



PREVENTING CHILD MALTREATMENT

PROGRAM ACTIVITIES GUIDE

Preventing Child Maltreatment

The Facts

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

CDC defines child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of omission include physical abuse, sexual abuse, and psychological abuse, and acts of commission include neglect (physical, emotional, medical/dental, or educational) and failure to supervise. In 2008, an estimated 1,740 children died in the United States as a result of maltreatment, and approximately 772,000 children were found by protective services agencies to be victims of maltreatment. Because many cases go unreported or undetected, the actual number of children who experience maltreatment each year is estimated to be far greater.

CDC's Role

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

- *An emphasis on primary prevention.* CDC seeks to stop child maltreatment before it occurs. This involves reducing the factors that put people at risk for experiencing violence. It also includes increasing the factors that protect people or buffer them from risk.
- *A commitment to developing a rigorous science base.* CDC's approach includes defining the problem through surveillance, using research to

identify risk and protective factors, developing and evaluating prevention strategies, and ensuring widespread adoption of effective programs.

- *A cross-cutting perspective.* Public health encompasses many disciplines and perspectives, making its approach well suited for examining and addressing child maltreatment.
- *A population approach.* Part of public health's broad view is an emphasis on population health—not just the health of individuals.

To prevent child maltreatment, CDC promotes safe, stable, and nurturing relationships (SSNRs) for children. SSNRs may protect children against maltreatment and other adverse exposures occurring during childhood that compromise long-term health. Healthy relationships are fundamental to the development of the brain and consequently to physical, emotional, social, behavioral, and intellectual capacities.

CDC's strategy to prevent child maltreatment is organized around these four general priorities:

- Measuring impact
- Creating and evaluating new prevention approaches
- Applying and adapting effective practices
- Building community readiness

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

Key Partners

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

Monitoring, Tracking, and Researching the Problem

National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, law enforcement, crime labs, and death certificates that could answer important, fundamental questions about trends and patterns in violence. However, the information is fragmented and difficult to access. Eighteen states are currently part of the National Violent Death Reporting System (NVDRS)—Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin. These states gather, share, and link state-level data about violence. NVDRS enables CDC and states to access vital, state-level information to gain a more accurate understanding of the problem of violence. This will enable policy makers and community leaders to make informed decisions about violence prevention strategies and programs, including those that address child maltreatment. The system includes a child fatality review module to augment information collected on child deaths.

Developmental and Intergenerational Paths to Partner Violence and Child Maltreatment

Researchers from the University of Colorado at Boulder are examining intimate partner violence and child maltreatment in a longitudinal, intergenerational context. The core objective of the CDC-funded study is to identify the developmental pathways and social circumstances that lead to perpetration of intimate partner violence or child maltreatment. The study also aims to identify protective factors that reduce the likelihood that individuals with identified risk factors for perpetration actually engage in intimate partner violence or child maltreatment.

Surveillance for Abusive Head Trauma

In 2008, CDC convened an expert panel of child maltreatment professionals, abusive head trauma specialists, and state health department representatives to determine a uniform methodology for analyzing hospital discharge data as a surveillance tool for monitoring abusive head trauma. The goal is to develop a single set of ICD 9/10 and external cause of injury codes to identify fatal and non-fatal abusive head trauma in young children. Consistent data will allow researchers to better gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs.

Surveillance of Safe, Stable, and Nurturing Relationships

CDC is working with the Office of Juvenile Justice and Delinquency Prevention and researchers from the University of New Hampshire to gather baseline data on safe, stable, and nurturing relationship (SSNR) behaviors. Sixteen SSNR items were developed and added to the National Survey of Children's Exposure to Violence. The survey collected data from a nationally representative sample of 5,000 youth and their caregivers.

Inventory of Resilience Factors and Intervention Opportunities in High-Risk Children

CDC is analyzing data from a subsample of high-risk children who participated in the National Survey of Children's Exposure to Violence. The study will identify factors that protect against, buffer, and/or compensate for high levels of exposure to violence; assess intervention needs and opportunities; and examine risk and resilience among children in transitioning or unstable environments.

Developing and Evaluating Prevention Strategies

Using Technology to Augment the Effectiveness of Parenting Programs

CDC is funding three projects to examine the impact of using information and communication technology with effective parenting programs. The projects will study the effects of technology on program outcomes, fidelity, enrollment, attrition rates, and cost-effectiveness in reducing child maltreatment. The University of Kansas is comparing the traditional parent training component of Project SafeCare to a cell phone enhanced version of the training. Wayne State University is exploring the use of specialized computer software to enhance a traditional Healthy Families America home visiting program. Finally, the University of Oklahoma Health Sciences Center is comparing two approaches for training therapists in Parent Child Interaction Therapy using standard phone consultation and internet-based telemedicine technology.

Universal Parenting Project

CDC has begun an initiative to develop and evaluate a universal strategy for promoting positive parenting and preventing child maltreatment. The first phase of the project includes a literature review of effective parenting programs, content development for a positive parenting intervention, and an expert panel meeting with health communication experts to identify the most effective program packaging and delivery mechanisms. Phase two will focus on the development and testing of the program.

Engaging Fathers in Child Maltreatment Prevention

CDC is funding two pilot projects that are adapting evidence-based child maltreatment prevention programs to improve male caregiver involvement and engagement. Researchers at Queens College are developing and evaluating a parenting program for fathers based on the Chicago Parent Program and Dialogic Reading. Washington University is developing and evaluating an enhancement to the Positive Parenting Program (Triple-P).

Abusive Head Trauma Prevention

CDC is funding two projects to establish the effectiveness and cost-effectiveness of delivering abusive head trauma prevention information to parents and other caregivers in hospitals at the time of delivery and in public health clinics or pediatricians' offices at the first postnatal visits. Researchers at Pennsylvania State University's Hershey Medical Center are evaluating the effectiveness of a statewide prevention program that will educate parents of all newborn infants about the impact of violent infant shaking. Some parents will also receive information about crying and violent shaking at the two-, four-, and six-month health maintenance visits. Researchers from the University of North Carolina at Chapel Hill are implementing and evaluating the Period of Purple Crying program to educate North Carolina parents about normal infant crying patterns, how to respond to crying, and the dangers of shaking. Booster shots of the program are being delivered in prenatal classes and at two-week well-child check-ups. A statewide media campaign is being developed to reinforce program messages.

Thoughtful Parenting Program for Mothers and Fathers

Researchers from Northern Illinois University are working with CDC to extend the evaluation of the Thoughtful Parenting: Moment to Moment (TPMM) prevention program. Preliminary data from a clinical trial with at-risk mothers indicate that TPMM is effective in reducing child physical abuse and depressive symptoms. The extended evaluation will include both mothers and fathers to examine whether gender moderates effectiveness.

Implementing SafeCare to Prevent Child Maltreatment in Underserved Populations

CDC is funding researchers at Georgia State University to examine the impact of enhanced training for trainers and coaches in a statewide rollout

of the SafeCare parent training program. Through SafeCare, trained professionals work with at-risk families in their home environments to improve parenting skills such as planning and implementing activities with children, responding appropriately to child behavior, improving home safety, and addressing health issues.

Dynamic Adaptation Process to Implement SafeCare

CDC is working with researchers at the University of California, San Diego to study a Dynamic Adaptation Process (DAP) for making decisions about implementation of SafeCare, an evidence-based parent-training program. The study is assessing the feasibility, acceptability, and utility of using DAP to implement SafeCare compared to implementation as usual. Fidelity and client outcomes are also being assessed.

Cascading Diffusion of SafeCare

CDC is working with researchers from the University of Oklahoma Health Sciences Center to test a new and promising implementation and diffusion approach for transporting SafeCare into an existing family preservation/family reunification service network in San Diego County, California. A small seed program is being developed. Then, providers from the seed program will act as coaches and implementation agents for other agencies in the system.

Outcome Evaluation of the ACT Parents Raising Safe Kids Program

CDC is funding researchers from the University of North Carolina at Charlotte to evaluate the effectiveness of the Adults and Children Together Against Violence Parents Raising Safe Kids program as an economical primary prevention program for child maltreatment. The program includes information on child behavior, children and violence, conflict resolution, and positive parenting. Researchers will work with the American Psychological Association and community service sites in three states to evaluate the program.

Family Intervention to Prevent Child Maltreatment

Researchers from the University of Oregon are working with CDC to test the implementation effectiveness of Family Check Up, a family intervention designed to reduce the growth of problem behavior, enhance parenting skills, and decrease family violence. Researchers will collaborate with four mental health providers in an urban community to implement the program.

Measuring Changes in Quality of Life

CDC is conducting a study to measure changes in quality of life related to child maltreatment. Researchers are using focus groups to help identify key attributes of quality of life. Then a questionnaire will be developed, pilot tested, and fielded to measure the loss in quality of life associated with child maltreatment. Quality of life measures are useful in conducting economic evaluations of child maltreatment prevention programs.

Framework and Literature Review for Long-Term Costs of Child Maltreatment

CDC is developing a framework for estimating the long-term costs of child maltreatment. To inform the framework, researchers are conducting a systematic review of potential long-term consequences and the costs associated with them. The effects of child maltreatment on future violence perpetration, on long-term physical and mental health, and on educational attainment and future productivity are included.

Estimating the Medical Costs of Child Maltreatment

Existing research on the medical and economic burden of child maltreatment is extremely limited. CDC is working on a project to link data from the National Survey on Child and Adolescent Well-Being with individual Medicaid claims. Researchers aim to develop an analytic approach for estimating the annual medical costs attributable to child maltreatment among children ages 0 to 17 years.

Supporting and Enhancing Prevention Programs

Knowledge to Action Child Maltreatment Prevention Consortium (K2A)

CDC is partnering with the National Alliance of Children's Trust and Prevention Funds, the Office on Child Abuse and Neglect (OCAN), Parents Anonymous Inc, and Prevent Child Abuse America to lead the Knowledge to Action Child Maltreatment Prevention Consortium (K2A). The Consortium prioritizes, stimulates, and integrates research, policy, and practice by transferring knowledge to community and societal level actions that promote safe, stable and nurturing relationships for children. K2A focuses on primary prevention, public health, actionable knowledge transfer, and community and societal level change. Through a facilitated process, the K2A membership of diverse experts and stakeholders are identifying key sectors, actions and leverage points at community and societal levels in assuring that children are raised in safe, stable, and nurturing environments.

Developing Shaken Baby Prevention Resources

CDC is developing a guide for state health departments and community organizations and a guide for journalists on shaken baby prevention. The prevention resources were informed by a panel of experts, a national survey on health behaviors, a media analysis, and discussions with health departments and community organizations.

Implementing Safe, Stable, Nurturing Relationships for Children

Building upon CDC's strategic direction for child maltreatment, CDC is developing a framework, messages, and tools to support safe, stable, and nurturing relationships (SSNRs) for children. The goal is to translate the science-based strategies behind SSNRs for public health practitioners and policy-makers and encourage them to use these ideas/strategies as a means to preventing child maltreatment.

Public Health Leadership Initiative

CDC is partnering with the CDC Foundation and the Doris Duke Charitable Trust Fund to better understand and support the work that state public health agencies are engaging in to prevent child maltreatment and promote safe, stable, and nurturing relationships (SSNRs) for children. The project will identify emerging state public health leaders in child maltreatment prevention and the promotion of SSNRs, provide concrete recommendations for state actions to promote SSNRs, develop and test tools and resources to support state actions, and disseminate these tools through public health leadership organizations and other channels.

Translating Research to Impact Health

CDC has awarded three public health research grants for translation research related to child maltreatment prevention. The grant program aims to improve the adoption and accelerate the dissemination of proven effective interventions that can make critically important impacts on health. Research Triangle Institute is developing an evidence-based dissemination strategy for the Infant Mental Health-Court Team Program, an important step towards the institutionalization of child-parent psychotherapy in judicial practice to prevent the recurrence of maltreatment of infants and toddlers. The University of Kansas Center for Research is examining the translatability of the Play and Learning Strategies program, an evidence-based program demonstrated to increase responsive parenting and promote healthy infant development. New York's Monroe County is translating individual evidence-based interventions into a comprehensive, coordinated program for children in foster care aimed at improving mental health assessment and treatment, expanding parenting skills of caregivers, and enhancing the visitation process.

Enhancing Parent Training Components of Early Learning Centers

CDC is exploring the feasibility of integrating evidence-based parent training programs into comprehensive early learning centers. A literature review and interviews were conducted and findings pro-

vided descriptions of the core elements and resource requirements of the programs and centers, identified examples of successful integration, highlighted the potential facilitators and challenges for integration, and provided key considerations for implementation.

Key Publications

Uniform Definitions and Recommended Data Elements

CDC has developed *Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements* to improve and standardize data collected for child maltreatment surveillance. Consistent data allow researchers to better gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs.

Exploring Cultural Attitudes and Beliefs About Parenting Practices

Promoting Healthy Parenting Practices Across Cultural Groups: A CDC Research Brief summarizes findings from a CDC study on cultural values and parenting and child rearing. The study focused on five cultural groups—African-Americans, American Indians, Asian-Americans, Hispanic-Americans, and non-Hispanic Whites. It examined the ways that parents respond to children’s behavior and their views of desirable or undesirable parenting practices. Uncovering the differences and commonalities in values, normative practices, and child-rearing goals across cultural groups is an important step in developing culturally-competent and effective programs for parents of all cultural backgrounds.

Strategic Direction for Child Maltreatment Prevention

The strategic direction for child maltreatment prevention describes a five-year vision for CDC’s prevention work. The overall strategy for preventing child maltreatment is to promote safe, stable, and nurturing relationships for children.

Creating Safe Environments for Youth

CDC developed *Preventing Child Sexual Abuse Within Youth-serving Organizations: Getting Started on Policies and Procedures* to assist youth-serving organizations as they begin to adopt prevention strategies for child sexual abuse. The guide identifies six key components of child sexual abuse prevention for organizations and includes prevention goals and critical strategies for each component.

Examining the Effects of Childhood Stress

The Effects of Childhood Stress on Health Across the Lifespan summarizes the research on childhood stress and its implications for adult health and well-being. Of particular interest is the stress caused by child abuse, neglect, and repeated exposure to intimate partner violence (IPV). This publication provides violence prevention practitioners with ideas about how to incorporate information on childhood stress into their work.

Insight on Parent Training Programs

CDC behavioral scientists conducted a meta-analysis of the current research literature on parent training programs to identify components associated with more effective and less effective programs. *Parent Training Programs: Insight for Practitioners* summarizes the findings of this meta-analysis and provides practitioners who work with parents and families guidance in making evidence-based program decisions to improve parenting skills and prevent child emotional and behavior problems.

For more information:

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