



Child Maltreatment Prevention: Past, Present, and Future

Child maltreatment prevention efforts have grown and changed substantially over the last half century. They have moved beyond a public awareness approach to one that emphasizes the vital role of community, early intervention services, and caregiver education to help keep children safe from abuse and neglect. There is growing recognition that child maltreatment is a substantial public health concern as well as a serious social problem. Recent research suggests investments in prevention go beyond protecting children from maltreatment to also preventing maltreatment's devastating consequences, such as debilitating and lifelong physical and mental health problems, considerable treatment and health-care costs, and lost opportunities in education and work (Institute of Medicine & National Research Council, 2014). This issue brief presents prevention as the most important means of keeping children safe from abuse and neglect and highlights current best practices and emerging trends in the child protection field.

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Scope of the Problem

Although child maltreatment prevention programs and services in the United States have made great strides toward preventing child abuse and neglect, several million children continue to be referred to child protective services (CPS) every year. Over three-fourths of maltreatment cases each year are the result of neglect, including physical, emotional, educational, or medical neglect. Maltreatment reporting statistics from the National Child Abuse and Neglect Data System (NCANDS) show that the number of children receiving an investigation or alternative response rose 9.0 percent from fiscal year (FY) 2011 to FY 2015 (U.S. Department of Health and Human Services [HHS], Administration for Children and Families [ACF], Children's Bureau, 2017). During this same period, substantiated child maltreatment cases rose almost 4 percent and fatalities rose almost 6 percent. Other key findings for FY 2015 include the following (HHS, ACF, Children's Bureau, 2017):

- Approximately 4.0 million referrals alleging child maltreatment were made to CPS agencies.
- Referrals involved roughly 7.2 million children, and subsequent investigations verified that approximately 683,000 of these children were victims of maltreatment.
- Most of these children were victims of neglect (75.3 percent), with physical abuse (17.2 percent) and sexual abuse (8.4 percent) being the next most frequent types of child maltreatment.
- Infants under age 1 year experienced the highest rate of victimization (24.2 per 1,000 children).
- Professionals were the reporters in most (63.4 percent) of the cases of alleged abuse and neglect, with the largest numbers of reports by professionals coming from education personnel (18.4 percent), legal and law enforcement personnel (18.2 percent), and social services staff (10.9 percent).
- African-American children experienced the highest rate of victimization (14.5 per 1,000 children in the population of the same race or ethnicity), followed by American Indian or Alaska Native children (13.8 per 1,000 children), Hispanic children (8.4 per 1,000 children), and White children (8.1 per 1,000 children).

- *Child Maltreatment 2015* is a compilation of all child abuse and neglect data reported to NCANDS by CPS agencies in all 50 States, the District of Columbia, and Puerto Rico during FY 2015. The report is available at <http://www.acf.hhs.gov/cb/resource/child-maltreatment-2015>.
- *Definitions of Child Abuse and Neglect* in Child Welfare Information Gateway's State Statutes series provides a summary of State laws defining the conduct, acts, and omissions that constitute child abuse or neglect at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>.

Child abuse and neglect can have a multitude of long-term effects on a child's physical, psychological, and behavioral health. (For more information, see Information Gateway's *Long-Term Consequences of Child Abuse and Neglect* at <https://www.childwelfare.gov/pubs/factsheets/long-term-consequences/> and *Understanding the Effects of Maltreatment on Brain Development* at <https://www.childwelfare.gov/pubs/issue-briefs/brain-development/>.) In addition to the devastating health consequences of child maltreatment, the economic costs are massive in terms of health-care and hospitalization expenses, treatment and counseling, incarceration, and lost productivity. Prevent Child Abuse America estimated the cost of child maltreatment in 2012—including both direct and indirect costs—to be \$80 billion (Gelles & Perlman, 2012). The enormous societal consequences of child abuse and neglect make it imperative for the child welfare field to continue building on its knowledge and implementation of evidence-informed prevention practices.

History of Child Maltreatment Prevention

Child maltreatment was recognized as a growing social concern in the 1960s. This section provides a brief history of child maltreatment prevention since that time, including the development of Federal legislation, child welfare laws, early intervention services, and protective factors.

Recognizing a Problem

Modern child maltreatment prevention efforts can be traced to pediatrician Henry Kempe's 1962 article on "battered child syndrome," which attributed the excessive use of physical punishment or failure to meet a child's basic physical or emotional needs to parents or caregivers who were experiencing undue stress or serious depression in their day-to-day lives (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). Kempe's work persuaded Federal and State policymakers to support the adoption of a formal reporting system, and by 1967, every State and the District of Columbia had enacted laws regarding the referral of suspected cases of child abuse or neglect to a public agency (National Child Abuse and Neglect Training and Publications Project [NCANTPP], 2014). Then, the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 authorized Federal funds to improve State responses to child abuse and neglect. It also instituted new reporting laws for States to determine which individuals (child welfare, education, medical, mental health, child care, law enforcement, religious personnel, or—in some States—any individual) must report suspected cases of maltreatment (physical or emotional abuse, neglect, exploitation, or sexual abuse).

Federal Legislation Addressing Child Maltreatment and Mandatory Reporting

- Reporting laws have evolved and vary by State. For more information, see Information Gateway's *Mandatory Reporters of Child Abuse and Neglect* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/mandat/>.
- For more history on Federal legislation addressing child abuse and neglect, see Information Gateway's *About CAPTA: A Legislative History* at <https://www.childwelfare.gov/pubs/factsheets/about/>.
- *Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption* includes a more comprehensive look at child protection and related laws and is available at <https://www.childwelfare.gov/pubs/otherpubs/majorfedlegis/>.

The new reporting laws led to an increase in cases, and the 1980s ushered in a significant increase in education efforts to raise public awareness of child abuse and neglect, including child sexual abuse and emotional neglect.

Gradual Move Toward Prevention and Early Intervention

The Children's Bureau within HHS' Administration on Children, Youth and Families (ACYF) funded research and demonstration grants as early as 1966 to explore the causes of child maltreatment and possible prevention measures, which paved the way for expanded efforts in the next decades (NCANTPP, 2014). The focus on child maltreatment prevention gradually expanded beyond public education to early intervention. This included an emphasis on home visitation programs for new at-risk mothers to teach basic caregiving skills and to help parents and primary caregivers bond with their children to encourage healthy child development and a positive home environment. These programs demonstrated gains

in access to preventive health care, improved parental functioning, and early identification of developmental delays (Daro, 2000). In 2008, the Children’s Bureau funded 17 cooperative agreement grants to expand home visiting, and in 2011, home visiting was formally incorporated into the formula grants of the Maternal, Infant, and Early Childhood Home Visiting program within the HHS Health Resources and Services Administration.

There are numerous home visiting models in practice today. Home visits have been recognized as a cost-effective means of promoting infant and child health, preventing maltreatment, and improving family functioning (Zaveri, Burwick, & Maher, 2014). For more information, visit Information Gateway at <https://www.childwelfare.gov/topics/preventing/prevention-programs/homevisit/homevisitprog/> and the Supporting Evidence-Based Home Visiting website at <http://www.supportingebhv.org/home>.

Emergence of Child Maltreatment Protective Factors

The 1990s saw the expanded use of family support services to help communities reduce child abuse and neglect. The Family Preservation and Support Services Program Act of 1993 authorized nearly \$1 billion over 5 years to provide services for families in crisis, including counseling, respite care, and intensive in-home assistance programs. Other forms of family support services—parent support groups, drop-in family centers, and child care—as well as services to help reunify families after out-of-home placements were also included (NCANTPP, 2014).

In 2000, the Institute of Medicine (IOM) and the National Research Council (NRC) issued a groundbreaking study, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, which underscored the critical influence of a child’s social environment on brain development. The study highlighted the importance of early positive relationships with parents, caregivers, extended family, and community members and the harmful consequences of abusive or neglectful

relationships or early exposure to violence. This publication was the impetus for energized prevention and early intervention efforts (NCANTPP, 2014).

Promoting social supports or protective factors to help families overcome negative conditions or experiences—and an emphasis on community-based efforts to help improve social environments for children and families—became a focal point for child welfare policy in the early 2000s. This shifted the emphasis in prevention efforts from avoiding negative outcomes to actively pursuing positive outcomes through front-end investments in early intervention, education, and community-building.

The 2003 amendments to CAPTA funded a variety of child abuse prevention activities that promoted protective factors through Community-Based Child Abuse Prevention (CBCAP) programs. That same year, the Center for the Study of Social Policy (CSSP) identified a list of five protective factors it deemed necessary to help families offset parenting stress and make children and families safer (Harper Browne, 2014):

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Development of social and emotional competence in children

The CSSP protective factors gave policymakers and social workers a more positive focus and generated new energy in prevention programming (Samuels, 2015). In 2005, the Office on Child Abuse and Neglect (OCAN) within the Children’s Bureau began to incorporate protective factors into its annual Prevention Resource Guide. In 2007, OCAN added a sixth protective factor to the Prevention Resource Guide: nurturing and attachment. This new protective factor recognized the profound effect that the earliest relationship with the primary caregiver has on the safety and well-being of the developing child. (To view the most recent guide, visit the National Child Abuse Prevention Month website at <https://www.childwelfare.gov/topics/preventing/preventionmonth/>.)

A variety of child maltreatment prevention and treatment programs were funded through additional amendments to CAPTA in 2010, including substance use treatment programs, domestic violence services, and a variety of trainings and programs that support unaccompanied homeless youth and diverse population groups. In 2012, ACYF undertook an extensive review of protective factors research in order to inform the development of programs and policies to improve outcomes for the following ACYF-served populations (Development Services Group, Inc. & Child Welfare Information Gateway, 2015):

- Abused and neglected infants, children, or youth or those at risk of maltreatment
- Children exposed to domestic violence
- Youth in or transitioning out of foster care
- Runaway and homeless youth
- Pregnant or parenting teens

As a part of this review, ACYF identified 10 protective factors: self-regulation, relational skills, problem-solving skills, involvement in positive activities, parenting competencies, caring adults, positive peers, positive community, positive school environments, and economic opportunities. For more information, see Information Gateway's *Promoting Protective Factors for In-Risk Families and Youth: A Guide for Practitioners* at <https://www.childwelfare.gov/pubs/factsheets/in-risk/>.

A Look at the Protective Factors

Information Gateway has an extensive library of publications addressing protective factors and the prevention of child maltreatment for specific populations. These include *Protective Factors Approaches in Child Welfare* (<https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>) and the following factsheets written by Development Services Group, Inc. for ACYF:

- *Promoting Protective Factors for Children and Youth in Foster Care: A Guide for Practitioners* (<https://www.childwelfare.gov/pubs/factsheets/guide-fostercare/>)
- *Promoting Protective Factors for Children Exposed to Domestic Violence: A Guide for Practitioners* (<https://www.childwelfare.gov/pubs/factsheets/guide-domesticviolence/>)
- *Promoting Protective Factors for In-Risk Families and Youth: A Guide for Practitioners* (<https://www.childwelfare.gov/pubs/factsheets/in-risk/>)
- *Promoting Protective Factors for Pregnant and Parenting Teens: A Guide for Practitioners* (<https://www.childwelfare.gov/pubs/factsheets/guide-teen/>)
- *Promoting Protective Factors for Victims of Child Abuse and Neglect: A Guide for Practitioners* (<https://www.childwelfare.gov/pubs/factsheets/victimscan/>)

A list of all the prevention publications published by Information Gateway is available at <https://www.childwelfare.gov/catalog/topiclist/?CWIGFunctionsaction=publication-Catalog:main.dspTopicsDetail&topicID=3>.

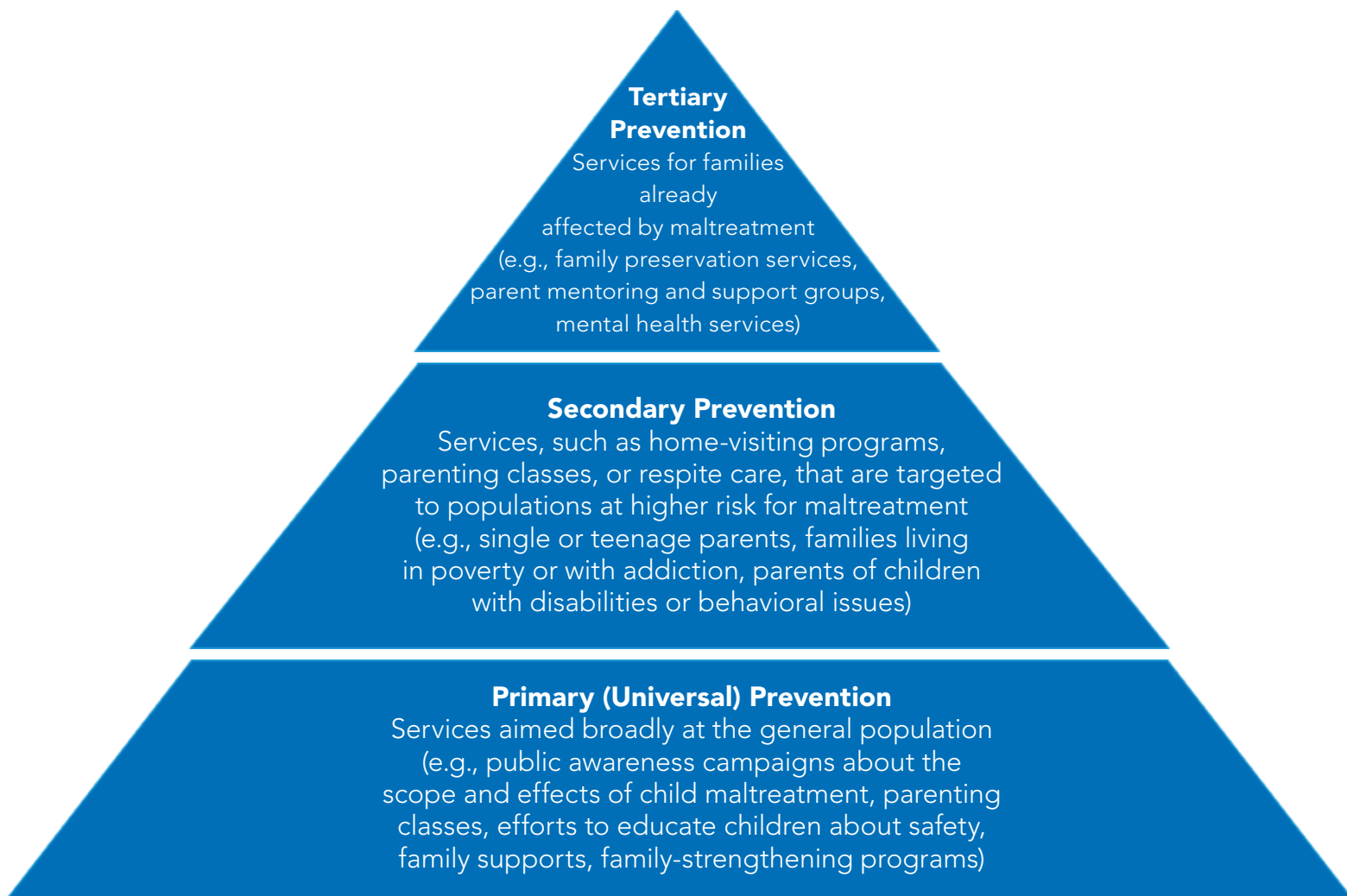
Prevention Today

The current approach to child maltreatment prevention relies on enhancing the role of communities in strengthening protective factors in a child's environment and providing prevention services targeted toward different segments of the population. An example of the current emphasis on community-oriented prevention can be seen in the Doris Duke Charitable Foundation's shift from a parent education approach to a place-based approach stressing the role of communities in promoting child well-being (Bassett, 2013). The focus on overall child well-being reflects advances in child development research and a greater understanding of the negative outcomes children experience when they lack stable and nurturing relationships with a parent or caregiver. (For more information, visit the foundation's website at <http://www.ddcf.org/what-were-learning/a-new-vision-for-the-child-abuse-prevention-program/>.)

Targeting Prevention Services

Child maltreatment prevention services can be organized into a framework of primary, secondary, and tertiary programs (see figure 1). Primary prevention programs are directed at the general population to prevent maltreatment before it occurs; secondary prevention programs are targeted to individuals or families deemed to be at greater risk for potential abuse or neglect; and tertiary programs are directed at families in which maltreatment has already occurred. To create a comprehensive approach to preventing child maltreatment, communities and agencies develop plans that incorporate protective factors through primary, secondary, and tertiary programs. State CBCAP funds can be used for primary and secondary prevention services, while State child welfare programs fund tertiary services. Increasingly, the child welfare field is placing more emphasis on primary prevention as a strategy for preventing maltreatment and its harmful and costly consequences. In a 2016 report to Congress, HHS emphasized the role of primary prevention activities in preventing child maltreatment and the importance of establishing a strong infrastructure for tackling those problems that most threaten children's well-being, including poverty, substance use disorders, mental illness, and domestic violence (HHS, 2016).

Figure 1
Levels of Prevention Services



Source: Child Welfare Information Gateway. (n.d.). *Framework for prevention of child maltreatment*. Retrieved from <https://www.childwelfare.gov/topics/preventing/overview/framework/>

The Division of Violence Prevention within the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC) (2014) promotes primary prevention through its Essentials for Childhood Framework, which highlights four major steps that communities can take to implement safe, stable, and nurturing relationships and environments for children and families:

1. Greater awareness of child maltreatment and a commitment to prevent it
2. Use of data to inform actions

3. Programs to create the context for healthy children and families
4. Policy that develops such a context

The CDC also highlights the following strategies as key to preventing child abuse and neglect at the community, societal, and individual levels (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016):

- Strengthening economic supports for families
- Changing social norms to support parents and positive parenting practices

- Providing quality care and education in infancy and early childhood
- Enhancing parenting skills to promote healthy child development
- Intervening when necessary to lessen the potential for harm and prevent future risk

To learn more, visit the Essentials for Childhood Framework webpage at <http://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html> and see *Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments* at https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf.

Identifying and Implementing Quality Programs

Child maltreatment prevention programs may fall under several different categories, including public awareness efforts, parent education and support groups, and community prevention efforts. (For more information, see Information Gateway's Prevention Programs webpage at <https://www.childwelfare.gov/topics/preventing/prevention-programs/>.) Communities are increasingly relying on evidence-based practices (EBPs) when choosing programs and interventions to ensure the best outcomes for children and families and the highest return on public investment. This section describes select primary, secondary, and tertiary prevention programs and the use of EBPs, including specific State efforts. It also looks at incorporating cultural competence to yield optimal results for families and children.

Quality Prevention Programs

There are numerous programs agencies can implement to prevent child maltreatment at the primary, secondary, and tertiary levels. **The Triple P – Positive Parenting Program** (Triple P) is an example of a successful primary prevention strategy that provides a parenting and family support system for parents or caregivers of children from birth through age 16 to prevent and treat children's behavioral and emotional problems.

It aims to foster positive family environments by building parenting skills and confidence. A study that randomly assigned counties to a trial or control group found that making Triple P universally available to all parents in a county (not just those parents at risk for maltreating their children) was associated with the following results for children ages birth to 8 years (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009):

- Fewer hospitalizations or emergency room visits due to child maltreatment injuries
- Fewer out-of-home placements
- Fewer substantiated cases of maltreatment

For more information about Triple P, visit <http://www.triplep.net/glo-en/home/>.

Additional promising primary prevention programs include the following:

- **Period of PURPLE Crying** (<http://purplecrying.info/>) is designed to help new parents and caregivers understand the scientific basis for an infant's prolonged crying and offers helpful coping and parenting tips.
- **Stewards of Children** (<http://www.d2l.org/education/stewards-of-children/>) is a sexual abuse prevention program offered by Darkness to Light, a nonprofit organization that seeks to empower and educate adults about preventing child sexual abuse.
- **ACT/Parents Raising Safe Kids** (<http://www.apa.org/pi/prevent-violence/programs/act.aspx>) is an 8-week program to educate parents and other adults who care for children to create environments that protect children from violence early in their lives.
- **Parents as Teachers** (<http://parentsasteachers.org/>) is a home visiting-based program for families during pregnancy and up to their children's entry into kindergarten. It is designed to increase parent knowledge of early childhood development and improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and encourage school readiness and success.

The following are examples of secondary prevention programs:

- **The Incredible Years (IY)** (www.incredibleyears.com) provides three separate curricula for parents, teachers, and children (ages 4–8) to promote social and emotional competence and eliminate or treat behavioral or emotional problems. IY has demonstrated positive impacts for parents who self-reported a history of child maltreatment (Hurlburt, Nguyen, Reid, Webster-Stratton, & Zhang, 2013).
- **SafeCare** (<http://safecare.publichealth.gsu.edu/>) is an in-home training program that teaches parents and caregivers how to interact with children in a positive manner, respond appropriately to challenging behaviors, recognize home hazards, and respond when a child is sick or injured.
- **Combined Parent-Child Cognitive-Behavioral Therapy** (<http://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/detailed>) is a strengths-based therapy program for children ages 3–17 and their parents (or caregivers) in families with a history of coercive parenting.
- The **Effective Black Parenting Program** (<http://healthystartepic.org/resources/evidence-based-practices/effective-black-parenting-program/>) was created for families with children ages 0–18 to teach general parenting strategies and basic parenting skills and address topics such as single parenting and drug abuse prevention in a culturally sensitive manner.

Examples of tertiary prevention programs include the following:

- **Attachment and Biobehavioral Catchup (ABC)** (<http://www.infantcaregiverproject.com/>) is for caregivers with infants or toddlers 6 months through 2 years who have experienced early maltreatment or a disruption in care. ABC helps caregivers provide a nurturing, responsive, and predictable environment to improve children’s behavior and ability to self-regulate.
- **Early Pathways** (<http://www.marquette.edu/education/early-pathways/#>) is a home-based therapy program designed for children 6 years of age and

younger with significant behavior and/or emotional problems. The program teaches parents and primary caregivers effective strategies for strengthening a child’s positive behaviors while reducing challenging ones.

- **Promoting First Relationships** (<http://pfrprogram.org/>) is a home visiting intervention for infants and young children ages 0–3 and their primary caregivers to build caregivers’ confidence in parenting skills and enrich their commitment to the children.
- **Parent-child interaction therapy** (www.pcit.org) is for children ages 2 through 7 years with behavior and parent-child relationship problems. It was designed to help parents or caregivers reduce children’s negative behaviors (e.g., defiance, aggression), increase children’s social skills and cooperation, and improve parent-child attachment.

Visit Information Gateway’s Parent Education Programs webpage at <https://www.childwelfare.gov/topics/preventing/prevention-programs/parented/> for more information about promising prevention and parenting programs designed to keep children and families safe.

Relying on Evidence-Based Practices

As the emphasis on proven interventions increases in the child welfare field, it is important to keep in mind that an intervention that proves particularly successful in one area or with one population might not be the best choice for another. Interventions should be carefully selected with the target population in mind to help ensure success and sustainability. Below are five nationally recognized EBP registries that rate various prevention programs designed to keep children, youth, and families safe:

- Blueprints for Healthy Youth Development (<http://www.blueprintsprograms.com/>)
- California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org>)
- Home Visiting Evidence of Effectiveness (<https://homvee.acf.hhs.gov/>)
- CrimeSolutions.gov (<https://www.crimesolutions.gov/>)
- National Registry of Evidence-Based Programs and Practices (<https://www.samhsa.gov/nrepp>)

States Implement Evidence-Based Strategies

The Texas Department of Family and Protective Services' Prevention and Early Intervention (PEI) division launched a new strategic plan with a comprehensive public health approach that relies on evidence-based strategies. The plan, drafted with the assistance of Casey Family Programs, emphasizes research and evaluation, the expansion of EBPs, data-driven decisions, and research showing positive financial return on investment, such as the payoff from home visiting (Child and Family Research Partnership, 2015) or youth mentoring programs (Washington State Institute for Public Policy, 2012).

In promoting its plan, PEI cites an analysis by a Texas-based economic research and analysis firm that quantified the lifetime impact of first-time child maltreatment occurring in 2014 on expenses for health care, education, social services, and incarceration—including lost productivity and earnings—at \$455 billion in Texas (The Perryman Group, 2014). For the entire United States, the additional lifetime expenditures were calculated to be \$5.9 trillion.

For more information about PEI, including its 5-year strategic plan, visit https://www.dfps.state.tx.us/prevention_and_early_intervention/.

Utah's Division of Child and Family Services (DCFS) piloted a home visiting program that emphasizes upfront, in-home services designed to keep families together. Called "HomeWorks," the program was launched in 2013 under a Federal title IV-E demonstration waiver to provide families with services and tools to improve functioning and well-being, including addiction treatment, relapse prevention support, mental health therapy, and financial support for housing and other necessities. According to KIDS COUNT, Utah has one of the lowest rates of children in foster care in the United States despite having the highest proportion of children per capita (KIDS COUNT Data Center, n.d.). DCFS estimated that for the annual costs of placing a single child in foster care, 11 families could receive in-home services (Utah Department of Human Services, DCFS, 2014). Utah was one of several States invited to share best practices in foster care and child welfare with the White House budget team in 2015.

Importance of Cultural Competence

It is important that policymakers and practitioners consider cultural concerns in prevention efforts by giving attention to how parents engage in their cultural communities, how culture shapes parenting approaches, and the implications culture may have for targeted child maltreatment prevention and intervention programs. The National Academy of Sciences identified the integration of culture into research and practice as one of the major challenges to preventing child maltreatment (IOM & NRC, 2014). By increasing the diversity of the child welfare workforce and developing and promoting culturally responsive interventions, the child welfare field can become more attuned to different ethnicities (Finno-Velasquez, Shuey, Kotake, & Miller, 2015).

For more information about cultural competence, visit Information Gateway at <https://www.childwelfare.gov/topics/systemwide/cultural/>.

A Look to the Future: Challenges and Trends

A growing recognition of the long-term health consequences of child maltreatment will likely drive continued interest in programs and services that strengthen families and individuals and reduce the incidence of abuse and neglect. This section highlights efforts to educate communities about the harmful consequences of adverse childhood experiences (ACEs), better integrate prevention programming across the multiple social service sectors, combat addiction, and increase the use of EBPs to ensure the best outcomes for children and families.

Reducing Adverse Childhood Experiences

ACEs are negative experiences in childhood that can have lifelong consequences for a person's physical and psychological health by taking a powerful toll on the developing brain. The toxic stress from ACEs has the potential to exact enormous consequences on both the individual and society. Research from the CDC and the Center on the Developing Child at Harvard University correlates early life ACEs with long-term negative

outcomes for children and families (Felitti et al., 1998). Although the initial research occurred nearly 20 years ago, ACEs are still receiving heightened attention in child maltreatment prevention efforts. ACEs data are frequently collected in research on child maltreatment and related areas, including through the CDC's Behavioral Risk Factor Surveillance System data-collection effort. This information continues to inform prevention efforts, but the movement to incorporate an understanding about ACEs throughout communities, agencies, and organizations is still ongoing (Health Federation of Philadelphia & Robert Wood Johnson Foundation, 2014).

For more information on ACEs, see the following resources:

- The CDC's ACEs webpage (<https://www.cdc.gov/violenceprevention/acestudy/>)
- The Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>)
- Information Gateway's Impact of Child Abuse & Neglect webpage (<https://www.childwelfare.gov/topics/can/impact/>)

State Examples of Preventing Adversity

Many communities are exploring how to reduce ACEs to help prevent child maltreatment, produce healthier outcomes for children and families, and save costs down the road.

- South Carolina's CBCAP lead agency, the Children's Trust of South Carolina, launched the South Carolina ACE Initiative to increase awareness in the State of ACEs and the link between child maltreatment and poor social and health outcomes in adulthood. The initiative focuses on statewide ACE data collection and sharing, training, the development of a prevention framework, and policy recommendations for preventing ACEs. The BlueCross BlueShield of South Carolina Foundation is helping fund the initiative with a \$325,000 grant over 3 years. For more information, see <http://scchildren.org/blog/2016/11/28/overcoming-adversity-through-knowledge-data-training-planning-and-action/>.
- Alaska Children's Trust is leading the Alaska Resilience Initiative, a partnership of nonprofit, private, Tribal, and government organizations whose goal is to educate and advance the dialogue on ACEs and how communities can prevent ACEs and build resilience. For more information, visit <http://www.alaskachildrenstrust.org/programs/aces-initiative>.
- Montana's ChildWise Institute is undertaking pilot projects through its Elevate Montana initiative to assess ACEs, trauma-informed service approaches, and resilience-building strategies in four communities across the State. For more information, visit the initiative's website at <http://www.elevatemontana.org/>.

The Alaska and Montana initiatives are both part of the Mobilizing Action for Resilient Communities project—a nationwide undertaking to help communities prevent traumatic childhood experiences, such as child abuse and neglect. Each of the 14 participating communities are part of a 2-year collaborative for sharing best practices, trying new approaches, and becoming models for other communities in implementing effective solutions for combating ACEs. For more information, see http://www.healthfederation.org/wp-content/uploads/2015/10/HFP_MARC-Press-Release_2015-10-29-1.pdf.

Importance of Cross-System Integration and Collaboration

The incidence of child maltreatment is deeply influenced by poverty, violence, and substance use. While separate programs to alleviate these issues are helpful in preventing maltreatment, system-wide collaboration and data sharing across multiple service sectors—child welfare, juvenile justice, early childhood, education, public health, and the behavioral and mental health fields—are essential to improving child and family safety and well-being on a broad scale. Because of the diversity of and within families and communities,

relevant agencies and service providers need to find unique ways of engaging families and ensuring they have access to comprehensive prevention-related supports (Walsh, McCourt, Rostad, Byers, & Ocasio, 2015). Tailoring protective-factor approaches to specific at-risk populations, such as homeless youth, may also yield more positive outcomes (Samuels, 2015).

Through a 2016 Program Instruction, ACF highlighted how State CBCAP programs can collaborate with a variety of other agencies and programs to strengthen child maltreatment prevention efforts. Examples of agencies or programs that CBCAP programs could

partner with include the Administration on Intellectual and Developmental Disabilities; Temporary Assistance for Needy Families; Head Start, Early Head Start, and other child-care and early intervention programs; faith-based and community organizations; and family support programs. To view the Program Instruction, visit www.acf.hhs.gov/sites/default/files/cb/pi1602.pdf.

Most recently, cross-system integration has been essential to coordinate human trafficking prevention efforts across government, judicial, law enforcement, education, and nonprofit sectors and to provide assistance to trafficking victims. Children and youth with child welfare involvement are at heightened risk of being trafficked because of their overall vulnerability and potential homelessness. The Children's Bureau has funded nine grants to help develop an infrastructure and strengthen a multisystem approach for increasing awareness and improving the response to trafficking within the child welfare population. (For additional details on the grants, visit Information Gateway at <https://www.childwelfare.gov/topics/systemwide/trafficking/acyf-strategy/cb-efforts/grants/cohort1/>. For more information on preventing, identifying, and responding to human trafficking, visit Information Gateway at <https://www.childwelfare.gov/topics/systemwide/trafficking/pir/>.)

Addressing the Addiction Dilemma

Another major concern is the rampant heroin and prescription pain killer epidemic in the United States, which has resulted in increasing instances of child neglect and a new set of challenges for an already overwhelmed child welfare system. From FY 2006 to FY 2012, there was a 20-percent decline in the number of children entering foster care, but there was an 8-percent increase in the number of children entering care from FY 2012 to FY 2015 (HHS, ACF, Children's Bureau, 2016). Additionally, the percentage of removals where parental substance use was cited as a contributing factor increased 13 percent from FY 2012 (28.5 percent) to FY 2015 (32.2 percent) (HHS, ACF, 2016). HHS reported that State child welfare directors often attributed the increased number of placements in foster care to the dramatic rise in substance

use, specifically opioid and methamphetamine abuse. The directors also reported that there are fewer opportunities to place children with relatives because this addiction epidemic often affects entire families and neighborhoods. This considerably limits the number of placement options. They also noted that the addiction epidemic has strained their agencies and increased the need for community leadership and cross-service collaboration.

The Comprehensive Addiction and Recovery Act, which was signed into law in 2016, significantly expanded access to addiction treatment services and medications to reverse drug overdoses. For information on helping families in the child welfare system affected by substance use disorders, consult the National Center on Substance Abuse and Child Welfare (NCSACW) website at <https://ncsacw.samhsa.gov/>.

Children's Bureau Grants Target Substance Use

The Children's Bureau's Regional Partnership Grant (RPG) program, which was established by the Child and Family Services Improvement Act of 2006, is directed at improving the safety, permanency, and well-being of children and families affected by parental or caregiver substance use. Families participating in RPG projects have shown significantly improved outcomes compared with those who did not participate, including an increased rate of children remaining at—or returning to—their homes and a decreased rate of child maltreatment (HHS, ACF, Children's Bureau, 2014). For more information about the RPG program, visit NCSACW at <https://www.ncsacw.samhsa.gov/technical/rpg-i.aspx>.

Greater Reliance on Evidence-Based Practices and Statistics

The child protection field is moving toward a greater reliance on EBPs, increased use of qualitative and quantitative research methods (Palinkas, 2015), and a growing awareness of the need for model fidelity (Seay et al., 2015). Even with the significant progress that has been achieved in child maltreatment research, the National Academy of Sciences has called for a coordinated, national research infrastructure with high-level Federal support (IOM & NRC, 2014).

The Children's Bureau continues to fund several projects whose primary purpose is to improve the use of EBPs in prevention work. Federal Program Instructions for CBCAP programs (<https://www.acf.hhs.gov/cb/resource/pi1706>) emphasize that the lead CBCAP agencies should describe the criteria they will use to develop, or select and fund, evidence-informed or evidence-based prevention programs and activities. To assist CBCAP lead agencies and their partners in this effort, the FRIENDS (Family Resource Information, Education, and Network Development Service) National Center for CBCAP was established to provide training and technical assistance in evidence-informed and evidence-based practices demonstrated to have reduced child maltreatment. For more information, visit the FRIENDS website at <https://www.friendsnrc.org/evidence-based-practice-in-cbcap>. In FY 2014, nearly 90 percent of CBCAP funding supported evidence-based or evidence-informed child abuse prevention programs (HHS, 2016).

The use of statistical techniques to predict the likelihood of child welfare outcomes is another growing trend in child maltreatment prevention. Referred to as predictive analytics, this practice relies on assessing current or past data points to predict likely child welfare outcomes. Supporters of this technique hope to use the data to predict and prevent child maltreatment by targeting services to children and families most at risk of harm and improving their safety, permanency, and well-being outcomes. The CDC is exploring the benefits and limitations of predictive analytics and its utility for child welfare, including its potential use in primary prevention efforts (HHS, 2016).

Conclusion

The emphasis on providing front-end prevention services and early help for at-risk families is likely to prevail as policymakers become more aware of the high costs of inaction. Many of the consequences of child maltreatment—poverty, crime, violence, incarceration, addiction, teen pregnancy, truancy, and homelessness—have tragic consequences for children, youth, families, and entire communities. The successful prevention of child abuse and neglect requires a multipronged and cross-system response for shoring up resources to ensure child well-being and safety. Collaboration across child-serving systems, attention to cultural norms, investments in family- and community-strengthening programs, increased use of early and evidence-based interventions, and a public health approach to maltreatment will all go a long way toward improving outcomes for children and youth.

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