Child maltreatment is a significant public health problem in communities across the country. But prevention efforts can have a positive impact.

By James M. Hmurovich and Jane Ascroft

Child maltreatment is a significant and preventable public health problem in our country today. It permeates society everywhere—touching communities of all sizes, schools, places of employment, houses of worship, medical facilities and neighborhoods. Child maltreatment devastates a child’s psychological and physical well-being, tears families apart and costs society billions of dollars.

State leaders often are called on to respond to child maltreatment when an especially horrific case makes news headlines or the cost of services to protect abused and neglected children rises dramatically. When this happens, the media and the public often proclaim that the Child Protective Services (CPS) system is “broken” or “mismanaged” and children deserve better.

This attention often results in a call for reforms and “fixes to the system.” While these calls for reform are well-intentioned and sometimes needed, that focus misses the real opportunity to hold a public discussion on an even more difficult task: preventing abuse and neglect from occurring.
The U.S. Department of Health and Human Services estimates that in 2004 872,000 children were determined to be victims of child abuse and neglect. More than 62 percent of these children experienced neglect, the most common form of maltreatment and the leading cause of maltreatment-related fatalities. Approximately 17.5 percent of maltreatment victims in 2004 were physically abused; 9.7 percent were sexually abused; and 7 percent were psychologically maltreated. In addition, 14.5 percent of the children were victims of other types of maltreatment, including abandonment, threats of harm and congenital drug addiction.

A grim reality of child abuse is that the younger the child, the greater the risk of maltreatment. Very young children are two to three times as likely to be abused as older ones.

Very young children are also much more likely to be the victims of fatal child abuse. The fatal victimization rate of the youngest children—those who are less than 4 years old—is 88 times as high as the rate for children ages 12 to 17 (see Figure 2). Of the estimated 1,490 victims of fatal child abuse in 2004, 45 percent were younger than 1 and 81 percent were younger than 4.

It is not the absence of a common commitment to reduce and eliminate child maltreatment from occurring; it is more a question of how to accomplish that goal.

Child maltreatment is a problem that intersects populations without regard to socioeconomics, race or ethnicity. Child maltreatment is also exceedingly complex; there is no single cause. Though it is difficult to understand all cases, a number of factors are associated with an elevated risk of child abuse and neglect, including:

- The stress and unsafe environments brought about by parental substance abuse and mental health problems;
- Family history of domestic violence;
- Social isolation or lack of social support;
- Lack of parental understanding of children’s needs and child development; and
- Poverty.

Where there are multiple risk factors, the likelihood of abuse becomes even greater.

Protective factors—those characteristics that protect against maltreatment and contribute to general child and family well-being—are the most promising strategies that support prevention. A supportive family, household rules and structure, secure attachment between parents and children, extended family support, and nurturing parenting skills are some examples of protective factors. Others include access to health care and social services, parental employment, supportive relationships outside the family, and adequate housing.

Abuse and neglect have enormous costs for children and their families and for society. A growing body of research shows that abuse and neglect of infants and toddlers in particular can interfere with healthy brain development and cause a range of physical, mental and language or learning problems. In essence, neglect or abuse that occurs at a young age initiates a domino effect on the development of the child that can lead to poor school performance, an increased need for special education services, juvenile delinquency and adult criminality, and in some cases, a risk of later abuse or abusive behavior towards others.

Research by the U.S. Centers for Disease Control and Prevention also has shown that maltreated children are at greater risk of experiencing later in life adverse health outcomes, including alcohol and other drug abuse, smoking, obesity, depression, sexual promiscuity and some chronic illnesses.

Child maltreatment also costs federal, state and local governments billions of dollars to pay for child protection and welfare services, injury treatment and hospitalizations, developmental services and special education, substance abuse and mental health treatment, law enforcement, juvenile secure detention costs and incarceration. According to the Urban Institute, federal, state and local agencies spent $23.3 billion on child welfare services alone in 2004.

Some parents are socially isolated, have few resources to help them through difficult times, face stresses with which they can-
Prevent Child Abuse chapters have a history of serving as dependable and vital private partners to states developing comprehensive prevention plans.

One example is the Community Partnerships for Protecting Children (CPPC) program that is transforming Iowa’s child protection system by better engaging the families it serves and involving community members and organizations in family support efforts.

For six years, Prevent Child Abuse Iowa has been the key private partner in state agency efforts to expand the CPPC statewide. In addition to marketing the program around the state and building connections between local CPS offices and community members, PCA Iowa has advocated before the governor, state legislature and administrative officials. As a result, legislative support for the CPPC has grown exponentially, and the program will soon be in all 99 Iowa counties.

“The partnership between PCA Iowa and the state agency is uncommon in the government world; in few other ways do the private and public sectors work together this closely,” said Steve Scott, executive director of Prevent Child Abuse Iowa. “This joint effort at the state level models well what the state agency encourages CPPC sites to develop and implement at the community level.”

A major component of the Prevent Child Abuse America strategic plan is to develop partnerships with like-minded and/or mission-related agencies. More importantly, it is clear that the states are the real laboratories for change. The adage that the “federal government won’t let us do that” often is without basis. Often the state plan required for federal spending is crafted in a manner that actually hinders the development of consistent and effective inter-agency delivery of basic human services to families. And often a state legislator with a passion for real and effective change can be the catalyst for a reinvigorated public policy that truly protects and promotes healthy experiences for children.

“State legislators will benefit by working in partnership with Prevent Child Abuse America and its state chapters to assure that state policies are in place to prevent children from being abused or neglected,” said Delaware state Rep. Deborah D. Hudson, chair-elect for CSG.

Prevent Child Abuse America and its state chapter network can be a valuable resource to state and local officials who want to take steps to strengthen families and reduce child abuse. Prevent Child Abuse America believes the most effective and humane solution to the child maltreatment problem is to prevent abuse and neglect from occurring. Child maltreatment prevention efforts include activities, strategies or programs to reduce risk factors and increase protective factors identified in the research literature as associated with child maltreatment.

Prevent Child Abuse America broadly defines prevention so it encompasses activities that target not only families identified as at greater risk of abuse or neglect, but also efforts that have the potential to impact all families, and the community and society at large. This is known as primary prevention.

For information on Prevent Child Abuse America or one of its 43 state chapter affiliates, visit www.preventchildabuse.org.

not cope, and/or lack important parenting skills. Parents in these circumstances are at greater risk of abusing their children. There are ways to reduce the likelihood of abuse by providing parents with social support, respite child care and education they need to be good parents. States can meet these goals through programs that have proven to lead to better results for children and families, such as:

- Provide instruction and support, often through home visits, to families of newborns;
- Offer parenting instruction and support for parents as their children move through different developmental stages;
- Instruct both children and adults how to recognize and respond to the risks of child sexual abuse;
- Expand community supports for families to provide needed help and reduce isolation;
- Expand public awareness of how individuals, community agencies, and public institutions can all help make children safer and families stronger; and
- Offer support programs that bring research-based interventions to prevention through family support.

The logic of this position is well understood and accepted. How to accomplish it in an environment of budget restraint, limited tax increases and ever-increasing budgetary demands is the real challenge. The answer is neither simple nor universal. Each state must start this process by deciding on a common vision for healthy and safe child development. Once that position has been established through an inclusive public policy process, all subsequent enabling statutes, administrative codes and agency policies must support that position.

There must be a clear timetable for change measured by both the governor and legislature so progress toward the common vision can be measured. States must develop leadership and strategies that promote inter-agency policy integration, improved inter-agency information sharing and services that are not focused on funding source, but on desired outcome.

As the public policy is developed, the prevention of child maltreatment must be made a part of every decision on child well-being, not apart from those decisions. A fiscal policy that supports and promotes the public policy must then be developed. Public policy is often dictated by a fiscal policy that focuses on the amount of money to be spent and accepts the past practices of how that money has been spent.

Prevention cannot be understood as a program that fits nicely as a line item in a budget. It is a public policy position that focuses and integrates practices and procedures in all government agencies, regardless of those agencies’ primary purpose and mission. In this context, even departments of work force development, education and public safety can join with the state agency assigned to take the lead in order to support and promote this important public policy.

Using the collective knowledge of government officials, community agencies and families themselves, logical, common sense approaches to prevention can be developed that bring about a shift in funding from “back end” intervention services to “front end” or preventive services.

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