Preventing Child Abuse and Neglect in Your Community

Vermont Agency of Human Services
Planning Division
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Dedicated to the well-being of Children and Families

Preventing Child Abuse and Neglect in Your Community

ABOUT THIS SERIES

This booklet is one of a series produced by the Planning Division of the Vermont Agency of Human Services to assist the work of its regional and local partners in achieving positive outcomes for Vermont's citizens. The State Team for Children, Families, and Individuals has identified 10 **outcomes**, or conditions of well-being, that form the basis for these efforts. The outcomes are listed in the box below.

These outcomes will be achieved only by the collective efforts, formal and informal, of individuals, families, organizations, and institutions; our communities, rather than any single program, "own" the outcomes. However, communities have expressed a need for guidance about which programs and practices are most effective. We need to learn from experience; and we sometimes need to make difficult choices between one strategy and another. Strategies that focus on **preventing** problems before they start, especially in childhood, as opposed to programs that focus on remediation or treatment, hold more potential over the long term for achieving these outcomes. In addition, over time prevention programs save resources because they stop conditions from growing into larger problems that **cost the community more** in terms of lost human potential. Prevention is not a "stop-gap" strategy, but addresses the **long-term** health and well-being of the community.

Much has been learned in recent years about the strategies and characteristics, the "best practices," that underlie successful prevention programs.

10 Outcomes
Conditions of Well-Being for Vermonters

- Families, youth, and individuals are engaged in and contribute to their community's decisions and activities
- Pregnant women and newborns thrive
- Infants and children thrive
- Children are ready for school
- Children succeed in school
- Children live in stable, supported families
- Youth choose healthy behaviors
- Youth successfully transition to adulthood
- Elders and people with disabilities live with dignity and independence in settings they prefer
- Families and individuals live in safe and supportive communities

The *What Works* series offers brief overviews of strategies and programs that research has shown to be effective in achieving the outcomes listed above—by preventing problem conditions and behaviors and promoting positive ones. As a practical matter, most booklets focus on strategies addressing a particular aspect of our success (or failure) in achieving one of the outcomes. For example, preventing child abuse and neglect is an important measure, or indicator, of our progress toward the outcome, "Children Live in Safe and Supported Families." Some strategies and programs have been shown to be effective in impacting multiple indicators, or even multiple outcomes; thus, descriptions of these may appear in more than one of our booklets.

Although the focus in this series is on specific *programs*, we also know that any program's success—and the success of a community's collective efforts—is dependent on the wider community context. Thus, we identify (on p. 5) some key components of a coordinated community strategy.

In this series, we call **Effective Programs** those for which research demonstrating success in changing the targeted behaviors has been published in peer-reviewed journals, or, if not so published, then those evaluated with a control group and follow-up assessment of results. **Promising Programs** are those that appear to be successful in changing the targeted behaviors, but which do not meet the criteria for Effective Programs—that is, they have not appeared in peer-reviewed journals, or do not have a control group and follow-up in their design. Finally, **Noteworthy Pro-**

grams are prevention efforts that have demonstrated success in changing relevant attitudes and knowledge, but not the targeted behaviors themselves.

Many, probably most, prevention programs implemented at the community level have simply never been thoroughly evaluated, and some of these *may* be effective. However, our aim here is to identify those where we can say with some confidence, "it works." Our selection criteria are rigorous, so we run the risk of overlooking some worthwhile prevention activities. On the other hand, it can be useful to narrow the field to a few exemplary programs. Therefore, these booklets do not contain an exhaustive list of effective and promising programs; rather, they provide a number of illustrative examples.

Much has been learned in recent years about the strategies and characteristics, the "best practices," that underlie successful prevention programs. The best strategies are **intensive**, rather than brief or superficial; **comprehensive**, rather than focusing on a piece of the problem; and **flexible**, rather than assuming the same approach will work for everyone. There is also research that supports the importance of a strengths-based approach which recognizes, nurtures, and builds on the resiliency and strengths present in young people (Werner & Smith, 1992; Benson, 1997). A separate booklet in this series *(What Works: Promoting Positive Youth Development)* describes this approach in detail. Other common characteristics or approaches of successful programs are described in each booklet.

The best strategies are intensive, comprehensive, and flexible.

One word of caution: No program, however effective in its original setting, can be transplanted to a new setting without modification, although it is possible that changes could weaken its effectiveness. Still, any program must be sensitive to the unique attributes and needs of a particular community; there are no "cookie-cutter" programs here. Rather, we hope the information presented in the *What Works* series will provide communities with inspiration for new efforts and validation for those that are ongoing.

Booklets in the *What Works* series will be published periodically as the steady stream of new research informs us. This is what we know today; we will know more tomorrow.

COMPONENTS OF A COORDINATED COMMUNITY EFFORT: AN OVERVIEW

Successful community strategies are likely to include some or all of the following components:

- ☆ ***Comprehensive, collaborative services and supports for all families.*** These should include supportive programs for all new parents, comprehensive child health and development services, access to parenting information at all stages of parenthood, and crisis and therapeutic intervention services. (See pp. 13-14)
- ☆ ***An array of more-specialized and intensive supports and services for families at high risk.*** These might include more-frequent home visiting, over a longer period of time; access to no- or low-cost counseling, addressing issues of family management, substance abuse, domestic violence, vocational skills, and pregnancy planning; and opportunities for respite care. (See pp. 9-12)
- ☆ ***Primary prevention programs to change specific behaviors.*** Examples include "Don't Shake Your Baby," and other injury-prevention programs (Showers, 1992). (See pp. 15-16)
- ☆ ***Community-wide engagement*** (including schools, businesses, faith communities, health care providers, and civic organizations) in changing community norms around domestic violence in general and child maltreatment in particular, and in strengthening formal and informal networks of supports for families. In Vermont, experts believe that no single program is responsible for the substantial reduction in our rate of child abuse and neglect. Instead, a number of strategies, working together, and designed by community-state partnerships, are having an influence.

THE CONTEXT FOR PREVENTION OF CHILD ABUSE AND NEGLECT

Achieving the outcomes we want for our children, families, individuals, and communities depends upon the efforts--public and private--of everyone. Nowhere is this more critical than in the prevention of child abuse and neglect--a key measure of our success in maintaining stable, supported families.

The unfortunate reality is that most child abuse and neglect occurs *within* families, perpetrated by one family member upon another. So it is with families that we must start. At the same time, however, there are strategies that *communities* can adopt that will reduce the likelihood of abuse and neglect. Success in one community (or neighborhood) may inspire efforts in other neighborhoods and communities (National Center on Child Abuse and Neglect, 1997).

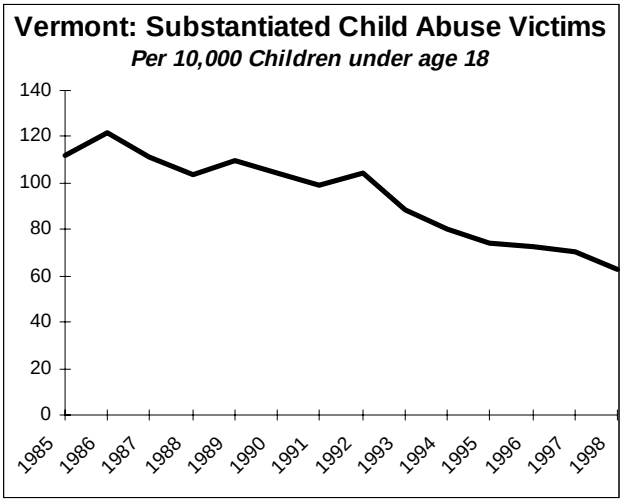
It is with families that we must start.

There is no universally accepted definition of what constitutes child abuse or neglect. Still, the perspectives of human rights, federal and state laws, and community standards establish workable guidelines.

Research indicates that child maltreatment in the United States is growing. According to the Third National Incidence Study of Child Abuse and Neglect, the number of abused and neglected children nearly doubled between 1986 and 1993, from 1.4 million to 2.8 million. The study estimated that the number of children who were seriously injured during that period quadrupled, from approximately 143,000 to nearly 570,000. These increases in child abuse and neglect are likely due both to increased public awareness, and to real increases in the scope of the problem (Sedlak & Broadhurst, 1996).

There is no "acceptable" level of child abuse and neglect.

Fortunately, Vermont data show a different trend in our state. Child maltreatment in Vermont has declined in every year but three since 1985–overall, a decline of 44 percent between 1985 and 1998. Nevertheless, there is no "acceptable" level of child abuse and neglect.



Child abuse and neglect cut across boundaries of income-level, race/ethnicity, family characteristics, and urban/rural status: no group is "exempt." Children of either sex, and at any age, are actual and potential victims. However, some families are statistically more at risk for abuse. Identified risk factors include child's age (younger children are more likely to be abused); number of children (families with larger numbers of children are more at risk); single- and teen-parenthood; other domestic violence (such as spouse abuse); lack of sufficient social support for families; community-level violence (crime, etc.); and poverty (National Center on Child Abuse and Neglect, 1997).

Substance abuse is a prevalent yet often hidden risk factor.

Substance abuse is a prevalent yet often hidden risk factor. According to a recent report to Congress, 11 percent of U.S. children–8.3 million–live with at least one parent who is either alcoholic or in need of treatment for the abuse of illicit drugs. Yet few of the children living with parents with substance abuse problems come into contact with the child welfare system, the report states. For

one- to two-thirds of the children reported to the child welfare system, parental substance abuse has been found to be a contributing problem (Office of the Secretary of Health and Human Services, 1999).

As noted earlier, perpetrators of child abuse and neglect are most likely to be family members. The Third National Incidence Study of Child Abuse and Neglect (Sedlack & Broadhurst, 1996) notes that for 72 percent of the physically abused children and 81 percent of the emotionally abused children, birth parents were responsible for the maltreatment. For sexual abuse, however, the pattern was different. Nearly one-half of the sexually abused children were sexually abused by other family members or unrelated adults, one-fourth by in-home or out-of-home birth parents, and one-fourth by in-home step-parents, separated parents, and partners of in-home parents.

Nationwide, probably a minority of the children who are abused or neglected receive attention from child protective services (National Center on Child Abuse and Neglect, 1997). Because the capacity of the "formal" system to identify and respond to child maltreatment will always be limited, it makes sense to focus efforts on prevention.

One approach is to teach children how to recognize and avoid potential abuse situations.

Approaches to Prevention

Most strategies aimed at preventing child abuse and neglect take one of several broad approaches. One approach is to teach children how to recognize and avoid potential abuse situations, and/or to seek help. Most of these programs are brief school-based curricula, typically focused on sexual abuse, which may use skits, puppet shows, songs, videos, and story and coloring books. Other programs provide therapeutic care for victims, a long-term prevention strategy for breaking what can be an inter-generational cycle of abuse (abused children sometimes go on to become abusers themselves). These strategies also may include survivors' support groups for children who have been abused. Evaluations of these child-focused approaches have not produced reliable evidence that they prevent or reduce abuse, though they may produce short-term gains in children's knowledge, skills, or psychological adjustment (Chalk & King, 1998).

Another set of approaches focuses on parents and families.

Another set of approaches focuses on parents and families, with the aim of improving parenting skills and access to a range of services and supports for families. Various parenting programs teach effective communication, discipline, child development milestones, and stress-management techniques. A number of home visiting programs provide comprehensive supports to parents and children, and link them with community services. Parent support groups, such as Parents Anonymous (known in Vermont as Parents Together), give parents the opportunity to share common experiences and helpful parenting strategies.

Again, there is not sufficient evidence yet to show that providing support to families, including help to improve parenting skills, can "reduce or prevent abusive or neglectful behaviors significantly over time for the majority of families who have been reported for child maltreatment. . . . Several interventions have demonstrated an ability to improve parental competence in the short term, but whether these gains can be maintained over long periods under stressful conditions and across different periods of the child's development is not certain." (Chalk & King, 1998).

Yet another approach is focused on whole communities, acknowledging that it is impossible to identify beforehand all potential victims or abusers. Community-wide prevention efforts include the promotion of broad public awareness through TV, radio and the print media. In fact, public awareness of child mal-

treatment as a major social problem has increased dramatically over the past 20 years (Donnelly, 1991; Centers for Disease Control and Prevention, 1997). Reflecting this increased awareness are the Children's Trust Funds, funded through optional taxpayer check-offs in a number of states (including Vermont), that support community-based prevention efforts. Other community-level initiatives focus on expanding or creating parental leave policies and daycare programs.

A related perspective considers the social ecology of a given area as a factor in child maltreatment. One study determined that the following community characteristics were related to rates of child maltreatment: a) economic and family resources, b) residential instability, c) household and age structure, and d) geographic proximity of neighborhoods to concentrated poverty (Coulton et al., 1995).

Yet another approach is focused on whole communities.

Although some prevention programs show great promise, there are some issues specific to evaluations of child maltreatment prevention programs that make it extraordinarily difficult to link prevention efforts directly with reduced rates of abuse and neglect. One issue has to do with reporting. Nearly all statistics refer to child protective services records, and thus do not capture decreases (or increases) in *un*reported abuse. Further, in most cases those providing services and supports for families are mandated by law to report suspected abuse; thus, even successful prevention efforts may lead to more, rather than fewer, reports of abuse, because they create greater awareness of the problem. Finally, because abuse can occur during any part of childhood, understanding whether or not a prevention program was effective would, in theory, require a long period of follow-up study.

For a number of reasons, then, it is common for child maltreatment prevention programs to measure factors that are *related* to likelihood of abuse, such as knowledge, attitudes, disciplinary practices, and emotional stress; and/or objective indicators that may be suggestive of abuse (e.g., injuries resulting in hospitalization, delayed growth, etc.). No single program, even one with successful results, can erase child abuse and neglect. But as part of a broad education, outreach, and treatment approach, programs may indeed make a difference in the life and health of the children and families they serve.

No single program, even one with successful results, can erase child abuse and neglect.

To identify the programs described here, a literature search was conducted including the topics of "child abuse" and "prevention." In addition, several Internet resources provided helpful information:

National Clearinghouse on Child Abuse & Neglect Information: www.calib.com/nccanch

National Committee to Prevent Child Abuse: www.childabuse.org

Child Welfare League of America: www.cwla.org

Vermont resources include:

Parents Assistance Line. Vermont Agency of Human Services--PAL, 103 South Main Street, Waterbury, VT 05671. Toll-free help line: 800-PARENTS

Prevent Child Abuse--VT. P.O. Box 826, Montpelier, VT 05601. Toll-free phone: 800-639-4014. (Local phone: 802-229-5724)

Stop It Now--VT. P.O. Box 340, Brandon, VT 05733. email: stopnow@sover.net Office phone: 802/247-0105. Toll-free help line: 888-PREVENT.

Hawaii's Healthy Start

Healthy Start follows high-risk children (identified through screenings of mothers and their newborns) from birth to age five, while assisting and supporting other family members.

Goals include reducing family stress and improving family functioning; improving parenting skills; enhancing child health and development; and preventing child abuse and neglect. Trained paraprofessionals make weekly visits during the first six to 12 months after the baby's birth (gradually reduced to bi-monthly or monthly thereafter, based on periodic assessments). The visitors help parents develop Individual Support Plans, which specify services desired and the means to access them. Services include help with building parenting skills, individually and in groups; interagency coordination and referral; parent support groups; respite care; and consultation with child development specialists. Services are personalized, culturally sensitive, and community-based.

Monitoring of implementation and faithfulness to the program model were identified as key issues for home visiting programs to address.

The results

An internal evaluation compared Healthy Start participants with other high-risk families who went unserved due to limited program capacity. The researchers found rates of confirmed abuse and neglect of 1.9 percent in the Healthy Start group, and 5.0 percent in the comparison group, over four years. This represented about 42 avoided cases over the four-year period.

A subsequent independent evaluation of 304 high-risk families randomly assigned to treatment and control groups, and followed for at least one year, found both fewer and less severe incidents of child maltreatment in the visited group (the rate of confirmed abuse in the treatment group was about half of that in the controls). Among the visited group parents had more positive attitudes toward children and more positive parent-child interactions.

Second-year results of a Hawaii Department of Health three-year evaluation using strong scientific methods found Healthy Start was successful in promoting the use of nonviolent discipline, decreasing mothers' parenting stress, improving mothers' parenting efficacy, linking families with pediatric medical care, and decreasing injuries resulting from partner violence in the home. Overall, the program was not found to reduce child maltreatment in the first two years of this evaluation. Positive effects of Healthy Start on parent-child interaction, child development, mothers' confidence in adult relationships, and partner violence were reported, but these varied by administering agency. Some key issues identified for home visiting programs to address were monitoring of implementation and faithfulness to the program model.

For more information

Duggan, A. K., et al. (1999). Evaluation of Hawaii's Healthy Start Program. *The Future of Children*, *9*, no. 1 (Spring/Summer 1999), 66-90. Los Altos, CA: The David and Lucile Packard Foundation.

Center on Child Abuse Prevention, National Committee to Prevent Child Abuse. (1996). Intensive home visitation: A randomized trial, follow-up and risk assessment study of Hawaii's Healthy Start Program. Executive Summary. Chicago, IL.

Earle, R. B. (1995). Helping to prevent child abuse--and future criminal consequences: Hawai'i Healthy Start. National Institute of Justice (NCJ 156216), Washington, DC.

The Nurse Home Visitation Program

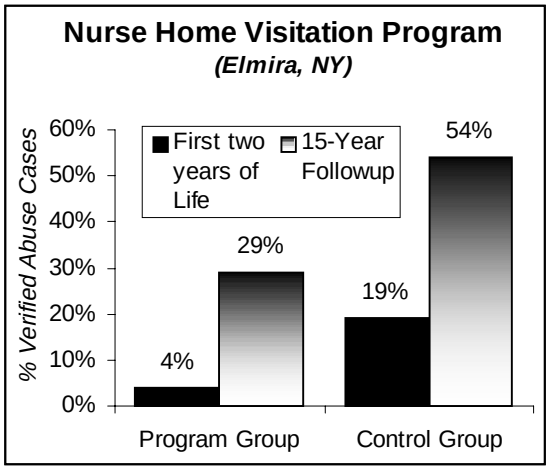
This program targets high-risk populations of low-income, first-time mothers in order to improve pregnancy outcomes, promote children's health and development, and strengthen families' economic self-sufficiency.

By helping to improve parental skills and confidence, the program also aims to reduce child abuse and neglect, as well as reduce injuries resulting from dysfunctional caregiving. Participants receive home visits by nurses, beginning in pregnancy and continuing through the child's first two years. The number of visits averages seven to nine during pregnancy, and 23 to 26 after birth; visits last approximately 75 to 90 minutes.

The results

Two model programs have been studied--one in semi-rural Elmira, NY, serving a primarily white community, and one in urban Memphis, TN, serving a primarily African-American community.

In Elmira, nurse-visited children born to low-income, unmarried teens had 80 percent fewer verified cases of child abuse and neglect during their first two years of life than did their counterparts in the control group. In a follow-up study when children were 15 years old, the visited group had a rate of confirmed abuse or neglect less than half that of the comparison group.



In a follow-up study when children were 15 years old, the visited group had a rate of confirmed abuse or neglect less than half that of the comparison group.

In Memphis, visited children had fewer detected injuries and harmful ingestions than children in the comparison group. Hospitalizations for injuries or ingestions among visited children were, on average, less than one-fourth as long as those among children in the comparison group, suggesting visited children experienced better parental care.

For more information

Olds D.L., Henderson C.R. Jr., Kitzman H.J., Eckenrode J.J., Cole R.E., and Tatelbaum, R.C. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children*, *9*, no. 1 (Spring/Summer 1999), 44-65. Los Altos, CA: The David and Lucile Packard Foundation.

Olds D.L., Eckenrode J., Henderson C.R. Jr., Kitzman H., Powers J., Cole R., Sidora K., Morris P., Pettitt L.M., and Luckey D. (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.

Child Abuse Prevention (CAP)

Located in Chattanooga, TN, CAP's Case Management Model provides intensive case management and parent education for pregnant teens. Schools refer prospective participants to the program, where they complete an interview and needs assessment, resulting in a Life Plan developed jointly by the teen and her case manager.

The goals of the program are to increase pregnant and parenting teens' knowledge of community resources and parenting skills, to promote mother-infant bonding, to reduce repeat pregnancies, to encourage mothers to return to school, and to reduce abusive parenting. Professional staff monitor participants' parenting skills through home observations and written pre- and post-program measures of parenting behavior. In addition, participants' medical and school records are reviewed.

The results

CAP staff report that 98 percent of participants showed increased knowledge of parenting skills, 97 percent returned to school after receiving home-based services, and none showed signs of abusive parenting behavior. (Numbers of participants were not reported, nor was the follow-up period specified.)

For more information

The Child Abuse and Neglect Prevention Program Database. National Clearinghouse on Child Abuse & Neglect Information: www.calib.com/nccanch/pubs/prevenres/database.htm

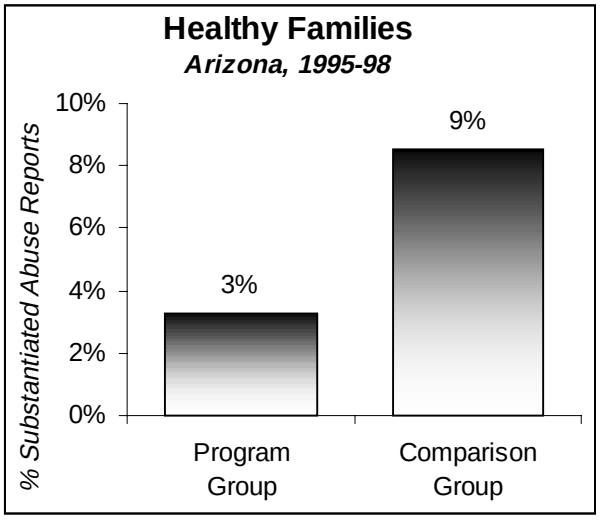
Healthy Families America

The Healthy Families America (HFA) initiative is an approach to child abuse prevention based on intensive home visiting programs, in which results are studied and evaluated.

Developed by the National Committee to Prevent Child Abuse as an adaptation of Hawaii's Healthy Start program (see p. 9), HFA emphasizes collaboration with existing service systems and flexibility in program implementation. While the 270 HFA programs offered in 38 states (including Vermont) and the District of Columbia differ in various respects, they all adhere to the same guiding principles (e.g. the timing of family enrollment in program, flexibility of services offered, staff training and supervision, etc.), and to some extent offer the same or similar services.

The results

Thirteen of 17 program evaluations that reported maltreatment data reported program participants had subsequent child abuse and neglect rates of less than six percent. Although this is higher than the national average of 4.7 percent for all children under the age of 18, the risk of harm for families like those enrolled in HFA programs is estimated to be two to three times higher than the national average. Thus, the rate of maltreatment could be estimated to be 3.5 to eight percent lower for program participants than for comparison groups.



In addition, one of two evaluations in Arizona comparing HFA participants with families who qualified for, but were not involved in, the program found statistically significant differences in child abuse and neglect. In both cases, almost twice as many families in the comparison group were reported for abuse or neglect during a two-year period as families in either of the participant groups.

Almost twice as many families in the comparison group were reported for abuse or neglect during a two-year period as families in either of the participant groups.

For more information

Dara, D.A. and Harding K.A. (1999). Healthy Families America: Using research to enhance practice. *The Future of Children*, *9*, no. 1 (Spring/Summer 1999), 152-176. Los Altos, CA: The David and Lucile Packard Foundation.

Parents Anonymous, Inc. (PA)

(In Vermont, this program is called Parents Together)

Parents Anonymous is a self-help-group approach to strengthening parent-child relationships in order to stop or prevent child abuse and neglect. Parent groups and children's programs are all offered free of charge.

The majority of PA members have been abused themselves. PA groups aim to break this intergenerational cycle through improving members' self-esteem and empowering them to seek solutions to their problems within themselves. Volunteer facilitators help to organize group meetings, while group-leader roles are filled by members of the PA group.

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The results

A decrease in frequency of physical abuse is an almost immediate effect of entering the PA program, according to an analysis of anonymous questionnaire responses by PA members. Respondents who had been in the program one month indicated that their current frequency of physically abusive behavior was between "once a month or less" and "almost never." The mean frequency score of the same group prior to joining was close to "several times a month." In response to questions about verbal abuse, mean frequency scores were close to "several times a week" prior to joining; after joining, reported frequency dropped to "several times a month." In addition, the decrease in verbal abuse was found to continue over time.

A second study found that clients in treatment (individual counseling, case management, and other services) who also participated in a PA group were more likely to cope better with and resolve their problems than those in treatment who did not participate in PA.

For more information

Baker J. (1976). Results of Behavior Associates (Tucson, AZ) Evaluation of the Parents Anonymous Program. Parents Anonymous, Inc. Manual for Group Facilitators, appendices, 57-61.

Cohn, A.H. (1979). Essential elements of successful child abuse and neglect treatment. *Child Abuse and Neglect*, *3*, 491-496.

Nurturing Programs

Nurturing Programs encompass 12 separate programs designed to encourage family behaviors that can prevent and treat childhood abuse and neglect. Using educational booklets, videos, and school curricula to teach and reinforce nurturing behaviors, these programs are divided into several categories to address parent and child needs based on a variety of factors, including the child's age, cultural issues, substance abuse, foster/adoptive care, and more. Nurturing Programs consultants in 29 states (including Vermont) offer training and assistance in implementing the programs.

The majority of parents showed statistically significant change towards non-abusive parenting at the completion of the program.

The results

The programs have been evaluated by many of the agencies and organizations that have used them; sample findings follow.

A Newark, OH, program evaluation showed that the majority of parents showed statistically significant change towards non-abusive parenting at the completion of the program. Follow-up data indicated that the majority of those tested remained non-abusive more than one year after completing the program, and nearly 50 percent showed continued statistically significant increases in positive parenting attitudes.

A questionnaire sent to participants in a parent-adolescent conflict-management program at 15 national sites found that 98 percent of the parents and 97 percent of the adolescents who responded indicated the program had a positive effect on the quality of their family relationships.

Results from a study of Head Start families participating in a parenting skills program for parents and children zero to five years old found a significant shift in parents' attitudes, showing they had adopted more positive, nurturing behaviors. Parents' expectations of children were more age-appropriate, parents improved their ability to be more empathetically aware of their children's needs, and parents began switching from using spanking to using more non-violent discipline strategies.

For more information

Bavolek, S.J. (1996) Effective family-based approaches to treating and preventing child abuse and neglect. Research and validation report of the Nurturing Programs. Park City, UT: Family Development Resources, Inc.

Project TRUST

The program was designed for elementary school children in a Midwestern city. A 30-minute play, "Touch," is performed for children by trained high school students, followed by a 15-minute question-and-response period, led by facilitators and the play performers. The play consists of several vignettes that cover "the touch continuum," ways of questioning or refusing touch, saying "no" to uncomfortable situations, and the fact that perpetrators can be either strangers or familiar people. Students who participated were assessed on knowledge of prevention information, both immediately following the presentation, and three months later.

The results

Children were randomly assigned to experimental and control groups. Students who participated in the presentation and discussion showed significantly greater knowledge than control group students, and they retained the acquired concepts over the three-month period. There were no differences between the groups on anxiety scores. There were more first-time disclosures of abuse among the experimental group than in the control group.

For more information

Oldfield, D., Hays, B. J., and Megel, M. E. (1996). Evaluation of the effectiveness of Project TRUST:An elementary school-based victimization prevention strategy. *Child Abuse and Neglect*, *20*, no. 9, 821-832.

Sexual Abuse Free Environment for Teens (SAFE-T) Program

SAFE-T Program is a health education and violence prevention program created by Prevent Child Abuse-Vermont for seventh to ninth grade students, their parents, and school personnel. Designed to address increasing prevalence of child sexual abuse by other children, the 30-hour curriculum teaches students about the risks for being hurt, the risks for hurting others, and the skills needed to develop healthy relationships that are free from sexual abuse.

Drawing from research on effective prevention of sexual and youth violence, and asset development, the program addresses risk and resiliency at multiple levels: individual, relationship, school and community environment, and society. In addition, the program addresses the four vital results from Vermont's Framework of Standards for Learning Opportunities, and Safe and Drug-Free Schools funding requirements.

The results

Between Spring 1995 and Spring 1999, approximately 400 Vermont students participated in the program. Results from pre- and post-tests indicate an increased understanding of abusive behavior, including the power issues and risk factors involved; improved ability to identify behaviors and situations as sexually abusive; increased empathy for victims; and a greater sense of empowerment and safety consciousness as they relate to preventing and intervening in sexually abusive situations. More than 65 percent of students improved their overall scores on the written assessment, which tested their ability to communicate, and their self-awareness and self-protection, empathy and judgement, and social responsibility.

The program addresses risk and resilience at multiple levels.

The Family Violence Research Laboratory at the University of New Hampshire began a two-year scientific evaluation of the SAFE-T Program in September, 1999. The evaluation will measure changes in student attitudes and behaviors concerning empathy and respect, as well as changes in family communication and the school environment.

For more information

Program materials available from Prevent Child Abuse-Vermont, PO Box 829, Montpelier, VT 05601-0829.

COMMON CHARACTERISTICS OF SUCCESSUL CHILD ABUSE AND NEGLECT PREVENTION PROGRAMS

Factors that promote well-being and resiliency in children (and families) generally are: having emotionally supportive relationships with at least one adult, having clear positive standards for behavior, and having opportunities to practice skills related to social competence and success in school and career. (See *What Works: Promoting Positive Youth Development in Your Community*.)

In general, multifaceted programs that offer services for higher-risk families over a longer period of time are more effective than those offering less intensive services (Advisory Board on Child Abuse and Neglect, 1993). A "watered down" version of a successful program may not achieve the same results.

Child advocates from around the country, meeting to develop a national agenda to prevent child abuse and neglect, identified the following components that strategies should reflect (Johnson Foundation, 1995):

- ☆ **Collaboration**. Roles and relationships should include all sectors of the community, including private citizens, neighbors, schools; the faith community; the business community; workers in early childhood development; community development agencies; neighborhood organizations; nonprofit family and children's service agencies; public health, including mental health and substance abuse agencies; and public child protective service agencies.
- ☆ **Community-based strategies**. State and local coalitions should be developed.
- ☆ **Comprehensive services and supports for families.** While specific strategies must be based on a community's needs and strengths, they should include supportive programs for all new parents, comprehensive child health and development services, an effective education system, human relationship skills for all school-age children, a system of family and children's services responsive to parents, housing policies and community development efforts that support families, economic opportunities sufficient to support families, access to parenting information, crisis intervention services, access to therapeutic services for all abused children, and a justice and legal system that supports the best interest of children and families.
- ☆ **Family-centered and family-respectful services.** The array of services must build on existing strengths and provide services that are flexible, comprehensive, intensive, and long-term.
- ☆ **Culturally appropriate strategies**.
- ☆ **Flexible strategies.** Strategies should be flexible in using resources, accountable for those resources, and oriented to regularly-assessed outcomes.
- ☆ **Innovative strategies.** Strategies should include interdisciplinary training, public education, and a research agenda.

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