

TheChildren'sAgenda

Smart Choices. Bold Voices.

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Evidence-Based Strategies to Prevent Child Abuse and Neglect

Scope of problem and long lasting effects. Child abuse and neglect constitute a threat to the health and well-being of our most vulnerable population: children.

According to the Children's Bureau of the U.S. Department of Health and Human Services, during fiscal year 2015, over 683,000 children were victims of abuse and neglect in the United States and 1,680 children died as a result of abuse and neglect.¹ This data only encompasses Child Protective Services (CPS) reports and is likely to underreport the prevalence of abuse. In the National Survey of Children's Exposure to Violence of over 4000 children ages 0-17, over 15% reported caregiver maltreatment and 5% reported being the victims of physical violence.² In Monroe County, CPS reports are expected to exceed 10,000 in 2017, an increase of 32% since 2014. Of these reports, 93.7% are expected to be characterized as maltreatment, 5.7% are expected to be reports of sexual abuse, and the remaining less than 1% would be episodes of physical abuse.^{3 4}

Exposure to these extremely stressful events is known to lead to long lasting neurocognitive changes. Victims of child abuse and neglect have high rates of post-traumatic stress disorder, aggressive behavior, truancy, running away, early alcohol use, binge drinking, and using a weapon in adolescence. Internalizing behaviors like depression and self-harm are also common. Into adulthood, victims experience higher rates of non-communicable diseases.⁵ Given the high prevalence of long-lasting effects, child abuse and neglect has far-reaching social and economic consequences. One analysis found the total lifetime costs of substantiated child abuse cases in the United States in 2008 to be \$124 billion. The same authors posit that costs could be as high as \$585 billion if all CPS-investigated children are assumed to be victims.⁶ Given these wide-ranging and tragic effects, it is imperative that we adopt evidence-based strategies to prevent child abuse and neglect.

Current research findings relating to the impact of trauma and Adverse Childhood Experiences (ACEs) add to our understanding in this area.⁷ Research has demonstrated that experiencing adverse events before the age of 18, without intervention and support, increases the likelihood of engaging in risky behaviors, as well as increases the likelihood of poor mental and physical health outcomes in later years.⁸ The accumulation of multiple adverse childhood experiences compounds these risks. In Monroe County in 2017, sixty-six percent (66%) of high school students reported one or more adverse experiences and 24% reported three or more.⁹

Five of the 11 ACEs reflect childhood abuse or neglect. An individual's ACE score is correlated with:

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death.¹⁰

It is important to note that there is little difference in long-term outcomes when comparing children involved in a substantiated report vs. a non-substantiated report. The American Public Health Association states: "Research shows that children with substantiated investigations are virtually indistinguishable from those who are unsubstantiated in a wide range of subsequent negative outcomes ranging from child maltreatment re-report to school achievement to mortality."¹¹

Risk factors Understanding which children and caregivers are most at risk for abuse and neglect can help to better target resources. National data based on CPS reports for fiscal year 2015 represent the most recent source of data regarding victims and perpetrators of child abuse and neglect. This data shows that victimization rates decline with children's advancing age, and younger children are more likely to be involved in fatal cases than older children. Children less than one year old are more than twice as likely to be victims as any other age group. In CPS reports nationally where maltreatment was substantiated, 75% were cases of neglect, 17% involved physical abuse, and 8 percent of the children were victims of sexual abuse.¹² The

Center for Disease Control (CDC) identified parental risk factors for child maltreatment.¹³ These factors include:

- Lack of understanding of child development and children’s needs,
- Poor parenting skills,
- A history of caretakers’ own maltreatment when they were children,
- Substance abuse,
- Mental health issues, including maternal depression
- Low socioeconomic status,
- Low education,
- Young age,
- Single parenthood,
- Having a large number of dependent children, and
- Low income.

Communities with higher rates of violent crime and more concentrated poverty are more likely to have high rates of child abuse and maltreatment as well.¹⁴ The evidence behind targeting these risk factors as a means of reducing child abuse and neglect will be explored later in this paper.

Protective factors Strong social networks and family supports are the only protective factors which are supported by current evidence. Other possible protective factors include parental employment, stable housing, access to health care, and social services, and parenting skills. The CDC states that these areas have potential impact, and research is ongoing.¹⁵

Evidence based preventive services There is ample proof that evidence-based programs to prevent abuse and neglect exist. A large study commissioned by Congress in 2016, “Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities” noted that early childhood visitation services had the most promise in preventing fatalities, and have already been shown to reduce the incidence of childhood abuse and neglect.¹⁶

Following is a brief outline of the programs and the supporting evidence, with focus on programs offered in Monroe County.

The Nurse-Family Partnership is a home visitation program for at-risk mothers where a nurse makes frequent home visits during a woman's pregnancy and continues to visit until the child's second birthday. Participation in NFP has a substantial positive impact on the life of the mother and the child on a number of life outcomes. A 2015 systematic review of NFP evaluation findings found that child maltreatment among NFP parents was 31% lower than non-NFP parents.¹⁷

In Monroe County all women in their first trimester of pregnancy for their first child on Medicaid are eligible for NFP. Based upon data from New York State Department of Health Vital Records, there were 1293 first-time births to mothers on Medicaid in 2015. According to estimates provided by Monroe County Department of Public Health, Monroe County NFP currently has the capacity to serve 259 mothers. This means that only 20-30% of NFP-eligible families can access the NFP program in Monroe County. New funding made available through the New York State Delivery System Reform Incentive Payment (DSRIP)/Medicaid Redesign process will add 2-4 NFP nurses for Monroe County families.

Other home visitation programs have also been shown to reduce the incidence of child abuse and neglect. One program that is active in Monroe County is **Parents as Teachers**, a home visitation model which emphasizes teaching parenting skills and strengthening the parent-child bond. In a study of teen parents, those with PAT combined with case management had fewer open CPS cases. A multisite analysis including children from a large eastern city, an urban southern city, and a large western city from 2001 found that children who received home visits through Parents as Teachers had fewer injuries and emergency room visits between the 1st and 2nd years of life. This effect was largest for low-income children.¹⁸

Building Healthy Children is a multidisciplinary program that was created by and has been studied at the University of Rochester's Mount Hope Family Center. It uses a tiered approach including persistent outreach services, Parents as Teachers, Child-Parent Psychotherapy, and Interpersonal Psychotherapy as needed to best serve the family's needs for high risk mothers who gave birth to their first child at age 21 and under. The program was analyzed using a control group of similar age, high risk mothers who received assessment and referrals to existing

community services only. Preliminary analyses indicated that two percent of the treatment group vs. five percent of the control group had substantiated CPS reports. While not statistically significant, the low number of reports in high-risk patients merits further study. More recent outcomes demonstrate a reduction in maternal depression among mothers receiving the intervention, which then resulted in improved parent and child outcomes at age four.¹⁹ Given that maternal depression is an important risk factor for child abuse and neglect, reductions in maternal depression are likely to improve child maltreatment outcomes and improve family functioning.

In addition to the Medicaid funding for additional NFP capacity, the Rochester-Monroe Anti-Poverty Initiative secured funding from the Upstate Revitalization Initiative for two years of 150 additional slots for these three evidence-based home visitation programs in the EMMA, Beechwood and Marketview Heights neighborhoods starting this year.

Targeting risk factors Child maltreatment is a complex and multifactorial issue, and addressing broader socioeconomic risk factors can be an important component of preventing it.²⁰ While the effects of broader social supports to prevent child abuse and neglect are not well studied, a large amount of data shows that available, but underfunded, programs can reduce risk factors for child abuse such as parental stress, maternal depression, and food insecurity. The Centers for Disease Control states: “Strengthening household financial security can reduce child abuse and neglect by improving parents’ ability to satisfy children’s basic needs (food, shelter, medical care).”²¹

The CDC recommends a range of programs, including subsidizing child care, increasing access to the Supplemental Nutrition Assistance Program (SNAP), and expanded tax credits for low-income families with children. One study demonstrated that restructuring the relationship between Temporary Assistance for Needy Families (TANF) and child support resulting in caretakers receiving an additional \$105-180 of income per month led to a 10% reduction in reports of child abuse and neglect.²²

The CDC also recommends adopting more family friendly work policies that make it easier to balance work and child care. These include higher wages, paid family leave, and flexible and

consistent work schedules. A California analysis of all payer claims data showed that following the implementation of a paid family leave program, there was a significant decrease in 1 and 2 year olds who were hospitalized for abusive head trauma compared with states that did not have this policy.²³

Quality early childhood care education may also have a role in preventing child abuse and neglect. Increasing access and affordability of high quality child care reduces parent stress and child neglect. Furthermore, high quality programs with a parent engagement component can lead to better parenting practices and bonding with children. A large study of 1400 mostly African American children in Chicago found that Title 1 Child-Parent-Centers, which provide high quality education and family supports to 3-9 year olds in an impoverished urban area, led to a reduction in reports of abuse and neglect by age 17. Children who did not receive the intervention experienced abuse or neglect 17.4% of the time, versus 11.5% of the time in those who received pre-K, and 10.2% of those who received the intervention for pre-k plus 4-6 additional years.²⁴

Summary

Child maltreatment is a common problem with devastating and long-lasting consequences. The current status of child welfare in Monroe County is particularly worrisome due to the high rate of children living in poverty, the high rate of children born to unwed mothers, and the low high school graduation rates in addition to a current shortage of CPS workers. The proposal by County Executive Cheryl Dinolfo to fund 30 new CPS positions, a salary increase, and additional personnel support, is a critically important reform that will benefit children and families involved in the CPS system. In addition, evidence-based programs to prevent child abuse and neglect should be brought to scale to serve all eligible families.

A broader approach should also include targeting larger social issues that have been identified as risk factors for child maltreatment:

- Improved access to safe, affordable child care and high quality early childhood education;
- Income supports for low income families;

- paid family leave; and
- flexible, consistent schedules in the work place.

To reduce child maltreatment locally, The Children’s Agenda’s recommends:

Monroe County should bring the evidence-based home visiting **Nurse-Family Partnership, Parents as Teachers, and Building Healthy Children programs** to scale to fully meet the need. As a start, Monroe County should restore \$1.7 M in recent cuts to preventive programs, which help avoid child abuse and neglect before it occurs.

¹ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. *Child maltreatment 2015*. Washington D.C: 2017.

² Finklehor D, Turner HA, Shattuck A, Hamby SL. Prevalence of childhood exposure to violence, crime, and abuse: results from the National Survey of Children’s Exposure to Violence. *JAMA Pediatrics*. 2015; 169 (8): 746-754.

³ The Children’s Agenda. *Review of the proposed 2017 Monroe County Budget*. Rochester, NY: 2016.

⁴ It is important to note that NYS only uses the physical abuse designation for serious physical injuries. Bruises due to abuse and sometimes even fractures are designated as maltreatment so references to how abuse is characterized in NYS can be misleading-making the reader think that physical abuse such as beating to the point of leaving bruises or welt marks is uncommon.

⁵ Leeb RT, Lewis T, Zolotor AJ. A review of physical and mental health consequences of child abuse and neglect and implications for practice. *American Journal of Lifestyle Medicine*. 2011; 5 (5): 1-15.

⁶ Fang X, Brown DS, Florence CS, Mercy JA. The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*. 2012; 36: 156-165.

⁷ The following experiences are included in the ACES survey⁷: Before age 18,

- How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
- How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.
- How often did a parent or adult in your home ever swear at you, insult you, or put you down?
- How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
- How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?
- How often did anyone at least 5 years older than you or an adult, force you to have sex?
- Did you live with anyone who was depressed, mentally ill, or suicidal?
- Did you live with anyone who was a problem drinker or alcoholic?
- Did you live with anyone who used illegal street drugs or who abused prescription medications?
- Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- Were your parents separated or divorced?
- Source: U.S. Center for Disease Control and Prevention, https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html

⁸ Monroe County Youth Risk Behavior Survey, MC Dept. of Health, 2017, <http://www2.monroecounty.gov/files/health/DataReports/MC%20YRBS%202017.pdf>

⁹ Monroe County Youth Risk Behavior Survey, MC Dept. of Health, 2017, <http://www2.monroecounty.gov/files/health/DataReports/MC%20YRBS%202017.pdf>

¹⁰ U.S. Center for Disease Control and Prevention, https://www.cdc.gov/violenceprevention/acestudy/about_ace.html

¹¹ <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303545>

¹² U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. *Child maltreatment 2015*. Washington D.C: 2017. It is important to note that NYS only uses the physical abuse designation for serious physical injuries. Bruises due to abuse and sometimes even fractures are designated as maltreatment so references to how abuse is characterized in NYS can be misleading-making the reader think that physical abuse such as beating to the point of leaving bruises or welt marks is uncommon.

¹³ Centers for Disease Control and Prevention. Child abuse and neglect: Risk and protective factors. Violence prevention section of Centers for Disease Control website.

<https://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Commission to Eliminate Child Abuse and Neglect Fatalities.

Within our reach: A national strategy to eliminate child abuse and neglect fatalities.

Washington, DC: Government Printing Office: 2016.

¹⁷ Miller, T.R. *Prev Sci* (2015) 16: 765. <https://doi.org/10.1007/s11121-015-0572-9>; Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996-2013, United States; Online article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4512284/>

¹⁸ Wagner M, Spiker D, Hernandez F, Song J, Gerlach-Downie S. *Multisite parents as teachers evaluation: Experiences and outcomes for children and families*. Menlo Park, CA: SRI International; 2001.

¹⁹ Strum RJ, Handley ED, Manly J, Toth S, Building health children: Reductions in maternal depression lead to improved child and mother outcomes. Presentation at 2017 meeting of The Society for Reach in Child Development; April 2017; Austin, Texas.

²⁰ Stith, SM, Liu T, Davies LC, Boykin EL, Alder MC, Harris J

M, Dees, J. Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior*, 2009; 14(1), 13-29.

²¹ U.S. Center for Disease Control and Prevention, *Preventing Child Abuse and Neglect*, p. 13;

<https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>

²² Cancian M, Yang, M, Slack, K. S. The effect of additional child support income on the risk of child maltreatment. *Social Service Review*. 2013; 87(3), 417-437.

²³ Klevens J, Luo F, Xu L, Peterson C, Latzman NE, Paid family leave's effect on hospital admissions for pediatric abusive head trauma, *Injury Prevention*, 2016; 22, 442-445.

²⁴ Reynolds AJ, Robertson DL, School-based intervention and later child maltreatment in the Chicago longitudinal study, *Child Development*, 2003; 74 (1), 3-26.