Population-Level Approaches to Child Physical Abuse Prevention

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Program Objectives

1. **Illustrate child physical abuse (CPA), and violence in general, as a public health problem**
2. **Describe elements of a population-level approach to CPA prevention**
3. **Provide examples of population-level approaches to primary prevention of CPA**

Part I

Child Physical Abuse and Violence as Public Health Problems

Violence as a Public Health Problem

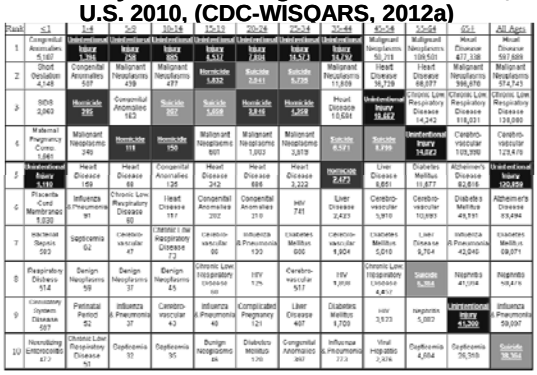
"In many countries, violence prevention is still a new or emerging field in public health. The public health community has started only recently to realize the contributions it can make to reducing violence and mitigating its consequences."

– **E.G. Krug, 2002, *The Lancet*, *p.1083***

What Makes Violence a Public Health Problem?

- **Substantial impact on population health**
  - **Mortality**
  - **Morbidity**
  - **Economic costs**

Mortality: 10 Leading Causes of Death, U.S. 2010, (CDC-WISQARS, 2012a)



Morbidity: Quality of Life

- **Physical injuries**
- **Psychological harm**
  - **Mental health risk, such as PTSD, depression, anxiety**
- **Social and behavioral harm**
  - **Risk for increased aggression, violent victimization, and interpersonal challenges**

Morbidity: Quality of Life

- **Fear / lack of perceived safety**
- **Chronic disease risk**
  - **Increased risky behaviors such as smoking, lack of physical activity, substance use**
  - **Heart disease, asthma, diabetes, chronic pain, stress**

Economic Costs Estimates of Violent Deaths, in U.S. 2005

Deaths and Type of Cost			Intent		
			Suicide	Homicide	Total
Mechanism					
All Mechanisms	Deaths	--	32,637	18,124	50,761
	Medical Cost	Total	$99,733,000	$113,552,000	$213,286,000
	Work Loss Cost	Total	$34,533,683,000	$25,208,272,000	$59,741,954,000
	Combined Cost	Total	$34,633,416,000	$25,321,824,000	$59,955,240,000

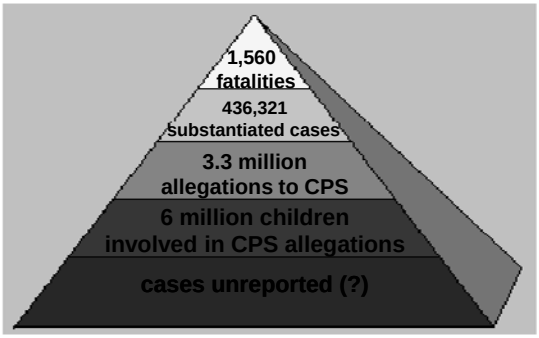
- CDC-WISQARS, 2012b

What Makes Child Maltreatment a Public Health Problem?

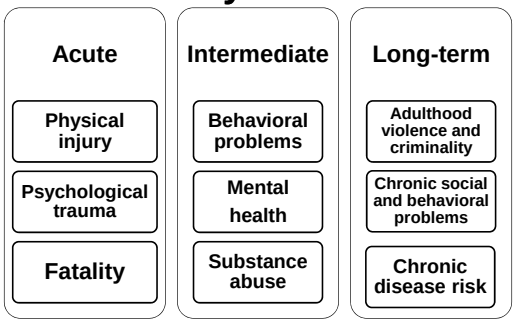
What Makes Child Maltreatment a Public Health Problem?

- Substantial impact on population health
  - Mortality
  - Morbidity
  - Economic costs

Child Maltreatment (2010) Cases in the U.S.



Morbidity: Harm Linked with Child Physical Abuse

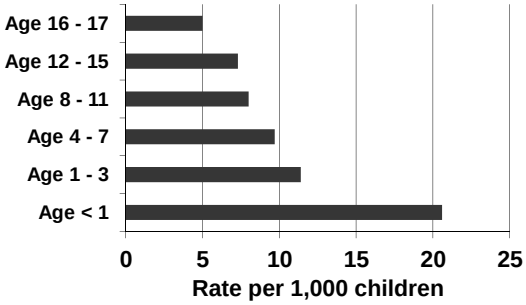


Morbidity: Harm Linked with Child Physical Abuse

- Early Toxic Stress
  - Framework for understanding links between child abuse, later chronic disease, and other poor outcomes
  - Cumulative impact of trauma
  - Sensitive periods of exposure in early brain development

– Shonkoff, 2009

Child Maltreatment Victimization Rates by Age, U.S. (2009)



Morbidity: Harm Linked with Child Physical Abuse

- Types of evidence
  - Epidemiologic studies
    - e.g., Adverse childhood experiences
    - Cumulative and long-term impact on health risk behavior and disease

– CDC, 2012c

Morbidity: Harm Linked with Child Physical Abuse

- Types of evidence
  - Brain imaging studies
    - Impact on the developing brain
  - Epigenetics / Telomere studies
    - Impact on DNA

– Hart & Rubia, 2012; Shalev, 2012

Costs of Child Maltreatment

- Enormous economic costs to society
  - Average lifetime cost per victim:
    - $210,012
  - Total lifetime cost of new cases in US, 2008:
    - $124 billion

– Fang, 2012

What Makes Child Maltreatment a Public Health Problem?

- Substantial impact on population health
- Can apply public health approach to prevention

Part II

Elements of a Population-level Approach to Child Physical Abuse Prevention

Elements of a Public Health Approach

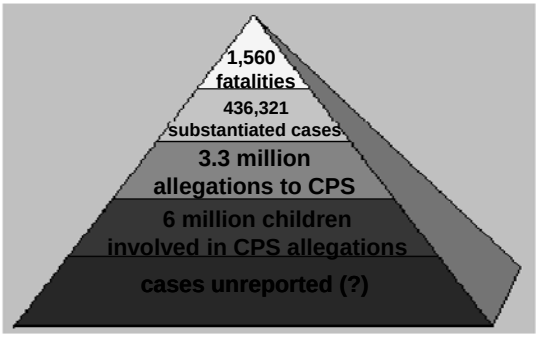
Define problem	• Surveillance in population
Identify etiology	• Social epidemiology • Identify risk and protective factors
Prevention science	• Design / implement interventions • Test for efficacy
Policy and program	• Disseminate • Continue impact evaluation

Define Problem: Surveillance

- Child Abuse Prevention and Treatment Act
  - National Incidence Study (NIS)
  - National Child Abuse and Neglect Data System (NCANDS)

– National Data Archive on Child Abuse and Neglect , 2012

Child Maltreatment (2010) Cases in the U.S.



Elements of a Public Health Approach

Define problem	• Surveillance in population
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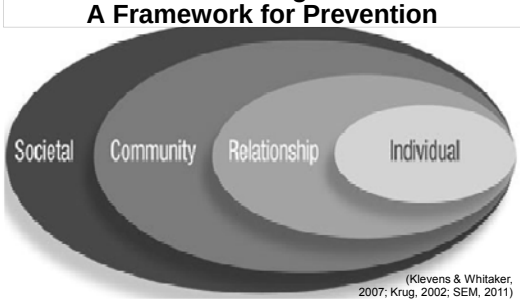
Identify Etiology: Risk and Protective Factors

The Social-Ecological Model: A Framework for Prevention



(Klevens & Whitaker, 2007; Krug, 2002; SEM, 2011)

Individual Level Risk Factors for Perpetration

- Witness or victim of violence
- Negative attributions about child
- Inappropriate expectations for child
- Poor parenting skills / knowledge
- Attitudes supportive of violence
- Drug use / impulsivity

Relationship Level Risk Factors for Perpetration

- Social isolation / low social support
- Norms established that hitting children is acceptable
  - Via relationships with parents, intimate partners, peers, etc.
  - Social learning

Children Learn How to Parent from Others

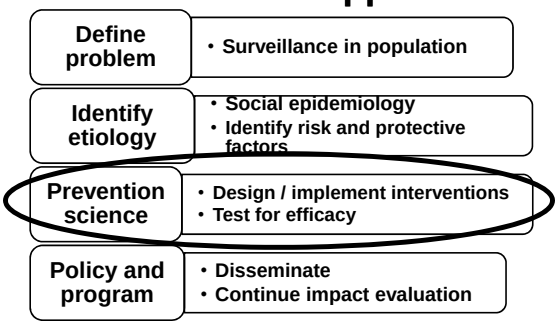
Community Level Risk Factors for Perpetration

- High population density
- Low collective efficacy and sense of belonging
- Lack of access to child care and other services

Societal Level Risk Factors for Perpetration

- Norms that hitting children are acceptable
  - Hitting also referred to as corporal punishment, physical discipline, paddling, spanking, etc.

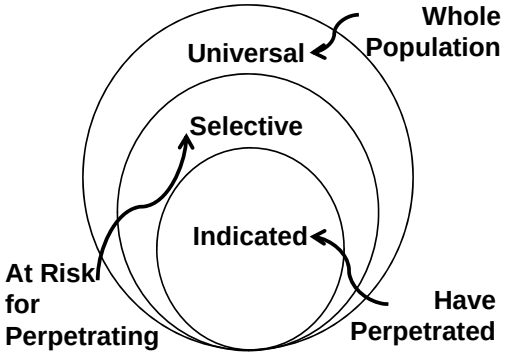
Elements of a Public Health Approach



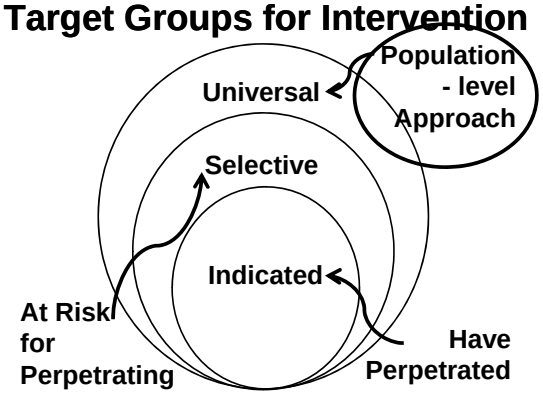
Prevention Science

- Target groups for interventions
- Timing of prevention

Target Groups for Intervention



Target Groups for Intervention



Timing of Prevention

- Primary: before CPA begins
- Secondary: soon after CPA occurs
  - Acute care for victims
- Tertiary: longer-term, post-CPA care

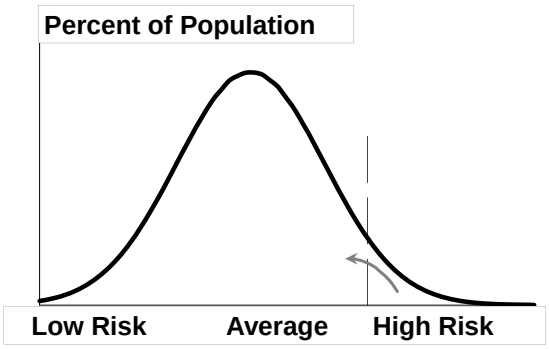
Why Take a Population-level Approach?

(Rose, 2001; 1985)

High-risk vs. Population-level Approaches

- Most prevention programs focus on high-risk individuals (selective or indicated targets), trying to decrease their risk to that of average individuals

"Curve-Chopping" Approach



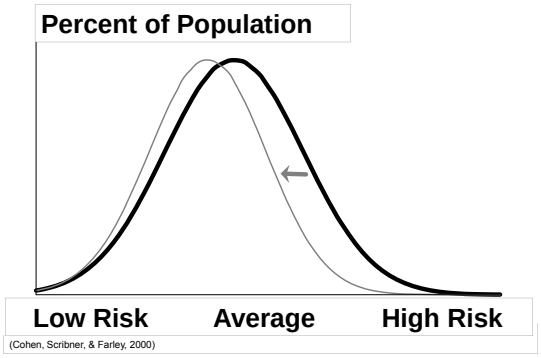
"Curve-Chopping" Approach

- Examples
  - Screening and treatment for high blood cholesterol or high blood pressure
  - Nurse home visitation to families identified as high-risk for child maltreatment

Prevention Paradox

- Small decreases in risk that occur in the entire population have a greater benefit than large decreases in risk among the high-risk subgroup

"Curve-Shifting" Approach



Child Maltreatment Is a Big Problem

- BOTH "curve-chopping" (high-risk) and "curve-shifting" (population-level) approaches are needed

Three Benefits to Population vs. High-risk Focus

1. Aims to address root causes in a population
   - E.g., Reduce population exposure to trans fats vs. giving individuals statins to lower cholesterol

Three Benefits to Population vs. High-risk Focus

2. Main portion of curve influences tail
   - Behavior is contagious
   - Shifting norms in the population lessens need to convince "high-risk" individuals to choose a behavior that goes against a norm

Three Benefits to Population vs. High-risk Focus

3. Strong potential for effecting population attributable risk
   - Used by public health professionals to judge priorities for public health intervention

Three Benefits to Population vs. High-risk Focus

- Dependent on:
  - Magnitude of association between the risk factor and the outcome
  - Prevalence of exposure to the risk factor in the population

Part III

Population-level Approaches to Child Physical Abuse: Focus on Primary Prevention

Population-level Primary Prevention of CPA

- Focus on efforts to shift norms regarding corporal punishment

Why Focus on Corporal Punishment?

"From a public health perspective, preventive interventions targeting risk factors that are highly prevalent in a population will generate a greater impact on the problem at the population level than those targeting factors that are less prevalent, even when their association with the problem is stronger."

– Klevens and Whitaker, p.370-1

Why Focus on Corporal Punishment?

"From a public health perspective, preventive interventions targeting risk factors that are highly prevalent in a population will generate a greater impact on the problem at the population level than those targeting factors that are less prevalent, even when their association with the problem is stronger."

– Klevens and Whitaker, p.370-1

What is Corporal Punishment?

"Corporal punishment is the use of physical force with the intention of causing a child to experience pain but not injury for the purposes of correction or control of the child's behavior."

– Donnelly and Straus, p.3

Why Focus on Corporal Punishment?

"Social norms regarding physical discipline may be the most prevalent risk factor for child abuse in the United States."

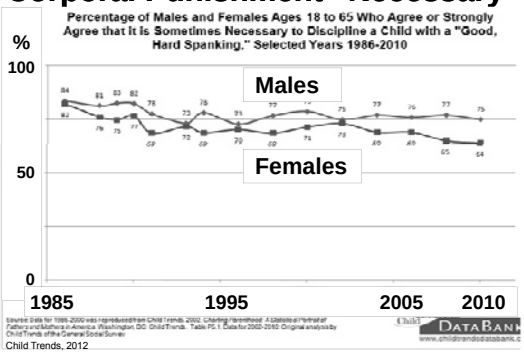
– Klevens and Whitaker, p.371

Prevalence of Use of Corporal Punishment in the U.S. is Very High

- 85-94% of U.S. parents used corporal punishment for 3-5 year olds
- 66% of 3 year olds are spanked by one or both parents

– Straus and Stewart, 1999; Taylor 2010a

Majority in U.S. Consider Use of Corporal Punishment "Necessary"



Child Trends, 2012

Corporal Punishment Is Strong Risk Factor for Child Physical Abuse

- Corporal punishment had an 0.69 effect size (medium to large) on child physical abuse victimization, according to a meta-analysis of 10 studies

– Gershoff, 2002

Corporal Punishment Is Strong Risk Factor for Child Physical Abuse

- Odds of child physical abuse in household are raised
  - 3x when spanking present
  - 9x when spanking with an object present

– Zolotor, 2008

Corporal Punishment Is Also a Strong Risk Factor for Other Adverse Outcomes

- Poor mental health
- Delinquent and antisocial behavior
- Aggression

– Afifi, 2012; Gershoff, 2002; Taylor, 2010b

Why Focus on Corporal Punishment?

1. Corporal punishment is a strong risk factor for child physical abuse, as well as poor mental health and increased aggression
2. Use and approval of corporal punishment are both highly prevalent in the U.S. population

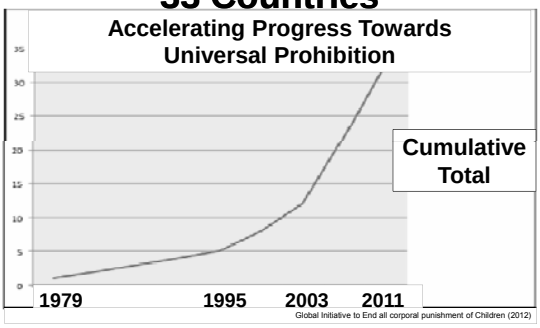
How Can We Shift Attitudinal and Behavioral Social Norms Regarding Corporal Punishment?

Focus on Primary Prevention

- Legal / policy interventions
  - Corporal punishment bans
- Educational interventions
  - Mass media
  - Engaging community leaders

Universal Bans on Corporal Punishment (CP)

Universal Bans on CP 33 Countries



Universal Bans on CP 33 Countries

Country	Law Enacted
Sweden	1979
Finland	1983
Norway	1987
Austria	1989
Cyprus	1994
Denmark	1997
Latvia	1998
Croatia	1999
Israel	2000

Universal Bans on CP 33 Countries

Country	Law Enacted
Germany	2000
Bulgaria	2000
Iceland	2003
Romania	2004
Ukraine	2004
Hungary	2005
Greece	2006
Netherlands	2007

Universal Bans on CP 33 Countries

Country	Law Enacted
New Zealand	2007
Portugal	2007
Uruguay	2007
Venezuela	2007
Spain	2007
Togo	2007
Costa Rica	2008
Republic of Moldova	2008

Universal Bans on CP 33 Countries

Country	Law Enacted
Luxembourg	2008
Liechtenstein	2008
Poland	2010
Tunisia	2010
Kenya	2010
Congo, Republic of	2010
Albania	2010
South Sudan	2011

Universal Bans on CP

- Objectives / Sweden
  - Alter attitudes toward CP
  - Establish clear boundary
    - No level of hitting is acceptable
    - No need to wait for visible harm
  - Provide parenting support and non-physical discipline options to parents that need it

– Durrant, 2000

Bans on Corporal Punishment (CP) in Schools

Bans on CP in Schools

31 States Have Bans; 19 States Do Not

New York Times

- March 29, 2011
  - Story about proposed CP bans in schools in Texas, New Mexico, and St. Augustine's in New Orleans

Effort to Ban CP in Schools at the National Level

- Sept. 2011 Rep. Carolyn McCarthy (D-N.Y.) introduced the "Ending Corporal Punishment in Schools Act" to end CP in publicly funded schools
  - Funds competitive grants for positive behavior support approaches

Do Bans Work?

- Smoking
- Corporal Punishment / Sweden
  1. Broad context supportive of children's rights
  2. Policy framework that emphasized prevention over intervention

– Durrant, 1997

Focus on Primary Prevention

- Legal / policy interventions
  - Corporal punishment bans
- Educational interventions
  - Mass media
  - Engaging community leaders

Mass Media

- *Florida Winds of Change*
  - PSAs, Parent Resource Guide

– *Evans,2012*

- *Campaign for Action on Family Violence*
  - Mass media campaign using TV ads, videos, posters, and balloons

– *McLaren,2010*

Mass Media

- Triple-P (5 levels)
  1. Media campaign: reduce stigma
  2. Parenting seminars
  3. Active parent skills training
  4. Advanced parenting challenges
  5. More advanced, additional risk

– (Prinz, 2009)

Focus on Primary Prevention

- Legal / Policy interventions
  - Corporal punishment bans
- Educational interventions
  - Mass media
  - Engaging community leaders

Engaging Community Leaders in Shifting CP Norms

- Important because parents' perceptions of community leaders' attitudes toward corporal punishment are strongly and positively linked with their own attitudes toward corporal punishment
  - Taylor, 2011

Engaging Community Leaders in Shifting CP Norms

- And because parents listen to certain community professionals as much or more than their own family and friends regarding how to discipline their children, especially:
  - Religious leaders, pediatricians, mental health professionals
    - Taylor, In Press

Engaging Community Leaders in Shifting CP Norms

- Religious leaders, especially Christian in U.S., because:
  - Majority of U.S. is Christian
  - Higher risk of using corporal punishment for those that seek child discipline advice from religious leaders vs. pediatricians
    - Taylor, In Press

Engaging Community Leaders in Shifting CP Norms

- Working with Religious Leaders:
  - Dodd, C. (2011). Ending Corporal Punishment of Children: A handbook for working with and within religious communities.
  - UNICEF (2012) Partnering with Religious Communities for Children

Engaging Community Leaders in Shifting CP Norms

- Pediatricians important because of nearly universal access to parents / children in U.S.
  - Nearly all parents in U.S. bring their young child to the pediatrician for a series of wellness visits

Examples of Engaging Pediatricians

- The Safe Environment for Every Kid (*SEEK*)
  - Trains pediatricians to screen for psychosocial risks for child physical abuse
    - Dubowitz, 2009

Examples of Engaging Pediatricians

- ***Play Nicely***
  - **Video tutorial about child discipline and behavior management**
    - **Scholer, 2005; 2008a; 2008b; 2010**

Conclusions

Take Home Messages

- **Child maltreatment is a significant public health problem with enormous human and economic costs to society**
- **In addition to approaches targeting "high risk" families (e.g., nurse home visitation), we need population-level approaches, too**

Take Home Messages

- **Population-level, primary prevention efforts are likely to reduce child physical abuse incidence and costs**
- **There is a need to design, implement, and test such strategies**
- **Ideally, legal / policy interventions and educational efforts work in tandem to improve population health**

Positive Discipline Resources

- **US Alliance to End the Hitting of Children (Parenting > Positive Discipline Resources): http://www.endhittingusa.org/positive_discipline.php**
- **Durrant, J.E. (2007) "Positive Discipline: What Is It and How To Do It."**

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- **Developed and tested “Play Nicely”**
  - **http://www.childrenshospital.vanderbilt.org/interior.php?mid=1998**

Questions or Comments?

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