RECOGNIZING, RESPONDING TO AND PREVENTING CHILD MALTREATMENT: A SHARED RESPONSIBILITY

Child maltreatment includes physical, sexual or psychological abuse, neglect and exposure to intimate-partner violence. Recognizing and responding to child maltreatment is important to protect not only the children's physical safety, but also — and more often — their emotional development and well-being, through the provision of preventive, supportive, protective or therapeutic interventions.

"People have to acknowledge child maltreatment as a major public health problem and be educated about it," says Dr. Harriet MacMillan, a professor in both the departments of Pediatrics and of Psychiatry and Behavioural Neurosciences at McMaster University. MacMillan co-authored two reviews on child maltreatment, the first on issues surrounding the recognition of and response to child maltreatment and the second on interventions to prevent child maltreatment and associated impairment.

Professionals in primary care, mental health, schools, social services and law enforcement all have a role to play in recognition and response, she says. Yet in all sectors, children suspected of being maltreated are under-reported to child protection agencies. This may be in part because of a lack of training or knowledge of the signs of maltreatment and of the processes for reporting to child protection agencies.

MacMillan believes that all clinicians working with children should be better educated in child maltreatment. *"You don't have to be an expert, but you should be able to recognize the signs and symptoms and know when to ask for help."* One emerging strategy for improving recognition and response to maltreatment in pediatric care is the production of evidence-based guidelines for who should be assessed by child-protection specialists. Enhancing processes for interviewing children and parents is another potential avenue.

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DOES REPORTING HELP?

However, there is also a common perception that reporting a suspected case to authorities can do more harm than good.

In some countries, such as Canada, professionals are legally bound to report suspected cases of child maltreatment. This system has benefits and disadvantages. On one hand, mandatory reporting clearly states that governments take child abuse seriously. It encourages early notification to protect children and prevent child deaths, it raises awareness about the issue, and it addresses some of the legal and ethical obstacles to reporting. On the other, the proportion of cases substantiated is only about 50%. This can lead to children and families being investigated but not receiving the services they need. As well, even when maltreatment is confirmed, some children may not receive appropriate interventions. Finally, child welfare services have a limited capacity to respond adequately to increased recognition of maltreatment.

"*The system needs to be looked at*," says MacMillan. "*What happens when a report is made to a child protection agency? In many cases, child protection workers investigate, but then don't necessarily provide additional services. Maybe we need a more supportive approach. More research is needed in this area.*"

Dr. Jaswant Guzder, head of Child Psychiatry and director of Child Day Treatment at Montreal's Jewish General Hospital, says MacMillan's paper is an incentive for dialogue among the many partners who intersect with child health, from health care professionals to schools, social service agencies and law enforcement. "*We need to share information and responsibility to ensure continuity of care and long-term planning*," she says.

From the earliest years of prenatal and postnatal primary care and later, Guzder notes, schools and daycares have a huge role to play. "*Daycare is another opportunity where people have a chance to do prevention, to recognize that something is not going right with a child's development*," she says. But child maltreatment is a complicated issue. "*You're dealing with a need for compassion, private–public boundaries, stigma and fear, while trying to maintain a positive relationship with the parents.*"

EFFECTIVE PREVENTIVE INTERVENTIONS

When it comes to preventing child maltreatment, many programs exist, but evidence on outcomes is sparse. MacMillan and her co-authors reviewed what is known about approaches to reduce the five major types of child maltreatment (physical abuse, sexual abuse, psychological abuse, neglect and exposure to intimate-partner violence) at three levels: prevention before the maltreatment occurs, prevention of recurrence and prevention of adverse outcomes associated with maltreatment.

For the most part, says MacMillan, "*programs that have worked are based on strong theoretical models, and have an intensity to the intervention, both in terms of frequency and duration*." For example, while not all home-visiting programs are equally effective, two specific programs have been shown to prevent child maltreatment and associated outcomes such as injuries: the Nurse–Family Partnership (U.S.A.) (best evidence) and Early Start (New Zealand) (promising).

In the Nurse–Family Partnership, well-trained nurses visit low-income, first-time mothers, beginning prenatally and continuing until the children are two years old. The program is based on theories of human ecology, self-efficacy and human attachment. The Early Start program begins postnatally, targeting high-risk families. Services are tailored to meet the needs of each family. Families are seen over 50 times in the first year, and services continue for up to five years.

In terms of other potential avenues, the Triple P – Positive Parenting Program has also shown some positive effects on maltreatment and associated outcomes, but needs to be replicated. Hospital-based educational programs to prevent abusive head trauma and enhanced pediatric care for families of children at risk of physical abuse show promise.

Preventing impairment associated with child maltreatment requires a thorough assessment of the child and family. Cognitive-behavioural therapy shows benefits for sexually abused children with post-traumatic stress symptoms. There is also some evidence for child-focused therapy for neglected children and for mother–child therapy in families with intimate-partner violence.

LONG-TERM PLANNING

One finding that debunks popular myths is that, for maltreated children, foster care placement can lead to greater benefits compared with young people who remain at home or those who reunify from foster care. To Guzder, this is not surprising. "*We know that our genes can turn on or off depending on what our environment is providing or not. People think placement is a terrible thing to do, but a positive environment is a hugely important protective factor. These children can blossom in placement*."

Ultimately, Guzder views child maltreatment as a partnership issue. "*If we want to interrupt child maltreatment, we have to reach out to community partners*," she says. Uncovering a problem is not enough in itself. "*There's a pressure to be 'quick and dirty,' and to limit the number of interventions, but when you have children with attachment disorders or serious cumulative damage, short interventions simply do not work.*"

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