STATEMENT OF POLICY

Child Maltreatment Prevention

Policy

The National Association of County and City Health Officials (NACCHO) supports national, state, and local public health approaches that promote safe, stable, nurturing relationships and environments and prevent child maltreatment. Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role.[1] In alignment with the Centers for Disease Control and Prevention's (CDC) *Essentials for Childhood* and the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families, NACCHO recommends the following strategies:[1,2]

- Increased public awareness

  o Raise awareness of and commit to promoting safe, stable, nurturing relationships and environments and preventing child maltreatment.

  o Partner with the media to promote policies, programs, and actions to prevent child maltreatment.

- Data collection and analysis

  o Collect, monitor, and analyze local child maltreatment data, using vital statistics (e.g., child fatality review records), health data (e.g., hospital emergency department data), criminal justice data, child protection and welfare data, educational data, and demographic data, and facilitate data sharing and coordination among agencies and organizations.

  o Provide federal funding to state and local health departments to support data collection systems, including expansion of the National Violent Death Reporting System (NVDRS) to all 50 states and territories.

  o Partner with researchers and organizations that collect and analyze data and are in a position to make data-informed decisions about programs or other strategies.

  o Use local data to raise community awareness of child maltreatment and inform strategies.

- Social norms change and prevention programs

- o Provide funding and support for parenting education programs and skills-based curricula for children's safety.

- o Implement effective evidence-based and promising home visitation programs for at-risk families with infants and young children.

- o Provide family support services to low-income families and other priority populations.

- o Deliver trauma-informed care for children and families affected by maltreatment to improve family communication and functioning.

- Policies

- o Identify and assess which policies may positively impact the lives of children and families.

- o Provide decision-makers and community leaders with information on the benefits of evidence-based strategies and rigorous evaluation.

- o Support legislation that promotes safe, stable, nurturing relationships and environments and prevents child maltreatment.

Justification

The CDC defines child maltreatment as "any act or series of acts of commission or omission by a parent or other caregiver (e.g. clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child."[1] In 2016, an estimated 676,000 children were victims of abuse and neglect; more than one-fourth (28.5%) of child maltreatment victims were younger than three years, and children younger than one year have the highest rate of victimization. Girls are victimized at a slightly higher rate (9.5 per 1,000 girls vs. 8.7 per 1,000 boys). Though nearly half (44.9%) of child maltreatment victims are White, communities of color have higher rates of victimization. In 2016, the rate per 1,000 children was 13.9 for African American children and 14.2 for American Indian or Alaska Native children.[3]

Conducted by CDC-Kaiser Permanente, the Adverse Childhood Experience (ACE) Study found that almost two-thirds of study participants reported at least one ACE (i.e., childhood abuse, neglect, and exposure to other traumatic stressors).[4] People who experience exposure to violence or child maltreatment are at a higher risk for both being a victim of other forms of violence and inflicting harm on others.[5] People who report ACEs are at an increased risk for many health and social problems, including risk for intimate partner violence, suicide attempts, and health-related quality of life.[4,5] Additionally, children who experience ACEs in their lives are at greater risk of committing teen dating violence, sexual violence, and child abuse.[5] Some risk factors for child maltreatment include cultural norms that support aggression toward others; harmful norms around masculinity and femininity; neighborhood poverty; social isolation; and poor parent-child relationships. Protective factors include coordination of resources and services among community agencies; access to mental health and substance abuse services; and family support.[5]

Child maltreatment has lasting implications for individuals, families, communities, and society at large. Local health departments and their partners can increase public awareness in a variety of ways, such as engaging news media to promote planned programs or activities, healthy parenting practices, child safety skills, and protocols for reporting suspected maltreatment; sharing best practices; communicating regional messages; developing public service announcements; and creating resources that inform community members of how to access services.[6] Local health departments and their partners should be careful to communicate information to community members, leaders, and decision-makers in ways that are engaging, compelling, and culturally and linguistically appropriate; some may be interested in learning about the economic toll child maltreatment takes on our society—the average lifetime cost per victim of nonfatal child maltreatment in 2010 was $210,012—while others may be moved by learning about the physical health effects of child maltreatment (e.g., increased risk of heart disease, cancer, and obesity).[1,7]

To most efficiently effect change, local health departments and their partners should collect and monitor local data on child maltreatment to inform programs, policies, and services. One major source of vital statistics data used by local health departments is Child Fatality Review Records, which provides information about how and why a child's death happened, with the intent to prevent future deaths and improve children's health and safety. Child Fatality Review Records bring together cases to help stakeholders better understand underlying issues, identify trends that can be addressed upstream, and identify ways to improve the system. Federal funding for child fatality review teams must reach local health departments in order to measure the scope of the problem and respond to community needs. In addition to vital statistics, additional data sources such as hospital emergency department data, police reports of events or arrest records, and substantiated reports of abuse and neglect can be collected.[1] Moreover, expanding NVDRS to all 50 states and territories will provide local health departments with surveillance data and information about homicides, including those caused by child maltreatment.

Parenting programs and home visitation programs, such as Nurse-Family Partnership and Parents as Teachers promote well-being, strengthen families and communities, and prevent child maltreatment. One such program, Triple P – Positive Parenting Program, provides education to parents and caregivers to enhance the knowledge, skills, and confidence of parents. Results have shown that Triple P community implementation slows rates of child abuse, reduces foster care placements, decreases hospitalizations from child abuse injuries, and reduces problem behavior in children.[8] Support for children, youth, and families who have experienced child maltreatment and trauma can be facilitated through partnerships between public health and service providers.[9] Foster parents should be included in parenting education programs as they are especially in-need of clear, practical information to best support children who may have been exposed to maltreatment and have experienced trauma; child maltreatment and exposure to violence can impact mental health significantly, giving people who have experienced at least four ACES a 4.6-fold increased risk of depression, a 12-fold increased risk of suicide attempts, and a 10-fold increased risk of drug use.[10,11]

It is critical to consider potential impacts on children, youth, and families when creating or changing a policy. There are many examples of how policy can affect child maltreatment in

communities. For instance, organizational policies on screening for child maltreatment, how to report child maltreatment, and implementation of evidence-based programs and strategies can play a role in reducing child maltreatment in a community. State laws or ordinances that increase economic self-sufficiency for low-income families may reduce parental stress that contributes to child maltreatment. Expansion of eligibility standards for programs such as Early Head Start can increase children's exposure to safe, stable, nurturing relationships and environments. And finally, laws that ban corporal punishment are associated with changed social norms around physical punishment and decreases the use of physical punishment as a child discipline technique.[1] Policies that eliminate waitlists to access subsidized child care and that facilitate continuity of child health care have been found to significantly decrease child maltreatment rates.[12]

Local health departments are well-positioned to provide local and state decision-makers with evidence and data about potential impacts of policy on child maltreatment and play a significant role in raising awareness, collecting data, providing programs, and informing policy.

References

1. Centers for Disease Control and Prevention. (2014). *Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments*. Retrieved December 11, 2018, from http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

2. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2003). *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. Retrieved December 11, 2018, from https://www.childwelfare.gov/pubPDFs/foundation.pdf

3. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child Maltreatment 2016*. Retrieved December 11, 2018, from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2016). About the CDC_Kaiser ACE Study webpage. Retrieved December 11, 2018, from https://www.cdc.gov/violenceprevention/acestudy/about.html

5. Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; and Oakland, CA: Prevention Institute.

6. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (n.d.). *Public Awareness Activities and Programs*. Retrieved December 11, 2018, from https://www.childwelfare.gov/topics/preventing/communities/activities-programs/

7. Fang, X., Brown, D. S., Florence, C. S., Mercy, J. A. (2012). The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. *Child Abuse & Neglect, 36*(2), 156-165.

8. Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

9. Child Welfare League of America. (2014). Standards for Prevention Programs webpage. Retrieved December 11, 2018, from https://www.childwelfare.gov/topics/preventing/prevention-programs/standards/

10. Child Welfare League of America. (2003). *Child Maltreatment in Foster Care: CWLA Best Practice Guidelines*. Retrieved December 11, 2018, from
   http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/maltreatment-guidelines.pdf

11. Agency for Healthcare Research and Quality, Innovations Exchange. (2012). *Preventing and Mitigating the Effects of Childhood Violence and Trauma*. Retrieved December 11, 2018, from
   https://innovations.ahrq.gov/perspectives/preventing-and-mitigating-effects-childhood-violence-and-trauma

12. Klevens, J., Barnett, S. B. L., Florence, C., & Moore, D. (2015). Exploring policies for the reduction of child physical abuse and neglect. *Child Abuse and Neglect*. Retrieved December 11, 2018, from
   https://www.sciencedirect.com/science/article/abs/pii/S0145213414002737?via%3Dihub

<u>Record of Action</u>

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