Key facts about child maltreatment

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Summary

This research briefing provides a concise introduction to the published research on child maltreatment. It describes what child maltreatment is, its causes and consequences, the characteristics of those who abuse children and the ways in which maltreatment can be prevented and stopped.

Key points

- Child maltreatment is typically defined in terms of children experiencing some form of significant physical or psychological harm.
- Child abuse occurs across most cultures and countries.
- Surveys suggest that at least 16 per cent of the population within Western cultures will experience some serious form of maltreatment during their childhood.
- Research also suggests that approximately 13 per cent of all men and 17 per cent of all women will experience two or more kinds of abuse before they are 18.
- Child maltreatment is associated with a variety of factors, including socio-economic deprivation, poor parental mental health and a lack of neighbourhood cohesion.
- A history of child maltreatment is consistently linked to a greater likelihood of psychological and health problems in adulthood.

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- Children who experience maltreatment are also more likely to experience further victimisation during their adult years.

- Research suggests, however, that a substantial minority of maltreated children do not experience significant problems during their adult years. This may indicate that some children may be *resilient* to the developmental risks associated with child maltreatment.

- The more abuse children experience during their childhood, the less likely they will be resilient to its deleterious effects.

- The World Health Organisation (2006) estimates that child maltreatment is responsible for 0.6 per cent of all child deaths worldwide and 12.7 per cent of all deaths related to injury.

- Infants under the age of one and teenagers aged 16 and 17 are the most vulnerable to a maltreatment-related death. While infants are most likely to die as a result of parental abuse, teenagers are most likely to die at the hands of their peers.

- In the vast majority of cases, children know their abusers. Abuse by strangers constitutes only 5 per cent of all abuse cases in the UK.

- A growing body of evidence suggests that the parental abuse of children can be prevented through interventions targeted at parents and the community.

Background

Child maltreatment is unfortunately all too common in most cultures and countries. Within the UK, Ofsted estimates that three children per week die as a result of child abuse and neglect (Ofsted, 2009) and research suggests at least 16 per cent of the population will experience some form of serious maltreatment during their childhood (May-Chahal and Cawson, 2005). Research also tells us that a history of maltreatment is related to negative impacts throughout the lifespan, as victimised children are more vulnerable to repeated abuse and are more likely to experience poor physical and mental health in adulthood.

These are depressing facts. However, there is also evidence to suggest that child maltreatment can be stopped and prevented. This research briefing reviews what we know about child maltreatment, including its causes and impact, and what we know about the effectiveness of interventions designed to keep maltreatment from happening in the first place. While much remains to be discovered about how child maltreatment is recognised and prevented, research increasingly suggests that it is a problem that does not need to exist.

What is child maltreatment?

There is no single definition of child maltreatment, as the understanding of what constitutes abuse varies with the child's age, culture and context. However, the experience of significant harm and suffering appears to be at the core of most definitions. For example, the World Health Organisation (2006) defines child abuse as:

> "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

Within the UK, the Department of Health defines child maltreatment in terms of "inflicting harm" and/or "by failing to act to *prevent* harm" to children (DH, 2006).

Within the overall category of child maltreatment, four categories of abuse are traditionally recognised (WHO, 2006; DH, 2006):

- physical abuse
- sexual abuse
- emotional or psychological abuse
- neglect.

Child physical abuse is generally defined as the use of physical force against a child, which includes a range of violent behaviours such as hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. It is also child abuse if a carer fabricates the symptoms of, or deliberately induces illness in a child (Schreier, 2002).

Emotional abuse is the persistent emotional maltreatment of a child that may severely impair the child's psychological development, such as:

- devaluing the child – making him/her feel worthless, unwanted or unloved
- valuing the child only insofar that he or she fulfils the needs of others
- placing unrealistic or age-inappropriate expectations upon the child
- overprotecting and/or isolating the child from others
- allowing the child to see or hear the maltreatment of others, including domestic violence between parents
- seriously intimidating or bullying the child, causing him/her to feel frightened or endangered.

Emotional abuse is typically involved in all types of maltreatment, although it also frequently occurs on its own (Glaser, 2002).

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities (including prostitution), whether or not he or she is aware that the activity is abusive. It includes both physical (including penetrative acts such as rape, anal or oral sex) and non-physical acts, such as exposing one's sexual parts to a child (flashing), forcing children to look at sexual imagery (e.g. pornography) or encouraging a child to behave in other sexually inappropriate ways (DH, 2006).

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs in a manner that is likely to seriously impair his or her health or development. There are many ways in which children can be neglected, including:

- failure to provide adequate food, clothing or shelter
- failure to protect children from potential harm or danger
- inadequate supervision
- inadequate medical attention
- inadequate emotional support and attention

How common is child maltreatment?

Child abuse and neglect are widespread problems in the UK and many other developed countries. Official statistics from the UK, USA, Canada and Australia show that between 1 and 1.5 per cent of all children are annually reported to child protection agencies for all forms of abuse (Gilbert et al, 2009b). However, it is likely that these figures are just the 'tip of the iceberg' (Gilbert et al, 2009a; Sedlak, 2001; Sedlak and Broadhurst, 1996), as those who abuse children rarely report it and many go to great lengths to keep children from disclosing it. Research also suggests that professionals are reluctant to report suspected cases of maltreatment because they are not confident that the child's circumstances will improve because of the report (Gilbert et al, 2009b).

Population-based surveys are another method used to estimate lifetime and annual rates of abuse, although these also suffer from a wide range of methodological problems. For example, it is not possible to ask children, particularly very young ones, about their experiences of abuse because they will not understand the questions. Parents can also be unreliable sources of abuse-related information because they may not know about the abuse or they may not want to disclose self-incriminating information. While the most common method for investigating rates of abuse involves interviewing young adults retrospectively (as was done in the 2000 NSPCC study by Cawson et al, 2000), such surveys also underestimate its prevalence, as many adults frequently forget or block out adverse childhood experiences (Becker-Blease and Freyd, 2006; Brown et al, 1999; Hardt and Rutter, 2004). Hence, our best methods of estimating abuse involve surveying representative samples of children and young people.

Rates of abuse vary considerably across cultures and countries, because of differences in the ways in which it is defined and investigated. A recent review of population-based studies in the USA, Australia and the UK suggest that annual rates range from 4 to 16 per cent for physical abuse; from 1 to 15 per cent for neglect; and from 10 to 20 per cent for the witnessing of domestic violence. The annual rate of emotional abuse is approximately 10 per cent (Gilbert et al, 2009a and b). Annual rates of sexual abuse are somewhat lower, but data collected on lifetime rates suggest that approximately 10 per cent of all girls and 5 per cent of all boys experience some form of sexual abuse before they reach the age of 18 (Gilbert et al, 2009b; WHO, 2006). These figures suggest that girls are at least twice as likely as boys to experience sexual abuse. However, boys are at greater risk of harsh physical punishment and certain forms of neglect (ibid).

It is important to note that a significant percentage of children experience multiple forms of abuse throughout their childhood. Edwards et al (2003) found that approximately 12.8 per cent of all men and 16.7 per cent of all women in their research sample had experienced two or more separate forms of abuse prior to the age of 18. Similarly, Finkelhor et al (2007) observed that 22 per cent of children aged 0 to 17 had experienced four or more different

kinds of abuse within a particular year. Collectively, these findings suggest that while we do not know exactly how prevalent child abuse is, we do know that it is a pervasive and persistent social problem that exists across all cultures and countries.

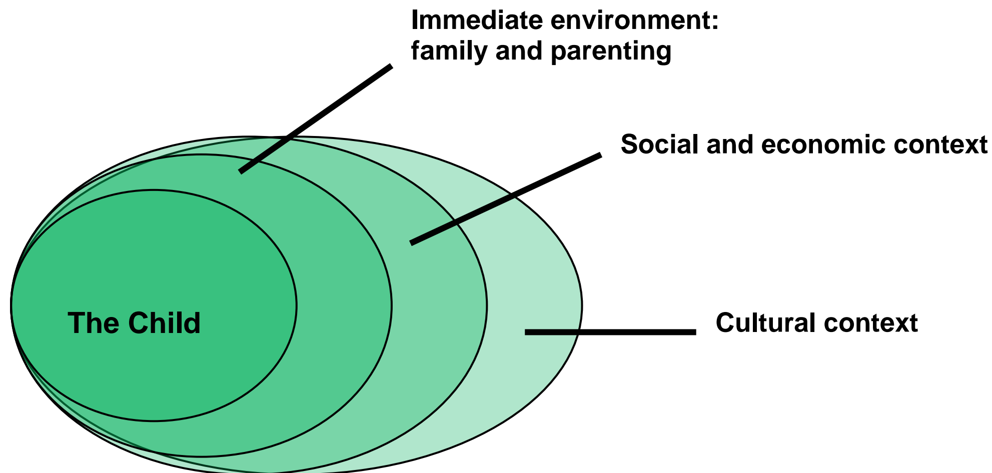
What are the causes of child maltreatment?

It is beyond the scope of this short review to comprehensively cover all the theories which have been put forward to explain why children are abused or neglected. Instead, two approaches that are currently influential with child maltreatment research will be briefly explained.[1] Over the past thirty years, theories of child maltreatment have shifted from single-cause models (e.g. the transgenerational transmission of child maltreatment, which saw children who grew up with abuse becoming abusive adults) to more integrated and multi-faceted perspectives, emphasising instead a number of interacting factors (Azar et al, 1998; Thomas et al, 2003).

One such approach is the ‘ecological’ perspective, which understands child maltreatment by analysing the complex interaction between factors that occur at the ‘ecological levels’ of the child, the family, the community and society (Belsky, 1980; 1993). Figure 1 (based on Bronfenbrenner, 1977, 1979) provides an overview of the ways in which these systems are interrelated, illustrating the elements that are understood to interact and influence one another within the context in which children grow up.

[1] While there are many other theories of ‘violence’ - including interpersonal and family violence - within medicine, criminology and social science in particular, the two approaches discussed in this briefing focus directly on those that have been influential in the study of child maltreatment. Important areas of theory not covered in this briefing would be the social constructionist perspectives of social scientists and critical theory approaches of criminologists.

Figure 1 The ecological perspective



From this perspective, the developing child is an active participant who influences his/her family and community environments while these environments simultaneously influence him/her (Bronfenbrenner, 1977; 1979). Thus, individual characteristics, such as the child's disposition and physical health influence and interact with family factors, including parenting practices and family structure. The family system is then further shaped by its social and economic context. This level includes local neighbourhood resources and geographic features that affect the day-to-day activities of parents and children. The final level represents the cultural context within which beliefs, values and societal rules determine the ways in which families and communities interact.

A second, related, model proposes that throughout child development, a variety of biological and environmental factors existing at all four ecological levels work in consort to either increase or decrease the risk of child maltreatment (Cicchetti and Lynch, 1993; Cicchetti and Rizley, 1981). Table 1 (adapted from the Child Welfare Information Gateway, 2004) provides an overview of the various risk- and protective factors that have been empirically linked to child maltreatment at the levels of the child, family and community.

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Table 1: Common risk and protective factors for child abuse and neglect		
Domain or ecological level	**Risk factors**	**Protective factors**
Individual	• premature birth, low birth weight, antenatal exposure to toxins • temperament: overly excitable or slow to warm up • physical/cognitive/emotional disability • serious illness • childhood trauma • anti-social peer group • age • aggressive behaviour, attention deficits	• good health and development • above-average intelligence • hobbies and interests • good peer relationships • personality factors easy temperament positive disposition active coping style positive self-esteem good social skills internal locus of control
Family	• parental personality factors external locus of control poor impulse control depression/anxiety low tolerance for frustration feelings of insecurity; low self-esteem lack of trust • insecure attachment with own parents • childhood history of abuse • high parental conflict, domestic violence • family structure • single parenthood • high number of children • social isolation, lack of support • parental psychopathology • substance abuse • separation/divorce – especially high conflict divorce • age • high stress • poor parent-child interaction • negative attitude towards child inaccurate knowledge and expectations about child development	• secure attachment • warm parent-child relationship • supportive family environment • household rules • parental monitoring • extended family support and involvement, including childcare • stable relationship with child • good parental coping skills • family expectations of pro-social behaviour • high parental education
Social/ environmental	• low socio-economic status • stressful life events • lack of access to social support, including child care and social services • parental unemployment • homelessness • social isolation/lack of social support • exposure to racism/discrimination • poor schools • poor housing • exposure to environmental toxins • dangerous/violent neighbourhood • community violence	• mid to high socio-economic status • access to health care and social services • consistent parental employment • adequate housing • family religious faith participation • good schools • supportive adults outside of family

Source: Child Welfare Information Gateway, 2004

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Research suggests that it is unlikely that any one risk factor *causes* maltreatment, as its occurrence is more often associated with the presence of multiple risk factors (Lober, 1990; Rutter, 1979; 1985; 2000). Sidebotham et al (2006) observed that a wide range of factors are associated with child maltreatment, with the strongest risks coming from socio-economic deprivation and parental background, including poor mental health. Community-level variables consistently linked to child maltreatment include lack of social support (including the availability of childcare), neighbourhood poverty and the accessibility of alcohol (Coulton et al, 1995; 1999; 2007; Korbin et al, 1998; Molnar et al, 2003). Societal factors, such as beliefs about using physical punishment to discipline children and the portrayal of violence and sex in the media may additionally contribute to abusive behaviour towards children (Belsky, 1993; Straus and Mathur, 1996). While it is difficult to investigate the precise extent to which cultural values influence rates of abuse, recent research suggests that attitudes towards violence are significantly associated with approval rates of physical punishment (Douglas, 2006), which have, in turn, been linked to increases in child physical abuse (Crouch and Behl, 2001).

Although the presence of multiple risk factors invariably increases the likelihood that child maltreatment will occur, research suggests that there are, nevertheless, many children within high-risk contexts who do not experience abuse or neglect. It is important to remember that risks are moderated by protective factors that can reduce the likelihood of abuse occurring as well as mitigate the impact on a child when it does. Key protective factors include a warm and supportive relationship with a non-abusing parent, a lack of abuse-related stress, and strong neighbourhood cohesion (Collishaw et al, 2007; Jaffe et al, 2007).

What are the consequences of child maltreatment?

Research repeatedly suggests that a history of childhood abuse is associated with low educational attainment and poor physical and mental health in adulthood (Gilbert et al, 2009b;

Tyler, 2002). For example, in the USA, the Adverse Childhood Experiences Study (Felitti et al, 1998) has linked childhood maltreatment to a range of behaviours related to significant health risks which include alcohol and/or drug abuse, smoking, risky sexual behaviour, and suicide attempts. Hence, the study also linked childhood maltreatment to a greater likelihood of health problems, such as sexually transmitted infections, severe obesity, heart disease, cancer, chronic lung disease, skeletal fractures, liver disease and poor mental health. Edwards et al (2003) additionally found that children who experience multiple forms of abuse are at greater risk of experiencing mental health problems in adulthood.

Individuals who experience maltreatment at some point during their childhood are also more vulnerable to re-victimization at later points in their development. For example, findings from the Developmental Victimization Survey (DVS) by Finkelhor et al (2005) indicate that children who were assaulted by a caretaker were 60 per cent more likely than other children to also be assaulted by a peer. Similarly, Whitfield et al (2003) found that individuals who had experienced physical or sexual abuse, or witnessed domestic violence during their childhood were at greater risk of either being a victim or perpetrator of interpersonal violence in adulthood: women with a childhood history of abuse were 3.5 more times more likely to be re-victimized as adults, whereas men with a similar history were 3.8 times more likely to perpetrate abuse during their lifetime.

Finkelhor et al (2007) identified a group of children who appear to be particularly vulnerable to multiple forms of abuse. Categorized as ‘poly-victims’, these children comprised just over a fifth (22 per cent) of the Developmental Victimization Survey sample, typically experiencing four or more kinds of victimizations within a single year, often representing the most severe forms of abuse (including assaults with a weapon) and resulting in physical injuries. These children furthermore reported higher rates of other lifetime adversities, such as major illnesses, accidents and serious family problems. These findings led Finkelhor and colleagues to conclude that for some children, abuse is “more like a condition than an event”.

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Not surprisingly, they also found that poly-victims were more likely to experience extreme forms of psychological distress, being 5.8 times more likely than other children to be angry, 20.2 times more likely to be depressed, and 10.3 times more likely to be anxious. Moreover, their research showed that it was the state of poly-victimization that predicted the likelihood of psychological distress, rather than a single form of abuse or a highly abusive event – no matter how severe. In other words, children who experience a single kind of victimization, such as bullying or physical abuse, appear better able to recover from it than children who experience multiple kinds of victimization from multiple sources, making them much more vulnerable to more severe and enduring forms of psychological distress.

A variety of reasons have been cited for the high rates of re-victimization and poly-victimization among abused children. These range from environmental factors that increase the likelihood of abuse (e.g. lifestyles and routine-activities theories) to personal characteristics that make individuals more attractive to perpetrators (e.g. physical weakness, low self- esteem, or ethnic minority status). Although the empirical support for any one of these risks remains debatable (Breitenbecher, 2001; Finkelhor, 2007; Messman and Long, 1996) many abused children will miss out on the quality of parenting necessary for normal development, and are thus, by definition, less likely to grow up in an environment that could protect them from undesirable outcomes (Messman-Moore and Brown, 2004; Bolger and Patterson, 2003).

Resilience

A history of child maltreatment does not necessarily mean that a person will continue to experience adversity for the rest of their life. Research consistently suggests that while high levels of childhood abuse significantly predict mental and physical health problems in adulthood, a substantial number of maltreated children do not go on to have serious difficulties during their adult life. In the longitudinal Isle of Wight study, Collishaw et al (2007) found that while 55 per cent of adults with a childhood history of repeated abuse reported psychiatric difficulties in adulthood, 45 per cent did not. This finding led the authors

to conclude that a substantial minority of the abused population may be *resilient* to the trauma created by childhood abuse and might, in fact, even function at higher levels of adaptation than the population as a whole. When the rates of adult adversity in the abused resilient group were compared to the subset of the population who were not abused, abused resilient individuals demonstrated lower rates of criminality (6.1 per cent to 19.3 per cent), poor health (3.1 per cent vs. 7.8 per cent) and relationship instability (7.7 per cent vs. 44.9 per cent). Factors contributing to resilience, reported by both the abused and non-abused groups, included a history of a warm and loving relationship with one's parents, positive peer relationships in adolescence, positive romantic relationships in adulthood and a more flexible personality style. These findings have led the Isle of Wight researchers to observe that positive experiences during the teen years and adulthood can go a long way towards healing the psychological damage caused by a childhood history of abuse. These are potentially important findings for professionals working with young people.

It should be kept in mind that the findings from the Isle of Wight study are particularly positive, with a relatively high percentage of the sample population (45 per cent) demonstrating resilient behaviour. While the findings of other studies are less positive (more frequently reporting rates of resilience between 12 and 22 per cent), they nevertheless suggest that there is a small but substantial number of children who appear resistant to the negative effects of childhood abuse and go on to function confidently and competently during their adult years (Banyard et al, 2007; Luthar et al, 2000; Masten and Coatsworth, 1995).

Child Deaths

Unfortunately, a small but significant number of children die every year as a result of child maltreatment. These children are either directly killed by acts of violence or abuse, die from chronic neglect and abuse over time, or die as a result of the adverse consequences of living with child maltreatment (e.g. commit suicide or are exposed to increased accidents or dangers - such as methadone ingestion - as a result of parental detachment (Ofsted, 2009). The World Health Organisation (2006) estimates that 155,000 children aged 15 or younger worldwide die

as a result of child abuse annually, accounting for 0.6 per cent of all child deaths and 12.7 per cent of all child deaths related to injury (Pinheiro, 2006). WHO estimates that only one-third of these deaths are classified as homicides. The biological parents are implicated in 85 per cent of these cases and step-parents are perpetrators for the remaining 15 per cent (UNICEF, 2003).

In the UK, some estimates suggest that on average, as many as three children die each week because of child maltreatment: figures from Ofsted (2009) show that 282 died within the 17-month period between January 2007 and August 2008 as a result of either abuse or neglect. Within this group, the highest numbers of deaths occurred among infants younger than one year and teenagers between the ages of 16 and 17. Babies were most often murdered by their parents, whereas teenagers were most often killed by their peers. Finkelhor (2007) found that while child deaths at the hands of parents steadily decreased as children matured, peer-related homicides started to increase sharply from 11 years onwards.

Who are the perpetrators?

Despite a widespread fear of stranger abuse and abductions, research suggests that the majority of abuse is committed by relatives or by people who are known to the child. For example, the 2000 NSPCC prevalence study (Cawson et al) found that of the 16 per cent of young adults reporting childhood sexual abuse, only 5 per cent reported abuse by a stranger. Finkelhor et al (2005) similarly observed that sexual abuse by strangers is relatively uncommon (e.g. 32 out of 1000 reported incidents per year) and that the majority of sexual assaults are committed by individuals known to the child. Within this figure, 3 per cent of sexual assaults were committed by family members, 12 per cent were committed by strangers and 85 per cent were committed by acquaintances, the vast majority of whom were under the age of 18.

When broadening the definition of sexual abuse to indecent exposure and attempted abductions, however, the percentage of stranger-related abuse increases dramatically. In the

Finkelhor (2005) study cited above, 55 per cent of indecent exposure was committed by a stranger. Gallagher et al (2008) observed a similar trend, with 6.7 per cent of all children reporting a stranger-perpetrated sexually related abuse incident in the past year. Within this group, indecent exposure was the most frequently reported form of abuse (41 per cent) followed by attempted or completed touching or fondling (26 per cent) and attempted abduction (22 per cent).

What do children think of their abuse and abusers?

Findings from the NSPCC prevalence study (Cawson et al, 2000) suggest that many children do not perceive their maltreatment as abuse. This may be because they do not understand appropriate levels of discipline or because they love their caregivers and identify with their reasons for punishing and/or criticising them. Research repeatedly suggests that this is particularly true for less severe forms of abuse, with many children believing that they 'had it coming.' However, children are less likely to blame themselves if the abuse is extremely harsh or critical, unless the abuse is of a sexual nature (McGee et al, 2001). In cases of sexual abuse, victims are more likely to blame themselves, which, in turn, increases the likelihood of poor mental health outcomes as they mature (Coffey et al, 1996; Feiring and Cleland, 2007; Feiring et al, 2002; McGee et al, 2001).

Many children are also concerned about forms of abuse that have not been traditionally categorised as child maltreatment. This includes bullying and violent forms of interactions that occur between siblings. In a survey of children's reactions to abuse (Finkelhor et al, 1995), three times as many children were concerned about the likelihood of being beaten up by peers as were concerned about being sexually abused. This point is underscored by the data recorded by ChildLine, which indicates that 17 per cent of calls are related to violence between children as opposed to 13 per cent involving family matters (Harrison, 2000).

These findings suggest that the traditional notion of child abuse being predominantly from adults to children does not accurately reflect children's own concerns and experiences about

abuse and violence. For this reason, Finkelhor (2007) proposes that that on a population basis, peer assaults could potentially be responsible for more mental health problems than abuse perpetrated by adults. These findings have important implications for how safeguarding and child protection measures might be expanded to include support for children who may have experienced violence or abuse from their peers, siblings and/or dating partners.

How can child abuse be stopped?

The World Health Organisation (2006) has unequivocally asserted that child maltreatment can be stopped and prevented. While its causes are indeed multifaceted and complex, evidence suggests that national strategies aimed at promoting children's rights and addressing risk and protective factors at each ecological level via public health strategies are likely to reduce the amount of abuse that happens, as well as reduce its severity when it does occur (Reading et al, 2009). These strategies should use a combination of policies, laws, services and public awareness campaigns that support families and children. Anti-abuse policies include measures aimed at improving families' standard of living and reducing environmental risks. Anti-abuse laws include legal sanctions prohibiting the abuse of children and stringent sentencing systems for those who abuse. Services aimed at stopping or preventing abuse include the availability of mental health services and improved family-based resources. Public awareness campaigns include educational and media-based efforts aimed at increasing the public's understanding of what constitutes abuse and the ways in which it can be reported.

We do not know the extent to which these strategies are effective in reducing or stopping abuse, however. While laws are instrumental in sending out the message that child maltreatment is wrong, the World Health Organisation acknowledges that their effectiveness in keeping adults from abusing children remains largely unknown (WHO, 2006). The preventive effect of policies aimed at improving the life circumstances of parents and children is equally unknown, although we assume that initiatives that increase families' access to childcare, good education, and employment should decrease parental stress and improve child

safety and community cohesion. We also do not know the extent to which public awareness campaigns and educational strategies aimed at improving children's understanding of abuse reduce its occurrence, although it is likely that they have a preventive effect (MacMillan et al, 2009).

In the USA, it now appears that child abuse and neglect *reported* to child protection services are decreasing. Finkelhor and Jones (2006) believe that this trend suggests a decline overall in child maltreatment that is related to the positive impact of all of the strategies listed above – including policies that address child poverty, increased incarceration rates, better child protection reporting practices and greater public awareness.

Research also tells us that evidence-based parenting programmes effectively reduce rates of child maltreatment by parents. A growing body of evidence now suggests that interventions aimed at improving parental disciplinary practices and sensitivity measurably lower abusive behaviour and improve family wellbeing (MacMillan et al, 2009). These interventions tend to fall into one of two categories: programmes aimed at stopping maltreatment among parents known to have abused their children, and programmes aimed at preventing it from happening in the first place.

What works in stopping parents from abusing their children?

Home-based support

While it is often difficult to stop firmly established abusive behaviour patterns within families, a series of evaluations of home-based support suggest that it can effectively stop child physical abuse and improve the parent-child relationship (MacMillan et al, 2009). For example, significant improvements in parental disciplinary practices were observed in an early investigation by Wolfe et al (1981). This study compared the outcomes of eight parents randomly assigned to a home-based parent management training programme (emphasising knowledge of child development and self-control skills) and a wait list control group. By the

end of the intervention, all of the parents in the treatment group had stopped abusing their children and there were notable improvements in their parent management skills. The same support was then offered to the families in the control group, and once again, all reports of child maltreatment stopped and a similar improvement in parenting skills was observed. These positive gains were observed for both groups in a one-year follow-up of the original study. Similar results have been achieved by a Cognitive-Behavioural Therapy programme delivered to abusing parents in their home (Kolko, 1996).

Group-based parenting support

Two group-based parenting programmes have also been proven effective in reducing rates of child maltreatment among parents known to abuse their children: Parent Child Interaction Therapy (PCIT) and the Incredible Years programme. Both programmes are based on social learning theory principles that teach parents to replace physical punishment with more effective methods for managing unwanted child behaviour. The PCIT model treats parents and children together, whereas the Incredible Years programme provides support to parents on their own.

In testing the efficacy of PCIT (Chaffin et al, 2004), 110 physically abusive parents were randomly assigned to one of three treatment groups: PCIT delivered to families in a group setting, PCIT delivered in conjunction with other individualised services, and a standard community-based parenting group. In an 850-day follow-up of all treatments, 19 per cent of the parents participating in the PCIT-only group had a re-report of physical abuse compared with 49 per cent of those participating in the community-based programme. Those receiving services in addition to PCIT did not show any significant improvement over and above the PCIT-only group. In an evaluation of the Incredible Years (IY) programme with maltreating mothers (Hughes and Gottlieb, 2004), 26 mothers were randomly assigned to the treatment programme or waitlist. In a comparison of pre- and post treatment, IY mothers demonstrated significant improvements in their disciplinary practices when compared to the wait list control group. In the UK, Mellow Parenting has similarly demonstrated effectiveness with mothers whose children are on the child protection register, with the programme's monitoring data

consistently demonstrating that one-third of the children of programme participants are removed from the child register within one year of programme completion (Puckering et al, 1994, 1999).

Collectively, these findings suggest that group-based parenting services can be an effective method for rehabilitating parents who physically maltreat their children. It should be noted, however, that relatively few studies have considered the extent to which programmes improve parenting behaviours associated with emotional abuse, sexual abuse, intimate partner violence and neglect (MacMillan et al, 2009). Hence, we do not know the extent to which parenting programmes are effective in stopping maltreating behaviour other than physical abuse.

Out of home care

Because of the way the care system is managed, very few studies have rigorously assessed the effectiveness of foster-care placement. In most instances, foster care is provided in 'exceptional circumstances,' as research suggests that the outcomes for children in foster care are poor, particularly when they are placed in multiple homes (MacMillan et al, 2009; Scott, 2009). These findings may reflect, in part, the fact that children receiving multiple placements are often the most serious and challenging cases. The current consensus nevertheless remains that social workers should explore all possible options before resorting to outside care, with the primary aim of preserving the family and doing no further harm (Scott, 2008).

Despite these beliefs, out-of-home care placement is a common intervention for children who have been abused by their parents (MacMillan et al, 2009). Studies suggest that the effectiveness of out of home care is determined by a variety of factors, including the child's age at the time of placement, the length of stay, the extent to which the child has experienced multiple placements and the quality of the foster care provided. In fact, there is now a growing body of evidence to suggest that maltreated children placed in foster care actually fare better than those who remain at home with their abusing parents.[2] In addition, research

[2] See MacMillan et al (2009) for a more in-depth discussion.

involving advanced foster care (which includes better caseworker support, improved access to services and improved foster-family support) suggests that children experience fewer physical and mental health problems than those receiving traditional foster care.

Experimental studies involving family preservation programmes have not demonstrated any positive effects, although this may be because they are inconsistently delivered and poorly evaluated (Macmillan et al, 2009). The evaluations of programmes aimed at reunifying maltreated children with their parents are also disappointing. While UK social services currently reunite between 50 and 75 per cent of all children removed from their parents, research suggests that these reunifications are problematic for children, especially if they are adolescents, with over half returning to foster care (Barlow, quoted in Roberts, 2008; Moyers et al, 2006). Macmillan et al (2009) also found that the longitudinal outcomes of re-unified abused children are frequently worse than those who have not been re-unified with their parents. Studies comparing kinship care (where children are placed with relatives) to traditional foster care show mixed results, with some showing no differences in behavioural and educational outcomes and others showing a greater chance of negative outcomes, such as increased anti-social behaviour and lower IQ (Macmillan et al, 2009). Taken together, these findings suggest that advanced foster care may remain the best out-of-home option for many maltreated children.

What works in preventing parents from abusing their children?

Historically, child protection services have invested their resources in rescuing children from child maltreatment rather than developing ways to keep it from happening in the first place (Creighton, 2002; Scott, 2008). There has been a recent push, however, to prevent child maltreatment at the community level. Several of these programmes have undergone rigorous randomised control trials and their results are briefly summarised below.

The Olds Nurse Family Partnership Home Visiting Programme (USA)

The Nurse Family Partnership Home Visiting Programme is an intensive, year long intervention delivered to at-risk mothers in their homes by trained family support workers. Findings from a series of evaluations of the programme (Olds et al, 1997; 2002; 2007; Kitzman et al, 1997) consistently show reduced rates of child maltreatment across multiple high-risk populations over significant periods of time (more than 15 years on).

The Early Start home-visiting programme (New Zealand)

This also provides intensive, individually tailored services to at-risk parents in their homes. Findings from the initial evaluation of Early Start show significant reductions in hospital admissions rates for families receiving Early Start services when compared to a control group receiving no home visiting support (Fergusson et al, 2005; 2008). However, research has yet to demonstrate reductions in child protection reports, nor is any longitudinal data available.

Triple P

This is a preventive, multi-level parent management training programme that supports parents of children and adolescents from birth to 16 with all levels of need (Sanders et al, 2003). In Australia, it is offered at five levels of intervention – starting with universally promoted educational campaigns (Level 1) to remedial support provided to families with a child who is disabled or is at risk of child maltreatment (Level 5).

Triple P is the only group-based parent training programme that has demonstrated significant reductions in child maltreatment rates at the community level to date. In a recent trial, professionals from 18 randomly assigned counties in a Southeastern US state participated in the Triple P practitioner training programme and rates of child maltreatment were compared to counties where no training took place (Prinz et al, 2009). Counties participating in this training demonstrated significant reductions in rates of substantiated cases of child maltreatment, out-of-home placements and child maltreatment injuries when compared to the control group counties.

Significant reductions in child maltreatment rates have also been observed among families who received a postpartum educational intervention delivered in upstate New York hospitals regarding the dangers of baby shaking and strategies for handling persistent crying (Dias et al, 2005). Comparisons were made between rates of abusive head trauma 66 months before and after the introduction of the programme, demonstrating almost a 50 per cent reduction in the rates of injuries (41.5 cases per 100,000 live births 66 months before the intervention compared to 22.2 cases per 100,000 in the 66 months following the intervention).

It should be noted that interventions focusing on the quality of the attachment relationship also demonstrate effectiveness in improving parenting sensitivity and child security (MacMillan et al, 2009; Bakermans-Kranenburg et al, 1998; 2003), although their ability to prevent maltreating behaviours has not yet been proven.

Implications for policy and practice

The facts presented in this briefing are not positive. Child maltreatment is a widespread problem with devastating consequences, both for individuals and society. Research suggests, however, that it is a problem with a solution. While there is still much to learn about the ways in which child abuse and neglect can be stopped, evidence now suggests that rates of child maltreatment are declining (Finkelhor and Jones, 2006). It is likely that this decline is related to policies and strategies that address risks at the level of the child, family and society. In particular, efforts addressing parenting skills and disciplinary practices have demonstrably reduced rates of abuse, particularly when they have been introduced in a way that prevents, rather than stops the parental abuse of children. Policies have historically concentrated on interventions rather than preventions, however. It is likely that rates of abuse will decline still further if this emphasis shifts and more resources are placed into strategies that stop child maltreatment before it even begins.

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