CHILD ABUSE PREVENTION: ACCOMPLISHMENTS AND CHALLENGES

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OVERVIEW

Child abuse is not a new phenomenon. Since the first parent-child dyad, adult caretakers have struggled with the demands presented by their children (deMause, 1974; TenBensel, Rheinberger, & Radbill, 1997). In an effort to meet these demands, parents have drawn on the modeling they experienced with their own parents and extended family members, the availability of support and advice from friends, and assistance provided by local services and related resources. Over the past thirty years, prevention advocates have designed and implemented hundreds of interventions to resolve a parent's lack of knowledge and skills, to create extended networks of formal support, and to alter normative and societal standards for child rearing and education. Whether one talks about the family support movement, the early childhood movement or child abuse prevention, these and similar efforts have created a plethora of programs that have, in the eyes of many, significantly improved conditions for children (Daro, 1988; Schorr & Schorr, 1985; Willis, Holden, & Rosenberg, 1992)

Not all families, however, have equal access to or benefit from early intervention efforts so not all children are being helped (Daro, 1993; U.S. Advisory Board, 1990). On balance the majority of prevention programs target and successfully serve parents who recognize their limitations and seek out the resources necessary to compensate for these limitations. Far fewer resources exist for families who may not know they need assistance or, if they recognize their shortcomings, do not know how to access help. These families are generally not good at applying a theoretical concept to their own child's behavior or adjusting a technique to suit their child's continued development. Parents may be unable, or unwilling, to integrate the social, emotional and cognitive competencies needed for healthy parenting (Daro, 1993). The inability of current prevention programs to attract the full range of at-risk families is reflected in the 30 to 50% attrition rate observed throughout the child abuse prevention and family support fields (McCurdy, Hurvis & Clark, 1996).

In addition to leaving many families underserved, current prevention services often fail to achieve their desired outcomes (Daro & Cohn, 1988; Gutterman, 1997). Despite early and thoughtful interventions, many recipients will indeed mistreat their children or remain unable to provide the consistent nurturing and supervision necessary for their child's safe and full development. Reviews of child abuse treatment programs and child welfare caseload dynamics have repeated noted that as many as one-third of parents who have received therapeutic interventions will reabuse their children during treatment or within one year of terminating services (Daro & Cohn, 1988; Karski, Gilbert & Frame, 1997). Dramatic changes in family structure, community cohesiveness, and public social welfare and health care delivery have further expanded the gap between what parents need to safely rear their children and what society can offer. Collectively, these service failures and environmental challenges have resulted in continued high annual rates of child abuse reports, child abuse fatalities and serious injury and acts of violence involving young children (Chalk & King, 1998; Sedlak & Broadhurst, 1996).

Limitations in the existing prevention system call for new thinking in how prevention efforts are crafted and presented to potential participants. Specifically, these reflections suggest that future prevention efforts need to be built upon three key principals. First, such efforts need to offer community planners flexible, empirically based criteria for "building" their own prevention programs. Simply adopting predetermined, monolithic intervention strategies has not produced a steady expansion of high quality, effective interventions (Brookings Institute, 1998; Schorr, 1997). Replication efforts need to include a specific planning phase in which local stakeholders (e.g., potential participants, local service providers, funders, the general public, etc.) assess the scope of maltreatment in their community, identify local human and social service resources, and craft a service delivery system in keeping with local realities.

Second, intensive efforts for those families facing the greatest challenges need to be nested within a more broadly defined network of support services. Successfully engaging and retaining those parents facing the greatest challenges will not result from more stringent efforts to identify and serve only these parents. Until systems are established which normalize the parent support process by assessing and meeting the

needs of all new parents, prevention efforts will continue to struggle with issues of stigmatization and deficit-directed imagery.

Finally, prevention programs need to focus not merely on changing individual behaviors but also on using these services as a springboard for systemic reforms in health and social service institutions. Establishing a series of solid, well-implemented direct service programs is one level of change. Integrating these efforts into a coherent system of support which can be used to leverage broader, institutional change is a more challenging and less obvious process. While many private and public agencies have engaged in efforts to alter the way major institutions interface with families, few consistent success stories exist (Kagan, 1996; Schorr, 1997; St. Pierre, Layzer, Goodson & Bernstein, 1997). Developing and sustaining such systemic success stories is essential.

This paper begins by briefly outlining the theoretical framework that has shaped the development of prevention programming in the area of child abuse. We then summarize the key program models emerging it this field and the empirical base regarding the relative effectiveness of these strategies. Reflecting the diversity found within the child abuse prevention field, this section examines the impacts of both primary and secondary prevention strategies. The concluding section outlines the most salient program and policy implications emerging from this body of research.

CAUSAL THEORIES OF MALTREATMENT

A number of factors go into determining an individual's parenting style. Efforts to model this process generally include some combination of developmental history, personality factors, social interactions or social networks, familial relationships, and child characteristics (Belsky & Vondra, 1990; Sameroff & Chandler, 1975; and Sandler, 1979). Broad causal theories have been used to explain the general relationship between specific individual or environmental conditions and child abuse. The theories most commonly found in the literature range from interpersonal functioning theories, such as psychodynamic and learning theories, to systemic and social explanations of maltreatment, suggested by theories of stress and poverty (Newberger & Newberger, 1982). For purpose of identifying the program design implications of this body of work, Daro (1988,1993) has classified these theoretical frameworks into four general groups:

- Psychodynamic theory: suggests that parents would be less abusive if they better understood themselves and their role as parents.
- Learning theory: suggests that parents would be less abusive if they knew, more specifically, how best to care for their children.
- Environmental theory: suggests that parents would be less abusive if they had greater resources available to them in terms of material supportive or social support for a given set of actions; and
- Ecological theory: suggests that parents would be less abusive if a network of services or supports existed to compensate for individual, situational, and environmental shortcomings.

Over the years, the child maltreatment field has evolved from the reliance on "liner or main effect" frameworks into models which recognize the interdependence or interaction of multiple causal agents (Belsky, 1980; Brofenbrenner, 1979; Garbarino, 1977; Cicchetti and Rizley, 1981). Despite this theoretical understanding of the interaction among the personal and the environmental, the majority of prevention efforts have focused on a fairly limited range of causal agents in designing and delivering services. The Further, possible differences in the etiology across types of maltreatment has further fragmented the prevention field, often resulting in a plethora of prevention activities with limited scope in terms of their target populations (Daro, 1989, Daro, forthcoming).

PREVENTION STRATEGIES AND THEIR IMPACTS

Prevention efforts, be they delivered individually or through group settings are widespread throughout the world. In some countries, service delivery is universal and organized through local and national government agencies (Kamerman & Kahn, 1993). In the United States, such efforts are more diffused, with both the quality and quantity varying across communities. Despite the lack of official policy in the area, the number of such efforts is staggering (Bryant, 1993). At least one national survey, for example, estimates that more than 100,000 groups of parents meet every year in the United States to attend parent education classes, to provide mutual support to other parents and to

advocate for better services or policy options for their children (Carter, 1995). Similarly, numerous home visitation programs have been established throughout the United States since 1993. Considering only the six most common of these models, it is estimated that as many as 550,000 children are reached annually by home visiting programs for pregnant women and families with young children (Gomby, Culross & Behrman, 1999).

In investigating the features of successful programs, many have written about the need for programs to establish clear, coherent linkages among participant needs, program goals, program structure and staff skills (Berlin, O'Neal & Brooks-Gunn, 1998; Fulbright-Anderson, Kubisch & Connell, 1998; Olds, et al., 1999; Weiss, 1995). Others have emphasized the need for greater attention to the role community values and resources play in a child's development (Earls, 1998; Melton and Berry, 1994; Schorr, 1997) and the importance of continuous adherence to quality standards in both structuring programs and hiring and supervising staff (Dunst, 1995; Schorr, 1997; Wasik, Bryant & Lyons, 1990). Within these parameters, child abuse prevention advocates have designed and implemented a number of diverse and effective prevention efforts. Concerns over parental rights and family privacy have lead prevention advocates to frame these efforts in terms of those risk factors identified in the literature as resulting in a higher probability of abuse or neglect. Such factors include both demographic characteristics (e.g., poverty, single parent status, young maternal age, etc.) as well as psychosocial characteristics (e.g., low frustration tolerance, substance abuse, limited knowledge of child development, situational stress, etc.). When prevention efforts have sought universal coverage, they generally involve efforts that pose minimal threats to family privacy or parental control. Research relating to the relative effectiveness of these various service models and approaches is outlined below.

Home Visitation Programs for New Parents

Strong theoretical and empirical arguments exist for initiating parent education services at the time a child is born or early in the mother's pregnancy. Most important is the belief that such early initiation of services facilitates the development of a secure, positive attachment between the parent and child and establishes a cornerstone for later development (Bowlby, 1969; 1973; 1980). Recently, particular attention has been paid to

the impact of early attachment on patterns of brain development. "Infants thrive on one-to-one interactions with parents. Sensitive, nurturing parenting is thought to provide infants with a sense of basic trust that allows them to feel confident in exploring the world and forming positive relationships with other children and adults" (Carnegie, 1994, p. 5). By initiating parent education programs at birth or earlier, these interventions are in a position to help shape these early parent-child interactions.

Early intervention efforts have been found to produce significant and substantial impacts on parenting behavior and child health and well being (Daro, 1993; Gutterman, 1997; Infant Health and Development Program, 1990; Karoly et al.,1998; Ramey & Ramey, 1998; Seitz, Rosenbaum & Apfel, 1985). Home visitation has been cited by several policy analyst and advocates as offering a particularly promising service delivery approach for educating parents and reducing abuse potential (GAO, 1990; U.S. Advisory Board, 1990, 1991, 1993; Zero to Three, 1999). Offering services in a parent's home has a number of distinct advantages, particularly if the objective is to reduce the likelihood of maltreatment. Such services offer the provider an excellent opportunity to assess the safety of the child's living environment and to work with the parent in a very concrete way to improve parent-child interactions. The method also affords the participant a degree of privacy and the practitioner a degree of flexibility difficult to achieve in center-based programs.

In addition to the strong theoretical and clinical evidence supporting home visitation strategies, empirical evidence suggests this strategy can achieve initial and lasting impacts on parental behavior, particularly with young single mothers. The work of David Olds, Harriet Kitzman and their colleagues suggest that repeated home visits initiated during pregnancy has both initial impacts on abuse potential and maternal health behavior (Olds, et al, 1986; Kitzman, 1997) as well as long term impacts on the child's development (Olds, et. al, 1997, 1998). Other home visitation research also has suggested that these efforts, when delivered in a preventive as well as treatment context, can produce positive outcomes for at least a subgroup of program participants (Daro & Harding, 1999; Gray, Cutler, Dean & Kempe, 1979; Heinicke, et.al., 1998; Lutzker & Rice, 1884,1998; Larson, 1980; Larner, 1992; Olds & Kitzman, 1993).

Positive outcomes, however, are neither universal nor consistent, leading some to rethink the utility of this approach (Abt, 1997; Barnard, 1998; Gomby, Culross & Behrman, 1999). Rather than view this lack of consistency as an indication of program failure, this pattern of results underscore the inevitable limitation of any single intervention, no matter how well designed and delivered. Additional analysis of this method is needed to better articulate the unique role of home visitation within the context of a broad, diversified system of parent education and support.

Group-Based Interventions

Altering parental knowledge, skills and capacity also has been the goal of numerous group-based educational and support efforts. In contrast to home visitation services, a unique strength of this service modality is the opportunities it provides parents for sharing experiences, concerns and solutions. "The universal parental search for normalcy and support – something most readily available from other parents – can often find its fullest expression through this process." (Carter and Harvey, 1996:3). In addition, group based efforts provide a natural vehicle for continuing the help-seeking process over time. Parents remain committed and engaged in this intervention because they have now formed a connection or friendship to a specific group of parents not simply a sense of loyalty to an individual provider. When these connections are established, parent groups begin building the type of reciprocity and mutual support viewed by many as essential to achieving a higher standard of care for children (Melton & Berry, 1994).

Again, solid empirical evidence supporting the method's efficacy is limited (Videka-Sherman, 1989; Chalk and King, 1998). Efforts to educate abusive or neglectful families or parents facing significant personal obstacles such as severe depression, substance abuse, and domestic violence have produced limited success (Daro & Cohn, 1988). On the other hand, educational and support efforts working with new parents or whose behaviors have not yet resulted in an official report of maltreatment have found more promising results (Baker, Piotrkowski & Brooks-Gunn, 1999; Daro, 1988, 1993; Carter & Harvey, 1996; Wolfe, 1994).

As with home visitation efforts, repeated process and outcome evaluations of these strategies have suggested some aspects of program delivery appear more related to program outcomes. For example, an assessment of MELD (formerly the Minnesota Early Learning Design) found the following service features central to achieving positive outcomes: group facilitation by parents who have experienced life situations similar to those of group members; long-term service availability (e.g., two or more years); persistent focus on parent strengths; emphasis on making decisions that produce long-term solutions to problems rather than achieving a "quick-fix"; and a commitment to ongoing staff training and supervision (Ellwood, 1988; Hoelting, Sandell, Letourneau, Smerlinder and Stranik, 1996).

Building Prevention Efforts into Existing Institutions

Normalizing the help seeking process for parents requires, in part, that such efforts build upon those institutional supports with which parents already have contact (Kagan, 1998). Two such systems include local primary and secondary schools and pediatric health services. With respect to the educational system, primary prevention strategies targeting all parents with school-aged children offer the advantage of providing a more universal level of support without the stigma commonly associated with secondary prevention efforts. For example, the Preparing for the Drug Free Years (PDFY) is a universal, family-focused preventive intervention that is designed to enhance parent and adolescent competencies and to reduce adolescent problem behavior. Repeated randomized trials of this program found it produced significant change in the parent's application of substance-related rules and consequences; positive involvement with their child; and a reduction in anger or violent conflict over the enforcement of behavioral rules or expectations. (Spoth, et.al., 1998).

With respect to pediatric practice, a number of privately funded experiments have been developed to test the feasibility of placing parent educators and child development specialists within medical clinics and practitioner offices. While evaluative data on most of these efforts is limited to process and implementation studies as opposed to participant impacts, early findings suggest promise. The Detroit Family Project, for example, utilizes a system of parent facilitators who rotate among waiting rooms at the city's

health clinics where young families gather (e.g., obstetrics/gynecology and pediatrics) as well as WIC (Woman, Infant and Children) food coupon distribution centers. Each facilitator has a small cart containing snacks, handouts and brochures, books and toys for children and a small flipchart. Once in a waiting room, the parent facilitator will offer snacks and initiate an informal discussion among small groups of parents. These discussions will respond to a need raised by one of the participants or center on a simple, pre-determined parenting or child development message. In either case, the parent facilitator will leave parents with written material on a topic and suggestions as to where he or she may obtain additional information. The Detroit program reaches some 25,000 parents annually, many of who indicate that they had not received any information on parenting or child development prior to meeting the parent facilitator (Whitelaw Downs & Walker, 1996).

Another effort to influence pediatric practice is Healthy Steps for Young Children, a multi-site program supported by a large U.S. philanthropic organization (the Commonwealth Fund) and the American Academy of Pediatrics. Developed at Boston University's School of Medicine, the program adds a Healthy Steps Specialist to the traditional pediatric practice team offering parents such additional assistance as enhanced strategies in well-child care, home visiting, new written materials, a telephone information line, parent groups and linkages to community resources (Zuckerman, Kaplan-Sanoff, Parker and Taafee Young, 1997). In addition to providing parents with an opportunity to discuss their concerns directly and to receive specific service referrals, the program provides parents with tools to monitor their child's growth and development including: semi-annual child development assessments; various informational handouts; and a detailed child health and development record. A comprehensive, 15-site evaluation of the initiative is underway, with results available in 2002.

Child Sexual Assault Prevention Programs

In contrast to the evolution of prevention efforts to reduce rates of physical abuse and neglect, efforts to prevent child sexual abuse followed a different developmental path in two critical respects – the targeting of the potential victim rather than the potential perpetrator and an emphasis on primary rather than secondary or tertiary prevention.

Specifically, the prevention of child sexual abuse has largely focused on altering the behavior of children, through group-based instruction to children on how to protect themselves from or respond to sexual assault or abuse. In many instances., this education is provided through elementary and secondary schools, although several national youth organizations have developed their own curricula such as those developed by the Boy Scouts of America and Camp Fire, Inc. (BSA. 1991; Lutter & Weisman, 1985). While these programs do include information for parents and teachers, their primary focus is on strengthening the potential victim's capacity to resist assault.

Concern over the advisability of this strategy is widespread (Reppucci and Haugaard, 1989; Gilbert, 1988; Melton, 1992). Despite the theoretical limitations of these programs, evaluations in this area have become more rigorous over time and have influenced the content and focus of child sexual abuse prevention programs. At least six major review articles on child sexual assault and victimization programs have concluded that, on balance, most evaluations find significant, if not always substantial, gains in a child's knowledge of sexual abuse and how to respond. (Carroll, Miltenberger and O'Neill, 1992; Daro, 1991; Daro, 1994; Finkelhor and Strapko, 1992; Hazzard, 1990; Reppucci and Haugaard, 1989; Wurtele and Miller-Perrin, 1992). Further, a meta-analysis that reviewed the findings from 30 such evaluations concluded that these programs produce a small but statistically significant gain in knowledge (Berrick and Barth, 1992). While some of these gains have been noted following repeated presentation of the concepts over a ten to 15 week period (Downer, 1984; Woods and Dean, 1986; Young, Liddell, Pecot, Siegenthaler and Yamagishi, 1987; and Fryer, Kraizer and Miyoski, 1987), the majority of these gains have been realized after less than five brief presentations (Plummer, 1984; Conte, Rosen, Saperstein and Shermack, 1985; Kolko, Moser, Litz and Hughes, 1987; Harvey, Forehand, Brown and Holmes, 1988; Nibert, Cooper, Fitch and Ford, 1988; Borkin and Frank, 1986; Swan, Press and Briggs, 1985; and Garbarino, 1987).

As with all prevention efforts, these gains are unevenly distributed across concepts and participants. On balance, children have greater difficulty in accepting the idea that abuse can occur at the hands of someone they know than at the hands of strangers (Finkelhor and Strapko, 1992). Among younger participants, the more complex

concepts such as secrets and dealing with ambiguous feelings often remain misunderstood (Gilbert, Duerr-Berrick, LeProhn and Nyman, 1990). While most children learn something from these efforts, a significant percentage of children fail to show progress in every area presented. For example, Conte noted that even the best performers in his study grasped only 50% of the concepts taught (Conte et al, 1985). Retention of the gains noted immediately following these instructions also vary. At least one evaluator discovered that while children have been found to retain increased awareness and knowledge of safety rules several months after receiving the instruction, they retain less information with respect to such key concepts as who can be a molester, the difference between physical abuse and sexual abuse, and the fact that sexual abuse, if it occurs, is not the victim's fault (Plummer, 1984).

In addition to having a potential for primary prevention, child assault prevention instructions create environments in which children can more easily disclose prior or ongoing maltreatment. In other words, independent of the impact these programs may have on future behavior, they do offer an opportunity for present victims to reach out for help, thereby preventing continued abuse (Leventhal, 1987). Even those who have little faith that any useful prevention strategy can be developed with respect to sexual abuse, admit that child assault prevention programs hold strong promise in obtaining earlier disclosures (Melton, 1992).

The few studies which have measured the extent to which these interventions result in increased disclosures have been promising. Kolko, Moser and Hughes (1989) reported that in five of six schools in which prevention programs were offered, school guidance counselors received 20 confirmed reports of inappropriate sexual or physical touching in the six months following the intervention. In contrast, no reports were noted in the one control school in their study. Similarly, Hazzard, Webb and Kleemeier (1988) found that eight children reported ongoing sexual abuse and 20 others reported past occurrences within six week of receiving a three-session prevention program.

As with all prevention programs, research in this area has highlighted certain features that enhance the likelihood that these types of educational efforts will have impacts on a child’s behavior and ultimately on rates of child sexual abuse. The most

promising of these programs are those which, among other things, provide children behavioral rehearsal of prevention strategies; reflect a balanced, developmental perspective; are well integrated into the regular school curricula and teacher training; and incorporate generic concepts such as assertive behavior, decision-making skills, and communication skills which children can use in everyday situations, not just to fend off abuse.

Public Education and Awareness Through the Media

Using the media to mobilize the public in efforts to prevent child abuse has long been regarded as vital component of a comprehensive child abuse prevention strategy (Cohn-Donnelly, 1997). The values and attitudes that a people hold about children and how to raise them, the behaviors they engage in as parents toward their own and other children, and the degree to which they support or fail to support certain public policies all help to explain the existence of child abuse and its increase or decrease over time. The media allows one to reach out to large numbers of individuals in a consistent manner using everyday communication medium (e.g. television, radio, newspapers and magazines, billboards and now even the internet). These strategies allow advocates to educate the public about the existence and dimensions of a given problem and, more importantly, how every individual can take action to foster abuse prevention. As such, media strategies are embraced as relatively non-intrusive options to delivering the prevention message. Regrettably, they also are widely regarded as the "softest" or least important elements of a comprehensive approach to prevention. In truth, however, research suggests that public education and awareness efforts may be among the most critical strategies to pursue when seeking to implement broad scale change in behaviors or to widely implement a service innovation. Anecdotally we have learned that parents take programs more seriously when they have had heard it described on TV or when it is recognized throughout the community as a high quality program.

Public education efforts can accomplish a variety of goals including: creating awareness of a problem; improving knowledge about a problem (its extent, its causes, its consequences); changing attitudes (or values) regarding the problem; and changing behavior (of those directly affected by or causing the problem or of the public more

generally). Creating and sustaining awareness of a given problem is most commonly thought of and typically sequenced first in a series of public education prevention efforts. For example, in the mid-70's, as child abuse prevention efforts were just developing across the country, the general public was largely unaware of the problem and thus not disposed to helping stop it (e.g., reporting cases, helping stressed parents, supporting prevention policies etc). One study showed that fewer than 10% of the American public were aware of the child abuse problem during this period (NCPCA, 1976). During the late 70's and early 80's, NCPCA and other national public and private entities undertook efforts to explicitly raise the public's level of awareness. These efforts, primarily public service announcements on TV and radio, were supplemented by extensive news coverage of particularly atrocious cases. By the early 1980's, a national public opinion survey showed that over 90% of the public was not only aware of the problem but also understood that there were different types of child maltreatment, that the causes of maltreatment were rooted in a variety of individual and societal conditions, and that they needed to take action if the problem was to be resolved (Daro & Gelles, 1994). During this period, reports to public agencies of suspected child abuse rose dramatically, increasing from fewer than 100,000 in 1976 to over one million in the early 1980's (McCurdy and Daro, 1994). Many of these reports came from the general public. Whether a primary cause or an additive one, deliberate use of the media to make the public aware of child abuse appears to have had a substantial impact on awareness, knowledge and behavior.

Targeting parents themselves with the intent of changing their attitudes and behaviors regarding how they parent has long been seen as a more ambitious and difficult and thus less popular use of public education tools--even though these efforts undoubtedly are more closely tied to actual prevention. The theory has been that changing parental attitudes about such behaviors as spanking and other forms of hitting or constant yelling creates an environment in which the more targeted prevention programs (such as home visitation services for new parents) have a better chance to succeed (e.g. the home visitor can more successfully support new parents in developing positive parenting practices when negative ones are not abundant in the environment). This theory had been tested in the child abuse field in relatively narrow ways. Most

notably, NCPCA conducted a series of educational campaigns using TV, print, radio, and billboard PSA's with editorial assistance from the media (e.g. OP-Ed pieces, columns in Dear Abby) targeted sequentially at physical abuse/hitting, verbal abuse/yelling and emotional neglect/ignoring. In conjunction with the Advertising council, full service campaigns were developed, pilot tested and distributed to all major media outlets across the country. With the assistance of NCPCA state chapters and their local affiliates, the combined campaigns garnered between $20-$60 million a year worth of exposure in donated time and space. The impact from the first two of these three waves has been monitored and the findings are encouraging. Since 1988, parents participating in annual public opinion poll conducted for NCPCA have reported a steady reduction in the use of both corporal punishment and verbal forms of aggression in disciplining their children (Daro & Gelles, 1992).

Researchers are quick to point out that it is not certain if the changes measured reflect changes in attitude (and thus a greater reluctance to admit certain behaviors) or an actual change in behavior. Also encouraging and somewhat more clear, however, are the results of the public education efforts of the National Campaign to Prevent Teen Pregnancy. This campaign has sought to reduce the teen pregnancy rate in the U.S. by one third by 2005 by supporting values and stimulating actions consistent with pregnancy-free adolescence. The centerpiece of this work has been building a strong, ongoing, widespread public education campaign with support from top level politicians, entertainment and news powerhouses and corporate leaders. The efforts include extensive editorial coverage of teen pregnancy (particularly in materials which teens read and view, using ideas which teens have suggested), story lines in popular TV shows, PSA's, briefings for TV writers and producers, videos for use on TV and in schools, posters and booklets which have been distributed widely. In other words, every conceivable media outlet that could be used to communicate with the target audiences (teens, their parents and grandparents) has been used. These efforts appear to be paying off with a 12% decline in teen pregnancy rates from 1990 to 1996. In studying this experience it becomes clear what an important and in fact essential role the media plays in prevention efforts, how extensive and intensive and deliberate those efforts must be and how little the child abuse field has done to capitalize on these strategies.

MAJOR POLICY AND PROGRAM CHALLENGES

Collectively, this body of research suggests several gains in both our conceptualization and ability to deliver effective prevention services. As our thinking continues to evolve, however, researchers, practitioners and policy makers are faced with several challenges. Some of the ideas emerging from current efforts include the following:

1. The importance of stressing a universal system of support with different levels of services based upon a family's different levels of needs. Targeted programs, while having some empirical support, will never engage the number of people we need to engage if prevention is to have a substantial impact on aggregate indicators of distress.
2. The importance of resisting the need to have "a single solution". Communities need a variety of options in order to prevent child abuse. However, unlike the old model where programs often existed in parallel and disconnected universes, the next generation of prevention efforts needs to share a common vision and operate in a much more coordinated and integrated manner.
3. We need to better instill the notion of personal and collective responsibility for preventing child abuse and supporting parents. Government will not solve our problem—we will.
4. Prevention needs to become a major component of existing response systems – education, health, juvenile justice, child welfare, corporations, etc. We cannot afford to continue to misuse the millions we spend on child well being.
5. Just as we needed a new paradigm for prevention services, we need a new paradigm for prevention research. We cannot rely simply on randomized trials. Those seeking to develop effective interventions desperately need to know a wide range of information -- how families view the service they are being offered, why they accept a given service, why they do not, what other options do they see in their community to support them and how do they view their relationship with their service provider.

To the extent every intervention with a family is unique, evaluation data need to provide guidance as to the specific change mechanisms operating with specific families, under specific conditions. Such information can only be achieved through the careful application of differential assessment methods including, but not limited to, randomized trials.

6. We need to articulate those conditions that will enable us to take prevention to scale. These conditions must include, among other things, an array of options families believe they need and want, and a shared vision regarding the role of the collective society in supporting parents and insuring child well-being.

7. Even the most efficacious efforts appear to need tailoring to individual communities and yet when responses are tailored the effectiveness may be compromised. We need to better understand the best balance between exact replications versus modifications to meet local conditions.

8. Child abuse does not exist in a vacuum and certainly co-exists with other forms of family violence and societal violence. We need to better understand the benefits and draw backs of addressing broader issues of violence within the society versus individual forms of violence (e.g. would we have made more or less progress in the last few decades if domestic violence and child abuse were considered as one and the same)?

9. We need to examine the organizational infrastructure available for managing child abuse prevention efforts on a larger scale. At present, the vast majority of entities promoting prevention at the community level are small, financially fragile non-profit organizations. A key challenge facing the field is creating a framework, in which these small organizations can pool their efforts and resources in a more coordinated and sustainable institutional force.

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