



 WVU Medicine Children's

# Child Maltreatment Prevention

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# Disclosures

I have nothing to disclose.

I receive no financial benefits from any of the programs or resources I will be talking about today.



# Objectives

- 1) Encourage you to think about CM prevention as not only reducing risks but also improving resiliency, AKA protective factors, in relational health.
- 2) Define relational health.
- 3) Reinforce what you already know- that pediatricians are ALREADY doing a lot of useful work in CM prevention every day in their practices.
- 4) Present some FREE resources that can be integrated into your practice, if you are looking for easy, accessible ways to improve or impliment CM prevention programs.



# How Big a Problem is Child Maltreatment



2021 CPS data:

7.5 million children referred to CPS (out of a pop. of 80 million)

Of those, CPS substantiated 600,000 cases of maltreatment

1820 children died from child maltreatment

Nat'l Survey of Children's Exposure to Violence:

1 in 7 children experienced maltreatment between 2013-2014

USDHHS; CDC CAN factsheet 2022; Finkelhor et al. JAMA Peds, 2015.



# Economic Burden of CM in the US

**\$830,928 per child victim**


C. Peterson et al. Ch. Abuse & Neg, 2018



Primary Care Interventions to Prevent  
Child Maltreatment:  
US Preventive Services Task Force  
Recommendation Statement, JAMA  
March 2024

**“Current evidence is insufficient to assess the balance of benefits and harm of primary care interventions to prevent child maltreatment”**





Is CPS reporting the only option?  
Should we abandon the prevention  
strategies available to us?



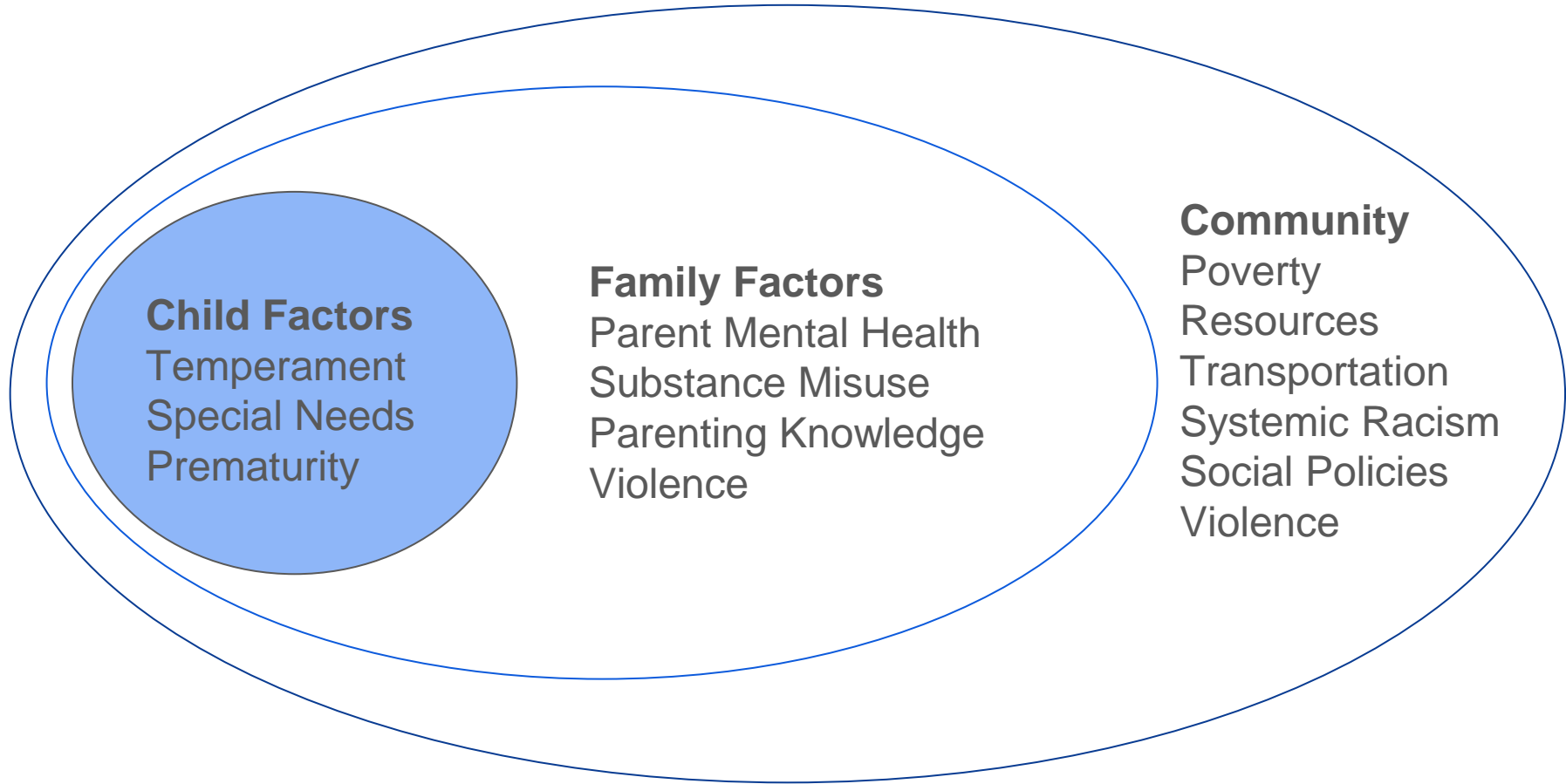
# Complex, multifactorial problems require complex multifactorial solutions

- No single prevention intervention will tip the balance
- Inability to accurately measure the outcome (child maltreatment) makes it difficult to determine prevention effectiveness
- A lack of evidence to show benefit doesn't mean these programs are ineffective





# Examples of Factors Contributing to Family CM Risk or Resilience



# Why Does Child Maltreatment Happen?

- Lack of healthy relationships within a family
- Often associated with economic and environmental stress

Prevention revolves around helping families form and maintain ***relational health***





# Relational Health

- The safe and stable relationships that protect and nurture a child's growth and development
- Requires emotionally available, engaged, and attuned adults
- Strong relational health in a family develops a child's *resilience (or protective factors)* to negative events



# Center for Study of Social Policy: Strengthening Families Protective Factors Framework



## Five Key Preventive Factors

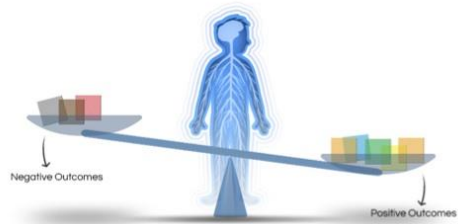
1. Parents ability to manage stress and function in the face of adversity
2. Positive relationships to provide support
3. Parenting and child development knowledge
4. Concrete support available in times of need (housing, food, transportation...)
5. Interactions that teach children to communicate, self-regulate, and maintain relationships

[cssp.org/our-work/project/strengthening-families](https://cssp.org/our-work/project/strengthening-families)

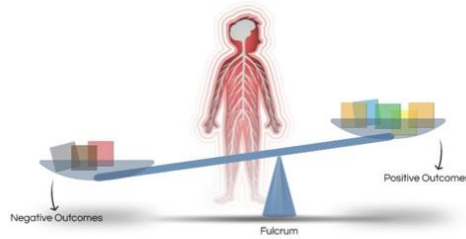


# Goal of CM Prevention: Reducing Risks & Improving Resilience

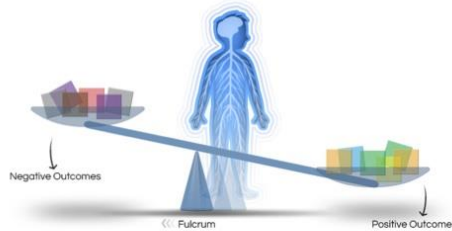




**When positive experiences outweigh negative experiences, a child's "scale" tips toward positive outcomes.**



**The initial placement of the fulcrum affects how easily the scale tips toward positive or negative outcomes.**



**Over time, the cumulative impact of positive life experiences and coping skills can shift the fulcrum's position, making it easier to achieve positive outcomes.**

# How to Assess Risk and Protective Factors

How: History taking, observation, and surveillance

Ask questions about relational health

Tools to help you do that:

**Bright Futures Intake Form** ([brightfutures.aap.org](http://brightfutures.aap.org))- a 2 page form asking about parental depression, substance use, hx of abuse, DV, social supports

**SEEK PQ-R** - parental depression, substance use, DV, food insecurity, harsh punishment (1 page; 7 languages)





# More Tools

**Protective Factors Survey** (<https://friendsnrc.org/wp-content/uploads/Protective-Factors-Survey>)- emotional and concrete support, attachment, family functioning, parenting and child development knowledge (2 pages; 2 languages)

**AAP Screening Technical Assistance & Resources (STAR)** to help you find a screening assessment tool that best fits your practice (<https://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/>)





# Pediatric Intake Form

Our practice is dedicated to providing the best possible care for your child. In order for us to serve you better, please take a few minutes to answer the following questions. Your answers will be kept strictly confidential as part of your child's medical record. Ongoing evaluations of our care may involve chart reviews by qualified persons, but neither your name nor your child's name will ever appear in any reports.

Circle either the word or the letter for your answer where appropriate. Fill in answers where space is provided.

Child's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Are you the child's

- |                |                   |                                       |
|----------------|-------------------|---------------------------------------|
| A. Mother      | D. Foster parent  | G. Self (Are <i>you</i> the patient?) |
| B. Father      | E. Other relative |                                       |
| C. Grandparent | F. Other          |                                       |

How many times have you moved in the last year?

\_\_\_\_\_ times

Where is the child living now?

- |   |            |
|---|------------|
| A. House or apartment with family               | C. Shelter |
| B. House or apartment with relatives or friends | D. Other   |

Besides you, does anyone else take care of the child? If yes, who? \_\_\_\_\_ Yes No

Has child received health care elsewhere? If yes, what? \_\_\_\_\_ Yes No

## FAMILY MEDICAL HISTORY

Do the child's mother, father, or grandparents have any of the following? If yes, who?

- |     |    |                                   |
|-----|----|-----------------------------------|
| Yes | No | High blood pressure _____         |
| Yes | No | Diabetes _____                    |
| Yes | No | Lung problems (asthma) _____      |
| Yes | No | Heart problems _____              |
| Yes | No | Miscarriages _____                |
| Yes | No | Learning problems _____           |
| Yes | No | Nerve problems _____              |
| Yes | No | Mental illness (depression) _____ |
| Yes | No | Drinking problems _____           |
| Yes | No | Drug problems _____               |
| Yes | No | Other _____                       |

## FAMILY HEALTH HABITS



## Parent Questionnaire - R

**Dear Parent or Caregiver:** Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship to Child: \_\_\_\_\_

### PLEASE CHECK

- Yes     No    Would you like us to give you the phone number for Poison Control?
- Yes     No    Do you need to get a smoke alarm for your home?
- Yes     No    Does anyone smoke at home?
- Yes     No    In the past 12 months, did you worry that your food would run out before you could buy more?
- Yes     No    In the past 12 months, did the food you bought just not last and you didn't have money to get more?
- Yes     No    Do you often feel your child is difficult to take care of?
- Yes     No    Do you sometimes find you need to slap or hit your child?
- Yes     No    Do you wish you had more help with your child?



# PROTECTIVE FACTORS SURVEY

Page 1

**Part I.** Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

# A Word About Screening for ACEs

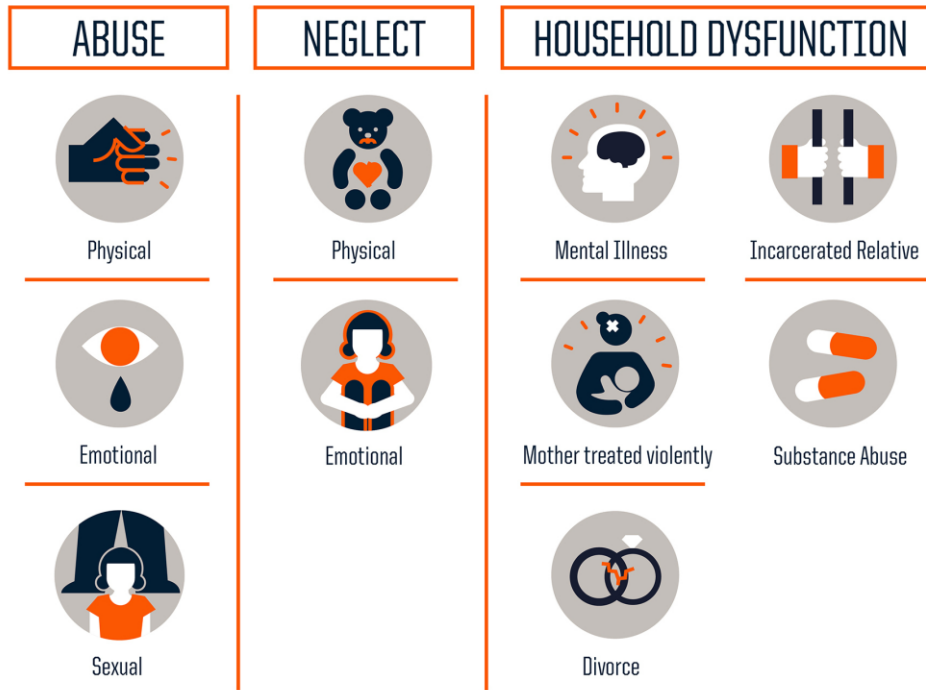


Image from CDC



# A Word About Screening for ACEs



Assigns a numerical score to the variety (but not the intensity) of adverse experiences in a child or caregiver's history

At a population level, may have utility but what about the individual level?

Is this a practical screening tool in a clinician's office?



Even more important than knowing what is going wrong, is knowing what is going **strong**.



# Protective Factors: Protects Against Abuse & Improves Resilience If Abused



## Child Factors

High cognitive ability  
High impulse control  
Externalizes attribution of blame  
Spirituality  
High self esteem or sense of self worth

## Family & Extrafamilial Support

Presence of a supportive adult  
Positive family changes/interventions  
Structured school environment  
Extracurricular activities or hobbies  
Access to health care, education, and social welfare services



# Reduce Risks & Improve Resilience

**HOPE Program- Healthy Outcomes from Positive Experiences ([poitiveexperience.org](http://poitiveexperience.org))**



HEALTHY OUTCOMES  
FROM POSITIVE EXPERIENCES

On-line learning (with CME) for tools to implement HOPE-informed practices

Stresses monitoring development in 4 areas: relationships, safe environments, social engagement, emotional growth





# Reduce Risks & Improve Resilience



Good ol' fashioned anticipatory guidance

- For CM prevention, focus on:
  - "The seven deadly sins of childhood"
  - Discipline



# The “seven deadly sins of childhood”



Crying and colic

Normal negativism

Waking at night

Normal picky or “poor”  
appetite

Separation anxiety

Toilet training resistance

Normal exploratory  
behavior





# Discipline = teach, not hurt

- The strongest predictor of a parent having + attitude for physical discipline is if their perception is that the professional they are most likely to turn to for discipline advice approves of physical discipline.
- If you don't talk about it - Permission by omission

Resources:

CDC positive parenting tips and videos

HealthyChildren.org - AAP info for parents

Play Nicely videos ([beta.playnicely.org](https://beta.playnicely.org)) or Mount Sinai Parenting Center "Spark Video Series"



# Reduce Risks & Improve Resilience



**SEEK** (Safe Environment for Every Kid) Program ([seekwellbeing.org](http://seekwellbeing.org))

-focuses of addressing targeted risk factors (parental depression, major stress, substance misuse, DV, food insecurity, harsh punishment)

- on-line training for PCPs

- screening tools

- parent handouts

- integrates seamlessly into PCMH model

Less CPS reports, decreases in harsh discipline, less medical and immunization non-compliance



# A word about Targeted Preventions



- Home Visiting Programs

Child FIRST

Nurse Family Partnership

Healthy Families America

- Parenting Programs

Positive Parenting Program

Parent Child Interaction Therapy

- Early childhood education programs

Head Start, Early Head Start

Child-Parent Center

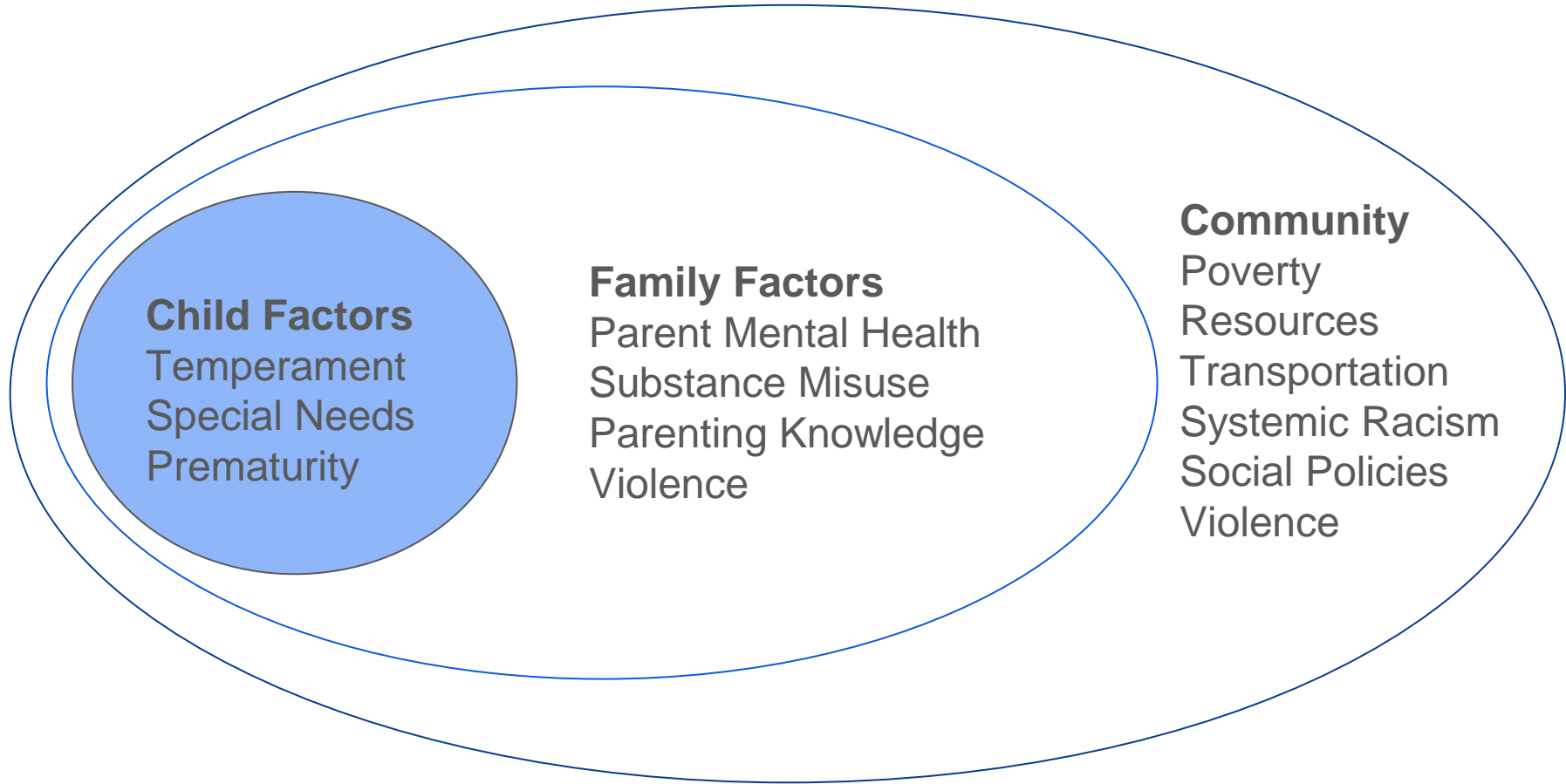
⇒ decreases in CM, CM risk factors, and harsh parenting practices



# Socioeconomic Prevention of Child Maltreatment



# Examples of Factors Contributing to Family CM Risk or Resilience



**CHILD  
MALTREATMENT  
IS A ~~PARENTING~~  
~~ISSUE~~ PUBLIC  
ISSUE.**



# Socioeconomic Prevention of Child Maltreatment

- **Paid Parental Leave**
  - Significant reduction in AHT
- **Minimum wage**
  - Every \$1 increase, a 10% reduction in child neglect; reduced spanking
- **Earned Income Tax Credits**
  - Reduction in child neglect, AHT
- **Childcare Subsidies**
  - Reduced child physical abuse and neglect
- **Supplemental Nutrition Assistance Program**
  - Significant reductions in child abuse and child neglect when income eligibility is increased
- **Expanded Medicaid coverage by states**
  - Dramatic decrease in child neglect
- **Child Tax Credit**
  - During pandemic, this cut child poverty in half; families used this \$ for basic needs





# State Spending on Public Benefit Programs and CM. Puls, et al.

## *Pediatrics* 2021

- For every \$1000 states spent on benefit programs, reduction in CPS reports, CPS substantiations, foster care placement, and child deaths



# Child Sexual Abuse Prevention



Historically- prevention strategy focused on teaching children to recognise abusive situations, resist, and disclose

“Good touch” “Bad touch”

Places the onus on the child to prevent their own abuse

**Now-** community-based approaches to educated adults to recognise and intervene

Darkness to Light’s “Stewards of Children” ([d2l.org](http://d2l.org))





# Summary

The goal of CM prevention is to not only reduce risks but to also improve resilience and protective factors.

Pediatricians are already doing this in their work every day-  
Thank you!

If you are looking for ways to improve CM prevention strategies in your practice, hopefully one or more of the resources I spoke about today interest you.



“THERE CAN BE NO KEENER REVELATION

**of a society's soul**

THAN THE WAY IN WHICH IT

**treats its children.”**

*— Nelson Mandela*





# More references

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- A Roadmap to Reducing Child Poverty; A Consensus Study Report of the National Academies of Sciences, Engineering, & Medicine
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- Association of State Level Earned Income Tax Credits with Rates of Reported Child Maltreatment 2004-2017. Kovski et al. Child Maltreatment, 2021
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