CENTER FOR THE STUDY OF SOCIAL POLICY

strengthening families
THROUGH EARLY CARE & EDUCATION

protective factors literature review:

early care and education programs and the prevention of child abuse and neglect

The graph below shows the program strategies used by exemplary programs to build the protective factors known to reduce child abuse and neglect.

how early childhood programs help prevent child abuse and neglect

Excellent early care and education programs use common program strategies to build the protective factors known to reduce child abuse and neglect.

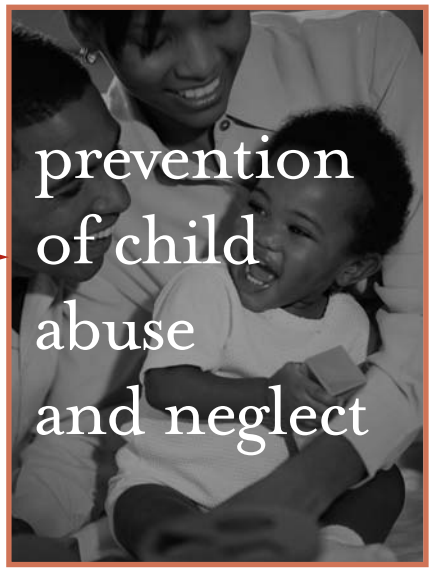
QUALITY EARLY CARE AND EDUCATION

Program strategies that:

- Facilitate friendships and mutual support
- Strengthen parenting
- Respond to family crises
- Link families to services and opportunities
- Facilitate children's social and emotional development
- Observe and respond to early warning signs of child abuse or neglect
- Value and support parents

PROTECTIVE FACTORS

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children



introduction

THE PROTECTIVE FACTORS APPROACH

In the fall of 2001, the Center for the Study of Social Policy (CSSP) began a two-year study of early care and education programs throughout the United States to determine if they might be an effective avenue for preventing child abuse and neglect. CSSP chose to focus on early care and education programs because these programs represent a systematic way to reach the largest number of very young children (children younger than kindergarten age). The uniquely close relationship between the caregiver or teacher and parents of very young children, the daily opportunities for observation and learning with parents, the relationship between early childhood programs and other resources for young parents, and the fact that parents come there as "empowered consumers" rather than as clients or recipients of service, made this a promising universal strategy.

Strengths Versus Deficits

A further goal of the work was to develop a credible framework for child abuse and neglect prevention that can lead program developers, policymakers, and advocates toward effective prevention strategies based on building strengths with families rather than focusing exclusively on risks and deficits. The reluctance of families to participate in programs that identify them as "at risk" is well-documented and amounts to a significant barrier in interventions designed to reduce abuse and neglect. An evidence-based model built on promoting resilience would provide a new angle on prevention and move toward a widespread understanding of what all kinds of programs and providers can do—and in some cases already do—to promote healthy child development and reduce the incidence of child abuse and neglect. The hypothesis is that a more universal approach can be an effective way of reaching many more families long before a risk of child abuse or neglect emerges.

The Logic Model

In keeping with the goal of focusing on strengths instead of deficits, CSSP developed a logic model for reducing child abuse and neglect based on building resiliency as a way of reducing risk factors. An early scan of existing research about conditions related to a lower incidence of child abuse and neglect revealed several "protective factors" that appear to be related to reduced incidence of child maltreatment. The protective factors related to families include: parental resilience, an array of social connections, adequate knowledge of parenting and child development, and support in times of need, including access to necessary services such as mental health. The protective factor related to children is their healthy social and emotional development.

The initial set of protective factors was determined after discussions with a national advisory panel and researchers in the child abuse prevention, early childhood and family support fields. The factors are not unique to this framework; they are addressed by many

ferent strategies interact to produce a protective impact. A comprehensive literature review was commissioned to discover pertinent research evidence of a connection between what early care and education programs do (or could do) and a reduction in child abuse and neglect. The final formulation of protective factors for this framework was determined after studying what actually happens in programs in the field.

The hypothesis for the program research part of this work was that some early childhood education programs actively build protective factors through their programs and thus can be effective agents in preventing child abuse and neglect. Subsequent research in the programs sought information about specific strategies that programs use to build protective factors for the families and children they serve. The program's work around the protective factors was assumed to occur in the context of maintaining a "high quality" early childhood program as defined by national standards.

More than 100 programs were nominated by national experts and state early childhood leaders as potential exemplary programs working to build the protective factors. Twenty-six programs were visited by CSSP staff for extensive data gathering. Twenty-one programs were determined to be excellent examples of how early care and education programs work in their daily programs to build protective factors against child abuse and neglect. The many strategies that were found in common across these programs work together to build the protective factors. Programs sometimes use a single strategy to build more than one protective factor, and often use several strategies at different times with different families to have impact on a single protective factor.

Preventing Child Abuse and Neglect Versus Other Good Outcomes

While the identified protective factors also may be linked to a variety of positive outcomes for young children, this study is concerned with the link between the factors and a lower incidence of child abuse and neglect. For the Strengthening Families approach to work, it is vital to show that improved child abuse and neglect results can accrue from increasing the identified protective factors. Child abuse and neglect prevention advocates and funding sources need to see what kind of return they might get on an investment in building protective factors. Early childhood programs need to see how their existing efforts link specifically to the prevention of child abuse and neglect and how their work may need to be reinforced or changed to get a better child abuse and neglect prevention result.

Although this approach seeks to highlight how some high quality early care and education programs already provide strategies that will reduce child abuse and neglect, it also shows that high quality early care and education as it is currently defined is not sufficient to prevent child abuse and neglect. High quality care doesn't necessarily reduce the incidence of child abuse and neglect unless it includes specific strategies

designed to build protective factors with families. For example, an effective universal strategy against child abuse and neglect has to include facilitating social connections for families. Many high quality early care and education programs do not make attempts to help families in this way, even though they may employ excellent child development strategies in their classrooms.

Factors Not Addressed

There are other factors linked to a reduction in child abuse and neglect, such as mitigation of poverty and a lower incidence of mental illness, domestic violence and substance abuse by parents. These issues are beyond the reach of early care and education programs and are not included in this framework. The extent to which these factors interact with those in the framework or have an overwhelming impact on the capacity of an early care and education program to prevent child abuse and neglect are addressed in the literature review.

There is some evidence that community norms influence the incidence of violence, including child abuse. Promoting community norms against violence was originally proposed as a protective factor in this framework. The study sought to find research evidence of a link between community norms about violence and a reduction in child maltreatment or evidence that early childhood programs might work effectively in their communities to build non-violence as a norm.

In the end, there was little research evidence to make the explicit link between child abuse and neglect and community norms. In the exemplary programs that were studied, there were a few programs engaged in working toward community-wide norms against violence. However, most programs engaged in violence prevention programs within the classroom, which created school-level norms against violence. What the children learned at school, in turn, appeared to have an impact on the parent's behavior toward the child and a new perspective about how the parent's verbal or physical interaction with the child affected the child. These came exclusively from parent reports; program staff had not considered the impact of classroom norms on family behavior.

The Protective Factors Literature Review

The following paper presents the knowledge base behind the CSSP Strengthening Families approach. Information about the strategies that exemplary early care and education programs use to build the protective factors is available at www.cssp.org and from written materials available from the Center for the Study of Social Policy, 1575 Eye St., NW, Suite 500 Washington, DC 20005.

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protective factors literature review: early care and education programs and the prevention of child abuse and neglect

Carol Horton, Ph.D./September 2003

Child abuse and neglect (CAN) represents a major social problem that threatens the basic health and well-being of an estimated 2.8 million children annually. Early care and education (ECE) programs, which serve approximately 60 percent of pre-kindergarten age children, have the potential to play an important role in the prevention of child maltreatment. A recent study that was the first to examine the relationship between ECE programs and CAN prevention found a 52 percent reduction in maltreatment among participating children by age 17. Through a national study of exemplary early care and education programs, the Center for the Study of Social Policy developed a strategy for preventing child abuse and neglect through actions that can be taken in early care and education programs. This Strengthening Families approach recommends that ECE programs incorporate five factors designed to prevent CAN into their programs. These include: 1) increasing parental resilience, 2) building the social connections of parents, 3) increasing knowledge of parenting and child development, 4) providing concrete supports in times of need, and 5) supporting the social and emotional competence of children.

This report reviews the research literature with regard to each of these five protective factors. It discusses why these factors promise to reduce rates of child maltreatment, and why high quality ECE programs are well positioned to incorporate them into their operations. To provide a context for this discussion, a brief summary of the incidence, costs, and prevention of child maltreatment is first presented. Following this, each protective factor is examined in a separate section. Annotated references, which briefly summarize each of the books and articles cited, are appended.

CHILD ABUSE AND NEGLECT: INCIDENCE, COSTS, AND PREVENTION

There are four main types of child maltreatment: physical abuse, child neglect, sexual abuse, and emotional abuse. Simply stated, physical abuse is the infliction of physical injury, even if the perpetrator does not intend harm. Child neglect is the failure to provide for a child's basic needs and can be physical, educational, or emotional in nature. Sexual abuse is the involvement of a child in any kind of sexual act, including prostitution or pornography. Emotional abuse is an act or omission that has caused, or could cause serious behavioral, cognitive, or mental disorders. These types of maltreatment often occur together within a family, though they can appear alone as well (Thomas et al 2003).

It is important to remember that more precise definitions of child abuse and neglect are somewhat controversial, as they are necessarily historically and socially determined. Some practices that were considered acceptable 100 years ago are now understood as abusive. Certain contemporary non-Western customs

may be normative in one society, but not considered acceptable in the United States. In some cases, what appears to be child neglect according to legal definitions may in fact be the manifestation of poverty and parental exhaustion. Consequently, it is critical to be sensitive to the cultural context when working with families on issues of CAN prevention (Korbin 1997).

Even keeping such considerations in mind, however, it is evident that the rate of serious child maltreatment in the United States is disturbingly high. The most recent National Incidence Study (NIS) of Child Abuse and Neglect, which represents the most comprehensive source of information available, estimates that over 2.8 million children were maltreated in 1993. Approximately 63 percent of these cases represented child neglect (over 1.9 million), and almost 20 percent physical abuse (614,100). Given that this represented almost twice the rate of child maltreatment found by the previous NIS in 1986, it is quite possible that current numbers are even higher (Sedlak and Broadhurst 1996).

Abuse and neglect have profoundly negative consequences for children and society at large. Maltreatment harms the physical, psychological, cognitive, and behavioral development of children. Its consequences include minor to severe physical injuries, brain damage, chronic low self-esteem, problems with bonding and forming relationships, developmental delays, learning disorders, and aggressive behaviors. Clinical conditions associated with abuse and neglect include depression, post-traumatic stress disorder, and conduct disorders. Maltreated children are at increased risk of low academic achievement, drug use, teen pregnancy, juvenile delinquency, and adult criminality. Given the impact of these problems on the public assistance, child welfare, criminal justice, behavioral health, and educational systems at the local, state, and federal levels, the direct cost to society of child maltreatment is estimated to be well over $9 billion annually (National Clearinghouse on Child Abuse and Neglect Information 2003).

Since the mid-1970s, the research literature has been dominated by an ecological understanding of the causes of child maltreatment. This approach posits that a complex mix of child, family, community, and social factors cause CAN. Child related risk factors include age (younger children are more likely to be neglected) and special needs (disabled or mentally retarded children are more likely to be abused). Parent risk factors include depression, single parenthood, low socioeconomic status, isolation, low maternal age, substance abuse, and having been maltreated as a child. Community risk factors include high levels of poverty, violence, and unemployment, as well as a low degree of social capital. Societal factors are believed to include the social acceptance of violence and norms of familial privacy and non-interference (Myers et al 2002; Thomas et al 2003).

CAN prevention strategies are designed to strengthen the capacity of parents and societies to care for their children's health and well-being. Since the 1970s, prevention advocates have designed and implemented hundreds of interventions to improve parents' child rearing knowledge and skills, create networks of formal and informal supports, and improve societal standards for children's well-being. These interventions have primarily taken the form of 1) media-based public education and awareness campaigns; 2) home visitation services, particularly for new parents; and 3) parenting education and support groups. Although particular programs have been found to be effective on a number of important dimensions, no single approach has been consistently successful in reducing the incidence of CAN (Daro and Donnelly 2002).

EARLY CARE AND EDUCATION PROGRAMS AND THE PREVENTION OF CHILD ABUSE AND NEGLECT

Leading child abuse prevention advocates recommend devising new strategies that will systematically reach a larger number of children and better coordinate existing prevention resources. The Strengthening Families approach, which proposes to meet these objectives by using ECE programs as a primary prevention mechanism, is timely. Recent research has cast doubt on the general effectiveness of the major existing prevention models (ibid.). In contrast, research findings on child outcomes in the early care and education field have been impressive. Extensive research over many years shows that high quality ECE programs have a positive impact on virtually all measures of child development, including cognitive skills, school achievement, social skills, and reduced conduct problems. As Reynolds and Robertson (2003) note, "because early childhood interventions have been shown to substantially affect many aspects of children's well-being, they may also provide avenues for reducing CAN."

Recent research conducted by Reynolds and Robertson is encouraging. Their study, published in the January 2003 issue of *Child Development*, investigated the effects of participation in Title I Child-Parent Centers (CPCs), a set of ECE programs located in high-poverty areas, on substantiated reports of child maltreatment. After adjusting for preprogram maltreatment and background factors, preschool participants had a 52 percent lower rate of court petitions of maltreatment by age 17 than children in the comparison group (5.0% vs. 10.5%). The authors believe that CPC family support services, which included parental involvement in the classroom, vocational and educational training, and receiving home visits from a school-community representative, were one of the two factors that best explain why this reduction in child maltreatment occurred (Reynolds and Robertson 2003).

The Strengthening Families approach developed by the Center for the Study of Social Policy represents the

first systematic effort to build the capacity of ECE programs to prevent child maltreatment. With an estimated 12.9 million infants, toddlers, and preschoolers enrolled, ECE programs have the potential to extend prevention services to a large number of families. Unlike many other service providers, ECE programs provide an opportunity for highly stressed parents to obtain needed services in a non-stigmatizing and easily accessible environment. The fact that ECE staff interact with children and parents on an almost daily basis provides a context in which strong, supportive relationships may develop. This, in turn, allows staff to develop the working knowledge of children and families needed to tailor prevention services to meet individual needs. At the same time, this close connection between families and staff should enable programs to detect cases in which the risk of child maltreatment is high, and immediately attempt appropriate interventions.

The Strengthening Families approach recommends that ECE programs incorporate five protective factors against CAN. These factors were developed in conjunction with a review of the research literature and consultation with experts in the field. Four of these five—*increasing parental resilience, building social connections, increasing knowledge of parenting and child development, and providing concrete support in times of need*—are primarily directed towards parents. The remaining protective factor—*supporting the social and emotional competence of children*—complements these parent-directed services by focusing on the developmental needs of children and the quality of their primary relationships. By strengthening families, these protective factors also promise to encourage the development of healthier, more child-friendly communities.

Protective Factor #1: Parental Resilience

Parental psychology plays a critical role in both the causes and prevention of CAN. Although researchers agree the factors that explain why parents maltreat their children are multiple and complex, a parent's individual developmental history and personal psychological resources are considered to be among the most important. This theory of the determinants of parenting behavior is strongly supported by research on intergenerational patterns of child maltreatment, which estimates that approximately 70 percent of maltreating parents were abused and/or neglected by their own parents in childhood. Studies have also found, however, that the majority of parents who were maltreated as children *do not* maltreat their own offspring. This raises the question of what best explains how these non-maltreating parents broke the all-too-common cycle of abuse and neglect. Findings from the CAN prevention and resiliency literature suggest that the most important factor is developing the capacity to empathize with the self and others through the medium of a safe, caring relationship. ECE programs have the potential to develop such

critical relationships by fostering parents' pro-social connections and linking them to needed mental health services. This review of the literature provides a psychological explanation of why such relationships and services may play a critical role in preventing the occurrence of child maltreatment.

Parental Psychology and Development. Theory and research in the field of CAN prevention have stressed the importance of an ecological understanding of the causes of child maltreatment since the mid-1970s. This approach, which emphasizes the importance of a complex mix of individual, child, familial, community, and cultural factors in explaining the incidence of CAN, rejects the highly individualized "medical" model that had previously dominated the field. This model was criticized for blaming the problem of child maltreatment entirely on the personal and/or psychological problems of maltreating parents, which were considered in isolation from contextual factors such as poverty, racism, changing family structures, child characteristics, and social isolation.

It remains true, however, that parental psychology is a critical factor to consider in both the causes and prevention of CAN. Leading theorists in the field hypothesize that the most important determinants of parenting behavior are a parent's developmental history and personal psychological resources. Other factors considered to be particularly important include sources of social stress and support (particularly intimate relationships, social networks, and employment) and individual child characteristics (e.g., health, temperament, and special needs). These are believed to be of secondary causal importance, however, as a parent's personal relationships, employment status, and reaction to child characteristics tend to be significantly influenced by his or her own developmental history and personal psychological resources (Belsky and Vondra (1989); Rogosch et al 1995).

This theory of the determinants of parenting behavior is strongly supported by research on intergenerational cycles of child maltreatment. Studies have estimated that approximately 70 percent of parents who maltreat their children were themselves maltreated in childhood. Maltreating mothers have also been found to have twice the rate of depression of non-maltreating mothers in a comparable low-income sample. Although researchers do not believe that it is possible to identify particular psychological disorders that can predict child maltreatment, the general construct of "emotional instability" has been cited as the most powerful difference separating maltreating from non-maltreating low-income mothers (Egeland et al 2002; Rogosch et al 1995; see also Polansky 1981).

Attachment theory and research have been increasingly used as a means of understanding both the effects of maltreatment on children, and the relational

capacities, intimate partner relationships, family dynamics, and parenting qualities of adults. Attachment theory holds that the quality of an individual's intimate relationships is the primary determinant of his or her understanding of and relationship to both the self and others. Different types of attachment relationships are established in infancy and early childhood, and have a powerful, although by no means deterministic influence over the life course. Individuals who were neglected and/or abused by their parents in childhood tend to have attachment problems as adults, which severely inhibit their capacity to form functional relationships with their own children, as well as others (Egeland et al 2002; Rogosch et al 1995; Steele 1997).

Nonetheless, as Fraiberg et al (1975) state, "History is not destiny… whether parenthood becomes flooded with griefs and injuries, or whether parenthood becomes a time of renewal cannot be predicted from the narrative of the parental past." Research supports this contention. It is estimated, for example, that 30 percent of individuals who were maltreated in childhood subsequently maltreat their own children. This is, of course, a distressingly high rate; five times higher than the general population rate of six percent. It does mean, however, that 70 percent of these parents *do not* neglect or abuse their children (Egeland et al 2002; Fraiberg et al 1975; Rogosch et al 1995).

What best explains why these parents are able to break what is evidently a very powerful tendency towards the intergenerational transmission of abuse and neglect? The single factor most commonly stressed in the CAN prevention literature is the experience of a caring relationship. Both researchers and those engaged in clinical practice have repeatedly found that parents who have not effectively processed their memories of childhood trauma are likely to reenact their negative experiences with their own children. In contrast, parents who have been able to process and cope with painful emotional memories are much less likely to maltreat their children (Egeland et al 2001; Fraiberg et al 1975; Rogosch et al 1995; Steele 1997).

The literature suggests that the capacity to empathize with the self and others is developed through the experience of caring relationships, whether with friends, intimate partners, family members, or a professional therapist. Particularly when the primary attachment relationships of childhood were painful and dysfunctional, it is critical "to experience the feelings of being safe and being loved." As Steele (1997) explains, "we learn to care by being cared for." While many varieties of therapy have been used to treat perpetrators of many different types of child maltreatment, all successful interventions are based on establishing caring relationships, which encourage the development of psychological capacities that were blocked and distorted by negative experiences in the formative years of life.

The insights of the CAN prevention literature on how best to understand the psychological support needs of parents considered to be most at-risk for maltreating their children may be fruitfully expanded by considering the literature on adult resiliency. Resiliency, which may be simply defined as "the ability to overcome life's challenges" (Walsh 1998), has become an important concept guiding theory and research on human development, particularly child development, since the mid-1980s. The study of resiliency questions how many children who grow up in highly painful, stressful, and/or dysfunctional environments manage to survive and thrive, seemingly against all odds.

Higgins (1994) conducted in-depth interviews with 40 resilient adults who had experienced multiple, significant stressors in childhood and adolescence, including serious illness in themselves or their families, low income, chronic family discord, parental substance abuse, harsh parental discipline, prolonged parental absence, and, in over 50 percent of cases, repeated physical and/or sexual abuse. She found that the primary factor that explained why these individuals developed into psychologically healthy, highly functional adults was their capacity to "love well": that is, to develop caring personal relationships, engage in personally meaningful work (including parenting), and have faith in the positive potential of themselves and the world around them. This capacity, she believes, was sparked and nurtured through the experience of supportive, caring relationships, including but not limited to those involving professional therapists.

Walsh (1998) identifies three sets of factors that promote family resilience: family belief systems, organizational patterns, and communications processes. Resilient families are typically oriented towards making meaning out of adversity, maintaining a positive outlook on life, and being grounded in some set of transcendent or spiritual beliefs. Their organizational patterns are characterized by flexibility, connectedness, and the ability to make use of extended kin and community resources. Their communications with others are generally clear, consistent, and truthful. At the same time, they feature open emotional expression and collaborative problem solving. Walsh emphasizes that therapists working to develop these capacities with vulnerable, multi-problem families "need to model a relationship of caring and commitment with limits." Therapists must avoid fostering a dependent relationship, which is draining to them and detrimental to the families that they serve. Instead, they should help family members develop greater self-efficacy by encouraging them to access needed resources in their own social networks and communities.

ECE Programs and Parental Resilience. ECE programs may effectively help parents develop pro-social connections and/or link them to needed mental health services. The literatures on CAN prevention and adult resiliency provide a psychological explanation of why

these connections and services may be vitally important in preventing child maltreatment. Both literatures emphasize that caring, supportive relationships—with friends, intimate partners, and/or professional therapists—are the key means by which parents develop the psychological capacities needed to form functional relationships with their children. In particular, parents that experienced maltreatment and/or other severe stressors in their own childhoods become resilient by developing the capacity to "love well," or empathize with themselves and others.

ECE programs that were studied by the Center for the Study of Social Policy offer a variety of preventive services to their families. These services have the added advantage of being able to encourage the self-efficacy of vulnerable families by connecting them with other types of community resources, and encouraging them to play an active role in center activities. There is some research that suggests that participation in ECE programs has a positive impact on parents' psychological well-being (Parker, Piorkowski, and Peay 1987).[1] Although more study is needed to understand how ECE programs can best develop parental resiliency, there is reason to be optimistic that they have the capacity to strike a particularly promising balance between fostering supportive relationships and encouraging parental self-efficacy.

Protective Factor #2: Social Connections

Over three decades of research have demonstrated that there are important connections between the social isolation of parents and the occurrence of child maltreatment. ECE programs have the potential to prevent CAN by helping families build and strengthen positive social connections. This is particularly true due to 1) the central importance of ECE programs in the larger ecology of parents' lives, 2) the pro-social, child-friendly culture that they embody, and 3) the high degree of personalized, flexible, and integrated support mechanisms that they are able to provide for families. Increasing the social connections of parents promises to prevent child maltreatment by strengthening families' networks of informal social supports and, in the process, increasing the level of social capital within their communities.

Isolation vs. Connection. "Social isolation" may be defined as a lack of integration into social networks, low levels of contact and communication with others, and a prolonged absence of intimate ties. Numerous studies have demonstrated that particular factors asso-

1. A later study by the same authors (in conjunction with additional researchers) found that while parent involvement in Head Start improved the parent-child relationship in important ways, it was not associated with increased maternal psychological well-being. They hypothesize that this discrepancy in their research findings may have been the result of either inconsistent measures, lower levels of parental participation, or changes in the larger society that negatively affected the life circumstances of parents in the 1990s. Faith Lamb Parket et al (1997), Executive Summary: Final Report—Parent Involvement in Head Start (New York: NCJW Center for the Child), 15.

ciated with this condition, such as reduced interactions with kin or fewer adults in the household, represent risk factors for child maltreatment (and child neglect in particular). Notably, the decreased availability and use of childcare, as well as fewer opportunities for respite from parenting and other activities outside the home, have been specifically identified as risk factors (Guterman 2001, Chap. 7).

There is long-standing debate over the question of why such correlations between social isolation and child maltreatment exist, and how best to understand them. Some researchers believe that social isolation should be primarily viewed in the context of the larger social environment. Poor, dangerous neighborhoods characterized by low levels of social trust and cohesion produce high degrees of familial isolation and stress. This, in turn, increases the risk of child maltreatment. From this perspective, the most effective way to combat social isolation is by strengthening the social cohesiveness of troubled communities (Garbarino and Stocking, 1980).

Other researchers contend that social isolation is primarily caused by individual problems and must be addressed on that level. Seagull (1987) argues that while familial loneliness is a major factor in child neglect, such isolation stems from psychological and behavioral barriers that prevent parents from developing positive connections with others. Similarly, Coohey (1996) found that while maltreating parents do not feel adequately supported by others, they actually do not have smaller social networks or receive less concrete support than their non-maltreating counterparts. There is some evidence that their informal networks provide abusing parents with less emotional and other support than the networks of non-abusing parents. Coohey hypothesizes that this is because of the history of relatively poor interpersonal interactions that abusing parents often have.

Other research has demonstrated that it is the quality of social relationships, rather than their simple existence or lack thereof, that distinguishes maltreating from non-maltreating mothers. Beeman (1997) found that trust, reciprocity, flexibility, and a balance of independence and mutual assistance characterize the relationships of non-neglecting mothers. Neglecting mothers, in contrast, are more dependent on others, and have relationships characterized by conflict and distrust. Korbin's (1998) intensive study of nine mothers incarcerated for fatal child abuse found that all had been actively connected to social networks during the period leading up to the murder of their children. A major factor that perpetuated the women's abusive behavior was the reassurance that they received from members of their social networks that they were "good mothers" whose abusive behavior constituted an understandable lapse in what was construed to be otherwise acceptable maternal behavior.

Such research demonstrates that the simple fact of social connectedness should not be considered a protective factor against child abuse and neglect. At the same time, it suggests such connections may be very important if they are positive, trusting, reciprocal, flexible, and embody pro-social, child-friendly values. Such positive connections strengthen the web of informal social supports that help parents cope effectively with the stresses of child rearing and their daily lives. In particular, they provide families with increased access to important psychological and instrumental resources such as emotional support, material aid, needed information, job referrals, and help with childcare.[2]

At the community level, strengthening the positive social connections of families also helps to increase the level of what social scientists refer to as "social capital." This term refers to the ability of individuals to benefit from their membership in social networks or other social structures. The concept of social capital complements theories of economic capital, which focus on money and finance, and human capital, which concern individual knowledge and skills. Unlike these resources, however, social capital deals neither with goods nor individual capacities. Rather, it is something that is embedded in the structure of social relationships (Portes 1998).

Researchers believe that a community's level of social capital is a critical determinant of the quality of life for the children and families that live there. A widely cited study by Garbarino and Kostelny (1992) found that social disorganization was the key factor that explained why different neighborhoods with equivalent socioeconomic profiles had dramatically different rates of CAN. The primary difference that separated high- from low-risk neighborhoods, in other words, was their level of social capital. Runyan et al (1998) found that social capital was a key factor that explained different developmental and behavioral outcomes among high-risk preschool children. They concluded that social capital may have an impact on children's well-being as early as the preschool years.

Social capital is also thought to determine the extent to which a community maintains a common set of pro-social childrearing norms. The more that parents have positive social ties to the parents of their children's friends, the more they are able to discuss childrearing issues with them and establish a baseline of shared standards, as well as sanctions for violating these norms. Parents who do not have these social connections, in contrast, do not know whether they can trust other parents to enforce the same standards. Taken in

2. Since the 1980s, home visitation programs have been considered to be one of the most promising strategies for helping vulnerable families to develop such positive social connections. A few exemplary programs, such as, most notably, the Elmira Prenatal/Early Infancy Project, demonstrate that such interventions can work. D. L. Olds et al (1986), "Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation," Pediatrics 78, 65–78.

the aggregate, these social relationships help to determine the quality of the neighborhood environment for children (Coleman 1988).[3]

ECE Programs and Pro-Social Connections. High quality ECE programs have the potential to help parents develop the type of pro-social connections that protect against CAN. This is true for three key reasons. First, ECE programs are central to the larger ecology of participating families' lives. They are used frequently, commonly on a five-day-a-week basis. They are a needed resource, as they enable parents of young children to work, go to school, or engage in other important pursuits. They are usually based in the communities where parents live. As such, they provide a natural forum in which relationships might be cultivated, with frequent interactions, motivation for continued engagement, and proximity to the larger culture, social networks, and resources of the community.

Second, high quality ECE programs embody a pro-social, child-friendly culture. They are staffed by early childhood professionals who understand child development and are committed to working closely with children's families. They bring together parents who share the experience of having young children, and may live in the same community. In a high quality program, most parents should have positive attitudes towards the center and its staff. In such cases, ECE programs represent a natural forum to model and facilitate the development of positively valued, reciprocal, trusting, and flexible relationships among staff and parents, and to extend these relationships out into the larger community. Further, both informal and formal parent education practices conducted by the program should help to broaden and reinforce a culture that is committed to and informed about the maintenance of children's health and well-being.

Finally, high quality ECE programs have the ability to offer personalized, flexible, and integrated support services. Research suggests that there are multiple reasons that families may be socially isolated, embedded in negative social relationships, or unable to benefit from the social resources available to them. Consequently, one-size-fits-all interventions will not work. If parents need support in developing the type of pro-social connections that are likely to protect against child maltreatment, that support must be tailored to their particular psychological, emotional, cognitive, and behavioral profiles, as well as to the current circumstances of their lives. Because ECE programs are a part of families' everyday lives, they have the potential to develop a relatively deep, personalized

3 This theory is supported by the research of Sampson et al (1999), who found that residential stability and concentrated affluence predict the existence of collective childrearing norms, as well as the mutual sharing of advice, material goods, and information about childrearing. Concentrated disadvantage, in contrast, is associated with sharply lower expectations for shared child control. Robert J. Sampson, Jeffrey D. Morenoff, and Felton Earls (1999), "Beyond Social Capital: Spatial Dynamics of Collective Efficacy for Children," American Sociological Review 64, no. 5, 633–660.

knowledge of them. When combined with the full repertoire of services in the Strengthening Families approach, they should have the ability to respond to parents' particular needs with regard to the development of protective, pro-social connections.

Protective Factor #3: Knowledge of Parenting and Child Development

Over the past several decades, parenting education programs have represented a central strategy in the larger effort to prevent CAN. Although different types of interventions are believed to work best with different types of families, research has identified a number of factors common to strong parenting education programs of all sorts. These factors correspond well to the strengths and resources of high quality ECE programs, suggesting that they may be particularly well suited to support effective parenting education efforts. Further, ECE programs have the unique potential to combine formal education and support programs with an ongoing series of informal, "teachable moments" that apply and reinforce positive parenting principles in an everyday context. The resultant synergy between formal and informal learning may be exceptionally effective in promoting the variety of parental knowledge and understanding believed to protect against child maltreatment.

Parent Education and Support Groups. Parent education emerged as an important early intervention strategy in the 1960s, and grew at an increasingly rapid rate during the 1970s-80s. By the mid-1990s, it is estimated that more than 50,000 parenting programs were reaching millions of parents and caregivers nationwide. These programs are designed to address a wide variety of needs and concerns, including providing general education and support, strengthening family literacy, improving school readiness, helping parents with divorce or separation, supporting parents of children with disabilities, and preventing problems such as child maltreatment, substance abuse, and teen pregnancy. Parenting education programs designed to prevent CAN represent one of the largest of these program categories (Carter 1996, Chaps. 1–2).

Parenting education programs designed to prevent child maltreatment are based on the belief that improving parents' understanding of child development and effective child management techniques will reduce the incidence of CAN among vulnerable families. Mental health professionals who work with maltreating parents have observed that CAN is often correlated to a lack of understanding of basic child development. In particular, adults who physically abuse children commonly have inappropriate expectations of children's abilities, and assess children's behaviors in excessively negative ways. Common stresses of child rearing, such as colic, night waking, separation anxiety, exploratory behavior, negativism, poor appetite, or resistance to toilet-training may

trigger harsh punishments or episodes of abuse (Reppucci et al 1997, Chap. 3).

Different types of parenting education programs work best for different types of families. Common strategies for delivering services designed to prevent CAN include: 1) general education programs, 2) parent support groups, 3) home visitation, and 4) combined education and therapy programs. Families are likely to respond differently to interventions depending on their level of psychological health, self-knowledge, and ability to internalize a given type of learning. Some vulnerable, but relatively functional families are able to recognize their needs and limitations with regard to child rearing, and secure and utilize the services that they need. Other, less capable families may not recognize when they need assistance, know how to find it, or be able to apply information without support. Highly dysfunctional families are likely to need extended therapeutic support in order to make use of any parenting education provided to them (Daro 2002).

Although there is no single, best approach to parenting education designed to prevent CAN, research has identified a number of factors that are associated with strong programs. These include:

- *A program structure* that offers long-term service availability (two years or more), connects troubled parents to additional support services, and (if applicable) creates support groups of parents with similar life experiences whose children are close to the same age;
- *Staffing patterns* that feature dynamic leadership, peer facilitators (e.g., parents who have experienced life situations similar to those of group members), and ongoing staff training and supervision;
- *Interpersonal values* that recognize the importance of developing trust between and among parents and staff, and respecting individual and cultural differences; and
- *An educational approach* that consistently focuses on parents' strengths, emphasizes solid decision-making rather than quick fixes, and recognizes that the quality of interpersonal relationships within a program is critical to any learning that may take place (Carter & Harvey 1996; Daro 2002; Hoelting et al 1996; Reppucci et al 1997).

Research conducted by the Child Abuse Prevention Project at the University of Florida suggests that highly stressed parents who were not themselves well-nurtured as children may benefit most from programs that are designed to work through important psychological and emotional barriers before attempting to cover basic child rearing concerns. Parents who did not have sufficient love and support in their own childhoods commonly have a hard time understanding or accepting the fact that infants and young children are dependent on

> I believe this government cannot endure, permanently half slave and half free. I do not expect the Union to be dissolved—I do not expect the house to fall—but I do expect it will cease to be divided. It will become all one thing or all the other.
>
> —ABRAHAM LINCOLN

their parents, and deeply need their love and support. Instead, when confronted with this dependence and neediness, such parents often become excessively angry and frustrated, which may precipitate abuse and neglect. These parents may benefit from help in revisiting their own childhood experiences as a means of developing empathy for themselves—which, in turn, enables them to develop empathy for their children. Once this psychological groundwork is laid, specific issues of child development and child rearing may be more effectively addressed (Frazier et al 1996).

Some well-known parenting education programs have been successful in leveraging gains in parenting knowledge, skills, or abilities. The MELD parent support group model, which has been used by thousands of parents in 25 states, has been found to help mothers develop more appropriate expectations of their children's abilities, increase their ability to be more aware of their children's needs, and strengthen their understanding that they should respond to those needs in an appropriate manner (Hoelting et al 1996). Other studies of comparably well-known programs, however, have reported significantly smaller and less consistent results (Wagner and Clayton 1999). Overall, the research literature suggests that while parenting education programs are an important component of CAN prevention efforts, they must be supported by other interventions in order to have a significant impact, particularly among highly dysfunctional families (Daro 2002).

ECE Programs and Parenting Education. This review of the literature suggests that high quality ECE programs may be exceptionally well suited to provide strong parenting education services. As detailed in the CSSP study, such programs have the ability to meet all of the criteria identified as important to effective parenting education efforts. For example, children are generally enrolled in particular ECE programs for several years running, allowing for long-term service availability. ECE programs are a natural community of parents who have children of the same age group, and are likely to share other life circumstances as well. Staff in high equality ECE programs can be trained to develop and value strong interpersonal relationships among parents, children, and staff, and be well attuned to the culture of the communities in which they work.

In addition to being able to meet the criteria associated with strong parenting education programs, high quality ECE programs have the advantage of being able to link formal programs to a series of informal "teachable moments" on an ongoing, everyday basis. Parents should have the opportunity to chat briefly with program staff when picking up and dropping off their children, and to speak with them at more length as the need arises. This ability to communicate regularly on an informal basis, about the day-to-day needs and experiences of parents and their children, could represent a uniquely powerful means of strengthening

the educative value of more formal parenting education efforts. The synergy between formal and informal learning should make each more effective, maximizing the value of parenting education efforts designed to prevent CAN.

Protective Factor #4: Concrete Support in Times of Need

Research demonstrates that family poverty is the strongest factor known to be correlated with CAN. Providing concrete support to help families cope with the stresses associated with poverty—particularly in times of crisis or intensified need—represents an important strategy to prevent child maltreatment. Depending on the situation, this may involve the temporary provision of basic material needs (e.g., money for rent, warm clothing, or needed childcare) and/or access to needed behavioral health services (e.g., substance abuse treatment programs or mental health services). ECE programs are in a particularly good position to assess and respond to such needs, as they work with parents and their children on a daily basis. Specifically, ECE programs have the ability to 1) monitor the existence or development of high-stress situations, 2) serve as a conduit for the emergency provision of material resources, and 3) link parents to needed services. This potential of ECE programs to provide concrete supports to needy families has become particularly important in the context of welfare reform, which has added more than 2.5 million parents to the ranks of the working poor.

Poverty and CAN. Over the past several decades, the research-based understanding of the causes of child maltreatment has shifted to an ecological approach that emphasizes the complex interaction among individual, familial, community, and cultural factors. In conjunction with this shift, Pelton (1978) published an influential article attacking what he termed "the myth of classlessness": that is, the view that child maltreatment is not correlated to socioeconomic status, but rather proportionally distributed throughout society. Refusing to recognize the powerful correlation between poverty and CAN, Pelton argued, does a disservice to poor families by directing needed attention and resources away from the societal problem of widespread poverty.

The most recent National Incidence Study (NIS) of Child Abuse and Neglect (1996) found that "family income was significantly related to maltreatment rates in nearly every category of maltreatment." Children living in families with annual incomes below $15,000 per year were over 15 times more likely to be abused and over 44 times more likely to be neglected than those with annual incomes of $30,000 a year or more. Poor children were also approximately 22 times more likely to die or be seriously injured as a result of maltreatment.[4]

It is important to emphasize that only a very small minority of low-income parents abuse or neglect their children. At the same time, the strength of the correlation between poverty and CAN demands attention. Although researchers do not know precisely why this relationship exists, the leading theory is that while poor parents experience relatively high degrees of stress, they have relatively low levels of material resources that could help them to cope effectively with it. In some cases, this may weaken internal psychological controls and unleash hostility and aggression against children. In other parents, it may precipitate the development of distressed psychological states associated with neglect, such as depression, low self-esteem, and low feelings of self-efficacy. In still others, what appears to be neglect may simply be an artifact of poverty: e.g., the single mother who must leave the house to work but can't afford a babysitter (Pelton 1994).

At the same time, risk factors such as unemployment, inadequate housing, and substance abuse are highly correlated both with child maltreatment and with poverty. For example, one 1999 study estimated that the rate of substance abuse among welfare recipients is 16–37 percent (Knitzer 2000). In the same year, 85% of states reported that poverty and substance abuse represented the top two problems facing families reported to Child Protective Services. Overall, children raised by parents who abuse alcohol or other drugs are almost three times more likely to be abused and more than four times more likely to be neglected than others (CWLA 2001).

Despite the strong connection between poverty and CAN, there has been very little research on the question of whether providing poor, highly stressed families with critical material resources could help to prevent child maltreatment, a situation which Pelton (1994) condemns as "a disappointing and glaring gap in past and present research and research strategies concerning child abuse and neglect and their prevention." There is, however, fragmentary evidence that such a strategy would be valuable (Pelton 1994). This is especially true with regard to neglect, which is particularly highly correlated with poverty, and represented over 57 percent of child maltreatment cases in 2001.[5]

There are a number of research-based tools designed to assess the extent to which families are able to meet critical everyday needs. The *Family Resource Scale*, for example, consists of 30 items that measure the sufficiency of both physical and human resources, including

4 Sedlak, Andrea J. and Diane D. Broadhurst (1996), "Executive Summary of the Third National Incidence Study of Child Abuse and Neglect," (Washington, DC: U.S. Dept. of Health and Human Services, Administration for Children and Families), http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm.

food, shelter, financial resources, time to be with family and friends, health care, and so on (Dunst & Leet 1994). Such tools are designed to help families and family support workers to identify critical needs in order to design appropriate types of interventions (Dunst & Deal 1994).

Welfare reform has sparked considerable interest in using ECE programs as conduits for the provision of behavioral health services to low-income families (Knitzer 2001). In recent years, more than 2.5 million families have transitioned from welfare into the workforce. Most, however, remain in the ranks of the working poor (Nelson 2003). Although there are no data regarding the prevalence of risk factors among parents of young children affected by welfare reform, previous studies of welfare recipients found substantially higher rates of substance abuse, domestic violence, mental health problems, and maternal depression than among the general population. Staff in ECE programs serving low-income populations report that they recognize young children and families at special risk, but frequently do not know how to connect them to needed services (Knitzer 2001).[6]

One notable model, *Starting Early Starting Smart* (SESS), integrates behavioral health services into easily accessible, non-threatening settings where caregivers regularly take their young children, such as pediatric health care settings and ECE programs. (These services include substance abuse prevention or treatment, mental health services, and family/parenting services.) A national, multi-site early intervention initiative funded by the Substance Abuse and Mental Health Services Administration and the Casey Family Programs, SESS is designed to increase utilization of needed services and improve family and child outcomes and resiliency. A national evaluation of 12 demonstration sites is currently underway (Hanson et al 2001).

ECE Programs and Concrete Supports. This is an opportune time to build on existing policy interest in using ECE programs as a means of providing low-income families with concrete support designed to prevent the occurrence of child maltreatment, and particularly child neglect. Research suggests that helping families access critical material resources and/or behavioral health services represent two particularly promising intervention strategies. ECE pro-

5 U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Child Maltreatment 2001 (Washington, DC: U.S. Government Printing Office, 2003), http://www.acf.hhs.gov/programs/cb/publications/cm01/chapterone.htm#highlight.

6 In 2000, over 21 percent of single working mothers with children under age 18 lived in poverty (U.S. Department of Labor, Bureau of Labor Statistics (2002), "A Profile of the Working Poor, 2000," www.bls.gov/cps/cpswp2000.htm). In 1995, over 48 percent of these mothers had their children in family day care (21.0%) or childcare centers (27.2%) (Deborah A. Phillips, ed. (1995), Child Care for Low-Income Parents: A Summary of Two Workshops (Washington, DC: National Academy of Sciences), http://www.nap.edu/readingroom/books/childcare/index.html.

grams are in an especially good position to provide these interventions, as they work with parents and children on a daily basis. This connection with the everyday lives of low-income families should enable them to detect the existence or development of high-stress or crisis situations, and connect parents with resources when they are most needed.

Protective Factor #5: Social and Emotional Competence of Children

The social and emotional development of young children plays a critical role in their cognitive skill building, social competence, mental health, and overall well-being. The nature of this development is deeply affected by the quality of a child's relationships with his or her primary attachment figures, usually parents. Healthy development is threatened when families of young children face multiple problems and stressors. ECE programs such as Head Start report that they are working with unprecedented numbers of high-risk families, as well as children with social, emotional, and behavioral problems. Although child characteristics are not believed to be a primary cause of child maltreatment, children with difficult behaviors are at greater risk of being caught in an escalating cycle of conflict with parents, which may involve physical abuse. Consequently, there is a pressing need for ECE programs to devise effective strategies to support children's social and emotional competence, both as a general aid to children and families, and as a means of preventing child abuse. Key strategies recommended by the research literature include developing a "therapeutic classroom" and establishing partnerships with early childhood mental health consultants.

Social and Emotional Development. Social and emotional development are closely related, yet distinct phenomena. Developing the social skills necessary to play and make friends with other children is one of the major developmental tasks of early childhood. As young children learn these skills, they also learn how to appropriately express and regulate their emotions. The quality of a child's social relationships affects his or her sense of self-worth, competence, and overall view of the world. Research also indicates that early social development tends to set children on a path towards either social competence or deviancy in middle childhood and adolescence (Shonkoff and Phillips 2000).

Developing emotional competence involves learning to identify and manage one's own feelings and to empathize with others. Since the late 1970s, emotional development has been increasingly recognized as intimately connected to a young child's developing linguistic and cognitive capacities. For example, the emotions of interest and happiness help children to engage with and learn from cognitively stimulating objects and experiences (e.g., building a block tower, "reading" a book). At the same time, emotional

development is considered to be foundational to psychosocial well-being and mental health (Hyson 1994; Shonkoff and Phillips 2000).

Social and emotional development are highly dependent on the quality of a young child's primary relationships. Although all aspects of development involve a continuous interplay between "nature and nurture," how primary caregivers respond to children's emotional expression profoundly influences how they learn to process, understand, and cope with the variety of emotional states—anger, happiness, sadness, and so on—that are a fundamental aspect of human experience. The quality of these primary relationships has a critical impact on a child's conception of and relationship to both the self and others (Hyson 1994; Shonkoff and Phillips 2000).

Early childhood professionals report that it is increasingly common to encounter infants and young children whose attachment to a primary caregiver has been severely limited, disrupted, or arrested. These children are at risk for serious development problems, including difficulty in regulating their emotions, delays in speech and language development, and an inability to productively explore their environment. They are also more likely to develop the same sort of emotional problems that are found among older children, adolescents, and adults, such as depression, anxiety, and various behavioral disorders (Koplow 1996; Yoshikawa and Knitzer 1997).

A variety of family disturbances, including maternal depression, marital discord, domestic violence, hostile and inconsistent parenting, and child maltreatment are strong predictors of early behavioral problems. National studies indicate that 5–10 percent of school-age children experience serious conduct problems; rates among preschoolers are believed to be even higher. Research also indicates that while difficult child behaviors (e.g., noncompliance, defiance) do not in and of themselves cause maltreatment, they are commonly implicated in an escalating cycle of negative parent-child interactions that may include physical abuse (Shonkoff and Phillips 2000; Ammerman 1991). Consequently, supporting children's social and emotional development can be considered a preventive factor against child maltreatment, particularly physical abuse.

ECE Programs and Children's Social and Emotional Competence. There is considerable policy interest in the role that ECE programs can play in young children's social and emotional development. This is true for a number of reasons, including 1) the unprecedented percentage of young children in out-of-home care, 2) the increased number of low-income children believed to be in ECE programs due to welfare reform, 3) the higher incidence of young children experiencing social and emotional problems, and 4) the proven ability of high quality ECE programs to positively impact all aspects of children's development.

In the United States, about 60 percent of children under six—more than 12.9 million infants, toddlers, and preschool children who have not yet entered kindergarten—receive some type of non-parental early care and education on a regular basis. This high degree of utilization of ECE programs is both recent and unprecedented. During the 1980s and 1990s, enrollments in center-based care quadrupled. Although this increase can be in part attributed to increased numbers of young children in the general population (during the 1980s, for example, the number of children under age five increased by 28 percent), it is primarily due to the increased numbers of mothers with young children who are in the paid labor force.[7]

Welfare reform is believed to have caused many more low-income children to be placed in ECE programs. Since the mid-1990s, more than 2.5 million low-income mothers have transitioned from welfare into the workforce. Over 50 percent of states require that single mothers of young children work 30 hours a week or more. Although precise numbers are not available, it is widely believed that these developments have caused an unprecedented number of low-income children to be enrolled in ECE programs. This has significant implications, as research has consistently demonstrated that children growing up in poor families are significantly more likely to experience developmental problems (Shonkoff and Phillips 2000).

ECE programs are finding that more and more of the children that they serve are experiencing social, emotional, and behavioral problems. This is particularly true for those that serve low-income families. A study of Head Start, for example, found that many families in the program face multiple stressors, including substance abuse, domestic violence, HIV/AIDS, unemployment, depression, and community violence. At the same time, more and more children are exhibiting stress-related disturbances, including withdrawal, aggression, and "out of control" behaviors that challenge staff and compromise the overall classroom climate. The depth of deprivation that all too many highly stressed children experience is perhaps most poignantly encapsulated by the fact that teachers regularly encounter 3- and 4-year-olds who do not know how to play (Yoshikawa and Knitzer 1997; Koplow 1996).

Research demonstrates that high quality ECE programs can significantly help such children. In what is widely considered to be the definitive synthesis of the literature on early childhood development, Shonkoff and Phillips (2000) write that "the positive relation between childcare quality and virtually every facet of children's development that has been studied is

7 S. L. Kagan and M. J. Neuman (2000), "Early Care and Education: Current Issues and Future Strategies," in Jack P. Shonkoff and Samuel J. Meisels, eds., Handbook of Early Childhood Intervention, Second Edition (New York: Cambridge University Press), 340.

one of the most consistent findings in developmental science." High quality care is associated with a wide variety of positive outcomes, including accelerated cognitive and language development, early competence in math and reading, and later school achievement. With regard to social and emotional development in particular, it shows positive associations with virtually every outcome that has been assessed, including self-regulatory behavior, cooperation with and attachment to adults, positive peer relations, social skills, and reduced conduct problems. Notably, the strongest effects of high quality care are found among children from families with the fewest resources and under the greatest stress (Shonkoff and Phillips 2000).

Researchers and practitioners agree that the most important component of high quality care is the quality of the relationship between children and caregivers.[8] Howes (1999) has demonstrated that young children are able to develop positive attachments to a variety of primary caregivers. For children who have not had the opportunity to develop a healthy connection to their parents, their relationship with their ECE provider represents a critical developmental opportunity. If the teacher has the skills and commitment necessary to forge a strong, positive relationship with a troubled child, it enables him or her to make progress on critical developmental tasks. As one experienced teacher-therapist notes, however, such a relationship places substantial demands on the adult, who must function as a "teacher, surrogate caregiver, therapist, and limit setter" combined (Koplow 1996).

Koplow (1996) describes the "therapeutic classroom" as "a place were troubled children are helped to sort out their complicated experiences so that development can proceed."[9] In addition to the primary factor of positive teacher-child relations, a therapeutic classroom includes an educationally rich physical environment, a consistent daily schedule and routine, long periods of open-ended playtime, clear rules and limits, and a curriculum that integrates conceptual and emotional themes. Many experts also recommend that ECE programs develop partnerships with mental health providers in order to improve their capacity to 1) promote positive social and emotional development and good mental health for all children, 2) take preventative or intervention measures to minimize and resolve mental health stressors, and 3) identify and treat children's mental health needs (Collins et al 2003).

The primary strategy recommended for pursing these goals is engaging an early childhood mental health consultant. These consultants visit ECE programs on a

8 Research consistently indicates that the majority of ECE programs in the United States are of poor to mediocre quality. For a vivid description of how this manifests itself with regard to the emotional quality of the child-caregiver relationship, see Leavitt (1995).

periodic basis in order to serve as a general resource, work with teachers and staff to assess children, coach them on how to head off problems before they occur, and develop linkages to social service agencies and funding sources. Consultants may also help programs develop individualized services for children on an as-needed basis. These include observation, parent discussions, screening and assessment, as well as, if necessary, in-depth diagnosis and clinical follow-up (Cohen and Kaufman 2000; Collins et al 2003).

Social and Emotional Development in the Strengthening Families Approach. Within the context of the Strengthening Families approach, supporting the social and emotional development of children is designed to function as a protective factor against child abuse and neglect. Children whose parents are at risk of child maltreatment are likely to be under considerable stress, which may negatively impact their social and emotional development. If these developmental disturbances manifest themselves through challenging behaviors, they are at greater risk of becoming caught in a cycle of negative familial conflict that may escalate into physical abuse. Helping children to improve difficult behaviors by supporting their social and emotional development (and, if necessary, addressing their mental health needs) promises to ameliorate such negative cycles and support the development of more harmonious parent-child relations.

Conclusion

The first protective factor specified in the CSSP study, *parental resilience*, represents the psychological component of the other factors, particularly with regard to developing pro-social relationships and/or linking parents to needed mental health services. Research indicates that developing the capacity to empathize with oneself and with others is the most powerful protective factor against child maltreatment. This is particularly true for parents who were themselves maltreated as children, and are consequently at high risk of repeating what is an all-too-common intergenerational cycle. This psychological resilience must be developed within the context of healthy, caring relationships with friends, intimate partners, family members, and/or professional therapists. ECE programs are in a prime position to help facilitate these relationships, whether with staff, other parents, or mental health professionals.

Research has demonstrated that the quality of parents' interpersonal relationships plays an important role in determining whether they are at-risk for child maltreatment. Parents who are socially isolated; whose personal relationships are characterized by dependency,

9 Judy Ferber, "Therapeutic Teacher, Therapeutic Classroom" in Koplow (1996), 45.

conflict, and mistrust; or whose social networks embody negative child rearing norms have been found to be at risk. On the other hand, parents who have *social connections* that are positively valued, trusting, reciprocal, flexible, and embody pro-social, child-friendly values are unlikely to maltreat their children. Taken in the aggregate, the density of positive social relationships within a given community determines its level of "social capital," which has been found to be a critical determinant of neighborhood rates of CAN. ECE programs can help parents develop such social connections through building trusting relationships with staff, connecting them to other parents, and/or helping them to access the services that they need to strengthen the positive relationships in their lives.

ECE programs are in a good position to increase *knowledge of parenting and child development* among interested families. Parent education and support groups provide another means by which parents may develop positive social connections. Their primary purpose, however, is to increase knowledge of child development and effective child rearing techniques. Mental health professionals who work with maltreating parents have found that these parents frequently have inappropriate expectations of children's abilities, and assess their behavior in excessively negative ways. Experts believe that parenting education and support groups constitute an important component of a comprehensive prevention program. ECE programs are well-suited to provide these services, as they can offer them on a long-term basis, have a natural constituency of parents with common life circumstances, and (in high quality programs) employ staff who value strong interpersonal relationships and respect the culture of the families with whom they work.

Research demonstrates that family poverty is by far the strongest factor correlated with child maltreatment. Providing *concrete supports in times of need* to help families cope with the stresses associated with poverty—particularly in times of crisis or intensified need—represents an important strategy to prevent CAN. Depending on the situation, this may involve the temporary provision of basic material needs (e.g., money for rent, warm clothing, or needed childcare) and/or access to needed behavioral health services (e.g., substance abuse treatment programs or mental health services). ECE programs are in a particularly good position to assess and respond to such needs, as they have the ability to monitor the existence or development of high-stress situations, serve as a conduit for the emergency provision of material resources, and link parents to needed services.

The final protective factor is *supporting the social and emotional competence of children*. High quality ECE programs have been demonstrated to have a positive impact on virtually every outcome of social and emotional development that has been measured, including

self-regulatory behavior, cooperation with and attachment to adults, positive peer relations, social skills, and reduced conduct problems. In addition to being vital to children's cognitive development, mental health, and well-being, supporting social and emotional development represents an important protective factor against child maltreatment. Children whose parents are at risk of CAN are likely to be under considerable stress, which may negatively impact their social and emotional maturation. If these disturbances manifest themselves through negative behaviors, they are at greater risk of becoming caught in a cycle of familial conflict that may escalate into physical abuse. Helping children to improve difficult behaviors by supporting their social and emotional development (and, if necessary, addressing their mental health needs) promises to ameliorate such vicious cycles and support the growth of more harmonious parent-child relations.

In sum, the Strengthening Families approach that recommends using ECE programs to prevent child abuse and neglect represents a timely strategy that is supported by recent research. The five protective factors identified in the study are designed to work with parents, children, and communities in a cross-reinforcing, comprehensive way. Although ECE programs cannot provide all of the services that at-risk parents and children may need, they can refer them to external professional and social service resources on an individualized, as needed basis. In-house, ECE programs have the capacity to foster important pro-social connections, provide parenting education and support groups, supply critical material resources, and support the social and emotional development of children. In so doing, ECE programs have the potential to play a critical role in preventing child maltreatment and contributing to the development of safer, more child friendly communities.

annotated references

INTRODUCTION—CAN: INCIDENCE, COSTS, AND PREVENTION

Daro, Deborah and Anne Cohn Donnelly (2002), "Child Abuse Prevention: Accomplishments and Challenges," in John E. B. Myers et al, eds., *The APSAC Handbook on Child Maltreatment, 2nd Edition* (Thousand Oaks, CA: Sage Publications).

This chapter summarizes the collective strengths of current prevention efforts and highlights new directions advocates might pursue in response to recent changes in family dynamics and social policy. It begins by briefly outlining the theoretical frameworks that have shaped the development of prevention programming. Particular attention is paid to the impact different forms of maltreatment have had on the design and replication of specific prevention strategies. It then summarizes the key program models emerging in the field and the empirical evidence regarding their relative effectiveness. Finally, the chapter outlines the challenges facing prevention advocates and offers suggestions on how new strategies might be developed.

Korbin, Jill (1997), "Culture and Child Maltreatment," in Mary Edna Helfer, Ruth S. Kempe, and Richard D. Krugman, eds., *The Battered Child, 5th Edition* (Chicago: University of Chicago Press), Chapter 2.

This chapter considers the relationship between culture and child maltreatment in four areas: definitions, incidence and prevalence, etiology, and practice. The fact that cultures vary in their definitions of optimal, deficient, and adequate parenting has very important consequences with regard to the definitions of child abuse and neglect. Keeping in mind that all cultural practices are not necessarily good for the individuals who experience them, it is critical to carefully evaluate what a specific cultural practice entails, how it fits with the cultural context, what its distribution is within the population, and what impact it has on members of the culture. The impact of culture on the incidence and prevalence of child maltreatment is difficult to determine due to imprecise definitions of both culture and maltreatment, possible bias in reporting, and the confounding of social class and culture. However, culture is likely to be important in the etiology of child maltreatment in providing the context for identifying factors that reduce or enhance risk. Finally, Korbin argues that cultural competence is critical in addressing and resolving family troubles and bolstering family strengths.

Myers, John E. B. et al (2002), *The APSAC Handbook on Child Maltreatment, 2nd Edition* (Thousand Oaks, CA: Sage Publications).

The American Professional Society on Abuse of Children (APSAC) was founded in 1987 to integrate knowledge regarding child maltreatment from diverse disciplines, and provide a unified voice for professionals working in the field. The *APSAC Handbook* is divided into five parts: 1) overview of child maltreatment, 2) psychosocial treatment, 3) medical aspects, 4) legal issues, and 5) prevention and service delivery. Part One provides an in-depth analysis of the most common forms of child maltreatment, including physical abuse, neglect, sexual abuse, and psychological maltreatment. Part Two offers theoretically driven models for psychosocial treatment of child, adolescent, and adult survivors of child abuse. Part Three describes medical aspects of physical and sexual abuse, and analyzes medical neglect and fatal child abuse. Part Four examines legal issues, including the legal system, police investigation, interviewing children, and expert testimony. Part Five address the prevention of child maltreatment, reporting abuse and neglect, cultural competence of professionals, utilization of mental health services, and community organization to end child maltreatment.

National Clearinghouse on Child Abuse and Neglect Information (2003), "Prevention Pays: The Costs of Not Preventing Child Abuse and Neglect" (Washington, DC: U.S. Department of Health and Human Services), www.calib.com/nccanch/pubs/prevenres/pays.cfm.

The purpose of this short paper is to promote a greater understanding of what is known about the financial costs of child maltreatment and encourage continued examination and comparison of these costs with the benefits of prevention. The paper begins with a discussion of the factors that make up the total cost of child maltreatment, including negative impacts on children and society. It provides estimates of direct costs incurred by the child welfare system, as well as the judicial, law enforcement, health, and mental health systems. In addition, it estimates the indirect costs, or long-term economic consequences of child maltreatment. These include the costs to society of special education, mental health, substance abuse, teen pregnancy, welfare dependency, domestic violence, homelessness, juvenile delinquency, and adult criminality. Finally, the paper highlights findings from selected studies that have conducted cost-benefit and cost-of-failure analyses.

Reynolds, Arthur J. and Dylan L. Robertson, "School-Based Early Intervention and Later Child Maltreatment in the Chicago Longitudinal Study," *Child Development* 74, no. 1 (Jan.–Feb. 2003), 3–26.

This study investigated the effects of participation in the Title I Child-Parent Centers (CPCs), which provide child education and family support services in high-poverty areas, on substantiated reports of child maltreatment for 1,408 children involved in the Chicago Longitudinal Study (CLS). (The CLS, which is tracking the development of 1,539 low-income minority children who attended CPCs during the mid-1980s, is considered to be one of the best studies of the long-term effects of ECE programs to date.) After adjusting for preprogram maltreatment and background factors, 913 preschool participants had significantly lower rates of court petitions of maltreatment by age 17 than 495 children in the comparison group (5.0% vs. 10.5%, a 52% reduction). Family support provided by the CPCs, which included parental involvement in the classroom, vocational and educational training, and receiving home visits from a school-community representative, is one of the two factors that most powerfully explain why this reduction in child maltreatment occurred.

Sedlak, Andrea J. and Diane D. Broadhurst (1996), "Executive Summary of the Third National Incidence Study of Child Abuse and Neglect," (Washington, DC: U.S. Dept. of Health and Human Services, Administration for Children and Families), http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm.

This document reports findings from the congressionally mandated Third National Incidence Study of Child Abuse and Neglect (NIS-3). The NIS is the single most comprehensive source of information about the current incidence of child abuse and neglect in the United States. The NIS-3 findings are based on a nationally representative sample of over 5,600 professionals in 842 agencies serving 42 counties. The study uses two sets of standardized definitions of abuse and neglect. Under the Harm Standard, maltreated children were defined as those who had already experienced harm from abuse or neglect. Under the Endangerment Standard, children who experience abuse or neglect that put them at risk of harm were included, together with the already harmed children. The Executive Summary provides basic information on the incidence of child maltreatment, characteristics of victimized children and perpetrating families, and Child Protective Services investigations.

Thomas, David et al (2003), *Emerging Practices in the Prevention of Child Abuse and Neglect* (Washington, DC: Children's Bureau's Office on Child Abuse and Neglect, U.S. Department of Health and Human Services), www.calib.com/nccanch/prevention/emerging/index.cfm.

This report is part of a project initiated by the Children's Bureau in 2001 to gather new information on programs and initiatives operating around the country for the prevention of child maltreatment. Under the guidance of an Advisory Group of experts in the field of child abuse prevention, including both practitioners and researchers, the Office on Child Abuse and Neglect developed and implemented a program nomination strategy to learn more about effective and innovative prevention programs. This report presents the outcomes of the nominating process in conjunction with an accompanying literature review. It begins with an overview of maltreatment, which briefly describes existing national models of prevention. It then presents the results of the nomination process for effective and innovative prevention programs. The report concludes with a discussion of the limits of existing knowledge about the effectiveness of prevention, the need to expand efforts to understand the performance and impact of prevention programs, and recommendations for next steps.

PROTECTIVE FACTOR #1: PARENTAL RESILIENCE

Belsky, Jay and Joan Vondra (1989), "Lessons From Child Abuse: The Determinants of Parenting," in Dante Cicchetti and Vicki Carlson, eds., *Child Maltreatment: Theory and Consequences on the Causes and Consequences of Child Abuse and Neglect* (NY: Cambridge University Press), Chapter 6.

This chapter presents a theory about individual differences in parenting based on a comparison of maltreating and non-maltreating parents. Existing theory and research on child maltreatment focuses on three general influences on parenting: 1) the parent's individual developmental history and personal psychological resources, 2) the child's temperament and individual characteristics, and 3) social sources of stress and support. The authors consider whether one of these can explain parental functioning across the entire continuum of parenting, from sensitive and responsive to dysfunctional and maltreating. They conclude that while there are multiple determinants of parental behavior, a parent's developmental history and personality are the most important. These personal and psychological factors affect other key factors, such as how a parent copes with a challenging child, the quality of his or her interpersonal relations, and the nature of his or her occupational experience. Consequently, they exert the most overall influence on parenting behavior.

Egeland, Byron, Michelle Bosquet, and Alissa Levy Chung (2002), "Continuities and Discontinuities in the Intergenerational Transmission of Child Maltreatment: Implications for Breaking the Cycle of Abuse," in Kevin Browne, Helga Hanks, Peter Stratton, and Catherine Hamilton, eds., *Early Prediction and Prevention of Child Abuse: A Handbook* (West Sussex, England: John Wiley & Sons), Chap. 13.

This chapter examines the intergenerational transmission of child maltreatment. Using data from a longitudinal study of high-risk children and their families, the authors estimate that 45 percent of parents who were maltreated as children maltreat their own offspring. When parents who experienced harsh physical punishments that did not meet the criteria for child protection are included, 70 percent experience significant problems with their own parenting. The authors review the research literature on intergenerational maltreatment to discover what might work to break this pattern. They conclude that non-repeaters tend to have had an emotionally supportive relationship with a caring adult during childhood and/or be in an intact long-term stable relationship with a partner as an adult. They were also more likely to have been in psychotherapy as adolescents or young adults. The authors believe that the experience of a caring relationship and/or therapy enabled these parents to break through their emotional disassociation with their own childhood pain, develop empathy for themselves, and then empathize with their own children. They suggest that interventions and/or prevention mechanisms aimed at breaking the intergenerational cycle of maltreatment include a mental health component, initially focused on helping parents develop an understanding of their own childhoods, and then integrating that knowledge into their everyday conceptions of themselves and their children.

Fraiberg, Selma, Edna Adelson, and Vivian Shapiro (1975), "Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships," *Journal of the American Academy of Child Psychiatry* 14, no. 3, 387–421.

This seminal article explores why some parents who experienced trauma in their childhoods later inflict similar injuries on their own children, while others do not. The authors present two detailed case studies of highly troubled mothers and infants that they worked with clinically for an extended period. Both mothers had suffered substantial pain, including neglect and/or abuse, in their own childhoods. They were referred to the authors for therapy because both were neglecting their babies, with one considered at risk for abuse. The authors provided therapeutic home visiting services ("psychotherapy in the kitchen") for a 1–2 year period.

Based on these cases and their larger clinical experience, they hypothesize that parents who have disassociated themselves from their emotional experience of childhood trauma unconsciously replicate their painful histories with their own children. Once they are able to remember their emotional experience of childhood pain in the context of a caring therapeutic relationship, their ability to empathize with and care for their children improves substantially.

Higgins, Gina O'Connell (1994), *Resilient Adults: Overcoming a Cruel Past* (San Francisco: Jossey-Bass).

This beautifully written, emotionally arresting book considers how children who suffered through horrible childhoods, with multiple family problems and severe parental psychopathology, grew up to become mature, psychologically healthy, highly functional adults. Written by a Harvard-trained clinical psychologist, it is based on an eight-year series of in-depth interviews with 40 adults who had been identified by clinicians as exceptionally resilient. The author believes that the primary factor that explains this resiliency is the capacity to "love well": that is, to develop and maintain caring personal relationships, engage in personally satisfying and meaningful work (including parenting), and have faith in the positive potential within themselves and the world around them. Higgins concludes that this capacity to love well is not a predetermined characteristic, which one is either born with or not. Rather, it is something that is sparked and/or cultivated when individuals who have suffered tremendously in childhood become engaged in supportive, caring relationships. The book concludes with a discussion of how therapy can play an extremely important role in this process, with recommendations for clinicians from resilient adults who have gone through the therapeutic process.

Parker, Faith Lamb, Chaya S. Piorkowski, and Lenore Peay (1987), "Head Start as a Social Support for Mothers: The Psychological Benefits of Involvement," *American Journal of Orthopsychiatry* 57, no. 2, 220–233.

This article reports the results of a study designed to test whether mothers' participation in Head Start influences their psychological well-being. This study consisted of pre- and post-tests conducted with 82 mothers at one Head Start center over the course of one 9-month program year. Psychological well-being was defined as a multi-dimensional concept that includes 1) evaluative attitudes towards the self, 2) the presence or absence of psychological symptoms, 3) social integration and attitudes about others and the community, 4) life satisfaction, and 5) feelings of mastery. The study found that mothers who utilized the practical and psychological supports offered by Head Start (e.g., health care, financial planning work-

shops, psychological counseling sessions, peer group support) experienced decreased psychological symptoms, increased feelings of mastery, and increased satisfaction with their current quality of life.

Polansky, Norman A. (1981), *Damaged Parents: An Anatomy of Child Neglect* (Chicago: University of Chicago Press).

This book, based on a 15-year study of child neglect, represents the most thorough and rigorous attempt to develop a psychological profile of neglectful mothers in the research literature. Compared to non-neglectful mothers, mothers who neglect their children were found to be less able to love, less capable of working productively, and less open about feelings. At the same time, they are more likely to live impulsively, more susceptible to psychological symptoms, and more prone to phases of "passive inactivity and numb fatalism." What the researchers termed the "apathy-futility syndrome" was found to be the most prevalent psychological disorder, accounting for 39 percent of the neglectful mothers in the study sample. This syndrome is characterized by 1) a pervasive conviction that nothing is worth doing, 2) severe emotional numbness, 3) interpersonal relationships typified by desperate clinging, 4) a lack of competence in many aspects of daily life, partially caused by an unwillingness to risk failure in acquiring skills, 5) expression of anger passive-aggressively and through hostile compliance, 6) a lack of commitment to positive beliefs, 7) verbal inaccessibility to others, and 8) "an uncanny skill in bringing to consciousness the same feelings of futility in others." These characteristics are believed to be a result of their own developmental histories, particularly the experience of maltreatment due to parental psychopathology.

Rogosch, Fred A., Dante Cicchetti, Ann Shields, and Sheree L. Toth (1995), "Parenting Dysfunction in Child Maltreatment," in Marc H. Bornstein, ed., *Handbook of Parenting, Volume 4: Applied and Practical Parenting* (Mahwah, NJ: Lawrence Erlbaum), Chapter 6.

This chapter succinctly synthesizes the theoretical and research literature on maltreating parents. The authors begin with a brief review of the historical evolution of understanding and definition of child maltreatment in Western industrialized society. The bulk of the chapter explains the role of parental dysfunction and psychopathology in CAN. The authors embrace the dominant ecological model of child maltreatment, which stresses the interrelationship of individual, familial, community, and cultural factors in causing child maltreatment. They focus, however, on the causes and characteristics of individual-level parental psychopathology, examining cognitive, affective and

behavioral patterns that have been found to be typical of maltreating parents. The authors contend that a parent's own childhood experience is the primary determinant of their later parenting behavior. In particular, maltreating parents are highly likely to have experienced abuse and neglect in their own childhoods. The authors discuss the developmental consequences of childhood abuse and neglect, and the factors that help to prevent or terminate the continuation of a cycle of maltreatment.

Steele, Brandt F. (1997), "Further Reflections on the Therapy of Those Who Mistreat Children," in Mary Edna Helfer, Ruth S. Kempe, and Richard D. Krugman, eds., *The Battered Child, 5th Edition* (Chicago: University of Chicago Press), Chapter 26.

This short essay considers whether the many different types of therapeutic interventions that have been used with the wide variety of perpetrators of child maltreatment have any important characteristics in common. The author argues that the key to all successful treatment is providing a facilitating environment that opens up new channels of growth, development, and maturation, which were blocked and distorted in the perpetrator's early formative years of life. In particular, therapy needs to be oriented towards helping the perpetrator develop 1) empathetic understanding and awareness, 2) mature, independent judgment and self-efficacy, 3) the capacity to engage in reciprocal, caring relationships, 4) the ability to experience the everyday, adequate pleasures of life, and 5) an awareness of and resistance to the tendency to repeat negative childhood patterns. Effective therapy accomplishes this by providing the experience of a safe, caring relationship, which perpetrators of child maltreatment commonly lacked in childhood. In the end, the author concludes, the only way to keep children safe is by helping perpetrators develop their capacity to love both themselves and others.

Walsh, Froma (1998), *Strengthening Family Resilience* (New York: Guilford).

This book presents a family resilience framework for therapeutic and preventive efforts with couples and families based on over two decades of research and the author's own clinical experience. It uses a strengths-based approach to enable therapists and others (including family members themselves) draw out the abilities and potential in every family, and encourage active processes of self-righting and growth. Part I explains the concept of "family resilience," reviews the larger literature on resiliency, and considers recent changes in family structures. Part II integrates research knowledge and practice perspectives to identify the key processes in effective family functioning and resilience. These processes are

divided into three primary categories: belief systems, organizational patterns, and communication processes. Part III applies the family resilience approach to a variety of particular crises and stressors, and identifies risk factors and protective processes.

PROTECTIVE FACTOR #2: SOCIAL CONNECTIONS

Beeman, Sandra K. (1997), "Reconceptualizing Social Support and Its Relationship to Child Neglect," *Social Service Review* (Sept. 1997), 421–440.

This article reports on a study of the social support and social network relationships of neglecting and non-neglecting low-income, single, African American mothers. This study found few differences in the characteristics of their social networks, but found key differences in their perceptions of their relationships and interactions. Non-neglecting mothers approached relationships with a balance of independence and mutuality, and had interactions characterized by trust, reciprocity, and flexibility. Neglecting mothers were more dependent on others, and had interactions characterized by conflict, distrust, and lack of mutuality. The author suggests that interventions designed to prevent child maltreatment by strengthening parents' social supports should focus not only on making resources available for more social support, but also on developing the interpersonal skills that will enable them to build mutually satisfactory relationships with members of their social networks.

Coleman, James S. (1988), "Social Capital in the Creation of Human Capital," *American Journal of Sociology* 94 Supplement, S95–S120.

This important article is widely viewed as having sparked the recent surge of interest in the concept of social capital in academia and beyond. Coleman develops the concept of social capital as a means of balancing older theories that use either social context or individual self-interest to explain human behavior. Social capital facilitates certain actions on the part of individuals and/or groups. It is neither a property of individuals nor physical goods; rather, it is a set of human relationships. Important functions of social capital include establishing 1) the level of trust needed to facilitate productive social exchange, 2) a means of exchanging information that facilitates action, and 3) effective community-level norms and values. Coleman applies this theory of social capital to an analysis of the family, and uses it to show the likelihood that high school students will drop out of school given the social capital of the family system. He argues that the social capital that is important for child and youth development does not reside solely within the family, but also exists at the community level.

Coohey, Carol (1996), "Child Maltreatment: Testing the Social Isolation Hypothesis," *Child Abuse and Neglect* 20, no. 3, 241–254.

This article reviews the evolution of social isolation understandings over the previous three decades of research, and develops a new definition of the term, which is applied to a study of 300 maltreating and non-maltreating low-income mothers. Coohey considers social isolation in terms of 1) the structural characteristics of parents' social networks (i.e., size and frequency of contact), 2) parents' perceptions of whether their networks provide them with adequate support, and 3) whether they have actually received supportive resources from network members in the past. Coohey found that all of the studies reviewed agreed that maltreating parents do not feel adequately supported by members of their social networks. There is no evidence to indicate, however, that they actually receive less support than their non-maltreating counterparts. In her own research, Coohey found that maltreating parents were not socially isolated, as all had at least eight important network members, and over 100 network contacts per month. They did, however, receive less tangible and emotional support than non-maltreating parents. The author hypothesizes that this pattern results from the history of interaction between maltreating parents and the members of their social networks.

Garbarino, James and Kathleen Kostelny (1992), "Child Maltreatment as a Community Problem," *Child Abuse and Neglect* 16, no. 4, 455–464.

This article reports on a two-stage study of the relationship between community characteristics and child maltreatment conducted in Chicago, Illinois during 1980–1986. The first stage of the study examined 77 community areas in the Chicago region. It found that child maltreatment rates were related to indicators of socioeconomic and demographic well-being for these neighborhoods and for the subunits within them. The second stage of the study compared two pairs of neighborhoods that had similar socioeconomic profiles, but significantly different rates of child maltreatment. The authors found that the two high-risk neighborhoods were characterized by comparatively high levels of social disorganization. Community leaders and residents interviewed in the high-risk neighborhoods had relatively negative views of their communities and little knowledge of local formal and informal support networks.

Garbarino, James and S. Holly Stocking, eds. (1980), *Protecting Children From Abuse and Neglect: Developing and Maintaining Effective Support Systems for Families* (San Francisco: Jossey-Bass).

This edited volume is based on the premise that child abuse and neglect should not be considered to be simply the result of individual parental pathologies. Instead, child maltreatment must also be viewed as a product of the difficult social environments in which many abusive and neglectful parents live. In particular, it is social and economic deprivation that generally turns at-risk parents into actual maltreaters. Parents that are socially isolated and economically struggling are much more likely to lack the ability to cope with life stressors that tend to precipitate child maltreatment. Consequently, policies and programs designed to reduce CAN must go beyond individualistic therapies to embrace the development of strong social networks, neighborhoods, and communities.

Guterman, Neil B. (2000), *Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services* (Thousand Oaks, CA: Sage Publications).

Early home visitation services have long been considered one of the most promising strategies to prevent child maltreatment. These services generally begin shortly before, during, or after the birth of a child, and are designed to support the development of positive child-parent interaction patterns that will last into the future. This book reviews the development of early home visitations services, and presents best practice principles that have been empirically linked with positive outcomes for families. Chapter Seven focuses specifically on how early home visitation services can best facilitate the development of strong supports among at-risk families to prevent CAN.

Korbin, Jill E. (1998), "'Good Mothers,' 'Babykillers,' and Fatal Child Maltreatment," in Nancy Scheper-Hughes and Carolyn Sargent, eds., *Small Wars: The Cultural Politics of Childhood* (Berkeley: University of California Press), 253–276.

This well-known study of nine women incarcerated for fatal child abuse is based on qualitative ethnographic data (primarily interviews) collected over a one-year period during 1979–80. Contrary to then-prevalent assumptions, Korbin found that all nine women were connected to active social networks during the period leading up to the murder of the children. A major factor that perpetuated the women's abusive behavior was the reassurance they received from their respective social networks that they were "good mothers," whose abusive behavior could be considered an understandable lapse in what was construed to be otherwise acceptable maternal behavior.

Portes, Alejandro (1998), "Social Capital: Its Origins and Applications in Modern Sociology," *Annual Review of Sociology* 24, 1–24.

This article provides a critical review of the origins, definitions, and recent uses of the concept of social capital. The growing consensus of the literature is that social capital can be understood as "the ability of actors to secure benefits by virtue of membership in social networks or other social structures." In the sociological literature, social capital has been primarily examined as a source of social control, family support, and, most commonly, benefits received through extra-familial networks (e.g., access to employment). Although social capital has commonly been studied in terms of its socially positive functions, Portes emphasizes that it is important to recognize its more problematic aspects. Specifically, social capital can function as a means of excluding "outsiders," put excess claims on group members, restrict individual freedoms, and maintain "downward leveling norms." Portes argues that social capital is most usefully applied to studies of individuals, families, and small groups, and loses its analytic power when applied to large communities, regions, or nations.

Runyan, Desmond K. et al (1998), "Children Who Prosper in Unfavorable Environments: The Relationship to Social Capital," *Pediatrics* 101, no. 1, 12–18.

This article reports on a study of whether social capital is associated with positive developmental and behavioral outcomes in high-risk preschool children. The study sample included 667 2– 5-year-old children and their mothers who were included in the Longitudinal Studies of Child Abuse and Neglect data set. The researchers constructed a measure of social capital based on five indicators: 1) two parents or parent-figures in the home, 2) social support of the maternal caregiver, 3) no more than two children in the family, 4) neighborhood support, and 5) regular church attendance. The study found that the indicators that best discriminated between levels of child functioning were the most direct measures of social capital, specifically church affiliation, perception of personal and social support, and support within the neighborhood. The authors conclude that social capital may have an impact on children's well-being as early as the preschool years. Possessing high levels of social capital may be most crucial for families with fewer financial and educational resources.

Seagull, Elizabeth A. (1987), "Social Support and Child Maltreatment: A Review of the Evidence," *Child Abuse and Neglect* 11, 41–52.

This article reviews the research evidence regarding whether parental connection to informal social networks constitutes a protective factor against child abuse and neglect. The author argues that the existing research is fraught with conceptual and methodological problems, and fails to present a causal link between establishing social connections and preventing child maltreatment. Although there is good evidence that neglectful families are socially isolated, the best research demonstrates that this is primarily due to individual-level problems on the part of the parents. Specifically, socially isolated, neglectful parents did not have the psychological resources and social skills necessary to form supportive social relationships.

Thompson, Ross A. (1995), *Preventing Child Maltreatment Through Social Support: A Critical Analysis* (Thousand Oaks, CA: Sage Publications).

This book presents a thoughtful analysis of the complex relationship between social support and child maltreatment. Although it is clear that there is an important connection, the breadth of the concept of social support, the variety of ways in which it can be important, and the many different means by which it can be provided and experienced mean that it has to be looked at in a very nuanced and context-specific way. Thompson reviews and evaluates the existing literature on the status of the child protection system, the organization of social networks, the intersection of parent and child networks, the functions and effects of social support, the socioeconomic context of child maltreatment, the issue of social isolation, and strategies for intervention. The concluding chapter presents Thompson's recommendations for an integrated research, practice, and policy agenda designed to strengthen social supports that are effective in preventing child maltreatment.

PROTECTIVE FACTOR #3: KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

Carter, Nick (1996), *See How We Grow: A Report on the Status of Parenting Education in the U.S.* (Philadelphia: Pew Charitable Trusts).

This report provides the most comprehensive survey of the field of parenting education available. It is written in clear, non-academic prose and designed to be accessible to policymakers and other professionals concerned with the status and potential of the field. Thirteen chapters cover issues including the history of parenting education efforts in the U.S., the range of different program types and service providers, important theories and methodologies, training and technical assistance, research and evaluation, funding sources,

noted models, father involvement, multiculturalism, and developing parent leadership and advocacy training programs. This study is available on the Internet at http://www.pewtrusts.com/pubs/pubs_item.cfm?image=img5&content_item_id=411&content_type_id=17&page=p3.

Carter, Nick and Cathie Harvey (1996), "Gaining Perspective on Parenting Groups," *Zero to Three* 16, no. 6 (June–July 1996), 1–8.

This short essay provides an introduction to parenting groups, focusing on their role as parenting education and family support mechanisms. In 1995, Carter (1995) estimated that there are over 100,000 groups of parents that meet during any given year. The figure includes time limited parenting education groups that meet for 8–16 sessions, open-ended weekly or bi-weekly parent-child groups, groups of participants in ongoing childcare or early intervention programs that meet monthly or quarterly, members of therapeutic or self-help groups focused on parenting issues, and parents who come together for a single workshop or discussion. In all this diversity, the authors argue that the common threads that make parenting groups important are their ability to help parents overcome isolation, develop peer support systems, and create learning communities. The success of parenting groups, they contend, depends far more on the quality of interpersonal relationships and the processes of interaction that develop in the group, rather than on any particular substantive content. Other factors that contribute to strong parenting groups include voluntary participation, a minimum duration of 6–8 meetings over as many weeks, a flexible curriculum that responds to participants' interests and needs, and well-trained, regularly supervised facilitators.

Daro, Deborah (2002), "Educating and Changing Parents: Strengthening the Primary Safety Net for Children," in Kevin Browne, Helga Hanks, Peter Stratton, and Catherine Hamilton, eds., *Early Prediction and Prevention of Child Abuse: A Handbook* (West Sussex, England: John Wiley & Sons), Chap. 8.

This chapter presents a framework for defining and implementing a range of parent education strategies designed to prevent CAN by ensuring that all parents have access to essential information and support. It begins with a brief survey of the factors that help to explain varying parental capacities, focusing on the interplay among the parent, child, and broader social environment. Daro then reviews the relative strengths and limitations of parent education strategies that employ different service delivery systems and target different parent populations. These strategies include using existing institutions such as prenatal clinics to house general parent education efforts, parent support groups, home visitation programs, and combining parent education with individualized therapy. The chapter also discusses issues of community capacity

building, emphasizing the role that community norms and values may play in creating richer parental learning environments and encouraging shared responsibility for child well-being and parent support. The chapter concludes with a consideration of the challenges that this dual framework of parent education and community capacity building presents with regard to expanding and improving existing child abuse prevention systems.

Frazier, Barbara et al (1996), "Revisiting Parenting Groups: A Psychosocial Approach," *Zero to Three* 16, no. 6 (June–July 1996), 19–24.

This article describes the evolving strategy employed by the Child Abuse Prevention Project at the University of Florida to develop, implement, and evaluate an effective parenting support group model for highly stressed families considered at-risk for CAN. After extensive review of a variety of existing parenting groups throughout Florida, these researchers concluded that the best way to approach this population was through a 16-week, four-part curriculum built upon what they term a "psychosocial" approach. This approach is based on the observation that parents who were not well-nurtured as children need help in overcoming psychological and emotional barriers before they can make use of basic child development and child rearing information. In particular, these parents commonly "find it hard to understand or accept the dependence of their infants and young children; dependency may evoke feelings of frustration and anger, and sometimes neglect and abuse." Consequently, the program is designed to help parents develop empathy for their own childhood experiences, and consequently to have more empathy for their children. Once this foundation is laid, issues of developmentally appropriate care and behavior management of young children can be more effectively presented. The authors emphasize, however, that more troubled parents will need additional supports, particularly individual mental health counseling.

Hoelting, Joyce et al (1996), "The MELD Experience with Parent Groups," *Zero to Three* 16, no. 6 (June–July 1996), 9–18.

Since 1973, MELD and its affiliates have provided group-based parenting education to thousands of parents in 25 states. MELD is a national, not-for-profit family support agency headquartered in Minneapolis, Minnesota whose mission is to strengthen families in critical periods of transition. The MELD model brings together groups of parents who have similar needs, provides them with pertinent information, and helps them develop into supportive peer groups. MELD has developed programs to meet the needs of eight targeted populations, including teenaged mothers, young fathers, parents of children with special needs, parents who are deaf or hard of hearing, Latino, and Hmong parents. Essential components of all programs include peer facilitators; long-term service availability; blending information and support; addressing the concerns of the group, parent, and child; a persistent

focus on parent strengths; an emphasis on problem-solving and decision making; and ongoing training and technical assistance for volunteers and professional staff. Evaluations of the MELD model have found that it has helped parents to reduce isolation; develop appropriate knowledge, attitudes, and skills related to child rearing; and make positive choices for themselves and their families.

Reppucci, N. Dickon, Preston A. Britner, and Jennifer L. Woolard (1997), *Preventing Child Abuse and Neglect Through Parent Education* (Baltimore: Paul H. Brookes).

The authors of this book were commissioned by the Virginia Department of Social Services to conduct an independent assessment of the Department's parenting programs aimed at preventing child abuse across the state. The researchers studied 25 parenting program sites, most of which offered parenting education components. The book frames the findings of this study within the larger context of the field to provide a broad understanding of the field of parent education programs designed to prevent CAN. It includes a concise review of what is known and not known regarding the potential of parent education and family support programs to prevent child maltreatment. It reviews the literature regarding various approaches to parent education, areas of focus (e.g., parenting knowledge versus stress and support), and the widely used published curricula. The authors also provide an extensive discussion of evaluation issues designed to help researchers and practitioners develop better programs. The book concludes with a report on lessons learned from the Virginia evaluation, and recommendations for a national policy agenda.

Wagner, Mary M. and Serena L. Clayton (1999), "The Parents as Teachers Program: Results from Two Demonstrations," *The Future of Children 9,* no. 1 (Spring/Summer 1999), 91–115.

The Parents as Teachers (PAT) program is a widely implemented, universal access home visiting program that begins prenatally or at birth and emphasizes positive parenting behavior as the means of achieving developmental benefits for children. Major goals of PAT include increasing parents' knowledge of child development, preparing young children for success in school, and increasing parents' feelings of competence and confidence. This article reports on the results of evaluations of two randomized trials of PAT with two different population groups in California (i.e., Latino families and adolescent parents). These evaluations found that a significant percentage of both population groups proved difficult to serve, particularly due to poverty, household instability, and poor education. This made the program's goal of engaging parents in a two-year intervention difficult to achieve. The researchers believe that this factor was critical to explaining the fact that neither demonstration achieved consistent positive effects on parent knowledge, attitudes, or behaviors. Although some developmental benefits to children were identified in both cases, they were small and not consistent across developmental domains.

PROTECTIVE FACTOR #4: CONCRETE SUPPORT IN TIMES OF NEED

Child Welfare League of America (2001), *Alcohol, Other Drugs, and Child Welfare* (Washington, DC: Child Welfare League of America).

This booklet provides information and statistics on both the abuse of alcohol and other drugs (AOD) and the relationship of such abuse to child welfare. It argues that the cyclical, intergenerational nature of AOD abuse is one of the root causes of child abuse and neglect. The report discusses promising intervention strategies, including collaborative model programs. This booklet is available on the Internet at http://www.cwla.org/programs/bhd/aod.htm.

Dunst, Carl J. and Angela G. Deal (1994), "Needs-Based Family-Centered Intervention Practices," in Carl J. Dunst, Carol M. Trivette, and Angela G. Deal eds., *Supporting and Strengthening Families, Vol. I: Methods, Strategies, and Practices* (Cambridge, MA: Brookline Books), Chap. 7.

This chapter describes the needs-based component of the family-centered assessment and intervention model developed by Dunst, Trivette, and Deal in the late 1980s. This model assigns a primary role to the family in deciding the type of interventions that would be most helpful at a given time. It consists of three parts: 1) identifying family needs, 2) building on family strengths, and 3) linking families to needed resources. Family needs are conceptualized in terms of 12 categories, including economic, medical, employment, recreational, emotional, and cultural needs. The authors discuss three general methods by which professionals can assess family needs: interviews, observations, and self-report needs-based assessment scales. A subsequent chapter contained in the same volume considers strategies for mobilizing resources to meet needs identified by this assessment process.

Dunst, C. J. and H. E. Leet (1994), "Measuring the Adequacy of Resources in Households with Young Children," in Carl J. Dunst, Carol M. Trivette, and Angela G. Deal, eds., *Supporting and Strengthening Families, Vol. I: Methods, Strategies, and Practices* (Cambridge, MA: Brookline Books), Chap. 8.

This chapter explains the procedures used to establish the reliability and validity of the Family Resource Scale (FRS), a tool developed by authors Leet and Dunst to assess the scope of needs and adequacy of resources in families with young children. The FRS consists of 30 items that measure the sufficiency of both physical and human resources, including food, shelter, financial resources, time to be with family and friends, health care, etc. Individual FRS items are ordered in a hierarchy ranging from the most to the least basic needs (e.g., from "food for two meals a day" to "money to save"). Each item is rated on a

five-point-scale ranging from "not at all adequate" to "almost always adequate." As an intervention tool, the FRS can help to identify parent and family needs, and provide a basis for deciding the appropriate targets for intervention. A copy of the FRS, which may be duplicated without permission with proper acknowledgement and citation, is contained in an appendix to the chapter.

Hanson, Lori et al (2001), *Key Principles in Providing Integrated Behavioral Health Services for Young Children and Their Families: The Starting Early Staring Smart Experience* (Washington, DC: Casey Family Programs & the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration).

This paper describes the *Starting Early Starting Smart* (SESS) project, a national, multi-site early intervention initiative funded by the Substance Abuse and Mental Health Services Administration and Casey Family Programs. The purpose of SESS is to integrate behavioral health services into easily accessible, non-threatening settings where caregivers regularly take their young children, such as pediatric health care settings and ECE programs, in order to increase utilization of needed services and improve family and child outcomes and resiliency. The SESS model is relationship based, and designed to be flexible and responsive to particular community and family needs. All SESS sites, however, use common intervention components, including mental health and substance abuse prevention and treatment services, parenting education and support, care coordination, and family advocacy. This report provides a basic introduction to the principles and practices involved in conceptualizing, designing, implementing, and evaluating the SESS model.

Knitzer, Jane (2000), *Promoting Resiliency: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence, and Depression in the Context of Welfare Reform* (New York: National Center for Children in Poverty).

This issue brief discusses how best to meet the needs of adults who 1) are unable to enter the work force successfully and likely to face time limits and sanctions under welfare reform, 2) experience domestic violence, substance abuse, and/or serious mental health problems, and 3) are parents of young children. In particular, it focuses on interventions designed to a) promote resilience, social competence, and school readiness in children; b) repair (or prevent) damaged parent-child relationships; and c) ensure the safety of children while helping parents to meet the work requirements of welfare reform. Recommended strategies cluster around alternative "entry points" to integrated behavioral, early childhood, and family services. These include ECE programs; substance abuse, mental health, and domestic violence services; and welfare reform. Specific recommendations for ECE programs

include integrating behavioral service teams into program operations, building a statewide system of behavioral supports for young children and families, and increasing the skills and competencies of staff to help multi-need families.

Nelson, Douglas (2003), "The High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead," in the Annie E. Casey Foundation, *Kids Count 2003* (Baltimore, MD: Annie E. Casey Foundation), 11–33.

This introductory essay to the most recent edition of the Casey Foundation's *Kids Count Data Book* discusses the economic challenges faced by the families of the more than 12 million children that are living in poverty in the United States (17% of the total child population). In particular, it examines the problems faced by the "working poor": low-income parents who work on a regular basis but nonetheless remain in poverty. The ranks of the working poor have grown tremendously since the mid-1990s, when welfare reform precipitated the shift of more than 2.5 million parents from welfare into the workforce. All too many low-income parents pay substantially more for basic necessities such as food, shelter, transportation, credit, and financial services than their middle or upper-income counterparts. Obstacles such as the paucity of public transportation, high cost of child-care, dearth of low-income jobs providing health insurance, and scarcity of affordable housing conspire to trap many working poor families in a chronic state of financial insecurity, "once crisis away from economic catastrophe." Nelson discusses a variety of policy reforms, community economic development strategies, and service interventions that promise to help these families move out of poverty and closer to economic stability. This essay, as well as the larger *Kids Count 2003 Data Book*, is available on the Internet at www.aecf.org/kidscount/databook/.

Pelton, Leroy H. (1978), "Child Abuse and Neglect: The Myth of Classlessness," *American Journal of Orthopsychiatry* 48, 608–617.

This important article argues against the view, which was prevalent in the mid-1970s, that child abuse and neglect are not correlated to socioeconomic class and are proportionately distributed throughout society. Although it is true that child maltreatment occurs among all socioeconomic groups, every national survey of CAN has indicated that the vast majority of reports involve families from the lowest socioeconomic levels. Pelton rejects the commonly made claims that these statistics are artifacts of class-based discrimination. The data showing that most child maltreatment occurs among lower-income families have been consistent, and no contradictory evidence has been produced. Further, they indicate that the highest incidences of CAN, as well as the severest child injuries are found among the "poorest of the poor." Pelton argues that the "myth of classlessness" persists because many professionals prefer to view child mal-

treatment as an individual, psychological problem, rather than as connected to the larger social environment. In addition, some well-meaning professionals fear that recognizing the relationship between poverty and CAN will become another means of unjustly stigmatizing the poor. Pelton contends, however, that ignoring this connection does a disservice to poor families by directing attention and resources away from the societal problem of widespread poverty.

Pelton, Leroy H. (1994), "The Role of Material Factors in Child Abuse and Neglect," in Gary B. Melton and Frank D. Barry, eds., *Protecting Children from Abuse and Neglect: Foundations for a New National Strategy* (New York: Guilford Press), Chap. 4.

In this long and detailed chapter, Pelton argues that since poverty is by far the most powerful factor known to be correlated with child maltreatment, it makes sense to focus prevention efforts on 1) reducing poverty, 2) increasing low-income parents' ability to cope with the stresses of poverty, and 3) providing these parents with the material supports necessary to help improve their home environment to make it as safe as possible for children. Although it is not understood precisely why poverty produces an increased incidence of CAN, a leading theory is that living in poverty substantially increases parental stress, which may weaken self-control and provoke the discharge of hostile, aggressive impulses towards children. At the same time, attempting to raise children in an extremely difficult, impoverished environment may lead to neglect as parents lack the material resources to pay for needed childcare or basic necessities and/or experience psychological problems such as depression, hopelessness, and despair. Pelton criticizes the existing research for failing to study whether providing poor parents with material supports may reduce the incidence of CAN, and presents some evidence which suggests that this represents a promising strategy.

PROTECTIVE FACTOR #5: SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN

Ammerman, Robert T. (1991), "The Role of the Child in Physical Abuse: A Reappraisal," *Violence and Victims* 6, no. 2, 87–101.

This article reviews the literature on the significance of child characteristics in the incidence of physical abuse. It focuses in particular on three issues: 1) childhood factors that may precipitate abuse, 2) the contribution of handicapping conditions to abuse, and 3) the role of the child in the maintenance of abuse. The evidence does not indicate that child characteristics are an important cause of abuse. Although retrospective studies suggest a link between certain child features (e.g., prematurity, low birthweight, handicapping conditions) and maltreatment, the studies are too methodologically flawed to prove that these factors

independently cause abuse. It is likely that the "difficult" child characteristics observed in abused children are most often a result, instead of a cause of maltreatment. It is possible, however, that certain child characteristics cause vulnerable parents to move from being at-risk to engaging in abusive behaviors. There is considerable evidence that certain child characteristics contribute to the maintenance of abusive relationships, once they have begun.

Cohen, Elena and Roxanne Kaufman (2000), *Early Childhood Mental Health Consultation* (Washington, DC: Center for Mental Health Services, Substance Abuse and Mental Heath Services Administration, U.S. Department of Health and Human Services).

This monograph incorporates the views of more than two dozen practitioners, researchers, technical assistance providers, and family members who participated in a conference on early childhood mental health consultation convened by the Georgetown University Child Development Center in 1998. Section I describes the early childhood mental health perspective and why it is essential to respond effectively to the social, emotional, and behavioral needs of young children and their families. Section II defines early childhood mental health consultation and describes two major types of approaches used by ECE programs: those that work directly with children and families, and those that help center staff to build their relevant skills and knowledge. Section III describes the main features of effective consultations, including 1) collaborative relationships, 2) problem-solving and capacity-building goals, 3) issue specificity and time limitation, and 4) skills of consultants. Section IV considers critical challenges facing early childhood mental health consultation, as well as strategies to surmount some barriers. Section V presents recommendations for the integration of mental health consultation in ECE programs to program directors, policymakers, educational institutions, and consultants.

Collins, Ray et al (2003), "Promoting Mental Health in Child Care Settings: Caring for the Whole Child," *Zero to Three* 23, no. 4, 39–45.

This article provides a succinct yet comprehensive discussion of the promotion of social and emotional competence and good mental health among children enrolled in ECE programs. The increased numbers of children in these programs, as well as the growing numbers of children with behavioral problems, has created an unprecedented need for ECE programs to develop partnerships with mental health care providers to respond to children's mental health needs. The primary means of doing this is by engaging the services of an early childhood mental health consultant. Such consultants provide necessary expertise that staff, even at high-quality programs, generally lack. Their primary functions include serving as a general resource to parents and caregivers to enhance their ability to

promote children's healthy social-emotional development, helping programs develop linkages with relevant agencies and funding sources, working with staff on child observations, and coaching caregivers on how to head off problems before they occur.

Howes, Carollee (1999), "Attachment Relationships in the Context of Multiple Caregivers," in J. Cassidy and P.R. Shaver, eds., *Handbook of Attachment Theory and Research* (NY: Guilford Press), 671–687.

Attachment theory, which posits the critical importance of the quality of a child's primary relationships, was originally developed with almost exclusive reference to the mother-child relationship. Today, however, many if not most of the infants and young children in the United States will have multiple caregivers: e.g., mothers, fathers, grandmothers, childcare providers, and teachers. This article reviews theory and research relevant to the issue of how attachment relationships develop when a child has multiple caregivers. Howes concludes that the process of forming attachment relationships between children and alternative caregivers appears to be similar to that involving mothers and infants. Although only a small literature has examined how children who have experienced problematic primary relationships form relationships with alternative caregivers, it suggests that they maintain the ability to form secure attachment relationships with emotionally sensitive and responsive adults.

Hyson, Marion C. (1994), *The Emotional Development of Young Children: Building an Emotion-Centered Curriculum* (New York: Teachers College Press).

This book was written for early childhood professionals, including educators, students, caregivers, teachers, or administrators working in ECE programs. It combines theory, research, and anecdotal material, with many specific applications for practitioners. Part I provides a general introduction to the significance of emotions in ECE programs. It describes the historical evolution of professional thought on this issue and reviews recent theory and research on early emotional development. Part II applies this theory and research to specific issues in early childhood education. After presenting an overview of the emotion-centered curriculum, it presents specific teaching goals and strategies for an emotion-focused early childhood program.

Koplow, Lesley, ed. (1996), *Unsmiling Faces: How Preschools Can Heal* (New York: Teachers College Press).

This edited volume is written for early childhood professionals who want to create ECE programs that facilitate the integration of emotional, social, and cognitive learning. In particular, it is addressed to educators and therapists who are working with highly stressed, emotionally fragile, and developmentally arrested preschoolers. Part I examines emotional issues within

the context of early childhood development. Part II provides teachers and clinicians with techniques designed to make adult-child relationships in preschool strong and therapeutic. Part III provides a conceptual framework for teachers interested in developing emotionally based curriculums, and provides lesson plans with activities that support healthy emotional development. Part IV focuses on special populations of children who may present a confusing developmental picture to parents, teachers, and therapists. Finally, Part V considers how ECE professionals can address the needs of families in their programs.

Leavitt, Robin (1995), "The Emotional Culture of Infant-Toddler Day Care," in J. Amos Hatch, ed., *Qualitative Research in Early Childhood Settings* (Westport, CAN: Praeger), Chapter 1.

This article vividly describes and analyzes emotionally problematic relationships between children and caregivers in infant-toddler day care centers. It is based on seven years of participant-observation in twelve infant and toddler classrooms in six licensed day care centers. Leavitt reports that the emotional quality of everyday experience for the children in these centers is poor. "Caregivers appear emotionally disengaged," she writes. "They seem to go through the motions of managing children's routines, as if only children's bodies and physical needs require attention." Children are subject to arbitrary demands and rigid rules, while their emotional expressions (e.g., crying, cooing) are routinely ignored or responded to inappropriately. Although crying is an age-appropriate way for children to express their feelings, caregivers believe that they should not cry. Many think that children should not be picked up and comforted when they are upset because it will "spoil" them. Leavitt hypothesizes that this type of caregiver behavior results both from caregivers' own beliefs and from the highly demanding, yet poorly supported nature of their work.

Shonkoff, Jack P. and Deborah A. Phillips, eds., *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington, DC: National Academy Press).

This volume is the product of a two-and-a-half year project during which a committee of 17 individuals evaluated and integrated the current science of early childhood development. Focusing on the period from before birth to kindergarten entry, it explains how early experience affects all aspects of development, ranging from brain maturation to cultural values. The book emphasizes that the long-standing "nature versus nurture" debate should be considered passé, as "human development is shaped by a dynamic and continuous interaction between biology and experi-

ence." Chapter topics include acquiring self-regulation, communicating and learning, making friends and getting along with peers, the developing brain, nurturing relationships, family resources, childcare, neighborhood and community, and promoting healthy development through early intervention. The book concludes with an in-depth discussion of recommendations designed to apply current knowledge of early childhood development to the goal of promoting the health and well-being of all young children, as well as maximizing the potential of the nation's human capital and democratic institutions.

Yoshikawa, Hirokazu and Jane Knitzer (1997), *Lessons from the Field: Head Start Mental Health Strategies to Meet Changing Needs* (New York: National Center for Children in Poverty).

This monograph presents promising strategies developed by Head Start programs to better meet the changing and intensifying mental health needs of Head Start children, families, and staff. Chapter 1 explains why it is critical to expand and strengthen mental heath services in Head Start. Chapter 2 presents mental health strategies focused on staff development. Chapter 3 focuses on new ways of engaging families, particularly those with the most complex set of stresses. Chapter 4 describes those few programs whose mental health strategies include strong connections to the larger community, either through collaborations around integrated services, or as part of efforts to address problems such as substance abuse. Chapter 5 discusses a variety of relevant issues, including assessment, gaps in research, financing needs, and training and technical assistance. Chapter 6 summarizes lessons learned, as well as recommendations and implications for the future at the program, community, state, and national levels.

strengthening families
THROUGH EARLY CARE & EDUCATION

ABOUT STRENGTHENING FAMILIES THROUGH EARLY CARE AND EDUCATION

Beginning in 2001, the Center for the Study of Social Policy (CSSP) documented the role that early care and education programs across the country can play in strengthening families and preventing abuse and neglect. A new conceptual framework and approach to preventing child abuse and neglect emerged from this study. The approach is organized around evidence-based protective factors that programs can build around young children by working differently with their families. (See graphic on page 2 for a list of the protective factors.)

The Strengthening Families approach is the first time that research knowledge about child abuse and neglect prevention has been strategically linked to similar knowledge about quality early care and education. Resources and tools have been developed to support early childhood programs, policymakers, and advocates in changing existing early childhood programs in small but significant ways so that they can build protective factors and reduce child abuse and neglect.

This program was initiated with funding from the Doris Duke Charitable Foundation in New York and managed by CSSP staff Judy Langford and Nilofer Ahsan. You can contact them at judy.langford@cssp.org and nilofer.ahsan@cssp.org.

ABOUT THE CENTER FOR THE STUDY OF SOCIAL POLICY

The Center for the Study of Social Policy's mission is to promote policies and practices that support and strengthen families and build community capacity for improving the lives of vulnerable populations. CSSP works in partnership with communities and federal, state and local governments to shape new ideas for public policy, provide technical assistance, and develop and support networks of innovators.

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These and other publications and resources to help programs implement the Strengthening Families approach are available at www.cssp.org. The website also contains information about the exemplary early childhood programs that informed this project.