REDUCING THE RISK OF CHILD MALTREATMENT THROUGH THE EARLY HEAD START PROGRAM

by

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Due to the destructive impact of child maltreatment and limited available funding to address its consequences, the value of preventive measures is evident. A broad class of prevention programs that vary in their settings and goals, known as Early Childhood Intervention Programs (ECIPs), provide excellent opportunities to prevent and identify cases of child maltreatment. A federally funded home-based ECIP, the Early Head Start program, was examined in this study. The primary objectives of the proposed study were (a) to examine the need for preventing child maltreatment through the Early Head Start program, (b) to examine child maltreatment risk factors at various levels of a developmental-ecological framework, (c) to examine the impact of the Early Head Start program and its components in reducing the risk of child maltreatment over time, and (d) to examine the risk factors that contribute to program attrition. Results demonstrate that the Early Head Start program includes families characterized by significant child maltreatment risk factors across all levels of analysis. Across all analyses, families in this sample who spoke English as their primary language and children with caregivers who were not biological parents were more at risk for a history of child maltreatment and program attrition. Risk factors that were most predictive of maltreatment history were caregiver history of abuse, domestic violence in the home, and significant parenting concerns. However, each level of risk factors was significantly predictive of maltreatment

history above and beyond demographic characteristics. Early Head Start services were predictive of a reduction in only two risk factors, namely food and nutrition concerns and social support concerns. Families receiving more intensive services were also the families more likely to report new indications of child maltreatment over time. Finally, results revealed that families with lower incomes and no indications of poverty were more likely to drop out of the program prematurely. Limitations of the study and suggestions for future research are discussed, as well as recommendations for improving child maltreatment prevention through the Early Head Start program and other home-based ECIPs.

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Introduction

The disturbing prevalence of child abuse and neglect in the United States has sparked a great deal of research and mobilization over the past few decades. Yet despite the growing awareness and recognition of this societal problem, hundreds of thousands of children continue to be maltreated every year. The U.S. Department of Health and Human Services (2008) reported 905,000 substantiated cases of child maltreatment in 2006 alone. Many estimates indicate that approximately 20% of children will be sexually abused before becoming adults (Davis & Gidyez, 2000). Even more tragic are the severe cases of abuse and neglect that lead to child fatalities. In 2006, it was estimated that 1,530 children died as a result of child maltreatment, the majority of which were under four years of age (U.S. Department of Health & Human Services, 2008).

Aside from the serious physical consequences of child maltreatment, several emotional and behavioral consequences for children have been noted in the literature. These consequences vary according to differences in the severity, duration, and frequency of maltreatment, as well as differences in the child (e.g., temperament, coping skills, developmental stage) and his or her environment (e.g., family income, social support, neighborhood characteristics) (Hecht & Hansen, 2001). In general, children who have been maltreated are likely to develop insecure attachments with caregivers, which often lead to interpersonal difficulties, aggressive behavior, and low self-esteem. They may also have impaired emotional regulation capabilities and exhibit internalizing problems, such as depression, anxiety, and self-harm behaviors (e.g., Hecht & Hansen, 2001; Saywitz, Mannarino, Berliner, & Cohen, 2000; Tyler, 2002). As adults, victims of child maltreatment are significantly more likely to engage in a variety of risky behaviors

(e.g., alcoholism, drug use, smoking, suicide, promiscuity, obesity) that frequently lead to poor health and even early death (e.g., Oklahoma Institute for Child Advocacy, 2006a,b). The consequences of child maltreatment have a broader impact on society as well. Economic analyses have estimated the direct (e.g., hospitalization, treatment, law enforcement) and indirect (e.g., special education, foster care, juvenile delinquency, unemployment) costs of child maltreatment to be over $94 billion per year (Fromm, 2001; U.S. Department of Health & Human Services, 2004b).

Considering the destructive impact of child maltreatment on individuals and society as a whole, as well as the limited funding available to address its consequences, the value of preventive measures is becoming increasingly apparent. The benefits of prevention efforts can be seen at both individual and societal levels. Prevention programs can save millions of dollars through reductions in health care costs, child welfare services costs, out-of-home care costs, law enforcement costs, judicial system costs, and unemployment costs to society. Moreover, long-term benefits of child abuse prevention include improved mental and physical health, educational achievement, employment prospects, social functioning, and family stress (Karoly et al., 2001; U.S. Department of Health & Human Services, 2004b).

Though greatly varied in nature, Early Childhood Intervention Programs (ECIPs) are excellent resources for preventing child maltreatment. These programs have become increasingly prevalent since the 1960s, which marked the beginning of the modern era in early childhood intervention (Meisels & Shonkoff, 1990). Though their roots stem from a variety of fields and the programs themselves are diverse in context, purpose, and intervention strategies, ECIPs share the common goal of "translat[ing] ever-growing

knowledge about the process of human development into the formation of the best kind of environment in which a child can grow" (Meisels & Shonkoff, 1990, p. 27). These programs also share the idea that intervention should occur early in life, before more significant problems are likely to develop. Because child maltreatment is most common in children under age five, ECIPs intervene at an ideal developmental stage to prevent maltreatment before it occurs (e.g., Graham-Bermann, 2002; U.S. Department of Health & Human Services, 2008). These programs have the unique ability to address multiple problems at multiple levels and across multiple settings, increasing the likelihood that child maltreatment can be prevented (e.g., Daro, 2000; Karoly et al., 2001; U.S. Department of Health & Human Services, 2008).

Overview of Child Maltreatment Risk Factors

It has been widely accepted that there is no single cause of child maltreatment (e.g., Belsky, 1993; Daro, 2000; Daro & Harding, 1999; Hecht & Hansen, 2001). A variety of risk factors exist in a range of contexts, producing "many pathways to child abuse and neglect" (Belsky, 1993, p. 413). Each of these characteristics alone may increase the risk of maltreatment, but they often co-occur and increase risk in a cumulative manner (Hecht & Hansen, 2001; Oklahoma Institute for Child Advocacy, 2006a). It is likely that most families will experience one or more of these risk factors at some point, while not all families will experience abuse or neglect (Daro, 2000). For this reason, prediction of maltreatment risk is a difficult and often inaccurate endeavor. It has proven extremely difficult to identify either potential victims or potential perpetrators of abuse and neglect (Daro, 1994; Hecht & Hansen, 2001). However, as research continues

to uncover information about common risk factors, prevention programs can be designed and modified to address multiple risk factors within a single program.

Developmental-Ecological Framework

Belsky (1993) outlined a developmental-ecological framework to organize the various child maltreatment risk factors across multiple levels of analysis, based on the work of Bronfenbrenner and forming the basis for the work of Cicchetti and others (e.g., Bronfenbrenner, 1979; Cicchetti & Toth, 2000; Hecht & Hansen, 2001). According to this framework, child maltreatment risk factors can be conceptualized in terms of parent factors, child factors, factors in the immediate interactional context, and those existing in the broader environmental context. Furthermore, factors within each level are continuously influencing and interacting with factors in other levels in a transactional manner (Belsky, 1993; Cicchetti & Toth, 2000). Several of these risk factors are discussed below, within a developmental-ecological framework.

Parent Factors

While they are not directly predictive of child maltreatment, factors related to a parent's mental health, personality, and personal history have all been linked to child abuse potential. Parental mental health problems have been associated with increased risk of child maltreatment, particularly in cases of parental depression and severe mental illness (Baydar, Ried, & Webster-Stratton, 2003; Belsky, 1993; Hecht & Hansen, 2001). In one study of maltreating families, 84% of the parents were diagnosed with a DSM-III mental disorder by a licensed mental health professional (Taylor et al., 1991). A parent with mental health problems may have less emotional and psychological resources available to invest in meeting their child's needs. In particular, a significant relationship

has been found between maternal depression and child abuse (Hecht & Hansen, 2001; Sheppard, 1997). Mental health problems such as depression may be related to social isolation, a significant risk factor for child maltreatment within the broader environmental context. Abusive parents also tend to attribute hostile intent to their children's behaviors and perceive childrearing as more difficult than non-abusive parents (Hecht & Hansen, 2001). They often perceive themselves as having little control and display high levels of negative reactivity (Belsky, 1993). Maltreatment risk is particularly high when these problems are paired with low social support and high levels of stress (e.g., Daro & Donnelly, 2002; Hecht & Hansen, 2001; Telleen, Herzog, & Kilbane, 1989). In addition, studies have shown that abusive parents frequently have low self-esteem, lack of impulse control, and impaired empathy for others (Belsky, 1993).

Though the research is inconclusive, a history of childhood maltreatment has frequently been linked to increased abuse potential (e.g., Belsky, 1993; Hecht & Hansen, 2001). Rates of intergenerational transmission of abuse have been estimated to range from 7 to 70 percent, providing little conclusive evidence of this phenomenon (Belsky, 1993). It has been suggested that abusive behaviors may be learned from parents, that adults who were abused as children may be hyperreactive to stressful situations, and that these individuals may not have developed appropriate coping and problem-solving skills (Belsky, 1993). Additionally, there is significant evidence that parental alcohol and drug use are related to family violence. Fluctuations in child maltreatment rates have even been linked to fluctuations in rates of substance abuse in the general population (NCCAN, 1996). In 1995, it was estimated that 675,000 children are maltreated each year by substance-abusing caretakers. Another estimate claims that more than 11 percent of

pregnant women in the United States are currently using illicit drugs (NCCAN, 1996). In sum, it is clear that parent factors are likely to contribute to a child's risk of being maltreated, although they comprise only one level of analysis.

Child Factors

Several characteristics of children have been associated with increased risk of child maltreatment, particularly when risk factors at other levels of analysis are present as well. Prenatal drug use by mothers can lead to low birth weight, prematurity, and developmental disabilities, each of which are child characteristics that have been shown to increase maltreatment risk (e.g., Cicchetti & Toth, 2000; Solomons, 1979). Child age has also been identified as a risk factor for maltreatment, with younger children being at higher risk (e.g., Cicchetti & Toth, 2000; Graham-Bermann, 2002; U.S. Department of Health & Human Services, 2008). Nearly 80% of child fatalities due to abuse or neglect in 2006 were children under four years of age, with infant boys having the highest rates of fatalities (U.S. Department of Health & Human Services, 2008). There may be a variety of explanations for this trend, including the greater amount of time spent with caregivers, increased susceptibility to injury, greater dependence on caregivers, and higher rates of behavior problems in younger children (Belsky, 1993). In fact, child behavior problems appear to be a significant child risk factor in their own right (Belsky, 1993; Urquiza & McNeil, 1996). Children exhibiting noncompliant, disruptive, impulsive, and aggressive behaviors are at higher risk for physical abuse than their well-behaved counterparts. These behaviors are liable to provoke coercive parenting behavior, particularly in the presence of other parent risk factors (Belsky, 1993).

Certain child characteristics have been found to increase the risk of sexual abuse in particular, such as low self-esteem, lack of social support, and inadequate knowledge of personal safety skills (e.g., Daro, 1994; Daro & Donnelly, 2002; MacIntyre, Carr, Lawlor, & Flattery, 2000). Several studies have found that passive children with low self-esteem tend to be chosen as victims of sexual abuse (e.g., Daro, 1994; MacIntyre et al., 2000). These children are often less likely to respond assertively to adults and may value the positive attention they are receiving from the perpetrator. In addition, children who are more isolated tend to be at higher risk for sexual abuse, because they are less likely to disclose the abuse to others (Daro, 1994; Daro & Donnelly, 2002; MacIntyre et al., 2000). Communication between the child and his or her parents, siblings, friends, and teachers may be limited, providing few options for disclosure. Finally, children with little knowledge of personal safety skills (e.g., good vs. bad touches, inappropriate sexual behavior, what to do in an abusive situation) are often easier targets for sexual exploitation (Daro & Donnelly, 2002). These children may feel uncomfortable in the abusive situation, but may be unaware of the inappropriateness of certain behaviors or strategies to stop the abuse. While the intention is clearly not to blame the victim, it is important that child factors be examined as possible targets of intervention to prevent child maltreatment.

Immediate Interactional Context

Beyond the personal characteristics of children and parents that increase the risk for maltreatment, several factors can be identified within the immediate interactional context between the child and parent. There is little doubt that problematic parenting practices increase the risk of child maltreatment. Lack of parenting skills and knowledge

of child development have been associated with maltreatment risk, with high risk parents exhibiting inappropriate expectations of their children and frequently using ineffective child management techniques (e.g., Daro & Donnelly, 2002; Hecht & Hansen, 2001; Telleen et al., 1989). In particular, physical punishment of children to elicit compliance (i.e., corporal punishment), such as spanking and slapping, has been shown to increase the risk of physical abuse (e.g., Straus, 2001). Research indicates that mothers who are violent toward their children are much more likely to approve of corporal punishment (e.g., Holden, Coleman, & Schmidt, 1995; Murphy, 1997). Physical discipline temporarily brings about compliance, but over time is related to an increase in behavior problems in children. This creates the need for increasingly severe physical punishments to gain control, which may lead to physical abuse (Straus, 2001). In general, abusive parents often exhibit negative parent-child relationships, including interacting with their children in negative ways, providing less support to their children than nonabusive parents, and interacting with their children less often than nonabusive parents (Urquiza & McNeil, 1996). In particular, Belsky (1993) indicates that neglectful parents tend to be unresponsive to their children, while physically abusive parents are less supportive and convey less positive affection for their children. Physically abusive parents tend to be overall more controlling, punitive, and rigid in their parenting strategies.

Marital discord and partner violence are significant risk factors as well, in that they negatively impact parenting skills, increase the level of stress in the home, and lead to feelings of isolation, all of which increase the risk of child maltreatment (Hecht & Hansen, 2001; Prevent Child Abuse America, 2006; Telleen et al., 1989; Thompson, 1995). Furthermore, partner violence and child maltreatment often co-occur and children

may be injured intentionally or accidentally during a violent incident (Graham-Bermann, 2002; NCCAN, 1996). For example, studies have consistently found rates of overlap between child physical abuse and domestic violence above 20% (Graham-Bermann, 2002). In addition to the physical risk involved, children who are exposed to domestic violence often suffer significant psychological trauma as well (e.g., Graham-Bermann, 2002; Hecht & Hansen, 2001; NCCAN, 1996).

Broader Context

Moving beyond the immediate interactional context between family members, characteristics of the broader environment may greatly increase the risk of maltreatment. Poverty has long been shown to be a significant environmental risk factor for child maltreatment (e.g., Daro & Donnelly, 2002; Dupper & Poertner, 1997; Evans, 2004; Garbarino & Kostelny, 1994; Hecht & Hansen, 2001). It has been linked to every form of child maltreatment and past studies of incidence rates have found that families with incomes under $15,000 were 22 times more likely to have a child who is maltreated than families with higher incomes (National Clearinghouse on Child Abuse and Neglect Information [NCCAN], 1996). However, this relationship may be mediated by other risk factors that are present in low-income households (Hecht & Hansen, 2001). For example, housing quality is directly related to income and national survey data indicates that households below the poverty line are more likely to have structural defects, rodent infestations, and inadequate heat (Evans, 2004). These living conditions may be hazardous to children and may lead to neglect charges. In addition, families living in poverty may be unable to access healthy food, leading to inadequate nutrition in children. Higher rates of substance abuse and mental health problems can be found in families

living in poverty, as well as low levels of social support (e.g., Baydar et al., 2003; Evans, 2004; NCCAN, 1996). Stress has also been shown to mediate the relationship between poverty and child maltreatment, with significantly higher levels of parental stress found in low-income families (e.g., Evans, 2004; Hecht & Hansen, 2001).

Characteristics of neighborhoods and communities can increase the risk of child maltreatment. While poverty is an obvious factor, high risk neighborhoods are also defined by a lack of positive neighboring, high population turnover, more stressful daily interactions between families, and low social cohesion or integration (Belsky, 1993; Daro & Donnelly, 2002; Garbarino & Kostelny, 1994). According to Daro and Donnelly (2002), social cohesion refers to the "level of shared values and…willingness to intervene on behalf of the collective good" (p. 442). When neighbors cannot trust or rely on one another for help, this frequently leads to feelings of isolation and stress. In addition, the fear induced by living in high crime environments can lead parents to be more restrictive and punitive in their parenting in order to protect their child from the frightening prospects surrounding them (Garbarino & Kostelny, 1994).

There is abundant evidence that social isolation can increase the risk of child maltreatment (e.g., Lovell & Hawkins, 1988; Lovell & Richey, 1997; Norbeck, Dejoseph, & Smith, 1996; Richey, Lovell, & Reid, 1991; Telleen et al., 1989). Social support can include emotional support, providing information, guidance and counseling, providing access to services, assistance with everyday tasks, and providing material aid such as clothes and food (Telleen et al., 1989; Thompson, in press). It may be provided by informal networks of individuals (e.g., family members, friends, coworkers, clergy) as well as formal support agents (e.g., therapists, social workers, home visitors) (Thompson,

1995). These types of social support are often absent in maltreating families (Belsky, 1993). For example, one study found that 95% of families who were labeled "severely abusive" did not have any continuous relationships with individuals outside of the family (Thompson, 1995). Parents who face significant stressors and lack a support network may see their options as more limited and are more likely to resort to hostile and violent behavior (e.g., Prevent Child Abuse America, 2006; Telleen et al., 1989). However, Thompson (1995) warns that certain types of social support may sometimes *sustain* abusive behavior. He argues that a specific kind of support network is necessary to prevent child maltreatment – one that supports values that are inconsistent with maltreatment, with individuals who are willing to challenge inappropriate parental behavior, and individuals who prioritize the children's well-being above the parent's emotional needs.

Finally, lack of societal awareness about child maltreatment and general acceptance of violence have likely contributed to consistently high rates of abuse and neglect in the United States (Belsky, 1993; Greven, 1990; Straus, 2001). Violence is commonly accepted and condoned in this country, as evidenced by television shows, movies, music, news programs, and court rulings. This society is characterized by negative attitudes toward children as well as acceptance of corporal punishment as a form of discipline. While its use in schools has significantly declined, corporal punishment by parents is legal in every state and parents continue to support the use of corporal punishment in the home, at least as a 'last resort' (Straus, 2001). As Belsky (1993) asserts, "The fact of the matter is that in cultures in which physical punishment is rare, child abuse is quite unusual" (p. 423).

Preventing Child Maltreatment Through Early Intervention

Child maltreatment risk factors, such as those discussed previously, often co-occur within families. Due to the limited predictive utility of any single risk factor and the common co-occurrence of several risk factors, it may be insufficient to address each risk factor in isolation. According to Daro (2000), "Child maltreatment arises from both the individual contribution of many causal factors and the combined impacts of these factors on parents' abilities to care for their children" (p. 164). Programs that address multiple risk factors across various levels of analysis appear to be the most effective in preventing child maltreatment (e.g., Daro & Donnelly, 2002; Evans, 2004; Hecht & Hansen, 2001; NCCAN, 1996). Program effectiveness also appears to increase with earlier intervention, from toddlers and preschoolers to as early as prenatal intervention (Daro & Donnelly, 2002; NCCAN, 1996). Children under age five are disproportionately more likely to witness or experience family violence than older children (Graham-Bermann, 2002; U.S. Department of Health & Human Services, 2008). In fact, the victimization rate was highest among children under age 3 in 2006 at a rate of 14.2 per 1,000 children (U.S. Department of Health & Human Services, 2008). This supports the need for early prevention services, particularly with high risk families. Targeting mothers as early as pregnancy provides the opportunity to establish a strong foundation in the home before the child is born and additional stressors arise (Daro, 2000).

For these reasons, ECIPs provide excellent opportunities to prevent and identify cases of child maltreatment. These programs are typically targeted at high risk populations, including families living in poverty, children with disabilities, substance abusing parents, families with histories of violence, and young parents with little

knowledge of parenting or child development (e.g., Baydar et al., 2003; Meisels & Shonkoff, 1990; Peddle, Wang, Diaz, & Reid, 2002; U.S. Department of Health & Human Services, 2007). ECIPs have the potential to address multiple risk factors for child maltreatment in a population of very young children and pregnant mothers. These programs can address child maltreatment through promotion of healthy families, prevention of maltreatment in high-risk families, and early intervention for children who have been identified as maltreated (National Public Health Partnership, 2003).

Stated another way, child maltreatment prevention can occur in ECIPs on three different levels (Daro, 1994). At the primary prevention level, ECIPs are able to provide universal services to the general population through media, public education, and school systems (e.g., Daro, 1994, 2000; Daro & Donnelly, 2002; Nelson, Laurendeau, & Chamberland, 2001; Prevent Child Abuse America, 2006; Turner & Sanders, 2006). At the secondary prevention level, ECIPs specifically provide services to high-risk families, such as those experiencing multiple stressors and maltreatment risk factors (e.g., Baydar et al., 2003; Breaky & Pratt, 1991; Daro, 1994; Nelson et al., 2001). At the tertiary prevention level, ECIPs are an ideal context for early identification of child maltreatment and for providing services to perpetrators and victims with the intention of preventing revictimization (e.g., Daro, 1994; Daro & Donnelly, 2002; MacIntyre & Carr, 2000; Prevent Child Abuse America, 2006). While early identification of child maltreatment is critical, it is undoubtedly more beneficial and cost effective to prevent child maltreatment before it occurs.

Early Childhood Intervention Programs

A brief explanation and overview of ECIPs is necessary before proceeding to

evaluate the Early Head Start program in particular. The term "Early Childhood Intervention Program" does not refer to a specific program, but rather refers to a broad class of programs that vary widely in several areas. Two broad types of ECIPs are generally discussed in the literature: (a) programs designed to prevent negative outcomes for children by targeting at-risk children and families, and (b) programs targeting children with confirmed physical and developmental disabilities. ECIPs may differ in the setting, target of intervention, interveners involved, inclusion criteria, as well as overall purpose of the program. Common settings for early intervention services are the home, schools and child care centers, health care and mental health clinics, and community settings (e.g., Daro & Donnelly, 2002; Peddle et al., 2002; Thompson, 1995). Many ECIPs span a variety of settings, although most programs are primarily focused on one specific context. While characteristics and skills of parents and children are likely the most common targets of ECIPs (e.g., Daro & Donnelly, 2002; Nelson et al., 2001; Prevent Child Abuse America, 2006), other targets may include the parent-child relationship (e.g., Aos et al., 2004; Bell & Eyberg, 2002; Hembree-Kigin & McNeil, 1995; Urquiza & McNeil, 1996), teachers (e.g., Daro, 1994; Daro & Donnelly, 2002; MacIntyre et al., 2000), peer groups (e.g., Daro & Donnelly, 2002; Elwood, 1988; Telleen et al., 1989; Thompson, 1995), families (e.g., Dupper & Poertner, 1997; Shaw et al., 2006), neighborhoods (e.g., Daro & Donnelly, 2002), and entire communities (e.g., Daro & Donnelly, 2002; Nelson et al., 2001).

Individuals providing services through ECIPs may include nurses, mental health professionals, paraprofessionals, social workers, teachers, law enforcement officers, and graduate students, among others. ECIPs vary in their assessment process and inclusion

criteria as well. While some programs recruit participants through human service agencies or self-referrals (e.g., Telleen et al., 1989; Thompson, 1995; Urquiza & McNeil, 1996), others provide universal assessment of all families in a particular region (e.g., Breaky & Pratt, 1991; Daro, 2000; Olds, 1999; Olds, 2002; Olds, Henderson, Chamberlin, & Tatelbaum, 1986). Many programs assess for the presence of specific child maltreatment risk factors (e.g., Breaky & Pratt, 1991; Duggan et al., 1999; Thompson, 1995) or include only high-risk populations such as teen mothers or children with developmental delays (e.g., Meisels & Shonkoff, 1990; Peddle et al., 2002). ECIPs vary greatly in their stated purpose, ranging from programs that promote school readiness and overall development to those that aim to provide health care and prevent child maltreatment. ECIPs of any kind have the unique potential to address multiple risk factors and prevent the abuse and neglect of children, an essential precursor to achieving any other goals a program may have.

The literature clearly demonstrates that programs that address multiple risk factors across various levels of intervention (child, parent, immediate context, and broader context) achieve the most dramatic and enduring results. The following review focuses exclusively on programs designed to promote healthy development and prevent negative outcomes for at-risk children. Another broad type of ECIPs target young children with established physical and developmental disabilities (such as early childhood special education programs). These programs have been discussed elsewhere (e.g., Baker & Feinfield, 2003; Majnemer, 1998) and are not the focus of this paper. The programs reviewed below vary in their setting, goals, participants, and components, but all share the common potential to prevent child maltreatment. A selection of exemplary school-

based, clinic-based, community-based, and home-based ECIPs can be found in Table 1, along with various characteristics of each program. The child maltreatment risk factors addressed by each are listed in Table 2. For a more detailed summary of ECIPs, see Asawa, Hansen, and Flood (2008).

Examples of Early Childhood Intervention Programs

School-Based Programs

Schools and child care centers are ideal settings for child maltreatment prevention efforts, because they provide access to the general population, more families can be reached through fewer resources, and maltreatment is often disclosed to teachers and other school personnel. Though many of these programs were designed for school-age children, similar approaches can and have been used with preschool children. Sexual abuse prevention programs in particular have utilized the school-based approach, with over 85% of school districts in the United States offering sexual abuse prevention programs in the year 2000 alone (Davis & Gidyez, 2000). In general, research has found these programs to be effective in increasing children's knowledge of sexual abuse and how to respond to abusive situations (e.g., Daro & Donnelly, 2002; Davis & Gidyez, 2000; MacIntyre & Carr, 2000). Examples of school-based sexual abuse prevention programs designed for use with young children include the Grossmont College Child Sexual Abuse Prevention Program (Daro, 1994; Ratto & Bogat, 1990), the Behavioral Skills Training Program (Daro, 1994; Wurtele, Kast, Miller-Perrin, & Kondrick, 1989), and the Stay Safe Program in Ireland. In addition to sexual abuse prevention programs, schools and child care centers have provided the setting for ECIPs that address risk factors for multiple forms of child maltreatment. Two such programs are the

Table 1

Summary of Example Early Childhood Intervention Programs

Setting	Program	Target(s)	Intervener(s)	Inclusion Criteria
School-Based	Stay Safe Program	Children, parents, and teachers	Mental health professionals and teachers	All 6 to 12-year-old children in primary schools in Ireland
	Family Resource Centers	Children, parents, families, groups, and teachers	Paraprofessionals, mental health professionals, and teachers	Students at the school and their families, as well as members of the surrounding community
	Head Start Program	Children, parents, and teachers	Paraprofessionals and teachers	Low-income families with children from 3 to 5 years
Clinic-Based	Parent-Child Interaction Therapy	Parents and parent-child relationship	Mental health professionals	Families with children between 2 and 7 years who were referred for treatment
	Family Support Program	Groups of parents	Social workers and teachers	Self-referred parents with children under age 7
Community-Based	Neighborhood Parenting Support Project	Parents	Paraprofessionals	All parents in a selected neighborhood
	Prevent Child Abuse America	Parents and families	Wide variety of service providers	General public, pregnant mothers, young children
	Triple P – Positive Parenting Program	Parents and families	Health care professionals and trained volunteers	All parents in Australia with children ages 16 and under
Home-Based	Healthy Start Program	Parentsand parent-child relationship	Paraprofessionals	Universal assessment to identify high risk families

Healthy Families America	Parentsand parent-child relationship	Paraprofessionals	Universal assessment to identify high risk families
Nurse-Family Partnership	Mothers	Nurses	Young (<19), low-income, single mothers

Table 2

Summary of Child Maltreatment Risk Factors Addressed by Example ECIPs

ECIP	Parent Factors	Child Factors	Immediate Context	Broader Context
Stay Safe Program		Child social support Knowledge of safety skills Low self-esteem	Parenting skills Parent knowledge	
Family Resource Centers	Parent stress Parent mental health	Young children Health/development	Parent knowledge	Poverty Parent social support
Head Start Program	Parent stress Parent mental health	Young children (3 to 5 years) Health/Development	Parenting skills Parent knowledge	Poverty Parent social support
Parent-Child Interaction Therapy	Parent stress Negative attributions	Young children (2 to 7 years) Behavior problems Developmental disabilities Low self-esteem	Parent-child relationship Parenting skills Parent knowledge Discipline strategies	Parent social support
Family Support Program	Parent stress Negative attributions	Young children (under age 7) Behavior problems	Parent-child relationship Parenting skills Parent knowledge Discipline strategies	Parent social support
Neighborhood Parenting Support Project	Parent stress Parent mental health		Parenting skills	Parent social support Low social cohesion
Prevent Child Abuse America	Negative attributions	Young children	Parent-child relationship Parenting skills	Societal acceptance of violence