

Future of Child Protection

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CAN Movement Accomplishments

- Epidemiology
- Impact
- Trained professionals
- Empowered victims
- Reduced Stigma and ignorance

- Where to next???

Future vision

- build and test prevention infrastructure
- multi-component and multi-objective
- reasonable cost
- easily adopted by
 - pediatricians
 - schools systems.

The Framework Approaches

- Children's Rights
- Neurobiology
- Adverse Childhood Experiences
- Econometric Impact

Where are we?

- People lack awareness that child maltreatment is a serious, widespread, expensive problem that causes harm [Old obstacle]
- People lack confidence that we know how to prevent child maltreatment at a reasonable cost, in a way that integrates into our institutions [Current obstacle]

Where are we?

- Advocacy phase
 - vs
- Efficacy phase

Prevention Skill Sets (examples)

- Managing colicky child
- Parental anger management
- Preventing sibling bullying
- Preventing youth sexual experimentation on younger children
- Help seeking for parental depression
- How to prevent caregiver sexual abuse

The Competitive Context

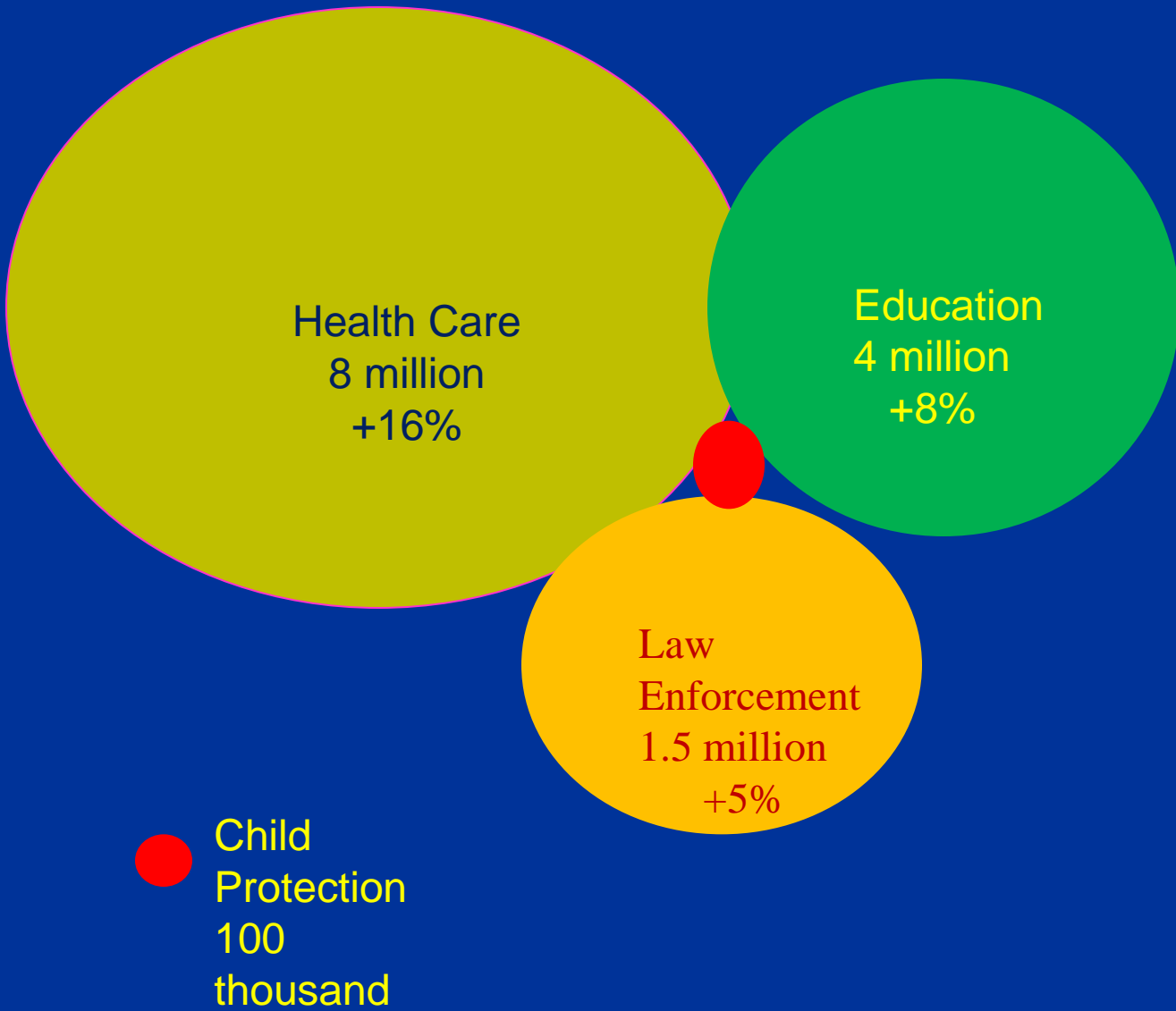
- Early childhood development
- Preschool education
- Nutrition education
- AIDs prevention
- Smoking prevention
- Drug and alcohol prevention

Landscape Analysis

- 1) what other social problem advocates are natural allies? How do our goals and programs mesh with theirs?
- 2) what else is succeeding in the social policy environment in these allied fields and how we can join?

Potential Allies

- Family planning
- Early childhood development
- Preschool education
- Depression screening and treatment
- AIDS
- Substance abuse prevention
- Dating violence and bullying



Health Care
8 million
+16%

Education
4 million
+8%

Law
Enforcement
1.5 million
+5%

● Child
Protection
100
thousand

Priority Platforms: Pediatric Practices and Schools

- Well-established infrastructure
- Universal
- International
- Trusted and credible
- Empirically oriented
- Proven success in related prevention

Specific Goals

- Build programs to fit schools and pediatric practices
- Respect time and resource constraints
- Coordinate with other advocates
- Envision integrated, comprehensive models
- Adopt developmental approach
- Modularize
- Influence training, especially early professional formation

Pediatric Programming

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Guidance for the Clinician in
Rendering Pediatric Care

Clinical Report—The Pediatrician's Role in Child Maltreatment Prevention

Emalee G. Flaherty, MD, John Stirling Jr, MD, and THE
COMMITTEE ON CHILD ABUSE AND NEGLECT

KEY WORDS

child maltreatment, primary care, prevention

abstract

It is the pediatrician's role to promote the child's well-being and to help

FREE

Flaherty, Emalee G., and John Stirling. "The pediatrician's role in child maltreatment prevention." *Pediatrics* 126.4 (2010): 833-841.

Preventing Child Abuse: A Meta-Analysis of 23 Parent Training Programs

- Clear preventive effect ($d=.45-.60$)
- *“inclusion of home visitors and conducting parent training in both a home and office setting significantly enhanced the effectiveness. In addition, inclusion of a behavioral component and delivering some of the parent training in an individual setting, as opposed to group only, enhanced outcomes significantly.”*

PREVENTION AND EARLY DETECTION

The *SEEK* Model of Pediatric Primary Care: Can Child Maltreatment Be Prevented in a Low-Risk Population?

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ABSTRACT

OBJECTIVE: To examine the effectiveness of the Safe Environment for Every Kid (*SEEK*) model of enhanced pediatric primary care to help reduce child maltreatment in a relatively low-risk population.

METHODS: A total of 18 pediatric practices were assigned to intervention or control groups, and 1119 mothers of children ages 0 to 5 years were recruited to help evaluate *SEEK* by completing assessments initially and after 6 and 12 months. Children's medical records and Child Protective Services data were reviewed. The *SEEK* model included training health professionals to address targeted risk factors (eg, maternal depression), the Parent Screening Questionnaire, parent handouts, and a social worker. Maltreatment was assessed 3 ways: 1) maternal self-report, 2) chil-

CI -0.24 , -0.002 , $P = .047$). Similarly, *SEEK* mothers reported fewer Minor Physical Assaults than controls (initial effect size = -0.16 , 95% CI -0.29 , -0.03 , $P = .019$; 12-month effect size = -0.14 , 95% CI -0.28 , -0.005 , $P = .043$). There were trends in the same positive direction at 6 months, albeit not statistically significant. There were few instances of maltreatment documented in the medical records and few Child Protective Services reports.

CONCLUSIONS: The *SEEK* model was associated with reduced maternal Psychological Aggression and Minor Physical Assaults. Although such experiences may not be reported to protective services, ample evidence indicates their potential harm. *SEEK* offers a promising and practical enhancement of

Dubowitz, Howard, et al. "The seek model of pediatric primary care: Can child maltreatment be prevented in a low-risk population?." *Academic pediatrics* 12.4 (2012): 259-268.

SEEK

- Social worker or pediatrician
- Multicomponent
 - Maternal depression
 - Substance abuse
 - Domestic violence
 - Food insecurity
 - Harsh parenting
- Handouts, electronic modules

Parenting Critical Periods

- Post-partum
- Oppositional, defiant
- Starting school
- Entering adolescence

School Programs: Socio-emotional and Interpersonal Skills

- 213 school based programs, meta-analysis
- increased prosocial behaviors and reduced conduct and internalizing problems
- 11-percentile gain in academic achievement

Durlak, Joseph A., et al. "The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions." *Child development* 82.1 (2011): 405-432.

School Programs Reduce Abuse and Violence

- ✓ 44 high quality program evaluations, including 17 randomized experiments
- ✓ “On average, bullying decreased by 20% – 23% and victimization decreased by 17% – 20%.”

David P. Farrington, Maria M. Ttofi, School-Based Programs to Reduce Bullying and Victimization
Campbell Systematic Reviews 2009

Published in final edited form as:

Am J Psychiatry. 2015 January ; 172(1): 59–70. doi:10.1176/appi.ajp.2014.13060786.

Impact of Early Intervention on Psychopathology, Crime, and Well-Being at Age 25

Conduct Problems Prevention Research Group

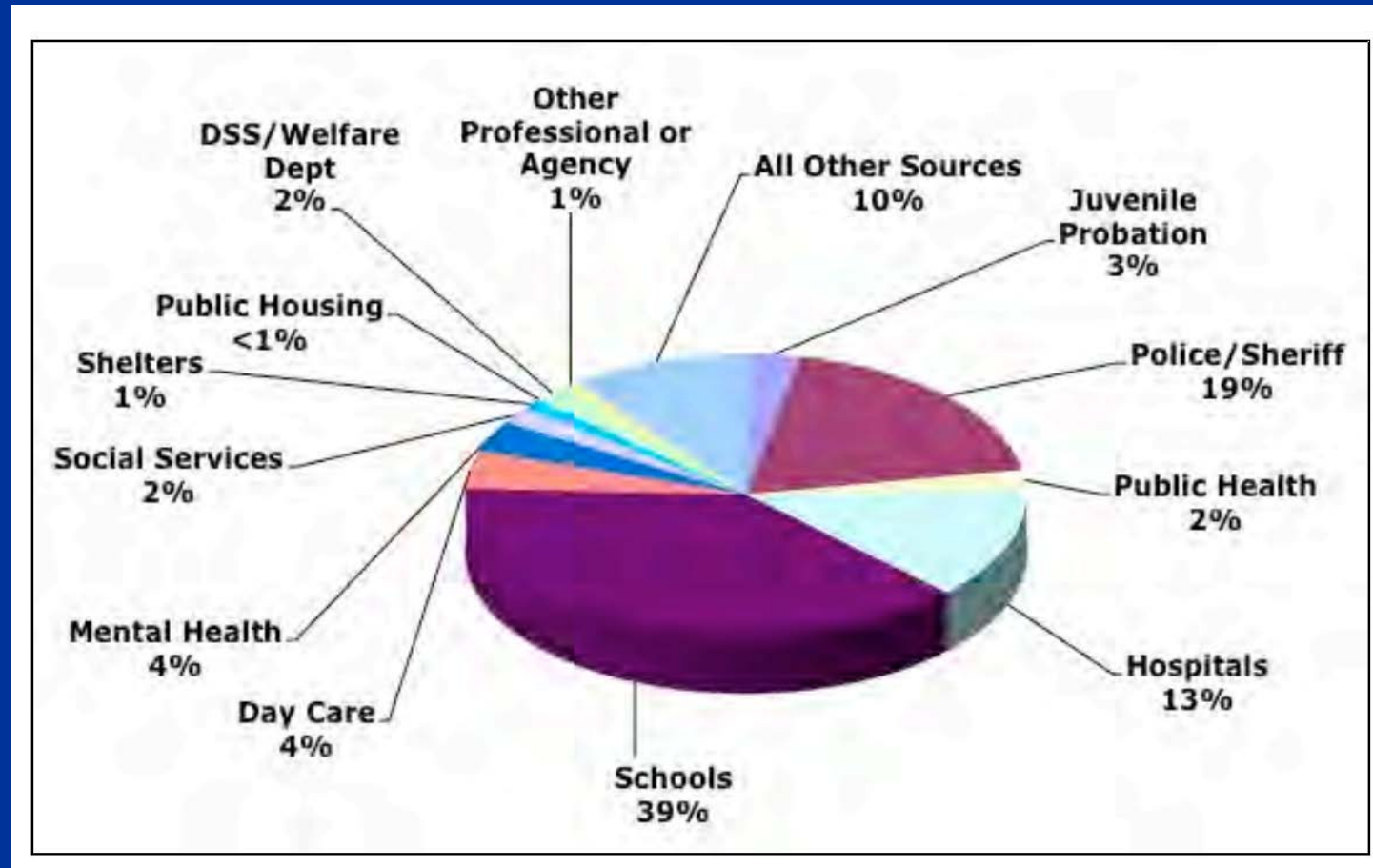
Abstract

Objective—This randomized controlled trial tested the efficacy of early intervention to prevent adult psychopathology and improve well-being in early-starting conduct-problem children.

Method—Kindergarteners (N=9,594) in three cohorts (1991–1993) at 55 schools in four

FastTrack elementary school intervention program decreased use of spanking at age 25.

Schools Recognize Most Child Maltreatment



Sedlak, Andrea J., et al. "Fourth national incidence study of child abuse and neglect (NIS-4)." *Washington, DC: US Department of Health and Human Services. Retrieved on July 9 (2010): 2010.*



SECOND STEP

BULLYING PREVENTION

CHILD P

Purchase Now

Staff Training

Student Lessons

Family Materials

Research

secondSTEP

Child Protection Unit

Working together to keep
kids safe from abuse



Frey, Karin S., Miriam K. Hirschstein, and Barbara A. Guzzo. "Second step preventing aggression by promoting social competence." *Journal of Emotional and Behavioral Disorders* 8.2 (2000): 102-112.

Strategies for Healthy Youth Relationships

The Fourth R is a group of researchers and professionals dedicated to promoting healthy adolescent relationships and reducing risk behaviours. We develop and evaluate programs, resources and training materials for educators and other front-line professionals who work with youth. In particular, we work with schools to promote the neglected R (for relationships) and help build this Fourth R in school climates. Fourth R initiatives use best practice approaches to target multiple forms of violence, including bullying, dating violence, peer violence, and group violence. By building healthy school environments we provide opportunities to engage students in developing healthy relationships and decision-making to provide a solid foundation for their learning experience. Increasing youth relationship skills and targeting risk behaviour with a harm reduction approach empowers adolescents to make healthier decisions about relationships, substance use and sexual behaviour.

The Fourth R Reduces Dating Violence and Increases Condom Use 2.5 Years Later.

This study utilized a cluster randomized controlled trial (RCT) design with a 2.5 year follow up with 1,722 students aged 14 to 15 years. The intervention condition was the Fourth R Grade 9 Physical and Health Education program – a 21-lesson curriculum delivered during 28 hours by teachers with additional training in the dynamics of dating violence and healthy relationships. Control schools targeted similar objectives without the training or materials.

Wolfe, D.A., Crooks, C.V., Jaffe, P.G., Chiodo, D., Hughes, R., Ellis, W., Stitt, L., & Donner, A. (2009). A universal school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatric and Adolescent Medicine*, 163, 693-699.



Murray Straus
(1926-2016)