

5-2024

## Child Maltreatment Primary Prevention Methods in the U.S.: A Systematic Review of Recent Studies

Maria Godoy-Murillo

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Civic and Community Engagement Commons](#), [Domestic and Intimate Partner Violence Commons](#), [Family, Life Course, and Society Commons](#), [Human Rights Law Commons](#), [Social Justice Commons](#), [Social Policy Commons](#), [Social Welfare Commons](#), and the [Social Work Commons](#)

---

### Recommended Citation

Godoy-Murillo, Maria, "Child Maltreatment Primary Prevention Methods in the U.S.: A Systematic Review of Recent Studies" (2024). *Electronic Theses, Projects, and Dissertations*. 1864.  
<https://scholarworks.lib.csusb.edu/etd/1864>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

CHILD MALTREATMENT PRIMARY PREVENTION METHODS IN THE U.S.: A  
SYSTEMATIC REVIEW OF RECENT STUDIES

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Maria Godoy-Murillo  
May 2024

CHILD MALTREATMENT PRIMARY PREVENTION METHODS IN THE U.S.: A  
SYSTEMATIC REVIEW OF RECENT STUDIES

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

by  
Maria Godoy-Murillo

May 2024

Approved by:

Dr. Caroline Lim, Faculty Supervisor, Social Work

Dr. Yawen Li, M.S.W. Research Coordinator

© 2024 Maria Godoy-Murillo

## ABSTRACT

**Background:** Child maltreatment remains a widespread issue in the United States of America, (U.S.). Identifying effective methods of preventing child maltreatment is key to reducing the prevalence of this issue. **Objective:** This systematic review provides an overview of contemporary primary child maltreatment prevention methods in the U.S. to investigate their effectiveness.

**Methods:** Using the OneSearch database, the following keywords were included: (“prevention methods” and “child maltreatment”), (“parental leave” and “child maltreatment”), (“primary prevention” and “child maltreatment”), (WIC and “child maltreatment”), (“home visit” and “child maltreatment”), (“child abuse and neglect” and “primary prevention”), (“affordable housing” and prevention and “child maltreatment”), (“early parent education” and “child maltreatment”), and (TANF and “child maltreatment” and prevention). The articles were narrowed down to include only those that were published between the years 2018 and 2023. **Findings:** Synthesis and analysis of eight articles found that research on preventative interventions have been more limited compared to secondary and tertiary preventative treatments. Among primary prevention strategies, studies have investigated a relatively diverse pool of prevention strategies against child maltreatment. However, efforts have largely focused on home visitations, which produced inconsistent findings on the effectiveness of primary child maltreatment prevention. **Conclusion:** The findings of this systematic review implicate the

need for more primary prevention methods and programs and research on their effectiveness.

## DEDICATION

To those who have fallen victims of abuse and neglect as children: may you find strength in the power of healing and may your future be bright filled with endless opportunities.

## TABLE OF CONTENTS

ABSTRACT .....	iii
DEDICATION .....	v
LIST OF TABLES .....	viii
CHAPTER ONE: PROBLEM FORMULATION .....	1
Introduction .....	1
Incidence and Prevalence .....	2
Risk Factors .....	3
Impact .....	5
Laws and Policies .....	6
Summary .....	7
CHAPTER TWO: LITERATURE REVIEW .....	8
Introduction .....	8
Prevention and Intervention .....	9
Tertiary Prevention .....	9
Secondary Prevention .....	11
Primary Prevention .....	13
Gaps in Existing Studies .....	15
Theoretical Perspectives in Connection to Child Maltreatment .....	16
Risk and Protective Factors .....	16
Fineman's Theory of Vulnerability .....	17
Aim of Study .....	17
Significance of Study .....	18
Summary .....	18



CHAPTER THREE: METHODS .....	19
Introduction .....	19
Searching Strategies.....	19
Summary .....	20
CHAPTER FOUR: RESULTS.....	22
Introduction .....	22
Home Visitations .....	22
Randomized Controlled Trial.....	22
Quasi-Experimental Design .....	25
Affordable Housing .....	26
Child Maltreatment Education.....	28
Parent Education.....	28
Adolescent Education .....	29
Summary .....	30
CHAPTER FIVE: DISCUSSION .....	32
Introduction .....	32
Contributions.....	32
Included Studies .....	33
Limitations.....	35
Conclusion .....	36
REFERENCES .....	38

## LIST OF TABLES

Table 1: PRISMA Diagram .....	21
Table 2: Result List of Studies ( $n=8$ ) .....	31

# CHAPTER ONE

## PROBLEM FORMULATION

### Introduction

Child maltreatment has been a significant and international problem for centuries (Tarantola, 2018). However, laws to protect children under the age of 18 against maltreatment in the United States of America (U.S.) were created only 50 years ago through the Child Abuse Prevention and Treatment Act (CAPTA) of 1974. According to the Child Welfare Information Gateway (2022), at the federal level, CAPTA defined child maltreatment or child abuse and neglect as “any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm.” Interventions are integral for the prevention and response to child maltreatment and for the protection of children. Today, using their skills, knowledge, and the Code of Ethics, social workers around the country serve and protect children from abuse and neglect to address this social problem (National Association of Social Workers, 2023).

This chapter consists of four sections. The first section describes the incidence and prevalence of child maltreatment in the U.S. The second section outlines the risk factors of this global issue. The third section provides a synopsis of the impacts that result from child maltreatment. Finally, section four provides an overview of the laws and policies on child maltreatment in the U.S.

## Incidence and Prevalence

The latest available data revealed that 206,812 children in the U.S. entered foster care because of abuse or neglect in 2021 (Administration for Children and Families, 2022). Infants under the age of one year represented 21% of these children (Administration for Children and Families, 2022). When converted into numbers, this percentage translates to 42,524 infants under the age of one who were reported to be maltreated. When grouped, children under the age of five represented 45%, children between five to 10 years of age represented 26%, and children/youth between 11 and 17 years of age represented 29% of maltreated victims in 2021 alone. According to Ogunwole et al. (2021), there were 73.1 million children under the age of 18 in the U.S. 2020 census. If expressed in rates per 1,000 individuals, approximately three per 1,000 children experienced child abuse or neglect in 2021.

A comparison of the number of children that experienced abuse or neglect in the years prior demonstrates that the prevalence remains high, with a slight decline in 2021. The Children's Bureau (2023) reported the year 2021 to have the lowest number of children who experienced maltreatment since 2012. The highest number was in 2016, at an estimate of 273,000 children. Approximately 1,820 children died in 2021 due to child maltreatment, which increased by an estimated 7.7% from the 2017 national reported child deaths of 1,690 due to child maltreatment (Children's Bureau, 2023). Despite the fluctuating numbers, the issue of child maltreatment continues to be a serious problem.

## Risk Factors

Studies revealed that most cases of child maltreatment involve multiple risk factors as opposed to single factors acting alone. Additionally, these studies concluded that the higher number of risk factors cause a greater chance of child welfare being involved and children entering foster care. For example, one study revealed a cumulative approach when discussing risk factors and the etiology for child maltreatment. MacKenzie et al., (2011) prospectively monitored the child maltreatment outcome of 842 mother-infant dyad participants of the Stress, Social Support and Abuse and Neglect in High-Risk Infant Study (SSS). The dyads were recruited from hospitals and the researchers checked the State Central Registry of Child Abuse and Neglect when the children were one, four, and 16 years old to determine if any reports of child maltreatment, substantiated or not, were made. Findings revealed that the three main risk factors to child maltreatment include the mother's cognition about the new role as a mother, the social support and wellbeing for the family and child cognitive functioning (MacKenzie, et al., 2011).

Other studies found similar risk factors that propound MacKenzies' findings (CDC, 2022; Kuluk et al. 2021; Testa et al., 2009; Younas & Gutman, 2022). Under mothers' cognition about their new role as a mother, factors that increase the risk of child maltreatment involved being less happy about the pregnancy, perception of the newborn infant, child-parent role reversal, and

unrealistic development expectations for the child (CDC, 2022; Kuluk et. al., 2021; MacKenzie et al., 2011).

Under social support, several factors that can increase the risk of child maltreatment include educational level of the parent, family size, homelessness, non-biological parents living in the home, structure of the family, the age of the parent, parental abuse history, assistance received, low income, mental health disorders, and unsafe neighborhoods (CDC, 2022; Kuluk et. al., 2021; MacKenzie et al., 2011, Testa et al., 2009; Younas & Gutman, 2022).

Concerning parents' wellbeing, studies have found that parental mental illness, parental drug use, parental history of child maltreatment, and exposure to intimate partner violence (IPV) increase the risk of child maltreatment (Erens et al., 2022; Vial et al., 2020). The use of drugs and alcohol can inhibit a parent's ability to properly care and nurture their child(ren). When parents who suffer from a mental health condition self-medicate with substances or are unaware about their mental health condition, there is an increase in risks that contribute to child maltreatment.

Under child cognitive functioning, factors included parents' perception of infant and child behavior and child mental health conditions (Reijneveld et al., 2004). Children under the age of four and children with special needs were found to be the most vulnerable (Arruabarrena & De Paul, 2012; CDC, 2022; Kuluk et. al., 2021;).

## Impact

A child's development is affected tremendously when they experience maltreatment (Claussen et al., 1991). Child maltreatment creates negative outcomes in children that include but are not limited to delinquency, mental health challenges, suicide, and substance use (Jonson-Reid et al., 2012). Specifically, physical abuse can cause great injury on a child and that depending on their size and age, the repercussions can result in permanent brain damage, neurological damage, circulatory damage, mental health impairment, emotional harm and even death.

In his article, Konopka (2015) explains that children who have been victims of maltreatment develop behaviors that can negatively influence family relationships which create barriers that affect natural support. Victims of abuse may also engage in behaviors that include self-harm and harm to others including perpetrating abusive behaviors, suggesting that many perpetrators are byproducts of their environment.

In a recent study by Felitti et al. (2019), 9,508 individual adults were evaluated on their adverse childhood experiences (ACE) under seven categories; psychological abuse, physical abuse, sexual abuse, lived with someone who used substances, lived with someone with a mental health condition, lived with someone who was suicidal, witnessed IPV or had a parent who was imprisoned. The ACE study has been done since 1995 and originated in California. The study revealed that individuals who experienced four or more categories of ACE in their

childhood were more likely to abuse substances, experience depression, attempt suicide, have sexually transmitted diseases (STD), live with obesity, and experience adult diseases that include cancer, heart disease, lung disease, liver disease, and more. The study made a breakthrough in finding a relationship between the experience of adverse childhood experiences and premature death among adults in the U.S.

### Laws and Policies

In the U.S., the first to shine attention on the phenomenon of child maltreatment was Mary Ellen Wilson, who, at ten years old in 1874, was severely abused. Her case sparked the creation of the society for the prevention of cruelty to children (SPCC) in New York by attorney and patrician Elbridge Gerry (Myers, 2008, Slack & Berger, 2020). Many other states followed shortly after with this charity model, but this was not enough to keep children safe from abuse, and therefore CAPTA was created in 1974.

CAPTA aims to ensure the safety, permanency, and well-being of children (P. L. 93-247). CAPTA is federally funded to improve child welfare systems in the U.S. According to the Children's Bureau, CAPTA provides federal funding and guidance to states for the investigation, assessment, treatment, and prosecution of child maltreatment by child welfare agencies. CAPTA also issues a grant to non-profit organizations and public agencies for programs and projects (Children's Bureau, 2019). Many times, these monies are provided after certain requirements are met by each state. A major requirement of CAPTA is the



mandatory reporting of child maltreatment by helping professionals. When child abuse is detected or there is a belief that child abuse may be occurring, school officials, social workers, and many other professionals who work with children are mandated to report to the local authorities, including the child welfare agency, for further investigation of the concern. The act further provides laws on how to address child maltreatment and protects children from experiencing further abuse or neglect. A recent law, the Family First Prevention Services Act of 2018 (P.L. 115-123), authorizes mental health services, substance use services, and in-home parenting skills programs for children and youth in foster care and at-risk children and youth.

### Summary

This chapter explained the international issue of child maltreatment and outlined risk factors that can lead to child maltreatment. The number of children who experience child maltreatment in the U.S. remains significantly high. Studies have demonstrated that the impact of child maltreatment can lead to serious health issues, mental health conditions, and even death. Although policies are in place to protect the rights of children, through CAPTA, preventative measures have been ineffective as rates have remained the same, pointing to the need for improvement.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The United Nations International Children's Emergency Fund (UNICEF) Convention on the Rights of the Child Article 19 (1990) states that countries worldwide have agreed that their governments are to protect children from child maltreatment, which includes preventing children from being abused and neglected.

Epidemiologists, Leavel, and Clark (1965) introduced three levels of prevention for public health issues. Today the levels of prevention are used widely in various fields. The first level of prevention is primary prevention, which involves interventions before a health effect occurs. The second level of prevention is secondary prevention, where there is an identification of a health concern in the early stages. Lastly, the third level of prevention is tertiary prevention, which can be described as managing, rehabilitating, and improving quality of life of those with a health concern.

This chapter will focus on synthesizing current child maltreatment prevention methods and describe child maltreatment prevention under the three levels of prevention: tertiary prevention which focuses on minimizing the negative consequences for children who have already experienced maltreatment, secondary prevention which centers on detection and early intervention, and primary prevention which concentrates on preventing child maltreatment before it

occurs regardless of whether the family has identified risk factors or not (Livny & Katz, 2018). Chapter two consists of five sections. The first section provides a synthesis of the prevention and intervention efforts currently used for child maltreatment. The second section discusses the limitations of the research conducted. The third section connects theory to create a framework for this study. The fourth section provides the purpose and aim of this study and finally, the last section discusses the significance of the study conducted.

## Prevention and Intervention

### Tertiary Prevention

Tertiary prevention focuses on minimizing the negative consequences for children who have already experienced maltreatment. At this level, interventions and rehabilitation services are provided to help children and families cope and recover from the effects of child maltreatment. Services in this level of prevention help reduce the risk of re-occurrent abuse and negative outcomes in maltreated children (*See Chapter One - Impact*). Maltreated children can receive mental health treatment such as medication or therapy. For parents, it is crucial to reframe negative perceptions they have on their children and address the precipitating factors of child maltreatment for recovery and skill building (Bugental et al., 2002; MacKenzie, 2011).

Foster Care. Foster care is a temporary living arrangement for child(ren) who have experienced abuse or neglect and require the protection of child welfare agency staff. Child(ren) who enter foster care are removed from their

home to prevent further abuse from occurring after serious harm has been inflicted. Child(ren) are placed with family, extended family or in foster homes. Entering a child into foster care also provides the family with resources that can help recover, learn skills, and prepare for reunification. Other times, removing the child may be simply to protect the child from severe abuse and to recover physically and mentally (Slack & Berger, 2020).

TF-CBT. Trauma-focused cognitive behavioral therapy (TF-CBT) is another intervention used to prevent the reoccurrence of child maltreatment. This intervention is intended for caregivers and has core components of education, parenting skills for behavior, skills for relaxation, self-regulation skills, coping skills, a cognitive process of events, exposure, and reminders, and increasing safety (Allen & Johnson, 2012; Chipalo, 2021). Studies show that TF-CBT reduces posttraumatic stress, anxiety, depression, and sexual behavior problems in children, parents, and families (Allen & Johnson, 2012; Chipalo, 2021; Cohen & Mannarino, 2016).

Parent Child Interaction Therapy (PCIT). This intervention involves having the parent and the child interact while someone is observing and guiding the parent. The intervention is implemented in a playroom where parents can be observed through a one-way mirror or in the natural setting at home. This intervention helps reduce behavior concerns in children and the risk of physical abuse by proving the parent with behavior management, communicational skills, and techniques to respond to behaviors that help the child regulate their

emotions and steer away from negative reactions such as physical abuse (Lanier et al., 2014; Thomas et al., 2012)

### Secondary Prevention

Secondary prevention detects and intervenes early when child maltreatment is suspected or when at risk behaviors are observed. A synthesis of data concluded that the most common and effective forms of secondary prevention of child maltreatment are home visits, parent education, and societal exposure (Conley, 2007, Mikton & Butchart, 2009; Kim & Maguire-Jack, 2015; Waid et.al., 2022). While these programs have shown a reduction in future risk of child maltreatment, they do not address preventing child maltreatment before it occurs and are not tailored to high-risk populations (Silovsky et al., 2011).

In Home Services and Educational Services. In the U.S., when a referral is received by children services, many times during the investigation, social workers conclude that the family could be offered services without removing children or involving the Court. The Family First Prevention Services Act of 2018 (P.L. 115-123) involves in-home services are provided when there is a concern for the risk of child maltreatment. In this case, parents are offered parenting classes, counseling, substance use services, mental health services and several other services to address the risk concerns (Kaye et al., 2018). Specifically, there is a program called the Nurse-Family Partnerships (NFP) that helps new and low-income parents and parents who are at risk of IPV. Parents who participate receive in-home visits from nurses who teach skills, to nurture and care for their

child(ren). Research shows that this program has helped reduce the likelihood of child maltreatment occurring and bring positive outcomes for high-risk families (Avellar & Supplee, 2013; Eckenrode et al., 2017; O'Donnell et al., 2018; Slack & Berger, 2020).

Societal Exposure. Schools, Head Start programs, and preschools serve as secondary prevention (Cohen, 1990; Gilbert et al., 2009). National data in the U.S. shows that schools contribute to the most reports of child maltreatment asserting that schools can help detect abuse and neglect (Gilbert et al., 2009; Al-Elissa, et al., 2018). Studies show that children enrolled in school in early years are less likely to experience child maltreatment than children who are not enrolled (Green et al., 2014). Other times, schools identify risk factors that can potentially lead to child maltreatment and offer resources to empower and strengthen families (Livny & Katz, 2018), thereby lowering the likelihood of child maltreatment.

The U.S. utilizes child doctor visits as forms of early detection of child maltreatment. For example, when a child visits the doctor, the doctor assesses the child for any developmental delays and for child maltreatment (Flaherty & Stirling, 2010; Gilbert et al., 2009). The doctor will then complete referrals to services for children who present with developmental delays like physical therapy, speech therapy, occupational therapy and more. When there is suspicion of maltreatment, doctors and medical professionals will complete a

child abuse or neglect report to local authorities as a preventative measure to avoid further abuse from occurring (Flaherty & Stirling, 2010; Gilbert et al., 2009).

### Primary Prevention

In the U.S., there are several organizational interventions for child maltreatment prevention. Primary prevention includes home visits, maltreatment education, and community support. Several studies have found that providing the basic physiological needs is more effective in preventing child maltreatment from occurring in the first place (Chaffin et al., 2001, Conley, 2007, Underwood, 2020). Exposure to society can also be a form of primary prevention as school provides meals, education, and parent education on appropriate care while reducing stressors such as financial burden and social isolation (Maguire-Jack et al., 2018).

Home Visitation Programs. Health visitors are registered nurses who visit families with newborns. These health visitors make contact periodically to provide preventative services until the child turns five. Health visitors also assess and report child maltreatment if ever suspected (Cohen, 1990) and require risk factors to be identified as it is applied to the general population. These home visitation programs are optional and voluntary programs and not only serve as a support but as an educational resource for pregnant mothers and new parents. Unfortunately, not many people attend these programs because there is no requirement, interest, a lack of resources and minimal support.

Educational Programs. Educational programs provided to teen parents, new parents, and high school students are vital for skill development and knowledge on the topic of child maltreatment. Many educational programs help children and families develop nurturing environments and opportunities for proper development while reducing risk factors. Evidence based programs that have shown effectiveness on increasing knowledge and skills are Incredible Years, SafeCare, Parents as Teachers (PAT), Nurturing Fathers, therapy, and Period of Purple Crying (Parent Education to Strengthen Families and Prevent Child Maltreatment, 2019).

Community Support and Basic Needs. Government assistance programs in the U.S. such as Women, Infant and Children (WIC), Temporary Assistance for Needy Families (TANF), Medi-Cal, Supplemental Nutrition Assistance Program (SNAP), daycare and other programs have shown to directly benefit families and reduce the likelihood of child abuse and neglect in the U.S. (Lee & Mackey-Bilaver, 2007). According to the U.S. Department of Agriculture (2023), the WIC program offers supplemental foods and nutritional education for low income pregnant and parents of children who are zero to five years of age. These social assistance programs alleviate risk factors that contribute to child maltreatment and promote healthy families by providing free medical care, food vouchers and other monetary assistance to families who qualify (Lee & Mackey-Bilaver, 2007).

Parental Leave. Research suggests that paid parental leave time can contribute to a reduction of child maltreatment. However, there are no studies



that evaluates the effectiveness of this method (Maguire-Jack et al., 2018; Sethi et al., 2018). According to The U.S. Department of Labor, parents in the U.S. are provided up to 12 weeks of paid parental leave after a birth, or placement of a child. Comparably, a government website in the United Kingdom (UK) (2022) reports that England approves mothers to take up to 39 weeks of paid maternity leave which supports their return to the workforce. This enables mothers to focus on healing, nurturing their children without concerns about entrusting their newborns to strangers or facing financial difficulties (Bullinger et al., 2023).

Affordable Housing. Cunningham and Pergamit (2015) argued that having an affordable home to live in can help families stay together and found that most people involved in child welfare were families in high need of housing. Maguire-Jack et al. (2018) noted that housing affordability can be a form of prevention as it provides a safe and stable foundation for families. The access to affordable housing can reduce financial strain, improve outcomes for families and allow families to thrive and improve their quality of life.

### Gaps in Existing Studies

Prevention of child maltreatment is a well-studied topic with research showing the effectiveness of tertiary and secondary prevention strategies. Indeed, a systematic review of Child Maltreatment Prevention by Mikton and Butchart (2009) found that early childhood home visitation, parent education programs, child sexual abuse programs, abusive head trauma education, media public awareness and support groups could be used as prevention methods.

However, less is known about the effectiveness of primary preventive strategies for child maltreatment.

## Theoretical Perspectives in Connection to Child Maltreatment

### Risk and Protective Factors

The Risk and Protective Factors theory was created by doctors Hawkins and Catalano (1992) to determine the causes and solutions to substance use and to help create strategies and programs that prevent substance use (Community Prevention Initiative, 2020). Today, this framework is used widely amongst other settings at the individual, family, and community level. According to SAMHSA (n.d.), risk factors can be characterized at the biological, psychological, family, community or cultural levels and there is an association to a higher likelihood for negative outcomes. (*See Chapter One - Risk Factors*).

Protective factors under this theory are defined as characteristics that reduce risk factors and that have a lower likelihood for negative outcomes. These factors can be seen as positive events or circumstances (SAMHSA, n.d.). (*See Chapter Two - Primary Prevention*). It is imperative to educate individuals and families on the risk and protective factors to aid in reducing child maltreatment. Despite the versatility of this theory and the ability to be applied to the issue of child maltreatment, the theory is hyper focused on individual risk and protective factors leaving the responsibility of child maltreatment to individuals and families.

### Fineman's Theory of Vulnerability

The Theory of Vulnerability was introduced by Martha Albertson Fineman in 2008 in relation to feminism. Fineman proposed that vulnerability is a part of the human condition and that governments have a responsibility to respond by ensuring that people have equal access to resources (Kohn, 2014). The central idea of this theory suggests that all human beings are prone to vulnerability and that the state, or governments have an obligation to improve and enhance the quality of life for individuals and populations (Kohn, 2014). Fineman (2019) explains that vulnerability is not another term for weakness or disadvantage but instead it focuses on what human's share, expect of the laws and relationships that organize society that affect everyone. Vulnerability can create examination of new issues for the critical exploration of how to solve them (Fineman, 2008). This theory suggests that there is more to be done to address issues that affect large groups and populations.

### Aim of Study

The aim of this systematic review was to identify, evaluate, and synthesize empirical evidence on specific primary prevention strategies for child maltreatment. According to the Risk and Protective Factors Theory, primary prevention strategies that strengthen vulnerable families' protective factors should be effective in reducing child maltreatment likelihood. According to the Theory of Vulnerability, agencies can facilitate access to basic and physiological

needs for vulnerable populations with the aim to reduce risk factors that contribute to the prevalence of child maltreatment.

### Significance of Study

There appears to be a discrepancy between prevention and corrective actions in response to preventing child maltreatment. Although CAPTA (1974) is a policy created for the protection of children annotating that prevention is crucial, the corrective actions taken only prevent further maltreatment from occurring and not much is done to create primary preventions strategies and methods. By implementing the prevention levels, society can both work to reduce the incidence of child maltreatment and provide timely support to those who are at risk or affected.

### Summary

This chapter aimed at synthesizing current data regarding preventative methods of child maltreatment while describing two theoretical perspectives that were linked to explain and address child maltreatment efforts for prevention. Findings from this study have implications to develop primary preventative methods and reduce the incidence of child maltreatment. The information on this chapter demonstrates the importance of connecting the two theories to child maltreatment and suggests that one theory cannot be successful without the other when looking at reducing risk factors for primary child maltreatment prevention.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter describes the methods used to conduct the research for this study. The chapter will discuss the search terms used to conduct the research, the setting of this study, the publication period, the inclusion criteria, and exclusion criteria used for relevant literature for this systematic review.

#### Searching Strategies

This systematic review aims to examine the effectiveness of primary preventative methods for reducing child maltreatment. Studies conducted in the U.S., were identified for inclusion of this systematic review. A comprehensive literature search was conducted across CSUSB OneSearch. The search strategy utilized a combination of key words and controlled vocabulary related to child maltreatment and prevention. Search terms used were the following: “prevention methods” and “child maltreatment”; “parental leave” and “child maltreatment”; “primary prevention” and “child maltreatment”; WIC and “child maltreatment”; “home visit” and “child maltreatment”; “child abuse and neglect” and “primary prevention”; “affordable housing” and prevention and “child maltreatment”; “early parent education” and “child maltreatment”; TANF and “child maltreatment” and prevention.

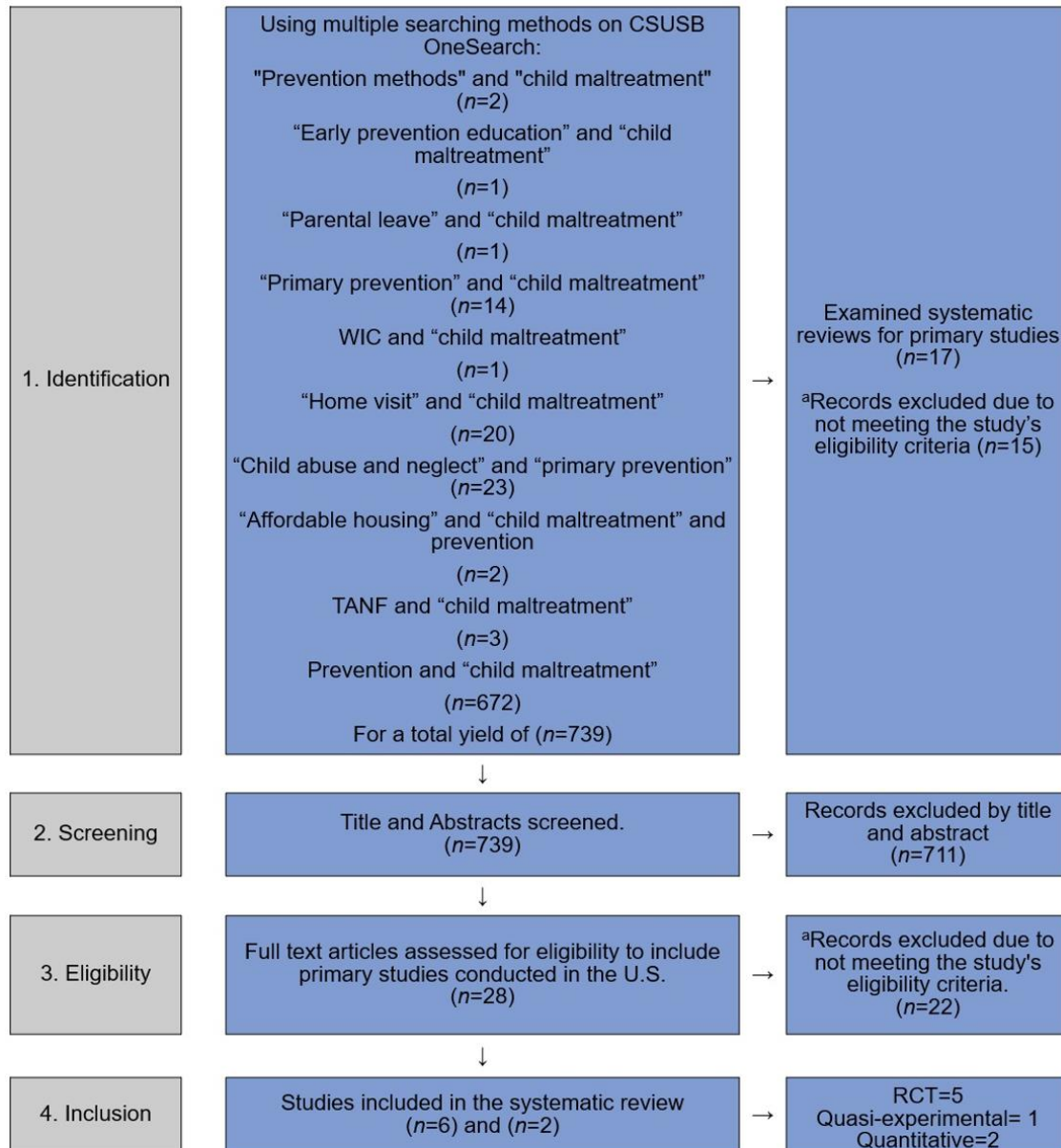
The inclusion criteria consisted of primary studies published in the English language, peer-reviewed journals, and full text articles from 2018 to 2023. Studies that were included focused on interventions and programs aimed at preventing child maltreatment before occurring or primary prevention in the U.S. Studies needed to be on children aged 0-18 and a combination of children and their families. Lastly, included are observational studies, quasi-experimental, and experimental studies. Exclusion criteria consisted of studies that do not focus specifically on child maltreatment primary prevention methods or interventions, studies that discuss secondary or tertiary prevention methods of child maltreatment only and to ensure relevance and accuracy included were articles written after 2018.

Once the studies were obtained, titles and abstracts were screened based on the predetermined eligibility criteria. Next, the full articles of relevant studies were reviewed and assessed for final inclusion. A secondary person reviewed the findings to ensure accuracy. Finally, the studies were transferred on to an excel sheet for collection.

### Summary

This chapter consisted of a detailed description of the methods used to gather the data for effective child maltreatment primary prevention methods in the U.S. The inclusion and exclusion criteria were used when assessing the eligibility of records to include in this study.

Table 1  
PRISMA diagram



*Note:* This study excluded systematic reviews, descriptive studies that did not test the effectiveness of primary prevention strategies, secondary and tertiary prevention strategies (i.e., corrective actions or already perpetrated child maltreatment), and studies conducted outside of the US.

## CHAPTER FOUR

### RESULTS

#### Introduction

This systematic review included eight primary studies. This chapter will review the research conducted on home visitations, affordable housing, and child maltreatment education by describing the effectiveness of these programs.

#### Home Visitations

##### Randomized Controlled Trial

Dodge et al. (2019) conducted a randomized controlled trial to test the impact of the Family Connects (FC) program, a postnatal home visitation program for families with newborns. The goal of the program was to identify and respond to participants' needs by completing assessments, connecting them to resources, and referring them to specialists when needed. Participants of this program received one to several home visits postpartum from a trained nurse. Of the 977 births between Jan 2014 and Jun 2014, 46.5% ( $n = 456$ ) were allocated to the FC program, and ( $n = 480$ ) were randomized to receive services as usual. Participants in the intervention and control group were comparable in most characteristics, including maternal age, number of births, insurance status, and being an adolescent mother. However, infants in the intervention group had a significantly higher birth risk than the infants in the control group. Additionally, more mother participants identified as Hispanic in the intervention group than in



the control group. State records were examined for the infants until the age of 24 months to determine whether they had substantiated maltreatment history within that period. Post-intervention interviews, which were conducted with 158 families with newborns, inquired about participants' service use in the last three months, post-partum mental health, parenting behaviors, parenting decisions, compliance with physician checkups, hospital emergency visits frequency, and mother's health care utilization. The findings showed that the intervention group had higher amounts of community connections, fewer mental health concerns, a higher rate of compliance with infant physician care, and a higher number of emergency hospital visits. Notably, families who received the intervention had 44% lower rates of child abuse and neglect investigations. These findings indicate that the FC program was effective in reducing child maltreatment and had a positive impact on maternal mental health.

Similarly, Goodman et al. (2021) conducted a randomized controlled trial to study the longer-term effectiveness of the FC program in preventing child maltreatment and emergency medical care before the age of 5 by engaging with the families when the infant was six months of age until the age of five. Among the 4,777 births in a county hospital between Jul 2009 and Dec 2010, 2,327 were assigned to receive the FC program and 2,440 were assigned to services as usual. Those assigned to the intervention group received one to three home visits and a final telephone call four weeks after home visits. The home visits consisted of parental education training, such as feeding practices. The visits

also included assessments of family needs on 12 components that included child health, maternal health, health care plans, childcare plans, parent-child relationship, the way the parent manages infant crying, material resources, family and community safety, parent history of parenting difficulties, parent mental health, parent substance use, and social-emotional support. Based on the needs of that specific family, the nurse home visitors would refer families to services and resources. The average age of each participant was 28 with no significant difference in each group. Most participants were African American yielding 42.1% in the control group and 36.5% in the intervention group. More than half (67.5%) of the participants in the control group and 63.3% of participants in the intervention group had Medicaid or no insurance, indicating that more than half of the participants were low-income. Results revealed that there were fewer child maltreatment investigations in the intervention group, 27 per 100 children, compared to 44 per 100 children in the control group. Moreover, there was a higher number of emergency visits for those in the control group. Findings from this study indicated that the nurse home visiting program can be an effective primary prevention method to reduce child maltreatment.

Another study by Guastaferrero et al. (2018) assessed the effectiveness of systematically braiding two evidence-based home parent-support models, Parent as Teachers (PAT) and SafeCare. Specifically, the researchers used cluster randomized design to examine whether PAT combined with SafeCare (PATSCH) improved the parenting behaviors associated with decreased risks for child

maltreatment compared to PAT alone. The study consisted of 159 participants: 92 were randomized to PAT alone group, and 67 were allocated to PATSCH. Participants in the PAT group were statistically significantly older than those in the PATSCH group, 29.20 vs. 26.27. Additionally, there was a statistically higher number of minorities in the PAT group compared to the PATSCH group, 72% vs 41%. Finally, regarding parenting behaviors at baseline, parents in the PAT only group had a significantly smaller number of hazards in the home than those in the PATSCH group, 9.48 vs. 12.70. Included participants were parents with children under the age of four who met a minimum of two risk factors: low income, low educational attainment, teen parent, single parent, or non-English speaking. Assessments were conducted at baseline, six months post-intervention, and 12 months post-intervention to measure hazards in the home, skills in identifying a sick child, and use of non-violent versus abusive discipline methods (physical assault and psychological aggression). Overall, findings were mixed in that PATSCH was not found to be more effective than PAT alone in home hazards, child abuse potential and psychological aggression.

### Quasi-Experimental Design

Unlike the previous three studies that conducted randomized controlled trials, Matone et al. (2018) conducted a quasi-experimental study to test the effectiveness of three home visiting programs: Nurse-Family Partnership (NFP), PAT, and Early Head Start (EHS) funded by the Maternal, Infant, and Early Childhood Home Visiting Programs (MIECHV) for reducing child maltreatment.

Data were extracted from 8,736 clients enrolled in the NFP between 2008 and 2014, 851 clients in the PAT program, and 866 clients in the EHS program. Each was given a comparison group or control group for comparison using entropy balancing and propensity score matching. Most clients were Caucasian and unmarried, and there was a notable difference in underage (under 18) participants in the NFP program compared to the PAT and EHS programs. About half of each program participants were low-income due to Temporary Assistance for Needy Families (TANF) and food stamp receipts. Results found that participants enrolled in the home visiting programs versus the comparison groups demonstrated a higher number of children experiencing maltreatment. However, the authors explained that other studies have found surveillance bias to be a possible culprit in that those not enrolled in a program may not visit emergency rooms as it may be perceived as optional.

### Affordable Housing

Ports et al. (2018) conducted a quantitative study to examine the association between housing availability and child maltreatment rates in 159 counties in the state of Georgia to determine if this can be identified as a prevention method. For this study, two data sources were used: the National Child Abuse and Neglect Data System (NCANDS) and the Low-Income Housing Tax Credit Program (LIHTC). LIHTC is a program created to increase access to affordable housing. To conduct the study, data was extracted and included the number of available units per 10,000 residents in the years 2005 to 2015. The

NCANDS data was used from 2005 to 2015 to find the prevalence of child maltreatment in the state and included cases per 1,000. The researchers found that there were 57.5 housing units per 10,000 residents and 16.3 per 1,000 substantiated cases of child abuse and neglect. Furthermore, they found a statistically insignificant negative association between the number of low-income units and substantiated cases of child maltreatment. This finding indicates that the availability of LIHTC units is associated with a reduction in child maltreatment and that more available units and increasing support can further reduce this issue. Although the association was not significant, they argued that housing affordability has an indirect effect on child maltreatment.

A similar study by Shanahan et al. (2022) conducted a descriptive quantitative study to examine the association between LIHTC availability and child maltreatment rates at the state and county level. Data was extracted from the LIHTC and NCANDS between the years 2005 to 2015 in the U.S. Data gathered was calculated by averaging the number of units from the LIHTC program per 100,000 per year and rates of child maltreatment per 100,000 population per year. States were categorized as: states with less than 25 units per 100,000 population and states with more than 25 units per 100,000 population. Higher maltreatment reports were identified in states with more than 25 units per 100,000 than in states with less than 25 units per 100,000. Neglect reports were higher in states with more than 25 LIHTC units per 100,000, but the number of physical abuse reports did not differ between states with a higher

number of affordable housing units and states with few affordable housings. Counties were categorized as: zero units per 100,000 population and more than one unit per 100,000. Counties with zero units per 100,000 population had higher reports of maltreatment, neglect and physical abuse reports compared to counties with more than one unit per 100,000. Overall, the results found an association between LIHTC availability and child maltreatment rates, but the relationship was in the opposite direction. Specifically, the study found that the higher the amount of LIHTC availability at the state level, the higher the amount of child maltreatment reports. However, the opposite relationship was detected at the county level so that counties with more affordable housing units had lower rates of child maltreatment reports. The study concluded that federal policies like LIHTC can contribute to reducing child maltreatment reports.

## Child Maltreatment Education

### Parent Education

A study conducted by Cox et al. (2019) revealed the effectiveness and importance of parent education programs for teen mothers by implementing a randomized control trial. The participants were recruited from a teen-tot clinic and consisted of 140 participants. Seventy-two were allocated to receive the intervention, and 68 received services as usual. The goal of the parenting education program was to impact the reproduction outcomes, increase parent self-esteem, reduce parental depression, improve parenting skills, and reduce the risk of child maltreatment. The intervention consisted of five one-hour-long

interactive parenting life skills modules that enhanced positive parent-child relationships, self-efficacy for teen mothers, and plans for future reproduction by engaging in planning and participating in interactive activities. Participants in the control group averaged 17.5 in age and participants in the intervention group averaged 18 years of age. Regarding school status, more participants in the control group were enrolled in high school or a GED program. Another notable difference between the two groups is that the intervention group consisted of more African Americans than the control group. Most participants were Hispanic (control=65% and intervention=56%) and African American (control=26% and intervention=40%) who lived at home with their parents. Outcomes at 36 months post-partum revealed that for the intervention group, self-esteem, parental skills, empathy, and acceptance were higher than those in the control group, and repeat pregnancies were significantly lower in the intervention group than those in the control group. However, there were no effects in risk for child maltreatment and depressive symptoms.

### Adolescent Education

A different approach was taken in a study conducted by Diaz et al. (2021) who examined an adolescent educational program called Childhelp Speak Up Be Safe (CHSUBS) using a cluster randomized controlled design. The curriculum is provided to high school students as a primary prevention method for child maltreatment and to increase knowledge on abuse. Three high schools with students from grades 9-12 ( $n=887$ ) were randomly assigned to participate in the

curriculum ( $n=416$ ) or serve as a control group ( $n=471$ ). Participants in both the control and intervention group averaged 15 and 16 years of age. Participants in both groups were comparable on most demographic characteristics, including age, gender, race, and ethnicity. However, there was a larger representation of whites in the control group. Online surveys were conducted at baseline, after intervention and at six months post intervention. The surveys asked knowledge items regarding child maltreatment and questions about RESIST (run, escape, scream, ignore, stay away, and tell) strategies. The results indicated a significant increase in child maltreatment knowledge and skills among those who participated in the intervention. These findings suggested that this program could be used to reduce child maltreatment and improve health outcomes in adolescents and implicated further research and implementation.

### Summary

In summary, this chapter summarized eight studies. Four of the studies were related to home visitation programs, two were related to affordable housing and two studies were on child maltreatment education.



Table 2  
Result List of Studies (n=8)

Author	Aim of Study	Study Design	Primary Prevention Strategy	Sample Size / Data Source	Outcomes Measured							Findings
					Child Maltreatment	Home Hazards	Parent Mental Health	Knowledge/Protective Factors	Resources/Support	Secondary Outcomes <sup>a</sup>		
Dodge et al. (2019)	Tested the impact of the Family Connects (FC) program	RCT	Home Visitation	I = 456 C = 480	x		x	x	x	x	Intervention group had 44% lower rates of child maltreatment reports and reduction in child maltreatment.	
Goodman et al. (2021)	Studied the longer-term effectiveness of the FC program	RCT	Home Visitation	I=2,327 C=2,440	x		x	x	x	x	Findings indicated that this program can be an effective primary prevention method to reduce child maltreatment.	
Guastafarro et al. (2018)	Tested the effectiveness of a combined home visiting support program, Parent as Teachers (PAT) and Safe Care at Home (SCH) or PATSCH	RCT	Home Visitation	I=67 C=92		x	x	x			PATSCH group showed a decrease in nonviolent discipline and an increase in psychological aggression	
Matone et al. (2018)	Evaluate the impact of early childhood home visiting programs.	Quasi-experimental	Home Visitation	I=9,695 C=167,962	x						Results found that participants enrolled in the home visiting programs versus the comparison groups demonstrated a higher number of children experiencing maltreatment.	
Ports et al. (2018)	Examined the association between housing availability and child maltreatment rates	Administrative database study	Affordable Housing	Data were collected from the HUD and the NCANDS between 2005 and 2015	x				x		Results indicate a statistically insignificant negative association between the number of low-income units and substantiated cases of child maltreatment.	
Shanahan et al. (2022)	Examined the association between Low-Income Housing Tax Credit (LIHTC) program availability and child maltreatment rates at the state and county level.	Administrative database study	Affordable Housing	Data were collected from the HUD and the NCANDS between 2005 and 2015	x				x		The higher the amount of LIHTC availability, the lower the amount of child maltreatment reports at the state and county levels.	
Cox et al. (2019)	Evaluate the effectiveness of a parenting and life skills intervention for teen mothers.	RCT	Child Maltreatment Education	I=72 C=68	x		x	x		x	Self-esteem, parental skills, empathy, and acceptance were higher in the intervention group than in the control group, and repeat pregnancies were significantly lower in the intervention group than in the control group. No effects on child maltreatment.	
Juarez Diaz et al. (2021)	Tested the effectiveness of a child maltreatment education program for adolescents to increase knowledge on abuse.	RCT	Child Maltreatment Education	I=416 C=471				x		x	Results indicated a significant increase in child maltreatment knowledge and skills among those who participated in the intervention.	

RCT = Randomized Controlled Trial, I = Intervention Group, C = Control Group, HUD = Department of Housing and Urban Development, NCANDS = National Child Abuse and Neglect Data System

<sup>a</sup>Secondary outcomes include but are not limited to parent and child wellbeing, repeat pregnancies, parent's cognition towards the infant/child, and emergency visits.

## CHAPTER FIVE: DISCUSSION

### Introduction

The aim of this systematic review was to evaluate recent evidence of primary prevention strategies for child maltreatment in the U.S. Eight studies were included in this review, where four focused on home visitation programs, two focused on housing affordability, and two focused on child maltreatment education. Half of the studies used randomized control trials, and the remaining were quantitative and quasi-experimental studies. These studies produced inconsistent results on the effectiveness of primary prevention strategies, as some studies demonstrated primary prevention strategies to be effective (Dodge et al., 2019; Goodman et al., 2021; Guastaferrero et al., 2018; Shanahan et al., 2022), one study was not tested on the effectiveness to reduce child maltreatment (Diaz et al., 2021), while others did not find these strategies to be effective (Matone et al., 2018; Cox et al., 2019).

### Contributions

Current research on child maltreatment prevention has thus far focused on secondary and tertiary prevention, while limited attention has been paid to primary prevention studies. When child maltreatment prevention is viewed using the three levels of prevention, it allows for a broader perspective on how prevention can be implemented. This systematic review provided a unique

contribution to research as it highlights the potential of primary preventative strategies for preventing child maltreatment in the U.S. while highlighting the slow progress on this public health issue.

### Included Studies

The studies that evaluated the effectiveness of home visitation programs revealed inconsistent findings. Two findings (Dodge et al., 2019; Goodman et al., 2021) found that the programs were effective, while the other two studies (Guastaferrero et al., 2018; Matone et al., 2018) found that the intervention group was ineffective, which increased the number of children experiencing child maltreatment. However, the study by Guastaferrero et al. (2018) combined two programs PATSCH and found that the PAT alone or the control group was successful in reducing child maltreatment while PATSCH was not. The discrepancy in findings may be explained by the possibility of surveillance bias or an overwhelming approach on parents. Surveillance bias occurs when participants who do not receive home visitations avoid hospital visits due to the lack of contact with healthcare professionals, whereas those who are visited regularly by healthcare professionals make more hospital visits because they are encouraged to seek medical attention. Programs that require a vast number of visits and services can become overwhelming for parents who already have a busy schedule, hence that may be why the PATSCH group failed. As a result, the home visitation intervention seemed to be somewhat ineffective due to the use of surveillance and excessive services during home visits.

The studies conducted by Ports et al. (2018) and Shanahan et al. (2022) sought to determine the effectiveness of affordable housing in reducing child maltreatment in Georgia and in the U.S., respectively. Although the studies found that more available affordable housing was correlated with lower rates of child maltreatment, the associations were not statistically significant. A notable limitation of these studies was that the researchers could not determine whether the children who lived in LIHTC units were the same children who were protected from child maltreatment, making the association difficult to establish. Despite the null findings, the availability of housing affordability is vital for low-income families as it can reduce stressors, promote stability, and provide safe environments where children can focus on their development and success rather than the need to survive.

The two studies that evaluated child maltreatment education (Cox et al., 2019; Diaz et al., 2021) revealed that this primary intervention strategy was not associated with reduced child maltreatment but was effective in increasing knowledge of the issue and development of skills. The study by Cox et al. (2019) implemented a parent education program for adolescent new mothers. However, the approach may not have consisted of enough education in the 36 months to see the benefit of the intervention. Another factor may include the lack of childcare assistance, the type of learning environment, and the learning style for these young mothers to grasp the information relayed. The study by Diaz et al., (2021) administered a child maltreatment education program for high school

students and found the intervention to be effective for increasing knowledge of child maltreatment and protective factors. Although child maltreatment was not a measured outcome, educational programs can be helpful in reducing child maltreatment because they can increase individuals' knowledge on warning signs, risk factors, create awareness of child maltreatment, and introduce skills to increase protective factors.

### Limitations

Findings from this systematic review must be interpreted in light of the following limitations. First, the search yielded several studies on primary prevention of child maltreatment conducted in other countries. Given the focus of this systematic review, which was to identify, evaluate, and synthesize empirical evidence on specific primary prevention strategies for child maltreatment in the U.S., international studies were excluded. Therefore, findings from this systematic review may not apply to preventive efforts in other countries. Second, due to time constraints, limited resources, and to maintain relevance, this study searched for primary studies conducted between 2018 and 2023, which limited other potentially effective primary prevention strategies, such as parental leave, from being included in the review. Third, the representation of participants included in the studies was non-minority, and there is less knowledge on the effectiveness of these interventions for minorities.

## Conclusion

Several recommendations are offered based on the findings from this systematic review. First, under Sub Section 202 (1)(a) of PL 93-247(CAPTA), there is an allotment for implementation of prevention-focused programs or systems for child maltreatment. Agencies focusing on child maltreatment should consider applying for these grants to expand the profession of social work from corrective actions to include primary prevention. The need to create more effective primary prevention policies and strategies can reduce the prevalence of child maltreatment, reduce the stigma attached to social work, and alleviate risk factors that contribute to this major issue. Second, current research demonstrates that corrective prevention actions are taken to address child maltreatment, but primary prevention is not emphasized. Prevention has become ambiguous, and although child maltreatment prevention is needed at all levels of prevention, it should be contextualized to categorize interventions that can be implemented at each level of prevention. Third, under section 205 (a) (3) (A) of PL 93-247(CAPTA), there are several suggested prevention services, which include respite care, community referrals, counseling for adoption services, childcare, early childhood education, services for individuals with disabilities, job readiness, tutoring, life skills, early developmental screening, and domestic violence services. Many of these services have not been evaluated for their effectiveness to reduce child maltreatment. Future research on the prevention of child maltreatment can consider undertaking an evaluation of some of the above

prevention programs. Lastly, extending paid parental leave has been proposed as an optional primary prevention strategy for parents, but no studies have tested the impact that parental leave has on child maltreatment; future research direction can include that.

## REFERENCES

- About WIC*. Food and Nutrition Service U.S. Department of Agriculture. (2022).  
<https://www.fns.usda.gov/wic/about-wic>
- Administration for Children and Families. (2023). *The AFCARS report: Preliminary estimates for FY 2021 as of June 2022*.  
<https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf>
- Albertson Fineman, M. (2008). The vulnerable subject: Anchoring equality in the human condition. *Yale Journal of Law & Feminism*, 20(1), 1-23.
- Albertson Fineman, M. (2019). Vulnerability and Social Justice. *Forthcoming in 53 Valparaiso university law review*, SSRN.
- Al-Eissa, M. A., ElChoueiry, N., AlBuhairan, F., Saleheen, H. N., & Almuneef, M. A. (2018). Child maltreatment prevention strategies: Saudi youth perspectives. *International Journal of Pediatrics & Adolescent Medicine*, 5(3), 92–98. <https://doi.org/10.1016/j.ijpam.2018.06.002>
- Allen, B., & Johnson, J. C. (2012). Utilization and implementation of trauma-focused cognitive–behavioral therapy for the treatment of maltreated children. *Child Maltreatment*, 17(1), 80-85.
- Arruabarrena, I., & De Paúl, J. (2012). Early intervention programs for children and families: Theoretical and empirical bases supporting their social and economic efficiency. *Psychosocial Intervention*, 21(2), 117-127.



- Avellar, S. A., & Supplee, L. H. (2013). Effectiveness of home visiting in improving child health and reducing child maltreatment. *Pediatrics (Evanston)*, *132 Suppl 2*(Supplement\_2), S90–S99.  
<https://doi.org/10.1542/peds.2013-1021G>
- Bugental, D. B., Ellerson, P. C., Lin, E. K., Rainey, B., Kokotovic, A., & O'Hara, N. (2010). A Cognitive Approach to Child Abuse Prevention. *Psychology of Violence*, *1*(S), 84–106. <https://doi.org/10.1037/2152-0828.1.S.84>
- Bullinger, L. R., Klika, B., Feely, M., Ford, D., Merrick, M., Raissian, K., Rostad, W., & Schneider, W. (2023). Paid Family Leave: An Upstream Intervention to Prevent Family Violence. *Journal of Family Violence*, *39*(3), 471–481.  
<https://doi.org/10.1007/s10896-022-00486-3>
- Centers for Disease Control and Prevention. (2022). *Risk and protective factors child abuse and neglect violence prevention injury Center CDC*. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>
- Chaffin, M., Bonner, B. L., & Hill, R. F. (2001). Family preservation and family support programs: Child maltreatment outcomes across client risk levels and program types. *Child Abuse & Neglect*, *25*(10), 1269-1289.
- Child Stats Forum on Child and Family Statistics (2021). POP1 Child Population: Number of children (in millions) ages 0-17 in the United States by age,

1950-2021 and projected 2022-2050.

<https://www.childstats.gov/americaschildren/tables/pop1.asp>

Child Welfare Information Gateway. (2022). Definitions of child abuse and neglect. U.S. Department of Health and Human Services.

<https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>

Children's Bureau. (2019, February). About CAPTA: A Legislative History.

<https://www.childwelfare.gov/pubpdfs/about.pdf>

Children's Bureau. (2023). *Title IV-E prevention program. The Administration for*

*Children and Families*. <https://www.acf.hhs.gov/cb/title-iv-e-prevention-program#:~:text=The%20Family%20First%20Prevention%20Services%20Act%20%28FFPSA%29%2C%20enacted,or%20kin%20caregivers%20of%20those%20children%20and%20youth.>

Chipalo, E. (2021). Is trauma focused-cognitive behavioral therapy (TF-CBT)

effective in reducing trauma symptoms among traumatized refugee children? A systematic review. *Journal of Child & Adolescent Trauma*, 14(4), 545-558.

Claussen, A. H., & Crittenden, P. M. (1991). Physical and psychological

maltreatment: Relations among types of maltreatment. *Child Abuse & Neglect*, 15(1-2), 5-18.

- Cohen, S., & Warren, R. D. (1990). The intersection of disability and child abuse in England and the United States. *Child Welfare: Journal of Policy, Practice, and Program*.
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2016). Treating trauma and traumatic grief in children and adolescents. *Guilford Publications*.
- Community Prevention Initiative. (2020). Substance Use Disorder (SUD) Prevention 1010: Key concepts in prevention. [www.ca-cpi.org/wp-content/uploads/2020/02/Foundational-Prevention-Theories.pdf](http://www.ca-cpi.org/wp-content/uploads/2020/02/Foundational-Prevention-Theories.pdf)
- Conley, A. (2007). Differential response: A critical examination of a secondary prevention model. *Children and Youth Services Review*, 29(11), 1454–1468. <https://doi.org/10.1016/j.childyouth.2007.06.003>
- Cunningham, M., & Pergamit, M. (2015). Housing Matters for Families: Promising Practices from Child Welfare Agencies. *Child Welfare*, 94(1), 123–140.
- Cox, J. E., Harris, S. K., Conroy, K., Engelhart, T., Vyavaharkar, A., Federico, A., & Woods, E. R. (2019). A Parenting and Life Skills Intervention for Teen Mothers: A Randomized Controlled Trial. *Pediatrics (Evanston)*, 143(3), 1-. <https://doi.org/10.1542/peds.2018-2303>
- Diaz, M. J., Wolfersteig, W., Moreland, D., Yoder, G., Dustman, P., & Harthun, M. L. (2021). Teaching Youth to Resist Abuse: Evaluation of a Strengths-Based Child Maltreatment Curriculum for High School Students. *Journal of Child & Adolescent Trauma*, 14(1), 141–149. <https://doi.org/10.1007/s40653-020-00304-2>

- Dodge, K. A., Goodman, W. B., Bai, Y., O'Donnell, K., & Murphy, R. A. (2019). Effect of a community agency-administered nurse home visiting program on program use and maternal infant health outcomes. A randomized clinical trial. *JAMA Network Open*, 2, e1914522.  
<https://doi.org/10.1001/jamanetworkopen.2019.14522>
- Eckenrode, J., Campa, M. I., Morris, P. A., Henderson, C. R., Bolger, K. E., Kitzman, H., & Olds, D. L. (2017). The Prevention of Child Maltreatment Through the Nurse Family Partnership Program: Mediating Effects in a Long-Term Follow-Up Study. *Child Maltreatment*, 22(2), 92–99.  
<https://doi.org/10.1177/1077559516685185>
- Erens, B., de Ruiter, C., Otgaar, H., & Humblet, J. (2022). Research-based Risk Factors for Child Maltreatment: Do Child Protection Workers Use them in their Case Investigations? *The British Journal of Social Work*, 52(7), 3945–3963. <https://doi.org/10.1093/bjsw/bcac042>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (2019). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-.  
<https://doi.org/10.1016/j.amepre.2019.04.001>

- Flaherty, E. G., & Stirling, J. (2010). Clinical Report—The Pediatrician’s Role in Child Maltreatment Prevention. *Pediatrics (Evanston)*, *126*(4), 833–841. <https://doi.org/10.1542/peds.2010-2087>
- Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & MacMillan, H. L. (2009). Recognizing and responding to child maltreatment. *The Lancet (British Edition)*, *373*(9658), 167–180. [https://doi.org/10.1016/S0140-6736\(08\)61707-9](https://doi.org/10.1016/S0140-6736(08)61707-9)
- Goodman, W. B., Dodge, K. A., Bai, Y., Murphy, R. A., & O’Donnell, K. (2021). Effect of a Universal Postpartum Nurse Home Visiting Program on Child Maltreatment and Emergency Medical Care at 5 Years of Age: A Randomized Clinical Trial. *JAMA Network Open*, *4*(7), e2116024–e2116024. <https://doi.org/10.1001/jamanetworkopen.2021.16024>
- GOV.UK. (2022). Maternity Allowance. <https://www.gov.uk/maternity-allowance/what-youll-get>
- Green, B. L., Ayoub, C., Bartlett, J. D., Von Ende, A., Furrer, C., Chazan-Cohen, R., Vallotton, C., & Klevens, J. (2014). The effect of Early Head Start on child welfare system involvement: A first look at longitudinal child maltreatment outcomes. *Children and Youth Services Review*, *42*, 127–135. <https://doi.org/10.1016/j.childyouth.2014.03.044>
- Guastaferrero, K., Lai, B. S., Miller, K., Shanley Chatham, J., Whitaker, D. J., Self-Brown, S., Kemner, A., & Lutzker, J. R. (2018). Braiding Two Evidence-Based Programs for Families At-Risk: Results of a Cluster Randomized

Trial. *Journal of Child and Family Studies*, 27(2), 535–546.

<https://doi.org/10.1007/s10826-017-0886-2>

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64.

Jonson-Reid, M., Kohl, P. L., & Drake, B. (2012). Child and Adult Outcomes of Chronic Child Maltreatment. *Pediatrics (Evanston)*, 129(5), 839–845.  
<https://doi.org/10.1542/peds.2011-2529>

Kaye, M. P., Faber, A., Davenport, K. E., & Perkins, D. F. (2018). Common components of evidence-informed home visitation programs for the prevention of child maltreatment. *Children and Youth Services Review*, 90, 94–105. <https://doi.org/10.1016/j.childyouth.2018.05.009>

Kim, B., & Maguire-Jack, K. (2015). Community interaction and child maltreatment. *Child Abuse & Neglect*, 41, 146-157.

Kohn, N. A. (2014). Vulnerability Theory and the role of government. *Yale Journal of Law & Feminism*, 26(1), 1-24.

Konopka, L. M. (2015). The impact of child abuse: neuroscience perspective. *Croatian Medical Journal*, 56(3), 315.

Kuluk, A., Allard, T., & Stewart, A. (2021). Understanding Risk and Protective Factors for Maternal Maltreatment: A Population-Based Comparative Analysis. *Journal of Child and Family Studies*, 30, 2744-2755.

- Lanier, P., Kohl, P. L., Benz, J., Swinger, D., & Drake, B. (2014). Preventing Maltreatment with a Community-Based Implementation of Parent–Child Interaction Therapy. *Journal of Child and Family Studies*, 23(2), 449–460. <https://doi.org/10.1007/s10826-012-9708-8>
- Lee, B. J., & Mackey-Bilaver, L. (2007). Effects of WIC and Food Stamp Program participation on child outcomes. *Children and Youth Services Review*, 29(4), 501–517. <https://doi.org/10.1016/j.chilyouth.2006.10.005>
- Leavel HR and Clark EG. Preventive Medicine for the Doctor in His Community. New York, NY: McGraw-Hill. 1965.
- Livny, K. A., & Katz, C. (2018). Schools, Families, and the Prevention of Child Maltreatment: Lessons That Can Be Learned from a Literature Review. *Trauma, Violence & Abuse*, 19(2), 148–158. <https://doi.org/10.1177/1524838016650186>
- MacKenzie, M. J., Kotch, J. B., & Lee, L.-C. (2011). Toward a cumulative ecological risk model for the etiology of child maltreatment. *Children and Youth Services Review*, 33(9), 1638–1647. <https://doi.org/10.1016/j.chilyouth.2011.04.018>
- Maguire-Jack, K., Negash, T., & Steinman, K. J. (2018). Child maltreatment prevention strategies and needs. *Journal of Child and Family Studies*, 27, 3572-3584.
- Matone, M., Kellom, K., Griffis, H., Quarshie, W., Faerber, J., Gierlach, P., Whittaker, J., Rubin, D. M., & Cronholm, P. F. (2018). A Mixed Methods

Evaluation of Early Childhood Abuse Prevention Within Evidence-Based Home Visiting Programs. *Maternal and Child Health Journal*, 22(Suppl 1), 79–91. <https://doi.org/10.1007/s10995-018-2530-1>

Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization*, 87(5), 353–361. <https://doi.org/10.2471/BLT.08.057075>

Myers, J. E. (2008). A short history of child protection in America. *Family Law Quarterly*, 42(3), 449-463.

National Association of Social Workers. (2023). *Read the code of ethics*.

<https://www.socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english#principles>

Nurse-Family Partnership. (2022). *Overview: General Information*.

<https://www.nursefamilypartnership.org/wp-content/uploads/2022/03/Nurse-Family-Partnership-Overview-2.pdf>

O'Donnell, K. J., Chen, L., Maclsaac, J. L., McEwen, L. M., Nguyen, T., Beckmann, K., Zhu, Y., Chen, L. M., Brooks-Gunn, J., Goldman, D., Grigorenko, E. L., Leckman, J. F., Diorio, J., Karnani, N., Olds, D. L., Holbrook, J. D., Kobor, M. S., & Meaney, M. J. (2018). DNA methylome variation in a perinatal nurse-visitation program that reduces child maltreatment: a 27-year follow-up. *Translational Psychiatry*, 8(1), 15–15. <https://doi.org/10.1038/s41398-017-0063-9>



- Ogunwole, S. U., Rabe, M. A., Roberts, A. W., Caplan, Z. (2021, August). *Population under age 18 declined last decade*.  
<https://www.census.gov/library/stories/2021/08/united-states-adult-population-grew-faster-than-nations-total-population-from-2010-to-2020.html>
- Parent education to strengthen families and prevent child maltreatment. (2019). U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Welfare Information Gateway*.
- Ports, K. A., Rostad, W. L., Luo, F., Putnam, M., & Zurick, E. (2018). The impact of the low-income housing tax credit on children's health and wellbeing in Georgia. *Children and Youth Services Review*, 93, 390–396.  
<https://doi.org/10.1016/j.childyouth.2018.08.012>
- Prevention, V. (2020). Risk and Protective Factors. *Centers for Disease Control and Prevention*.
- Reijneveld, S. A., van der Wal, M. F., Brugman, E., Sing, R. A. H., & Verloove-Vanhorick, S. P. (2004). Infant crying and abuse. *The Lancet*, 364(9442), 1340-1342.
- Sethi, D., Yon, Y., Parekh, N., Anderson, T., Huber, J., Rakovac, I., & Meinck, F. (2018). European status report on preventing child maltreatment.
- Shanahan, M. E., Austin, A. E., Durrance, C. P., Martin, S. L., Mercer, J. A., Runyan, D. K., & Runyan, C. W. (2022). The Association of Low-Income

Housing Tax Credit Units and Reports of Child Abuse and Neglect. *American Journal of Preventive Medicine*, 62(5), 727–734.

<https://doi.org/10.1016/j.amepre.2021.11.020>

Silovsky, J. F., Bard, D., Chaffin, M., Hecht, D., Burris, L., Owora, A., Beasley, L., Doughty, D., & Lutzker, J. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. *Children and Youth Services Review*, 33(8), 1435–1444.

<https://doi.org/10.1016/j.childyouth.2011.04.023>

Slack, K. S., & Berger, L. M. (2020). Who Is and Is Not Served by Child Protective Services Systems? Implications for a Prevention Infrastructure to Reduce Child Maltreatment. *The Annals of the American Academy of Political and Social Science*, 692(1), 182–202.

<https://doi.org/10.1177/0002716220980691>

Statistisches Bundesamt (Destatis) (2023). *Social statistics: Public children and youth welfare*. [https://www.destatis.de/EN/Themes/Society-Environment/Social-Statistics/Public-Children-Youth-Welfare/\\_node.html](https://www.destatis.de/EN/Themes/Society-Environment/Social-Statistics/Public-Children-Youth-Welfare/_node.html)

Substance Abuse and Mental Services Administration. (n.d.). Risk and protective factors. <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

- Tarantola, D. (2018). Child Maltreatment: Daunting and Universally Prevalent. *American Journal of Public Health* (1971), 108(9), 1119–1120. <https://doi.org/10.2105/AJPH.2018.304637>
- Testa, M. F., & Smith, B. (2009). Prevention and drug treatment. *The Future of Children*, 147-168.
- Thomas, R., & Zimmer-Gembeck, M. J. (2012). Parent–Child Interaction Therapy: An Evidence-Based Treatment for Child Maltreatment. *Child Maltreatment*, 17(3), 253–266. <https://doi.org/10.1177/1077559512459555>
- UNICEF. (1990). Convention on the Rights of the Child. UNICEF. <https://www.unicef.org/child-rights-convention/convention-text>
- United States Congress. (1974). The Child Abuse Prevention and Treatment Act. Public Law, 93-247.
- United States Department of Health and Human Services. (2019). About CAPTA: A legislative history. <https://www.childwelfare.gov/pubPDFs/about/pdf>
- U.S. Department of Labor. (2020). Paid parental leave. <https://www.dol.gov/general/jobs/benefits/paid-parental-leave>
- U.S. Department of Health and Human Services. (2023). *Title IV-E prevention program*. The Administration for Children and Families. <https://www.acf.hhs.gov/cb/title-iv-e-prevention-program#:~:text=The%20Family%20First%20Prevention%20Services%20Act%20%28FFPSA%29%2C%20enacted,or%20kin%20caregivers%20of%20those%20children%20and%20youth.>

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021*.

<https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

Underwood, E. (2020). California has begun screening for early childhood trauma, but critics urge caution; *Program aims to cut health impacts of early life adversity by half*. Science.

<https://www.science.org/content/article/california-has-begun-screening-early-childhood-trauma-critics-urge-caution>

US Department of Health and Human Services. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). *Trends in Foster Care and Adoption: FY 2012 – 2021*.

<https://www.acf.hhs.gov/cb/report/trends-foster-care-adoption>

Vial, A., van der Put, C., Stams, G. J. J. M., Kossakowski, J., & Assink, M. (2020). Exploring the interrelatedness of risk factors for child maltreatment: A network approach. *Child Abuse & Neglect*, 107, 104622–104622. <https://doi.org/10.1016/j.chiabu.2020.104622>

Waid, J., Cho, M., & Marsalis, S. (2022). Mental health targets in child maltreatment prevention programs: A systematic review of randomized trials. *Children and Youth Services Review*, 136, 106423-.

<https://doi.org/10.1016/j.childyouth.2022.106423>

Younas, F., & Gutman, L. M. (2022). Parental Risk and Protective Factors in Child Maltreatment: A Systematic Review of the Evidence. *Trauma, Violence, & Abuse*, 15248380221134634.