

Primary Prevention of Child Maltreatment

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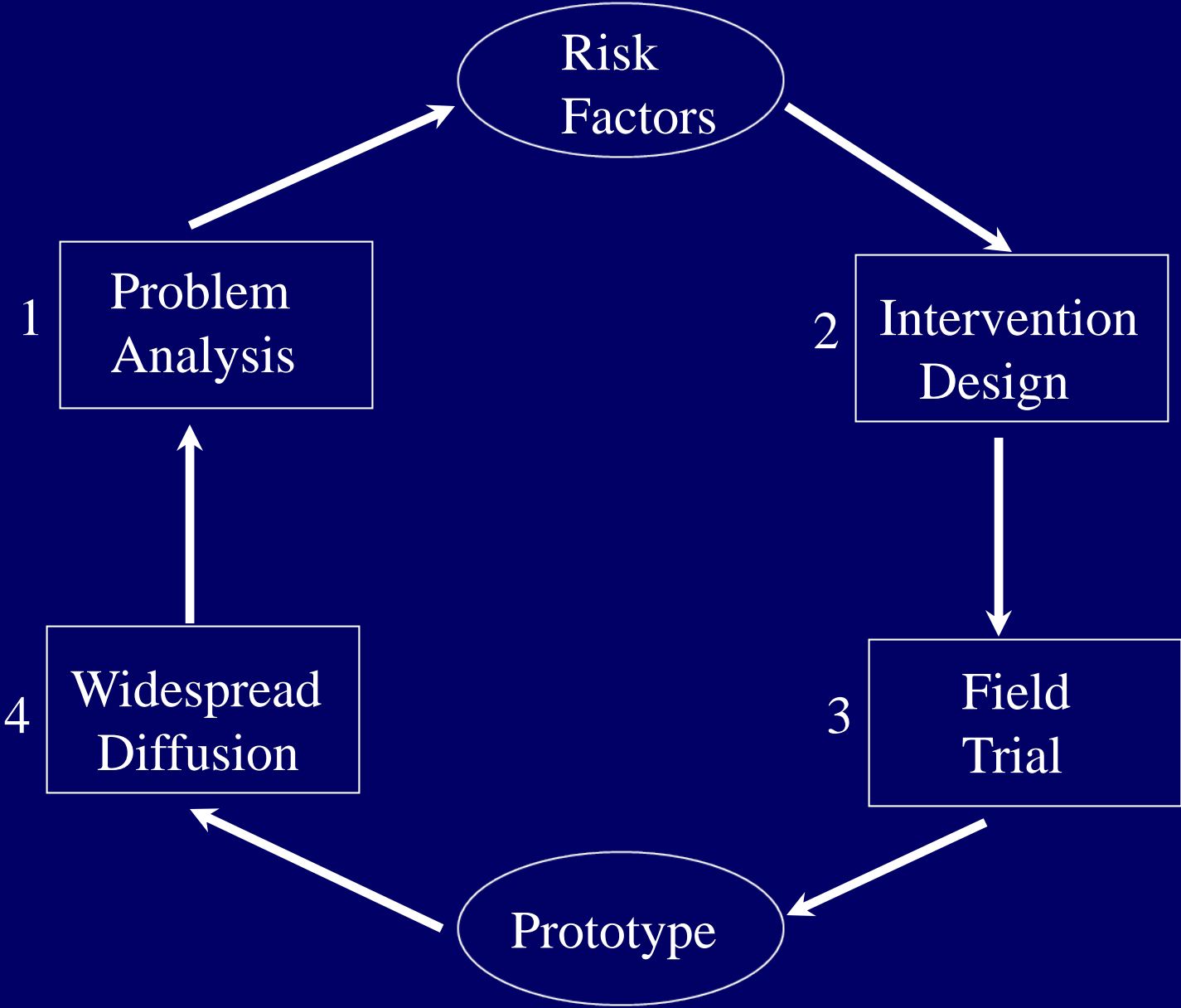
Targets of Preventive Interventions

- **Parent (e.g. beliefs, expectations, unhealthy lifestyles)**
- **Child (e.g. skills)**
- **Family (e.g. partner violence; economic stressors)**
- **Community (e.g. surveillance; systems of care)**

Types of Preventive Interventions

- **Home visitation programs**
- **Parent-training programs**
- **School-based programs**
- **Shaken-baby prevention programs**
- **Enhanced pediatric care**
- **Community-level interventions**

FOUR PHASES OF PREVENTION RESEARCH



Sources of Information on Effective Child Maltreatment Prevention Interventions

- **Primary research articles reporting evaluations of individual programs**
- **Review articles/reports (e.g. recent Lancet series; Cochrane reviews; Bilukha, et. al, 2005)**
- **Meta-analyses (e.g. Geeraert et al., 2004; Sweet & Appelbaum, 2004)**
- **Lists or registries reporting “effective” programs (e.g. CA Evidence-Based Clearinghouse for Child Welfare; Blueprints for Violence Prevention; CDC Community Guide)**

Evidence for Effective Prevention Programs

- **Home visitation programs: mixed evidence – best for NFP and Early Start, but see some HFA results for neglect**
- **Parent-training programs: some promising results with Triple-P with small RCT**
- **School-based programs: mainly SA – increases in knowledge – but unknown if they prevent SA events**
- **Shaken-baby prevention programs: some promising findings from recent trials (hospital + community focus)**

Evidence for Effective Prevention (cont.)

- **Enhanced pediatric care: increasing physician skills**
– some modest initial results – needs more testing
- **Community-level interventions: Triple-P trial in U.S.**
shows some positive outcomes

Lessons and Gaps

- **More clarity on what you are trying to impact and what features of the intervention are critical to outcomes**
- **Best targets for prevention: risk/protective factors that are prevalent, have the strongest association with maltreatment, and shown to be modifiable**
- **Family and community context are important**
- **Pay attention to co-morbid conditions: e.g. substance use, domestic violence, depression**

Lessons and Gaps (cont.)

- **Begin early - special focus on first-time parents and young children**
- **Quality of relationship with person delivering the intervention is key**
- **Meet the standards of evidence set for the prevention science field more generally**
- **Many interventions implemented and evaluated too early**

Lessons and Gaps (cont.)

- **Don't overinterpret "promising" to mean that sufficient evidence exists**
- **More research and infrastructure support needed to move from research to implementation**