Promoting Safe, Stable and Nurturing Relationships:
A Strategic Direction for Child Maltreatment Prevention

The Centers for Disease Control and Prevention (CDC) is committed to ensuring all Americans live their lives to their fullest potential, especially children. One of the greatest threats to children reaching their full potential is child maltreatment. Our key strategy in preventing child maltreatment is promoting safe, stable, and nurturing relationships between children and their parents or caregivers.

Child Maltreatment as a Public Health Problem

Child maltreatment includes the physical, sexual, and emotional abuse and/or neglect of children under the age of 18 by a parent or caregiver. Children are sometimes exposed to more than one of these four forms of abuse and neglect at the same time. Physical abuse occurs when a parent or caregiver intentionally uses physical force against a child that results in, or could result in, physical injury. Sexual abuse occurs when a parent or caregiver engages a child in sexual acts. Emotional abuse refers to verbal behaviors and attitudes of a parent or caregiver towards a child in their care that fail to provide a supportive environment. Neglect is the failure to meet a child's basic needs and provide adequate supervision. Child maltreatment is a significant public health problem in the United States:

- 905,000 children were confirmed by Child Protective Services as being maltreated in 2006.
- 1,530 children died in the United States in 2006 from maltreatment.
- A national survey conducted in 2002-2003 found that 1 in 8 children between the ages of 2 and 17 were estimated to have been maltreated.
- Child maltreatment is associated with a variety of short- and long-term negative health outcomes, such as anxiety, depression, suicide, diabetes, heart disease, and sexually transmitted diseases.

CDC’s Role in Child Maltreatment Prevention

The mission of CDC’s Division of Violence Prevention (DVP) is to prevent violence through surveillance, research and development, and capacity building. The division's public health approach to violence prevention complements the methods used by the criminal justice and mental health systems. Its unique features include:

- An emphasis on the 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 new 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 complex problems like child maltreatment.
- A population approach. Part of public health’s broad view is an emphasis on population health—not just the health of individuals.
**CDC’s Strategic Direction for Child Maltreatment Prevention**

Safe, stable, and nurturing relationships (SSNRs) between children and adults are a vaccine 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.

**Characteristics of Healthy Relationships**

- **Safety.** Safety refers to the extent that a child is free from physical and/or emotional harm.
- **Stability.** This refers to the degree of predictability and consistency in a child's environment. Families that are stable and have regular routines provide children with the consistency needed to lessen the impact of stressful experiences.
- **Nurture.** Nurture refers to the extent to which a parent or caregiver is available and able to respond to the needs of their child. A nurturing relationship reduces the amount of fear in a child and allows him or her to explore the environment with confidence.

**Key Focus**

- **Addressing social determinants of child maltreatment and SSNRs.** Child maltreatment and SSNRs emerge from and are sustained within social contexts that help to create and support them. Understanding the role that social determinants play in contributing to child maltreatment and SSNRs as well as the interventions that modify them, therefore, may be very important to improving our ability to plan and implement effective prevention policies.

**CDC’s Strategy**

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

**Measuring Impact**

- Monitor fatalities through the National Violent Death Reporting System.
- Monitor nonfatal child maltreatment at national and state levels.
- Operationalize, measure, and monitor SSNRs.
- Identify and quantify the social and economic burden of child maltreatment.

**Creating and Evaluating New Approaches to Prevention**

- Identify populations at risk, modifiable risk and protective factors, and the best times and settings for interventions.
- Evaluate parenting-focused prevention strategies.
- Evaluate public and organizational policies for prevention.

**Applying and Adapting Effective Practices**

- Accelerate adoption and adaptation of evidence-based prevention strategies.

**Building Community Readiness**

- Build community capacity to implement evidence-based prevention approaches.
- Develop prevention and strategy tools for communities and organizations.
- Establish partnerships that facilitate dissemination and implementation of evidence-based prevention strategies.

For more information:

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
4770 Buford Hwy, NE, MS F-64
Atlanta, GA 30341-3717
1-800-CDC-INFO (232-4636)  •  cdcinfo@cdc.gov  •  www.cdc.gov/injury