

# ***The Prevention of Child Physical Abuse and Neglect: What the Research Tells Us***

**Geoffrey Nelson  
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**Presentation to the 7<sup>th</sup> Quebec Conference on Child and  
Adolescent Maltreatment  
October 27, 2015**

# ***Overview of Presentation***

- **Why Prevention?: Rationale and Key Concepts**
- **Can Child Abuse Be Prevented?**
- **What Types of Programs Have Been Found to Be Effective?**
- **What Are Fidelity and Adaptation and Why Are They Important?**
- **How Can Effective Programs Be Sustained and Scaled Out and Up?**
- **Take Away Messages**

# ***Why Prevention?***

- **High prevalence rates for child abuse and neglect**

## **Quebec Incidence Study (2008) – confirmed cases**

Type	Description	Rate per 1,000
Physical Abuse	Shake, push, grab, throw, hit, kick, bite, choke, etc.	2.8
Neglect	Failure to supervise or provide medical treatment, abandonment, inadequate nutrition or clothing, dangerous living environment	3.4
All Forms of Abuse		11.4

# ***Why Prevention?***

- **Child protection service figures underestimate the extent of the problem**
- **MacMillan et al. (1997) – Ontario Health Supplement, survey of randomly selected participants (> age 15) (n=9,953), 25% reported being physically abuse as a child and 19% reported severe physical abuse**
- **But, only 5% of those reporting physical abuse also reported contact with child protection services, and only 9% of those with severe physical abuse reported contact with child protection services (MacMillan et al., 2003)**

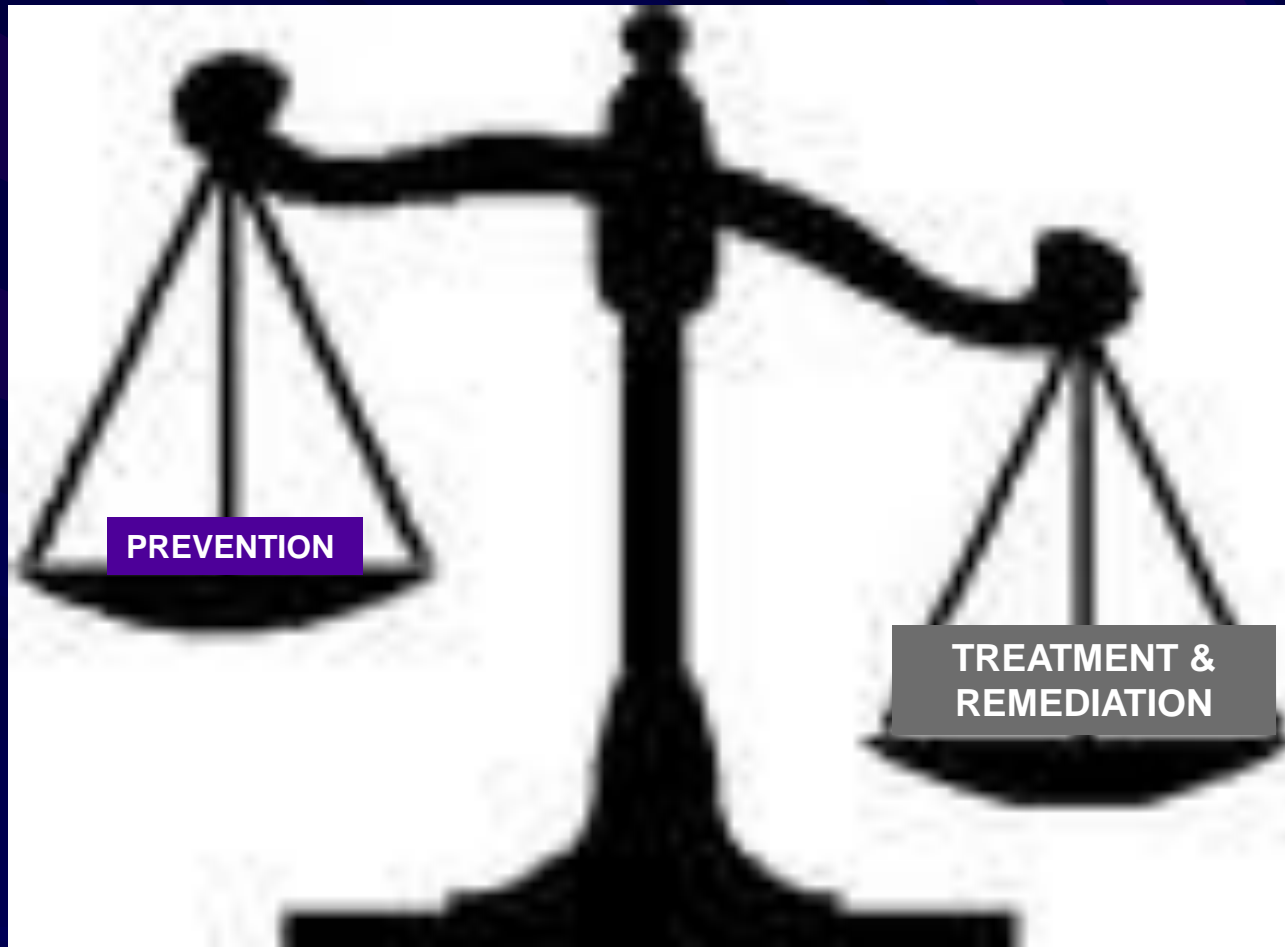
# ***Why Prevention?***

- **Child abuse and neglect related to current and future psychological, social, academic, and health problems**
- **Potential savings in both human misery and costs (estimated at \$16 billion in Canada in 1998) (Bowlus et al., 2003)**
- **Child protection services are often overwhelmed with cases and their interventions are not 100% effective**



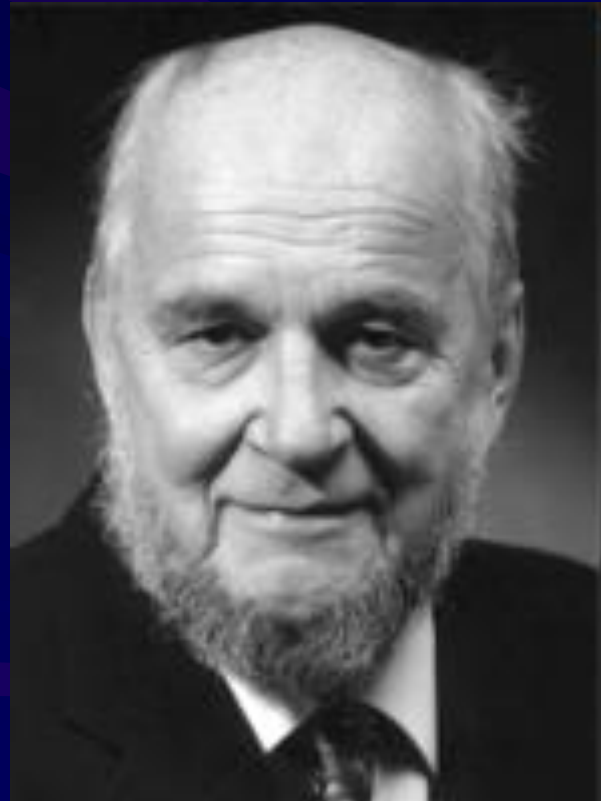
# ***Babies in the River***





**What should the balance be?**

# ***George Albee***





***George Albee's (1990)***

***Prevention Mantra***

**“No mass disease or disorder afflicting humankind has ever been eliminated by attempts at treating individuals. . . . Primary prevention is an approach to reducing the future incidence of a condition through proactive efforts aimed at groups, or even a whole society.”**

***George Albee's (1990)***

***Prevention Mantra***

**“Jamais une maladie ou un trouble affectant la masse de l'humanité n'a été éliminé par des tentatives pour traiter les individus... La prévention primaire est une approche qui réduit l'incidence future d'une condition par des efforts proactifs qui visent des groupes, voire la société toute entière.”**

# ***The Family Wellness Project – 1996-2000***

- **Principal Investigator: Isaac Prilleltensky**
- **Co-Investigators: Gary Cameron, Claire Chamberland, Ed Connors, Marie-Claire Laurendeau, Frank Maidman, Geoffrey Nelson, Leslea Peirson, Ray DeV. Peters**
- **Project Funded by Social Development Partnerships, Human Resources Development Canada**
- **Key Concepts: Prevention Continuum and Ecological Orientation**

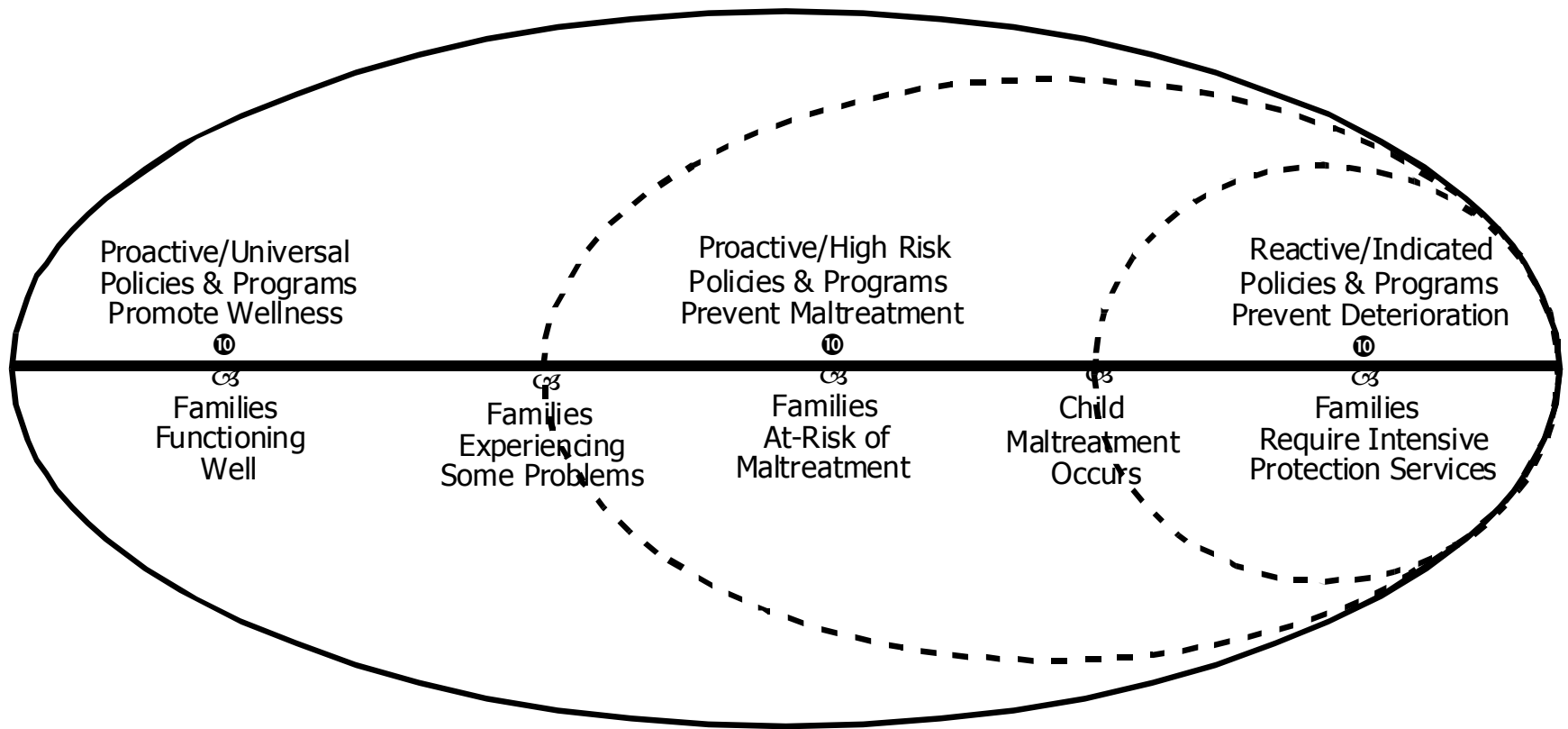
*Promoting*  
**FAMILY WELLNESS**  
*and Preventing*  
**CHILD MALTREATMENT**

*Handbook for Thinking and Action*

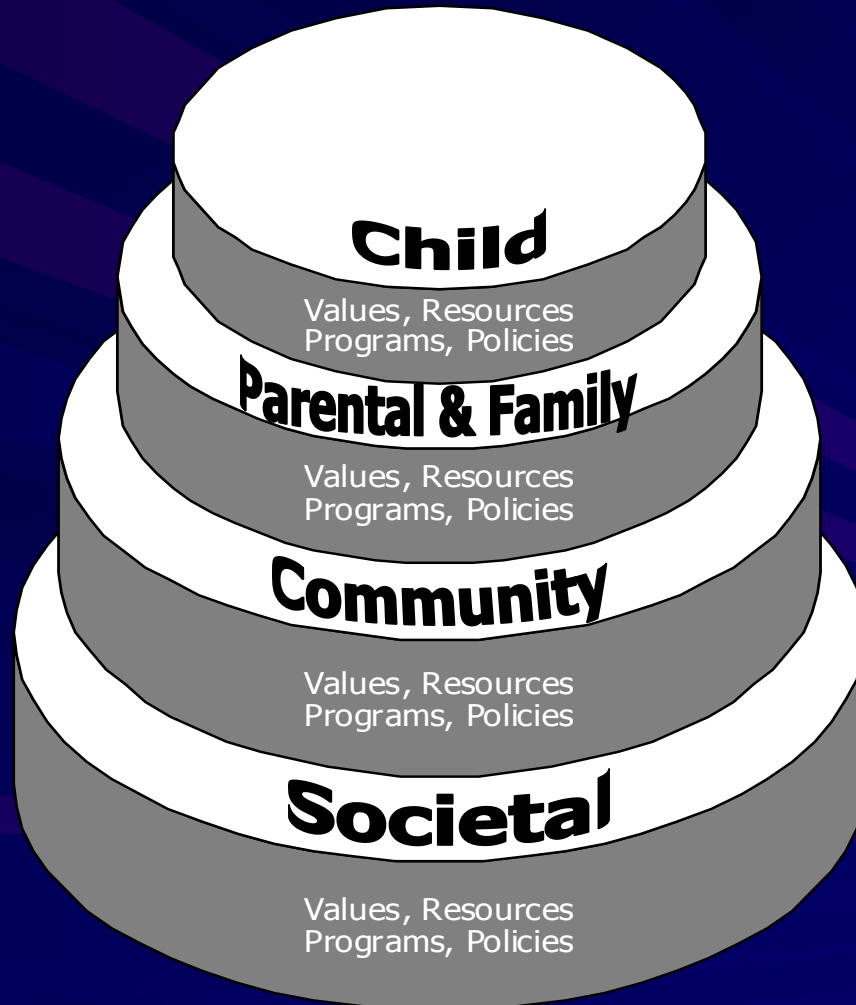


*Edited by*  
**ISSAC PROUTENSKY,**  
**GEOFFREY NELSON, & CELISE FURROW**

# ***Promotion—Prevention— Protection Continuum***



# ***Ecological View of Family Wellness***





***Can Child Physical Abuse  
and Neglect Be  
Prevented?***

# ***Meta-analytic Reviews***

- **A quantitative literature review/research synthesis, a potentially powerful analytic tool that enables the researcher to compare across studies**
- **Can be used to determine magnitude and direction of impacts of prevention programs**
- **The main statistic that used in meta-analysis is called an effect size (ES)**

# ***Effect Sizes***

- To compute ESs, the mean of control or comparison group is subtracted from the mean of the intervention group and divided by the pooled SD
- ESs can also be calculated from other test statistics
- An ES of 1 means that those in the intervention group score 1 SD higher than those in the control group
- .2 = small effect, .5 = medium effect, .8 = large effect

# ***Meta-analytic Review***

- **MacLeod and Nelson (2000) – range of programs designed to promote family wellness and prevent child maltreatment ( $k=56$ )**





## PROGRAMS FOR THE PROMOTION OF FAMILY WELLNESS AND THE PREVENTION OF CHILD MALTREATMENT: A META-ANALYTIC REVIEW

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### ABSTRACT

**Objective:** The objectives were to determine the effectiveness of programs in promoting family wellness and preventing child maltreatment and to identify factors that moderate program success.

**Method:** Meta-analysis, employing a 3-step model testing procedure, was used to review 56 programs designed to promote family wellness and prevent child maltreatment.

**Results:** The effect sizes for proactive interventions were larger at follow-up than at post-assessment, while the effect sizes for reactive interventions were higher at post-assessment than follow-up. The lowest effect sizes for home visitation programs on child maltreatment were for programs with 12 or fewer visits and less than a 6-month duration. Intensive family preservation programs with high levels of participant involvement, an empowerment/strengths-based approach, and a component of social support had higher effect sizes than programs without those elements. Also, both home visitation and intensive family preservation interventions achieved higher effect sizes with participants of mixed socioeconomic status (SES) than participants with low SES.

**Conclusions:** The total mean weighted effect size was .41, indicating that outcomes for the intervention group exceed 66% of those in control/comparison groups. The findings from this review demonstrated that child maltreatment can be prevented and that family wellness can be promoted. © 2000 Elsevier Science Ltd.

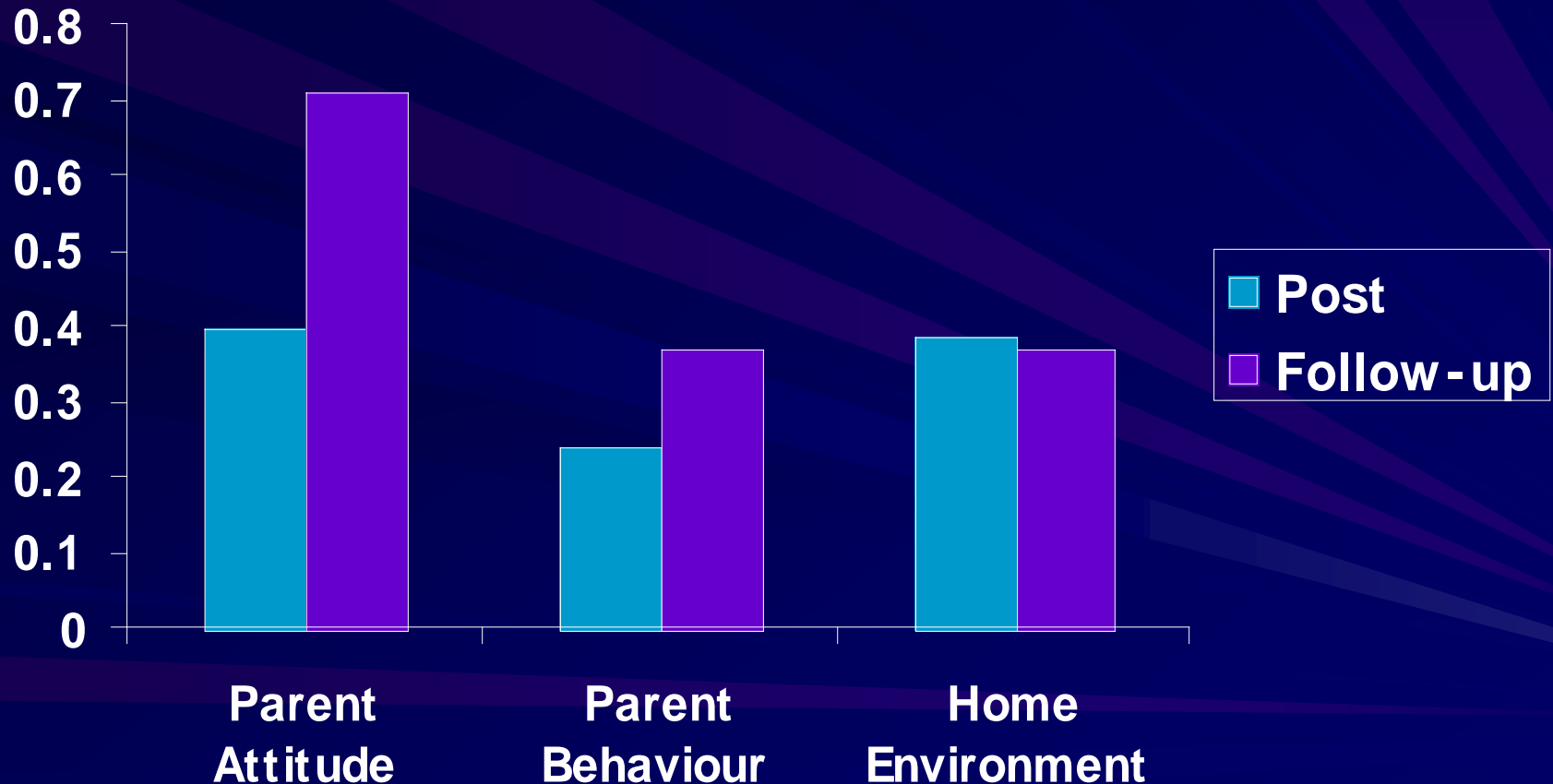
**Key Words**—Child maltreatment, Wellness, Prevention, Meta-analysis.

### INTRODUCTION

A NUMBER OF programs aimed at promoting family wellness and preventing child maltreatment has been implemented and evaluated (Cameron & Vanderwoerd, with Peirson, 1997; Leventhal, 1996; Olsen & Widom, 1993; Widom, 1998; Wolfe, 1998). There is wide diversity in the theoretical assumptions, program components, and implementation practices among these programs and for that reason it is particularly difficult to compare the effectiveness of different programs with one another. Program planners and policy-makers could benefit from a comprehensive review of the literature of child maltreatment prevention programs. The purpose of this article is to review the literature on programs to promote family wellness and prevent child maltreatment using meta-analysis.

Child maltreatment is all too prevalent. Results of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS; Trocmé, McPhee, & Kwok Kwan, 1995) revealed that maltreatment was reported for 21 per thousand children in Ontario and substantiated for 27% of those children. However, it is generally accepted that the true prevalence of child maltreatment is likely to be

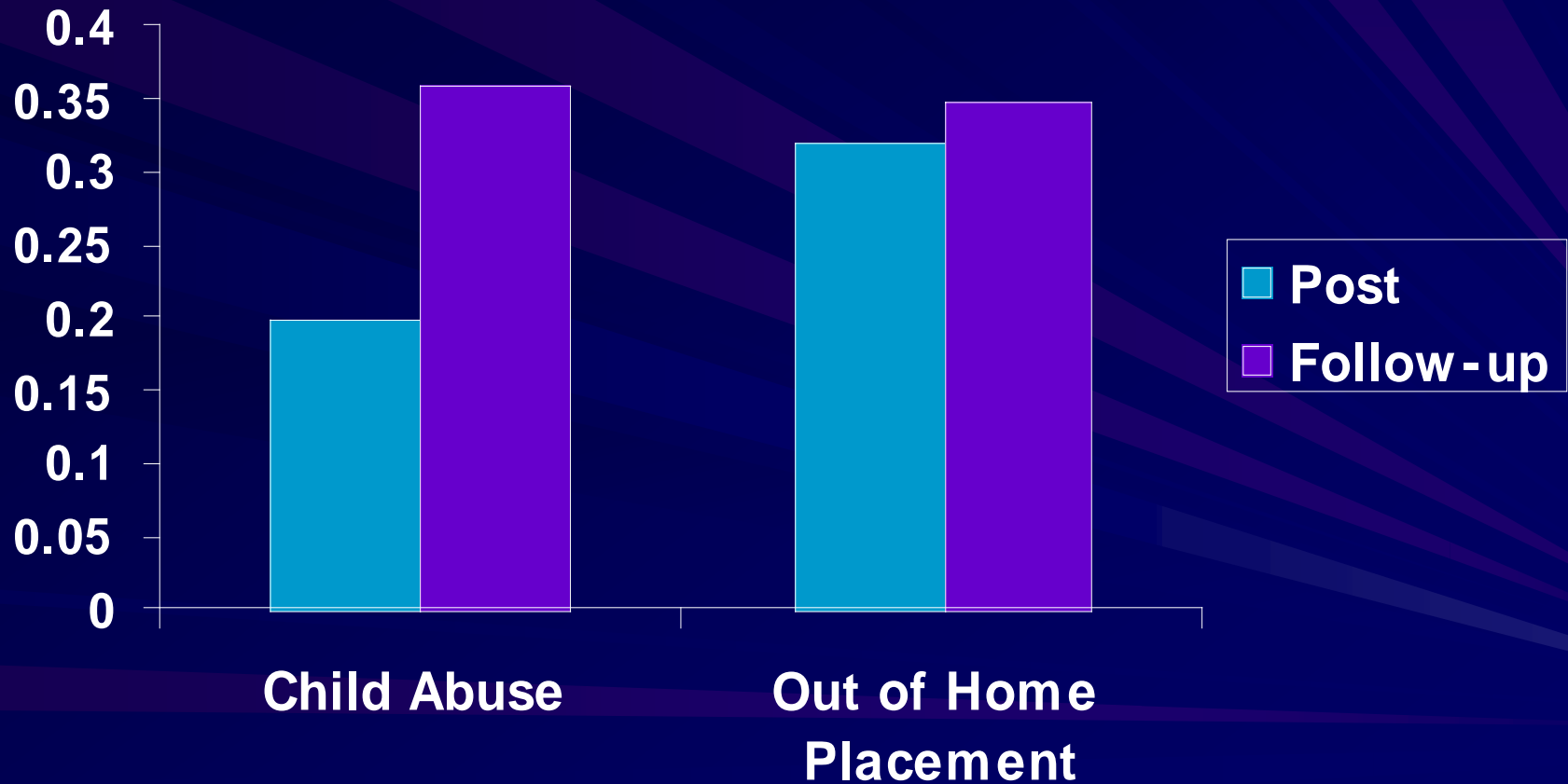
# ***ESs for Programs on Family Well-being Outcomes at Post Intervention and Follow-up***



**Source: MacLeod & Nelson (2000)**



# ***ESs for Programs on Child Abuse Outcomes at Post Intervention and Follow-up***



**Source: MacLeod & Nelson (2000)**

# Subsequent Meta-analyses

Review	Number of Studies	Types of Programs	Average ESs
MacLeod & Nelson (2000)	23	Home visitation	.36 for out of home placements .20 for reports & injuries
Geeraert et al. (2004)	40	Range of programs	.20 for reports .26 for injuries
Sweet & Appelbaum (2004)	23	Home visitation	.32 for reports .24 for injuries
Lundahl et al. (2006)	40	Parenting programs	.45 for reports
Reynolds et al. (2009)	15	Preschool programs	.20 for reports .27 for parent reports .21 for out of home placements
AVERAGE ES			.27

# ***Can Child Physical Abuse and Neglect Be Prevented?***

- **YES!**
- **Across the 5 reviews, there is evidence of changes in targeted parent behaviors (average ES= .31) and child abuse (average ES= .27)**
- **The overall ES of .41 in the MacLeod & Nelson (2000) review means that 66% of children participating in the child abuse prevention programs fared better on the outcome measures than the children in the control/comparison conditions**
- **But meta-analyses don't provide much information about what particular types of programs are effective**

# ***What Types of Programs Have Been Found to Be Effective?***

- Nelson, Laurendeau, and Chamberland (2001) found evidence of reductions in child abuse and neglect only for targeted home visitation programs
- Nelson and Caplan (2014) found evidence of reductions in child abuse and neglect for both targeted and universal programs



# A Review of Programs to Promote Family Wellness and Prevent the Maltreatment of Children

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## Abstract

We review research on programs designed to promote family wellness and prevent the maltreatment of children. Based on this review, we conclude that there is currently no evidence that educational programs prevent child sexual abuse. Only home visitation programs have been shown to prevent child physical abuse and neglect, and multicomponent, community-based programs have been shown to promote family wellness and prevent a number of negative outcomes for children. The most effective programs are those that address several different ecological levels of analysis, begin at birth, are long-term and intensive, are flexible, responsive, and controlled by the local community, and are based on respectful and trusting relationships between community members and staff, who are well trained and competent.

## Résumé

Nous examinons la recherche entreprise dans le cadre de programmes conçus pour améliorer le bien-être de la famille et prévenir le mauvais traitement des enfants. À partir de cet examen, nous concluons qu'il n'existe pas de preuve montrant que les programmes d'éducation préviennent la violence sexuelle à l'endroit des enfants; seuls les programmes de visites à domicile ont montré qu'il est possible de prévenir la violence physique et la négligence à l'endroit des enfants. Aussi, il est montré que les programmes à volets multiples, axés sur la collectivité, favorisent le bien-être de la famille et préviennent un certain nombre d'abus. Les programmes les plus efficaces sont ceux qui abordent plusieurs niveaux écologiques différents d'analyse, débutent à la naissance, sont à long terme et intensifs, sont souples, sensibles aux besoins et gérés par la collectivité locale, et fondés sur des rapports de respect et de confiance entre les membres de la collectivité et un personnel qui a été bien formé et qui est compétent.

The purpose of this paper is to describe and interpret "state of the art" programs that are designed to promote

family wellness and prevent the maltreatment of preschool and school-aged children. More specifically, we: a) describe the different types of programs that have been developed to promote family wellness and prevent child maltreatment, b) review research evidence pertaining to the effectiveness of these programs, c) summarize and critique these programs, and d) conclude by noting the common elements of effective promotion and prevention programs.

As part of a larger Family Wellness Project (Prilleltensky, Nelson, & Peirson, 2001), we conducted a comprehensive review of primary and secondary prevention programs aimed at promoting family wellness and preventing child maltreatment. Due to space limitations, we do not report on each study that we reviewed. Rather, we provide a broad overview of the different types of programs aimed at promoting family wellness and preventing child maltreatment, illustrating general trends with specific studies. The criteria for inclusion in our review were: a) primary and secondary prevention programs (as defined in a subsequent section) for children ages birth to 12, b) unpublished reports, book chapters, and journal articles in English and French during the period from 1979 through 1998, and c) a prospective, controlled design (or postassessment only in the case of randomized designs). While our review attempted to capture all of the research literature using the criteria described above, we also examined innovative programs which, as yet, do not have a research foundation. We believe that part of our work in this review is to point out programs that are conceptually appealing and/or innovative, but which need to be researched.

## Conceptual Framework

### FAMILY WELLNESS AND CHILD MALTREATMENT

We reviewed evaluations of prevention programs which included outcomes measures of child maltreatment or family wellness. Outcome measures of child maltreatment consist of direct measures, which include verified reports of child physical abuse, neglect, or sexual abuse and

# ***Two Examples of Targeted Child Physical Abuse and Neglect Prevention Programs***

- **Nurse-Family Partnership Program**
- **Chicago Child Parent Centers (CPC)**



# ***Nurse-Family Partnership***

- Nurse home visitation
- Low SES, unmarried, teen mothers during first pregnancy
- Visits begin prenatally and last until the children are two years of age, average of 9 prenatal home visits and 25 home visits post-natal
- Theory-driven approach – attachment, self-efficacy, and ecology
- The focus is on improving pregnancy outcomes, mothers' health, parenting, and life course, and children's health and development

# ***Nurse-Family Partnership***

- Three randomized controlled trials (RCTs)
  - Elmira, New York – primarily white participants (n=400), 48% reduction in child abuse by age 15 for mothers who were visited by nurses (Zielinski et al., 2009)
  - Memphis, TN – primarily African-American participants (n=1138), by age 2, nurse home visitation group had a 79% reduction in days hospitalized for injuries/ingestions (Kitzman et al., 1997), by age 9 significantly fewer nurse home visited children died (Olds et al., 2007)
  - Denver, CO – large sample of Hispanic participants (n=735), included a paraprofessional home visitation arm, no child abuse outcomes reported thus far

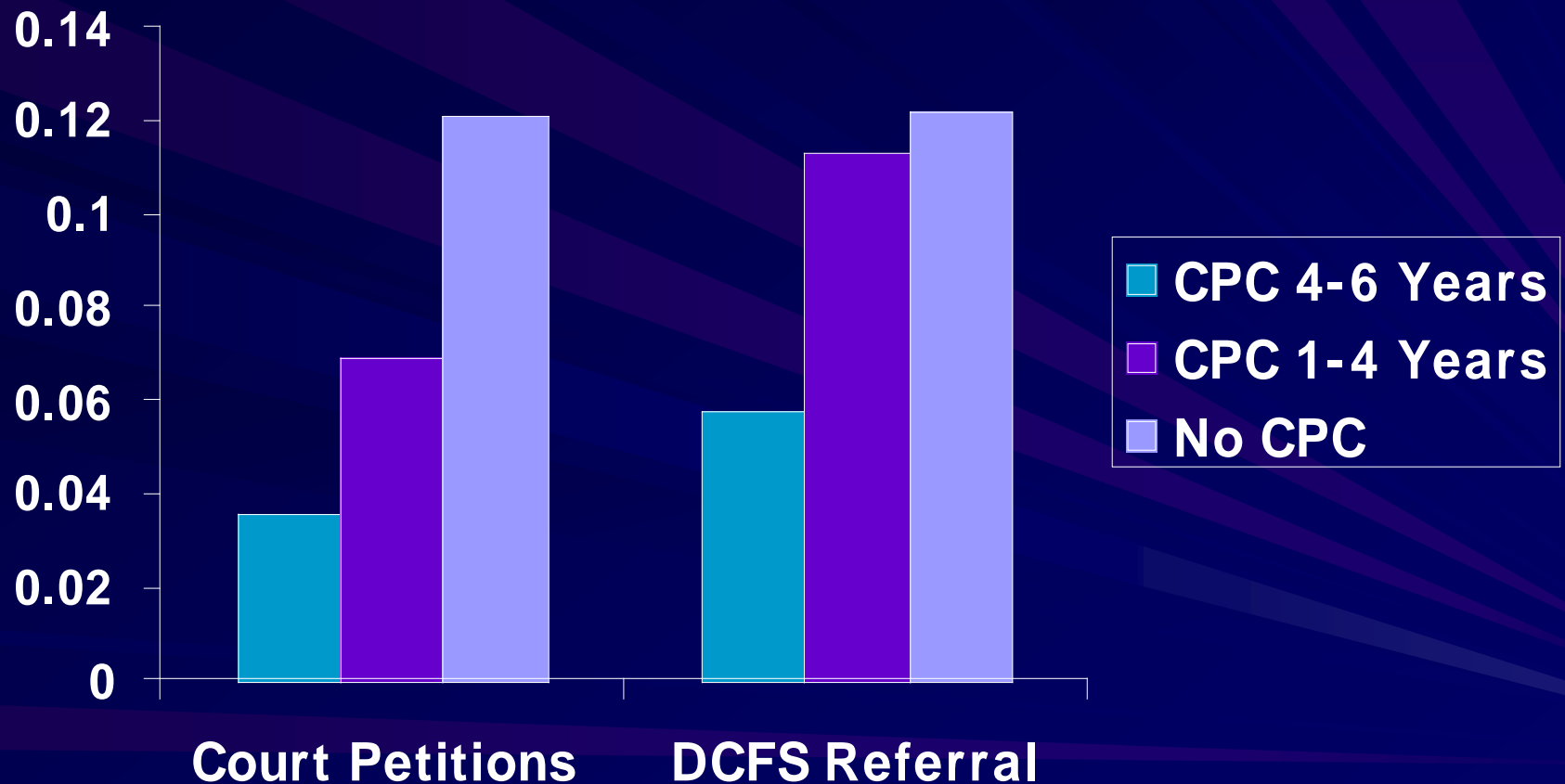
# ***Chicago Child Parent Centers***

- **Chicago Child Parent Center (CPC) program works in collaboration with Chicago public schools**
- **Low SES, predominantly African-American children aged 3-4 (n=1539)**
- **Children attended center half days for 9 months, plus other health, nutrition and social services, parent involvement, and summer programs; services expanded in 1978 to include full-day kindergarten, parent involvement, and reduced class sizes in primary grades (up to and including grade 3)**

# ***Chicago Child Parent Centres***

- Reynolds and Robertson (2003) examined youth at age 17 for lifetime prevalence of child abuse
- Examined two measures of child abuse: court petitions for child abuse and referral to the child protection division of the Department of Children and Family Services (DCFS)
- Three groups were compared: 1) those with extended CPC participation (4-6 years of program participation - 2 years preschool, full day kindergarten, plus educational enhancements from grades 1-3), 2) those with less extensive CPC participation (1-4 years), and 3) those with no CPC participation

# ***Percentages of Child Abuse by Different CPC Program Conditions***



**Source: Reynolds & Robertson (2003)**

# ***Two Examples of Universal Child Physical Abuse and Neglect Prevention Programs***

- **Safe Environment for Every Kid (SEEK)**
- **Positive Parenting Program (Triple P)**



# ***SEEK***

- **Clinic-based model for all preschool children and their parents**
- **Education for physicians and residents in screening for and addressing risk factors, SEEK social work**
- **Baltimore RCT study (Dubowitz et al., 2008) – n=558**
- **SEEK participants showed significantly lower rates than controls on:**
  - **Child protective service reports**
  - **Fewer incidents of medical neglect**
  - **Less use of harsh parenting reported by parents**

# ***SEEK***

- **SEEK expanded to 18 clinics in Baltimore**
- **RCT design (Dubowitz et al., 2008) – n=1119, baseline, 6 and 12 month follow-ups**
- **SEEK participants showed significantly lower rates than controls on:**
  - **psychological aggression against the child**
  - **minor physical assaults against the child**
  - **no differences in child protective services reports**

# ***Triple P***

- **Social learning approach to parent training**
  - **Implemented state-wide in South Carolina, with universal, selective, and targeted approaches**
  - **Media strategies, training > 600 professionals, between 8,000 and 13,000 families participated**
  - **RCT study with rural counties randomly assigned to Triple P**

# *Triple P*

**Triple P had large, positive impacts on three measures of child maltreatment**

Measure	Effect Size
Substantiated reports of child maltreatment	1.09
Out of home placements	1.22
Children's injuries (hospital and emergency room reports)	1.14

# ***What Types of Programs Have Been Found to Be Effective?***

- Targeted home visitation and multi-component programs like the Chicago CPC
- Universal parenting programs, enhanced pediatric care, and programs designed to prevent abusive head trauma from shaking babies

# ***What Are Fidelity and Adaptation and Why Are They Important?***

- **Fidelity** – extent to which a program adheres to the basic principles and components of the program, usually assessed with a fidelity scale
- **Adaptation** – extent to which a program is modified to local context and culture



# ***What Are Fidelity and Adaptation and Why Are They Important?***

- Fidelity is important because it is related to positive outcomes for prevention programs (Durlak & DuPre, 2008)
- Adaptation is important because if a program is not adapted it may be inappropriate for the context or culturally irrelevant

# ***Maintaining a Balance Between Fidelity and Adaptation***



# *“When Fidelity Goes Out the Window”*



# ***What Are Fidelity and Adaptation and Why Are They Important?***

- **There is a lack of research on fidelity in child abuse prevention programs**
- **There needs to be more research on fidelity because it is especially important for efforts to scale out and scale up prevention programs**

# ***How Can Effective Prevention Programs Be Sustained and Scale Out and Up?***

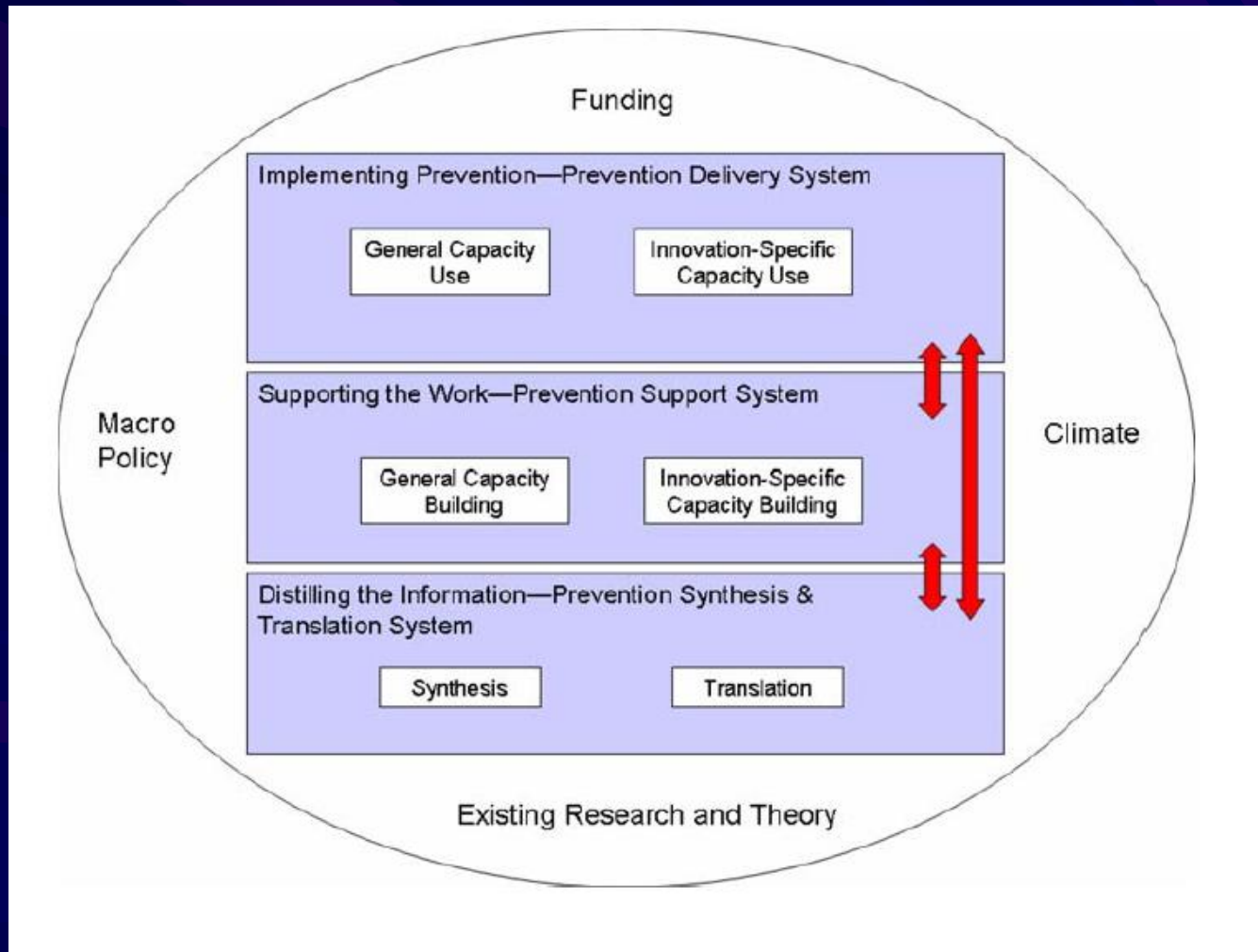
- **Sustainability** – continuation of the program after the demonstration phase and fidelity to the program model
- **Lee and Westley (2011)** use systems theory and complexity theory to understand social innovation and its diffusion. They make a distinction between:
  - **Scaling out** – replication and diffusion of an innovation across settings
  - **Scaling up** – moving an innovation into a broader system and creating transformative change



# ***Challenges with Sustainability and Scaling Out and Up***

- Lisbeth Schorr (1988), *Within Our Reach*, story of Nurse-Family Partnership in Elmira, New York following the end of the research demonstration period
- Scaling up the Nurse-Family Partnership in Pennsylvania – significantly higher rates of injury in NFP children than comparison children (Matone et al., 2011)

# ***Scaling Out and Up – Wandersman et al.'s (2008) Interactive Systems Framework of Knowledge Transfer***



# ***Context***

- Existing research and theory – growing importance of “evidence-based policy,” also increasing attention being paid to cost savings
- Political climate – does the program align with current government priorities?
- Macro-policy and funding – Provincial and federal policies and funding opportunities

# **Knowledge Synthesis and Translation System**

- **Peer-reviewed publications**
- **Reports and summaries written in accessible language and readily available in French and English**
- **Video materials**
- **Toolkits and curricula**
- **Websites**

# Knowledge Synthesis and Translation System

- Triple P <http://www.tripleparenting.net/glo-en/home/>
- Nurse-Family Partnership <http://www.nursefamilypartnership.org/>
- Better Beginnings, Better Futures <http://www.bbbf.ca>

**Research  
evidence  
published in  
high-quality  
peer-reviewed  
journal: SRCD  
Monograph in  
2010.**

**Puts Better  
Beginnings  
evidence base  
on par with  
other leading  
models**

The Better Beginnings,  
Better Futures Project:  
Findings From Grade 3  
to Grade 9

Ray DeV. Peters,  
Alison J. Bradshaw,  
Kelly Petrunka,  
Geoffrey Nelson,  
Yves Herry,  
Wendy M. Craig,  
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Kevin C. H. Parker,  
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Jeffrey S. Hoch,  
S. Mark Pancer,  
Colleen Loomis,  
Jean-Marc Bélanger,  
Susan Evers,  
Claire Maltais,  
Katherine Thompson,  
and Melissa D. Rossiter



MONOGRAPHS OF THE  
SOCIETY FOR RESEARCH  
IN CHILD DEVELOPMENT



GRADE  
12



# INVESTING IN OUR FUTURE

## Better Beginnings, Better Futures

AN EFFECTIVE, AFFORDABLE, AND COST-SAVING  
PREVENTION PROJECT FOR YOUNG CHILDREN

HIGHLIGHTS OF BETTER BEGINNINGS, BETTER FUTURES  
RESEARCH FINDINGS AT **GRADE 12**







# Partir d'un bon pas pour un avenir meilleur



Accueil



Accueil

Recherche

Publications

Trousse d'outils vidéo

index

Ordre trousse d'outils

Aux parents

Aux jeunes

Aux enfants

## INTRODUCTION

Partir d'un bon pas pour un avenir meilleur est un projet de recherche de démonstration à long terme qui met en oeuvre un programme de prévention auprès de jeunes enfants, dans le but d'en étudier les effets sur leur développement. Ce projet est sans doute l'un des plus ambitieux du genre au Canada.

Le modèle de recherche Partir d'un bon pas pour un avenir meilleur vise à prévenir les difficultés de développement chez les enfants provenant de milieu défavorisé; sans cette aide, ces jeunes auraient recours à des services onéreux dans les domaines de la santé, de l'éducation et des services sociaux. Mis en oeuvre en 1991, ce projet est en cours au sein de huit communautés économiquement défavorisées de l'Ontario.

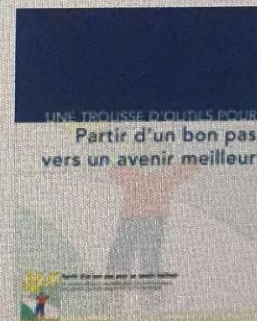
## L'HISTORIQUE DU PROJET

C'est le Ministère des services sociaux et communautaires

## la trousse d'outils

Cette trousse d'outil est conçue pour tous ceux (p. ex., fournisseurs de services, membres de la communauté) qui voudraient comprendre le processus de mise en oeuvre d'une initiative Partir d'un bon pas ou toute autre initiative communautaire de prévention similaire dans leur quartier. La trousse contient sept chapitres, dont :

- Historique et aperçu
- Développez votre modèle de programmes
- Recherche et évaluation
- Engagement des résidents







# Better Beginnings, Better Futures



An effective, affordable community project for promoting positive child development

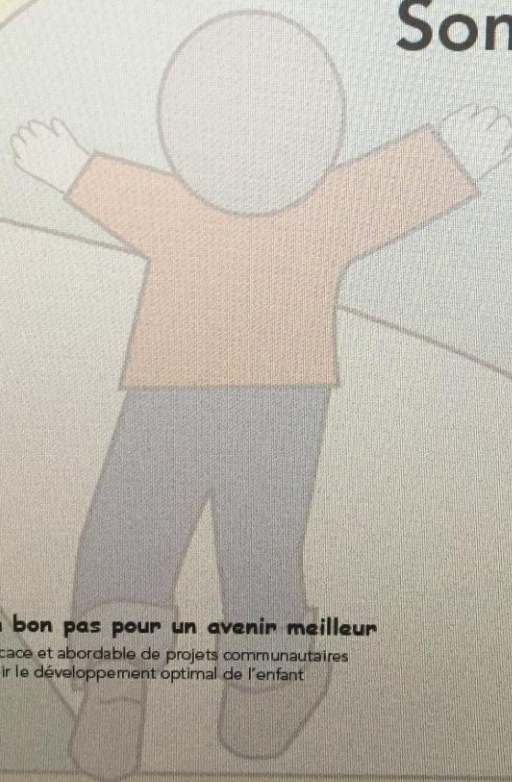


## Partir d'un bon pas pour un avenir meilleur

Un projet communautaire efficace et abordable pour promouvoir le développement optimal de l'enfant

LA TROUSSE D'OUTILS POUR  
PARTIR D'UN BON PAS  
POUR UN AVENIR MEILLEUR

## Sommaire



### Partir d'un bon pas pour un avenir meilleur

Un système efficace et abordable de projets communautaires  
pour promouvoir le développement optimal de l'enfant



# ***Better Beginnings Toolkit Modules***



- **History and Overview**
- **Developing your Program Model**
- **Research and Evaluation**
- **Community Resident Participation**
- **Engaging Community Partners**
- **Project Organization and Management**
- **Working with Government and Other Funders**

# ***Support System***

- **Top-down, prescriptive, “push” approach to knowledge transfer (Institute of Medicine)**
- **Bottom-up, “pull” approach in which community seeks knowledge**
- **Interactive or integrated knowledge transfer – a blend of the two approaches above, in which there is reciprocal collaboration between researchers and community members in knowledge sharing**



# ***Support System***

- **Training and technical assistance (TTA) provided by program developers**
- **Need for a TTA infrastructure (e.g., the National Center for Children, Families, and Communities for Nurse-Family Partnership, Triple P)**
- **Need for program evaluation and fidelity assessment**
- **Need to establish links with policy-makers**

# ***Delivery System***

- **Local communities and service systems**
- **Readiness, interest**
- **Capacities – organizational, staff, partnerships**
- **Fit with existing programs**
- **Funding sources**

# ***Take Away Messages***

- **Child physical abuse and neglect can be prevented**
- **Some funding needs to be allocated to prevention, not just child protection**
- **Also, there is a need for a mix of universal and targeted prevention programs in line with promotion-prevention-protection continuum**

# ***Take Away Messages***

- **More attention needs to be paid to fidelity and adaptation of child abuse prevention programs**
- **Sustainability, scaling up, and scaling out are complex issues that require a systems approach**
- **Important strategies for program continuation and expansion include**
  - **training and technical assistance**
  - **ongoing evaluation, including fidelity assessment**
  - **supportive policies and funding**

**If people are constantly falling off a cliff, you could place ambulances under the cliff or build a fence on the top of the cliff. We are placing all too many ambulances under the cliff.**

**Dennis Burkitt, Irish surgeon & medical researcher**

# ***Contact Information for Geoff Nelson***

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