

# Why a Universal Population-Level Approach to the Prevention of Child Abuse is Essential

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This paper argues for the importance of adopting a population-level approach to promote more effective parenting and to reduce the risk of child maltreatment. Family-based interventions based on social learning principles have been shown to make a useful contribution in the treatment of child maltreatment. However, typically such programmes have been used to treat parents who have already become involved in the child protection system. We argue that the creation of community-wide support structures to support positive parenting is needed to reduce the prevalence of child maltreatment. Such an approach requires several criteria to be met. These include having knowledge about the prevalence rates for the targeted child outcomes sought, knowledge about the prevalence of various parenting and family risk factors, evidence that changing family risk factors reduces the prevalence of targeted problems, having culturally appropriate, cost-effective, evidence-based interventions available and making these widely accessible. Copyright © 2003 John Wiley & Sons, Ltd.

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The literature on the prevention of child abuse has strongly emphasized the importance of parenting skills intervention to address the deficits in child management skills often found in abusive parents (Black et al., 2001; Kelly, 1990). These parenting deficits include the use of coercive and punitive parenting strategies that intensify and perpetuate child behaviour problems and thereby increase the likelihood of child maltreatment in the family. Behavioural family interventions (BFI), based on social learning principles, are increasingly considered an essential component of child abuse prevention and treatment interventions (Chalk and King, 1998; Repucci et al., 1997; Tomison, 1998).

BFI are among the most extensively evaluated interventions which assist parents with children with conduct problems (Brestan and Eyberg, 1998; Kazdin, 1997; Lochman, 1990; Sanders, 1996; Taylor and Biglan, 1998). Typically, parents are taught to increase positive interactions with their children and to reduce the use of coercive and inconsistent parenting practices. These programmes are associated with large effect sizes (Serketich and Dumas, 1996), which often generalize to a variety of home and community settings (McNeil et al., 1991; Sanders and Dadds, 1982), are maintained over time (Long et al., 1994) and are associated with high consumer satisfaction (Webster-Stratton, 1989). The programmes also produce improvements on measures of parental adjustment such as depression, stress and marital conflict (e.g. Sanders and McFarland, 2000; Sanders et al., 2000). A variety of delivery formats have been demonstrated to be effective, including individually administered face-to-face programmes (e.g. Forehand and McMahon, 1981), group programmes (e.g. Webster-Stratton, 1990), telephone-assisted programmes (e.g. Connell et al., 1997) and self-directed programmes (e.g. Markie-Dadds and Sanders, 2002, Effectiveness of a self-directed programme for parents of children at high and low risk of developing conduct disorder, unpublished manuscript, University of Queensland, St Lucia). Given that abusive parents often report significant conduct problems in their children, it is important that parenting interventions are included in any comprehensive preventive intervention designed to prevent child maltreatment.

Evidence available with maltreating parents suggests that parent training leads to improvements in parenting competence and parent behavior (Fetsch et al., 1999; Gough, 1993; James, 1994; Wekerle and Wolfe, 1993). These changes in parenting reduce the risk of further abusive behavior towards children, reports to protective agencies and visits to hospital (James, 1994; Wekerle and Wolfe, 1993).

While parenting interventions appear to be helpful for maltreating parents, they may only address part of a much larger problem with family interactions (Azar, 1997). The complex nature of child maltreatment and the multiple needs of parents have led many investigators to argue for more comprehensive interventions rather than relying solely on parenting skills training (Ammerman and Hersen, 1990; Azar, 1997; Lutzker et al., 1998; Peterson et al., 1997). Two areas that have received particular attention are targeting parents' negative attributions for child behaviour and parents' anger control deficits (Fetsch et al., 1999; Peterson et al., 1997; Whiteman et al., 1987; Wolfe and Wekerle, 1993). These cognitive and affective factors differentiate between maltreating parents and other parents (Milner and Dopke, 1997; Stern and Azar, 1998; Wolfe, 1987).

There is some evidence showing a relationship between parents' dysfunctional attributions and negative outcomes for parents and children (Bugental, 2000; Slep and O'Leary, 1998). Attributions refer to 'explanations for salient and unpleasant events'. Parental attributions are thought to mediate the relationship between child misbehaviour and parental response to this behaviour (Slep and O'Leary, 1998). Maltreating parents tend to hold distorted beliefs and unrealistic expectations regarding the developmental capabilities of children, the age-appropriateness of child behaviours and their own behaviour when interacting with children (Azar, 1997; Black et al., 2001; Stern and Azar, 1998). These cognitive distortions have been linked to parents attributing hostile intent to their child's behaviour, which in turn has been linked with over-reactive and coercive parenting (Bugental, 2000; Slep and O'Leary, 1998); angry feelings in parents (Slep and O'Leary, 1998); child behaviour problems (Slep and O'Leary, 1998); and the use of harsh punishment (Azar, 1997; Stern and Azar, 1998). Moreover, experimental manipulation of parents' attributions has shown that attributing responsibility and intent to children for their misbehaviour has a direct influence on over-reactive parenting, parental anger and negative affect in children (Slep and O'Leary, 1998). Family interventions with maltreating parents may be enhanced through cognitive-behavioural strategies that specifically focus on changing parental attributions. This could be accomplished by identifying dysfunctional interpretations and providing active skills training to help parents identify alternative more helpful and realistic interpretations (Azar, 1997; Sanders and McFarland, 2000; Stern and Azar, 1998).

The second risk factor in maltreating families is parents' inability to manage their anger (Peterson and Brown, 1994). Parental anger has been associated with poor parental adjustment (Renk et al., 1999), child behaviour problems and adjustment difficulties (Renk et al., 1999) and the use of physical punishment and coercive discipline strategies (Peterson et al., 1994; Thompson et al., 1999). In combination, a tendency towards hostile attributions and deficits in anger management may increase the risk of using excessive or severe physical punishment (Whiteman et al., 1987). Parental deficits in anger management, both alone and when combined with parental stress, have been positively correlated with an increased potential for child abuse (Ammerman, 1990; Rodriguez and Green, 1997; Thompson et al., 1999). Parental anger may also intensify when parents lack skills to manage their child's difficult behaviour (Ammerman, 1990). Hence, cognitive-behavioural skills training aimed at increasing parental self-efficacy in the regulation of anger and negative emotion (Stern and Azar, 1998) may help maltreating parents from losing control and harming their children. As a result, parents may be better able to implement more positive child management skills.

The interrelatedness of negative parental attributions, parental anger and inadequate parenting practices suggests that an integrated approach to the prevention of child maltreatment is needed. Such an approach could target improving parenting skills and changing parents' interpretations of their child's behaviour and their own parenting behaviour. It is anticipated that such an approach should improve parents' regulation of their own negative emotions, preventing over arousal and reducing the risk that parents may harm their children. To date, two studies have examined combining parent training with cognitive strategies to influence parents' negative attributions and anger or stress management strategies (Egan, 1983; Whiteman et al., 1987). These studies indicated that families who received integrated interventions that targeted multiple risk factors for maltreatment, did as well as (Egan, 1983) or significantly better (Whiteman et al., 1987) than those families given an intervention that targeted only one risk factor (e.g. anger management). Although research demonstrates that parenting interventions that address psychological factors known to increase the risk of child maltreatment can be effective, such an approach is inherently limited in its capacity to reach parents at risk of harming their children. An alternative approach is required.

### **Why a Population-Level Approach is Needed**

There are many challenges involved in the prevention of child abuse. Perhaps the most important is to reorient our focus from treatment outcome studies to the development and evaluation of a population perspective to family problems. We suggest that a comprehensive population-based strategy is needed to enhance parental competence, prevent dysfunctional parenting practices, change parental attributions and promote better teamwork between partners and thereby reduce an important set of family risk factors associated with child maltreatment. However, for a population approach to be effective several scientific and clinical criteria need to be met (Taylor, 1999).

#### *Knowledge of the Prevalence and Incidence of Child Outcomes Being Targeted*

Tracking official rates of child maltreatment provides some index of an intervention's effectiveness. However, these rates only represent the tip of the iceberg, as many episodes of physical maltreatment go unreported, and coercive or inadequate parenting practices may not reach the level of a substantiated official report of child maltreatment. Another highly relevant child outcome that can be tracked is the prevalence of behavioural and emotional problems in children. A number of studies in the US, Canada, UK, New Zealand, Germany and Australia have established the prevalence rates of behavioural and emotional problems in children, showing that between 14 and 18% of children experience significant behavioural or emotional problems (e.g. Zubrick et al., 1994). Parents themselves report a high level of concern about their child's behaviour and adjustment. For example, in a recent epidemiological survey of Queensland parents, when asked 'Do you consider your child to have a behavioural or emotional problem?' 28% said yes (Sanders et al., 2001), reflecting the high degree of parental concern about children.

#### *Knowledge of the Prevalence and Incidence of Family Risk Factors*

Some studies have also examined parenting practices and disciplinary styles. For example, Sanders et al. (2001) found that 70% of parents in Queensland with children under the age of 12 years reported smacking their children at least occasionally, 3% reported hitting their child with an object other than their hand and 25% of parents reported significant disagreements with partners over parenting issues. There is little information at a population level about parental attributions and anger management problems.

### *Knowledge that Changing Specific Family Risk and Protective Factors Leads to a Reduction in the Incidence and Prevalence of the Target Problem*

The core constructs believed to underpin competent parenting need to be articulated, so that targets for intervention can be specified. The validity of the model of family intervention would be greatly strengthened if improvements in child functioning were shown to be directly related to decreases in dysfunctional parenting and increases in competent parenting variables specified by the model. For example, there is considerable evidence that teaching parents positive parenting and consistent disciplinary skills results in significant improvements in children's behaviour, less coercive parenting, improvements in parenting satisfaction and efficacy, reduced parental depression and stress and lower level of marital conflict, particularly in parents with young children (see Brestan and Eyberg, 1998; Sanders, 1999). These findings attest to the importance of active skills training for parents in reducing coercive patterns of parent-child interaction (Patterson, 1982).

### *Use of Effective Family Interventions*

A population perspective requires a range of effective parenting and family interventions to be available. The approach to family intervention must also be subjected to comprehensive and systematic evaluation with rigorous scientific controls using either intrasubject replication designs or traditional randomized controlled clinical trials. An effective family intervention strategy should seek to demonstrate that short-term intervention gains are maintained over time, are cost-effective relative to no intervention, alternative interventions or usual community care, and are associated with high levels of consumer satisfaction and community acceptance.

### *Family Interventions Must be Culturally Appropriate*

An effective population strategy should be tailored in such a way that it is accessible, relevant and respectful of the cultural values, beliefs, aspirations, traditions and identified needs of different ethnic groups. Factors such as family structure, roles and responsibilities, predominant cultural beliefs and values, child-raising practices and developmental issues, sexuality and gender roles may be culturally specific and need to be addressed. There is an ethical imperative to ensure that interventions designed to enskill parents and children in the dominant culture are not at the expense of language and other competencies or values in the child's own culture.

### *Interventions Need to be Widely Available*

A key assumption of a population-based approach is that parenting and other family intervention strategies should be widely accessible in the community. It is important that barriers to accessing parenting and other family intervention programmes are reduced. Inflexible clinic hours may prevent working parents from participating in parenting programmes. Families from culturally and linguistically diverse backgrounds and families who are socially and economically disadvantaged are less likely to refer themselves for help. In addition, family intervention services may be viewed as coercive and intrusive, rather than helpful. Only through normalizing and destigmatizing parenting programmes will sufficiently large numbers of at-risk parents participate. Use of the internet, CD-Rom based applications and media interventions all have the potential to increase the reach of interventions to hard-to-access groups. However, such approaches will require systematic evaluation.

## Conclusion

Given the serious consequences for both victims of child maltreatment and society at large, the adoption of a comprehensive, multilevel, population-based approach to child abuse prevention has considerable potential to address this problem. A population-level reduction in coercive parenting practices will reduce the likelihood of serious harm or injury to young people and concurrently reduce and prevent the development of psychiatric and psychological problems stemming from abuse and neglect. The challenge is to develop and trial strategies that meet the criteria for successful population-level interventions. In advancing the evidence-base on prevention of child abuse, large scale cluster randomization designs are needed to further clarify the costs and benefits of population interventions as well as their effects on child and parenting variables, child abuse notifications and hospitalization data. One such model of intervention is outlined by Sanders et al. (2003).

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