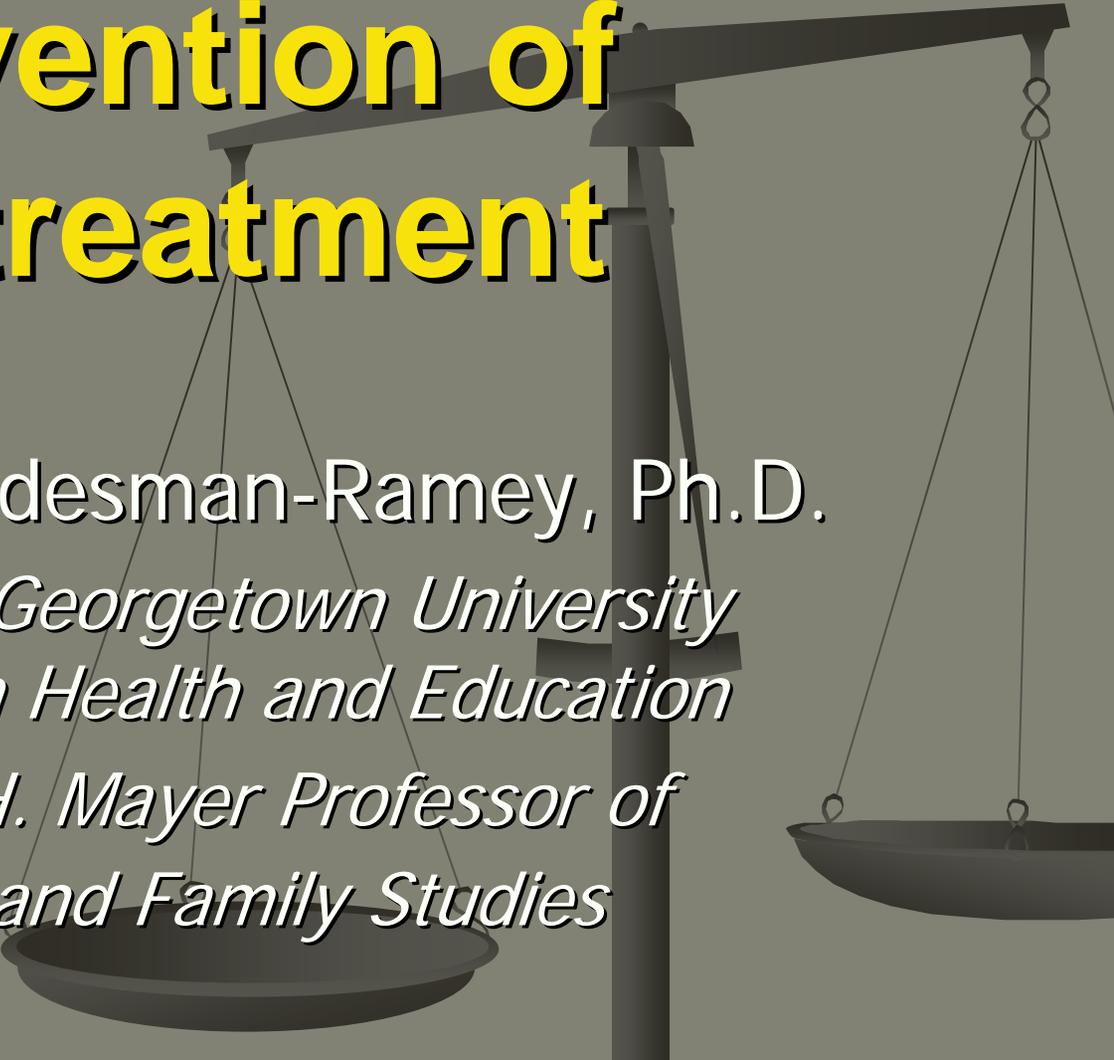


Thinking Afresh about Prevention of Maltreatment



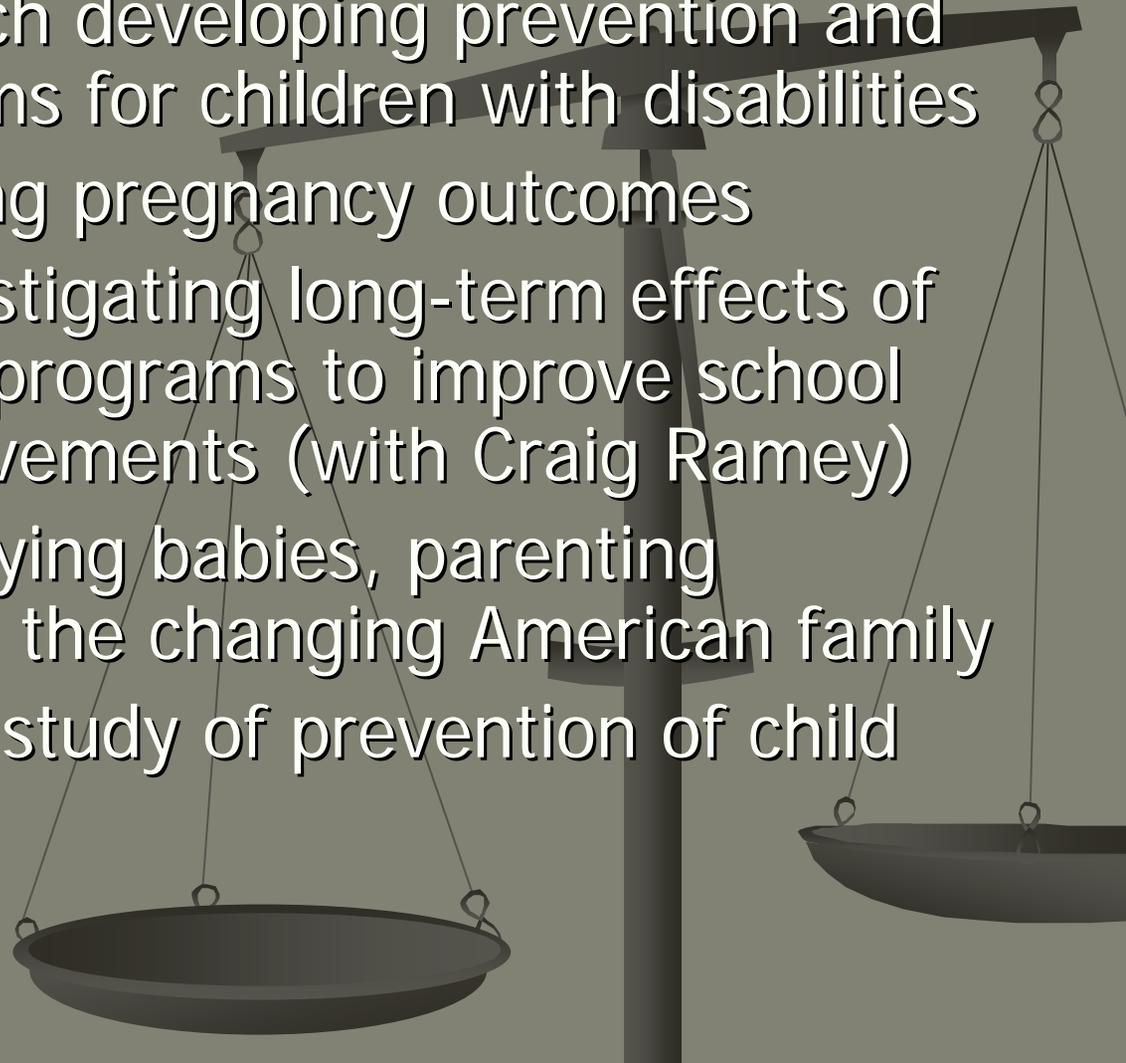
Sharon Landesman-Ramey, Ph.D.

*Director, Georgetown University
Center on Health and Education*

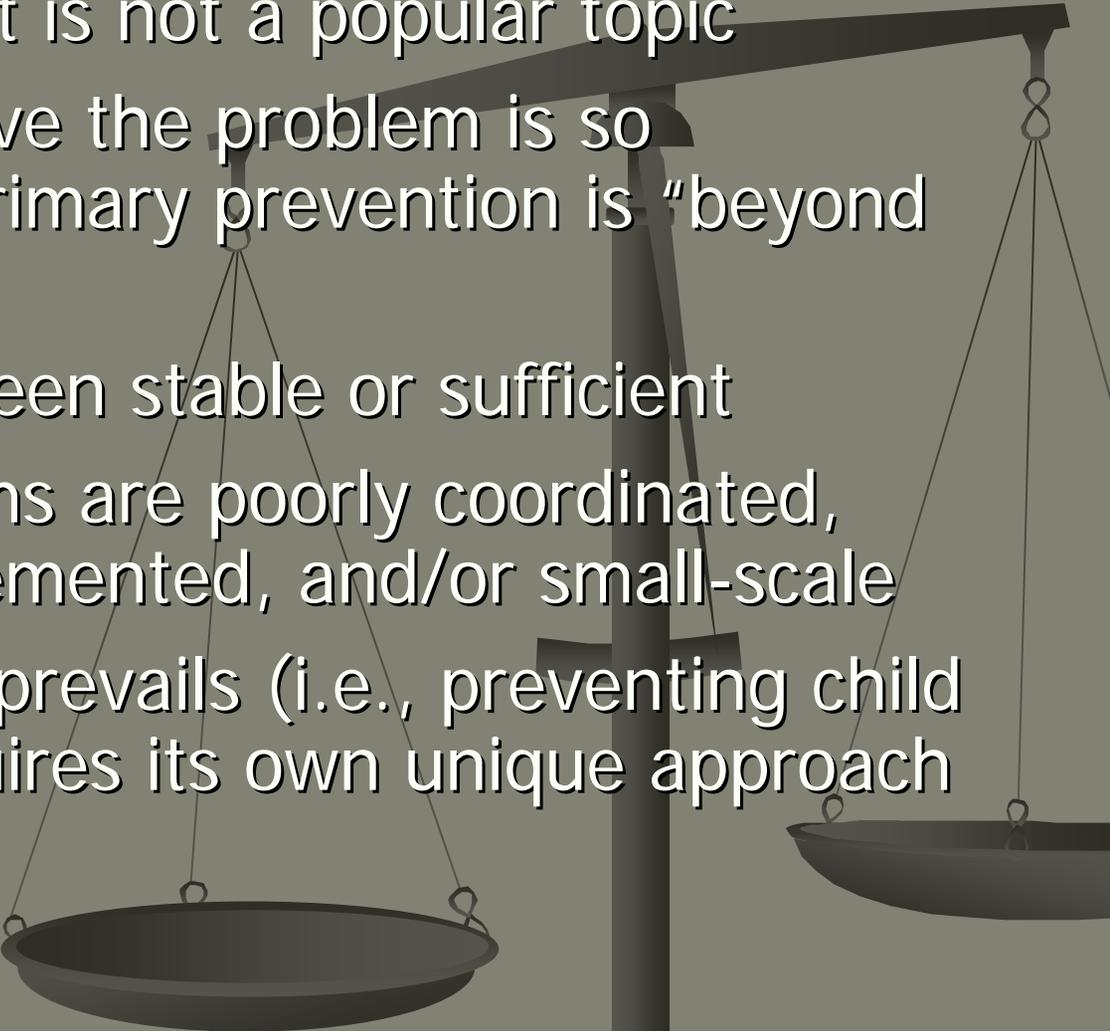
*Susan H. Mayer Professor of
Child and Family Studies*

My perspectives on prevention of child maltreatment are grounded in

- 30+ yrs of research developing prevention and treatment programs for children with disabilities
- 30+ yrs of studying pregnancy outcomes
- 20+ years of investigating long-term effects of early educational programs to improve school and lifelong achievements (with Craig Ramey)
- 30+ years of studying babies, parenting interventions, and the changing American family
- 10 years of direct study of prevention of child neglect

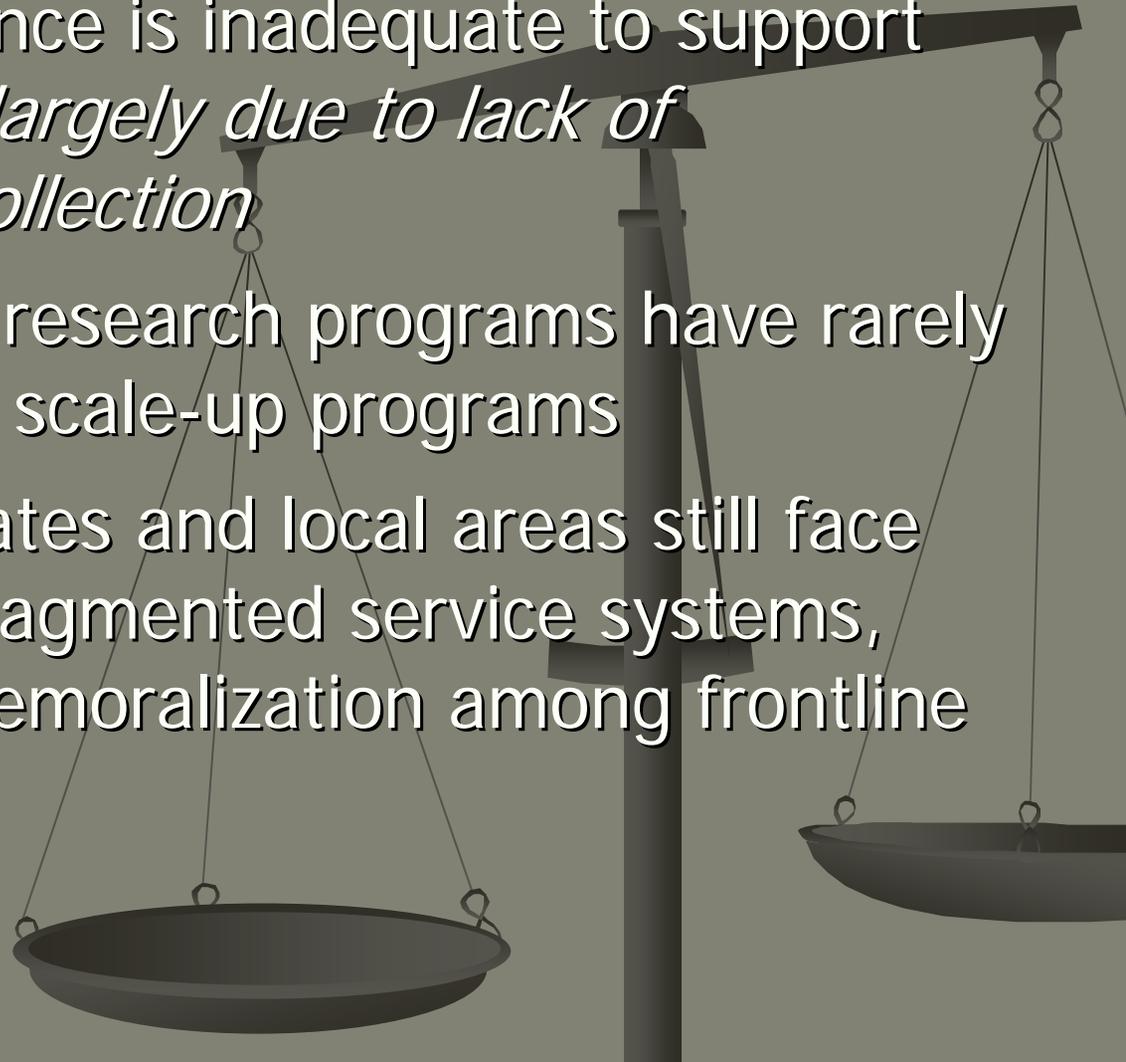


The case for innovation NOW

- Child maltreatment is not a popular topic
 - Many people believe the problem is so entrenched that primary prevention is “beyond reach”
 - Funding has not been stable or sufficient
 - Too many programs are poorly coordinated, incompletely implemented, and/or small-scale
 - Silo mentality still prevails (i.e., preventing child maltreatment requires its own unique approach and programs)
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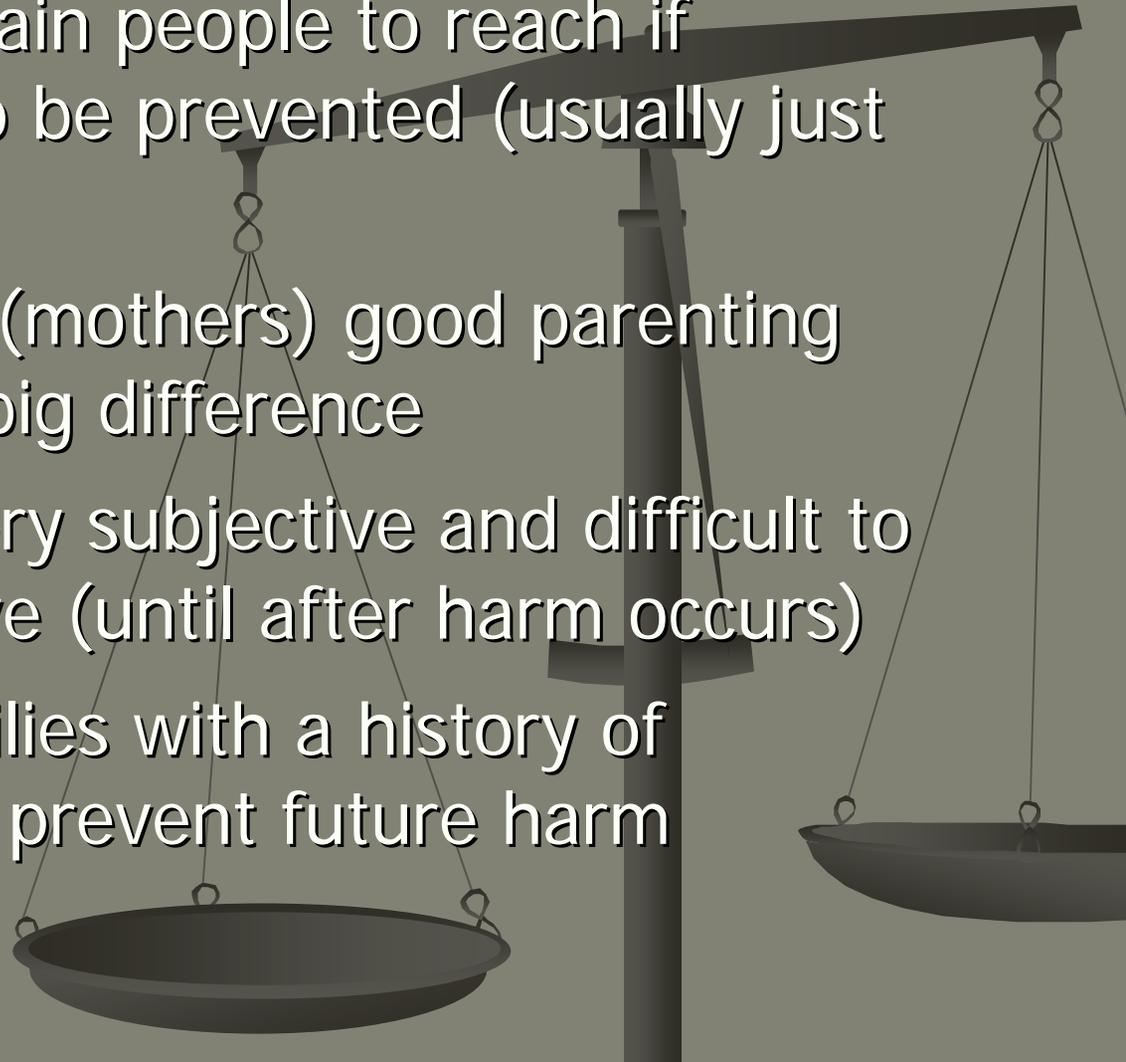
How Well do Prevention Efforts Work ?

- Nationwide, evidence is inadequate to support firm conclusions, *largely due to lack of systematic data collection*
- The few “proven” research programs have rarely been replicated in scale-up programs
- Typically, most states and local areas still face major backlogs, fragmented service systems, and widespread demoralization among frontline workers



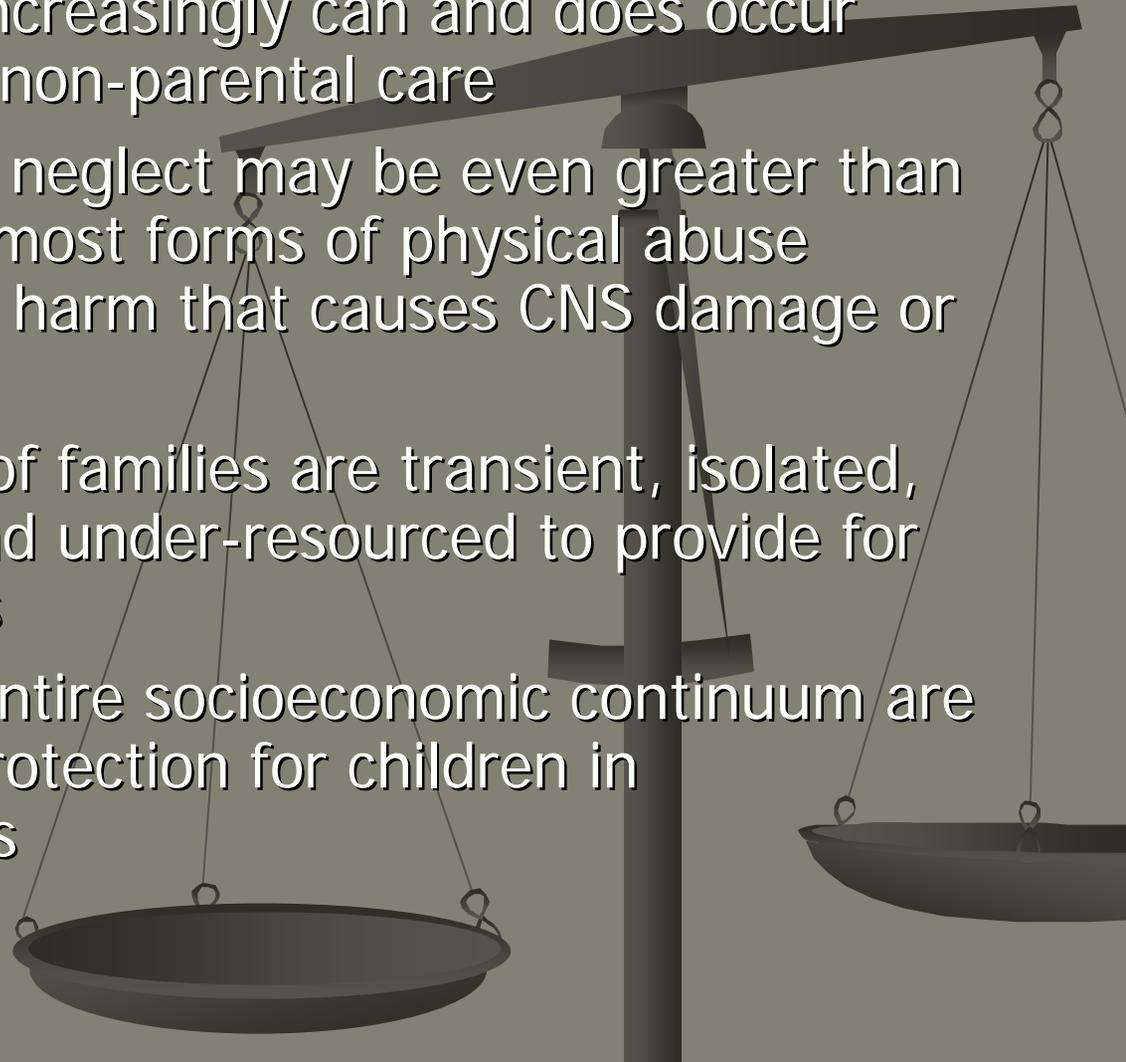
Traditional Assumptions

- Parents are the main people to reach if maltreatment is to be prevented (usually just mothers)
- Teaching parents (mothers) good parenting skills will make a big difference
- Child neglect is very subjective and difficult to prevent or to prove (until after harm occurs)
- Working with families with a history of maltreatment can prevent future harm

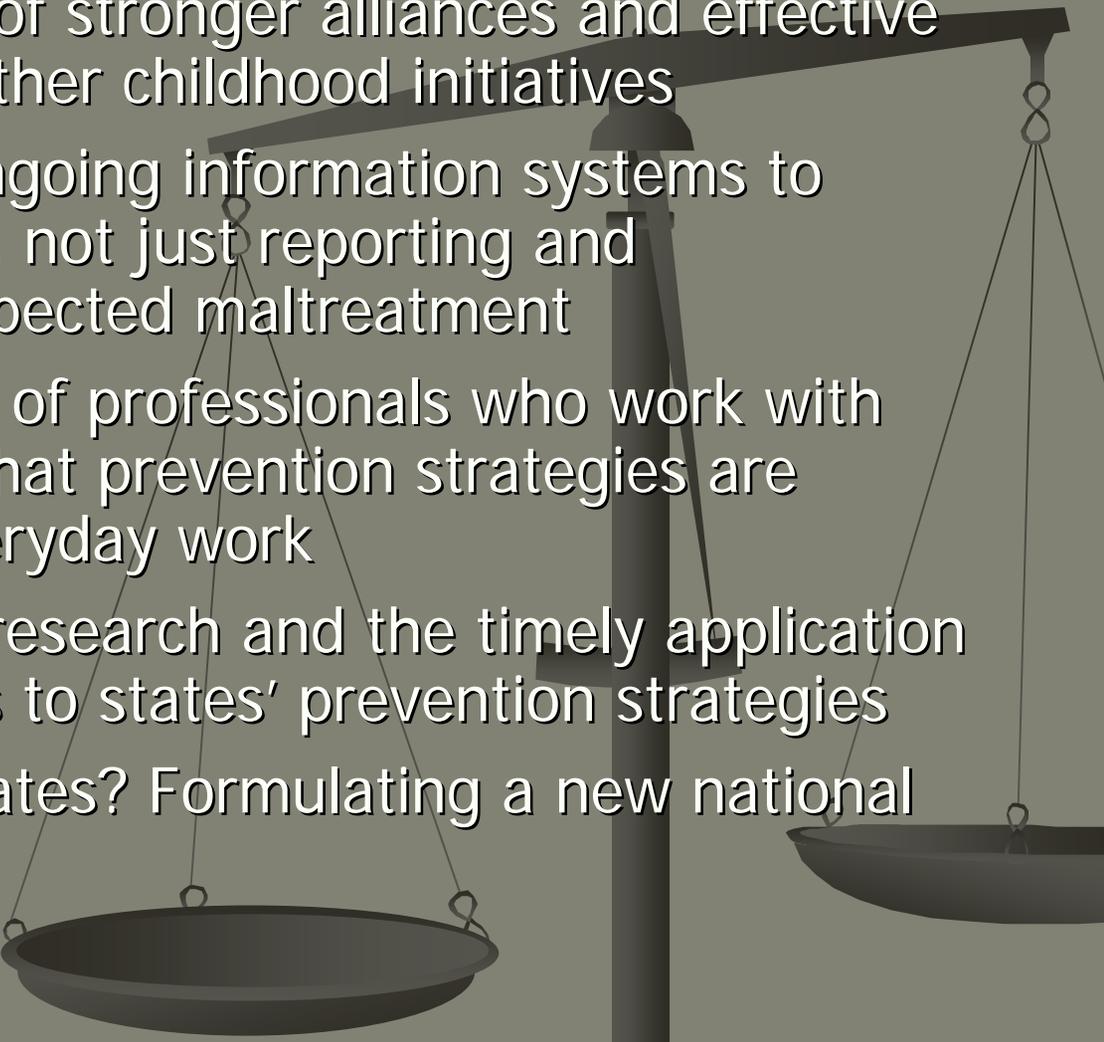


New perspectives to consider

- Child maltreatment increasingly can and does occur when children are in non-parental care
- Lifelong harm due to neglect may be even greater than that associated with most forms of physical abuse (exceptions: physical harm that causes CNS damage or death)
- Increasing numbers of families are transient, isolated, victims of trauma, and under-resourced to provide for their children's needs
- Children across the entire socioeconomic continuum are vulnerable yet less protection for children in “advantaged” families

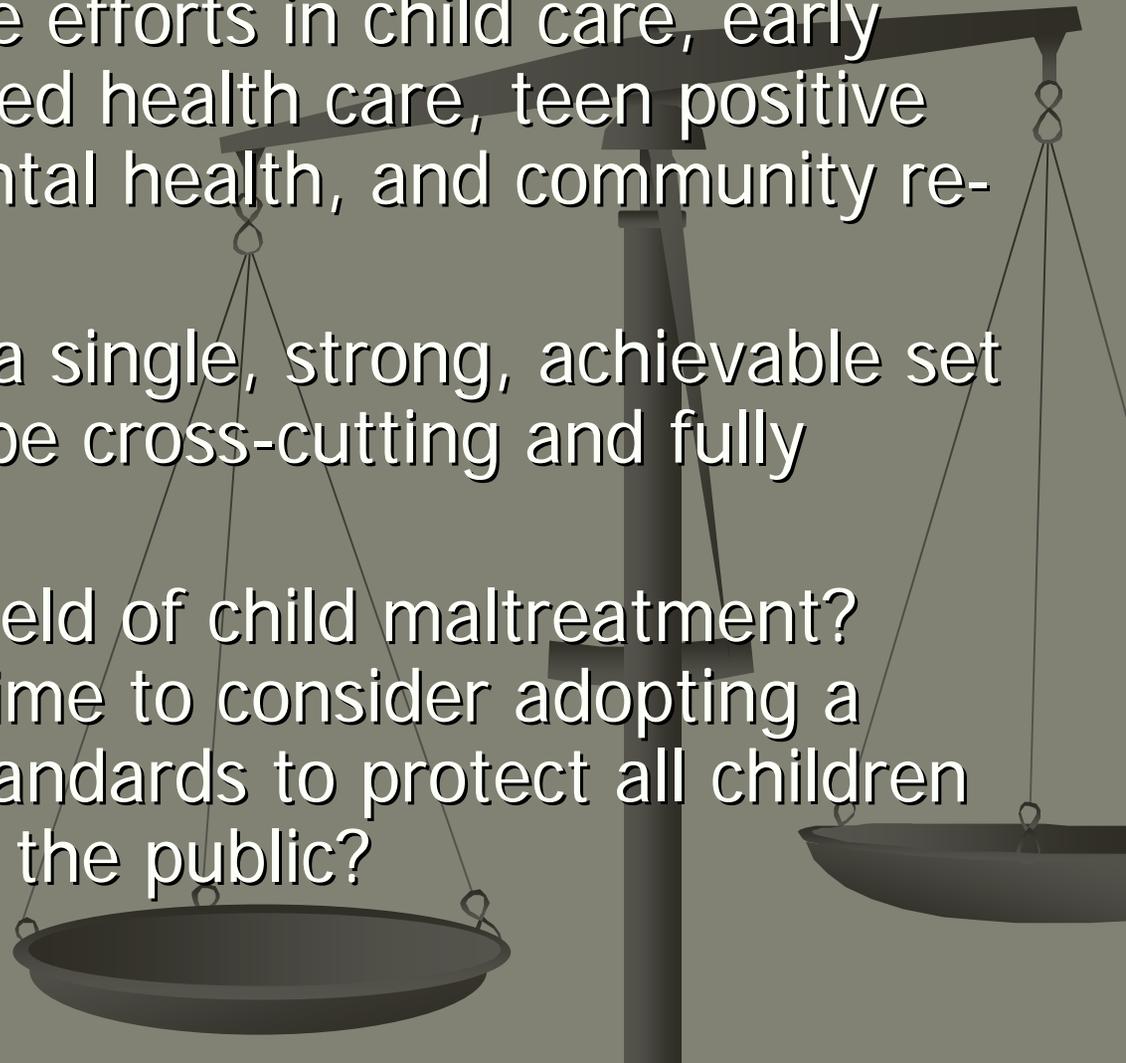


Five Ideas for Fresh Thinking

1. Consider the value of stronger alliances and effective partnerships with other childhood initiatives
 2. Develop reliable, ongoing information systems to address prevention, not just reporting and confirmation of suspected maltreatment
 3. Review preparation of professionals who work with young children so that prevention strategies are integral to their everyday work
 4. Support expanded research and the timely application of research findings to states' prevention strategies
 5. Who are the advocates? Formulating a new national children's agenda
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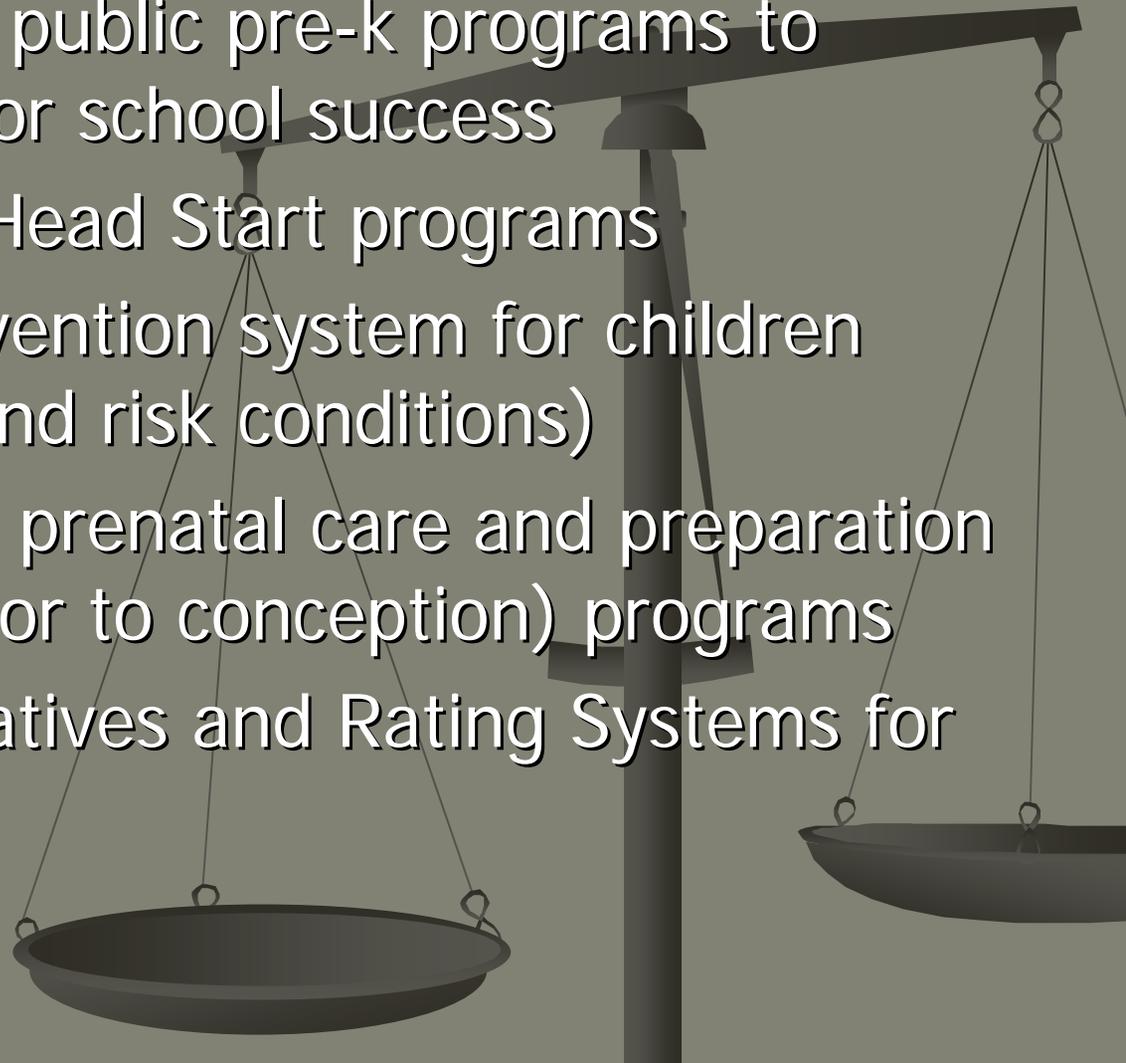
1. New alliances and partnerships

- Strategically infuse efforts in child care, early education, improved health care, teen positive development, mental health, and community rebuilding
- Consider framing a single, strong, achievable set of goals that can be cross-cutting and fully supported
- Who “owns” the field of child maltreatment? Prevention? Is it time to consider adopting a universal set of standards to protect all children and widely inform the public?



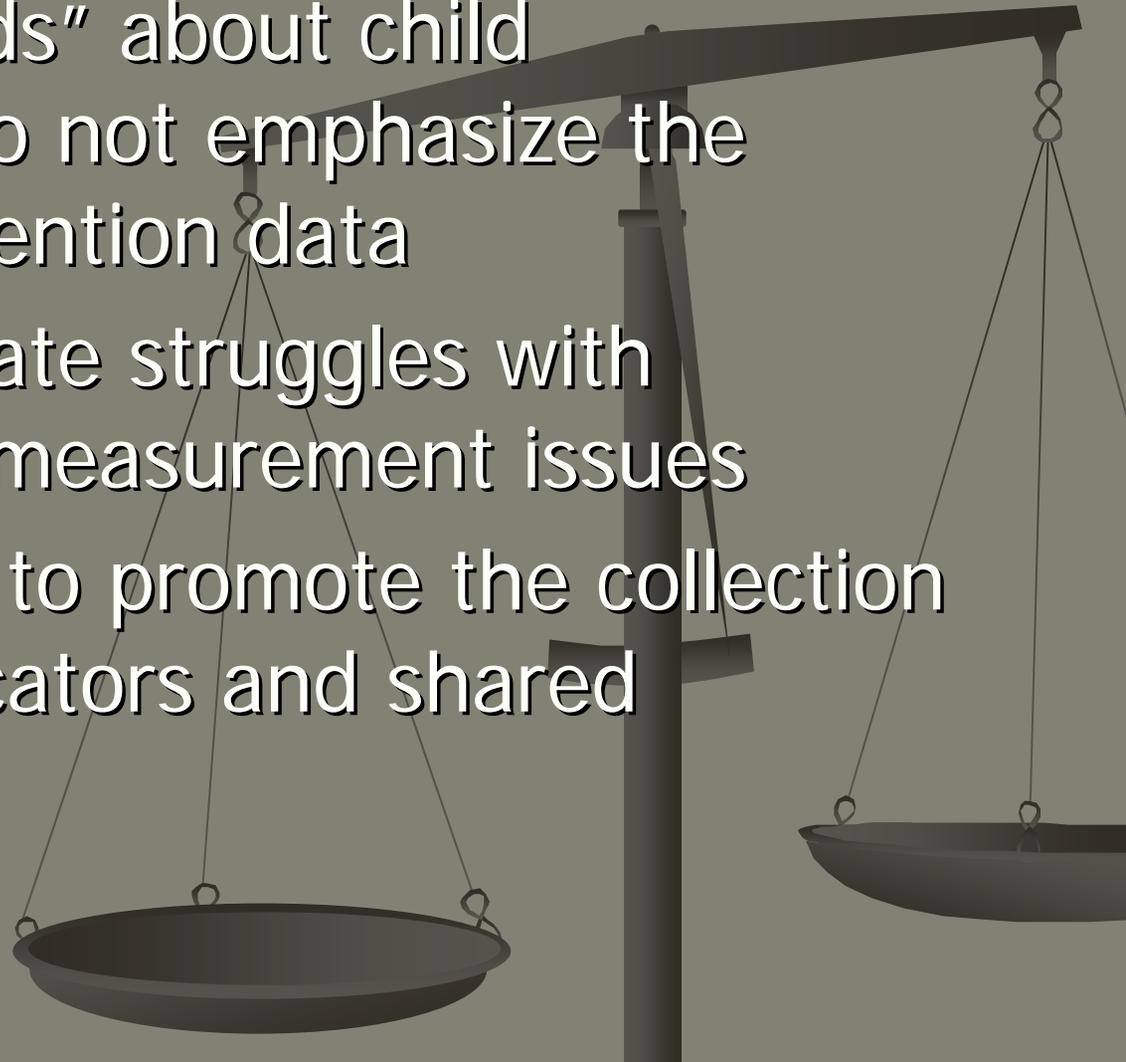
Major child investment initiatives

- Vast expansion of public pre-k programs to prepare children for school success
- Increase in Early Head Start programs
- IDEA's early intervention system for children with disabilities (and risk conditions)
- Efforts to improve prenatal care and preparation for pregnancy (prior to conception) programs
- State Quality Initiatives and Rating Systems for child care



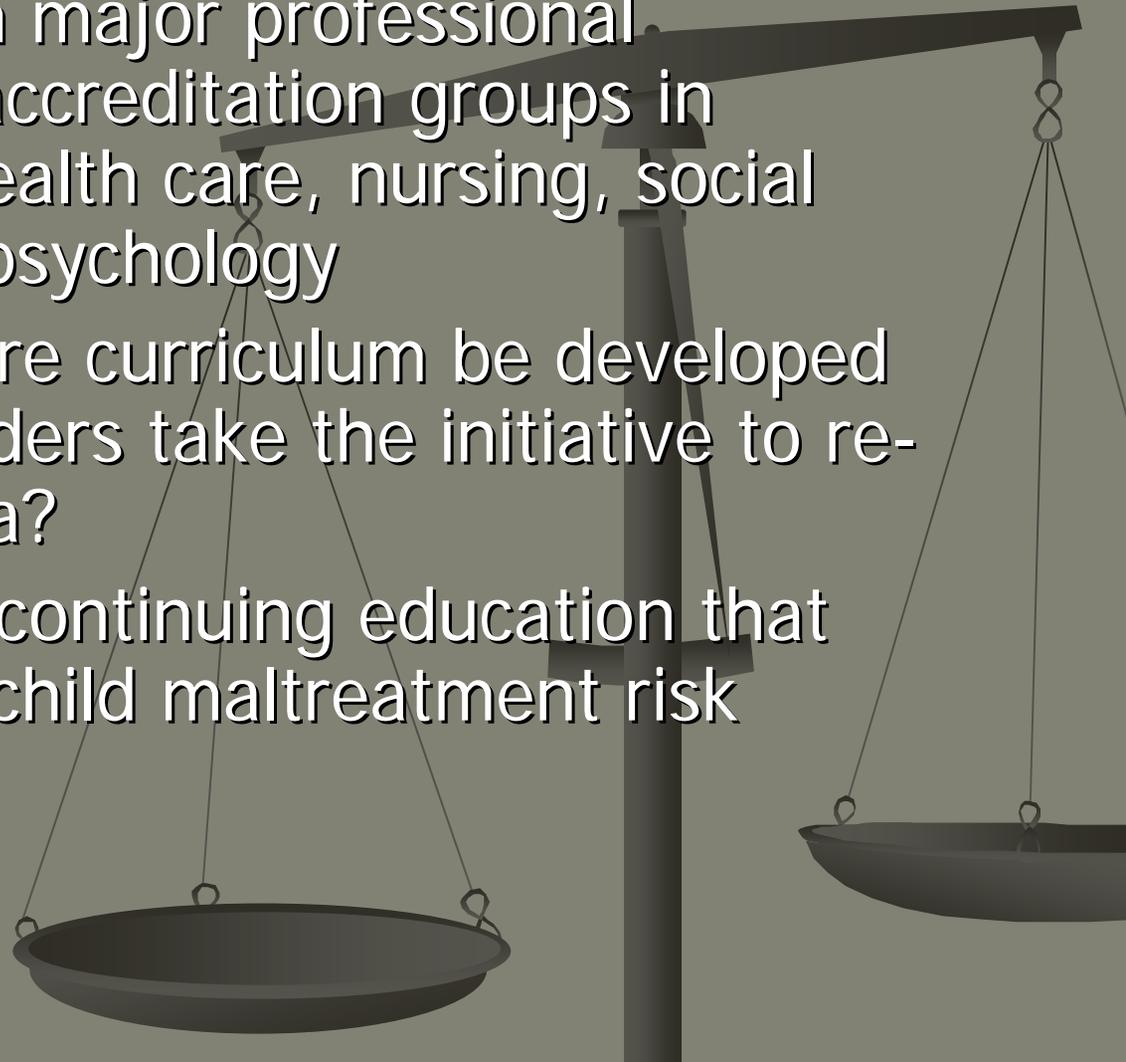
2. Create useful information systems

- Our “report cards” about child maltreatment do not emphasize the positive or prevention data
- Almost every state struggles with definitions and measurement issues
- The field needs to promote the collection of relevant indicators and shared databases



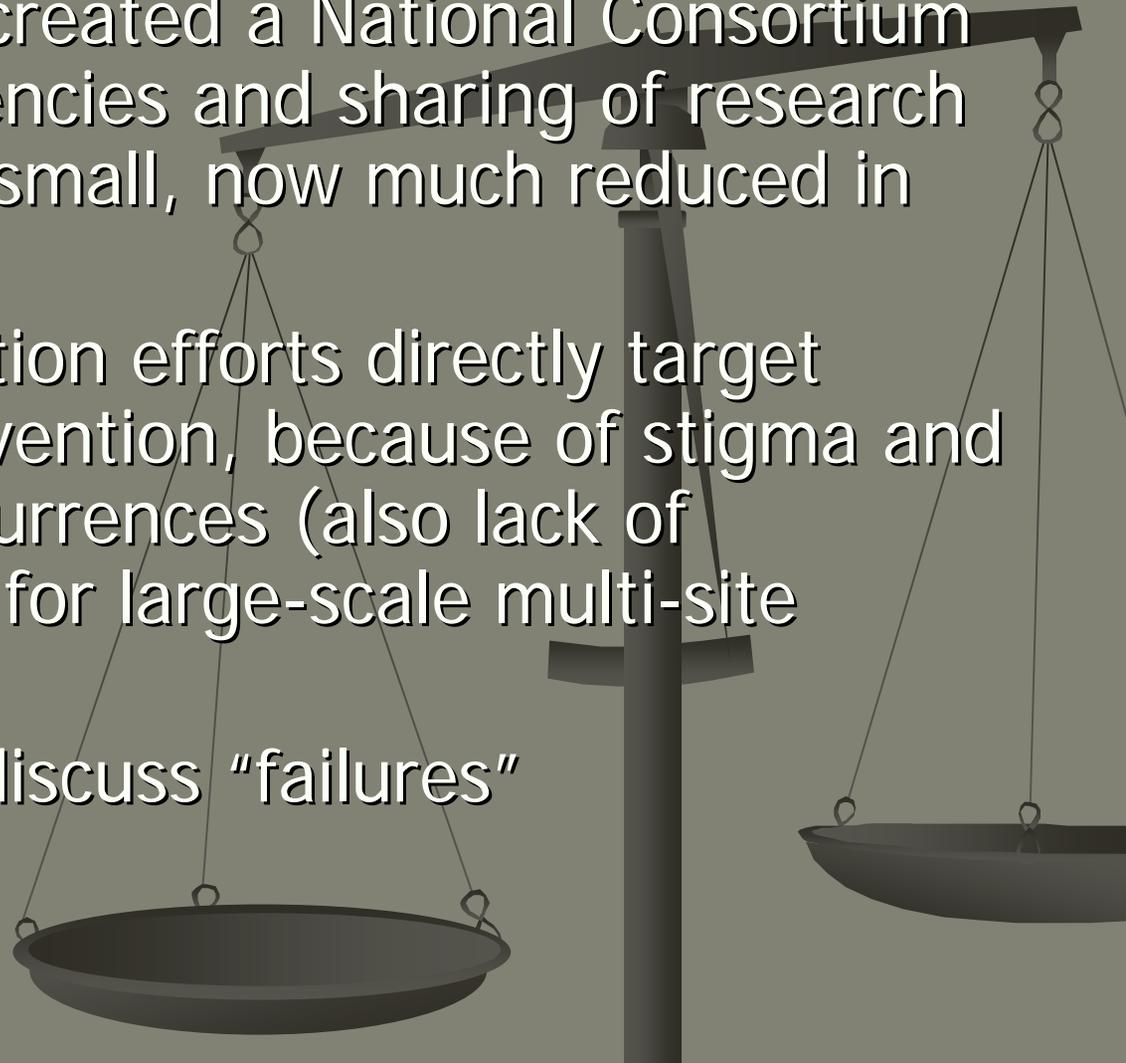
3. Professional Training: Pre-service and In-Service

- Need to work with major professional associations and accreditation groups in medicine, allied health care, nursing, social work, education, psychology
- Can a common core curriculum be developed and university leaders take the initiative to reformulate curricula?
- Requirements for continuing education that explicitly address child maltreatment risk reduction

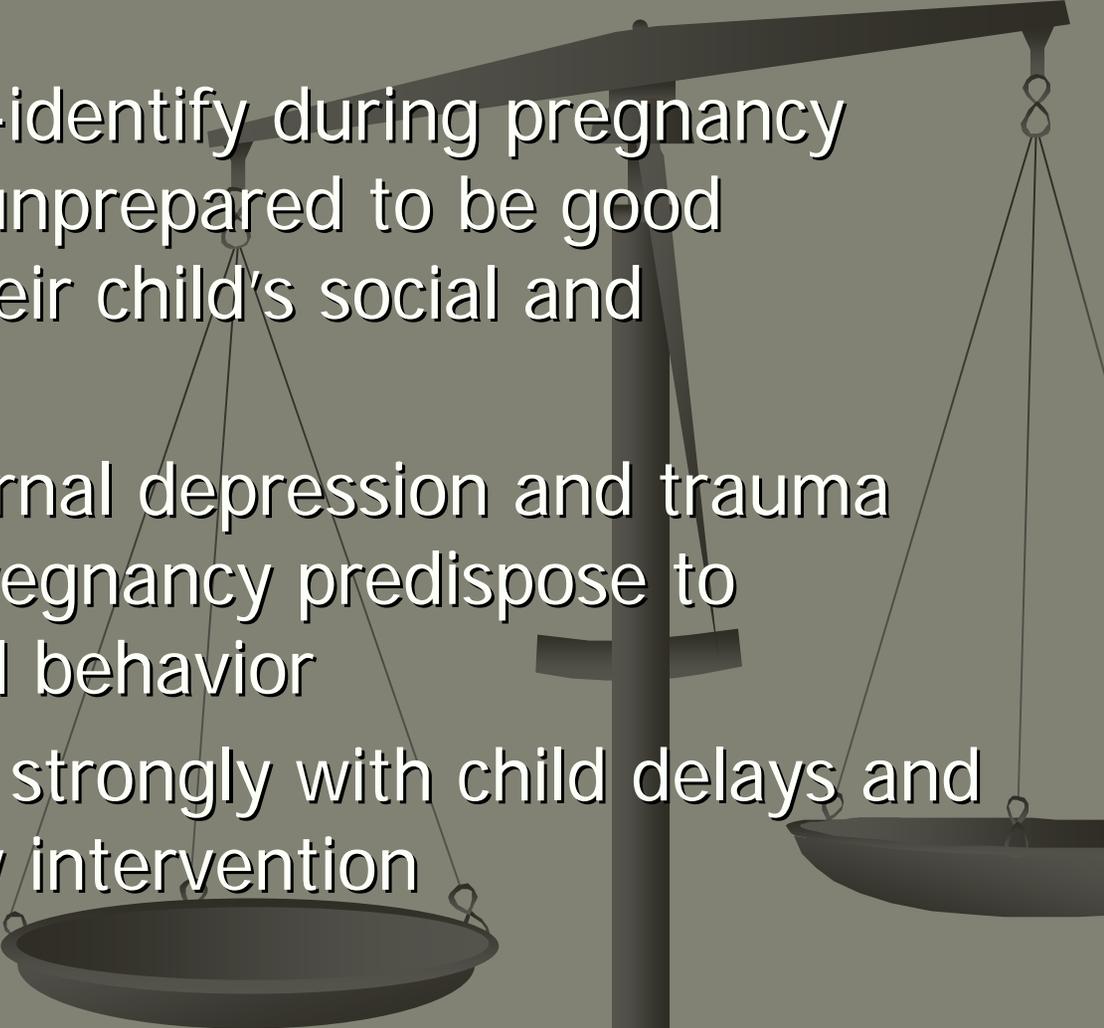


4. Expand research and use of research findings

- NIH-led initiative created a National Consortium across federal agencies and sharing of research results (relatively small, now much reduced in scope)
- Very few intervention efforts directly target maltreatment prevention, because of stigma and relatively rare occurrences (also lack of adequate funding for large-scale multi-site initiative)
- No one wants to discuss “failures”

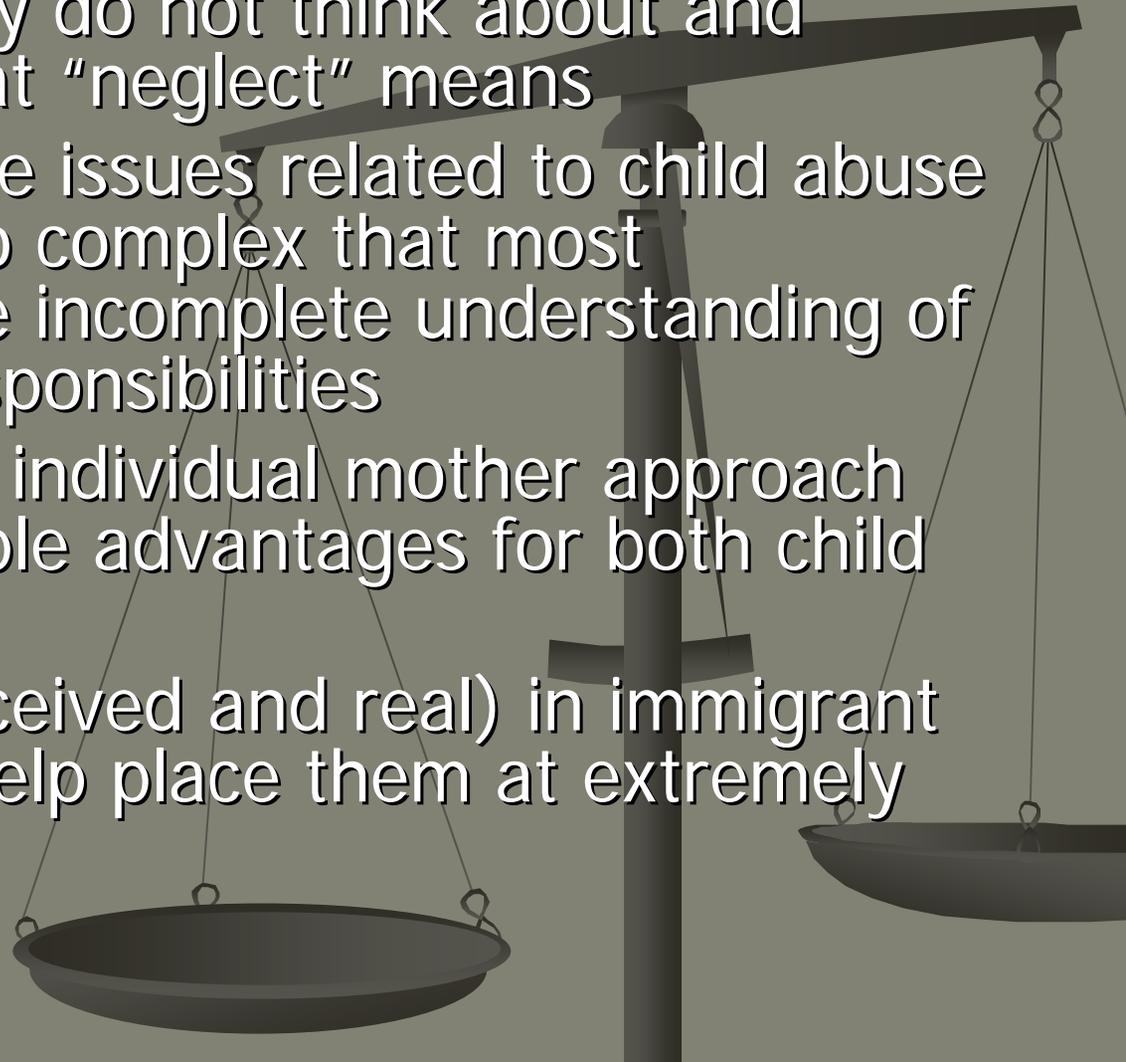


Examples of new research findings from our National Centers for the Prevention of Neglect

- Many mothers self-identify during pregnancy that they are feel unprepared to be good parents to meet their child's social and emotional needs
 - High rates of maternal depression and trauma exposure during pregnancy predispose to maternal neglectful behavior
 - Neglect associated strongly with child delays and need for later early intervention
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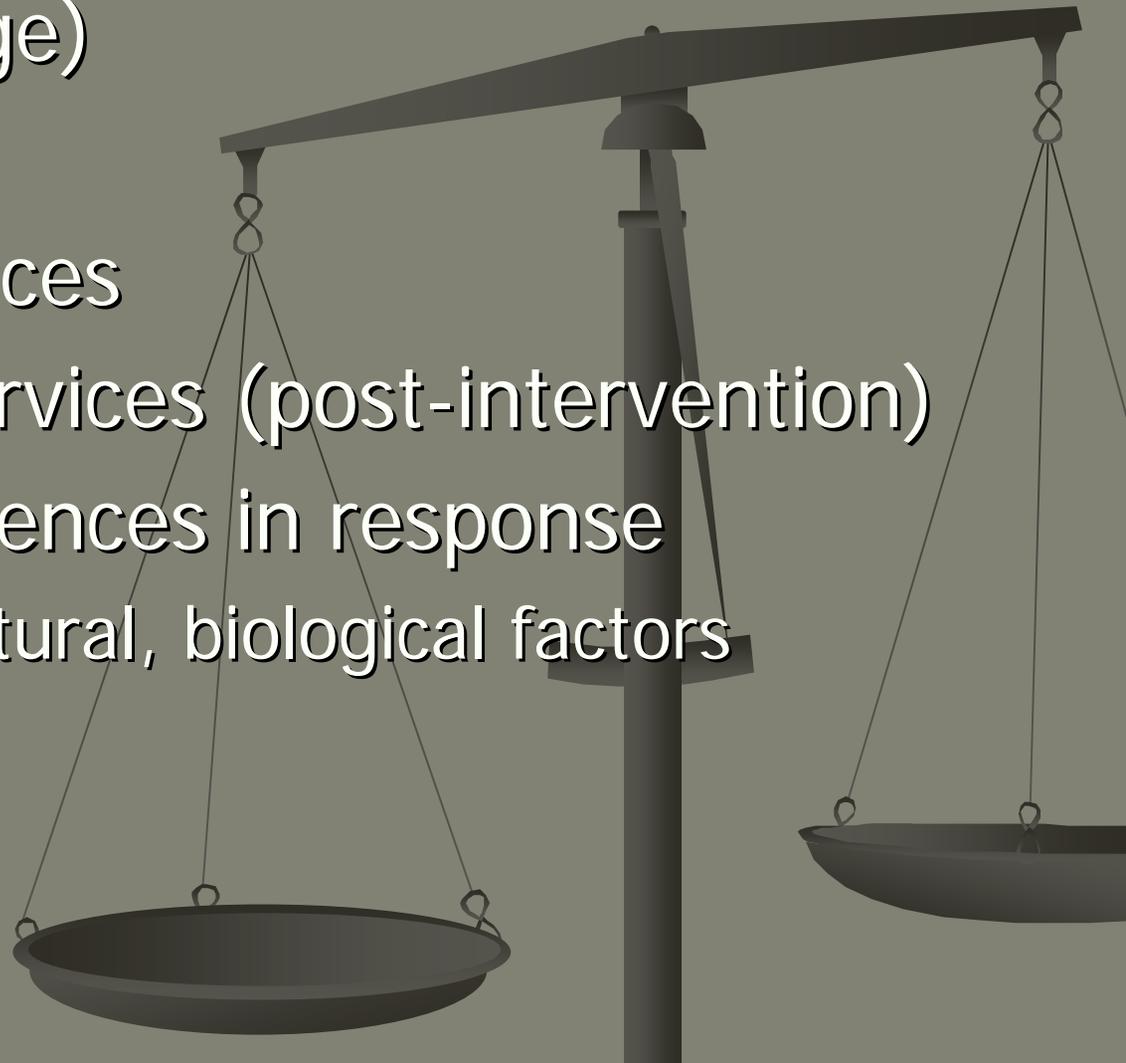
Continued examples of research findings that can be “used”

- Most parents really do not think about and cannot define what “neglect” means
- The legal and state issues related to child abuse and neglect are so complex that most professionals have incomplete understanding of their roles and responsibilities
- Going beyond the individual mother approach can provide multiple advantages for both child and family unit
- Complexities (perceived and real) in immigrant families seeking help place them at extremely high risk



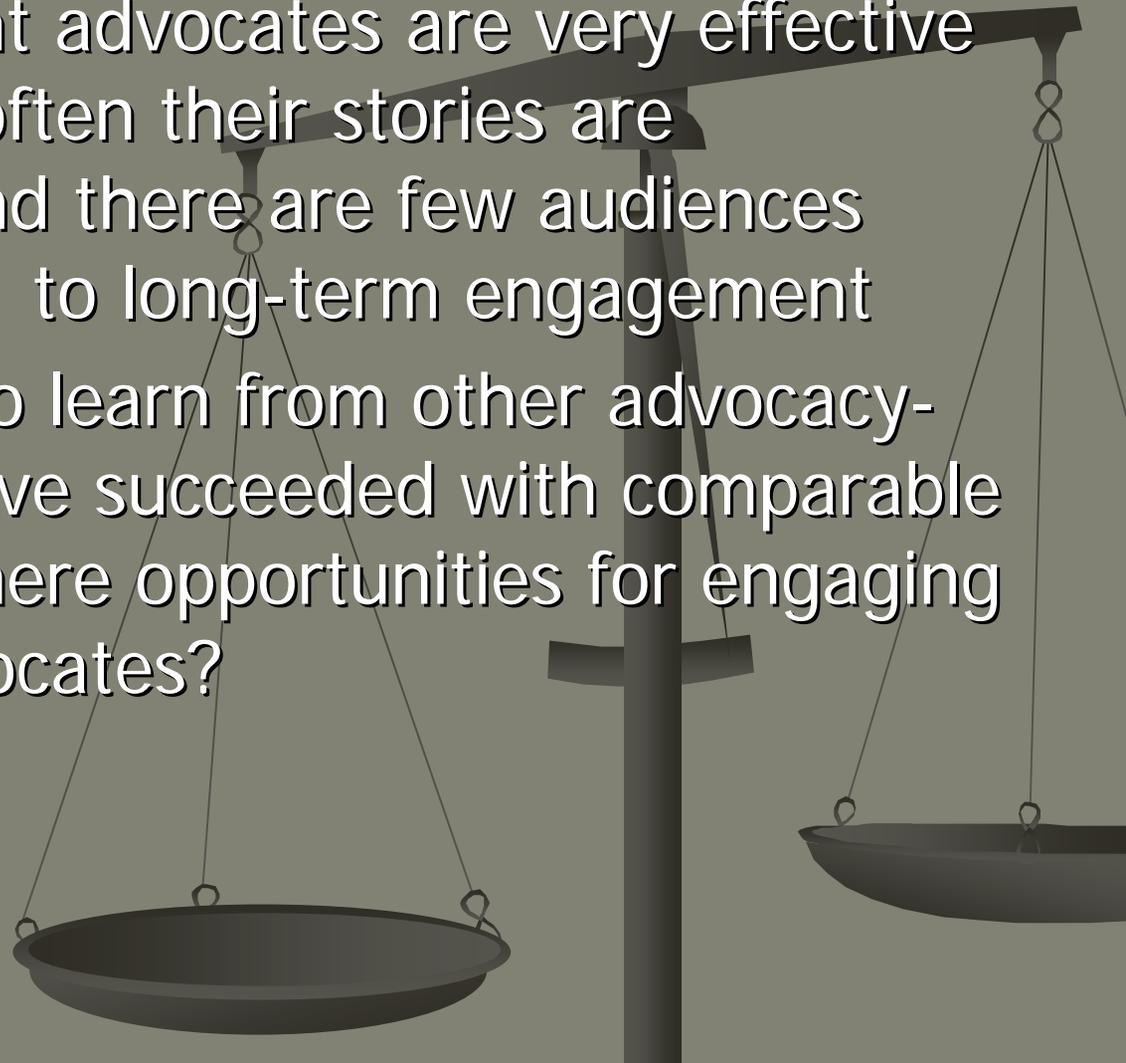
Principles of Effective Early Intervention

- Intensity (dosage)
- Timing
- Breadth of services
- Continuity of services (post-intervention)
- Individual differences in response
 - Life history, cultural, biological factors



5. Advocacy? Where, Who, How, and What?

- Child maltreatment advocates are very effective and moving, but often their stories are unbearably sad and there are few audiences that are receptive to long-term engagement
- Is the time right to learn from other advocacy-led efforts that have succeeded with comparable challenges? Are there opportunities for engaging the disparate advocates?



Open discussion

