

Evidence-Based and Promising Programs to Prevent Child Maltreatment

Increasingly, policy makers, researchers and practitioners are focusing on the use of evidence-based and promising programs in community and state efforts to prevent maltreatment in order to ensure that public and private investments in child maltreatment prevention services are used effectively and strategically. Although the field of child maltreatment prevention is relatively new and an extensive body of scientifically proven programs does not yet exist, the need to incorporate research into practice is critical. By increasing the use of evidence-based and promising programs in child maltreatment prevention, North Carolina can take the first step in assuring that program interventions will produce the desired impact with children and families and ensure that resources are being used well.

Program Evaluation Research

Evidence-based programs are those programs that have scientific evidence that the strategies they employ do cause changes within the child, family, or community that lead to a reduction of risk factors, an increase in protective factors, and ultimately the prevention of child maltreatment. Within outcome evaluation research, there are different levels of evidence. Experimental studies can confidently demonstrate a “cause-effect” relationship, quasi-experimental studies try to link intervention with comparison groups to evaluate the impact of specific interventions, and non-experimental studies may demonstrate changes in knowledge, skills, attitude, or behavior, but cannot demonstrate with certainty that these changes were caused by the program’s services or that they lead to the prevention of maltreatment.

Determining whether a program is evidence-based is a complicated endeavor that requires significant expertise in research methodology and practice. Challenges include:

- > Issues related to evaluation design and implementation (e.g. sampling strategy, attrition, data collection methods) that can affect an evaluation’s findings and strength, and that need to be considered when determining whether a specific program or practice meets the criteria of being a proven, evidence-based program.
- > Lack of rigorous evaluation studies on child maltreatment prevention programs that leaves practitioners and advocates with the challenge of trying to weigh the existing evidence as best they can.

Table 7.1 Types of Evaluations

Design	Description
Experimental studies	Randomized controlled trials are the most rigorous for evaluating program effectiveness. These evaluations randomly assign a target population to an experimental group that receives an intervention and a control group that does not receive an intervention. Differences in outcomes for the two groups can be attributed to the intervention with a high degree of confidence if the evaluation is well-designed. However, the cost and expertise needed to conduct such an evaluation are prohibitive for most programs. In addition, ethical issues regarding the provision of services to families in the control group must be addressed. In child abuse prevention, there are some, but not many, programs that have undergone such rigorous evaluation.
Quasi-experimental studies	Quasi-experimental studies use a non-randomized, comparison group design in which the intervention and comparison groups are closely matched. Differences in outcomes for the intervention and comparison groups are seen as “possible evidence” of program effectiveness. However, causality cannot be established with a high level of confidence as differences in the groups that are not easily observable (level of motivation in the intervention group, etc.) may account for differences in outcomes. Quasi-experimental studies are less costly and easier to conduct than randomized, controlled trials, and are more common in evaluating child abuse prevention programs. Nevertheless, quasi-experimental studies still require significant resources and expertise in implementation.
Non-experimental studies	Non-experimental designs do not compare the intervention group to another group, either a randomized control group or a comparison group. So, they cannot determine with a high degree of confidence that changes in program participants are caused by the program intervention or by other factors. Non-experimental designs include pre/post testing with no control group, focus groups, case studies, and ethnographic approaches. Many child abuse prevention programs utilize non-experimental designs in evaluating their programs because of constraints in funding and staff expertise.

- > Lack of consensus in the research community on what are sufficient measures of child maltreatment. For instance, there are multiple potential ways to measure whether a family maltreats or is likely to maltreat a child - Central Registry reports, observation of parent/child interaction, surveys of parent knowledge or attitude, etc. - but none is perfect.
- > Questions about model fidelity, particularly as programs move from implementation in a controlled academic environment to implementation in real-world circumstances -efficacy versus effectiveness.

The Task Force on Child Abuse Prevention created a Program Subcommittee to examine the current body of research on child maltreatment prevention efforts to determine which programs appeared to be most promising in reducing child maltreatment. With the assistance of the Program Subcommittee, the Task Force on Child Abuse Prevention identified the major service models used in child maltreatment prevention, summarized the research literature for each of these models, and identified several programs that had strong bodies of evidence with regard to program effectiveness.

The field of child maltreatment prevention is relatively new, so few interventions have been subject to thorough evaluation. In addition, program evaluation research with children and families can be very complex. Ethical issues related to withholding interventions and carrying out experimental studies with children may prohibit the use of some of the most rigorous research evaluations on this population. Maintaining model fidelity can be challenging because program effectiveness may be limited if aspects of the program's services are not tailored to the specific needs of different populations. For these reasons, and others, replicating findings is a complicated endeavor and these challenges should be kept in mind as one considers the program evaluation research available for maltreatment programs.

It is important for the state to keep abreast of new findings, in order to provide direction to state and local agencies and organizations, and state philanthropies about evidence-based and promising programs that are effective in helping to reduce child maltreatment. Recognizing the importance of this issue, the Task Force on Child Abuse Prevention recommends that:

- Rec. 7.1. PCA North Carolina, through its involvement with the Child Maltreatment Prevention Leadership Team, should continue the work begun by the Task Force on Child Abuse Prevention Program Subcommittee on evidence-based child maltreatment prevention practice by convening an Expert Work Group on Evidence-Based Practice.**
- A. The Expert Work Group on Evidence-Based Practice should include members of the Child Maltreatment Prevention Leadership Team, researchers, practitioners, and other experts.**
 - B. The responsibilities of the Expert Work Group on Evidence-Based Practice should include the following:**
 - i. Review prevention research literature and keep abreast of ongoing studies and current findings.**
 - ii. Identify evidence-based and promising programs for child maltreatment prevention and family strengthening.**
 - iii. Identify strategies to disseminate this information to state and local policy-makers, funders, and practitioners/community-based programs.**
 - iv. Identify ways to financially and programmatically support the use of evidence-based programs in North Carolina.**
 - v. Identify strategies and funding to further evaluate promising practices that merit more scientifically rigorous evaluation.**

A report on the progress towards implementing this recommendation should be provided to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Major Service Models for Child Maltreatment Prevention

The Task Force on Child Abuse Prevention Program Subcommittee identified eight service models for child maltreatment prevention including home-based services/home visitation; parent education/parent training; mutual support/social support; early childhood education initiatives; primary healthcare initiatives; respite care; child sexual assault prevention (school-based); and family resource centers. There is significant overlap between these models and often it is difficult to view them as discrete interventions. For example, programs may combine different models into one programmatic efforts, such as home-visiting programs may use parent education curricula/activities and coordinate social support groups and respite care for parents receiving home visits. Nevertheless, there is benefit in looking at these different models to better understand their purpose, primary activities, and effectiveness in preventing maltreatment. The following section provides background information on each type of service model including intervention activities, outcomes, target population, and a brief summary of the evaluation literature on that model. More detailed information about these programs is available in the Appendix.

Home-Based Services/Home Visitation

Home visiting has been identified as one of the most promising strategies for the prevention of child maltreatment, as well as a program that is effective in promoting school readiness, improving maternal and child health, decreasing welfare dependence, and a host of other outcomes.¹⁰³ Home visiting programs typically involve the delivery of voluntary services in a family's home for an extended period of time, often for two to three years, and on a regular basis, often weekly or bi-weekly. Home visitors may be professionals (ex. nurses, social workers, mental health professionals) or paraprofessionals (ex. staff that are from the neighborhoods they are serving, volunteers with experience in raising children) depending on the model used. They typically provide services to pregnant women and new parents, or other families who may demonstrate risk factors for maltreatment.

Home visitors use a number of strategies to increase parental competence, improve parent-child interaction, decrease parental stress, and increase family use of community resources. Home visitors provide information to parents about appropriate child development and positive parenting; they ensure children are receiving their well-child visits and immunizations on-time; they offer social support; and they connect families with community resources such as health insurance, housing, financial aid, domestic violence programs, and substance abuse treatment services.

There is strong evidence that early intervention can have a significant and lasting impact on parenting behavior and child health.¹⁰⁴ A large number of empirical studies on home-based services and home visiting programs during the perinatal and early childhood period suggest these strategies are promising for producing a number of positive outcomes including improved maternal health, child health and development, school readiness, child abuse prevention, and economic self-sufficiency.¹⁰⁵ Nevertheless, positive outcomes are not consistent across all models or populations, pointing to the need to attend to both the specifics of the model and match between the model and the targeted population.¹⁰⁶

Many different models of home visitation and home-based services focus on child maltreatment prevention as one of their outcomes. For example, the Nurse Family Partnership, Healthy Families, Project 12-Ways/Project SafeCare, Parents as Teachers, Parent Aide Program, and Family Connections were reviewed by the Program Subcommittee.

Parent Education and Parent Training

Parent education and parent training are group-based or parent-child interventions that focus on strengthening the parent/child relationship by enhancing parental knowledge, attitude, skills and behavior, and parent/child communication and interactions.¹⁰⁷ Parent education and parent training programs are the most common services offered to prevent maltreatment and improve child outcomes in North Carolina. There are hundreds of parent education programs that serve diverse populations - first-time parents, divorced parents, single parents, Hispanic parents, court-ordered parents, etc. - to achieve a range of outcomes -child maltreatment prevention, substance abuse prevention, juvenile delinquency prevention, school readiness, improved maternal/child health, etc. Parent education programs are typically information-based while parent training programs are skills-based interventions.

The parent education programs reviewed by the Program Subcommittee include Parent-Child Interaction Therapy, Nurturing Program, Circle of Security, The Incredible Years, Triple P (Positive Parenting Program), Strengthening Families, and Parenting Wisely. While there is an abundance of literature discussing parent education, few programs have been rigorously evaluated specifically for child maltreatment prevention. Existing research does suggest that efforts to educate abusive or neglectful families with established patterns of maltreatment and with significant personal and environmental challenges have limited success.¹⁰⁸ However, there is promise in efforts to support and work with new parents or high-risk parents whose behavior is not yet well-established.¹⁰⁹ A number of parent training programs developed for treating and preventing child behavioral problems have been rigorously tested and hold promise for child abuse prevention, particularly for physically abusive parents.¹¹⁰ Research on these family strengthening programs indicates that successful programs are interactive and skills-based, match the intensity of the intervention with family need, are

developmentally focused, target parental behavior and cognitions that specifically contribute to child maltreatment, and often involve both the parents and the children.¹¹¹ Additionally, there is increasing recognition that all parents need support and information throughout the developmental life of their child and that different types of parent education and training (from basic information on diapering a baby to more intensive interventions for families experiencing significant difficulties) need to be easily accessible throughout a community.¹¹²

Mutual Support/Social Support

Mutual Support/Social Support programs provide opportunities for parents to find social support, share experiences, learn about resources that support healthy family development and positive parenting, and develop confidence and leadership skills that increase their sense of self-efficacy.¹¹³ These programs can use a group-based, self-help format or they may offer a one-to-one mentoring relationship between parents. Mutual support groups can be found throughout North Carolina communities in programs such as neighborhood parenting groups, programs linking parents of children with special needs, and therapeutic groups led by clinicians. Key aspects of these programs are that they are voluntary, readily available for parents to use when they feel they need support, and the format and content of the programs are driven by the parents themselves rather than by professionals.¹¹⁴ Outcomes include increased social support, parental knowledge, appropriate expectations of children, linkages to community resources, parental empowerment, and leadership development.¹¹⁵

The Program Subcommittee examined different self-help/social support models, including Circle of Parents, Parents Anonymous, and Parent to Parent. Self-help/social support interventions have a strong theoretical foundation, although most program models directed toward child maltreatment prevention lack rigorous evaluation. There is some evidence on mutual support groups with regard to child maltreatment prevention that suggests this strategy improves parent/child relationships, improves parenting skills, decreases parental stress, and enhances social support and access to community resources.¹¹⁶

Respite Care

Respite care provides temporary childcare, support, and referral services for families who are experiencing stress and are having difficulty juggling the demands of caretaking with other responsibilities. Families receiving respite care services may have children with special needs, children with behavioral issues, or may have various other risk factors for maltreatment. There are two types of respite care: preplanned or crisis/emergency oriented (often called crisis nurseries). Respite care may be a separate, distinct program or it may be a service component in a comprehensive and multi-faceted intervention. Much of the research on respite care has focused on families of children with special needs. This research and other studies focused on at-risk families demonstrate promise in reducing parental stress, situations of neglect, and out-of-home placements.¹¹⁷ While there are numerous programs operating in North Carolina, no single model was identified during the literature review.

Early Childhood Initiatives

Early childhood education programs foster the physical, cognitive, social, and emotional development of young children so that each child is prepared for success in school and later in life.¹¹⁸ There is strong evidence that quality early childhood programs positively impact children and result in better academic performance, lower drop-out rates, fewer juvenile delinquency and behavior problems, and more employment and economic earnings later in life.¹¹⁹ Quality early childhood education programs partner with parents in fostering children's growth and development, and focus on developing strong parent-child relationships. They offer an opportunity to increase protective factors that may reduce the risk of child maltreatment. In fact, there is growing interest nationally to enhance the capacity of early childhood education programs to strengthen parent/child relationships, nurture families, and prevent maltreatment.¹²⁰

The Program Subcommittee examined data around the Chicago Child-Parent Centers and Early Head Start. Although there is not an extensive body of evidence that focuses specifically on the prevention of child maltreatment through early childhood education programs, there is some indication that it is a promising strategy for improving parent/child

relationships, improving parenting skills, and fostering parental participation in a child's education.¹²¹ Evaluations of the Chicago Child-Parent Centers in particular show evidence of preventing child maltreatment among the children who attended the Centers.

Primary Healthcare Initiatives

Primary healthcare providers can play a key role in preventing maltreatment.¹²² Parents often look to their child's health providers for information and support, which provides primary healthcare providers opportunities to promote healthy parenting, support child social/cognitive/physical development, and link families with needed resources all in a non-stigmatizing environment. Initiatives such as Triple P (Positive Parenting Program) and Healthy Steps for Young Children have provided parent education and parent support in primary healthcare settings and these efforts have been successful in increasing parent knowledge and skills.¹²³

The Program Subcommittee reviewed the Healthy Steps for Young Children program closely. This initiative was funded by the Commonwealth Foundation to improve delivery of developmental and behavioral services to young children through pediatric practices. The program added nurses, nurse practitioners, early childhood educators, or social workers to the staffs of fifteen pediatric offices in fourteen states. Healthy Steps specialists met with physicians and parents during office visits, made home visits, staffed call-in child development phone lines, performed developmental assessments, provided developmental materials to parents, organized parent support groups, and made community referrals. A trial of several thousand families found that compared to mothers in the control group, parents in the Healthy Steps program were less likely to use severe physical discipline, more likely to receive developmentally oriented care for their child, and more likely to discuss feelings of sadness and depression with someone in the pediatric office. Additionally, children had better continuity of care and a decreased likelihood of having an emergency department visit in the past year for injury-related causes.¹²⁴

The difficulty in funding additional staff in pediatric offices hinders the extensive replication of this program. However, in North Carolina several of the program's activities, such as developmental screenings, community referrals, and anticipatory guidance for child development, are being performed through the Assuring Better Child Health and Development (ABCD) Project. Spearheaded through the Medicaid Program, the ABCD Project is a comprehensive effort to improve the delivery and financing of child developmental services. Through the ABCD Project, community health providers administer validated screening tools at well child visits to identify children experiencing developmental issues, refer them to appropriate services, and provide parent and family support.

Child Sexual Assault Prevention

Child sexual assault prevention programs are typically school-based programs designed to educate and empower young children to protect them from sexual victimization. They do this by teaching concepts and skills that are believed to help them recognize, resist, and report sexual abuse. There are numerous child sexual abuse prevention programs but most focus on a set of core goals:

- > Improving a child's ability to identify and avoid situations in which child sexual abuse could potentially occur.
- > Providing a child with self-protection skills to respond to threatening situations.
- > Creating an environment in which children are encouraged to disclose previous or ongoing abuse so that they can receive the help they need.¹²⁵

There are a number of studies that have evaluated the effectiveness of school-based child sexual abuse prevention programs.¹²⁶ Overall, empirical evidence suggests that children do obtain knowledge and skills from certain programs. However, the gains are slight, they decrease over time, and they have a weak primary preventive effect.¹²⁷ The literature suggests that child sexual abuse prevention programs may not be effective as a universal or selective strategy for the prevention of sexual abuse, but that they can be effective in increasing disclosures among children who have already been victimized and who need intervention.¹²⁸

An alternative strategy is to focus efforts on adults. An increasing number of agencies are employing public health strategies to focus on the responsibilities of adults to protect children from child sexual abuse. One such initiative, STOP IT NOW!, looks at preventing child sexual abuse by:

- > Increasing the public's knowledge of the perpetration of sexual abuse through mass media campaigns.
- > Teaching adults the skills to recognize signs of abusive behavior and to intervene before abuse occurs.
- > Encouraging abusers and potential abusers to seek help.
- > Challenging family members and friends of suspected abusers to confront them and encourage them to get help.¹²⁹

Several states - including Vermont, Minnesota, Georgia, and Massachusetts - are either implementing STOP IT NOW! or are employing other promising public health approaches to the issue. The Centers for Disease Control and Prevention is evaluating a number of these initiatives. Other initiatives, including Darkness to Light in South Carolina, are also focusing on the responsibility of adults to protect children from sexual abuse.

The Program Subcommittee did not examine any specific models because the emerging public health approach to child sexual abuse prevention is still very new. Instead, members decided to wait and review evaluative data from the Centers for Disease Control and Prevention when they become available.

Family Resource Centers

In the 1990s, family resource centers were identified as a major strategy to prevent child maltreatment. Family resource centers are a way to organize and deliver services to a geographically defined community using a strengths-based approach that fosters parental and community involvement. They may be located in schools, churches, housing complexes, hospitals, or independent facilities. These centers involve community members in planning, implementing, and evaluating services that are designed to meet the needs of the surrounding community. Family resource centers strive to improve family well-being by providing services such as afterschool programming, parent support groups, respite care, literacy training, parent skills training, employment assistance, housing, and financial issues. Family resource centers also strive to develop a sense of community cohesion and efficacy by becoming a place where community members know one another, feel empowered, and develop bonds that create strong communities and neighborhoods.¹³⁰ States have taken varying approaches to developing networks of family resource centers with some focusing on the development of school-based family resource centers and others focusing on community-based networks that support pregnant women and parents of young children.

Despite the prevalence of and support for family resource centers, there has been little empirical evaluation of these centers particularly with regard to child maltreatment. In part, this stems from the difficulties involved with evaluating this type of service and the desire of programs to avoid labeling families as abusive. Nevertheless, there is a growing body of evidence that demonstrates that family resource centers can contribute to child and family well-being. For example, in a comprehensive review of family resource centers, the UCLA Center for Healthier Children, Families, and Communities cites several studies that indicate that some family resource centers may be effective in improving children's educational performance.¹³¹ Additionally, the Carnegie Corporation of New York's Starting Points Initiative included the development of family resource centers as a core strategy to improve care for children birth to three years of age. The Initiative reports that preliminary evaluation data show strong participation by low-income families; improvements in child health insurance coverage, immunization rates and parenting skills; and increased use of nutrition and other community services.¹³² While more empirical studies of family resource centers are needed, they demonstrate promise as a strategy to strengthen families.

Implementation of Prevention Programs with a Strong Body of Evidence

The Task Force on Child Abuse Prevention supports the implementation of child maltreatment prevention programs with strong evidence of effectiveness. In the implementation process of all evidence-based and promising programs, the Task Force on Child Abuse Prevention recognizes the importance of providing sufficient resources for training, professional staff compensation, and quality assurance (for model fidelity), along with the need to establish guidelines and provide technical

assistance in program evaluation. To promote the implementation of these programs, the Task Force on Child Abuse Prevention encourages both public and private funders of family support, family strengthening, and child maltreatment prevention programs to shift funding priorities toward those programs that have evidence of effectiveness. The Task Force on Child Abuse Prevention recommends:

Rec. 7.2. Public and private funders should place priority on funding evidence-based and promising child maltreatment prevention and family strengthening programs. When those programs are not available for a specific population, public and private funders should give funding priority to those programs that are theory-based and incorporate elements identified in the research literature as critical elements of effective programs. A report on the progress on this recommendation should be provided to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Nurse Family Partnership

Of all the child maltreatment prevention programs described previously, the Nurse Family Partnership remains the model that has the strongest research demonstrating positive outcomes in preventing maltreatment. The Nurse Family Partnership is a nationally recognized, cost-effective model that has been scientifically proven to reduce child maltreatment, delay second pregnancies, improve child and maternal health, decrease juvenile delinquency, and increase family economic self-sufficiency in high risk populations.¹³³ Home visits by trained, experienced nurses are conducted with first-time, low-income mothers and their families over a period of two years. The program has amassed considerable evidence of reducing child maltreatment through three large-scale randomized controlled trials in which participants were followed over time. Currently, one Nurse Family Partnership program exists in North Carolina and the Task Force on Child Abuse Prevention believes that expansion of this effective program to additional sites is critical to the state's child maltreatment prevention efforts.

The Task Force on Child Abuse Prevention recommends two strategies to expand the Nurse Family Partnership:

- > Target use of the program with first-time adolescent mothers.
- > Implement the program within a Community Care of NC Provider Network.

With regard to the first strategy, the Nurse Family Partnership has demonstrated excellent results in reducing child maltreatment among adolescent parents and in delaying second pregnancies.¹³⁴ One strategy may be for North Carolina to use the Nurse Family Partnership program as a model child maltreatment prevention/adolescent parenting program with first-time adolescent parents.

With regard to the second strategy, the Community Care of NC (CCNC) program is a program organized around local networks of healthcare providers that help to manage the care of Medicaid recipients. There were fourteen regional networks covering sixty-nine counties in January 2005. The program is expected to be statewide by December 2005. These networks include primary healthcare providers, hospitals, health departments, and social services agencies. Primary healthcare providers along with care managers help coordinate prevention, treatment, referral, and institutional services for certain Medicaid recipients who have high-cost or complex health problems. Currently, each of the networks are responsible for providing care management to people with asthma, diabetes, congestive heart failure, and other high-cost cases. Primary healthcare providers in CCNC are also responsible for screening children for developmental and social/emotional risks, as part of the Assuring Better Child Health and Development initiative. Local networks can also develop other initiatives to improve quality of care and health status of Medicaid recipients. The Task Force on Child Abuse Prevention believes that exploring implementation of a Nurse Family Partnership within a CCNC network to improve maternal and child health outcomes, reduce maltreatment, and produce cost savings is an important step in expanding the Nurse Family Partnership in North Carolina. The Task Force on Child Abuse Prevention recommends that:

- Rec. 7.3. PCA North Carolina should work with the NC Division of Medical Assistance, the NC Division of Public Health, and Community Care of North Carolina to implement the Nurse Family Partnership Program in two to three additional sites in North Carolina. In implementing this program, these organizations should:
- A. Target at least one of the Nurse Family Partnership programs toward the first-time adolescent mother population;
 - B. Attach at least one of the Nurse Family Partnership programs to a Community Care of North Carolina provider network and conduct a cost-benefit analysis to assess savings to the Medicaid Program; and
- A report on progress towards implementing this recommendation to the Child Maltreatment Prevention Leadership Team should be made by January 2006 and annually thereafter.

Home Visiting Programs - Other Models

North Carolina has several other home visiting programs that have a growing body of evidence and have been identified as promising programs. For example, North Carolina has eleven Healthy Families programs, over sixty Parents As Teachers programs, and nine Parent Aide programs that serve hundreds of families annually. The Task Force on Child Abuse Prevention recognized the importance of using this foundation of existing home visiting resources in enhancing North Carolina's child abuse prevention efforts and also recognized that the Nurse Family Partnership would not be able to serve all high-risk families due to eligibility requirements and program implementation issues. For example, counties must have at least 200 births annually to support a Nurse Family Partnership program, women must be enrolled in the program during pregnancy, and participants must be first-time mothers. The Task Force on Child Abuse Prevention felt that there is a need for an intensive model of home-based services for high-risk families that builds on the existing infrastructure for home visiting in North Carolina to serve those families who may not be best served by the Nurse Family Partnership. Consequently, the Task Force on Child Abuse Prevention recommends that:

- Rec. 7.4. PCA North Carolina and the NC Division of Public Health should work with the Education Begins at Home Alliance to develop a model of home visitation for families at high risk of maltreatment, based on the most current research of perinatal and early childhood home visitation programs and from an assessment of the current resources and infrastructure for home visiting programs in North Carolina. This collaborative effort should:
- A. Integrate this model within a larger continuum of perinatal and early childhood home visitation programs;
 - B. Identify strategies to rigorously evaluate this model of home visitation;
 - C. Develop a system for quality assurance and long-term funding;
- Report on progress of the development of the home visitation model to the Child Maltreatment Prevention Leadership Team should be made in January 2006 and annually thereafter.

Other Programs with Strong Evidence

The Task Force on Child Abuse Prevention also identified several promising programs that had very strong bodies of research demonstrating their effectiveness in preventing child maltreatment or in improving parent/child interactions.

- > **Parent-Child Interaction Therapy (PCIT)** is a parent training program originally designed to treat children with conduct behavior problems. It is now being used to treat and prevent maltreatment with physically-abusive families with children ages four to twelve. Trained therapists coach parents in child management techniques through the use of a "bug-in-the-ear" microphone/listening device while parents are interacting with their children in a safe environment. Training focuses on helping parents learn how to praise appropriate behavior; ignore undesirable behavior; give clear, age-appropriate instructions; and implement time-outs effectively. A strong body of evidence supporting the efficacy of PCIT as a treatment program for children with behavior problems exists. A recent randomized trial with physically abusive parents found that parents who completed the PCIT program had a 60 % lower re-report rate for physical abuse (19%)

compared to those who completed a standard community-based parent education group (49%).¹³⁵

- > **Strengthening Families Program** is a family skills training program for elementary school children (ages six to twelve years) and their families. The program is 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 other at-risk groups. Numerous randomized controlled evaluations have proven the program to be efficacious with a variety of populations. It has also shown positive effects on parental depression; parental alcohol and drug use; decreases in family conflict and stress; increases in parenting confidence, efficacy, and knowledge; and positive parenting skills.¹³⁶ While the program has not specifically measured child maltreatment, the effects demonstrated so far show great promise in this area.

- > **Chicago Child-Parent Center** is a federally funded (Title 1), center-based early childhood program for low-income children in preschool through third grade (ages three to nine years). It was designed to improve children's school readiness through four features: early intervention, parent involvement, a structured language-based instructional model, and program continuity between preschool and early school-age years. The Centers use a multi-faceted program that includes a parent resource room staffed by a Head Start teacher, parental involvement in the classroom, and home visits focused on increasing parental involvement in their child's education. A quasi-experimental study of 1,539 low-income mostly African American children, with a fifteen-year follow-up, demonstrated that children who participated in the Child Parent Center preschool were 52% less likely to be victims of maltreatment (as measured through court and CPS reports). Additionally, children who participated in one-two years of the Child Parent Center preschool had higher reading and math achievement scores, lower rates of grade retention and special education placement, were more likely to complete high school, had fewer violent and nonviolent arrests, and fewer drop-outs than the comparison group.¹³⁷ The longer the children participated in the Child Parent Center, the greater the results.

The Task Force on Child Abuse Prevention believed that these programs were worthy of preliminary public and private investment in North Carolina. Therefore, the Task Force on Child Abuse Prevention recommends that:

Rec. 7.5. The Child Maltreatment Prevention Leadership Team should work with members to pilot or replicate promising child abuse prevention programs and to evaluate their effectiveness with a North Carolina population including, but not limited to:

- A. Parent-Child Interaction Therapy for families with children ages four to twelve years who are at risk for and who are already experiencing physical abuse.
- B. The Strengthening Families Program as a selective prevention strategy for families with children ages six to twelve years.
- C. The Chicago Child-Parent Center model for low-income children in preschool through third grade (ages three to nine years) and their families.

A report on the progress of this recommendation should be provided to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Using Research to Strengthen Current Programs and Initiatives

North Carolina has a number of existing programs and initiatives targeted at strengthening families and preventing maltreatment. Such initiatives would benefit from integrating timely research on program effectiveness into program development and refinement activities.

For example, both the NC Division of Social Services and the NC Partnership for Children fund family resource centers. These family resource centers are extremely diverse and offer a variety of services including literacy training, GED classes,

employment counseling, afterschool programming, respite care, and parent education classes. With an increased federal focus on linking the activities and outcomes of family resource centers to the prevention of child maltreatment, it is important for these programs to focus on either offering or linking to evidence-based and promising child maltreatment prevention and family strengthening programs.

Similarly, agencies that fund or sponsor parent education and parent training programs should be required to fund programs that have some evidence of effectiveness with the targeted population. This is particularly true for programs that are working with families at risk of maltreatment or who are maltreating. Additionally, agencies that fund child sexual abuse prevention programs should take into careful consideration the research conducted on school-based child sexual abuse prevention programs when making decisions about future efforts to prevent child sexual abuse. As discussed previously, there is little empirical evidence that children who participate in these programs are actually able to use the information they receive to avoid victimization.

Finally, there is a need for numerous agencies that are funding and sponsoring family strengthening and child maltreatment prevention programs to jointly identify a shared set of programmatic outcomes and indicators that will help them monitor and assess program effectiveness across multiple programs. As a result of these issues, the Task Force on Child Abuse Prevention recommends:

Rec. 7.6. The Child Maltreatment Prevention Leadership Team should work with:

- A. The NC Division of Social Services and the NC Partnership for Children to ensure that community-based family resource centers offer or link to evidence-based and promising prevention programs, and to develop a model family resource center that uses evidence-based and promising prevention programming to address risk factors associated with child maltreatment and school readiness.
- B. The NC Division of Social Services, the NC Partnership for Children, and the NC Children's Trust Fund should require use of social support and parent education programs that have been evaluated and show evidence of or promise in preventing maltreatment (e.g. the Nurturing Program) or in strengthening family functioning (e.g. The Incredible Years), and/or that incorporate critical components identified in the research literature.
- C. The NC Division of Public Health, the NC Children's Trust Fund, and other funding entities for child sexual abuse prevention programs to re-target funding for school-based child sexual abuse prevention programs to other more promising models of prevention, as recommended by the Expert Work Group on Evidence-Based Practice.
- D. The Expert Work Group on Evidence-Based Practice, the NC Partnership for Children, the NC Division of Social Services, the NC Children's Trust Fund, and other agencies as appropriate, in developing a shared set of research-based intermediate indicators of child maltreatment, nurturing parent-child interaction, and healthy child development to evaluate family support and child maltreatment prevention programs. This group should collaborate with the Technical Advisory Group on Surveillance to ensure that the intermediate indicators developed are consistent with the measures developed as part of the prevention measurement system, to the extent practicable.

A report on the progress of this recommendation should be provided to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.

Implementation of Treatment Programs with a Strong Body of Evidence

Although not a specific focus of the Task Force on Child Abuse Prevention, treatment for children who have been maltreated is a critical piece of preventing the re-occurrence of maltreatment and preventing children from becoming abusive or neglectful parents themselves later in life. The Kauffman Best Practice Project to Help Children Heal from the

Effects of Child Abuse - funded by the Ewing Marion Kauffman Foundation in Kansas City and led by the Chadwick Center at Children's Hospital in San Diego - reviewed the literature on treatment for child victims and identified three evidence-based and effective treatment protocols: Parent-Child Interaction Therapy and Abuse-Focused-Cognitive Behavioral Therapy for physically abused children and Trauma Focused-Cognitive Behavioral Therapy for sexually abused children. The Appendix of this report includes more details about these programs. These scientifically proven programs should be used across North Carolina in treatment programs for this population. The Task Force on Child Abuse Prevention recommends:

Rec. 7.7 The Child Maltreatment Prevention Leadership Team should work with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and other agencies and private providers that provide oversight or treatment for children who have experienced abuse or neglect to encourage the use evidence-based models (i.e., Parent-Child Interaction Therapy; Trauma-Focused-Cognitive Behavioral Therapy; Abuse Focused-Cognitive Behavioral Therapy) identified by the Kaufmann Best Practice Initiative, the Substance Abuse, Mental Health Services Administration, and the Centers of Excellence. A report on the progress on this recommendation should be provided to the Child Maltreatment Prevention Leadership Team by July 2006 and annually thereafter.