include punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting with a hand or other object, or burning. Child physical abuse may be a single incident, or it may be repeated episodes. Consequences can range from minor bruises or marks to death.<sup>8</sup>

**Child neglect** includes a wide variety of caretaker behavior. Neglect is a failure to provide for a child's basic needs: physical, educational, or emotional. Physical neglect can include refusal of or delay in healthcare, abandonment, expulsion; inadequate supervision; inadequate nutrition, clothing, or hygiene; conspicuous inattention to avoidable hazards in the home; and reckless disregard for a child's safety and welfare. Educational neglect can include permitted chronic truancy, failure to enroll a child in school, or inattention to special education needs. Emotional neglect can include inadequate nurturing or affection, exposure to chronic or extreme spousal abuse, or refusal or delay in psychological care.<sup>8</sup>

**Child Sexual Abuse** is any sexual activity with a child where consent is not or cannot be given.<sup>13,14</sup> It can involve contact or non-contact activities. Contact child sexual abuse can include fondling of the genital area or breasts; masturbation; or oral, vaginal, or anal penetration by a finger, penis, or other object. Non-contact child sexual abuse can include exhibitionism, child pornography, Internet crimes, or sexually suggestive behaviors or comments.<sup>8</sup>

**Child Emotional/Psychological Abuse** is defined by the American Professional Society on the Abuse of Children (APSAC) as "a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs." The terms emotional and psychological abuse are often used interchangeably. APSAC guidelines refers to six categories of psychological maltreatment that include spurning; terrorizing; isolating; exploiting/corrupting; denying emotional responsiveness; and mental health, medical, and educational neglect.<sup>15</sup>

*\*These are broad definitions of child maltreatment. Legal definitions vary among states. North Carolina's legal definitions can be found in the North Carolina General Statutes, Chapter 7B at [www.ncga.gov.state.us](http://www.ncga.gov.state.us)*

## Negative Outcomes of Child Maltreatment

Children who are maltreated are significantly more likely to experience the following negative outcomes.

- Serious physical injuries, including subdural hemorrhages, burns, or bone fractures<sup>23</sup>
- Delayed physical growth<sup>24</sup>
- Permanent physical disabilities<sup>4</sup>
- Long-term health problems, such as ischemic heart disease and chronic obstructive pulmonary disease (COPD)<sup>19</sup>
- Neurological damage<sup>16</sup>
- Post-traumatic stress disorder<sup>25</sup>
- Depression, low self-esteem, and problems with self-regulation of emotions<sup>26,27</sup>
- Suicidal behavior<sup>28</sup>
- Increased substance abuse and/or alcohol abuse<sup>29,30</sup>
- Poor school performance<sup>31,32</sup>
- Aggression and/or behavior problems in school<sup>33</sup>
- Criminal activity<sup>33</sup>
- Problems with social relationships; developing trust and attachments<sup>34,35</sup>
- Adolescent pregnancy<sup>36</sup>

### The Need for Prevention

Historically, North Carolina—like the rest of the nation—has focused its attention primarily on responding to the problem of child maltreatment, not on preventing the problem from occurring in the first place. Following the publication of Henry Kempe's article "The Battered Child Syndrome" in the *Journal of the American Medical Association* in 1962, there was increased public and policy recognition of child maltreatment as a significant social issue.<sup>38</sup> The passage of the Child Abuse Prevention and Treatment Act of 1974 led to federal support of and increased uniformity among state's child protection systems. North Carolina's child protection system is supported by federal and state legislation and funding and garners a considerable degree of public support for its mission. While there are numerous critics of the child protection system who question its capacity to truly protect children from harm, there is no question that there is a system, however flawed some may find it.

Child maltreatment prevention efforts, however, have not been organized into a set of coordinated activities in North Carolina. Instead, local communities have been left to develop services with little federal or state guidance on best practices

and few comprehensive policies to direct programmatic efforts or system development. Funding is fragmented across multiple systems, with little shared planning or shared outcomes among agency programs and initiatives. While many communities (with little funding or support) have developed an array of services for families in need, many of the interventions provided are untested, and many have been unable to effectively serve higher-risk families who suffer from multiple stressors, such as substance abuse, domestic violence, or mental illness. Furthermore, because there is no "system" for child maltreatment prevention. Services are often not programmatically linked across different public systems and private non-profit organizations that serve families and children. Enhancing North Carolina's child maltreatment efforts will require addressing these issues and others in order to ensure that families receive high-quality, timely, effective support services to prevent the development of behaviors that jeopardize the health and well-being of their children.

### Developing a Statewide Prevention Initiative

To identify strategies that will enhance prevention efforts in North Carolina, the North Carolina Institute of Medicine in conjunction with Prevent Child Abuse North Carolina (PCA North Carolina).<sup>b</sup> The work of the Task Force was generously supported by The Duke Endowment. Carmen Hooker Odom, Secretary of the North Carolina Department of Health and Human Services, and Marian Earls, MD, FAAP, Medical Director of Guilford Child Health, Inc., co-chaired the Task Force. The 51-member Task Force included state and local representatives of health and human services, education, and juvenile justice agencies, legislators, community-based service organizations, healthcare providers, child advocates, community and business leaders, academicians, researchers, and the faith community. The Task Force met for approximately nine months, September 2004 through June 2005. A full copy of the Task Force's report can be found on the North Carolina Institute of Medicine's Web site at: [www.nciom.org](http://www.nciom.org).

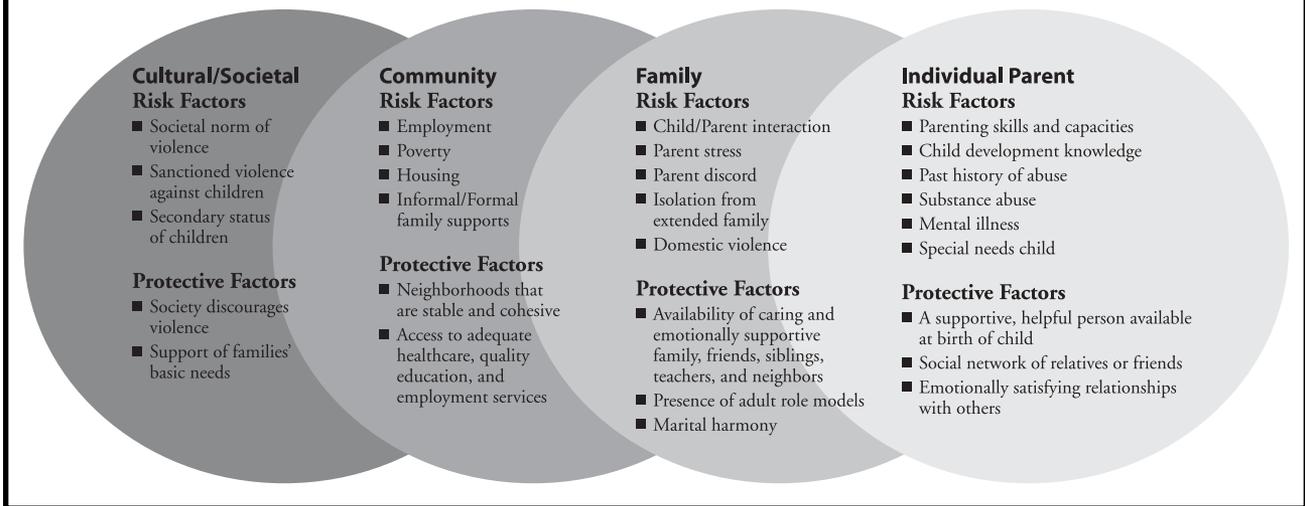
The goal of the Task Force on Child Abuse Prevention was to develop a statewide plan that focused on preventing maltreatment before it occurs, rather than on responding to and intervening in cases of child maltreatment. To accomplish this, the Task Force had three significant goals: (1) create a common understanding of the risk and protective factors associated with child maltreatment and how prevention strategies might target those factors; (2) forge a vision to guide the development of a child maltreatment prevention system in North Carolina; and (3) develop recommendations to enhance the state's prevention efforts.

### Understanding Risk Factors for Child Maltreatment

Child maltreatment is a complex phenomenon. Current models of child maltreatment suggest that factors at the individual,

b A statewide non-profit that conducts professional training, public education, assistance with program development, and advocacy, convened a statewide Task Force on Child Abuse Prevention.

**Figure 1.**  
**Ecological Model of Maltreatment Risk/Protective Factors**



family, community, and societal levels interact to contribute to child maltreatment.<sup>38-40</sup>

The factors included in the model above are typically grouped as either risk factors or protective factors. Risk factors increase the likelihood of negative outcomes occurring, while protective factors insulate individuals or families from stress and other negative influences and increase the likelihood of positive outcomes occurring.<sup>41</sup> (see sidebar to right) Risk factors should not be viewed as direct causal links to child abuse or neglect, but rather as contributing factors. When risk factors accumulate and outweigh protective factors, negative outcomes, such as child maltreatment, are more likely to occur.<sup>41</sup>

#### **Definition of Child Maltreatment Prevention**

Child maltreatment prevention efforts include activities, strategies, or programs to reduce risk factors and increase protective factors associated with child maltreatment. These efforts are designed to increase the capacity of parents, caretakers, and communities to protect, nurture, and promote the healthy development of children. Prevention efforts vary tremendously in goals, target populations, and activities, and may take the form of public policy initiatives, public awareness campaigns, screening and assessment activities by professionals or agencies serving families, informal parent support groups, or intensive, multi-faceted home visitation programs, among others. One way to think about types of child maltreatment prevention efforts is to consider the population that is being targeted. Child abuse prevention programs can be universal programs, selective programs, or indicated programs.

A strong child maltreatment prevention system will include a range of universal, selective and indicated strategies to effectively target different populations who have different needs and different levels of risk.

## **Risk Factors**

### **Child Risk Factors**

- Young children (under 36 months) are at the highest risk for physical maltreatment, neglect, and homicide. Pubescent children are at highest risk for sexual abuse reporting, although case histories suggest that the abuse may start earlier.<sup>8</sup>
- Girls are at higher risk for sexual abuse, although there are few gender differences in physical abuse and neglect.<sup>42</sup>
- Children with difficult temperaments or conduct disorders have been identified at higher risk. This risk factor should be viewed with caution, however, as many children may develop behavioral problems as a result of maltreatment.<sup>43,44</sup>
- Children with disabilities (physical handicaps, developmental disabilities, birth complications) have a higher probability of abuse or neglect.<sup>45</sup>

### **Parental Risk Factors**

- Single parenting, low-education levels, and having teen parents all seem to increase risk for child maltreatment. Maltreatment occurs among all socio-economic levels, however, there is still relatively higher risk for maltreatment among families with low-income and low-socio-economic status.<sup>8</sup>
- There is a higher risk of maltreatment among parents who were past perpetrators of maltreatment or who have a history of being maltreated as a child (although two-thirds of victims do not maltreat their offspring).<sup>46</sup>

*RISK FACTORS—continued on page 347*

### North Carolina's Vision for Child Maltreatment Prevention

Building upon current research and thinking of child abuse prevention scholars, the Task Force articulated a vision for a comprehensive child maltreatment prevention system in North Carolina.<sup>61-67</sup> To effectively reduce child maltreatment, state and local communities must shift attention and resources to developing systems of support for expectant families and families with young children (0-five years).<sup>61</sup> This is important for a number of reasons. First, the state's youngest children are at the highest risk of being maltreated; second, many parental risk behaviors that have long-term negative consequences for children's healthy development occur during these periods (e.g., smoking during pregnancy, parental substance abuse that interferes with parent/child attachment); and third, because these developmental periods offer the best "windows of opportunity" for helping families develop nurturing, responsive relationships that promote healthy child development.<sup>62,63</sup>

An essential aspect of North Carolina's child maltreatment prevention system should be a strong foundation of support for

**Table 1.**  
**Population-Targeted Strategies for child Abuse Prevention**

**Universal Strategies** target activities to the general population with the goal of preventing child abuse and neglect from ever occurring. Universal strategies are available to everyone, rather than targeting populations based on risk factors or specific characteristics. Examples include broad-based public awareness campaigns on positive discipline, developmental screenings for children in primary healthcare settings, and postpartum home visits for all parents of newborns.

**Selective Strategies** target activities to a group with specific risk factors with the goal of preventing child abuse and neglect from occurring in that group. Programs may target services to individuals, families, or communities based on risk factors, such as parent age, poverty, substance abuse, domestic violence, or maternal depression. Examples include: Intensive home visitation programs for first-time, low-income mothers; parent training for adolescent mothers; respite care for parents of children with special needs; and parent support groups for single parents.

**Indicated Strategies** target activities to a group that has experienced abuse or neglect with the goal of preventing child abuse and neglect from reoccurring in that group. Examples include Parent-Child Interaction Therapy for physically abusive parents, parent training for parents when there has been a substantiated allegation of abuse or neglect by a local department of social services, and parent support groups for non-offender parents of children who have been sexually abused.

### RISK FACTORS—continued from page 346

- Maltreating parents often have inadequate knowledge of child development (i.e., unrealistic expectations of what children know, understand, or can do at certain ages). Other risk factors include parental beliefs and attitudes during child rearing, negative affect in the parent-child relationship, substance abuse problems, depression, and loneliness.<sup>8</sup>

- Child sex offenders may demonstrate cognitive distortions, lack of empathy, negative affect, poor social skills, alcohol or substance abuse problems, and deviant sexual interests.<sup>47,48</sup>

#### Family Risk Factors

- Lack of resources, large number of children (four or more), current stressors (financial, job, health, loss of loved ones), marital conflict or violence, social isolation from other families, other family members with a history of maltreatment, and inadequate monitoring by other family members are all risk factors for maltreatment.<sup>8</sup>

- Family disruption, separation and divorce, or children living with mother and non-biological father increases risk for child sexual abuse.<sup>49,50</sup>

#### Community and Policy Risk Factors

- Neighborhoods with high mobility, unemployment, poverty, and a lack of monitoring and connectedness show greater rates of maltreatment.<sup>51</sup>

- Communities with military presence, natural disasters or crises, inadequate financing of human services, and inadequate human service coordination also demonstrate higher rates of maltreatment.<sup>51-53</sup>

#### Cultural and Social Risk Factors

- The risk for child maltreatment is higher in those cultures where it is the cultural norm to spank or victimize children, where corporal punishment is legally allowed, where children have poor legal status, where the understanding of child development is weak, where children are viewed as "possessions," and where the media portrayal of violence is common.<sup>54</sup>

#### Protective Factors

Although the literature is not as extensive with regard to factors that protect against maltreatment, some characteristics have been identified as protecting against child maltreatment and contributing to general child and family well-being.

#### Child Protective Factors

- Children with easy temperaments, high cognitive abilities, and competence in normative roles have decreased risk of maltreatment.<sup>55</sup>

RISK FACTORS—continued on page 348

every expectant family and all parents with young children.<sup>61</sup> As Wanda Hunter describes in her commentary in this issue of the *Journal*, such a system might include enhanced prenatal care, home visiting programs, and parent education efforts that are seen as a normal service for all parents, as well as strategies to help families build and sustain social support.<sup>64</sup> But public and non-profit programs are not the only answers. Developing strong systems of support for expectant families and parents with young children will require community and institutional support of parenting; all segments of our society, from grandparents to workplaces to healthcare providers need to implement strategies to support parents and healthy parenting. For families who experience additional stressors, such as substance abuse or a history of child maltreatment, more intensive services, such as substance abuse treatment or skills-based parent training, should then be added to the universal base of support to help them overcome stressors that place them at risk for maltreatment.<sup>63</sup> The system should also target families for support during those periods in which child maltreatment is more likely to arise, such as the postnatal period when depression or substance abuse can impair parent-child attachment, family structure changes (e.g., loss of a parent or divorce), and the development of conflict/violence between parents.<sup>65</sup>

**Table 2.**  
**Vision for Children, Families, and Communities**

**For children, we envision that**

- Every child is nurtured, supported, and protected within a safe and stable home and community environment.

**For families, we envision that**

- Families recognize the rewards and responsibilities of raising children, and have access to support within their own communities for meeting those responsibilities.
- Families are able to ask for and receive timely assistance without fear of being punished or blamed.

**For communities, we envision that**

- Communities are supported in their efforts to meet the diverse needs of families in raising their children.

While child maltreatment prevention is the goal, maltreatment prevention is placed within the larger context of positive child development, healthy parent-child relationships, strong families, and family-centered communities.<sup>66-68</sup> A system of prevention would help all parents and children before abusive/neglectful behaviors become established and difficult to modify. It would promote help-seeking behavior as a normal and expected activity for all parents, in addition to providing more targeted services to higher-risk families.<sup>61,65</sup>

*RISK FACTORS—continued from page 346*

**Parent Protective Factors**

- Psychological health and maturity enables parents to form positive attachments to their children and to reach out to others for support. Social competence, self-esteem, and self-efficacy are parental qualities that help protect against child maltreatment.<sup>56</sup>
- Additionally, a parent's own childhood experiences and family history contribute to the parent's ability to function effectively. The nurturing, stimulation, and appropriate care that a parent received as a child serves as an enduring protective factor.<sup>55</sup>

**Family Protective Factors**

- Supportive relationships with family, friends, and neighbors are critical in helping parents navigate and overcome the daily stresses of parenting. Social support networks help parents do a better job of parenting through sharing of resources and information, offering temporary or permanent alternative shelter for children when needed, and providing collective standards of parenting behavior.<sup>57</sup>
- Family characteristics, such as regular and consistent household routines, shared parent-child activities, respectful and trusting communication, monitoring, supervision and involvement, parent-child warmth and supportiveness, positive relationship between parents, children's participation in extracurricular school activities, and parents' involvement in religious and volunteer activities, all contribute to family well-being.<sup>58</sup>

**Community Protective Factors**

- Access to adequate healthcare, quality education, and employment services benefit adult caretakers and protect children. Families will find support for raising their children in neighborhoods where there is friendship among neighbors, watchfulness for each others' families, physical safety of the environment, common knowledge of community resources, and, perhaps most critically, a sense of "belonging," which fosters feelings of ownership and responsibility.<sup>59</sup>

**Cultural and Social Protective Factors**

- There is some evidence that cultures that discourage violence, support families' basic needs, and discourage physical punishment do a better job of preventing maltreatment.<sup>64</sup>

**Task Force Recommendations**

The Task Force made 37 recommendations to enhance North Carolina's capacity to implement effective child maltreatment prevention efforts across the state. These recommendations are comprehensive in nature and focus on the following key issues: establishing a leadership structure for child maltreatment

prevention within North Carolina; developing a comprehensive data collection system to gain a better understanding of the extent of child maltreatment and the effectiveness of prevention efforts; changing social norms so that communities are more invested in supporting healthy parenting and the healthy development of children; supporting the implementation of evidence-based practice across the state; enhancing the capacity of systems already serving families and children to focus on maltreatment prevention; and obtaining needed funds to support child maltreatment prevention programs and the priorities of the Task Force.

Of the 37 recommendations, the Task Force identified 13 priority recommendations, which would have the greatest impact on the quality and availability of effective child maltreatment prevention efforts across North Carolina and, ultimately, would lead to a decrease in child maltreatment rates. The 13 priority recommendations are discussed and highlighted below as they relate to the challenges in building a child maltreatment prevention system.

### **Leadership**

One of the first challenges the Task Force identified was the lack of leadership at the state level to promote and coordinate child maltreatment prevention efforts within governmental and non-governmental agencies. There is currently no state agency with programmatic authority that assumes leadership for child maltreatment prevention. While North Carolina has developed a coordinated system to respond to reports of child maltreatment, no comprehensive system currently exists to prevent maltreatment from happening in the first place. *To develop leadership for child maltreatment prevention efforts in North Carolina state government, the Task Force recommended the creation of a two-tiered system of leadership: a Legislative Oversight Council and an interdepartmental Leadership Team, linked by common staff who would be hired and housed within the Division of Public Health. The Legislative Oversight Council would oversee the implementation and evaluation of the Task Force plan and would ensure that visibility and attention are brought to these issues. The interdepartmental Child Maltreatment Prevention Leadership Team would have direct responsibilities to implement the Task Force recommendations and to coordinate the work of different state, local, and nonprofit agencies and organizations.*

### **Measurement of Child Maltreatment Incidence**

North Carolina needs a comprehensive data collection system to more accurately estimate the incidence of child maltreatment within the state, provide information for program planning and implementation, and inform the public and policy makers of the effectiveness of prevention efforts as a whole. North Carolina currently relies on child fatality data and the Child Protective Services Central Registry as the primary sources of data on maltreatment incidence. However, there are significant limitations to these data. As noted previously, there are good reasons to think that the Central Registry underestimates the magnitude of the problem. In addition, it only contains information on children who are maltreated by caretakers, leaving out children who are

abused by non-caretakers, such as extended family, neighbors, and teachers. Further, the Central Registry has difficulty in capturing the full range of maltreatment experienced by a child (e.g., multiple forms of maltreatment may be coded as only one form in the official data). Development of more accurate and comprehensive surveillance and monitoring systems is needed to effectively design, target, and evaluate a statewide prevention system. *The Task Force recommended that the Division of Public Health work with a broad range of stakeholders in developing such a surveillance system for child maltreatment.*

### **Changing Social Norms**

The larger social environment in which families raise children plays a significant role in the occurrence of child maltreatment. Community norms and social values influence the way in which we, as a society, support families who are raising children. While public awareness campaigns about child maltreatment prevention have been quite successful in raising awareness of child maltreatment, current research indicates that these efforts have not been as effective in changing social norms to better support families raising children and in preventing maltreatment.<sup>69</sup> Studies indicate that the general public does not understand prevention nor believe that it is possible to prevent maltreatment.<sup>69</sup> This, in part, stems from an overwhelming imbalance between media coverage of the negative aspects of child abuse and neglect compared to its coverage of potential solutions to the problem. Much of the public's understanding of child maltreatment prevention comes from the media, where child abuse is typically portrayed as a criminal atrocity and a failure of the child protection system. The focus is on horrific cases of maltreatment, leading the average American to believe that child abuse is intentional, extreme, perpetual, and not preventable.<sup>70</sup>

Public awareness efforts for child maltreatment prevention are at a crossroads. North Carolina's messages for prevention must move beyond "recognizing and reporting" child maltreatment and must target parental and community behavior changes. *The Task Force recommended that PCA North Carolina, in partnership with the North Carolina Division of Public Health, explore new messages for child maltreatment prevention and develop a campaign aimed at creating a community climate in which families are supported and strengthened, and parents can seek assistance without stigma.*

The glamorization of violence within the media, the public's tolerance of violence within communities, and social norms that reinforce violent responses to problems all contribute to a climate where violence is tolerated. Societal acceptance of violence, combined with a belief that all family matters are private, undermines prevention efforts. This problem is not unique to child maltreatment efforts; it overlaps with other violence prevention efforts, such as those targeted at reducing domestic violence or violence in schools. *To address this problem, the Task Force recommended that multiple state agencies and private non-profits work in concert to support comprehensive violence prevention activities at the state and community level. These efforts should be targeted at establishing community norms that support families and healthy child development and reduce social*

*acceptance of violence as an appropriate response to interpersonal conflict.*

### **Evidence-Based and Promising Practices**

Increasingly, policy-makers, researchers, and practitioners are focusing on the use of evidence-based and promising practices in community and state efforts to prevent maltreatment. Evidence-based programs are those programs that have scientific evidence of their effectiveness in reducing risk factors, increasing protective factors, and preventing maltreatment. Although the field of child maltreatment does not yet have an extensive body of scientifically proven programs, it is critical to incorporate what is known to be effective into the practice of thousands of practitioners who work with families and children daily. Part of this challenge is to continually review the program evaluation literature, keep abreast of new findings, and identify strategies to disseminate information and training opportunities to support effective practice. *The Task Force recommended that an Expert Work Group comprised of researchers, state agency representatives, and community practitioners should be assembled to identify, support, and disseminate information about evidence-based and promising programs in the field of child maltreatment prevention and family strengthening.*

Numerous funding entities at the state and local levels, including public agencies, private foundations, and private businesses, fund family support and family strengthening programs. While these programs are usually well-intentioned and may seem effective, many are not evidence-based, nor have they been evaluated in a comprehensive and rigorous way. Given the limited resources available for child maltreatment prevention and family strengthening programs, it is imperative that the funding available be used strategically to support programs that have strong evidence of effectiveness. By shifting funding priorities to increasingly focus on the support of evidence-based and promising practices, North Carolina can take an important step toward better outcomes for children and families. *Thus, the Task Force recommended that public and private funders should place priority on funding evidence-based and promising child maltreatment prevention and family strengthening programs. When such programs cannot be identified for a specific population, funders should give priority to those programs that are theory-based and that incorporate elements identified in the research literature as critical elements of effective programs.*

*The Task Force specifically recommended that the state expand or implement specific programs with strong evidence of effectiveness in preventing maltreatment or strengthening family functioning.* Some of these models include:

- *The Nurse Family Partnership*, an intensive home visiting program with strong evidence of effectiveness in reducing maltreatment, welfare use, subsequent pregnancies, maternal behavior problems due to substance abuse, arrests among mothers, and arrests among their children.<sup>71</sup>
- *Parent-Child Interaction Therapy*, a parent training program originally designed to treat children with conduct behavior problems, but is now being used to treat and prevent mal-

treatment with physically-abusive families with children ages four to 12.<sup>72</sup>

- *The Strengthening Families Program*, a family skills training program for elementary school children and their families designed to improve family relationships, parenting skills, and the youth's social and life skills to reduce problem behaviors in children, improve school performance, and reduce alcohol/drug use in adolescents. Although originally designed to prevent behavioral problems in children of alcohol or drug abusers, the program is now being offered to parents with children in the child protection system, as well as to other at-risk groups.<sup>73-75</sup>
- *The Chicago Child-Parent Center*, a comprehensive, center-based early childhood program for low-income children in preschool through third grade (ages three-to-nine years old). Well-designed studies have shown that children who participated in the Centers were 52% less likely to be victims of maltreatment, and had higher reading and math achievement scores, had lower rates of grade retention and special education placement, were more likely to complete high school, had fewer violent and nonviolent arrests, and had fewer drop-outs than the comparison group.<sup>76-78</sup>

### **Enhance Systems Serving Families and Children to Prevent Maltreatment**

There are already many public and private agencies and programs that serve families and children. Many of these programs could be enhanced to incorporate evidence-based or promising strategies to strengthen families, reduce risk factors and prevent child maltreatment. Some of the existing programs target pregnancy and the first years of life. Others provide services to families as the child ages. Still other programs are aimed at reducing risk factors associated with child maltreatment at a population level. Opportunities exist in each of these programmatic areas to enhance child maltreatment prevention efforts.

*Pregnancy and the first years of life (ages 0 to five)* are important periods in creating healthy and nurturing parent/child relationships. An effective family strengthening system should begin during these developmental periods and should ensure that every pregnant woman and new family has the support and resources needed to guide their children toward success in school and later in life. For example, the Task Force recognized that North Carolina should develop a coordinated system of evidence-based prenatal and early childhood home visitation programs that provides some level of services to every expectant family and new parent. Primary healthcare providers should help support parents at risk for maltreatment through developmental screenings of children, anticipatory guidance, and effective referrals to community-based organizations. Child-care providers, with additional training, could also be enlisted to help parents understand stages of child development so as to promote their child's healthy development. And greater coordination across agencies could help ensure that caregivers and children receive appropriate and effective services.

The Task Force specifically recognized the importance of

Children's Developmental Services Agencies (CDSA) in preventing child maltreatment. North Carolina's comprehensive, interagency Early Intervention System, Together We Grow, serves children birth through age five, who are identified as having or being at-risk for or having developmental issues. Children who experience maltreatment are at a significantly higher risk for developing problems, such as speech impairments, cognitive delays, and social/emotional difficulties. The same is true for children who live in high-risk households characterized by instability, violence, or neglectful parenting practices. The services provided through the Early Intervention System not only help children overcome the effects of maltreatment so that they may succeed later in life, but they also help prevent maltreatment by engaging parents in supporting their children's cognitive, emotional, and social development. New federal legislation has required the Early Intervention System to provide services to all children who have been substantiated for child maltreatment. The resulting influx of new children is significantly taxing the system. Without additional resources, the Early Intervention System will be unable to adequately serve all the children and families who are in need of services, particularly those children who are at risk for maltreatment. *Thus, the Task Force recommended that the state provide additional resources to the Early Intervention System and CDSAs to serve families who are maltreating or who are at high risk of maltreating their children.*

*Age-Appropriate Services to Older Children:* Parents will continue to need support as their children get older and face new developmental challenges, or when the family is in the midst of a crisis, such as loss of a job or divorce. The Task Force recommended strategies to increase the availability and provision of such services across North Carolina. Additionally, the Task Force recognized that agencies already serving a broad range of children and families, such as local departments of social services and the Department of Public Instruction, can incorporate family strengthening strategies into already existing services and made several recommendations to that end.

*Targeting risk factors at a population level:* A number of familial and environmental stressors can increase a family's risk for child maltreatment. To the extent that North Carolina can reduce these risk factors on a population basis, it can be expected that the incidence of maltreatment will decrease. Specific risk factors include unwanted or closely spaced pregnancies, adolescent pregnancy, substance abuse, maternal depression, domestic violence, and unavailable or inadequate childcare.

Parental substance abuse is strongly associated with child maltreatment. Children whose parents abuse drugs and alcohol are almost three times as likely to be physically or sexually assaulted and more than four times more likely to be neglected than children of parents who are not substance abusers.<sup>79</sup> National studies have found that substance abuse is a factor in one-third to two-thirds of all child maltreatment reports and in 90% of reports for families whose children are in foster care.<sup>79</sup> Anecdotal evidence from North Carolina child protection

agencies point to substance abuse as one of the top reasons children are reported for maltreatment.

North Carolina has several programs and initiatives to address the issue of substance abuse, however, there is still a significant need in the state for substance abuse treatment services for all adults and adolescents with addiction problems. Given the high risk of maltreatment for pregnant women and parents who are abusing alcohol or drugs, effective treatment services should be a priority for this population. Substance abuse treatment programs, particularly for pregnant women and women with children, are in critical need in North Carolina. *The Task Force recommended that the Child Maltreatment Prevention Leadership Team work with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and other substance abuse treatment organizations to increase the number of substance abuse treatment programs, with a particular focus on gender-specific programs for pregnant women and women with children, and to increase outreach to identify women in need of those services.*

Research studies have found that serious depression and postpartum depression are strongly associated with maltreating behavior in mothers.<sup>80</sup> Postpartum and maternal depression can also adversely impact a woman's ability to provide affectionate, consistent, and safe care for her child. Although screening and treatment for depression are available and effective, many women with depression who seek regular healthcare will not be diagnosed or treated for these conditions. In fact, we lack information about the prevalence of maternal depression in North Carolina or about the treatment services that depressed mothers need and are receiving. *Thus, the Task Force recommended that the state Department of Health and Human Services work with professional associations and health professions to develop a strategy to assess the prevalence of maternal and post-partum depression for North Carolina women and examine the issues regarding screening, access to and availability of services for this condition.*

Another risk factor is the lack of quality, affordable childcare. The lack of childcare is a tremendous stress for parents who are already juggling multiple work and family responsibilities. Many parents must make difficult decisions about leaving their children in poor quality childcare settings or leaving them alone or poorly supervised because they cannot afford to miss work for fear of losing their jobs. The growing number of working families has significantly increased the need for childcare; however, the availability of quality, affordable childcare slots has not kept pace with this need. Childcare subsidies are only provided to approximately 30% of the families who are in need of subsidies and, as of March 2005, there were 14,864 children on the childcare subsidy waiting list. *To address this issue, the Task Force recommended that the General Assembly appropriate additional funding for childcare subsidies so that the state can increase the number of needy families who are being served.*

### **Funding**

Child maltreatment prevention efforts require adequate funding to assure program effectiveness. Sufficient resources are

needed for program implementation, training, quality assurance, and evaluation to ensure the success of this initiative. A number of funding streams are being used to fund efforts to strengthen families or reduce risk factors. However, there is only one source of state funding that is dedicated explicitly to the purpose of preventing child maltreatment: The Children's Trust Fund, housed in the Department of Public Instruction. This is funded through a state appropriations and a fee on marriage licenses, but only produces approximately \$600,000/year to be used for child maltreatment prevention activities.<sup>81</sup> The money is used to support a part-time administrator and funding for local prevention efforts. *The Task Force recommended that funding for the Children's Trust Fund be increased (through additional fees or an income tax check-off) to hire a full-time administrator and to have sufficient funding to replicate specific programs identified as evidence-based or promising in preventing child maltreatment or strengthening families. The Task Force also recommended that the General Assembly appropriate additional funding to replicate specific evidence-based and promising programs identified in the Task Force Plan.*

## Conclusions

In North Carolina, a child is mistreated every 15 minutes by a parent or caretaker. Every two weeks a child dies from abuse. Maltreatment can cause long-term consequences for the child, including negative changes in neurobiological development, adverse impacts on a child's cognitive abilities and emotional well-being, difficulty or inability to form positive relationships with other people, higher rates of juvenile delinquency, higher rates of criminal behavior (including violent crime), and transmission of intergenerational child maltreatment. Ultimately, child maltreatment has broad societal consequences for the entire population, including both human and financial costs.

North Carolina's efforts with regard to the prevention and treatment of child maltreatment are at a crossroads. The state must continue to support children who have been mistreated, while at the same time, focusing more of its resources on preventing child maltreatment and strengthening families. The North Carolina Institute of Medicine Task Force report lays out the blueprint for a new framework for these efforts so that agencies, organizations, and individuals across the state understand their roles in a unified prevention effort. Evidence-based and promising practices should comprise (whenever possible) the foundation of this system so that limited resources can be targeted to those programs and activities that have the greatest potential of strengthening families and reducing risks that can lead to maltreatment. Together, we can—and we must—work to create a system where:

- Every child is nurtured, supported, and protected within a safe and stable home and community environment.
- Families recognize the rewards and responsibilities of raising children and have access to support within their own communities for meeting those responsibilities.
- Families are able to ask for and receive timely assistance, without fear of being punished or blamed.

- Communities are supported in their efforts to meet the diverse needs of families in raising their children. **NCMedJ**

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