

Research-to-Policy
—Collaboration—

Preventing Child Maltreatment through Coordinated, Community-based Strategies:

The Child Abuse and Prevention Treatment Act

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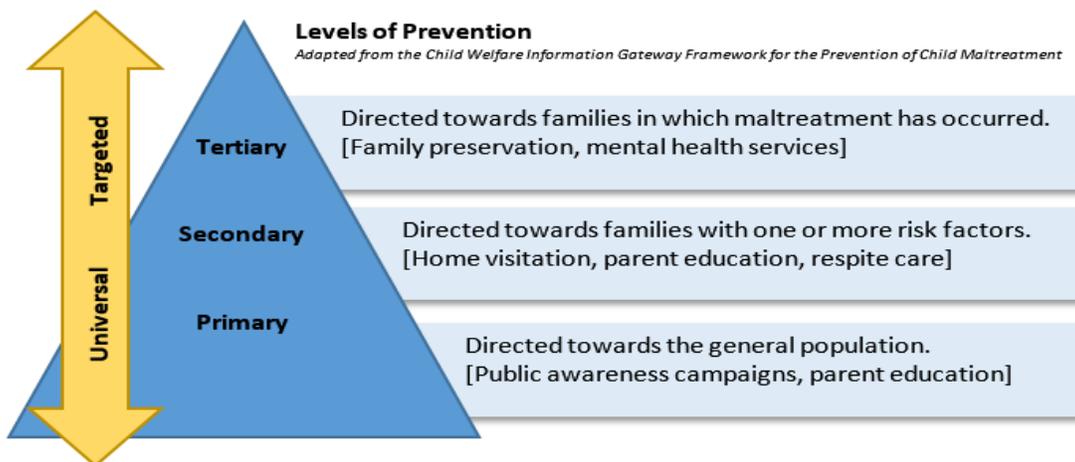
Child maltreatment (sexual abuse, physical abuse, neglect) results in a yearly economic burden of \$124 billion¹. Approximately 4 million reports are made to Child Protective Services (CPS) each year involving 7.4 million children². Of these reports 3.5 million are investigated and 12.5% of children in the U.S. will be victims of substantiated maltreatment by age 18³. Regardless of substantiation⁴, CPS involvement is associated with a host of negative outcomes including subsequent maltreatment, teen motherhood, poor mental health, HIV, and substance use⁵⁻⁶. Almost 40% of children are re-referred to CPS following an initial referral⁷⁻⁸ and 20% of victims of child maltreatment are re-victimized within 5 years⁸⁻⁹.

Given its high cost and sheer number of child victims, the problem of child maltreatment is in dire need of effective and sustained prevention efforts—both in terms of stopping maltreatment from ever occurring (*primary prevention*) and curtailing deleterious outcomes once a CPS referral has been made (*targeted prevention*).

Primary prevention efforts provide preventive education and supports to new parents, families, schools, and community members. Such efforts work best when there is also a community-level response where available services are identified and disseminated in a coordinated fashion¹⁰. For example, Triple P and the Durham Family Initiative bring together and coordinate various evidence-based prevention services within communities to promote healthy families, including reducing risk for maltreatment¹⁰. While these efforts are promising, there are substantial challenges that limit the coordination of services at the community-level and only a few models that have been effective at reducing overall rates of child maltreatment¹¹.

HIGHLIGHTS

- Child maltreatment is both highly prevalent and costly.
- Prevention will result in significant cost-savings by both stopping maltreatment before it happens AND providing targeted services once children are referred to CPS
- Prevention efforts work best when there is a coordinated, community-level response to identify and deliver preventive services.
- Current efforts have demonstrated limited impact and are not widely disseminated.
- CAPTA has the potential to improve prevention efforts by increasing community capacity for coordinating services and systems, investing in rigorously evaluated demonstration projects, and fostering innovation.



Targeted prevention strategies are provided to families after a CPS referral based on level of risk such as parental substance abuse and domestic violence¹²⁻¹³. These include parenting education and home visiting to reduce risk and increase protective factors by promoting parenting skills, stable family relationships, and supportive environments¹³. Although 1.9 million children receive targeted prevention each year², prevention strategies have shown only small to moderate effects¹⁴⁻¹⁵, and the extent to which these programs reduce rates of child maltreatment varies widely¹⁴⁻¹⁵. In a review of 46 targeted prevention models, the Department of Health and Human Services found only 6 with high- or moderate-quality studies to have positive impacts on reducing child maltreatment¹⁶. These targeted efforts have largely been shown to impact rates of physical abuse and neglect with little direct impact on rates of sexual abuse¹⁷.

1. Investments in prevention strategies are fragmented and minimal.

Existing resources to prevent child maltreatment are distributed from disconnected sources (e.g., MIECHV, TANF, Title IV-E and –B, and CAPTA and CBCAP). States and communities must combine and leverage these funding streams in various ways to adequately serve child welfare families. The Community-Based Child Abuse Prevention (CBCAP) grants are currently the only funding sources dedicated exclusively to prevention, yet comprise only 0.45% of child welfare program funding¹⁸.

2. Current prevention efforts are underdeveloped and inadequately researched¹⁹.

Prevention strategies must be improved to maximize impact. The rates of re-referrals and re-occurrences of substantiated maltreatment in the CPS system, paired with small to moderate effects of prevention programs, underscores the importance of prevention and intervention efforts. Programs funded by CBCAP vary in terms of being evidence-based, have limited resources for evaluation, and have not been evaluated over all¹⁹⁻²⁰. There is a need for increased evaluation capacity²⁰ at the community-level in order to better understand which strategies are effective. Further, additional research is necessary to better understand how to integrate services and resources in a cost-effective manner. CAPTA funds can be used for demonstration projects, but an overall evaluation of the effectiveness has not been conducted. Further, few changes made to CAPTA by past reauthorizations have ever been evaluated for effectiveness²⁰. Thus, research and evaluation should be prioritized to address improvements and foster innovation within CAPTA and CBCAP, as well as the research and evaluation priorities set forth by Congress.

CAPTA has the potential to strengthen the impact of prevention efforts. The CAPTA reauthorization presents an opportunity to strengthen current prevention efforts by (1) increasing communities' capacity for prevention service coordination and continuous quality improvement efforts, (2) investing in demonstrations of local innovations in prevention coupled with rigorous evaluation, and (3) addressing Congress' research priorities.

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