

Preventing Child Abuse

March 12, 2014
CHAMP Program Educational Webcast

UPSTATE
ORSONY C. SMITH

"Preventing Child Abuse"

Vincent J. Palusci, M.D., M.S.
Child Abuse Pediatrician
Bellevue Hospital Frances L. Loeb
Child Protection and Development Center
Professor of Pediatrics
New York University School of Medicine



Handouts available:
www.CHAMPprogram.com/whats-new.shtml

Vincent J. Palusci, M.D., M.S.

- I and my immediate family have neither financial relationships with nor significant direct investment in commercial entities.
- I do not plan to discuss off-label uses of pharmaceuticals or medical equipment.
- Since 2008, I have received financial compensation or book royalties from universities, hospitals, publishers, attorneys, social services agencies, the American Academy of Pediatrics and the American Board of Pediatrics.



An ounce of prevention is worth a pound of cure.
Ben Franklin, 1733

Prevention is intuitively and morally preferable to intervening after the fact.
Howard Dubowitz, 2002



Can child maltreatment be prevented?
What are we trying to prevent?



The Potential of Prevention



Effective prevention should yield many benefits, including
↓ child abuse & neglect

Objectives

Upon completion of this activity, participants will be able to:

- Review basic concepts in prevention science
- Discuss methods and programs available to healthcare providers to prevent child abuse and neglect
- Understand the evidence supporting specific child abuse prevention programs

Prevention Science

Prevention Terms

- **When Prevention Happens**
 - Primary: before it's occurred

 - Secondary: before it's occurred, after it's occurred, preventing recurrence

 - Tertiary: after it's occurred, preventing recurrence; after it's occurred, preventing future harm

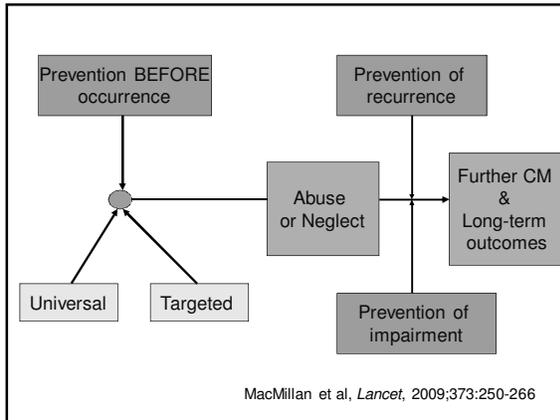
Prevention Terms

- **Who is targeted**
 - Universal: everyone in particular group/population

 - Selected: high risk group

 - Indicated: have experienced abuse

Preventing Child Abuse



U.S. Victims known to CPS, 2012

- Physical Abuse: 150,000
- Sexual Abuse: 75,000
- Neglect: 550,000
- Psychological Maltreatment: 50,000
- Maltreatment Fatalities: 1,700
- “Shaken Baby Syndrome”: 2,000

More Terms (Last, 1995)

- **Effectiveness**
 - A measure of the extent to which a specific intervention, when deployed in the field, does what it is intended to do with a specified population.
- **Efficacy**
 - A measure of the extent to which a specific intervention produces a beneficial result under ideal conditions.
- **Efficiency**
 - A measure of the economy or cost of with which an intervention with known efficacy and effectiveness is carried out.

More Terms (Last, 1995)

- Population Attributable Risk
 - aka Attributable Risk, Attributable Risk Fraction, Etiologic Fraction
 - Defined as the incidence of a disease in a population that is associated with exposure to a specific risk factor

$$PAR\% = \frac{P_e(I_e - I_u)}{P_e \times I_e} \times 100$$

P_e = number of persons exposed
 P_t = persons in the population
 I_e = incidence rate among the exposed
 I_u = incidence rate among the unexposed
 I_t = incidence rate for the total population

There are usually multiple and interacting contributors to child maltreatment (CM)

Ecological theory

“Although a broad range of programmes for prevention of CM exist, the effectiveness of most programmes is unknown.”

MacMillan et al, *Lancet*, 2009;373:250-66

Prevention Science – Principles

- Prioritize primary prevention
- Family centered
- Target known risk factors
- Use of empowerment, strengths-based approach
- Focus on BOTH risk and protective factors
- Integrate professional and natural helpers
- Easily accessible
- Long term, adequate intensity

Who does prevention?

- Prevention is explicitly not the responsibility of any one agency, profession, or program, but is framed as the responsibility of all to create a society less conducive to child maltreatment.
- In this paradigm, individual skill development, community and provider education, coalition building, organizational change, and policy innovations are all part of the prevention solution.

Take Home Messages...

- The science of Injury Prevention is a useful framework to consider when designing CM prevention programs.
- Like CM, injuries occur within an ecological model, with external forces affecting event patterns in addition to event-specific characteristics, with person, agent and event.
- While intentionality of CM differs from accidental injury, we can use models of event timing (“precrash/crash/post-crash”) and components (“vehicle/passenger/pedestrian”) to dissect CM patterns to develop interventions and measure intermediate and final outcomes.

Prevention Strategies
Screening

U.S. Preventive Services Task Force

•Release Date: March 2004
[<http://www.ahrq.gov/clinic/uspstf/uspstfamv.htm>]

•Summary of Recommendation
The USPSTF found insufficient evidence to recommend for or against routine screening of parents or guardians for the physical abuse or neglect of children, of women for intimate partner violence, or of older adults or their caregivers for elder abuse.

•Grade: **I. Insufficient Evidence to Make a Recommendation:** The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.*

IPV: More recent evidence

- Holtrop et al Pediatrics 2004: General pediatric clinic, 150 +DV screens in 4084 visits, overwhelmed referral services
- Newman et al Peds Emerg Care 2005: 11% of mothers in Peds ED had + IPV on 15 item survey, more during evening visits
- Dubowitz et al Pediatrics 2008: Pediatric clinic, 6y health supervision visit with mother, 12% reported IPV, less than CTS, but "brief screen can identify some mothers who need services"
- Bair-Merritt et al APAM 2009: Peds ED, questionnaire or audiotape, 10% of 497 mothers reported IPV

Updates

- Selph et al. (2013) updated the USPSTF recommendations with more recent evidence, concluding that risk assessment and behavioral interventions in pediatric clinics have now been shown to reduce abuse and neglect for young children.
- The American Academy of Pediatrics (Flaherty et al., 2010) outlined how the pediatrician can help to strengthen families and promote safe, stable, nurturing relationships with the aim of preventing maltreatment and enhancing child development.

Take Home Messages...

- Recommendations are changing supporting the benefit of IPV and CM screening.
- Those wishing to screen in medical settings may be overwhelmed with the responses
- Keep in mind the differences among screening for actual CM and risk (case identification vs. risk), and its effects (prevention vs. treatment)

Prevention Strategies

Homevisiting

Home Visiting - Outcomes

- **Parenting**
 - Abuse, neglect
 - Harsh, unresponsive parenting
 - Parental health
 - smoking, depression, stress
- **Child wellbeing**
 - Physical health
 - Development
 - Behavior
- **Quality of home environment**

Home Visiting

- Provide parents information
- Instruction on parenting
- Emotional support
- Access to other services

- Programs vary greatly, visitors' roles vary
- Shared belief: offering services in-home is a good way to improve parenting and enhance children's development



Nurse-Family Partnership (NFP)

- Registered nurses
- Low-income, first-time mothers
- Prenatally – 2nd birthday
- Promotes healthful behavior – pregnancy
- Teaches parenting skills
- Aims to delay subsequent births
- Visits weekly – monthly
- >100 sites in 26 states, >20,000 families/yr

Donelan-McCall et al, *Ped Clin N Am*, 2009;56:389

Home Visiting Programs' Outcomes Child Maltreatment

- Child Protective Services reports
 - NFP (Elmira): 15-yr. f/u rates: 0.29 vs. 0.54
- Hospital admissions for CM
 - Early Start
- Parent report of physical abuse
 - HFA (NY): 2-yrs: 0.01 vs. 0.04
 - Early Start: one-third the rate
- Overall, few programs clearly reduced CM reports
 - Low rates of CM
 - Increased detection
 - Not effective ?



Healthy Family America

- 1992, led by Prevent Child Abuse America
- 2008: 440 sites in N. America
- Programs vary. Core principles
- Paraprofessionals, in the home
- Families at risk for CM
- Recruited prenatally or post-partum
- Services up to age 3 - 5 years

Harding et al, *J Prev Intervention Community*, 2007;34:149

Harsh Parenting Behaviors



- HFA
 - NY: less psychological aggression
minor physical aggression (51% vs. 70%)
 - Alaska: less psychological aggression
 - Hawaii: less corporal punishment, neglect
- NFP (Elmira): less punishment
- Early Head Start, IHDP: less spanking

Homevisiting Update

- Olds et al. (2013) constructed a randomized trial in public and private care settings in Denver, Colorado, with 735 low-income women and their first-born children. Home visits were provided from pregnancy through child age 2 years delivered in one group by paraprofessionals and in the other by nurses.
 - No significant paraprofessional effects on emotional/behavioral problems.
 - Nurse-visited children were less likely to be classified as having total emotional/behavioral problems at age 6 years, internalizing problems at age 9 years, and dysfunctional attention at age 9 years.
 - There were no significant nurse effects on externalizing problems, intellectual functioning, and academic achievement.

Take Home Messages...

- Homevisiting reduces CM and potentially several other negative outcomes.
- It is likely cost effective, although costs for the program may be preventing costs in a different sector of the economy
- The issue of professional vs. non-professional visitors needs further research.
- One needs to look at the population being served (primary or secondary prevention?) and the effects of domestic violence

Prevention Strategies

Parenting Programs

Parent-Training Programs

- Parents are effective agents of change for their children
- Goal of these programs:
 - Strengthen child-parent relationship by developing positive interactions through child-directed play
 - alleviating a wide range of family problems
 - teaching parents specific child management skills



Parent Training Programs: Key Ingredients

- Home intervention
- Hands on practice of new skills
- Teach parents to communicate emotions effectively
- Group work
- Monitor changes in parenting practices
- Follow up, boosters
- Ways to assess quality

Program: Parent training

- Type: All levels
- Objectives: Improved knowledge of child development, parenting skills and other attitudes
- Design: Individual, group or classroom sessions for all parents, those with some risk factors, or those known to CPS; PCIT; lead by professionals or peers; length and delivery mode vary
- Evidence Support: Moderate; Some meta-analyses; improves how parents interact with children and their perceptions of their parenting skills; aided by home visiting; fathers as helped as mothers
- Caveats: More problems with CPS parents; experiences need to be tailored to educational level of parents

 US Triple P System Population Trial



- **Outcomes**
 - Substantiated CM (8% increase vs. 34%)
 - Out-of-home placement (12% decrease vs. 44% increase)
 - Injuries - hospitalization/ED (18% decrease vs. 20% increase)

Prinz et al, *Prevention Science*, 2009;10:1-12

Prevention Strategies
Health-Based

American Academy of Pediatrics
“Practicing Safety”

Overall Goal:
Decrease child abuse and neglect by increasing screening and improving anticipatory guidance provided by pediatric practices to parents of children ages 0-3.

“Practicing Safety” a project sponsored by the American Academy of Pediatrics (AAP) and funded by the Doris Duke Charitable Foundation works to decrease child abuse and neglect by expanding anticipatory guidance and increasing screening for possible child abuse and neglect by pediatric practices to parents of children ages 0-3.

Practicing Safety focuses on expanding anticipatory guidance on seven “new morbidities” that, if discussed by the pediatric staff and implemented by the parent, can help to reduce child abuse and neglect. The AAP hopes to expand the program nationally. Currently there are nine practices participating in the project from New Jersey and Pennsylvania.

Practicing Safety Modules include...

Practice Guides with:

- Background information about each topic
- Assessment Questions
- Anticipatory Guidance
- Parent Educational Materials
- Office Marketing Tools
- Staff tools
- Moderate Interactives/Tangibles
- Issues Management



The image shows the cover of a toolkit titled 'PRACTICING SAFETY. A TOOLKIT TO PROMOTE HEALTHY & SAFE CHILD DEVELOPMENT'. It features a logo of three hands in a circle and lists various resources like assessment questions and parent educational materials.

SEEK
a Safe Environment for Every Kid



Pediatric
Primary Care

Dubowitz et al, *Pediatrics*, 2009;123:858

The *SEEK* Model

- Specially trained health professionals (HPs)
- Parent Screening Questionnaire (PSQ)
- Brief assessment of identified problems
- Initial management
- HP/social worker team
- *SEEK* resources – Parent Handouts
- Collaboration with community agencies

SEEK Update

- To examine the effectiveness of SEEK to help reduce child maltreatment in a relatively low-risk population, Dubowitz et al. (2012) enrolled 18 pediatric practices which were assigned to intervention or control groups, and 1,119 mothers of children ages 0 to 5 years completed assessments initially and after 6 and 12 months.
- In the initial and 12-month assessments, SEEK mothers reported less psychological aggression than did controls, and SEEK mothers reported fewer minor physical assaults than did controls. There were few instances of maltreatment documented in the medical records and few Child Protective Services reports.

Adolescent Parents

- Hodgkinson et al. (2014) reviewed the mental health challenges associated with teen parenthood, barriers that often prevent teen mothers from seeking mental health services, and interventions for this vulnerable population that can be integrated into primary care services.
- Pediatricians in the primary care setting are in a unique position to address the needs of adolescent parents because teens often turn to them first for assistance with emotional and behavioral concerns.

Prevention Strategies

Shaken Baby Syndrome

Key components of a Comprehensive SBS Prevention Approach

- **Education and training for providers/others:**
 - Nursing and medical staff
 - Other caregivers
 - Media and broader community



- **Education/key messages delivered early**
 - Prolonged crying is normal
 - Ways to cope & ways to soothe baby
 - It will get better
 - Where to get help/support

Key components of a Comprehensive SBS Prevention Approach

- **Universal education and support delivered to new parents at multiple “touch points” (booster shots)**
 - Hospital
 - Well baby visits, WIC
 - Home visiting and family support programs
 - Childcare centers/providers
 - Media
 - Businesses that market to parents
 - Bystanders
- **Commitment statement or pledge card**

AHT Prevention Research



Pennsylvania (P.I. Dias)

- **State-wide, Hospital-based**
 - All parents of newborns
 - 5 components: video, brochure, discussion, posters, commitment statement
- **Addition: Booster in 1/2 of Central PA counties**
 - Pediatric offices; all parents
 - 3 components: “crying card”, info on swaddling & calming, response form
 - Delivered at 2-, 4-, and 6-month immunization visits

UNC (P.I. Runyan)

- **State-wide, Hospital-based Intervention: The Period of PURPLE Crying**
 - All parents of newborns
 - Reinforce at doctor’s well child visit
 - Expand on message using media

*The Period of PURPLE Crying is a registered trademark and all content is copyright protected. All rights reserved, Ronald G. Barr, MDCM and the National Center on Shaken Baby Syndrome



Preventing Abusive Head Trauma

- Regional program - newborn nurseries
- Mothers & fathers
- Info on risks of shaking an infant
- Info on how to respond to crying
- Parents sign a “commitment statement”

Dias et al, *Pediatrics*, 2005, 115:e470

Preventing Abusive Head Trauma

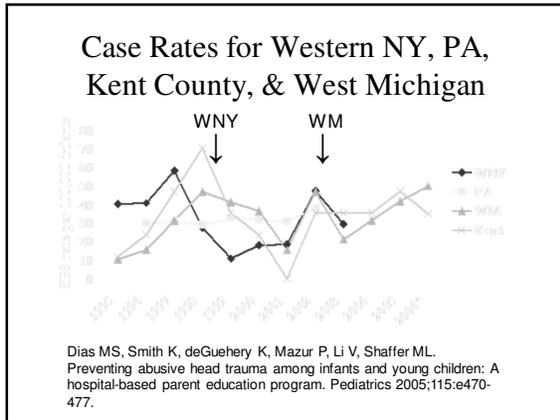
- 69% of 94,409 births – signed statements
- Of those, 76% also signed by fathers
- After 7 months: > 95% parents remembered

- 47% drop in abusive head trauma
 - 42 to 22 cases / 100,000 live births
 - No such drop in neighboring Pennsylvania

Dias et al, *Pediatrics*, 2005, 115:e470

State Legislation - 2013

- 18 states (AZ, CA, HI, IA, IN, MA, MO, MT, NE, NJ, NY, OK, OH, PR, RI, TN, TX, VA, WI) have legislation requiring hospitals to provide some form of SBS education.
- These states have 2.5 million births annually: >60% of US.
- Very few provide any funding to meet this mandate
- Source: <http://www.ncsl.org/research/human-services/shaken-baby-syndrome-prevention-legislation.aspx>



Infant Crying and Parenting Theories

Is it Colic?

Most colic appears not to be medical condition

Some possible theories/programs:

- Period of Purple Crying-Barr: Behavioral stage infant will outgrow, support parents
- Infant may need a fourth trimester-Dr Harvey Karp Happiest Baby on the Block

Prevention Strategies

Sexual Abuse

School-based Sexual Abuse Prevention Programs

- How to identify dangerous situations
- How to refuse an abuser's approach
- How to stop abuse
- How to summon help

- Improve knowledge
- Protective behaviors
- Promote disclosure
- Reduce self-blame



Finkelhor, *Future of Children*, 2009

“Good Touch/Bad Touch” and other sexual abuse educational programs directed toward children

- Controversies over use and effectiveness revolve around:
 - Many concepts contained in these programs are complicated and cannot be understood by young children
 - Children cannot prevent highly motivated adults from abusing them
 - Concepts and implementation may actually endanger or harm children
 - Lack of empirical evidence supporting effectiveness

School-based Sexual Abuse Prevention Programs

- Unclear that they help prevent sexual abuse



Zwi et al, *Cochrane Database Syst Rev*, 2007;2:CD004380
Davis et al, *J Clin Child Psychol*, 2000;29:257
Rispen et al, *Child Abuse Negl*, 1997;21:975
MacMillan et al, *J Child Psychol Psychiatry*, 1994;35:857

Personal Space and Privacy

- Finkel (2013) has piloted incorporating sexual abuse prevention into pediatric office care. He proposes a health-based program based on a child's right to "Personal Space and Privacy" (PSP) rather than prevention.
- The first step of PSP is to educate parents and children about their right to PSP, and second to provide caretakers with age-appropriate language so they can comfortably talk with children throughout childhood. Finkel suggests that children learn what's okay and not okay from their caretakers, while parents look to their pediatricians and family doctors for guidance regarding a litany of safety issues.

Prevention Strategies Mental Health Services

Groups for children exposed to violence

- Exposure to violence in childhood is associated with a range of negative physical, behavioral, and emotional consequences. Therapeutic groups offer the potential to address short-term trauma symptoms and prevent post-traumatic stress (PTS) in children at risk due to violence exposure.
- Palusci et al (2007) evaluated a group therapy approach for traumatized children developed by the National Institute for Trauma and Loss, Inc. They conducted 8-week therapy groups with eight separate groups of children 7-12 years of age.
- Significant improvements in family violence and violence exposure were observed, with 25% to 50% reductions in the number of children in the clinical range on most measures.
- While randomized trials are clearly called for, the present findings demonstrate the feasibility and potential efficacy of this group treatment approach for children exposed to violence.

Preventing Child Abuse

25 years of Clinical Research
Evidence Supported Treatments Developed, Tested, and Ready for Implementation

- Trauma-Focused Cognitive-Behavioral Therapy – TF-CBT
- Parent Child Interaction Therapy – PCIT
- Abuse-Focused Cognitive Behavioral Therapy – AF-CBT
- Cognitive Processing Therapy – CPT
- Child-Parent Psychotherapy – CPP
- SafeCare
- The Incredible Years (TIY) series
- Other Parent Management Training (PMT) models
- CBT for Children with Sexual Behavior Problems
- Functional Family Therapy
- Dialectic Behavior Therapy (DBT)
- Multi-Dimensional Treatment Foster Care
- Multisystemic Therapy (MST)
- Triple P

Good News!



Are Usual Services Effective?

- Meta-analysis of 9 effectiveness studies of child mental health services.
- Treatment effect sizes ranged from -.4 – +.29.
- Mean effect size found was **.01**.
- In general, the services delivered had **no discernable impact** on the usual course of presenting problems.

Weisz, J.R., Weiss, B., Han, S.S., Granger, D.A., & Morton, T. (1995). Effects of psychotherapy with children and adolescents revisited: A meta-analysis of treatment outcome studies. *Psychological Bulletin*, 117, 450-468.

PM Recurrence

- Palusci and Ondersma (2012) used the National Child Abuse and Neglect Data System to study tertiary prevention in a cohort of children in 18 states with psychological maltreatment (PM) reports confirmed by child protective services (CPS).
- 11,646 children had a first CPS-confirmed report with PM, and 9.2% of them had a second-confirmed PM report within 5 years. Fewer than one-fourth of families were referred for services after PM, with service referrals being more likely for families with poverty, drug or alcohol problems, or other violence.
- Controlling for these factors, they found that counseling referral was associated with a 54% reduction in PM recurrence, but other services were not associated with statistically significant reductions.

Prevention Strategies
Community /
Society Level

- Potential of a Public Health Approach to Preventing CM
- Health sector has high status
 - Health sector has relatively good resources
 - Can provide leadership
 - Can increase community participation
 - Focus on primary prevention
 - Links science with prevention

PUBLIC HEALTH LEADERSHIP INITIATIVE

1. **Raise awareness** about the prevention of child maltreatment as a public health issue
2. **Identify best practices** in state public health leadership in child maltreatment prevention and the promotion of SSNRs
3. **Identify state policies** that may support SSNRs for children
4. **Identify core components** of effective public health leadership in child maltreatment prevention and the promotion of SSNRs
5. **Develop, test, & disseminate recommendations & tools** to promote state public health leadership in child maltreatment prevention and the promotion of SSNRs

Helping CDC Do More, Faster

Preventing Child Abuse


SSNRS: SAFE, STABLE, NURTURING RELATIONSHIPS

- **Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment
- **Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment
- **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively respond to and meet the needs of their child



CDC'S STRATEGIC DIRECTION FOR CM PREVENTION

Policies that may help prevent child abuse and neglect

- Child Death Review
- Car seats for infants and toddlers
- Policies to assure Coping w/Crying and infant safe sleep information for new parents
- Maternity and paternity leave
- Health insurance
- Food benefit programs
- Accessible child care and child care subsidies

Building Stronger Communities: What Does it Take

- Practice reform (eg, training providers)
- Policy (organizational, state, federal)
- Agency reform (eg, changing how agencies interact)
- Improving service capacity, access
- Shaping norms (eg, personal responsibility for child protection)
- Engaging new partners (high leverage sectors)

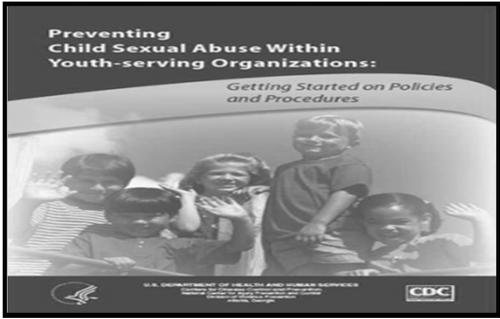
Preventing Child Abuse

Examples of Prevention Strategies At Community and Societal Level

- **Community Focused Strategies**
 - Child Care Respite Services
 - Parent - Child Centers
 - De-concentrating Poverty (Housing Vouchers)
 - Integrating Prevention into Early Education/Child Care (Strengthening Families)
- **Societal Strategies**
 - Parental Leave Policies
 - Campaigns to Change Social Norms
 - Policies that create context for healthy children and families
- **Cross-Cutting Strategies**
 - Triple P (Positive Parenting Program)
 - Durham Family Initiative



Implementing Organizational Policies to Help Prevent Sexual Abuse



Media and Media Campaigns



Media Campaigns

- **No** clear effects on:
 - Parent attitudes, knowledge, behavior
 - Parent-child interactions
 - Child outcomes
- Used as part of population-based strategy (eg, Triple P)

Daro & McCurdy, In: *Handbook of Injury and Violence Prevention*, NY: Springer, 2007

Universal Reporting

- Counties in states with laws mandating that all adults must report suspected child maltreatment have significantly higher rates of total and confirmed reports even after controlling for several demographic characteristics previously associated with CM in the literature.
- However, among CM types, universal reporting was associated only with higher rates of confirmed neglect.
- Since it is unclear whether changing state law or policy will enhance case identification in states that do not currently require universal reporting, policymakers should consider whether universal reporting will meaningfully improve CM identification.
- Palusci & Vandervort, *Children and Youth Services Review*, 2014

Prevention Strategies

APSAC Guidelines

APSAC Guidelines for Practice

- Child maltreatment prevention is important, and APSAC strongly supports the need for institutions and agencies to provide the resources for their staff to fulfill this professional obligation.
- Good professional practice, staff training and agency policy addressing CM, advocating for resources for effective programs, screening, recognizing, and referring at-risk families for services, and promoting nurturing parenting and child raising styles are but some of the practices that have been suggested (AAP,2009; Dubowitz, 2002).
- Other professional organizations and faith-based organizations should promulgate guidelines for specific disciplines regarding the need to integrate *prevention* into the daily work of a variety of professionals interacting with children and families and that the media, businesses and other industries have a role to play in preventing CM.

APSAC Guidelines for Practice

- These guidelines were prepared by the APSAC Prevention Task Force and were adopted by APSAC in 2010.
- Members of the APSAC Prevention Taskforce are Sandra Alexander, Deborah Daro, Howard Dubowitz, Michael Haney, Vincent Palusci (chair) and Carol Plummer.
- The guidelines are available from APSAC at www.apsac.org
- For more information: Vincent Palusci, MD vincent.palusci@nyumc.org

Acknowledgements

- Many thanks for information and slides from Howard Dubowitz, Sandra Alexander, Mike Haney, and APSAC.
- The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
- Vincent.Palusci@nyumc.org
