

WHAT *it will* TAKE:

Investing in Wisconsin's future
by keeping kids safe today

Child abuse and neglect prevention: What is it and how do we know when it works?

WHAT IS CHILD ABUSE AND NEGLECT PREVENTION?

Child maltreatment prevention includes any program, intervention, or service designed to prevent the initial or repeat occurrence of any form of child abuse or neglect. Prevention can take many forms, from social marketing campaigns that promote adult responsibility for children's safety to group-based parent education and one-on-one home visiting programs designed to build parents' skills and support them to parent their children well.

Prevention efforts can be categorized according to the populations they target, the type of approach they use, and whether their goal is to prevent initial occurrences or repeat incidents of child maltreatment.

Categorization of prevention efforts based on the level of problematic behavior already experienced by the target audience was the standard for many years.¹ *Primary prevention* aims to prevent the initial occurrence of child maltreatment within an entire population (e.g., the population of a state or city, all parents of newborns in a county); *secondary prevention* aims to prevent initial occurrence of child maltreatment among people who already show signs of having problems (e.g., parents using harsh discipline); *tertiary prevention* blends into treatment, as it aims to mitigate negative effects and prevent re-occurrence of child maltreatment among families that have already experienced it (e.g., families involved in Child Protective Services).²

Another, more recent approach to categorizing prevention efforts focuses on the risk level of the targeted population.³ *Universal prevention*, similar to primary prevention, is aimed at the general public or an entire population regardless of level of risk for child maltreat-

ment. *Selective prevention* is aimed at people who are determined to be at higher risk for child maltreatment due to individual, family, or community factors (See background brief #4 in this series for more information about risk and protective factors for child maltreatment.) *Indicated prevention*, similar to secondary prevention, is aimed at preventing escalation of problems among people who have shown early signs of abusive or neglectful behaviors.

Finally, prevention efforts can also be categorized according to the type of approach used. Broad categories of preventive approaches include center-based parenting interventions, social support interventions, public awareness campaigns, home visiting interventions, interventions in schools and early learning programs, and preventive interventions delivered through the Child Protective Services system.⁴ (See background brief #3 in this series, "Current trends in approaches to child abuse and neglect prevention," for more information.)



HOW DO WE KNOW WHEN IT WORKS?

Program evaluation approaches

Over the past 20 years, a body of research has begun to accumulate on the effectiveness of child maltreatment prevention efforts. While there is still a need for more information about what works, with whom, and under what circumstances, the research to date shows that a number of high-quality programs can effectively reduce child abuse and neglect. When implemented well, these programs have been shown not only to prevent maltreatment but also to promote positive child development, and improve personal and social outcomes for participating children and families. These outcomes have been shown through a variety of evaluation methods.

The most convincing evidence for the effectiveness of prevention has traditionally come from rigorous, experimental and quasi-experimental program evaluation studies. In these studies, a group of people who are eligible to participate in a program or intervention are compared over time to another, similar group of people (called the program or intervention group) who did not participate in the intervention (called a control group or comparison group). Ideally, the only difference between the people in the two groups at the start of the study is whether they are given the opportunity to participate in the program or receive the intervention. Random assignment is often considered the “gold standard” for assembling these groups. Random assignment involves assigning individuals to the intervention group or the control group completely at random, regardless of any personal characteristics or service needs, and tracking them over time to see whether any differences emerge between the groups. It is also possible to assemble a comparison group of individuals who “match” the individuals participating in the program on some key

characteristics. Matching can be accomplished with varying degrees of rigor,⁵ but such quasi-experimental designs cannot overcome the likelihood that participants in an intervention differ at the onset from comparison group members in unobserved ways. This makes it difficult to prove that later differences between the two groups can be attributed to the program and not to other factors that affected who participated in the program and who did not.

Experimental and quasi-experimental studies such as these generate results that allow us to compare group outcomes over time. The more rigorous the study design, the more outcomes that are measured, and the longer participants are followed, the stronger the evidence becomes. Rigorous studies of high quality, early childhood interventions⁶ have followed children from very young ages through adulthood, and have shown that children’s experiences in early childhood have profound effects on their lives. (See box on page 3 for examples of findings.)

EVIDENCE-BASED PROGRAMS

Programs that have been subjected to rigorous evaluation (as described on this page) and shown to be effective are considered evidence-based programs. For more information about evidence-based programs in general, see *Evidence-based programs: An overview* from the *What Works, Wisconsin* project, at http://whatworks.uwex.edu/attachment/whatworks_06.pdf

CHILD MALTREATMENT FINDINGS FROM EXPERIMENTAL AND QUASI-EXPERIMENTAL STUDIES

A 15-year follow-up study found that mothers who had participated in the Nurse-Family Partnership (NFP) home visiting program while they were pregnant and through their children's second birthdays were reported as perpetrators of child abuse and neglect roughly half as often as mothers in a randomly assigned control group. Mothers participating in this intervention also had fewer subsequent pregnancies, waited longer before having a second child, and were more likely to be employed than the mothers in the control group. The children in the program showed increased school readiness compared to children in the control group.⁸

The Chicago Longitudinal Study has been following a group of children who participated in Chicago Child-Parent Centers (CPC) as preschoolers over two decades ago. Compared to a group of children from similarly disadvantaged neighborhoods who did not attend a CPC, the CPC children were less than half as likely to be found to be victims of child maltreatment.⁹ The same study showed that these children were also less likely to be enrolled in special education or held back a grade, more likely to complete high school and pursue additional education, less likely to be involved in juvenile and adult criminal justice systems, more likely to have health insurance coverage at age 26, and less likely to show signs of substance misuse and depression.

An innovative approach to child maltreatment prevention research was used in a study published in 2009, measuring the effect of a multi-layered system of preventive interventions on population-level indicators.¹⁰ Eighteen South Carolina counties were randomized to receive Triple P (Positive Parenting Program) or to receive services as usual. Triple P includes a media-based social marketing campaign, training for medical professionals in delivering prevention messages to their patients, and parenting skill-building programs for families at various levels of risk for child maltreatment and poor child outcomes. After two years, the counties that received Triple P were found to differ significantly from the comparison counties in rates of substantiated child maltreatment, out-of-home placements of children, and child maltreatment injuries. Rather than tracking individual families and their outcomes, this study

demonstrated the effects of the program at the population level. This type of evaluation is rarely used to show the effects of child maltreatment programs because of the limited reach of most programs.

Other strategies are also used to evaluate prevention programs. For example, many programs survey participants before and after program participation or ask participants to report on their own change over time as a result of program participation. Prevention programs can share anecdotes of how families have been affected by their participation. These types of evaluation, while not as scientifically rigorous as the studies described above, can be suggestive of prevention program impact.

COST-BENEFIT ANALYSIS

Some of the strongest arguments for prevention have come from the application of cost-benefit analysis to program effects. When a program has been rigorously evaluated and the differences between outcomes for program participants and members of the control group have been quantified, dollar amounts can be assigned to the costs of implementing the program and the benefits that accrue to program participants and to society as a result of their participation. It can be difficult to assign monetary value to the costs – and especially the benefits – associated with prevention programs. For this reason, these values are typically calculated using conservative estimates. Cost-benefit analyses of high-quality prevention programs have shown that because these programs are effective at reducing child maltreatment and other social problems, they result in economic benefits to society far beyond what they cost.

For example, a reduction in substantiated cases of child abuse or neglect, as demonstrated in the longitudinal study of the Chicago Child-Parent Centers (CPC), results in three distinct types of cost savings. First, there are benefits to the public. These are primarily made up of savings to the child welfare system, but also savings in other public systems in which maltreated children are at risk of becoming involved, and increased tax income when these children grow up and become taxpayers earning higher wages than if they had been maltreated. There are also two categories of benefits to the individuals who participated in the program: tangible avoided costs to victims (such as medical care, mental health care) and intangible avoided costs to victims (such as reduced quality of life associated with maltreatment). All three types of benefits are included in the overall conclusion that every dollar invested in the CPC preschool program resulted in savings of \$10.83, with \$7.20 of that being benefits to the public.¹¹

The Washington State Institute for Public Policy (WSIPP) conducted a review in 2008 of rigorous evaluations of programs designed to prevent children from entering or remaining in the child protective services system. Based on their conclusions from that review, they conducted a conservative cost-benefit analysis of each program if implemented throughout Washington State.¹² Included in the review were nine rigorously evaluated prevention programs; six of those included enough information for WSIPP to conduct its cost-benefit analysis. Of those, four showed net benefits that exceeded the costs of the program. Two showed costs that exceeded the benefits based on WSIPP's analysis of the evaluation data. The authors concluded that Washington State could benefit substantially by implementing a portfolio of the programs and interventions that showed the greatest returns.



Background Brief #1

Child abuse and neglect prevention: What is it and how do we know when it works?

How do you measure prevention?

Researchers, program staff, funders, and policy makers all struggle with the question of how to measure the effectiveness of child maltreatment prevention programming.

Most experts agree that child abuse and neglect are under-reported and that rates of involvement in Child Protective Services (CPS) are not straightforward indicators of the prevalence of child maltreatment.¹³ Variations in how many referrals are made to CPS might reflect a number of factors, including public awareness of child maltreatment as a problem, public trust that the CPS system works, and the degree to which maltreating families are in contact with mandated reporters and others who might make a referral, as well as the actual incidence of child maltreatment. In addition, the likelihood of a maltreatment referral being screened in by CPS, investigated, and determined to be credible (e.g., “substantiated” or “indicated”) depends on variations in CPS policy and practice. In Wisconsin, this differs from one county to the next. For example, in 2008, the screen-in rate (that is, the percentage of reports received that were screened in for assessment or investigation) ranged from 3.5% in one county to 91% in another.¹⁴

A related concern is that most prevention efforts currently reach only a small portion of the population. Programs that are small in scale are unlikely to make a significant impact on county-wide or community-wide rates of child maltreatment referrals or substantiations. (The Triple P study described above is an exception, in that the program is designed to reach the entire community.) For most programs, it is more appropriate to track involvement in CPS by families involved in the intervention (and ideally, a comparison group of families not involved in the intervention) to determine whether the intervention was successful in deflecting families from CPS. However, many service providers are reluctant to ask families for permission to collect that information,¹⁵ and without an experienced evaluator, most human service agencies lack the capacity to gather

and analyze CPS data.

Because it can be difficult to access and interpret data on reported or substantiated cases of child maltreatment, many prevention programs measure their success based on other indicators of family functioning that are correlated with child maltreatment. Programs either observe families interacting or, more often, ask participants to report on their own parenting knowledge, attitudes, and behaviors to measure whether they have had an impact on risk and protective factors for child maltreatment. Large longitudinal research studies and more rigorous program evaluations have documented the relationships between certain risk factors, protective factors, and family functioning outcomes, including child maltreatment.¹⁶

Regardless of what outcomes are being measured, it is very difficult to prove that child maltreatment would have occurred without a particular intervention. This is why well-designed comparison groups are so important to prevention research. The control or comparison group gives us a picture of what might have occurred for program participants absent the intervention.

Conclusion

There are a wide variety of efforts in place to prevent child maltreatment; however, evaluation of these efforts has not kept pace with their implementation. A small but growing number of programs have strong findings that demonstrate or suggest effectiveness, while the majority of programs and interventions have not been as rigorously tested.¹⁷ There is a strong need for continuing evaluation research in this area so that limited resources can be directed to programs and approaches that are most likely to be effective.

Background Brief #1

Child abuse and neglect prevention: What is it and how do we know when it works?

Endnotes

- ¹ Caplan, G. (1964). *The principles of preventive psychiatry*. New York: Basic Books.
- ² Bloom, M. (1996). *Primary prevention practices*. Thousand Oaks, CA: Sage Publications.
- ³ Institute of Medicine. (1994). *Reducing risks for mental health disorders: Frontier for preventive intervention research*. Washington, D.C.: National Academy Press.
- ⁴ Slack, K.S., Maguire-Jack, K., & Gjertson, L.M., Eds. (2009). *Child Maltreatment Prevention: Toward an Evidence-Based Approach*. Madison, WI: Institute for Research on Poverty, University of Wisconsin-Madison.
<http://www.irp.wisc.edu/research/WisconsinPoverty/pdfs/ChildMaltreatment-Final.pdf>
- ⁵ For example, rigorous matching can be accomplished using techniques that link individual intervention group members to comparison group members on a host of “baseline” characteristics that are known to be correlated with child maltreatment. Less rigorous matching procedures include identifying a comparison sample that shares group-level characteristics with the intervention sample (e.g., residents of two counties that have similar demographic compositions).
- ⁶ Among the best-studied early childhood interventions is one program that has child maltreatment prevention as a primary goal (the Nurse Family Partnership home visiting program). The others are preschool programs for disadvantaged children (Chicago Child-Parent Centers, the Abecedarian Project, and the Perry Preschool).
- ⁷ Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R. et al. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278(8), 637–643.
- ⁸ Mother and child outcomes listed are those that were found in at least two of the three long-term follow-up studies of the Nurse-Family Partnership. Nurse-Family Partnership (2010). Retrieved April 26, 2010,
<http://www.nursefamilypartnership.org/proven-results>.
- ⁹ Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2002). Age 21 cost-benefit analysis of the Title I Chicago Child-Parent Centers. *Educational Evaluation and Policy Analysis*, 24(4) 267-303.
- ¹⁰ Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009) Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10, 1-12.
- ¹¹ Reynolds, A.J., Temple, J.A., White, B.A., Ou, S.O., & Robertson, D.L. (in press). Age-26 cost-benefit analysis of the Child-Parent Center early education program. *Child Development*.
- ¹² Lee, S., Aos, S., & Miller, M. (2008). *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*. Olympia: Washington State Institute for Public Policy.
- ¹³ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. <http://www.nis4.org/>
- ¹⁴ Wisconsin Department of Children and Families. (2010). Child abuse and neglect report 2008. Madison, WI: Wisconsin Department of Children and Families.
- ¹⁵ It is important to note that there are many layers to determining human subjects protections and the ethical approach to collecting data. Institutional review boards do not always require that participants give permission for such data to be collected and analyzed, particularly if the contributions of the study are seen to outweigh the risks posed to research participants as a result of the data being collected.
- ¹⁶ See background brief #4 in this series, “Risk and protective factors related to abuse and neglect,” for more information.
- ¹⁷ Slack, et al. (2009)

What it will take: Investing in Wisconsin's Future By Keeping Kids Safe Today

This report is one in a series published by the Children's Trust Fund (CTF), Wisconsin's state agency for the prevention of child maltreatment, and the Wisconsin Council on Children and Families, a private, not-for-profit research and advocacy organization.

The series includes "Child maltreatment prevention: Where we stand and directions for the future" which summarizes research conducted by CTF, the state Department of Children & Families, and the University of Wisconsin-Madison School of Social Work and the Institute for Research on Poverty; and five background briefs:

1. Child abuse and neglect prevention: What is it and how do we know when it works?
2. Best practices in child abuse and neglect prevention
3. Current trends in approaches to child abuse and neglect prevention
4. Risk and protective factors related to child abuse and neglect
5. Prevalence of child abuse and neglect in Wisconsin

All materials can be downloaded from www.wccf.org/what_it_will_take.php.

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