

BUILDING RESILIENCE IN CHILDREN AND FAMILIES: PROVEN STRATEGIES TO PREVENT CHILD ABUSE & NEGLECT

7 Point Plan for Preventing Child Abuse & Neglect

In 2004, 872,000 children were abused or neglected in America. Infants and toddlers (birth to three years old) comprise 81% of deaths from child abuse.¹ Prevention is cost-effective. Michigan found a return of \$19 for every dollar spent through reduced health, child protection, foster care, special education, and juvenile justice costs.² Here is our 7 Point Plan of evidence-based strategies to prevent child abuse & neglect:

- **Universal risk screening for all pregnant women and new mothers.**³ Prenatal care, delivery, and well baby care are ideal times to screen for risk of family violence and child abuse. Interventions can be targeted based on risk assessment. Medical education and residency training needs to emphasize risk assessment and intervention to a greater extent.⁴
- **Home visiting available in every community.**⁵ Home visit programs are associated with improved quality of home environment and reduced postpartum depression. Home visiting services, especially to high-risk families, have proven to be effective in reducing child abuse, reducing low birth weight newborns, increasing access to health care, lowering rates of depression, enhancing bonding between mother and baby and increasing a parent's knowledge of their baby's development.⁶ Longitudinal studies have shown fewer subsequent pregnancies, reduced maternal criminal behavior, decreased use of welfare, decreased verified incidents of child abuse and neglect, and less maternal use of alcohol and drugs.⁷
- **Teen mother parent education and parent groups.** Young women 15 to 19 give birth to nearly 8% of babies nationwide. A 12-week parenting education program for unmarried teen mothers can prevent child abuse, improve the chance of high school graduation, and delay subsequent pregnancies until 21 or older.⁸ Groups for adolescent mothers are ideal ways to provide peer support, reduce social isolation and depression, and involve the extended family in the baby's care.
- **Head Start and Early Head programs available to all children and families.** Parents who participate in Early Head Start become more emotionally supportive, better at optimizing speech-language development, and engage in less corporal punishment.⁹
- **School programs to enhance emotional development.** School-based abuse prevention programs effectively improve knowledge about child abuse and reduce reported incidents when student participants reach high school.¹⁰
- **Educate school officials on psychology and child abuse issues.** Expanding school resources and working with multi-disciplinary community-based partners have been shown to enhance student mental health outcomes and build prevention programs.¹¹ School officials, and child welfare officials, need to recognize and act on educational neglect. Excessive school absenteeism is often a first sign of child maltreatment, and may be associated with other forms of abuse.
- **After-school programs in all high-risk communities.** A longitudinal study of after-school programs found better test scores, reading achievement, and motivation for children who participated in a full year after-school program.¹²

¹ U.S. Department of Health and Human Services, Administration for Children Youth and Families. Child Maltreatment 2004. Internet: <http://www.acf.hhs.gov/programs/cb/pubs/cm04/cm04.pdf>

² RA Caldwell, The costs of child abuse vs. child abuse prevention: Michigan's experience. Internet: <http://www.msu.edu/user/bob/cost.html>

³ James Hectman, Catch Them Young, *The Wall Street Journal*, January 10, 2006

⁴ EJ Alpert, AE Tonkin, AM Seeherman, HA Holtz (1998). Family violence curricula in U.S. medical schools. *American Journal of Preventive Medicine*, 14, 273-282.

⁵ Council on Child and Adolescent Health, The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families, *Pediatrics* 1998: 101;486-489.

⁶ Mitchell-Herzfeld, S., Izzo, C., Greene, R., Lee, E., & Lowenfels, A. (2006). Evaluation of Healthy Families New York (HFNY): first year program impacts. New York Office of Children and Family Services, Bureau of Evaluation and Research.

⁷ H Kritzman, DL Olds, CR Henderson, et al. Long term effects of home visitation on maternal life courses and child abuse and neglect: 15 year follow-up of a randomized trial. *JAMA* 1997:278:637-643.

⁸ PA Britner & ND Reppucci (1997). Prevention of child maltreatment: Evaluation of a parent education program for teen mothers. *Journal of Child and Family Studies*, 6, 165-175.

⁹ JM Love, EE Kisker, J Constantine, K Boller R Chazan-Cohen, H Raikes, J Brooks-Gunn, et al. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology*, 41, 885-901.

¹⁰ SF Ko & MA Cosden (2001). Do elementary school-based child abuse prevention programs work? A high school follow-up. *Psychology in the Schools*, 38, 57-66.

¹¹ MD Weist, MG Ambros, CP Lewis (2006). Expanded school mental health: A collaborative community-school example. *Children & Schools*, 28, 45-50.

¹² JL Mahoney, H Lord, E Carryl (2005). An ecological analysis of after-school program participation and the development of academic performance and motivational attributes for disadvantaged children. *Child Development*, 76, 811-825.

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