

Prevention of Child Maltreatment



An evidence-based update and
implications for reducing psychiatric
impairment

Centre of Excellence for Early
Childhood Development
Montreal, September 5-6, 2003

Scope of the problem



Data from the Ontario Mental
Health Supplement

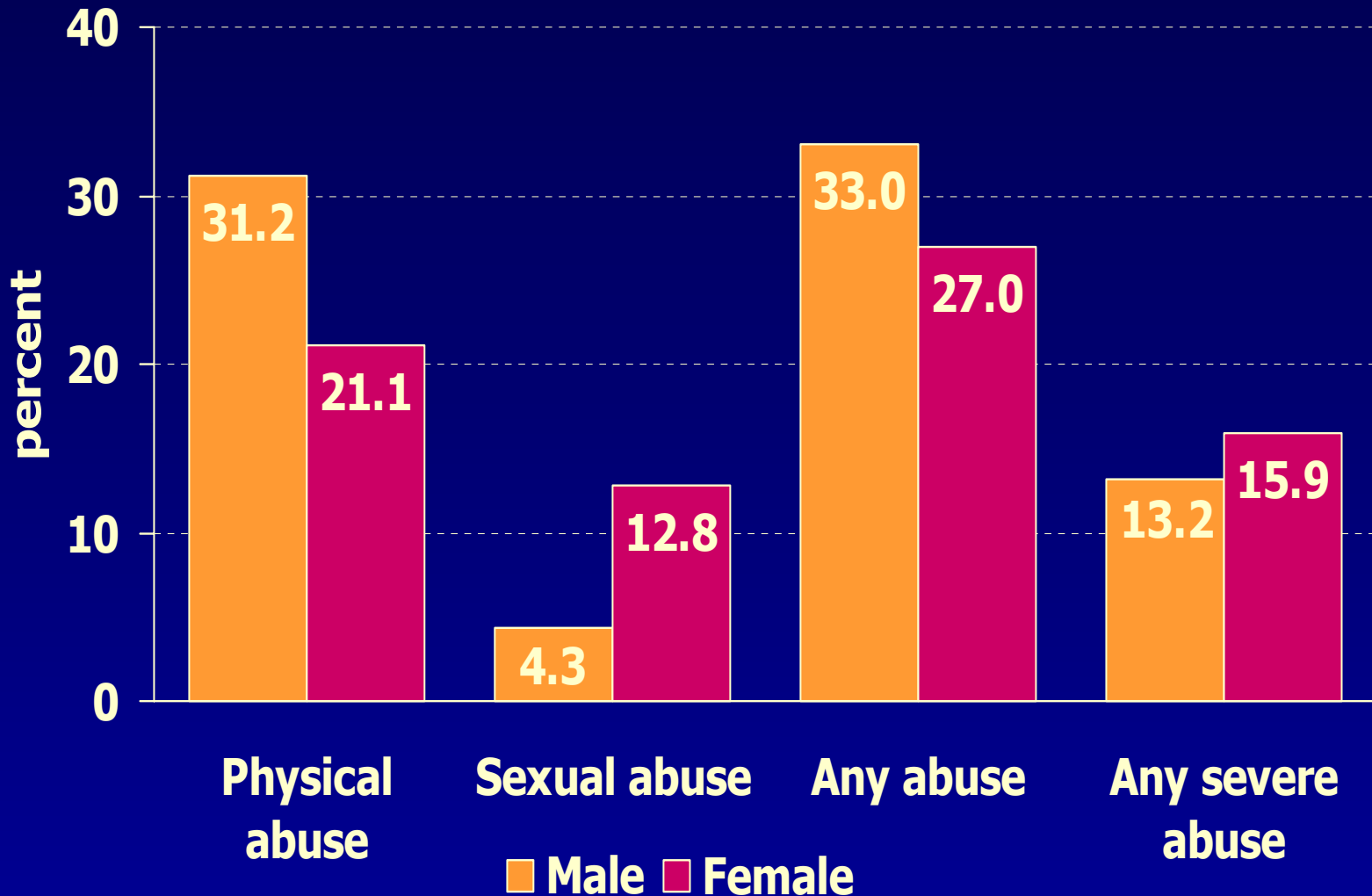
Ontario Health Supplement (OHSUP)

- General population survey of Ontario residents 15 years of age and older
- Response rate was 76.5% (9953/13002)
- Few differences between respondents and non-respondents
- Analysis of relationship between child maltreatment and psychiatric disorder
N=7,016 respondents under age 65

OHSUP Measures

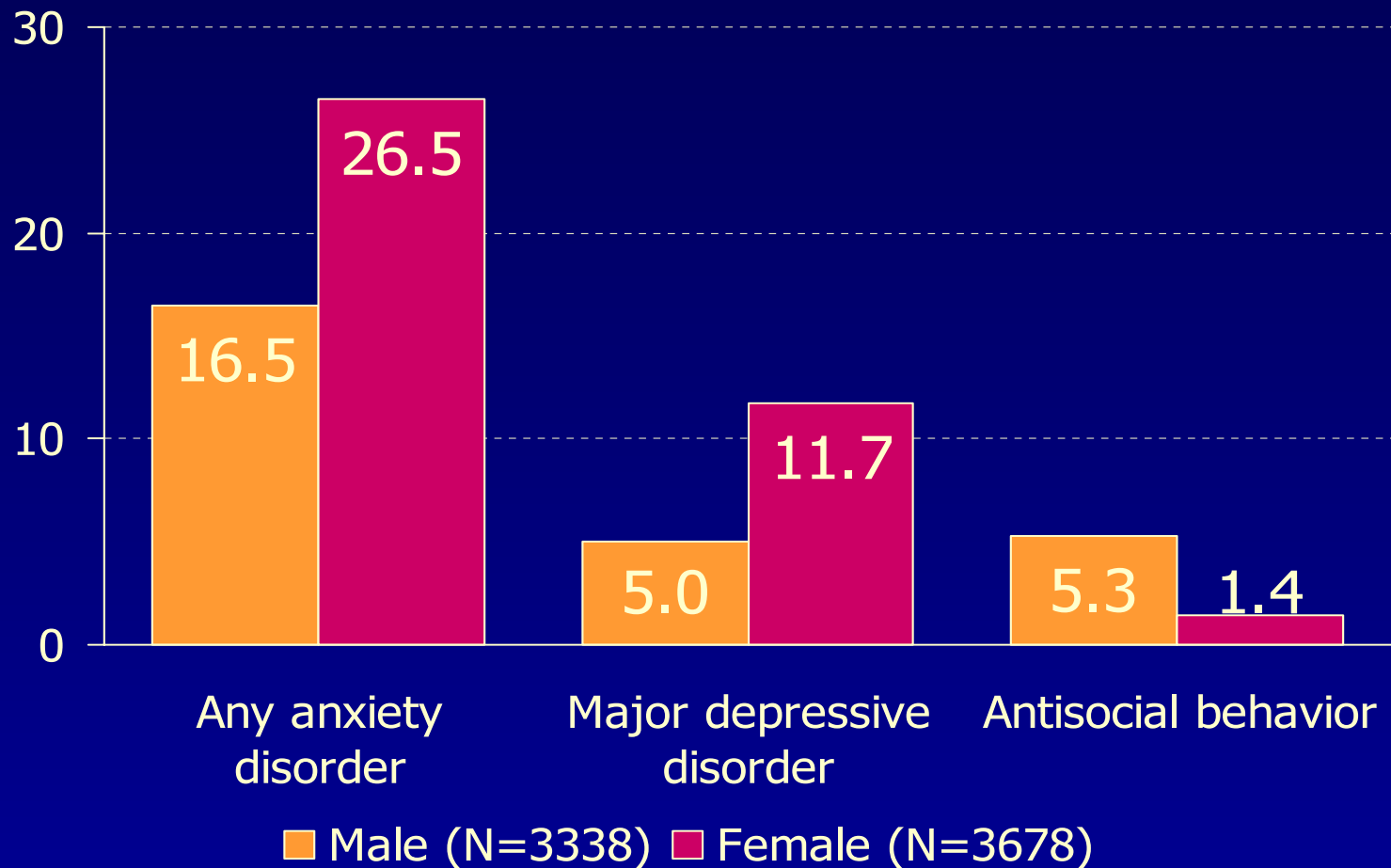
- Respondents were interviewed face-to-face with the revised Composite International Diagnostic Interview (CIDI) which was used to classify psychiatric disorder
- Self-report instrument used to ask about experiences of child physical and sexual abuse

Lifetime prevalence of child maltreatment by gender



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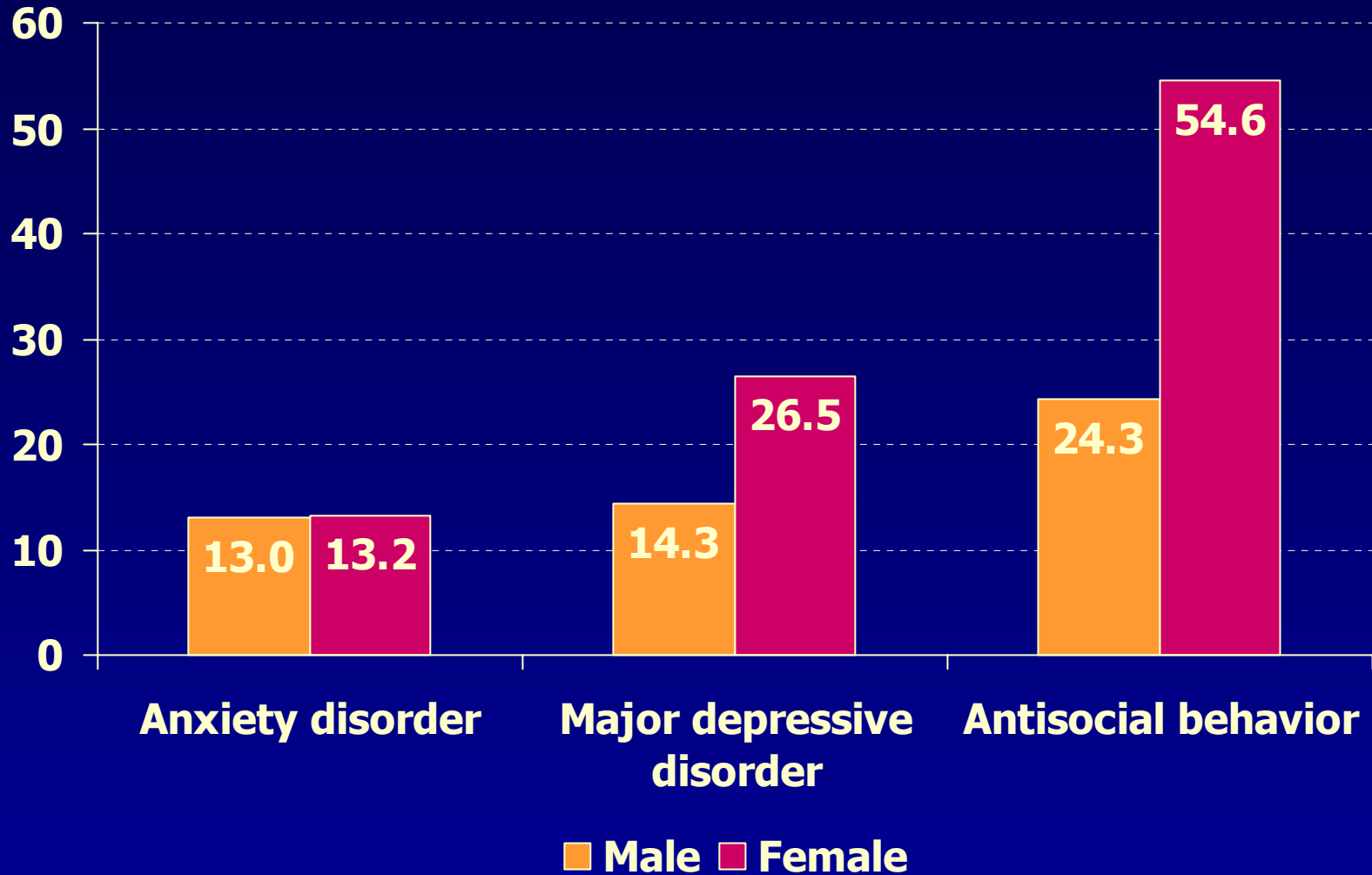
Lifetime prevalence of disorder by gender



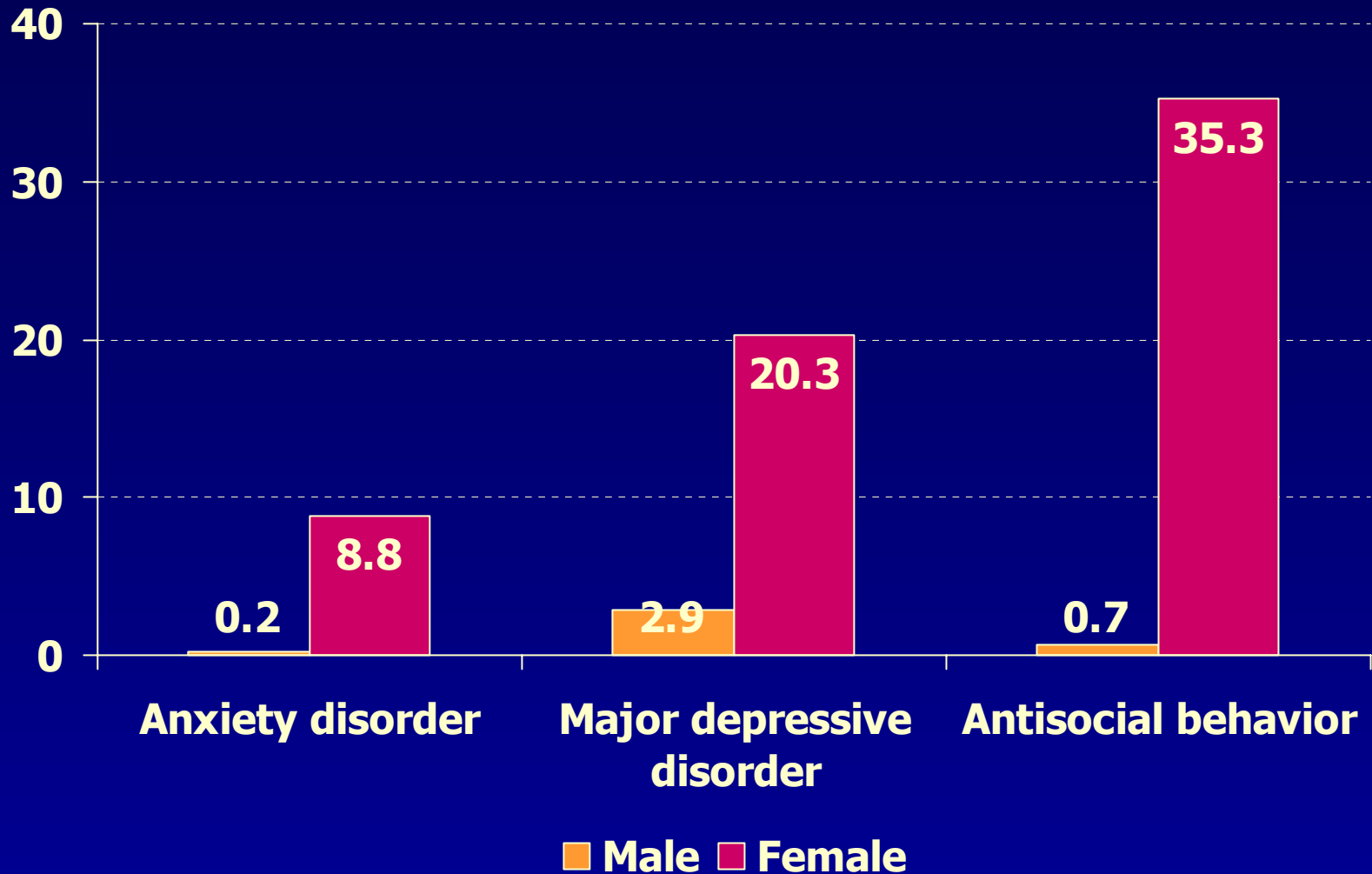
Population attributable risk (PAR)

- Relationship between the risk factor and outcome is hypothesized to be causal
- PAR compares the outcomes for the whole population to those without the risk factor (not a comparison of those with and without a risk factor)
- PAR measures the potential impact of control measures in a population

PAR for physical abuse



PAR for sexual abuse



Risk factors for maltreatment



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Correlates of physical abuse

- Male gender
- Parental factors
 - young maternal age
 - single-parent status
 - parental history of physical abuse
 - spousal violence
 - unplanned pregnancy or negative parental attitude toward pregnancy

Correlates of physical abuse

- Parental factors, continued
 - parental history of substance abuse
 - parent social isolation or lack of social support
 - maternal psychiatric impairment
 - low maternal educational level
- Social factors
 - low socioeconomic status
 - large family size

Correlates of sexual abuse

- Female gender
- Parental factors
 - living in family without natural parent
 - poor relationships between parents
 - presence of a stepfather
 - poor child-parent relations
 - low maternal age
 - parental death

Prevention of child maltreatment

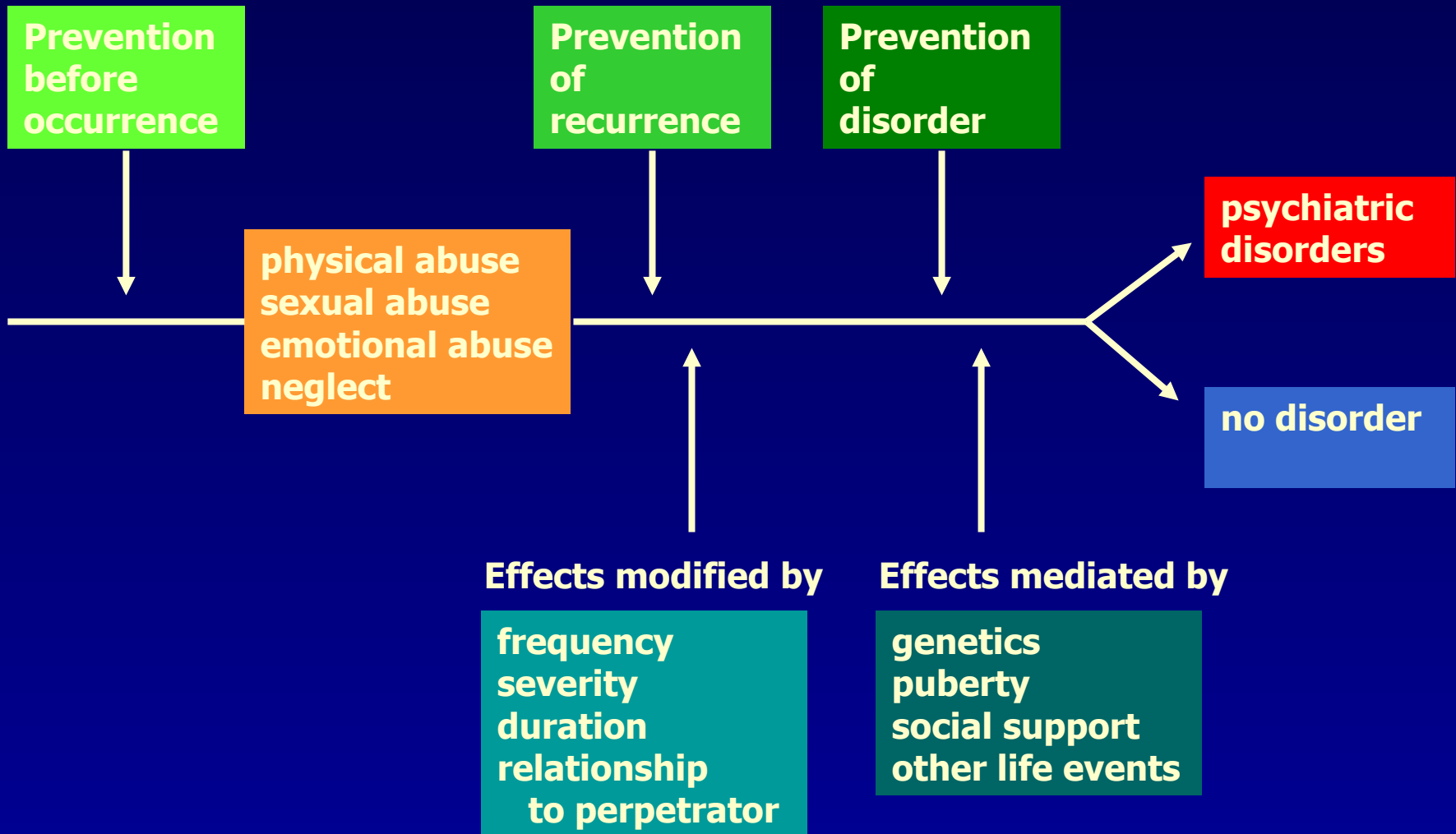


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Screening for risk of maltreatment

- Accurate prediction of individual cases is not possible
- “Efforts at predicting individual cases should be abandoned” (Kaufman & Zigler, '89)
- Efforts should be directed at high-risk communities
- Fair evidence to exclude this maneuver based on cohort studies (MacMillan with Canadian Task Force on Preventive Health Care, '00)

Prevention of child maltreatment



Prevention strategies

- Classified into two main categories
 - prevention of physical abuse and/or neglect,
 - prevention of sexual abuse

- Two forms of programs
 - universal
 - targeted

(Offord et al., 00)

Physical abuse: universal programs

- Universal programs include the provision of general services such as adequate housing and financial support
- No clinical trials have examined the effectiveness of these types of services in decreasing child maltreatment

Perinatal & early childhood programs

- Intensive pediatric contact with home visitation
- Home visitation - during pregnancy, after pregnancy, during and after pregnancy
- Extended postpartum contact - with visits, without visits
- Drop-in Centre
- Parent training program
- Free access to health care
- Comprehensive health services

Only home visitation for disadvantaged first-time mothers has been shown effective in the prevention of physical abuse & neglect

Nurse Home Visitation Program (NHVP)

- First-time disadvantaged mothers received home visits by nurses
- Began prenatally and extended until child's 2nd birthday (weekly and then tapered)
- Nurses promoted 3 aspects of maternal functioning:
 - health-related behaviors
 - maternal life course development
 - parental care of children

NHVP benefits

- Reduction in verified reports of child abuse and neglect involving the mother
- In a subgroup of highest risk women, reduction in subsequent pregnancies, substance abuse, crime and use of welfare (Olds et al., '97; Eckenrode et al., '00)
- Benefits in associated outcomes such as health care contact for injuries/ ingestions (Olds et al., '99)

NHVP Long term effects

- 324/400 participated in 15-yr follow-up
- Women who received intensive home visitation were identified as perpetrators of child abuse and neglect in fewer verified reports than comparison group
- Incidence: 0.29 vs 0.54 verified reports ($p < .001$)
- Effect was greater for women who were unmarried and from low-SES households (Olds et al., '97)

NHVP vs paraprofessional visits

- Better evidence (higher quality, replicated) for nurse home visitation than program provided by paraprofessionals
- Overall nurses produce a larger and broader range of beneficial effects (e.g. infant caregiving, language development)
(Olds et al., '02)

Prevention of sexual abuse

- Most programs aimed at improving safety skills and knowledge of children about sexual abuse
- There is evidence that educational programs can improve these outcomes but:

No study has produced data that education actually reduces the occurrence of sexual abuse

(MacMillan with the CTFPHC, '00)

Prevention of impairment following exposure to child maltreatment

- Search for preventing impairment has focused on social factors
- Genetic susceptibility factors important
- Sample of male children followed from birth to adulthood – Dunedin study (Caspi et al., '02)
- Maltreated children with genotype for high MAOA less likely to develop antisocial behaviour

Implications for prevention of psychiatric disorder

- Programs shown effective in preventing child maltreatment may also prevent psychiatric disorder
- Adolescents born to home-visited women reported:
 - less running away
 - fewer arrests and convictions
 - fewer behavioral problems related to use of alcohol and drugs

(Olds et al., '98)

Future directions

- Need longitudinal studies which measure both psychosocial and biological factors in examining the relationship between exposure to child maltreatment and psychiatric disorder
- Study of exposure to such subtypes of child maltreatment as neglect and emotional abuse is also crucial