This is the accepted version of the publication Lo, C. K.-M., & Cho, Y. W. (2021). Community-Based Interventions to Reduce Child Maltreatment. Research on Social Work Practice, 31(6), 621–633. Copyright © 2021 (The Author(s)). https://doi.org/10.1177/1049731520986968

Community-Based Interventions to Reduce Child Maltreatment

Camilla Kin-Ming Lo[1] and Yuet Wing Cho[1]

[1]Department of Applied Social Sciences, The Hong Kong Polytechnic University

Author Note

Conflict of Interest: We have no known conflict of interest to disclose

Financial Disclosure/Funding: This work was supported by the Hong Kong Polytechnic University under Start-up Fund for New Recruits

Correspondence concerning this article should be addressed to Camilla Kin-Ming Lo, Assistant Professor, Department of Applied Social Sciences, The Hong Kong Polytechnic University, 11 Yuk Choi Rd., Hung Hom, Hong Kong. Email: camilla.lo@polyu.edu.hk Phone: (852) 2766-576

Abstract

Purpose: This review seeks to summarize selected literature on existing findings on the impacts of community-based interventions on the actual reduction of child maltreatment, and to identify the core components of the interventions. **Methods:** This study systematically searched electronic databases, including PsycInfo, Medline, and Web of Science. The findings of the selected studies were summarized using narrative synthesis. **Results:** A total of four studies met the inclusion criteria of this study. The studies showed declines in child maltreatment incidences reported by child protective services and hospitals during the study periods. Four major components and approaches were identified among the selected interventions, including 1) the involvement of community members, 2) partnerships with community institutions, 3) multidisciplinary collaboration, and 4) responsiveness to the needs of the communities involved. **Conclusions:** The results of this review support the need for further development of community-based interventions using a hybrid approach.

Keywords: community-based intervention, child abuse, prevention

Community-Based Interventions to Reduce Child Maltreatment

Child maltreatment is defined as the commission and omission of acts resulting in harm to a child (Krug et al., 2002). Findings from previous studies have consistently shown that maltreatment is associated with adverse consequences on children's health and psychosocial well-being, and such impacts tend to persist into adulthood (Luke & Banerjee, 2013; Norman et al., 2012). In a meta-analytic review that examined the prevalence of different types of maltreatment, Stoltenborgh et al. (2015) found that worldwide prevalence rates were 22.6% for child physical abuse, 36.3% for emotional abuse, and 16.3-18.4% for neglect, indicating that child maltreatment is a prevalent issue around the globe.

Given the negative impacts and high prevalence of maltreatment, during the past decades, there has been a growing number of interventions aiming to reduce maltreatment or prevent maltreatment from ever occurring. Most of the existing intervention programs place emphasis on modifying individual and family risk factors. In a meta-analysis of 37 parenting programs, Chen and Chan (2016) showed that parenting programs with an emphasis on reducing changeable risk factors, such as inappropriate and dysfunctional parenting behaviors and attitudes, and enhancing protective factors associated with maltreatment, including parental resilience, satisfaction with parental roles, and positive parenting skills, were found to be effective approaches to reducing both substantiated and self-reported maltreatment. Another meta-analytic review found that individual- and family- focused interventions with a wide range of modalities, including cognitive behavioral therapy, home visitations, parent training, family or system-based interventions, substance abuse treatments, and interventions of multiple modalities, were effective in regard to preventing and reducing child maltreatment (van der Put et al., 2018).

While existing individual- and family- focused interventions yielded promising evidence, these interventions alone are not enough to address the complex nature of

maltreatment. For example, there are individuals and families who do not reach out for help due to various reasons, such as having limited access to services and experiencing hesitation around receiving services. For instance, parents may resist attending child maltreatment prevention programs, as participation in such programs may be associated with stigma or their incompetence in regard to providing care to their children (Hardcastle et al., 2015). Parents may also fear being reported to child protective services if they disclose any child maltreatment related acts during their participation in these programs. Moreover, parents and caregivers with lower socio-economic status may have unstable and inflexible work schedules and may be unable to afford child care services, which prevent them from attending these programs regularly (Stanley & Kovacs, 2003). Apart from the challenges surrounding participation, in the planning and decision-making stages of the service delivery process, families often feel excluded and express concerns that their needs and voices are not lifted up (Child Welfare Information Gateway, 2017). Hence, extending interventions to the community helps to overcome these barriers to services and reduces stigmatization associated with program participation.

Garbarino and Kostelny (1992) stated that child maltreatment is “a symptom of not just individual or family trouble, but neighborhood and community trouble as well” (p. 463). This conceptualization is in accordance with the socio-ecological perspective (Belsky, 1980; Bronfenbrenner, 1979), which proposes that factors proximal to the core of the socio-ecological system, including individual and family characteristics, and distal factors at community and societal levels simultaneously influence the occurrence of maltreatment. The community level concerns the community contexts in which social relationships occur, such as schools, workplaces, and neighborhoods. At the community level, factors including social isolation, limited economic and housing opportunities in neighborhoods, and social and cultural norms that support violence were found to elevate the risk of child maltreatment

(Dahlberg & Krug, 2002). Other risk factors at the larger societal level include economic or social inequalities related to health, economic, educational, and social policies (Dahlberg & Krug, 2002). From this system perspective, families and individuals are heavily influenced by the social environment in which they are situated. Positive impacts resulting in the improvement of the community and social environment will ripple out to individuals and families, and in turn influence family environments and parenting practices, ultimately preventing the occurrence of maltreatment. However, among the current published literature, there is insufficient attention paid to community and societal factors associated with child maltreatment (Stith et al., 2009), hindering the development of community-based approaches to maltreatment prevention.

The term "community-based" is broad and is conceptualized differently across studies. The typology of community-based interventions by McLeroy et al. (2003) proposed four categories of community-based approaches, including (1) the community as a setting, which refers to the community as the setting for interventions; (2) the community as a target, referring to the intervention goal of modifying community environments through systemic changes in public policy and community institutions and services; (3) the community as a change agent, which emphasizes fostering the natural capacities of a community; and (4) the community as a resource, concerning community ownership and community members' participation in regard to sustaining success at the population level. Thus far, several reviews have summarized existing findings on these different categories of community-based interventions for child maltreatment. Specifically, the systematic review conducted by Admon Livny and Katz (2018) evaluated five child maltreatment intervention programs that used families and schools as the setting and highlighted the collaboration between schools and families. All the programs included in the review used different measures to facilitate cooperation among various agencies in education, welfare and health, and community

settings. The findings suggested that schools could be used as agencies of change when attempting to modify communities, raise awareness, and approach individuals regarding child maltreatment. Concerning maltreatment prevention through systemic changes, Klevens et al. (2015) evaluated the effects of 11 policies in the United States on child maltreatment rates, including four poverty reduction policies, two policies facilitating access to child care, two policies facilitating access to early childhood education, and three policies facilitating children's access to health care. After taking confounding factors into account, the results showed a statistically significant negative effect of waitlists to access subsidized child care and a statistically significant positive effect of policies that facilitate the continuity of child health care insurance on lowering child maltreatment rates. Van Dijken et al. (2016) reviewed five community-based interventions, which all aimed to increase social capital by working on neighborhood processes, such as collective efficiency, shared responsibility, and informal social support, in order to prevent child maltreatment. The study provided supportive evidence for preventive strategies targeting neighborhood processes.

Based on the findings of existing reviews, current community-based interventions that use various approaches are shown to be impactful in modifying community risk factors, enhancing community members' collective awareness and knowledge about child maltreatment, and strengthening collaboration among community institutions. Although these conditions are thought to be protective of maltreatment (Mulroy & Shay, 1997; Sabol et al., 2004; Whitaker et al., 2005) and that community-based approaches appear to be a promising public health approach to reducing child maltreatment, whether or not current community-based interventions have actual impacts on the reduction of maltreatment is uncertain (MacMillan et al., 2009). Furthermore, it remains unclear what specific intervention components may be associated with and contribute to positive outcomes. Before the further development of prevention programs takes place, an important step is to address the

following two research questions: 1) What are the existing findings regarding the impacts of community-based interventions on the actual reduction of child maltreatment?; and 2) What potential intervention components of community-based interventions contributed to lowering the actual child maltreatment rates?

Method

Search Strategy

This study covered publications in electronic databases, including Medline, PsycInfo, and Web of Science. Relevant publications were systematically searched using the following set of keywords: (1) child maltreatment, child abuse, child neglect, child abuse and neglect, and child protection; (2) intervention, prevent, strategy, and approach; and (3) community, societal, and society. Text published before January 2020 were searched. After the elimination of duplicated publications, the titles of the retrieved publications were screened to exclude obviously irrelevant publications. The abstracts of the remaining publications were screened based on the inclusion and exclusion criteria. Then, the full texts of the articles were reviewed to select the eligible studies. A grey literature search was performed on Google Scholar using the keywords “community-based child maltreatment prevention”. The first 10 pages of the search results were screened and no additional studies were identified. No additional relevant publications were identified by manually searching the reference lists of all of the selected articles.

Inclusion and Exclusion Criteria

Study selection was based on the following inclusion and exclusion criteria. Studies were included if they (1) focused on the prevention of child maltreatment; (2) placed emphasis on modifying the community environments and processes; (3) evaluated the actual change in child maltreatment at the community level as one of the outcomes; and (4) were primary studies reporting original data. Studies were excluded if they (1) were published in

languages other than English; (2) were book chapters, book reviews, commentaries, conference abstracts, or editorials; and (3) were systematic reviews, meta-analyses, or literature review studies.

Study Selection Process

A total of 4,933 records were identified through database searching; one record was identified through other sources. After removing duplicated studies (n = 2,244), the remaining studies (n = 2,689) were screened further. Articles with irrelevant titles (n = 357), such as non-English titles, titles involving bullying, health issues, measurement or assessment, other forms of abuse, and social issues, and other irrelevant reports and handbooks, were excluded. The abstracts of the publications (n = 2,332) were assessed for eligibility based on the inclusion and exclusion criteria. Studies not focusing on the prevention or intervention of child maltreatment, not focusing on the community level (n = 2,148), that were books, book chapters, or book reviews (n = 67), editorials, conference abstracts, or commentaries (n = 32), meta-analyses, systematic reviews, or literature reviews (n = 47), or dissertations that authors failed to obtain the full-text of (n = 3) were excluded. Then, the full texts of the remaining studies (n = 42) were assessed according to the inclusion and exclusion criteria. After excluding studies that did not describe a particular intervention program (n = 6), did not place emphasis on modifying the community environment (n = 14), and were not primary studies (n = 18), four studies were included in this review (Figure 1).

Data Extraction and Analysis

A coding sheet was created to extract data from the selected studies. Data extracted included the study design, intervention details, participant information, and the programs' outcomes. In light of the considerable heterogeneity of the selected studies in terms of community and population characteristics, socio-demographic and cultural backgrounds,

intervention designs, and outcome evaluations, narrative synthesis was employed as an appropriate and suitable method through which to review the intervention components and outcomes. In analyzing the selected implementation studies with rich dimensions of contexts and factors, narrative synthesis was also recognized as useful for examining the impacts on the actual reduction in child maltreatment and identifying the commonalities among the community-based interventions, while capturing the social contexts in which the programs were implemented in great depth (Popay et al., 2006).

Results

Intervention Characteristics

Table 1 summarizes the characteristics of the four selected intervention studies. The four community-based child maltreatment programs included in the current review were Strong Communities for Children, the Durham Family Initiative (DFI), the Enough Abuse Campaign, and Prevent Child Abuse Georgia. All interventions were conducted in the United States. Of the studies that reported the intervention duration, the interventions lasted for approximately five years. Two interventions focused on preventing physical child abuse and the neglect of children under the age of six years, and two interventions focused on child sexual abuse. The interventions included multiple components of primary and secondary prevention approaches. Of the four interventions, three intervened at the community level by modifying community environments and processes, and one intervention targeted multiple ecological levels simultaneously.

Intervention Outcomes

Strong Communities for Children utilized neighborhood strategies to prevent child abuse and neglect (CAN) in low- and high-resource communities in South Carolina in the United States (McLeigh et al., 2015). It focused on families with children under the age of six years. Its key principle was to provide natural support for families within their social settings

and resource availability. The results concluded that the Strong Communities initiative was effective in regard to preventing child maltreatment in low- and high-resource communities, in which it appeared to have achieved the desired outcome of reducing child maltreatment for children under five (McLeigh et al., 2015). Findings from the survey and administrative (child protective services and a hospital) data indicated inconsistent declines in substantiated cases and International Classifications of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) coded injuries linked to CAN in the community. According to the ICD-9-CM data, physical abuse and neglect of children aged zero to 19 years, and all forms of maltreatment for children under the age of five dropped in both low- and high-resource communities. The reduction was greater across these outcomes in low-resource communities than in high-resource communities. Regarding the data of the child protective services, both community types experienced declines in rates of substantiated cases of all forms of maltreatment for children under five, with a greater drop in the low-resource communities. However, low-resource communities saw increases in physical abuse and neglect for children aged zero to 19 years, and high-resource communities saw an increase in neglect and a decrease in physical abuse. In terms of other positive outcomes related to changes in the quality of life for families and the community norms of child and family well-being, low-resource communities illustrated an increase in receiving help from neighbors, greater engagement in neighborly activities, and improvements in the perception of child household safety and observed positive parenting. High-resource communities showed a substantial increase in intermediate outcomes related to self-reported positive parenting practices, and fewer self-reported disengaged, neglectful, and physical or verbal assault parenting practices.

The DFI was a comprehensive intervention project that addressed risk and protective factors of maltreatment at multiple levels of the system, from child and family to community and society, with the goal of lowering the maltreatment rate of children aged zero to six years

in Durham, North Carolina, in the United States (Rosanbalm et al., 2010). After the initiation of the DFI in 2002, the substantiated maltreatment rates per 1,000 children aged zero to six dropped substantially by 63.2% in five years (i.e., by 2007), compared with a decrease of 24.8% in five comparison counties (Rosanbalm et al., 2010). No intervention effects were observed for the CPS investigation and recidivism. The maltreatment-related hospital and emergency diagnoses per 1,000 children aged zero to six were also reduced by 28.1% from 2002 to 2007 in Durham, whereas the rates in five comparison counties increased by 9.5%. According to the survey findings, higher perceptions of neighborhood safety, available resources, and social support were reported. Citizens in Durham also developed a sense of belonging and responsibility to their community after the implementation of the preventive initiative. In conclusion, a comprehensive preventive system of care, with components targeting specific maltreatment risk factors across different levels was required to alleviate the overall child maltreatment rate.

The Enough Abuse Campaign was a five-year (from 2003 to 2007) multidisciplinary, state-wide education and community mobilization effort to prevent child sexual abuse (CSA) at community and society levels in Massachusetts in the United States (Schober et al., 2012). Substantiated reports of CSA in Massachusetts declined by 69% from 1990 to 2007, which was proximal to the study period (Schober et al., 2012). There was also a significant increase, from 69% to 93%, of respondents reporting the perception of adult responsibility for preventing CSA between 2003 and 2007. Through instituting new programs and making training available to leaders in the community and organizational settings, as well as community residents, the campaign also facilitated changes in public policies and CSA-related systems.

Prevent Child Abuse Georgia was a five-year project (from 2002 to 2007) that targeted a state-wide community (Georgia in the United States) to prevent CSA (Schober et

al., 2012). There was a considerable fall in the annual average number of CSA substantiated cases per 100,000 children aged below 18 years of age reported by the Georgia Department of Human Services after the implementation of Prevent Child Abuse Georgia, from 104.6 cases in the five years prior to the project to 83.8 cases when it was in place from 2002 to 2007 (Schober et al., 2012). More specifically, the CSA incidence rate decreased substantially starting from 2004. There was a percentage decrease in the number of cases per 100,000 by 20.7%, 20.7%, and 12.2% in 2005, 2006, and 2007 respectively. The project also successfully provided 232,822 informational materials to Georgia residents and assisted 1,271 helpline callers with consultations on CSA warning signs within the five-year period. A total of 253 educational workshops were conducted and 7,700 individuals were trained; 18.4% of the participants were involved in training others in the community to redeliver the program.

Intervention Components and Approaches

Four major components and approaches were identified among the selected interventions, including 1) the involvement of community members, 2) partnerships with community institutions, 3) multidisciplinary collaboration, and 4) responsiveness to the needs of communities.

Involvement of Community Members

All programs utilized different neighborhood strategies to educate and mobilize community members to prevent CAN. Three of them relied on building networks and informal support through various community activities. Specifically, outreach workers in Strong Communities for Children rallied individuals and institutions, including communities of faith, business organizations, schools, and civic clubs, through in-person meetings, small-scale neighborhood activities, and community-wide events, to provide support for families with young children. Localized action plans involving a range of informal activities were

developed and implemented through collective efforts. For example, efforts were made to gather people together to foster connections and to transform community norms and structures to positively address the needs of young families. The DFI also developed a neighborhood intervention, in which collective responsibility for protecting children was cultivated by establishing social norms and building community relationships in high-risk neighborhoods. Formal and informal support networks (e.g., volunteer mentors and parent support through neighborhood residents and communities of faith) were built and fortified for families with infants and young children through community engagement and social interactions. To promote adult and community responsibility for preventing CSA, the Enough Abuse Campaign organized and promoted an advocacy-based movement across the state, targeting all Massachusetts residents.

Disseminating informational resources and CAN preventive messages was another shared approach. Apart from organizing informal events, substantial efforts were invested in inculcating initiative messages through repeated exposure in different publications, such as elementary school newsletters, pediatricians' educational materials for parents, and churches' bulletin inserts in Strong Communities for Children. Similarly, a variety of CSA prevention messages and materials concerning CSA were disseminated to the general public through a wide array of media coverage in the Enough Abuse Campaign and Prevent Child Abuse Georgia.

To further promote the involvement of community members and create a sense of collective responsibility, volunteers from the general public were trained by professionals with clinical experience to support residents in handling potential CSA incidents through a state-wide telephone helpline in Prevent Child Abuse Georgia. An educational component involving extensive training workshops, aiming to educate adults in regard to discerning healthy sexual behavior and responding appropriately to CSA situations, was also included.

Partnerships with Community Institutions

Two programs worked closely with local organizational leaders to foster community engagement. In Strong Communities for Children, community organizations, such as churches, schools, and civic clubs, were encouraged to utilize their facilities to create informal activity centers for playgroups, parents' nights out, financial education, and other regular volunteer-led assistance available to all families in the community. Along the same lines, local infrastructures for preventing CSA were established in three communities by forming additional partnerships with organizational leaders in the Enough Abuse Campaign. Targeting the community leaders, the campaign supported train-the-trainer programs to encourage the trainers to become part of the public health workforce and educate other residents about the prevention of CSA perpetration. Specific workshops were organized for early education and child care agency staff and service providers, while resources were allocated to developing the Preventing Child Sexual Abuse in Youth-Serving Organization, a guided self-assessment process, and a set of technical assistance tools.

Multidisciplinary Collaboration

Collaboration among helping professionals and agents was highlighted as one of the core pillars in two programs. The DFI emphasized building partnerships and fostering communication between community leaders, agency directors, operational managers, and individuals from a variety of fields, including health systems, mental health agencies, child protection associations, non-profit providers of parenting and family preventive services, public schools, courts, the juvenile system, and county government, in order to align and improve services for at-risk families. Capitalizing on expertise and service provision settings among disciplines, professionals took on specific responsibilities in the program. For example, those with frequent interactions with children were encouraged to identify early

signs of the risk of maltreatment and refer families to the primary local service agency providing maltreatment programs.

Likewise, the Enough Abuse Campaign was launched by a multisector group of representatives from over 20 state-level organizations, highlighting collaboration from experts across the fields of public health, social welfare, and sexual violence. However, instead of focusing on direct service provision among specialists, the campaign adopted a secondary, long-term approach to preventing CSA. The targeted action involved the curriculum development of the Enough Abuse Campaign and included Strategies for Your Family and Community, which covered information about the conditions and social norms contributing to the occurrence of CSA and CSA perpetration preventive skills. It was further modified and developed into a second curriculum, Understanding and Responding to Sexual Behaviours of Children, which provided training to parents and child care professionals regarding the identification and appropriate responses to abusive sexual behavior in regard to children through group discussion and behavioral practice.

Responsiveness to the Needs of Communities

Strong Communities for Children and the DFI tailored the strategies used and services provided to meet the needs of the communities with which they worked, based on given social settings and resource availability. In addition to the general framework, specific approaches were used in high- and low-resource communities in Strong Communities for Children. The traditional style of community organizing, such as the establishment of organizations/structures and the creation of special events, was highlighted in low-resource communities. In high-resource communities, with well-established formal structures and sufficient social events available, the outreach effort focused on spreading the message of keeping children safe by strengthening support systems for parents at events held by existing organizations and by building partnerships with community leaders.

The DFI also offered a range of services, targeting parents and families in different stages and circumstances. For instance, maternity care coordination was offered to all low-income expectant mothers as part of their health care. In terms of professional services provided to high-risk families in the community, a home visiting intervention was delivered by social workers and counselors to new parents with risk factors regarding child maltreatment. For parents who were involved in child protective services, an attachment-based intervention involving parent-child interaction therapy or health and safety components was offered.

Discussion and Applications to Practice

The aims of the present review were to summarize existing findings on the impacts of community-based interventions on the actual reduction of community-wide child maltreatment and the intervention components that likely contributed to the intervention impacts. Four interventions implemented in the United States met the eligibility criteria of this review. Overall, the selected studies showed that the impact of community-oriented interventions on the actual mitigation of child maltreatment was promising and it was feasible to implement and evaluate child maltreatment prevention at the community level.

Extending from previous child maltreatment research that has utilized various official records to examine trends regarding maltreatment and associated health problems (Collin-Vézina et al., 2010; Finkelhor, 2011; Lo et al., 2018), the studies included in this review used administrative data, mainly from the databases of the CPS and hospital records as an indicator of intervention impact on community-wide child maltreatment incidence. The studies generally observed different levels of decline in substantiated maltreatment cases and maltreatment-related injuries during the intervention periods. The declines observed in the intervention studies may indicate true reductions in child maltreatment resulting from the interventions. However, the declines also coincided with a national decrease in child

maltreatment cases over the United States around the study periods (Finkelhor et al., 2018), indicating the possibility that external causes, such as economic situations and public policies, contributed to the drop. The comparison with national statistics not only illustrated the context in which the administrative data were collected but also suggested how systemic changes might have impacted the research results (Hurren et al., 2017). Interestingly, the findings of Strong Communities for Children showed conflicting results in regard to the changes in child maltreatment recorded by hospitals and the CPS during the study period (McLeigh et al., 2015). This discrepancy may be explained by the idea that the nature of maltreatment cases reported to hospitals is different from that of cases reported to the CPS. For instance, a previous study found that cases extracted from the hospital database were predominately child physical abuse cases and involved infant victims, compared with those retrieved from the CPS (Schnitzer et al., 2004). Clearly, each measure of child maltreatment only captures and provides evidence on a certain aspect of the heterogeneous construct of maltreatment (Roehrkasse & Wildeman, 2019), inclusion of multiple administrative data types, self-reported and informant-reported maltreatment, and other outcome measures will provide a more comprehensive and accurate understanding of community-wide child maltreatment situations. Therefore, it is suggested that future research should triangulate across measures in order to best assess the effectiveness of community-based child maltreatment prevention and intervention efforts. It would be worth considering to adopt a strategy of comparing multiple data sources or using appropriate data as an objective complement to more ambiguous data on maltreatment. For example, a previous study coupled child neglect data with the numbers of malnutrition or accidental deaths to make vigorous interpretations on the changes in trends amid the equivocal conceptions of neglect (Swift, 1995).

In terms of study design, a randomized controlled study approach is widely accepted as the golden standard for intervention evaluations in health care research. However, the randomization of community-based interventions into control and intervention groups is exceptionally challenging, as a great deal of groundwork in terms of community engagement and collaboration among various institutions needs to be done in order to set the stage for program delivery. Despite the lack of randomization, the selected interventions maintained rigor by including matching comparison groups (e.g., as in McLeigh et al., 2015; Rosanbalm et al., 2010) and assessing annual child maltreatment incidences prior to the program implementation (e.g., as in Rosanbalm et al., 2010; Schober et al., 2012), to provide a comparison for the program's outcomes. These evaluation designs provide useful references for future studies.

In response to the second research question, the present review identified several common intervention components across the four selected interventions that likely contributed to the intervention's impacts. First, community members were involved in child maltreatment prevention. The interventions mobilized a wide range of community members, including residents and volunteers, and emphasized collective responsibility for child protection. The findings support the notion that building informal support-fostering social networks and connections among community members is an effective strategy in preventing child maltreatment (Negash & Maguire-Jack, 2016). Since parents in child welfare programs often express negative emotions, ranging from fear and shame to guilt (Kemp et al., 2009), drawing on community resources and networks cultivates a positive and healthy social norm regarding child protection and potentially eliminates the stigma associated with the adversarial nature of child welfare involvement. The building of stronger social connections also normalizes the concept of seeking help and motivates parents to reach out for support and receive services when needed. Second, the interventions demonstrated the importance of

a bottom-up approach that involves community members in facilitating program sustainability. Program sustainability refers to the continuation of a program after its initial introduction and implementation, and is a challenging issue (Molnar & Beardslee, 2014). One common strategy used to promote sustainability is through identifying community leaders and institutions able to take over the programs (Molnar & Beardslee, 2014). This study shows that volunteers and community residents are also key to promoting program sustainability, as they initiated prevention activities and rolled out these activities by themselves in their communities. This finding is consistent with a previous study showing that, through community-driven action, not only did communities successfully develop greater willingness to engage with and use formal services, but members were also motivated to participate in voluntary and community-led actions that contributed to program sustainability (Wessells, 2015). Another salient implication of the adoption of a bottom-up approach is family empowerment. As a majority of parents receiving child welfare services feel excluded in the program planning and decision-making processes, family empowerment is the act of engaging, involving, and voicing families' perspectives at program and system levels (Kemp et al., 2009). Families are more likely to be included in evaluating current programs, advocate for their own needs, and provide input into service planning and delivery when interventions are run and sustained by community institutions (Child Welfare Information Gateway, 2017). Other than this bottom-up approach, the interventions included in this review highlighted the importance of multisectoral collaboration across disciplines, which has been found to be essential in child maltreatment prevention (MacMillan et al., 2009). Although it is unclear which of these components is most effective, it is likely that hybrid approaches that employ a combination of formal and informal supportive services, top-down and bottom-up strategies, and collaborations among professionals and among community members will generate synergy in the community that promotes child protection.

It is also worth noting that communities are heterogenous and have different needs. One of the interventions, **Strong Communities for Children,** found that different approaches worked for different types of communities (McLeigh et al., 2015). Specifically, community mobilization efforts to build capacity and trust in the community were more efficient in low-resource communities, whereas the dissemination of child maltreatment prevention messages through key organizations was beneficial for high-resource communities. The findings corroborate the emphasis of culturally responsive programs in recent years that it is critical to consider the strengths, beliefs, and practices of individual communities and respect various cultures while delivering interventions and services and ensuring the safety and well-being of children (Child Welfare Information Gateway, 2017). Therefore, it is suggested that future community intervention designs should be adapted to fit the socio-economic characteristics of communities and endorse a strengths-based approach to customizing services to meet unique community needs. If possible, multiple community characteristics should be simultaneously examined in regard to intervention design (Nadan et al., 2015).

Overall, the present review has contributed to the research of child maltreatment prevention and intervention in the following ways. First, it provides additional support that community-based interventions have actual impacts on ameliorating child abuse and neglect. It enhances the current understanding of the use and interpretation of administrative data on evaluating the effectiveness of child maltreatment intervention at the community level. Second, in alignment with the socio-ecological model (Belsky, 1980; Bronfenbrenner, 1979), this review identifies that a consortium of efforts in addressing multiple factors and aspects at different levels of the socio-ecological system simultaneously would be promising preventive strategies. In particular, this review uncovered intervention components that potentially promote positive outcomes. The core pillars include involvement of community members,

partnerships with community institutions, multidisciplinary collaboration, and responsiveness to the heterogeneous needs of communities, which emphasize the hybrid approach of leveraging formal and informal community resources and employing top-down and bottom-up strategies to mobilize joint efforts in fostering child protection.

In regard to practical implications, social workers work with the community and with a wide spectrum of individuals. They serve as important facilitators in sustaining community collective efforts to prevent child maltreatment. For example, social workers can help gather community members and guide them to develop bottom-up and informal approaches to preventing child maltreatment. More specifically, through encouraging public involvement, mobilizing resources, and collaborating with multidisciplinary professionals, they play a pivotal role in expediting the process of establishing a supportive climate and promoting a sense of collective responsibility in regard to child protection within the community. Gaining buy-ins from community institutions and members is essential in sustaining on-going programs and offering continuous services to children and families in need. Since social workers are also frontline service providers for at-risk families who are vulnerable to child maltreatment, they have the advantage of empowering parents by valuing their input in the planning and decision-making processes. Most importantly, they connect families with community resources, enhance their sense of belonging, and address their pressing needs. In the grand scheme of things, community members know best in regard to what their communities need. They are valuable resources in regard to addressing specific social and cultural needs. Social workers are also recommended to review existing child maltreatment intervention programs being delivered at different levels and assess the possibility of integrating these programs in a comprehensive community-based intervention. In practice, they are also encouraged to test and modify the aforementioned hybrid service delivery model for child maltreatment prevention, which involves collaboration among disciplines,

direct professional service provision, community organizational partnership, and human resources mobilization among the general public.

Owing to insufficient empirical evidence, further research is necessary for the development of effective community-based approaches to child maltreatment prevention. Future studies should include multiple sources of maltreatment measurements. Gathering detailed economic, social services, education, and health care data from the community, using population-based self-reported and informant-reported surveys, and retrieving data regarding the number of maltreatment reports to child protection agencies, regardless of substantiation status, would shed more light on intervention effectiveness. With the careful handling of data privacy issues, the development of a routine data collection and data management system would provide important data sources for future intervention studies. As community changes take time to occur, it is worth exploring the possibility of conducting follow-up studies regarding previously delivered community-based interventions. Among the interventions included in this review, multiple components targeting different ecological levels were included. Additional research that closely examines the active ingredients contributing to intervention impacts and includes qualitative feedback from community members is needed.

Limitations

Several limitations of this study need to be considered when interpreting the results. This review specifically focused on community-based maltreatment preventions that included a measurement of community-wide child maltreatment. There were only four publications meeting the eligibility criteria of this review and all of them were conducted in the United States. Owing to the limited number of studies identified and differences in the reported statistics, this review did not include a quantitative synthesis of the findings of the selected studies, and is therefore unable to ascertain the effects of the interventions in quantitative terms. While this review showed that existing community-based interventions were impactful

in regard to reducing incidences of maltreatment, the intervention studies were unable to capture unreported maltreatment incidents and cases reported to other professionals.

Conclusion

This systematic review of selected literature summarized the findings of existing community-based interventions aiming to reduce child maltreatment. This review showed that existing interventions are effective in regard to improving various aspects of the social environments. Intervention components, including community mobilization, raising public awareness, informal support, and modifying social norms, appeared to be effective strategies in regard to preventing child maltreatment. The findings of this review provide preliminary evidence supporting the idea that community-based interventions have actual impacts on the reduction of child maltreatment.

References

Admon Livny, K., & Katz, C. (2018). Schools, families, and the prevention of child maltreatment: Lessons that can be learned from a literature review. Trauma, Violence, & Abuse, 19, 148-158. https://doi.org/10.1177/1524838016650186

Belsky, J. (1980). Child maltreatment: An ecological integration. American Psychologist, 35, 320-335. https://doi.org/10.1037/0003-066X.35.4.320

Bronfenbrenner, U. (1979). The ecology of human development. Harvard University Press.

Chen, M., & Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention: A meta-analysis. Trauma, Violence, & Abuse, 17, 88-104. https://doi.org/10.1177/1524838014566718

Child Welfare Information Gateway. (2017). The Family Engagement Inventory (FEI): A brief cross-disciplinary synthesis. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Collin-Vézina, D., Hélie, S., & Trocmé, N. (2010). Is child sexual abuse declining in Canada? An analysis of child welfare data. Child Abuse & Neglect, 34, 807-812. https://doi.org/10.1016/j.chiabu.2010.05.004

Dahlberg, L. L., & Krug, E. G. (2002). Violence: A global public health problem. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), World Report on Violence and Health (pp. 1-56). World Health Organization.

Finkelhor, D. (2011). Prevalence of child victimization, abuse, crime, and violence exposure. In J. W. White, Koss, M. P., & Kazdin, A.E. (Eds.), Violence against women and children: Mapping the terrain (pp. 9-29). American Psychological Association.

Finkelhor, D., Saito, K., & Jones, L. (2018). Updated trends in child maltreatment, 2016. Crimes against Children Research Center.

Garbarino, J., & Kostelny, K. (1992). Child maltreatment as a community problem. Child Abuse & Neglect, 16(4), 455-464. https://doi.org/10.1016/0145-2134(92)90062-V

Hardcastle, K., Bellis, M., Hughes, K., & Sethi, D. (2015). Implementing child maltreatment prevention programmes: What the experts say. World Health Organization.

Hurren, E., Stewart, A., & Dennison, S. (2017). New methods to address old challenges: The use of administrative data for longitudinal replication studies of child maltreatment. International Journal of Environmental Research and Public Health, 14(9). 1066. https://doi.org/ 10.3390/ijerph14091066

Jud, A., Fegert, J. M., & Finkelhor, D. (2016). On the incidence and prevalence of child maltreatment: A research agenda. Child and Adolescent Psychiatry and Mental Health, 10, 17. https://doi.org/10.1186/s13034-016-0105-8

Kemp, S. P., Marcenko, M. O., Hoagwood, K., & Vesneski, W. (2009). Engaging parents in child welfare services: Bridging family needs and child welfare mandates. Child Welfare, 88(1), 101-126.

Klevens, J., Barnett, S. B. L., Florence, C., & Moore, D. (2015). Exploring policies for the reduction of child physical abuse and neglect. Child Abuse & Neglect, 40, 1-11. https://doi.org/10.1016/j.chiabu.2014.07.013

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A., & Lozano, R. (2002). World Report on Violence and Health. World Health Organization.

Lo, C. K. M., Ho, F. K. W., Chan, K. L., Wong, W. H. S., Wong, R. S. M., Chow, C. B., Tsang, A. M. C., Tso, W. W. Y., & Ip, P. (2018). Linking healthcare and social service databases to study the epidemiology of child maltreatment and associated health problems: Hong Kong's experience. The Journal of Pediatrics, 202, 291-299.e291. https://doi.org/10.1016/j.jpeds.2018.06.033

Luke, N., & Banerjee, R. (2013). Differentiated associations between childhood maltreatment experiences and social understanding: A meta-analysis and systematic review. Developmental Review, 33, 1-28. https://doi.org/10.1016/j.dr.2012.10.001

MacMillan, H. L., Wathen, C. N., Barlow, J., Fergusson, D. M., Leventhal, J. M., & Taussig, H. N. (2009). Interventions to prevent child maltreatment and associated impairment. The Lancet, 373(9659), 250-266. https://doi.org/10.1016/S0140-6736(08)61708-0

McLeigh, J. D., McDonell, J. R., & Melton, G. B. (2015). Community differences in the implementation of Strong Communities for Children. Child Abuse & Neglect, 41, 97-112. https://doi.org/10.1016/j.chiabu.2014.07.010

McLeroy, K. R., Norton, B. L., Kegler, M. C., Burdine, J. N., & Sumaya, C. V. (2003). Community-based interventions. American Journal of Public Health, 93, 529-533. https://doi.org/10.2105/AJPH.93.4.529

Molnar, B. E., & Beardslee, W. R. (2014). Community-level prevention of child maltreatment. In J. E. Korbin & R. D. Krugman (Eds.), Handbook of child maltreatment (pp. 301-315). Springer.

Mulroy, E. A., & Shay, S. (1997). Nonprofit organizations and innovation: A model of neighborhood-based collaboration to prevent child maltreatment. Social Work, 42, 515-524. https://doi.org/10.1093/sw/42.5.515

Nadan, Y., Spilsbury, J. C., & Korbin, J. E. (2015). Culture and context in understanding child maltreatment: Contributions of intersectionality and neighborhood-based research. Child Abuse & Neglect, 41, 40-48. https://doi.org/10.1016/j.chiabu.2014.10.021

Negash, T., & Maguire-Jack, K. (2016). Do social services matter for child maltreatment prevention? Interactions between social support and parent's knowledge of available

local social services. Journal of Family Violence, 31, 557-565. https://doi.org/10.1007/s10896-015-9788-5

Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. PLoS Medicine, 9, e1001349. https://doi.org/10.1371/journal.pmed.1001349

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme Version. Lancaster: Lancaster University.

Roehrkasse, A. F., & Wildeman, C. (2019). Administrative data and long-term trends in child maltreatment: the prospects and pitfalls. The Lancet Public Health, 4(3), e121-e122. https://doi.org/10.1016/S2468-2667(19)30022-2

Rosanbalm, K. D., Dodge, K. A., Murphy, R., O'Donnell, K., Christopoulos, C., Gibbs, S. W., Appleyard, K., & Daro, D. (2010). Evaluation of a collaborative community-based child maltreatment prevention initiative. Protecting Children, 25(4), 8-23.

Sabol, W. J., Coulton, C. J., & Korbin, J. E. (2004). Building community capacity for violence prevention. Journal of Interpersonal Violence, 19, 322-340. https://doi.org/10.1177/0886260503261155

Schnitzer, P. G., Slusher, P., & Van Tuinen, M. (2004). Child maltreatment in Missouri: Combining data for public health surveillance. American Journal of Preventive Medicine, 27, 379-384. https://doi.org/10.1016/j.amepre.2004.08.007

Schober, D. J., Fawcett, S. B., & Bernier, J. (2012). The Enough Abuse Campaign: Building the movement to prevent child sexual abuse in Massachusetts. Journal of Child Sexual Abuse, 21, 456-469. https://doi.org/10.1080/10538712.2012.675423

Schober, D. J., Fawcett, S. B., Thigpen, S., Curtis, A., & Wright, R. (2012). An empirical case study of a child sexual abuse prevention initiative in Georgia. Health Education Journal, 71, 291-298. https://doi.org/10.1177/0017896911430546

Stanley, J., & Kovacs, K. (2003). Accessibility issues in child abuse prevention services. Australian Institute of Family Studies

Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., Harris, J. M., Som, A., McPherson, M., & Dees, J. E. M. E. G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. Aggression and Violent Behavior, 14, 13-29. https://doi.org/10.1016/j.avb.2006.03.006

Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. Child Abuse Review, 24, 37-50. https://doi.org/10.1002/car.2353

Swift, K. (1995). Manufacturing" bad mothers": A critical perspective on child neglect. University of Toronto Press.

van der Put, C. E., Assink, M., Gubbels, J., & van Solinge, N. F. B. (2018). Identifying effective components of child maltreatment interventions: A meta-analysis. Clinical Child and Family Psychology Review, 21, 171-202. https://doi.org/10.1007/s10567-017-0250-5

Van Dijken, M. W., Stams, G. J. J., & De Winter, M. (2016). Can community-based interventions prevent child maltreatment? Children and Youth Services Review, 61, 149-158. https://doi.org/10.1016/j.childyouth.2015.12.007

Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. Child Abuse & Neglect, 43, 8-21. https://doi.org/10.1016/j.chiabu.2015.04.006

Whitaker, D. J., Lutzker, J. R., & Shelley, G. A. (2005). Child maltreatment prevention priorities at the Centers for Disease Control and Prevention. Child Maltreatment, 10, 245-259. https://doi.org/10.1177/1077559505274674

Table 1

Characteristics of the Selected Studies

Authors	Publication year	Country	State	Name of the intervention	Intervention details	Population	Intervention duration	Measurement of child maltreatment	Participants involved	Major outcomes
McLeigh, McDonell, and Melton	2015	USA	South Carolina	Strong Communities for Children	Rallied individuals and institutions to provide support for families with young children, encourage community organizations to utilize their facilities to create informal activity centers, established organizations/structures and organized special events, spread child protection messages, and built partnerships with community leaders.	Low- (small town, rural area) and high- (suburban area) resource communities and young families.	Not specified	Child protective services found cases and injuries linked to child abuse and neglect.	High- (suburban) and low- (rural, small town) resource communities, including communities of faith, businesses, schools, civic clubs, and non-profit/social organizations.	Increased community engagement (particularly in low-resource communities), reduced child maltreatment cases and injuries (greater declines in low-resource communities), improved perceptions of child household safety and observed positive parenting, increased help received from neighbors, increased self-reported positive parenting practices, and decreased negative parenting behaviors.

Rosanbalm et al.	2010	USA	North Carolina	The Durham Family Initiative (DFI)	The community and organization collaborated in aligning and improving services for at-risk families, built support system and connections through a neighborhood development intervention, encouraged child maltreatment screening and referral, and provided direct professional services (e.g., a home visit intervention and parent-child interaction therapy).	Communities with high rates of reported child maltreatment, low-income pregnant women, and unsubstantiated child welfare cases.	Not specified	Substantiated maltreatment rates per 1,000 children aged zero to six years old, and maltreatment-related hospital and emergency diagnoses per 1,000 children aged zero to six years.	Key decision-makers from local agencies (private and public health organizations, public mental health agencies, child protection services, public schools, courts and juvenile systems, non-profit providers of parenting and family preventive services, and county government), operational managers of agencies, service professionals, advocates, citizens, parents, community residents, communities of faith, volunteers, social workers, and counselors.	Decreased maltreatment-related hospitalization and substantiated maltreatment rates, safer neighborhoods, increased resources and social support in the community, and an increased sense of responsibility.

Schober, Fawcett, and Bernier	2012	USA	Massachusetts	The Enough Abuse Campaign	Developed a curriculum (Enough Abuse: Strategies for Your Family and Community and Understanding and Responding to Sexual Behaviours of Children), established local infrastructures, organized train-the-trainer programs, and developed a child sexual abuse assessment tool.	Communities in Massachusetts : the general public, parents, child care professionals, and service providers.	Five years	The number of substantiated reports of child sexual abuse.	Community residents, parents, child care professionals, community leaders, early education and child care agency staff, leaders in organizational settings, youth-serving organizations, and public health and social welfare organizations.	Increased awareness, increased perception of adult responsibility for preventing child sexual abuse, and reduced substantiated cases.
Schober, Fawcett, Thigpen, Curtis, and Wright	2012	USA	Georgia	Prevent Child Abuse Georgia	Disseminated informational resources to the community, set up a child sexual abuse telephone support hotline, and organized education and training programs.	Communities and the general public in Georgia.	Five years	The annual average number of child sexual abuse substantiated cases per 100,000 children aged below 18 years of age.	Community residents, professionals with clinical experience, trained volunteers, adults, healthcare professionals, youth-serving organizations, family social services, and educational institutions.	Increased public awareness and knowledge of child sexual abuse, and lower numbers of child sexual abuse incidences.

Figure 1

Flowchart of the Selection of Studies