

# A Better Start

## *Child Maltreatment Prevention as a Public Health Priority*

FRANCIE ZIMMERMAN

*The Doris Duke Charitable Foundation*

JAMES A. MERCY

*Centers for Disease Control and Prevention*

Imagine a community where all of the adults who interact with children—parents, family members, child care providers, teachers, doctors, nurses, clergy, and neighbors—actively engage in preventing child maltreatment *before* an incident of abuse or neglect occurs. Imagine a community where there is a wide continuum of prevention activities that extends well beyond providing direct services to individual families; a continuum that includes public education efforts to change social norms and behavior, neighborhood activities that engage parents, and public policies and institutions that support families. This type of broad-based, communitywide approach is often the purview of public health systems, because public health strategies, by definition, strive to promote the health and well-being of populations as a whole.

A public health approach to child maltreatment would address the range of conditions that place children at risk for abuse or neglect, not just at the individual and family levels but also at the community and societal levels. To use an analogy from the environmental field, a public health approach expands the focus from individual “endangered animals” to encompass the broader “habitat and environmental factors” that place species at risk. Historically, most child abuse prevention programs focused on individual and family dynamics, not communitywide or population-based strategies. That is changing. A growing number of practitioners and policymakers are implementing prevention efforts outside of the child welfare system in community settings that see large numbers of families with young children.

Although state and local departments of health do utilize comprehensive public health strategies, they typically do *not* address the specific problem of child maltreatment. This is a critical missed opportunity because, in addition to the

immediate harm to children, there is a growing body of evidence that early traumatic experiences are associated with health problems throughout the lifespan (Shonkoff, Boyce, & McEwen, 2009). In fact, research shows an association between child maltreatment and a broad range of problems including substance abuse, intimate partner violence, teenage pregnancy, anxiety, depression, suicide, diabetes, ischemic heart disease, sexually transmitted diseases, smoking, and obesity (Fellitti et al., 1998; Mercy & Saul, 2009; Repetti, Taylor, & Seeman, 2002). Some of our nation’s most serious health concerns can be linked to trauma from abuse and neglect early in life. Preventing maltreatment can be a powerful lever to move the population toward greater health and well-being.

### Magnitude of Abuse and Neglect

CHILD MALTREATMENT—WHICH includes physical, sexual, and emotional abuse and neglect—is a problem of significant scope. In 2007, public child protective services agencies received

reports of alleged maltreatment involving 5.8 million children. That is more than six times the number of children enrolled in all Head Start programs for the same year. Sixty-two percent of reports to child protective services, involving 3.5 million children, were screened for further investigation or assessment (a rate of 47 children reported per 1,000 children in the general population); 794,000 were determined to be victims of abuse or neglect. In 86% of these cases, parents or other relatives were responsible for the maltreatment. Neglect was the problem in 60% of the cases. Young children, under 7 years old, constitute the majority of child abuse/neglect cases (55.7%) and suffer the greatest harm. Infants less than 1 year old have the highest

### Abstract

**Child abuse prevention programs have historically focused on individual and family dynamics rather than community-based or societal strategies to prevent child maltreatment. Recently, there has been a growing recognition of the importance of communitywide efforts to prevent child maltreatment before abuse or neglect occurs by offering a continuum of services that promote the health of the population as a whole. The authors describe how a public health approach to child maltreatment addresses the range of conditions that place children at risk for abuse or neglect and include strategies at the individual, family, community, and societal levels to promote health and well-being.**

rates of child victimization at 22 victims per 1,000 children (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2009).

The number of children officially reported to child protection systems substantially undercounts the total population of children who experience abuse or neglect. Conducted in 2008, the National Survey of Children's Exposure to Violence (NatSCEV) was the first national study to examine children's exposure to violence in homes, schools, and communities across all age groups (Finkelhor, Turner, Ormrod, & Hamby, 2009). In terms of maltreatment, NatSCEV found that more than 1 in 10 children surveyed (10.2%) suffered some form of maltreatment during the past year and nearly 1 in 5 (18.6%) did so during their lifetimes (Finkelhor et al., 2009). In contrast to the reports to public child welfare agencies noted earlier, rates of exposure to maltreatment from NatSCEV rose as children grew older. This is perhaps due to greater underreporting of maltreatment perpetrated against older children to public welfare agencies.

## Consequences of Abuse and Neglect

**F**OR DECADES, THE negative impact of abuse and neglect on children has been documented to include injuries, disabilities, and other physical health issues; low academic achievement; and emotional problems. In recent years, newer brain imaging techniques have enabled scientists to document the effects of abuse and neglect on the developing brain and, hence, a broader range of health and social consequences of abuse and neglect. These images show that maltreatment early in life actually damages the brain's physical structure by impairing cell growth, interfering with the formation of health circuitry, and altering the neural structure and function of the brain itself (McEwen, 2007).

Jack Shonkoff, director of Harvard University's Center on the Developing Child, explains that, "There is extensive evidence that adversity can get 'under the skin' and undermine health and development. Persistent stress produces excessive elevation in heart rate, blood pressure, and stress hormones which can impair brain architecture, immune status, metabolic systems, and cardiovascular function."

Thus, early life experiences are built into our bodies. Abuse, neglect, and other traumatic events can take a serious toll, contributing to health problems over a lifetime. The Adverse Childhood Experiences Study (ACEs) provides powerful evidence of this. The ACEs is an ongoing study of over 17,000 primarily middle-class adults who are enrolled in the Kaiser Permanente health care

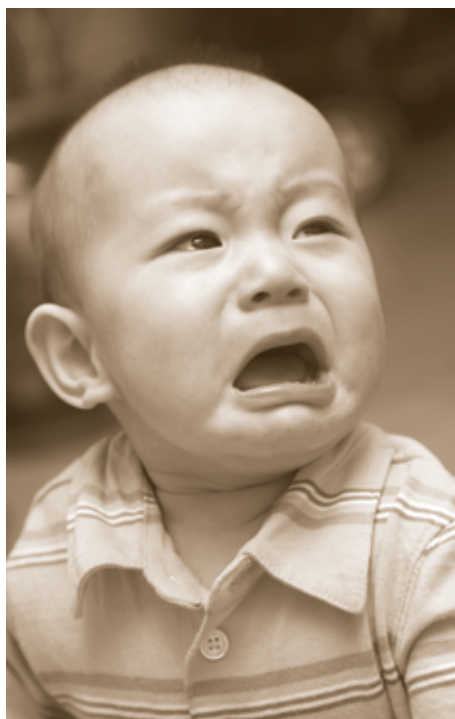


PHOTO: ©ISTOCKPHOTO.COM/PING HAN

**Early traumatic experiences are associated with health problems throughout the lifespan.**

system and who provided retrospective information about their childhoods (Fellitti et al., 1998). This study found that individuals who experienced five or more adversities (e.g., abuse, neglect, family dysfunction) were at fivefold greater risk for depression. Perhaps, the impact of early adversity on emotional well-being is not surprising, but the ACEs also found that an individual who had seven adverse experiences has a 10-fold greater likelihood of having heart disease (Fellitti et al., 1998). Recent findings from the ongoing ACEs indicate that early trauma is associated with shorter life expectancy. The researchers found that people with six or more adverse childhood experiences died nearly 20 years earlier on average than those without such experiences. Those who suffered substantial childhood trauma have double the risk for early death, compared with adults who had not endured adverse childhood experiences (Brown et al., 2009).

## Contribution to Health Disparities

**E**XPOSURE TO CHILD maltreatment is not randomly distributed within populations. The likelihood of a child experiencing maltreatment is associated with her or his social and economic environment (Braveman & Egerter, 2008). Children from households with lower income and parental education and who live in communities with greater concentrations of disadvantage, housing stress, low social capital, and lack of social support are more likely to be exposed to

## PREVENT CHILD MALTREATMENT

There are a number of convincing reasons why public health agencies and practitioners should make concerted efforts to prevent child maltreatment.

- There is now a compelling scientific research base that makes the case for preventing maltreatment as a strategy to promote health and prevent disease across the lifespan.
- The child protection system sees only a fraction of the total number of children who experience abuse or neglect, and its involvement is after the fact.
- It is not practical, financially feasible, or even appropriate to provide individualized social services to all families.
- Public health efforts have successfully addressed other health concerns by using a mix of education, communication, and policy changes: Consider the use of bike helmets or "back-to-sleep" campaigns.
- Public health is experienced at addressing complex health issues (e.g., smoking, substance abuse) that require sustained, multiprong strategies that have been adapted to changes over time.
- Public health campaigns are often multidisciplinary, cutting across several service systems and engaging a variety of professionals as well as "regular" people.
- Public health agencies already have access to young children through immunization programs, as well as WIC (Women, Infants and Children), home visiting, and other maternal/child health initiatives.

child maltreatment (Kotch, Browne, Ringwalt, Dufort, & Ruina, 1997; Runyan, Wattam, Ikeda, Hassan, & Ramiro, 2002; Sidebotham & Heron, 2006). These exposures exacerbate and sustain socioeconomic, racial, and ethnic health disparities across generations by compromising a child's health, cognitive abilities, and social skills over the course of his or her life (Braveman & Egerter, 2008). Therefore, although not currently recognized as such, the prevention of maltreatment may be critically important to reducing social and economic disparities in health.

## A Role for Public Health

**P**UBLIC HEALTH INFRASTRUCTURE exists in every state, with an average of about 2,000 state employees in the workforce and state and federal funding of approximately \$2.89 billion combined per state (Beitsch, Brooks, Menachemi, & Libbey,

**Table 1. Reactive Versus Proactive Approach to Prevention of Child Maltreatment**

Question	Reactive Approach to Child Maltreatment Prevention	Proactive Approach to Child Maltreatment Prevention
What is the problem?	Poor parenting	Lack of formal/informal societal support of parents and access to new information
What created it?	Upbringing, substance abuse, parental choice	Society with short-term vision, outdated theories on raising children, declining communities
Who solves it?	Police, CPS, foster parents, parents fixing themselves	Community leaders with vision, friends and neighbors, health care system, faith groups, doctors, schools, etc.
What created it?	Rescue children, punish parents, children heal themselves (baby bootstrap)	New info about development, more social interaction and parent support, reinforcement of positive behaviors

2006). However, championing a public health approach does not mean transferring responsibility from one public agency to another. Rather, a successful public health strategy would weave together programs, policies, and people. Such an approach would entail engaging a host of partners from other service systems (e.g., early education, schools, police, health care, parent education, and family support), as well as community-based resources (e.g., faith-based organizations, neighborhood leaders, libraries, recreation centers). Such a strategy would also entail educating the public through media and other outreach efforts. Cumulatively, public health strategies would influence individual behavior and build public will to support policy changes that promote healthy child development.

Think of the shift that has occurred, for

example, with cigarette smoking. Antismoking efforts have moved well beyond educational programs urging individuals to quit, to policies that limit exposure to secondhand smoke and increase taxes on cigarettes—all aimed at reducing health problems caused by smoking. In combination, these elements have changed how society views cigarettes and have reduced U.S. smoking rates over time.

Child abuse and neglect prevention efforts have already moved significantly into public health terrain. Over the past decade, many prevention efforts have evolved from a narrow focus on individual victims involved in the child welfare system to a wider repertoire of prevention strategies that reach more families and are based in normal, nonstigmatizing places. There is strong momentum; new partnerships and programs show great promise

for reducing risk and enhancing protective factors for children. Child abuse prevention is moving from a reactive to a proactive stance (see Table 1). Ultimately, through coordination between our child protective service and public health systems, an optimal balance can be achieved between these reactive and proactive elements of child maltreatment prevention reflected in Table 1. For examples of proactive initiatives, see sidebars:

Strengthening Families is the umbrella name for an array of strategies—including staff training, program enhancements, quality improvement efforts and policy changes—that integrate prevention into early education and child care programs. Dozens of states and localities are engaged in some type of Strengthening Families activity which is spearheaded by the Center for the Study of Social Policy and promoted by other national organizations such as ZERO TO THREE, Children’s Trust and Prevention Funds, and the United Way. There is evidence that enriched early education programs can achieve prevention goals. The Chicago Longitudinal Study found that children who participated in the Child Parent Centers (which provided early education and family support services) had a 52% lower rate of substantiated maltreatment by age 17 than children in the comparison group who attended regular kindergarten (Reynolds & Robertson, 2003).

## Communications

**F**URTHER BOLSTERING THE case for a public health approach is analysis conducted by communications experts that recommends moving away from a focus on child victims and the damage caused by abuse and neglect. Research commissioned by Prevent Child Abuse America and conducted by the FrameWorks Institute indicates that the public is well aware of the problem of abuse and neglect. However, people tend to default to familiar “frames” (widely and deeply held assumptions) when a familiar topic is raised. For maltreatment, default frames center on the most horrendous cases of abuse and the failings of public agencies to respond. These pervasive narratives leave little room for the more hopeful messages of promotion and prevention (Bales, 2004). FrameWorks recommends that communication about prevention be linked to information about child development, especially the critical early years of brain development and the impact of toxic stress. They also recommend emphasizing the theme of interaction, the “serve-and-return” exchange between young children and the adults in their environment, as well as the community resources that are needed to support families (Bales, 2009). Many child

## THE NURSE FAMILY PARTNERSHIP (NFP) AND HOME VISITING

Begun as a research study in 1977 in Elmira, NY, the NFP has grown into a well-recognized and widely replicated direct service model that currently reaches more than 20,000 families per year in 25 states. The NFP uses specially trained, registered nurses to make home visits to young, first-time, low-income mothers and their babies over the first 2 years of the babies’ life. The NFP has been assessed through three randomized controlled trials conducted over the past 30 years. These studies have documented a number of long-term positive outcomes for mothers and children, including improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, and increased maternal employment. (NFP, 2009). In the 15-year follow-up of the first trial, the NFP documented a 48% reduction in child abuse and neglect among families who received the home visit intervention (Olds et al., 1997).

The NFP and other home-visiting programs have been widely promoted as a strategy to prevent maltreatment. Enthusiasm for home visiting is based, in part, on the NFP’s encouraging results and, also in part, on the commonsense appeal of reaching out to new parents who are generally responsive to support and information about their newborn baby. Subsequent evaluations of home-visiting programs have not had similar results to the NFP’s first evaluation in terms of reducing abuse and neglect reports. In some instances, there were significant challenges with research methodology (i.e., collecting and analyzing child protection data over time), and in other instances, programs may not have been of sufficient quality to be effective. However, several other home-visiting programs have documented positive results in reducing harsh parenting practices, decreasing stress, improving the home environment, and/or improving child development. With growing interest and support from private, state, and federal sources, the NFP and other evidence-based home-visiting programs are poised for significantly greater expansion.

## STRENGTHENING FAMILIES

**Strengthening Families** is the umbrella name for an array of strategies—including staff training, program enhancements, quality improvement efforts and policy changes—that integrate prevention into early education and child care programs. Dozens of states and localities are engaged in some type of *Strengthening Families* activity which is spearheaded by the Center for the Study of Social Policy and promoted by other national organizations such as ZERO TO THREE, Children's Trust and Prevention Funds, and the United Way. There is evidence that enriched early education programs can achieve prevention goals. The Chicago Longitudinal Study found that children who participated in the Child Parent Centers (which provided early education *and* family support services) had a 52% lower rate of substantiated maltreatment by age 17 than children in the comparison group who attended regular kindergarten (Reynolds & Robertson, 2003).

*Strengthening Families* has caught on because child care providers and policymakers are concerned about the safety and well-being of the children in their care and because it is built on a solid foundation of previous research that identified protective factors for maltreatment (Horton, 2003). When present and robust in a family, the protective factors listed here (Strengthening Families, 2008) decrease the likelihood of child abuse and neglect.

- **Parental resilience:** The ability to cope and bounce back from all type of challenges.
- **Social connections:** Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents.
- **Knowledge of parenting and child development:** Accurate information about raising young children and appropriate expectations for their behavior.
- **Concrete support in times of need:** Financial security to cover day-to-day expenses and unexpected costs that come up from time to time; access to formal supports, such as Temporary Assistance to Needy Families (TANF) and Medicaid, and to informal support from social networks.
- **Children's social and emotional development:** A child's ability to interact positively with others and communicate his or her emotions effectively.

These protective factors have been used to develop actionable changes in the daily operations, partnerships, and policies of child care programs—without incurring huge additional costs. With federal support from the Children's Bureau, the Center for the Study of Social Policy's Quality Improvement Center on Early Childhood is currently reviewing research and demonstration proposals that will generate more information about how protective factors can contribute to decreased likelihood of maltreatment.

## PURPLE CRYING

Certain types of abuse are correlated with certain developmental stages. For example, the peak in infant crying is followed by the peak in incidence of shaking. Shaking can cause severe, permanent damage, and even death, to babies. To prevent shaken baby syndrome and other harm to infants, The PURPLE Crying Initiative provides concise educational information to all new parents in North Carolina to help them prepare for, and cope with the frustrating qualities of, infant crying. Parents receive information from health care providers at the time of birth, and it is reinforced during routine well-baby visits. The initiative also includes a public education campaign. PURPLE Crying aims to influence individual parents' behavior and also aspires to change public attitudes about crying—from disapproving reactions that make parents feel ashamed to greater understanding and support for families going through a tough time.

PURPLE Crying materials were rigorously reviewed and revised on the basis of parent feedback from 19 focus groups. The initiative has been tested in two randomized controlled trials that found an increase in parents' knowledge about crying and the dangers of shaking, as well as an increase in parents' sharing information on crying with other caregivers (Barr et al., 2009). The statewide demonstration of PURPLE Crying in North Carolina is being evaluated by the University of North Carolina to determine if the initiative decreases the incidence of abusive head trauma.

## TRIPLE P POSITIVE PARENTING PROGRAM

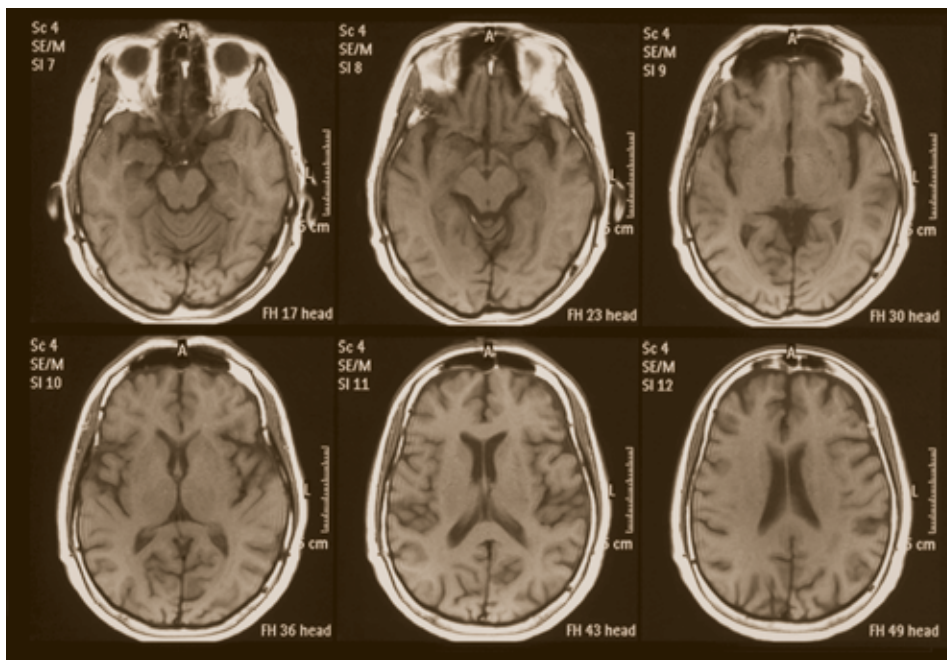
Originally developed in Australia, the goals of the Triple P Program are to promote positive parenting and reduce child behavior problems. The program is based on a scientifically supported set of interventions that have been proven effective in several randomized control trials. Triple P has five graduated levels of intensity—from media-based social marketing campaigns that provide education information and parenting techniques to all residents of a community to more intensive services and individual consultation for parents who want or need additional support. Parents set the goals for their own participation in Triple P and take responsibility for choosing the strategies that best suit their families. To ensure that all providers within a community are operating from a shared understanding, Triple P offers formal training on key values and practice principles to staff working in an array of direct service settings.

With funding from the Centers for Disease Control and Prevention (CDC), a study of Triple P was conducted in South Carolina, with 18 counties randomly assigned to control or intervention groups. After 2½ years of program delivery, the intervention counties had significantly fewer new cases of child maltreatment, lower rates of substantiated abuse cases and out-of-home placements, and reductions in emergency room visits and hospitalizations for injuries (Prinz, Sander, Shapiro, Whitaker, & Lutzker, 2009). These results are impressive and unique, as this study was the first to randomize geographic communities and demonstrate positive effects on child maltreatment at the population level. With its comprehensive, proactive approach and different levels of engagement available for a range of family circumstances, Triple P illustrates the power of a public health approach.

advocacy organizations have changed their messages and materials to highlight solutions that illustrate the positive impact of effective policies and programs on children, families, and neighborhoods.

## Safe, Stable, and Nurturing Relationships

THE CDC'S DIVISION of Violence Prevention is promoting a proactive, health promotion approach to the problem of abuse and neglect by championing Safe, Stable, and Nurturing Relationships



**Maltreatment early in life actually damages the brain's physical structure.**

Between Children and Caregivers (CDC, 2008). The key elements of this strategy are defined as follows:

**Safety:** The extent to which a child is free from fear and secure from physical and psychological harm within their physical and social environment.

**Stability:** The degree of predictability and consistency in a child's environment.

**Nurture:** The extent to which a parent/caregiver is available and able to sensitively respond to and meet needs of children in their care.

Safe, stable, and nurturing relationships are at the other end of the spectrum from rejecting, hostile, violent, unpredictable, or chaotic relationships that usually characterize abusive or neglectful parenting and caretaking (CDC, 2008).

The CDC is currently undertaking a variety of efforts to promote safe, stable, and nurturing relationships. For example, efforts are underway to develop indicators of such relationships so that communities can monitor progress in their efforts to promote them. In addition, the CDC is undertaking research to evaluate the effectiveness of programs and policies designed to impart positive parenting/caretaking skills and increase retention of parents in skill-building programs. The CDC is also undertaking efforts to accelerate the adoption of effective programs and policies that promote safe, stable, and nurturing relationships by communities and public health

agencies (CDC, 2008).

### Developing Public Health Strategies

**W**ITH SUPPORT FROM the Doris Duke Charitable Foundation and its own resources and expertise, the CDC has launched a Public Health Leadership Initiative. The purpose is to define the critical elements and operations of a comprehensive public health approach to preventing maltreatment. The Initiative entails conducting an environmental scan to identify and analyze existing state public health efforts that prevent child maltreatment. On the basis of these data, the CDC will develop an overall profile of state efforts including identifying gaps and needs, best practices, and key partnerships. The CDC will document several successful public health efforts in case studies and will make recommendations and disseminate resources that delineate the core components of a public health strategy to prevent child maltreatment. This initiative and other related endeavors should contribute to a more comprehensive child maltreatment prevention infrastructure consisting of the following elements.

#### Prevention Synthesis/Translation

The field of child maltreatment prevention would benefit from a unified system that distills research information on innovations in promotion and prevention and prepares it for dissemination and implementation in the field (Wandersman et al., 2008). Accessibility to user-friendly information about innovations in child maltreatment and the value of

these innovations increases the likelihood of successful dissemination and implementation. It would involve, for example, establishing one-stop sources of information that coalesce existing knowledge about child maltreatment and its prevention and enable communities to have direct access to state-of-the-art information.

#### Prevention Support

Providing information alone is not sufficient to change promotion and prevention practice; therefore, in addition to synthesis/translation, a support system is needed to build the general skills and motivations of communities and organizations and strengthen their capacity to successfully implement specific interventions (Wandersman et al., 2008). This requires building a strong network of technical assistance that can provide direct assistance to communities as they formulate and implement programs and policies to address child maltreatment.

#### Prevention Delivery


In addition to providing information and building capacity, there is a need to create a system for carrying out the activities necessary to implement innovations in promotion and prevention activities related to child maltreatment at the national, state, or local level



**Children who live in communities with greater concentrations of disadvantage are more likely to be exposed to child maltreatment.**

(Wandersman et al., 2008). Essentially, this system involves the application of the capacities provided by the prevention support system to the actual implementation of any innovation. For example, two key aspects of delivering a successful innovation are maintaining a well-functioning organization and staffing it with people who understand the problem of child maltreatment and the relevant innovations in this field.

## Conclusion

**C**HILD ABUSE AND neglect prevention efforts are poised for the next wave of activity and would benefit from the experience of successful public health partnerships and the insights of public health leaders. Prevention is expanding beyond people and programs to broader places and policies. There is tremendous potential for progress in promoting child health and safety by changing social norms, encouraging community action, educating the public, and advancing policies that value young children and support families. Scientific evidence now shows that a healthier population begins in childhood. It is better and more efficient to “get it right from the start” by preventing maltreatment rather than trying to fix the many problems that result from early trauma later in life. Our nation’s children deserve that better start. 

**FRANCIE ZIMMERMAN, MSW**, is a consultant who has worked for nonprofit organizations, government agencies, and foundations in a variety of capacities—all with a shared goal of improving the lives of children and families. She currently serves as the program officer for the Doris Duke Charitable Foundation’s Child Abuse Prevention Program, which makes \$6 million in grants annually. She also works on a variety of projects for the F. B. Heron Foundation, which makes grants and investments that promote wealth creation and economic development strategies for low-income individuals and communities.

**JAMES A. MERCY, PhD**, is the Special Advisor for Strategic Directions of the Division of Violence Prevention in the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention. Over the past 2 ½ decades, he has played a fundamental role in developing the public health approach to violence. He has conducted and overseen numerous seminal studies of child maltreatment, youth suicide, family violence, homicide, and firearm injuries. Most recently, he served on the editorial board of the United Nations’ Secretary General’s Study of Violence Against Children.

## Author’s Note

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

## Learn More

### CENTER ON THE DEVELOPING CHILD AT HARVARD UNIVERSITY

For information on the science of early childhood:  
<http://developingchild.harvard.edu/>

### THE CENTERS FOR DISEASE CONTROL AND PREVENTION, DIVISION OF VIOLENCE PREVENTION

Public Health Leadership Initiative  
[www.cdc.gov/violenceprevention/phl/](http://www.cdc.gov/violenceprevention/phl/)  
Strategic Direction for Child Maltreatment  
[www.cdc.gov/ViolencePrevention/overview/strategicdirections.html](http://www.cdc.gov/ViolencePrevention/overview/strategicdirections.html)

### PREVENTING CHILD MALTREATMENT [THEME ISSUE]

*The Future of Children* (2009, Fall), 19(2)  
[www.princeton.edu/futureofchildren/](http://www.princeton.edu/futureofchildren/)  
The journal, *The Future of Children*, is a collaboration of The Woodrow Wilson School of Public and International Affairs at Princeton University and The Brookings Institution.

### FRAMEWORKS INSTITUTE

[www.frameworksinstitute.org/toolkits/camp/](http://www.frameworksinstitute.org/toolkits/camp/)  
A strategic communications toolkit on preventing child abuse and neglect.

### PREVENT CHILD ABUSE AMERICA

[www.preventchildabuse.org/index.shtml](http://www.preventchildabuse.org/index.shtml)  
A national advocacy organization with a network of state chapters.

## References

- BALES, S. N. (2004). *Making the case for child abuse and neglect prevention: A FrameWorks message memo*. Washington, DC: FrameWorks Institute.
- BALES, S. N. (2009). *Summary research memo: FrameWorks’ analysis of frame effects on PCAA policies and implications for messaging*. Washington, DC: FrameWorks Institute.
- BARR, R. G., RIVARA, F. P., BARR, M., CUMMINGS, P., TAYLOR, J., LENGUA, L. J., & MEREDITH-BENITZ, E. (2009). Effectiveness of educational materials designed to change knowledge and behaviors regarding crying and shaken baby syndrome in mothers of newborn infants: A randomized controlled trial. *Pediatrics*, 123(3), 972–980.
- BEITSCH, L. M., BROOKS, R. G., MENACHEMI, N., & LIBBEY, P. (2006). Public health at center stage: new roles, old props. *Health Affairs*, 25, 911–922.
- BRAVEMAN, P., & EGERTER, S. (2008). *Overcoming obstacles to health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America*. Princeton, NJ: Robert Wood Johnson Foundation.
- BROWN, D. W., ANDA, R. F., TIEMEIER, H., FELLIETTI, V. J., EDWARDS, V. J., CROFT, J. B., & GILES, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, 35(5), 389–396.
- CENTERS FOR DISEASE CONTROL AND PREVENTION. (2008). *Strategic direction for child maltreatment prevention: Preventing child maltreatment through the promotion of safe, stable, and nurturing relationships between children and caregivers*. Atlanta, GA: Author. Retrieved January 25, 2010, from [www.cdc.gov/ViolencePrevention/overview/strategicdirections.html](http://www.cdc.gov/ViolencePrevention/overview/strategicdirections.html)
- FELLIETTI, V. J., ANDA, R. F., NORDENBERG, D., WILLIAMSON, D. F., SPITZ, A. M., EDWARDS, V., KOSS, M. P., & MARKS, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258.
- FINKELHOR, D., TURNER, H., ORMROD, R., & HAMBY, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124(5), 1411–1423.
- HORTON, C. (2003). *Protective factors literature review: Early care and education programs and the prevention of child abuse and neglect*. Washington, DC: Center for the Study of Social Policy.
- KOTCH, J. B., BROWNE, D. C., RINGWALT, C. L., DUFORT, V., & RUINA, E. (1997). Stress, social support, and substantiated maltreatment in the second and third years of life. *Child Abuse and Neglect*, 21(11), 1025–1037.
- MCEWEN, B. S. (2007). Physiology and neurobiology of stress and adaptation: central role of the brain. *Physiology Review*, 87(3), 873–904.
- MERCY, J. A., & SAUL, J. (2009). Creating a healthier future through early interventions for children. *JAMA: Journal of the American Medical Association*, 301, 1–3.
- NURSE FAMILY PARTNERSHIP. (2009). *A program with proven and measurable results*. Denver, CO: Author. Retrieved January 25, 2010, from [www.nursefamilypartnership.org/assets/PDF/Fact-sheets/NFP\\_Benefits-Cost](http://www.nursefamilypartnership.org/assets/PDF/Fact-sheets/NFP_Benefits-Cost)
- OLDS, D. L., ECKENRODE, J., HENDERSON, C. R.

- JR., KITZMAN, H., POWERS, J., COLE, R., ET AL. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278, 637-643.
- PRINZ, R. J., SANDER, M. R., SHAPIRO, C. J., WHITAKER, D. J., & LUTZKER, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10, 1-12.
- REPETTI, R. L., TAYLOR, S. E., & SEEMAN, T. E. (2002). Risky families: family social environments and the mental and physical health of offspring. *Psychological Bulletin*, 128(2), 330-366.
- REYNOLDS, A. J., & ROBERTSON, D. L. (2003). School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Development*, 74(1), 3-26.
- RUNYAN, D., WATTAM, C., IKEDA, R., HASSAN, F., & RAMIRO, L. (2002). Child abuse and neglect by parents and caregivers. In E. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 59-86). Geneva, Switzerland: World Health Organization.
- SHONKOFF, J. P., BOYCE, W. T., & MCEWEN, B. S. (2009). Neuroscience, molecular biology and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA: Journal of the American Medical Association*, 301, 2252-2259.
- SIDEBOTHAM, P., & HERON, J. (2006). Child maltreatment in the "children of the nineties": A cohort study of risk factors. *Child Abuse and Neglect*, 30, 497-522.
- STRENGTHENING FAMILIES. (2008). *The five protective factors*. Washington, DC: Author. Retrieved January 22, 2010, from [www.strengtheningfamilies.net/index.php/main\\_pages/protective\\_factors](http://www.strengtheningfamilies.net/index.php/main_pages/protective_factors)
- U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES. (2009). *Child maltreatment 2007*. Washington, DC: U.S. Government Printing Office.
- WANDERSMAN, A., DUFFY, J., FLASPOHLER, P., NOONAN, R., LUBELL, K., STILLMAN, L., ET AL. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41, 171-181.

## Do You Work With a Young Child Who Has Been Exposed to Violence, Neglect, or Disaster?



### Hope and Healing

*A Caregiver's Guide to Helping Young Children Affected by Trauma*

KATHLEEN FITZGERALD RICE and BETSY McALISTER GROVES

Millions of children each year become victims of maltreatment, witness the abuse of a parent or caregiver, or suffer from some form of trauma. Research suggests that early childhood professionals can play a significant part in helping those children recover from the effects of those experiences.

*Hope and Healing* is a guide for early childhood professionals who care for children in a variety of early care and education settings. The authors define trauma, help readers recognize its effects on young children, and offer practical information to those working with traumatized children and their families. 2005. 60 pages. Paperback.

ITEM #341 ■ ISBN 0-943657-93-8 ■ \$18.95



Order your copy today! Call toll-free (800) 899-4301  
or visit [www.zerotothree.org/bookstore](http://www.zerotothree.org/bookstore)