

Comments & Queries from the Prilleltensky, Nelson, & Greeley Presentation, Prevent Child Abuse America Research Teleconference Research Series

March 1, 2007

Person/Organization/Location	Question/Comment
<p>Betsy Dew/ Great Kids, Inc. 752 Millard Canyon Road Altadena, CA 91001 Phone 626-345-0684 betsyd@greatkidsinc.org</p>	<p>Regarding risk defined by poverty, single parent...are presenters familiar with the study by Mark Chaffin et al (1995) using data from the Nation Institute of Mental Health's Epidemiologic Catchments Area survey which interviewed 4000 parents in each of 5 cities in Wave I and in Wave II.</p> <p>Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. <i>Child Abuse & Neglect, 20, 191-203.</i></p> <p>Found different risk, for abuse and neglect:</p> <ol style="list-style-type: none"> 1. <u>Physical Abuse</u>: abuse group did not differ from controls on race, socioeconomic status, or marital status. 2. <u>Neglect</u> DID differ from controls with neglected children younger, non-white, larger households, lower SES and unmarried. <p>I'm wondering... Shouldn't widespread efforts of prevention make sure to pick up on factors other than just low income and single status? E.g. in HF, KY HANDS, etc., use of a tool which looks more broadly at the risk factors for both abuse and neglect...Kempe/Parent Survey.</p> <p>Look forward to the citations for the studies mentioned. See below</p> <p>In my question, what I really wanted to have them discuss, is...can we move past only citing Olds alone as the recommended [home visitation] strategy since in the impressive Elmira [NY] study David [Olds] found that his success was only with young, single low income moms...not married moms in their mid-late 20's. It seems we are now at the point of experience in the field, where research directed to whether different interventions are most effective with specific groups would be valuable.</p>

	<p>My concern with just citing Olds, is that we will never impact community indicators with his approach, because his focus is too narrow. If true, eventually funding will dry up because it "won't work". In [other programs], we are seeing that a wide range of families are benefiting based on using the Parent Survey/Kempe to reach out to families in the community and to differentiate families that will benefit or not need intensive home visitation. Point is well taken that the latter could benefit from other community supports. Thanks again for a stimulating start to my day!</p> <p>The point is well taken about just citing Olds. We did point to reviews that encompassed many other programs, both home visitation programs and more broad-based programs. There are data suggesting the effectiveness of programs other than the Olds nurse home visitation model. It is important to look at different populations in different contexts. Geoff made this point in a commentary on the prevention of child maltreatment in the following source.</p> <p>Nelson, G. (2004). The prevention of child maltreatment: Comments on Eckenrode, MacMillan, and Wolfe. In R. E. Tremblay, R. G. Barr, & R. Dev. Peters (Eds.), <i>Encyclopedia on early childhood development</i> (pp. 1-6) [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development, http://www.excellence-earlychildhood.ca/documents/NelsonangXP.pdf.</p> <p>I agree with the point that the nurse home visitation is unlikely to influence community outcomes. Broader based programs are necessary to achieve community outcomes. In general, programs are able to change what they target for change. See the following for more illustrations of this point.</p> <p>Nelson, G. (2005). Promoting the well-being of children and families: What is best practice? In J. Scott & H. Ward (Eds.), <i>Safeguarding and promoting the wellbeing of children, families, and their communities</i> (pp. 184-196). London: Jessica Kingsley Publications.</p>
<p>Christopher S. Greeley, MD, FAAP Medical Director, Child</p>	<p>This was really wonderful! I appreciate the opportunity to do this. Thanks.</p>

<p>Maltreatment Program Medical Director, Newborn Nursery Associate Professor of Pediatrics Division of General Pediatrics Vanderbilt Children's Hospital 8232 Doctor's Office Tower Nashville, TN 37232-9225 O:615-936-2427</p>	
<p>Anne R. Sayers, MSW Prevent Child Abuse North Carolina New Parents Program Consultant 3725 National Drive Suite 101 Raleigh, N.C. 27612 919-829-8009</p>	<p>You talked about the importance of partnerships with the families. Can you elaborate more on this and provide references on how to do this effectively?</p> <p>There is a literature on empowering approaches to working with families. Carl Dunst has written about this, as has the now defunct Cornell Empowerment Group. Moncrieff Cochran of Cornell has a book that summarizes the work of the Cornell Empowerment Group with families. A google search for Dunst and Cochran will lead you to some sources.</p>
<p>Michael A. Lawson, MS Deputy Director Community School Solutions of California Senior Associate THE CARE INSTITUTE</p> <p>The Child Abuse Prevention Center 4700 Roseville Road North Highlands, CA 95660 916.244.1910 (w)</p>	<p>1) Much of your presentation appears to use experimental studies as the empirical basis for interventions that effect family and community well-being. However, interventions that target communities as the unit of analysis do not lend themselves readily for random assignment. What are the methodological implications for community-level interventions and what measures to you suggest that local evaluators and researchers should employ to examine the efficacy of these interventions?</p> <p>This is a great question. You may be interested in the book Partnerships for Prevention by Geoff Nelson et al., which illustrates different approaches evaluating broader community-based initiatives. The work of Camil Bouchard on the project 1, 2, 3 Go! in Montreal is another illustration. Camil has a chapter in the following book: Scott, J. & Ward, H. (Eds.), <i>Safeguarding and promoting the wellbeing of children, families, and their communities</i>. London: Jessica Kingsley Publications. There is also a literature on comprehensive community initiatives and a book on how to evaluate them by Kubisch et al., published by the Aspen Institute in 1995 (you can find this through a google search).</p>

	<p>2) Also, is it possible to receive a reference list of the cited studies???</p> <p style="text-align: center;">See below</p>
<p>Karin MacKinnon, Executive Director, The Parenting Place of The Exchange Clubs (910) 254-0791 kmparentingplace@juno.com</p>	<p>Does Chris have a citation for the Pediatric journal article on Social Capital --Family Violence & Neglect?</p> <p>Zolotor, A.J. & Runyan, D.K. (2006). Social capital, family violence, and neglect. www.Pediatrics.org/cgi/doi/10.1542/peds.2005-1913</p>
<p>Mary Kay Falconer Healthy Families Florida</p>	<p>With resource constraints, how do you decide where to focus your efforts? Is it necessary to cover all levels of influence? If not, what should the priority be?</p> <p>It's important to remember that length and intensity are crucial for effective outcomes. It's important to consider depth and not only width of the program. I think it would be wise to have a small program that addresses at least a few levels of intervention as opposed to having a far reaching program that touches many families but does so in superficial terms and only at one level of intervention.</p> <p>The Brookings Institutions has done a study on return on investment for social interventions. They apply ROI logic to this question. www.brookings.edu/views/papers/200701isaacs.pdf</p> <p>In addition, I think it's important to work with families and communities on at least two fronts: behavioral change and social change. The long term solution to child abuse is not just behavioral change but also social change of norms, distribution of resources, safety nets and the like. Research demonstrates that working on a social cause, such as affordable housing or universal health care, can enhance self efficacy at the personal level. In the long term, an active citizenry is the best solution to community problems. Therefore, I'd recommend an empowerment and advocacy component to interventions.</p> <p>The following book links behavioral with community change: Prilleltensky I and Prilleltensky O (2007) Promoting Well Being: Linking Personal, Organizational and Community Change (Wiley).</p>

<p>Barbara Shaffer Manager of Chapter Services Prevent Child Abuse America 500 North Michigan Ave, Suite 200 Chicago, IL 60611 www.preventchildabuse.org bshaffer@preventchildabuse.org 312-334-6859 Chicago 970-453-3853 Colorado</p>	<p>Thank you for all the wonderful information.</p> <p>Can you explain the Gini-coefficient again, I didn't understand it.</p> <p>The Gini coefficient is an economic indicator of the distance between rich and poor. In other words, it can tell us how wide or narrow the middle class is. It is an indicator of economic inequality in society. The Gini coefficient can range from 0 (total economic equality) to 1 (maximal inequality). Studies have compared the levels of health and morbidity in various populations depending on levels of inequality.</p> <p>More on this at</p> <p>http://en.wikipedia.org/wiki/Gini_coefficient</p>
---	--

**Reference List for “Promoting Well-being and Preventing Child Maltreatment” by
Isaac Prilleltensky and Geoffrey Nelson, Prevent Child Abuse America
March 1, 2007**

Daro, D. (2006). Prenatal/postnatal home visiting programs and their impact on young children’s psychosocial development (0-5). Commentary on Olds, Kitzman, Zercher, and Spiker. In R.E. Tremblay, R.G. Barr, R.DeV. Peters (Eds.), *Encyclopedia on early childhood development [online]*. Montreal, Quebec: Centre for Excellence on Early Childhood Development, 1-5.

Dias, M.S., Smith, K., deGuehery, K., Mazur, P., Li, V., & Shaffer, M. (2005). Preventing abusive head trauma among infants and young children: A hospital-based parent education program. *Pediatrics*, *115*, 470-477.

Durrant, J.E. (1999). Evaluating the success of children’s corporal punishment ban. *Child Abuse and Neglect*, *23*, 435-448.

Durrant, J.E. (2000). Trends in youth crime and well-being since the abolition of corporal punishment in Sweden. *Youth and Society*, *31*, 437-455.

Durrant, J.E. (2003). Legal reform and attitudes towards physical punishment in Sweden. *International Journal of Children’s Rights*, *11*, 147-173.

Durrant, J.E. & Janson, S. (2005). Law reform, corporal punishment, and child abuse: The case of Sweden. *International Review of Victimology*, *12*, 139-158.

Freisthler, B., Merritt, D., & LaScala, E. (2006). Understanding the ecology of child maltreatment. *Child Maltreatment*, *11*(3), 263-280.

Geeraert, L., Van de Noortgate, W., Grietans, H., & Onghenea, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, *9*, 277-291.

Isaacs, J. (2007). *Cost effective investments in children. Budgeting for National Priorities Paper*. Brookings Institution.

Lundahl, B.W., Nimer, J., & Parsons, B. (2006). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice*, *16*, 251-262.

MacLeod, J., & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse and Neglect*, *24*, 1127-1149.

Nelson, G., Pancer, S.M., Hayward, K., & Peters, R.DeV. (2005). *Partnerships for prevention: The story of the Highfield Community Enrichment Project*. Toronto: University of Toronto Press.

Nelson, G., Prilleltensky, I., & MacGillivray, H. (2001). Building value-based partnerships: Toward solidarity with oppressed groups. *American Journal of Community Psychology*, 29, 649-677.

Peters, R. DeV., et al. (2000). *Developing community capacity and competence in the Better Beginnings, Better Futures communities : Short-term findings report*. Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit Technical Report.

Prilleltensky, I., Nelson, G., & Peirson, L. (Eds.). (2001). *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action*. Toronto: University of Toronto Press.

Prilleltensky, I., & Prilleltensky, O. (2006). *Promoting well-being: Linking personal, organizational, and community change*. Wiley.

Reynolds, A.J., & Robertson, D.L. (2003). School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Development*, 74, 3-26.

Riley, D. (1997). Using local research to change 100 communities for children and families. *American Psychologist*, 52, 424-433.

Sanders, M.R., Cann, W., & Markie-Dadds, C. (2003). The Triple P- Positive Parenting Program: A universal population-level approach to the prevention of child abuse. *Child Abuse Review*, 12, 155-171.

Santos, R. (2005). Research on home visiting: Implications for early childhood development (ECD) policy and practice across Canada. In R.E. Tremblay, R.G. Barr, R.DeV. Peters (Eds.), *Encyclopedia on early childhood development [online]*. Montreal, Quebec: Centre for Excellence on Early Childhood Development, 1-9.

Skowron, E., & Reinemann, D.H.S. (2005). Effectiveness of psychological interventions for child maltreatment: A meta-analysis. *Psychotherapy: Theory, Research, Practice, Training*, 42, 52-71.

Sweet, M.A., & Applebaum, M.I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75, 1435-1456.

UNICEF (2007). *Child poverty in perspective: An overview of child well-being in rich countries*. The United Nations' Children Fund.

Zercher, C., & Spiker, D. (2004). Home visiting programs and their impact on young children. In R.E. Tremblay, R.G. Barr, R.DeV. Peters (Eds.), *Encyclopedia on early childhood development [online]*. Montreal, Quebec: Centre for Excellence on Early Childhood Development, 1-8.