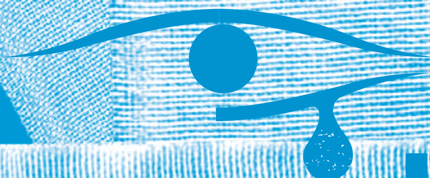

child maltreatment

A review of evidence for prevention

from the UK focal point for violence and injury prevention

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About the UK focal point for violence and injury prevention

The 49th World Health Assembly (1996) declared violence a major and increasing global public health problem. In response, the World Health Organization (WHO) published the *World Report on Violence and Health* and initiated a major programme to support and develop violence and injury prevention work globally. As part of this programme, each member state has designated a national focal point for violence and injury prevention. The network of focal points works with WHO to promote violence and injury prevention at national and international levels, develop capacity for prevention, and share evidence on effective prevention practice and policy.

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A summary of evidence: successful or promising interventions to prevent child maltreatment

Family support: There is good evidence for the effectiveness and cost-effectiveness of preschool enrichment programmes such as Early Head Start, and parenting programmes such as the Nurse Family Partnership and Triple P. These programmes have been found to reduce the rate of child maltreatment both in the short and longer term. There is some evidence for the effectiveness of primary care based family support for at-risk families, which offer extra care services, in reducing child abuse and neglect.

Child support and education: Education programmes for children that teach personal safety skills can increase safety knowledge and behaviours, and disclosure of abuse. However, longer term effects, and effects on actual levels of child abuse, are more difficult to measure and are currently unknown.

Increasing identification of child maltreatment: There is some evidence that training for health professionals (to raise awareness of child maltreatment and to teach how to deal with cases) can increase knowledge, appropriate attitudes and perceived self competency to manage child abuse cases among medical staff immediately after training. However, longer term outcomes are less clear.

Community and societal interventions: Restricting alcohol availability in the community has been estimated to reduce population levels of child maltreatment.

Child maltreatment can be defined as any form of violence, neglect or exploitation towards a child that results in actual or potential harm to the child's health. This can include physical violence such as slapping, hitting or shaking; emotional violence such as insults, isolation, or rejection; and sexual violence or exploitation such as rape. Violence towards children is a significant public health concern. In 2008, 23 children under the age of 15 died from assault (1), and a further 1,900 hospital episodes were recorded (2) in England and Wales alone. However, the full extent of the problem is difficult to determine, with often only some of the most severe cases being detected and recorded.

The effects of child maltreatment can be substantial. Aside from physical injuries, violence can contribute to poor emotional health such as feelings of abandonment, fear, anxiety, depression, self-harm or even suicide (3). In the longer term, child maltreatment has been associated with a range of health and social outcomes, including: substance use; depression; aggression; chronic ill health such as heart disease, cancer, chronic obstructive pulmonary disease or stroke; and lower educational achievement (3-5).

Experiencing maltreatment as a child has also been associated with being a victim and/or perpetrator of violence in later life (3). A number of factors are thought to increase the risk of perpetrating child maltreatment, including: an unplanned pregnancy; premature birth; having a child that suffers from severe behavioural problems (3); and the use of alcohol (6) or drugs (7). Having young, poor, socially isolated or controlling parents, having a history of domestic violence in the home, living in a single parent family and living in an overcrowded household are also risk factors for being a victim of child maltreatment (3).

Child maltreatment in the UK: some facts

- In a study of child maltreatment in the UK, 7% of children had experienced severe physical abuse, 6% serious absence of physical care and 5% serious lack of supervision (8).
- As of March 2009, there were around 37,100 children being looked after by local authorities in England as a result of child abuse or neglect (9).
- As of March 2009, around 34,100 children and young people were the subject of a Child Protection Plan (CPP) for neglect or abuse in England (10).
- Children under the age of five are at highest risk of child homicide; of those aged 0-14 dying from assault in 2007, 82% were aged four or under (1).

Along with strong legislation and enforcement relating to the abuse of children, the implementation of evidence-based programmes to prevent child maltreatment is essential in protecting vulnerable children from harm, ensuring their healthy development, and breaking cycles of violence passed from one generation to the next. This document highlights programmes that have been implemented to prevent or reduce child maltreatment and evidence for their effectiveness. It focuses on primary prevention initiatives and on child maltreatment by parents or caretakers, one of the most common forms of child abuse. The prevention of childhood bullying and violence perpetrated by other children is covered in the *Youth Violence* document in this series. For more information about interventions, including those to reduce the consequences of child maltreatment, see MacMillan et al, 2009 (11).

Legislation for the protection of children

Legislation has an important role to play in the prevention of child maltreatment, through sending clear messages that maltreatment is socially unacceptable and will not be tolerated. In the UK, there is a myriad of legislation protecting children from physical, sexual and emotional abuse. These include:

The Children Act, 1989: introduced the concept of parental responsibility (rights, duties, powers and responsibilities of a parent or caregiver) and detailed what local authorities and courts should do to protect the welfare of children.

Sex Offenders Act, 1997: required sex offenders to notify police of their name and address, and any subsequent changes.

The Protection of Children Act, 1999: required the establishment of a list of individuals considered unsuitable to work with children and required childcare organisations to check all potential employees against the list.

Sexual Offences Act, 2003: reformed the law on sexual offences, including tougher sentences for child sexual offences.

The Children Act, 2004: required children's services to work together to ensure that all children have the support they need to: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.

1. Family support

Young, inexperienced, socially isolated or economically deprived families are at higher risk of perpetrating child maltreatment. These families can be supported in a variety of ways to encourage healthy family functioning and child development, including the provision of: education about

child development; training in parenting skills; help to develop safe and secure parent-child relationships; intellectual stimulation for young children; help to solve family problems; social networks; and education for parents to aid future employment.

1.1 Preschool enrichment programmes

Preschool enrichment programmes are designed to develop children's physical, social, emotional and cognitive skills in the first few years of life (3). Content varies between programmes, but normally includes the development of language skills, communication, literacy, numeracy, and social and emotional skills. They are often combined with other initiatives such as parent training, health services and family support to provide a comprehensive programme for families. Thus they can also be regarded as multi-strategy interventions. While programmes can be universal, they are usually targeted at children from low-income families living in deprived areas.

Preschool enrichment programmes have been widely used in the UK through initiatives such as Sure Start, which brings together child education, child care, health services and family support within dedicated children's centres. In the US, there is good evidence that these kinds of programmes can prevent and reduce maltreatment of children (13). One such programme is Early Head Start, which has been associated with greater supportive parental behaviour (e.g. responding to bids for attention and showing positive regard for their child) and less use of spanking to discipline the child (14).

Preschool enrichment programmes: some examples

Early Head Start: A US, community-based programme for low-income families with infants or toddlers (aged under three). The programme aims to improve the health of pregnant women, encourage all aspects of child development, provide family support through home visiting or centre visiting (e.g. adult education, help finding a job and assistance in obtaining safe housing) and provide parent training (www.ehsnrc.org/aboutus/ehs.htm).

Sure Start: Based on the Early Head Start model, Sure Start runs in the UK and works with families and children from pregnancy through to age 14. For preschool children and their families (up to age five), Sure Start brings together child education, child care, health services and family support within dedicated children's centres. Although some services are available universally to all parents, others are targeted at those living in deprived areas.

The Child-Parent Centre programme: A US-based programme that provides comprehensive education and support services to children and families living in deprived areas. For three and four year olds, the programme includes activities to develop physical, social, cognitive and emotional skills, a parent programme to improve child-parent relationships and the involvement of parents in their child's education, outreach services such as home visiting, and health and nutrition services (www.waisman.wisc.edu/cls/Program.htm).

Preschool enrichment programmes have also been associated with long term beneficial effects. For instance, compared to controls, children participating in the Child-Parent Centre programme had lower life-time rates of child maltreatment at age 17, as measured by court petitions and referrals to child protection services (15). Moreover, this programme was found to be cost-effective, providing a return of $7.14 per dollar invested through increasing economic

well-being and tax revenue, as well as reducing costs of remedial education, criminal justice services, and victims of crime (16).

1.2 Parenting programmes

Parenting programmes increase parental skills and improve the relationship between parents and children. They provide support and information, strengthen parents' ability to adapt to the changing needs of the child, develop strategies to cope with their child's behaviour and increase knowledge about child development and child capabilities (3). Programmes can be presented:

- To groups or individuals;
- At centres within the community, at home (known as home visiting programmes) or via the media; and
- To all parents generally or vulnerable parents specifically (e.g. disadvantaged or teenage mothers).

Programmes are usually delivered by a professional such as a nurse or social worker, and during the first two or three years of a child's life. However, some programmes may begin prenatally.

There is good evidence for the use of certain parenting programmes in preventing child maltreatment and neglect (17-20), as well as improving factors related to child abuse such as parental attitudes (21), parenting skills (13,21,22) and relationships with partners (23). Programmes with the best evidence of effectiveness are the Nurse Family Partnership home visiting programme (NFP), Early Start and

Triple P (Positive Parenting Programme). For instance:

- In a 15-year follow up of participation in a nurse-led home visitation programme, parents were far less likely to be identified as perpetrators of child abuse and neglect than a comparison group (US [24]);
- Participation in Early Start has been associated with increases in positive and non-punative parenting (e.g. fewer reports of spanking) and reductions in severe physical assault towards a child three years later (New Zealand [25]);
- Counties participating in the Triple P programme had fewer rates of substantiated child abuse cases, out of home placements and injuries for child abuse two years later compared to those with standard care and support (US [26]).

In addition, cost-benefit evaluations of parenting programmes suggest that some, but not all, programmes can be cost-effective. For instance, one review of early intervention programmes reported a return of between $2 and $3 for each dollar spent on some home visiting schemes that targeted high-risk or low-income mothers (27).

Parenting programmes: some examples

Nurse Family Partnership: A nurse home visiting programme developed in the US that aims to improve the health, well-being and self-sufficiency of low-income first time mothers and their children. Visitations include prenatal health advice and support, child development education, and life coaching for the mother (www.nursefamilypartnership.org).

Early Start: A home visitation programme developed in New Zealand to increase parenting skills, reduce child abuse, encourage positive family relationships and improve child health. Early Start works with parents and children throughout preschool years and incorporates: family need assessments; problem solving; and support, mentoring and advice for parents (25).

Triple P (Positive Parenting Programme): An Australian developed programme that has been adapted for use internationally, including in the UK. The programme offers different levels of support for parents, from level one (providing information) to level five (sessions to address severe childhood problems). It aims to create a stable, harmonious and supportive family, deal effectively with problematic behaviour, build positive relationships with children and manage problems effectively (www.triplep.net).

1.3 Family support within primary care

Family interventions can also be carried out within primary care settings, where at-risk families are identified and offered extra care services. Although there are few studies evaluating primary care based interventions, the SEEK initiative (Safe Environment for Every Kid) in the US has been found to reduce child abuse and neglect among participating families. The programme involved: training health care providers to identify and address risk factors for abuse among parents such as alcohol misuse, maternal depression, use of severe

punishment for their children, and intimate partner violence; providing information to parents and doctors (e.g. local resources); and developing social worker services offering guidance and support to at-risk families and referrals to other support agencies. Over a three-year period, there was less involvement in Child Protective Services, fewer medical problems relating to possible neglect and fewer self-reported instances of child assault by parents (28).

1.4 Social support for parents

Neglectful or abusive parents are more likely to be socially isolated (29,30). Social support schemes can address this by improving social networks for parents, providing: peer support; help with family problem solving; coping skills; and opportunities to develop parental communication skills (31). There is no evidence that involvement can prevent child maltreatment (31). However, social support groups are known to improve factors that may be related to violent behaviour, such as maternal mental health. For instance, in a study of Canadian parents taking part in Parent Mutual Aid Organizations, 75% cited feeling supported and being less lonely as the best things about their involvement in the group (32). Over a one-year period, parental self-esteem increased and perceived stress decreased. Additionally, the percentage of parents needing to see a professional about family and home responsibilities decreased, as did the percentage of parents in contact with a child protection worker.

1.5 Interagency co-operation

It has been argued that child maltreatment should be considered within the broader context of child welfare,

families and communities with a focus on prevention. In this respect, children's developmental needs are assessed in general rather than specifically in relation to child protection, and consideration is paid to the impact of wider family and environmental factors on the capacity of the parent. Thus, child protection is integrated within health and social services to families, while promoting positive parenting and enhancing capacity to meet the needs of their children (33, 34). This has been termed the public health approach (34, 35). There is evidence to suggest that such child protection systems that are a part of a broad child and family welfare service provide better care and protection than child protection services alone (36).

1.6 Addressing domestic violence

A family experiencing domestic violence is 23 times more likely than a family without that characteristic to abuse their child in the first five years of life (37). In cases such as these, interagency co-operation between health and social services is a necessary prerequisite. However, adult mental health services are considered a missing link in the child protection system, since their staff rarely contribute to the work of Local Authority Safeguarding Boards or to Case Conferences. Intervention can be difficult in cases where domestic violence and child maltreatment co-occur, as the presence of domestic violence can weaken programme impacts (38). Therefore, if domestic violence was used as a risk factor to target families in need, level five of the Triple P programme (sessions to address severe childhood problems) would be the preferred intervention using community health professionals (39).

2. Child support and education

In addition to offering support for parents and families, safety advice and guidance can be provided specifically for children, either to help prevent abuse from occurring or to stop abuse that may already be taking place.

2.1 Safety education programmes for children

Based in school settings, education programmes aim to teach children personal safety skills, develop the ability to recognise potentially harmful situations, teach strategies to get out of threatening situations, and encourage children to disclose abuse to a trusted adult. These programmes can improve levels of knowledge and protective behaviours in the short term (e.g. 40-43). However, longer term effects, and effects on actual levels of child abuse, are rarely measured. In Ireland, the Stay Safe education programme was developed in response to a growing awareness of child sexual abuse and teaches personal safety skills to primary school children (up to age 11) within normal lessons. The programme covers topics such as how to recognise and resist abuse and what to do in an abusive situation, and includes lessons to develop self-esteem and assertiveness. Parents and guardians are involved in the programme, through discussing the topics covered with the child later at home. Evaluations of the Stay Safe programme reported improved levels of knowledge and skills at a three month follow up with effects greater for those from higher socio-economic backgrounds (44). In addition, there was greater disclosure of suspected sexual abuse compared to a control group (42).

2.2 *Counselling and advice for children*

For those children experiencing abuse, confidential advice and guidance can help prevent further harm. In the UK, Childline is a free telephone helpline offering counselling and advice for those suffering from problems such as physical, sexual or emotional violence. The helpline allows children to talk through their problems, and will sometimes, if requested, make referrals to other agencies such as social services or the police. Although there has been no formal evaluation of the helpline in terms of reducing child abuse, Childline receives around 500,000 calls each year (45) and in many cases, those using the line have never previously spoken to an adult about their abuse (46). Thus, it allows discussion of problems that may have otherwise remained hidden. Although their effectiveness is unknown, further services for children and young adults in the UK can be found in Young People's Centres. These are based in the community and work with a range of other agencies to provide services such as counselling and advice, children's rights and advocacy (47).

3. Increasing identification of child maltreatment

A further method of preventing abuse is through increasing the identification of maltreated children who may otherwise remain unknown to authorities (36). Detecting child abuse in its early stages, and ensuring subsequent care and support, is essential in minimising harm and preventing further violence.

3.1 Encouraging child disclosure

It is important that children feel empowered to disclose abuse in order to help put an end to their maltreatment. However, many children go through life never disclosing abuse or neglect to anyone. In a study by Childline, of the children calling in regards to physical abuse, 30% said they had told nobody about it (48). Similarly, a review of studies carried out with adult survivors of child sexual abuse (49) found that two-thirds of those reporting abuse in adulthood did not disclose this as a child. Reasons given for non-disclosure include the child's fear that the problem would worsen or they would not be believed, along with the fact many do not want the abuser to get into trouble (48). These findings therefore highlight areas that should be addressed in order to encourage and increase the disclosure of physical abuse by children and young people. Indeed, the UN Secretary General's world report on violence against children states that more emphasis should be placed on child consultation as an integral part of programme planning and intervention. Such consultation may result in more child friendly services to enable children to feel safe disclosing their intimate and painful experiences (50).

3.2 Screening for child maltreatment

Health settings such as emergency departments, general practice, and mental health services can be ideal places to gain access to maltreated children, who may be treated for injuries or mental health problems relating to abuse. Here, screening tools are sometimes used to help identify abused children and allow for referrals to appropriate support and agencies. Screening tools consist of a short series of

questions about children's behaviour and parent-child relationships, provided by health care professionals. Although they are known to be effective in detecting some types of violence (e.g. intimate partner violence [51]), less is known about their effectiveness for detecting child abuse. One systematic review suggested that while screening for child maltreatment could identify cases it also ran the risk of "identifying" non-cases (i.e. children that are not being abused) (52). Furthermore, screening tools are usually completed by parents, who may be potential perpetrators, bringing their reliability into question (3).

3.3 Training for health professionals

Raising awareness of child maltreatment among health care staff, educating about the signs and symptoms of abuse, and highlighting the procedure for reporting and referring cases to other agencies is important in increasing identification of child abuse cases. There are few studies of education programmes for child abuse. However, one review of education programmes found that they could increase knowledge, appropriate attitudes and perceived self-competency to manage child abuse cases among medical staff immediately after training (53). Longer term outcomes however have generally not been measured and more research is needed to be able to determine its effectiveness.

4. Community and societal interventions

Community and societal interventions focus on reducing factors in these environments that may heighten the risk of child maltreatment. These may include, for instance, easy

availability of alcohol or poor societal attitudes and knowledge around child maltreatment.

4.1 Reducing availability of alcohol

The use of alcohol is strongly associated with child maltreatment (6), with many acts of violent behaviour carried out under the influence of alcohol. Consequently, lowering levels of drinking in the population, either through regulating alcohol sales or through increasing alcohol prices, has the potential to reduce population levels of child maltreatment. While few studies have measured the effects of reducing alcohol availability on child maltreatment, there is evidence that making alcohol more difficult to obtain may have beneficial effects. For instance, in the US, it has been estimated that one less outlet per 1,000 people will reduce the probability of severe violence towards children by four percentage points (54). Furthermore, a 10% increase in excise tax on beer has been estimated to reduce the probability of severe violence towards children by 2.3% and overall violence by 1.2% (54). Reducing the availability of alcohol can also have direct effects on a child through consumption when pregnant. Screening and brief intervention for alcohol misuse during pregnancy can reduce drinking levels and consequently risks of Fetal Alcohol Syndrome (55).

Links between alcohol/drug use and child maltreatment

There is strong evidence of a link between parental alcohol or drug use and child maltreatment (6,7,56,57). The links between the two are wide ranging, and include:

- The use of alcohol can impair physical and cognitive function, reducing self control;
- The effects of some drugs have been found to increase aggressive and violent behaviour;
- Alcohol and drug use can reduce parental sense of responsibility, as well as the time and money spent on a child;
- Prenatal and perinatal drug use by parents has been shown to increase levels of stress amongst parents and may result in subsequent child maltreatment;
- Harmful alcohol use is linked to mental health problems such as depression and anti-social personality disorder, which increase the risk of child abuse;
- Regularly allowing a child to get drunk is considered a form of child abuse;
- Experiencing violence during childhood is associated with drug and alcohol use in later life.

These links suggest that parental treatment for alcohol use or drug use may have an additional impact on levels of child maltreatment.

WHO et al 2006(6), Atkinson et al, 2006(7)

4.2 Raising awareness of child maltreatment

Media campaigns can help raise awareness of child maltreatment in the general community, encourage disclosure of cases, and provide a trigger for other prevention initiatives. While they intend to modify individual

behaviour directly through the informative messages they convey, media campaigns can also affect behaviour indirectly by stimulating changes in social norms (58) (e.g. believing that child abuse is a private, family affair). There are a number of national and local media campaigns that focus on the prevention of child abuse. One of the most well-known examples is the FULL STOP campaign, run by the NSPCC, which called on people to take action to prevent cruelty to children. It aimed to raise awareness of child maltreatment, change attitudes and behaviours towards violence and neglect, safeguard children, develop services for children and their families, and change laws and social policy (www.nspcc.org.uk). Although the campaign has not been formally evaluated, a report by the NSPCC highlighted some positive effects gained as a result of the campaign, including an increase in Young People's Centres, family support services and guidance and counselling websites (59).

5. Summary

The use of evidence-based programmes to prevent child maltreatment is essential in protecting vulnerable children from harm and ensuring their healthy development. Although the evidence base for prevention is growing, there is still a lack of high quality evaluations for some areas, highlighting a need for further, well conducted research. Programmes with the most evidence for effectiveness are:

- Preschool enrichment programmes (such as Early Head Start and Child-Parent Centres), and
- Parenting programmes (such as Nurse Family Partnership and Triple P).

However, not all preschool enrichment and parenting programmes have noted positive effects for child maltreatment, stressing the importance of identifying those factors most conducive to change. Although there are currently few studies examining such programmes, other promising interventions include:

- The provision of family support within primary care for those at risk (in reducing child assault);
- Safety education programmes for children (in disclosing abuse);
- Training for health professionals (in improving management of cases of child abuse); and
- Restricting the availability of alcohol in the community through reduced outlets or increased taxes (in reducing child abuse).

There is less evidence to support the use of social support for parents, counselling and advice for children or raising public awareness of child maltreatment. Here, evaluations are rare and effectiveness hard to determine. Lastly, although increasing identification of abused children is essential in ensuring that appropriate support and care can be received, the use of screening tools in health settings requires further investigation, given the potential for non child abuse cases to be falsely identified.

All references are included in the online version of this document, available from:

www.preventviolence.info and **www.cph.org.uk**

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