

# WORKING P A P E R

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## Preventing Child Abuse and Neglect in the United States

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Deborah Daro, Ph.D.  
Research Fellow, Chapin  
Hall Center for Children  
University of Chicago

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CHILD POLICY

**If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?"**

By Deborah Daro, Ph.D.

**Child Abuse Prevention Investments--What Are the Best Bets?**

If one is looking for “low hanging fruit” or the perfect, parsimonious solution to the child abuse dilemma, options in the prevention garden are limited. Proven strategies with the potential to reduce rates of maltreatment among high-risk populations are generally intensive direct service interventions that are both costly and difficult to implement with consistent quality. In addition, such efforts frequently target very specific subpopulations, offering little in the way of assistance to the most challenged families (e.g., those suffering mental health issues, domestic violence, or substance abuse) or those unable or unwilling to access support. Unless impacts can be achieved across the full spectrum of families, measurable and meaningful reductions in the incidence of maltreatment are unlikely to be realized.

Substantially improving the power of prevention efforts will require more than service replication. Innovation is now needed to unravel and resolve the contextual or adaptive challenges that have limited the scope, efficiency, and sustainability of prevention efforts for the past 30 years (Daro and Cohn-Donnelly, 2002). Such challenges include, among other issues, generating public will to accept responsibility for child safety at both an individual and collective level and fostering greater collaboration and integration across the public and private sectors. If interested in addressing these types of contextual challenges, the Doris Duke Foundation might consider two child abuse prevention options--a national initiative to increase public will and personal investment in child abuse prevention *or* strengthening the learning opportunities within

selected communities regarding how best to structure and sustain comprehensive and coordinated systems of support for newborns and their parents.

### **Option 1--Creating Public Will**

Shortly after Henry Kempe initiated professional and political recognition of child abuse in the mid 1960s, advocates launched a concerted effort to educate the general public. To some extent, people believed that an effective prevention system hinged on dramatically increasing public awareness about and understanding of the problem. Public service announcements on TV and radio, were supplemented by extensive news coverage of particularly atrocious cases. By the 1980s, combating child abuse had become a central theme among federal and state governments as well as among philanthropic, corporate, and civic organizations. Collectively, these efforts created a climate that fostered new ideas, generated greater public and private resources, ignited public interest, and inspired a generation of new leaders.

More recently, efforts aimed at engaging the general public and corporate sector in understanding and investing in child abuse prevention have waned. Interest has shifted to a broader concern with early intervention and investment in the first few years of life. Such a shift represents an important contribution to enhancing prevention efforts and improving outcomes for children in a variety of domains. Educating parents and policymakers on the importance of early parent-child attachment and how best to nurture a young child's development offers a broad, inclusive message that raises the bar and expectations for how children should be cared for. However, the message leaves out the equally important story that for many children this standard is often not achieved and that some parents and others entrusted with the care of young children act in ways that are harmful (sometimes substantially harmful) to a child's physical and emotional development. It leaves out the message that successfully confronting child abuse is

not just about changing parenting behavior. It also is about generating the public will to change personal behaviors and public policy in ways that effectively support all parents and provide well-researched and effective alternatives for children when their parents cannot provide safe and nurturing care.

Child abuse is indeed a public health issue, which means the problem and its solution are not simply a matter of parents doing a better job but rather creating a context in which “doing better” is easier. Prevention planners often adopt a public health framework but frequently ignore the underlying message in public health--the importance of context and, as Larry Wallack has described, the language of interconnectedness in which the ability of individuals to act in ways supportive of their own health and the health of their children is, in part, a function of the environment and cultural imperatives we collectively set for ourselves (Wallack and Lawrence, 2005). Within this framework, a public education campaign could be developed that would instruct individuals how to *offer direct assistance* (e.g., provide respite care, offer emotional support, and assist families in sorting through their options and selecting appropriate supports); *refer families to local resources* (e.g., family resource centers, home visitation options, access to health care, and access to child welfare services); or *advocate for change* (e.g., advocate for the needs of a specific family, lobby policymakers to invest in preventive and therapeutic services, or work with neighbors to alter normative standards with respect to caring for children). The dual objectives of such a campaign would be both *education* around the issue and *motivation* to accept personal responsibility for achieving the change we desire.

## **Option 2: Nurturing Systemic Reforms**

The pool of evidence-based child abuse prevention strategies, while limited, is growing. Home-based as well as center- and group-based interventions are being tested, replicated, and

promoted in many communities. However, a recurring theme in many prevention domains, be the focus child abuse prevention, school readiness, or child health and well-being, is the importance of context. Limiting efforts to only those with “problems” has done little to change the normative context with respect to service utilization or parental practices. And the process often results in marginalized programs that are the first to be cut in times of budget distress. Not everyone needs intensive services--however, few manage without the help of someone. Communities that offer universal supports to all new parents create an opportunity to both normalize the process of seeking and receiving help around the time a child is born as well as engage a higher proportion of those families reluctant to accept targeted interventions for fear of stigmatization.

Many state and local municipalities are creating comprehensive strategies for assessing the needs of newborns and their parents and providing ways to connect families to the interventions most appropriate for their level of need. These systems draw together not only key public institutions (e.g., health, education, and child welfare) but also augment these public resources through partnerships with the local nonprofit sector. To be successful, such systems need to do more than deliver a set of services or a product. They need to leverage fundamental change in how organizations partner with each other and establish a shared mission; in how public resources are prioritized; in how families determine, access, and utilize support to meet their child-rearing responsibilities; and in how communities perceive their collective responsibility for child protection.

By selecting a set of communities in which these efforts are under way, the Doris Duke Charitable Foundation can provide the intellectual capital and rigorous oversight central to ensuring that such efforts are not an end in themselves but rather the beginning of a new way of

meeting the needs of families. If these efforts are to be field-building, careful discipline will be needed in both how they are planned and how they are implemented. And their success will be measured not only in terms of how this type of systemic approach impacts families but also in terms of how the strategy impacts institutions and normative perceptions. To contribute *meaningful* information to the broader field, care needs to be taken to better define these strategies, establish explicit benchmarks for assessing progress (e.g., number of families enrolled/contacted, number of agencies engaged in the effort, and number of families provided tangible assistance), and ensure that all parties are willing to make midpoint corrections if core benchmarks are not achieved. Foundation investment in these efforts can greatly enhance the likelihood that this type of structural rigor will be achieved and that the lessons learned will be robust and appropriately disseminated.

## References

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About the author:

*Deborah Daro, Ph.D., is a Research Fellow at Chapin Hall Center for Children at the University of Chicago.*