

WHAT *it will* TAKE:

Investing in Wisconsin's future by keeping kids safe today

Current trends in approaches to child abuse and neglect prevention

The field of child maltreatment prevention is complex and dynamic. A wide variety of professionals and organizations are involved in the prevention of child maltreatment, from parent educators and social workers to doctors, teachers, mental health professionals, and others who work with children and their families. In recent years, an even broader group of stakeholders has realized that they have a stake in preventing child maltreatment. Business leaders, public health officials, and many charitable organizations are now investing in and getting involved in prevention. At the same time, scientific

advances and groundbreaking research have led to shifts in perspective and the development of innovative approaches.

It can be challenging to keep track of all these developments. In this brief, we review the current state of affairs in the field of child abuse and neglect prevention, highlighting the theoretical perspectives that inform the field and giving some examples of innovative and promising approaches. We also note programs being implemented in Wisconsin that reflect these approaches.

A BRIEF HISTORY OF CHILD MALTREATMENT PREVENTION

Child maltreatment prevention is a relatively new field, having emerged in the 1960s as a result of increased awareness of child abuse and neglect and their consequences. Researcher Deb Daro at the University of Chicago describes four waves of child maltreatment prevention:¹

- **Wave 1: Definition and awareness, 1962-1980:** Recognition of child maltreatment as an issue prompted the development of systems and procedures for responding to it; all 50 states and the District of Columbia passed child abuse reporting laws in the 1960s. The growth of the foster care system, and the over-representation of poor and minority children in the system from the start, prompted calls for prevention strategies.
- **Wave 2: Building a service continuum, 1980s:** A shared understanding of the problem of child maltreatment led to the development of a broad array of services to prevent it from happening. Children's Trust and Prevention Funds were established in most states, along with state chapters of the National Committee to Prevent Child Abuse (now Prevent Child Abuse America). Efforts to prevent physical abuse and neglect focused on parents, including parenting education and support groups, family resource centers, and crisis hotlines. Child sexual abuse prevention efforts focused on educating children about "good touch" and "bad touch" and encouraging victims to disclose their abuse and seek treatment.
- **Wave 3: The developmental paradigm, 1990s to early 2000s:** Efforts shifted to trying to reach all new parents with a base of support, making additional preventive interventions available as needed. Research in child development and brain development began to play a greater role in the development of interventions. Greater attention to outcomes and accountability led to a new focus on rigorous evaluation and evidence-based programs. Home visiting became a very popular approach, with mixed evaluation results.
- **Wave 4: The community paradigm, present:** Child maltreatment prevention now goes beyond improving the parenting skills of individual parents, looking to improve community contexts to be more supportive of parents and safer for children. The field is still seeking the right balance between individual-focused and community-focused efforts. A focus on the first few years of life persists.

ADULT AND COMMUNITY RESPONSIBILITY FOR CHILD WELL-BEING

Child maltreatment prevention has traditionally focused on providing individual families with the specific supports they need, whether in a group setting or one-on-one. Indeed, these individual-level efforts continue to be the primary focus of most prevention efforts. However, too many families are not aware of the resources available, are not aware of their own needs for support, and are wary of asking for or accepting help with what are considered private, family matters. In addition, only a small fraction of families are reached by these individual-focused services, especially where funding is limited.

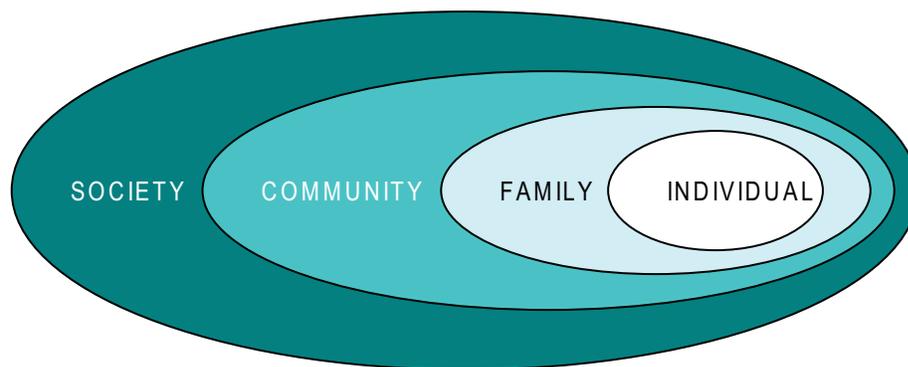
The child maltreatment prevention field is beginning to shift toward a greater focus on community-level risk factors and adult and community responsibility for child

well-being.² These efforts address cultural and community characteristics that affect all families and children, as illustrated in the social-ecological model (see box on this page). Several approaches and interventions of this type are described below. As a group, these approaches focus on:

- engaging more systems and professionals in child maltreatment prevention;
- strengthening the human services infrastructure;
- changing how people think about parenting and child well-being; and
- educating all adults on steps they can take to keep children safe.

THE SOCIAL-ECOLOGICAL MODEL

The social-ecological model is often used to illustrate and identify the various influences on human development³ and family relationships. Based on Urie Bronfenbrenner's ecological model of human development, the social-ecological model is frequently cited by the Centers for Disease Control and Prevention (CDC) and other organizations interested in prevention of child maltreatment and other social problems.



Interventions at any of these levels can have an impact on the individual at the center of the model. For example, policy changes that affect conditions at the societal and community levels make child maltreatment more or less likely because of the effects those levels have on the family and individual.

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A public health approach to child maltreatment prevention

The Centers for Disease Control and Prevention (CDC) has identified child maltreatment as a public health problem and has become an important player in child maltreatment prevention in the last decade. The CDC's involvement and eventual leadership in child maltreatment prevention began with its groundbreaking adverse childhood experiences (ACE) study. The ACE study demonstrated the correlation between maltreatment and other traumatic events in childhood and poor physical and mental health in adulthood.⁴ The findings of the ACE study brought new attention to child maltreatment as a major contributor to later health problems and engaged public health professionals in prevention.

Public health approaches to prevention are focused on increasing public and professional understanding of the lifelong consequences of child maltreatment, engaging health professionals in prevention, and using public health strategies to influence both community standards and individual behavior. These strategies are similar to those used to reduce tobacco use or drunk driving in recent decades.

For more information, see:

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/index.html> (CDC page on Child Maltreatment) and <http://www.cdc.gov/nccdphp/ace/> (ACE Study).

Reaching parents through early care and education settings

Another recent trend in child maltreatment prevention is to deliver prevention services through the existing system of early care and education (ECE). Historically, some of the strongest findings for child abuse prevention have come from preschool programs for low-income children that also included elements of parent education, involvement, and support.⁵ Based on that and other research,⁶ the Center for the Study of Social Policy designed the Strengthening Families through Early Care and Education Initiative (now called Strengthening Families, SF) to encourage existing group child care centers to enhance their relationships with parents. SF aims to reach a wider audience of families than traditional prevention programs do, seeking to enhance five specific, research-based protective factors amongst all families using ECE, not just those considered "at risk." (See box page 4 for more information about SF.)

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STRENGTHENING FAMILIES (SF)

Strengthening Families (SF) has become a national movement in the last five years, led by the Center for the Study of Social Policy and seven initial pilot states – including Wisconsin – with funding from the Doris Duke Charitable Foundation.

The initiative began as Strengthening Families through Early Care and Education, a child maltreatment prevention program that aimed to reach parents of young children through the early care and education (ECE) system that already touches the majority of young families' lives. (In Wisconsin in 2008, 72% of children under the age of 5 had all available parents in the workforce, necessitating the use of child care. Wisconsin ranks 4th among the states on this statistic.) While many high-quality ECE programs were already engaged in supporting families, SF was the first concerted effort to encourage ECE providers to do so with a focus on child maltreatment prevention. SF outlines program strategies that build five research-based protective factors among program participants:

- parental resilience
- social connections
- knowledge of parenting and child development
- concrete support in times of need
- social and emotional competence of children

The goal is to build on ECE providers' positive relationships with families by giving the providers tools to build protective factors among all families, as well as identify and respond to signs of stress in families. In 2005 and 2006, Wisconsin's SF initiative reached 41% of the licensed group child care centers in the state with training on building protective factors. Close to 10% of centers completed an in-depth self-assessment of their family-strengthening practices.

SF also focuses on connecting the ECE and child welfare systems, with collaboration across agencies in an attempt to better serve children who are involved in child protective services or at risk of maltreatment. Wisconsin has been a leader in this aspect of SF, working on improving relationships between these systems and defining what it means to "strengthen families through child welfare" at the state level and in several counties.

With over half of the states implementing SF, other types of programs have now adopted the SF protective factors as a framework. For example, some home visiting programs phrase their goals for participants in terms of those five protective factors. In 2009, the Center for the Study of Social Policy shortened the name to Strengthening Families to better reflect the breadth of systems and fields that are working to build the protective factors. Perhaps due to its decentralized nature and the wide variety of ways it is implemented, SF has yet to be rigorously evaluated to determine its impact on child maltreatment.

For more information, see: <http://www.strengtheningfamilies.net>

Adult responsibility for protecting children from sexual abuse

Another recent shift has been in the area of child sexual abuse (CSA) prevention. CSA is understood to differ from other forms of child maltreatment in important ways, and its prevention has generally been separate from general child maltreatment prevention approaches. As described in the box on page 1, early efforts at CSA prevention were focused on children, the potential victims. School children were taught about “good touch” and “bad touch” and encouraged to disclose any inappropriate adult behaviors they experienced. This approach did appear to result in decreases in CSA (although low rates of reporting for CSA in particular make it difficult to be certain), but many child development and prevention experts were uncomfortable with the apparent message that children, alone, were expected to protect themselves from CSA.

In recent years, the focus of CSA prevention has expanded beyond children, emphasizing adults' responsibility to keep children safe from CSA. These initiatives approach adult responsibility in two primary ways. The first approach is a focus on what all adults can do to keep children safe from CSA, such as being aware of risky situations, recognizing perpetrator warning signs, and advocating for organizational and community norms that keep children safe. For example, youth organizations are encouraged to improve their procedures for volunteer background checks and adopt policies that prohibit an adult from being alone with one child. The other approach focuses on potential abusers, counseling them to recognize their inappropriate attraction to children and get help to stop themselves from harming a child.

In Wisconsin, an initiative called Awareness to Action uses a curriculum called Stewards of Children to educate parents and other adults about how to keep children safe from CSA. For more information, see <http://www.a2awisconsin.org/>



TARGETING SERVICES BASED ON RISK

Alongside efforts to reach more and more families, there is also increasing recognition that some families – particularly those facing multiple risk factors for child maltreatment – are in need of more intensive services. There is a trend toward greater targeting of individual family-focused programs and services to reach a smaller number of the families who need them the most. This is somewhat of a departure from the universal-access strategies that dominated the field for many years, but does not mean the end of those types of programs. (See sidebar on page 6.)

This work is based on a greater understanding of the characteristics of parents, families, children, and communities that influence the risk of child maltreatment. (See the background brief in this series, “Risk and protective factors related to child abuse and neglect,” for more information on those characteristics.) The move toward targeted programming is also informed by the knowledge that many families experience multiple risk factors that interact to result in even greater risks.

Approaches and interventions of this type address the innermost levels of the social-ecological model – the individual and the family. Strategies used in the approaches described below include:

- identifying and reaching families that are at risk for child maltreatment;
- working with families to set goals, identify their informal support networks, find ways to meet basic needs, and address other family issues such as mental health or substance abuse; and
- providing direct services – and referring families to other services when appropriate – to address risk factors and build on families' strengths.



EMBEDDING TARGETED SERVICES IN UNIVERSAL PROGRAMS

The increased focus on reaching families experiencing multiple risk factors does not mean that the field of child maltreatment prevention no longer reaches out to other families. In fact, in order to reach the families at the most risk, it is critical to make services accessible to all families. Family resource centers and other universal-access programs are well situated to identify families that may need more intensive services, whether they provide the intensive services themselves or refer families to other agencies. This strategy is referred to as embedding targeted services in universal programs. In addition to helping all families function better, this approach helps to reduce the stigma of asking for help with parenting and other family matters.

Targeted home visitation

Home visitation is one of the more popular strategies for child maltreatment prevention that is typically targeted to families most at risk. Home visitation services are generally initiated when a woman is pregnant or soon after she gives birth. Early home visitation programs promote maternal and child health, help establish parent-infant attachment, and provide information on child development and parenting. In some programs, home visiting services are provided by nurses; in others, home visitors might be social workers or parent educators, some of whom may have limited formal education.

Evaluations of home visiting programs have had mixed results, leading to debate in the field about the usefulness of the model. The Nurse-Family Partnership, the most rigorously studied program, has shown both initial and long-term benefits from regular nurse visits during pregnancy and through a child's first two years of life.⁸ However, research on other programs, particularly those that use non-nurse home visitors, has been less positive and less conclusive. Several reviews support the effectiveness of home visitation programs as a whole, and conclude that they can significantly reduce child maltreatment risk and improve family conditions.⁹ Other reviews disagree on these conclusions, whether because of concerns with research methodology, or stricter interpretation of how much change is "meaningful."¹⁰

Alternative response and community response programs

A relatively new approach to child maltreatment prevention comes in the form of reforms to child protective services (CPS) systems. Alternative or differential response reforms have emerged in the past 15 years, changing the way in which CPS systems assess and serve

families reported for maltreatment according to their level of risk. Typically, differential and alternative response programs work with families within the CPS system, while community response programs work with families who have been screened out of the system or have received an investigation but in which abuse has not been substantiated.

Alternative or differential response is a CPS practice that allows for more than one method of initial response to reports of child abuse and neglect.¹¹ Most approaches include the option to screen families into an alternative, more assessment-oriented response, rather than the traditional CPS investigation response, which is often seen as adversarial. Alternative responses are generally reserved for cases in which there are no allegations of egregious harm or concerns about imminent risk to the child, while more severe cases are still handled through the traditional CPS system. There is some variation among alternative response programs, with some approaches using additional "tracks."¹² Alternative response programs are intended to serve families from a strengths-based perspective, and typically families can choose whether or not to participate. In true alternative response, there are no consequences from CPS for a family who chooses not to engage in services, but some programs might use the threat of reverting to a traditional response for families who refuse to participate in alternative response. The goal of these programs is often focused on recurrence rates, reducing the risk of future child maltreatment reports and renewed contact with CPS. A long-term goal is also to increase the willingness of families and community members to report potential cases, and to encourage greater cooperation with CPS agencies.¹³ Evaluations of alternative response programs have been conducted in a number of states,

including Minnesota, Missouri, North Carolina, and Virginia. These reforms have generally been found to have positive impacts on child safety, family engagement, community involvement, and worker satisfaction.¹⁴

Community response is intended to fill a gap in the child maltreatment prevention and intervention continuum by reaching out to families who have been brought to the attention of CPS but have not traditionally been served by CPS. Although there are no imminent risks within these families, they are at high risk for re-entry into CPS because the circumstances that caused them to be reported in the first place are often still present and may escalate over time. Community response programs have been implemented in Minnesota and California. Minnesota evaluated their community-response program, Parent Support Outreach Program, within the larger evaluation of their alternative response program, Family Assessment Response. Since 2006, the Wisconsin Children's Trust Fund has funded 11 sites to develop community response programs (CRP), a community-based approach designed to reach families who are reported to CPS but screened out, or who are investigated by CPS but have their cases closed due to lack of immediate safety concerns. The goals of CRP are (1) to serve lower-risk families previously excluded from CPS services; (2) to reduce demands on CPS systems that have sometimes relied on limited resources to serve lower-risk families with minimal safety concerns; (3) to prevent re-reports to CPS related to the escalation of risks; and (4) to build a more comprehensive, community-based service continuum for families at risk for maltreatment. Wisconsin's CRP model is currently being evaluated by the University of Wisconsin-Madison's Institute for Research on Poverty.

SYSTEMS OF PREVENTION

Another new development in child maltreatment prevention is the advent of approaches that encompass entire systems of prevention rather than discrete programs. Two approaches are described here, one that describes a multi-layered pathway to child maltreatment prevention and another that provides its own multi-level system of interventions.

Pathway to the Prevention of Child Abuse and Neglect
Developed by the Harvard Project on Effective Interventions for the California Department of Social Services, the *Pathway to the Prevention of Child Abuse and Neglect*

defines a variety of pathways to child maltreatment prevention aimed at the child, family, and community levels. This guide, published in 2007, provides a detailed plan complete with actions, goals, targets, and outcomes, including examples of existing programs. The emphasis is on strategic action and using research to make informed decisions. The six goals listed within the *Pathway* are:

1. Children and youth are nurtured, safe, and engaged.
2. Families are strong and connected.
3. Identified families access services and supports.
4. Families are free from substance abuse and mental illness.
5. Communities are caring and responsive.
6. Vulnerable communities have capacity to respond.

Various programs can be used to reach each goal. The *Pathway* provides details about actions to be taken, indicators of progress, ingredients or aspects of effective implementation, and the rationale and evidence available to support each goal.

For more information, see:

http://www.cssp.org/major_initiatives/pathways.html

Triple P

Triple P – Positive Parenting Program – is a system of interventions originally designed to improve parenting skills and behaviors among parents of children with developmental delays or behavioral problems. It was developed in Australia and has only recently been implemented in the United States, where a recent evaluation demonstrated its effects on reducing child maltreatment.¹⁵ Triple P uses a unique strategy of engaging and training health professionals, teachers, and others who interact with parents to deliver prevention messages. Although Triple P is a population-based program, it also seeks to tailor support to individual families through individual consultations with service providers, parenting seminars, and brief, targeted interventions for specific problems. Practitioners choose from five levels of intervention of increasing strength and intensity, depending on the level of the needs of parents. Level 1, Universal Triple P, is a media-based and social marketing strategy designed to introduce positive parenting concepts to an entire community. The next four levels address specific parenting concerns, with each additional level offering more intensive services for more potentially severe family problems.

Although each level offers varying types of programs, all of the services are embedded within the same system, helping to ensure that families accessing any level of services will encounter similar messages grounded in the same set of principles. These principles include ensuring a safe and engaging environment for children, creating a positive learning environment, using assertive discipline, having realistic expectations, and taking care of oneself as a parent.¹⁶

See the following site for more information:
<http://www.triple-america.com/>

EVIDENCE AND ACCOUNTABILITY

The field of child maltreatment prevention is also wrestling with issues of accountability and evidence. Rigorous evaluations of a small number of prevention programs, and cost-benefit analyses based on those findings, have demonstrated that prevention can be effective and that investments in prevention can have significant financial benefits to society.¹⁷ Some funders and policymakers have begun to require the use of evidence-based programs, some even specifying which programs can be implemented with certain funding streams.

However, this approach concerns many practitioners who do not see evidence-based programs that meet their needs, are intimidated by the cost and intensity of many of the proven programs, or are reluctant to abandon programs they believe to be effective in order to implement evidence-based programs. The majority of prevention programs have simply not been studied rigorously enough to know whether or not they work.¹⁸ Policies and funding strategies that rely exclusively on evidence-based programs also risk stifling innovation, and do not serve to advance the field's understanding of what works to prevent child maltreatment.

A more nuanced understanding of the role of evidence now appears to be taking hold. Many in the field now envision programs and practices falling along a spectrum from unproven to evidence-based, with gradations in between. Funders and intermediary organizations can offer incentives, encouragement, and technical assistance to help programs and agencies move along the spectrum towards evidence-based. For example, state recipients of federal Community-Based Child Abuse Prevention

(CBCAP) have been asked to report where on the evidence-informed scale their programs fall, and to document annual progress in increasing the reliance on evidence in funded programs.¹⁹ In another example, researchers at the University of Wisconsin developed a process called evidence-informed program improvement to help less-studied programs assess and improve their programs in light of what we know about evidence-based programs.²⁰

The lack of evidence for the effectiveness of prevention programs is a source of frustration for researchers, funders, policymakers, and practitioners alike. It is clear that there is a need for more rigorous evaluations of a wider variety of programs in order to expand our understanding of what works and what doesn't work to prevent child maltreatment. At the same time, however, some in the field argue that we also need to develop a broader understanding of what constitutes evidence of program effectiveness. Lisbeth Schorr and colleagues argue that the randomized controlled trial (RCT) of experimental evaluation, long considered the gold standard for determining the true effectiveness of an intervention, has limited utility when applied to complex social interventions, particularly those serving families with multiple needs.²¹ (Indeed, even in medicine, the RCT's "gold standard" status has begun to be questioned, due to its limitations in assessing how medical procedures and medicines affect patients suffering from multiple diseases or symptoms.²²) Other evaluation strategies may be needed to determine program effectiveness, particularly for multi-faceted programs that serve families with complex needs. The child maltreatment prevention field is one of many seeking new strategies for evaluating interventions that may not be as clear-cut as today's evidence-based programs.

CONCLUSION

The field of child maltreatment prevention is diverse and complex, as it needs to be. No single approach can prevent all cases of abuse and neglect. Policymakers, funders, and service providers continue to seek the right balance between community-level and individual-focused approaches, with the ultimate goal of creating healthy communities and well-functioning families so that all children can reach their potential.

Background Brief #3

Current trends in approaches to child abuse and neglect prevention

Endnotes

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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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