

Services that Help Reduce or Prevent Child Abuse and Neglect

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What is home visiting?

There are many different types of home visiting programs, but in general, home visiting services include voluntary regular visits from a professional (like a nurse or social worker) or a paraprofessional in a family's home. The home visitor provides new parents with tools, support and knowledge to help create a safe home and an environment where young children can thrive and develop. A parent will typically work with the home visitor to set goals for the family such as enhanced parenting skills, knowledge of child development, or even a goal for enhanced education and employment for the parent.

Home visiting has ample research and support for its effectiveness in areas such as reducing child abuse and neglect, supporting healthy

child development and school readiness, improving child and maternal health, and increasing positive parenting like appropriate and effective expectations and creating a developmentally stimulating home environment. Because there is such overwhelming evidence for the effectiveness of home visiting services for struggling families, the U.S. Department of Health and Human Services provides funding to states to help them implement home visiting programs.¹ The goals for these federally supported home visiting programs are to (1) improve maternal and child health; (2) prevent child abuse and neglect; (3) encourage positive parenting; and (4) promote child development and school readiness.²

¹ Casey Family Programs. (May 2018). Are Home Visiting Programs Effective in Reducing Child Maltreatment? Retrieved from <https://www.casey.org/home-visiting-programs/>

² Health Services & Services Administration. (n.d.) Home Visiting. Retrieved from <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

Program Example: Healthy Families

Healthy Families is a nationwide free, voluntary, and evidence-based home visiting program aimed at supporting parents from pregnancy through the first five years of their child's life. The program model is designed to support parents in a variety of situations including: single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.

Family support specialists provide weekly visits until a child is six months old, frequency of visits after that is determined by the needs of the family. During the home visits, trained specialists develop activities based on topics parents ask to learn more about, such as child development or safety. They also conduct routine child development and maternal depression

screenings, resource referrals, and family goal planning in collaboration with parents.³

According to the Home Visiting Evidence of Effectiveness Review (2019), Healthy Families programs demonstrated favorable impacts across all eight domains:⁴

- Child health
- Child development and school readiness
- Family economic self-sufficiency
- Linkages and referrals
- Maternal health
- Positive parenting practices
- Reductions in child maltreatment
- Reductions in juvenile delinquency, family violence, and crime

What is a parent education program?

Parent education programs are aimed at helping parents acquire parenting skills through activities like homework, seeing positive parenting practices modeled, and practicing skills with children.⁵ These programs focus on skill building, problem solving, and sometimes behavioral change for the parent.

There are different models and service delivery mechanisms, but often parent education programs include an assessment of the family to determine strengths or concerns. Then families are able to identify specific issues they would like to work on and the parent educator provides them education and information on effective parenting strategies and cognitive behavior change to promote better parent-child interaction.

Participation in parent education and training



programs usually happens through referrals by professionals that are already working with a family. There is a considerable amount of research on parent education programs that target children ages 4-8 and the research base is building for programs aimed at younger children. Some of the data has shown that evidence-

³ Healthy Families America. (n.d.). Our Approach. Retrieved from <https://www.healthyfamiliesamerica.org/our-approach/>

⁴ Mathematica. (2019). OPRE Report #2019-93 Home Visiting Evidence of Effectiveness Review: Executive Summary. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/homevee_effectiveness_executive_summary_dec_2019.pdf

⁵ U.S. Department of Health and Human Services Centers for Disease Control. (2009). Parent Training Programs: Insight for Practitioners. Retrieved from https://www.cdc.gov/violenceprevention/pdf/parent_training_brief-a.pdf

based programs can improve parent-child interactions. They can also improve children's behavior outcomes by way of increasing pro-

social behavior, lessening negative externalizing behaviors, and reducing corporal punishment and child abuse.⁶

Program Example: Triple P

The Triple P – Positive Parenting Program© – is an evidence-based parent education model focused on addressing and preventing behavioral and emotional problems in children and teenagers. This family support program offers positive parenting approaches by providing tools and strategies to help parents raise their children in a safe, loving and predictable environment. Triple P has a tiered approach, where an appropriate level of service is determined based on the needs of the family.

Triple P aims to encourage help-seeking behavior in

parents, while also preparing them with the necessary skills to manage ongoing family issues.

Triple P has been researched for over 35 years, including 830 international trials and more than 290 evaluation studies.⁷ Families from many different situations and cultures have shown evidence of reduction in youth's behavioral and emotional problems. Parent outcomes from program participation include an increase in confidence, and decreases in stress, anger and depression.

Why do domestic violence services matter for addressing child abuse and neglect?

Domestic violence is a pattern of coercive control where one partner uses their power to control the other partner. This can happen in many forms including physical, sexual, mental, emotional, and financial abuse. Historically, services for victims have been through an emergency shelter model as victims were encouraged to leave the abuser. Recently, Arizona has started implementing innovative programs like mobile advocacy programs in which advocates meet with victims in the community wherever the victim chooses. Other services throughout Arizona include victim advocates, shelters, legal advice, and educational programs about violence and behavior change.⁸

Research finds there is significant overlap between domestic violence and child abuse/neglect, and that families who experience one form of abuse often are at an increased risk



⁶ Child Welfare Information Gateway. (2019). Parent Education to Strengthen Families and Reduce the Risk of Maltreatment. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubPDFs/parented.pdf>

⁷ Triple P Positive Parenting Program. (n.d.). Does it Work? Retrieved from <https://www.triplep-parenting.com/us/about-triple-p/does-it-work/>

⁸ Bones, A. (2019). Spotlight on Violence in Families. In E. Quintana (Ed.) Strong Families Thriving Children (pp. 27-31). Retrieved from <http://www.aztownhall.org/resources/Documents/112%20Strong%20Families%20Thriving%20Children/112%20Stong%20Families%20Thriving%20Children%20Background%20Report%20web.pdf>



involved in 30% of supervisory neglect removals in the sample of cases reviewed.¹⁰

Whether children are a direct victim or a witness, those who have been exposed to domestic violence are at an increased risk for a range of negative outcomes, including poor behavioral, cognitive, social and emotional development. Exposure to domestic violence is considered an adverse childhood experience (ACE), which can impact academic performance and contribute to long term problems like substance abuse, depression, obesity, and more.¹¹ Domestic violence exposure can also increase the likelihood of pro-violent attitudes, making children more likely to become future victims or perpetrators of violence.¹²

for the other.⁹ The co-occurrence of domestic violence and child maltreatment is also associated with child removals from the home. In fact, a recent Morrison Institute report on types of child neglect reported to the Department of Child Safety found that domestic violence was

Program Example: Shelter Without Walls

Shelter Without Walls (SWW) is a domestic violence assistance program located in Maricopa County, Arizona, offering services to survivors of domestic violence (female or male) and their children. SWW offers safety planning, domestic violence education, counseling services, and resource referrals for other

services such as legal, housing/shelter, and crime victim information. Shelter Without Walls' mission is to ensure participants' safety and aid them in achieving and maintaining independence for themselves and their family.¹³

Why does substance abuse treatment matter for addressing child abuse and neglect?

Medically assisted treatment for substance abuse combines behavioral therapy and FDA-approved medication. Medically

assisted treatment is available for opioid use disorder, alcohol use disorder, and smoking. When individuals begin to detox from these

⁹ Herrenkohl, T.I., Sousa, C. Tajima, E. A., Herrenkohl, R.C., Moylan, C.A. (2008). Intersection of Child Abuse and Children's Exposure to Domestic Violence. *Trauma, Violence, & Abuse* 9(2) pp 84-99. Retrieved from <https://journals.sagepub.com/doi/10.1177/1524838008314797>

¹⁰ Quintana, Erica and Sun, Jade. (October 2017). *Child Neglect in Arizona: Prevalence of Neglect Types Reported to Arizona's Department of Child Safety for Calendar Years 2013-2015*. Morrison Institute for Public Policy, Phoenix, Arizona. Retrieved from https://morrisoninstitute.asu.edu/sites/default/files/neglect_analysis_v10.pdf

¹¹ Child Welfare Information Gateway. (2014). *Domestic violence and the child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubPDFs/domestic-violence.pdf>

¹² Child Trends Data Bank. (May 2016). *Children's Exposure to Violence: Indicators on Children and Youth*. Retrieved from https://www.childtrends.org/wp-content/uploads/2016/05/118_Exposure_to_Violence.pdf

¹³ Jewish Family & Children's Services. (n.d.). *Domestic Violence Victim Assistance in Greater Phoenix*. Retrieved from <https://www.jfcsaz.org/programs-services/domestic-violence-victim-assistance/>



substances, neurobiological changes can occur, which increases their risk of relapse. Medically assisted treatment is used to help prevent relapse and facilitate longer periods of abstinence.¹⁴ For opioid treatment, approved medications work by reducing cravings and by blocking the euphoric effects of opioid use.¹⁵ For people addicted to methamphetamine, there is currently no FDA-approved drug for medically assisted methamphetamine treatment, but these

individuals can go through a medical detox program where doctors and nurses monitor vitals and tailor treatment plans to help a person detox safely.

Existing research has found that medically assisted substance abuse treatment is significantly more effective at reducing drug use and retaining patients in recovery, when compared to psychosocial treatment alone.^{16,17}

¹⁴ Substance Abuse and Mental Health Services Administration. (n.d.). Medicated-Assisted Treatment (MAT) Can Improve Health Outcomes. Retrieved from <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/mat-can-improve-health-outcomes>

¹⁵ National Institute for Occupational Safety and Health. (2019). Medication-Assisted Treatment for Opioid Use Disorder. By Howard J, Cimineri L, Evans T, Chosewood LC, Afanuh S. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Report (MMWR) 67(33):925–930. Retrieved from <https://www.cdc.gov/niosh/docs/wp-solutions/2019-133/pdfs/2019-133.pdf?id=10.26616%2FNIOSH-PUB2019133>

¹⁶ Mattick, R., Breen, C., Kimber, J., & Davoli, M. (2002). Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence. Cochrane Drugs and Alcohol Group, (3), CD002209. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19588333>

¹⁷ American Society of Addiction Medicine. (2015). National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. Retrieved from <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>

Children of substance abusing parents are at an increased risk of experiencing maltreatment. While the statistics vary, studies have revealed that roughly one-third to two-thirds of child maltreatment cases have involved parental substance abuse.¹⁸ This does not necessarily mean that all parents who abuse substances will mistreat their children; however, research shows substance-abusing parents may be less likely to function effectively in their parental roles and meet the basic needs of their children. This can include inadequate nutrition, supervision and nurturing, which can result in child maltreatment and child welfare involvement. Neglected children are unable to form secure attachments and suffer from emotional, academic and

developmental problems.¹⁹ Families where one or more parent abuses substances may also experience other child abuse risk factors including mental illness, unemployment, housing instability and high levels of stress.²⁰ If a substance-abusing parent is unable to regulate stress and other emotions, it may lead to impulsive and reactive behaviors, which can escalate to physical abuse.²¹

Rising concerns over the negative effects of children being exposed to illicit drug activity have led many States to expand their criminal child endangerment statutes to include child exposure to manufacturing, possession, or distribution of illegal drugs.²²

Program Example: Behavioral Awareness Center, Inc. & Circle Tree Ranch

Behavioral Awareness Center (BAC) is a substance abuse program offering outpatient medically assisted treatment in Tucson, Arizona. BAC also provides individual and group counseling services, and accepts Arizona Health Complete Cost Containment System (AHCCCS) patients. This family-oriented program not only encourages family involvement as part of the recovery process, they also provide kid-friendly waiting areas for parents who cannot acquire childcare for

their treatment visits.²³ Circle Tree Ranch addiction recovery program offers medically assisted residential treatment services. With over 48 years of experience, Circle Tree Ranch is a unique rehabilitation facility targeting residential treatment services for parents with young children. Parents with young children seeking residential substance abuse treatment can have their children reside with them on campus while receiving addiction recovery services.²⁴

¹⁸ Child Welfare Information Gateway. (2014). Parental Substance Use and the Child Welfare System. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf>

¹⁹ Administration for Children, Youth, Families, ICF International, ICF Consulting, & ICF Macro. (2009). Protecting Children in Families Affected by Substance Use Disorders (Child abuse and neglect user manual series). Washington, D.C.: U.S. Dept. of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, Office on Child Abuse and Neglect. Retrieved from <https://www.childwelfare.gov/pubPDFs/substanceuse.pdf>

²⁰ Children's Bureau, & Child Welfare Information Gateway. (2003). Substance Abuse and Child Maltreatment. (Bulletin for professionals). Retrieved from https://www.childwelfare.gov/pubPDFs/subabuse_childmal.pdf

²¹ Chaplin, T., and Sinha, R. (2013). Stress and Parental Addiction (pp 24-43). Parenting and Substance Abuse : Developmental Approaches to Intervention, edited by Nancy E. Suchman, et al., Oxford University Press, Incorporated, 2013. Retrieved from <http://dx.doi.org/10.1093/med:psych/9780199743100.003.0002>

²² Child Welfare Information Gateway. (2016). Parental Drug Use as Child Abuse. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubPDFs/drugexposed.pdf>

²³ Behavioral Awareness Center, Inc. Frequently Asked Questions. Retrieved from <http://www.bacmethadone.com/frequently-asked-questions.html>

²⁴ Circle Tree Ranch. Substance Abuse Addiction Recovery. Retrieved from <https://www.circletreeranch.org/circle-tree-ranch-program-drug-addiction-recovery/>

APPENDIX:

Arizona Evidence-Based Home Visiting Models

1. Early Head Start
2. Family Check-Up®
3. Family Spirit®
4. Healthy Families America (HFA)®
5. Nurse-Family Partnership (NFP)®
6. Parents as Teachers (PAT)®

Arizona Evidence-Based Home Visiting Models

1. 1-2-3 Magic: Effective Discipline for Children 2-12
2. Family Check-Up®
3. Incredible Years
4. Triple P®

MORE ONLINE:

Interactive Maps: Child Abuse and Neglect Prevention Resources in Arizona

Morrison Institute, supported by the Arizona Community Foundation, recently released an interactive story map which provides information on child abuse and neglect prevention resources throughout Arizona. To view this resource visit: <https://morrisoninstitute.asu.edu/content/interactive-maps-child-abuse-and-neglect-prevention-resources-arizona>

