NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

15-03

STATEMENT OF POLICY

Child Abuse and Neglect Prevention

Policy

The National Association of County and City Health Officials (NACCHO) supports national, state, and local public health approaches to promote safe, stable, nurturing relationships and environments that prevent child abuse and neglect. Child abuse and neglect (CAN) includes actions towards children under the age of 18 by a parent, caregiver, or another person in a custodial role (such as a religious leader, coach, or teacher) that results in harm, the potential of harm, or threat of harm to a child.[1] Abuse and neglect blocks children's access to safe, stable, nurturing relationships and environments, which are essential helping all children reach their full potential.[2,3] Promoting healthy relationships and environments comes from comprehensive efforts and action by many sectors. In alignment with the Centers for Disease Control and Prevention's (CDC) *Essentials for Childhood*, Harvard's Center for the Developing Child, Tufts Healthy Outcomes from Positive Experiences (HOPE), and the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families, NACCHO recommends the following strategies for local health departments to prevent child abuse and neglect.[3,4,5,7]

- *Promote understanding of the full continuum of childhood experiences to include both adverse and positive childhood experiences:*
    - Offer training and workshop opportunities to community collaborators about what constitutes adverse and positive childhood experiences and the impact on biology.
    - Raise awareness of the importance of safe, stable, nurturing relationships and environments to protect children from CAN.
    - Partner with community actors to promote policies, programs, and actions to prevent CAN.
    - Promote the community norm that communities share responsibility for the well-being of children.
    - Promote positive community norms about parenting programs and acceptable parenting behaviors.
- *Develop data agreements with community partners that include risk and protective factors:*
    - Collect, monitor, and analyze local data related to CAN.

    - Facilitate data sharing and coordination among partnering agencies and organizations.
    - Use local data to raise community awareness of CAN and to inform prevention strategies.
    - Develop a child fatality review board.
- *Incorporate programming and services that considers social determinants of health and embeds a shared risk and protective factors approach:*
    - Strengthen economic supports to low-income families and other priority populations.
    - Ensure access to quality care within early education, including preschool enrichment programs with family engagement.
    - Provide funding and support for parenting education programs and skills-based curricula for children's safety, such as Strengthening Families.
    - Implement effective evidence-based and promising home visitation programs for at-risk families with infants and young children, such as Nurse-Family Partnership, Healthy Families America, or Early Head Start.
    - Deliver trauma-informed care for children and families affected by maltreatment to improve family communication and functioning that includes an understanding and consideration of how past or ongoing trauma impacts a person's present perceptions and behavior.
- *Advocate for local policy that increases family stability:*
    - Collaborate with decision-makers and community leaders to implement evidence-based strategies and evaluation practices to demonstrate outcomes and impact.
    - Support legislation that promotes safe, stable, nurturing relationships and environments and prevents CAN.

Justification

Child abuse and neglect is a highly prevalent public health problem that affected almost 1 in every 7 children in 2021.[1] This issue encompasses various forms of maltreatment, including physical abuse, sexual abuse, emotional abuse, neglect, and supervisory neglect.[1] Physical abuse involves the intentional use of physical force, such as hitting, kicking, shaking, burning, or other displays of force against a child.[1] Sexual abuse includes pressuring or forcing a child to engage in sexual acts.[1] Emotional abuse refers to behaviors that harm a child's self-worth or emotional well-being, including name-calling, inducing shame, rejection, withholding love, and threats.[1] Neglect is the failure to meet a child's basic physical and emotional needs, such as housing, food, clothing, education, access to medical care, and adequate supervision, which places children at risk of harm.[1]

Child abuse and neglect are significant public health problems in the United States. In 2022, an estimated 4,276,000 referrals were made to Child Protective Services (CPS) for investigation or alternative response, and over 550,000 cases were substantiated, meaning that there was evidence that CAN occurred.[7] More than one-fourth (27.3%) of CAN victims were under two years of age, and children under one had the highest rate of victimization.[5] Girls were victimized at a slightly higher rate than boys (8.2 vs 7.1 per 1,000).[7]

Despite these rates, research suggests that many cases of CAN go undetected, with most never reported to social service agencies or law enforcement.[3] Underreporting can be related to families' fears of retaliation from the abuser, community stigma associated with being involved with CPS, lack of understanding or awareness of what constitutes abuse or neglect, cultural differences in perceptions of abuse or neglect, and institutional barriers such as inadequate training for mandated reporters or insufficient resources to follow up on reports.[8,9]

Overreporting also exists, particularly for families experiencing poverty and families of color.[8,9] Research suggests that children of color, particularly Black and Hispanic children are more likely to be reported to CPS for suspected CAN than their White counterparts.[8] Though nearly half (41.6%) of CAN victims are White, communities of color have higher rates of victimization.[7,8] In 2022, the rate per 1,000 children was 12.1 for African American children and 14.3 for American Indian or Alaska Native children.[7] It is important for communities to consider a public health approach in preventing CAN by determining key risk factors that contribute to CAN.[10]

Social determinants of health, such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, play a significant role in the risk and prevalence of child maltreatment.[7] Understanding CAN, however, requires examining the role of social determinants of health and root causes without confusing them with stereotypes or biases.[3] Families living in poverty, for instance, may face increased stress and reduced access to resources, which can exacerbate the risk of neglect and abuse, but experiencing poverty is not in and of itself automatically cause for a CPS report.[6] Additionally, factors such as parental mental health issues, substance abuse, domestic violence, and a history of childhood trauma can contribute to the likelihood of child maltreatment but do not automatically require systems involvement.[6]

Addressing CAN requires a multifaceted approach that considers these underlying social determinants and root causes.[1] Effective prevention and intervention strategies must include efforts to alleviate poverty, improve access to education and healthcare, support mental health and substance abuse treatment, and strengthen social support networks.[2,3] By addressing these broader systemic issues, we can create safer and healthier environments for children and reduce the prevalence of abuse and neglect.[3]

Promote understanding of the full continuum of childhood experiences to include both adverse and positive childhood experiences:

Adverse childhood experiences (ACEs) are defined as a potential traumatic event occurring between ages 0-17 years old, including abuse, neglect, and violence.[1] About 6% of adults in the United States have experienced at least one ACE and 17.3% have experienced four or more ACEs.[1] Individuals with ACEs likely experience toxic stress (prolonged, heightened stress) during childhood, which negatively impacts brain development and immune system.[1] ACEs are also correlated with short-, medium- and long-term negative health consequences on physical health, mental health, and development.[11] Additionally, research demonstrates that ACEs increase risk of perpetrating and/or experiencing violence, as well as the intergenerational transmission of violence.[12,13]Additionally, structural inequities and inequalities occurring at the national, organizational, community, interpersonal, and individual levels can contribute to CAN.[14] For instance, one study found that state policies with more options for family funding is correlated with lower rates of CPS reporting.[15] Thus, rather than solely focusing efforts at the individual level, it is important to address policies that affect families and children at all levels of the socioecological model.

While there are currently no validated screening tools for ACE, it is possible to mitigate risks to health that ACEs has the capacity to impact through the promotion of positive childhood experiences (PCEs).[16,17] Positive childhood experiences are factors or experiences occurring during childhood that promote healthy development and counteract the impact of ACEs.[18] Research demonstrates that PCEs have the capacity to affect eventual adult well-being and positively impact child development.[18] Therefore, it is important for local health departments to engage in efforts to promote PCEs through various practices, including engagement in population health surveillance, utilization of other data sources to understand the ACEs burden within their communities, and screening tools for needs related to individual and family social determinants of health.[19]

Develop data agreements with community partners that include risk and protective factors:

Data can be used to measure the extent of CAN within a community, raise community awareness, and inform prevention efforts.[2] Surveillance systems (e.g., The National Child Abuse and Neglect Data System and the National Survey of Children's Exposure to Violence), social determinants of health or other local ACEs data (e.g., hospital emergency department discharges, police reports or arrest records, school dropout rates, out-of-home placements in foster care, children living in poverty), and Census data can all be useful sources to determine the landscape of CAN in communities.[2,3] Developing a child fatality review board can also help communities understand reasons for child fatality in their area and identify opportunities that support preventative community and primary care services for pregnant women, mothers, infants, and children.[20,21]

Collaborating and sharing data with multiple organizations that collect and analyze data related to CAN can result in a more comprehensive effort to identify, evaluate, monitor, address, and prevent CAN.[2,3] In addition to social services and child protection agencies, strong partners include community schools and healthcare systems, childcare and early learning agencies, housing, education, transportation, employment agencies, law enforcement, criminal justice, and researchers at local universities.[2,3] Data sharing agreements, which document how data is

exchanged, merged, and managed between partners can support and strengthen these partnerships.[22,23] In addition to data sharing agreements, other opportunities to informally share data and trends that partners are observing related to CAN includes workgroups and coalitions.[24]

While analyzing and reporting data is an important piece of the puzzle, using data to inform community awareness and prevention strategies is also essential.[2,3] Promoting community awareness can be accomplished, for example, through continuous use and sharing of new information for ongoing public involvement and translating technical information for the public, leaders, and decision-makers.[3] Data can also inform prevention strategies through detection of early intervention opportunities, tracking the progress of prevention efforts, and evaluating the impact of those efforts.[3,25]

Incorporate programming and services that considers social determinants of health and embeds a shared risk and protective factors approach:

Integrating an approach that considers social determinants of health (SDoH) and shared risk and protective factors (SRPF) into CAN prevention strategies offers a comprehensive and effective way to address the complex factors contributing to maltreatment.[3] Factors such as poverty, low parental educational attainment, food insecurity, housing instability, and lack of insurance significantly increase the risk of child maltreatment.[26]An effective community prevention strategy integrates services across primary, secondary, and tertiary levels, providing tailored and equitable services to enhance family outcomes.[27]

By considering SDoH and focusing on SRPF, prevention strategies can enable early intervention and create support systems addressing multiple family needs.[28] Programs can connect families to community resources such as parenting education, economic support, community engagement opportunities, and health and mental health services.[28,29] Recognizing and addressing these factors early can prevent situations from escalating into abuse or neglect by tackling root causes and leveraging protective factors.[28]

Research supports this approach: providing economic assistance and promoting family bonding can be protective against CAN, while parent education and support programs are associated with reduced parental stress, abuse, and neglect.[29] Aligning prevention programs with broader policy initiatives and funding priorities focused on SDoH and SRPF can enhance sustainability and scalability, as many public health agencies and funding bodies prioritize integrated approaches addressing multiple determinants of health.[29]

Advocate for local policy that increases family stability:

Advocating for local policy changes to increase family stability is a critical component of an effective CAN prevention plan. Focusing on policies that increase family stability can impact many SDoH and create a buffer against CAN.[29] Policies that prioritize primary prevention (e.g. early childhood visits, community-based child abuse prevention grants, etc.), promote comprehensive family support (e.g., affordable childcare, parental support, family resource centers) and strengthen family financial security (e.g., tax credits, child subsidies, livable wages, etc.) can decrease CAN.[30] Additionally, family-friendly work policies, like flexible work hours, can reduce certain risk factors for CAN like stress and depression.[30] Policy-oriented approaches

to reducing corporal punishment at home can also help decrease the risk of CAN.[2] By orienting policy efforts on primary prevention, local legislators can prevent CAN before it happens.[2] Promoting local CAN policies can strengthen family stability, increase economic security, provide stable homes, and ultimately support healthy child development.[30]

Local Health Departments can play an important role in advocating for policies to reduce CAN by gathering information/data to inform policies, working with legislators to implement policies, evaluating the effectiveness of policies, and raising awareness of these policies.[2] Crucially, local health departments can also build and support valuable partnerships with community partners, decision-makers, and non-governmental agencies engaged in this work.[2] Moreover, public health departments can engage in outreach to better assess and address CAN within certain communities by completing community health assessments, creating educational campaigns, and implementing public health programming (e.g., Head Start, Triple P, etc.).[2]

Although CAN is a significant public health problem, it is also preventable. Addressing child abuse and neglect demands a comprehensive, multi-sectoral approach rooted in public health principles. By advocating for policies that enhance family stability, promoting understanding of adverse and positive childhood experiences, collecting and sharing data, and incorporating social determinants of health into prevention strategies, local health departments can effectively mitigate the risks and prevalence of CAN while creating safe, nurturing environments where all children can thrive.

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Record of Action

Replaced Childhood Maltreatment Prevention Policy Statement & Proposed by NACCHO Injury and Violence Prevention Workgroup July 2024