

The Role of Philanthropy in Child Maltreatment Prevention Efforts

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The Duke Endowment has long been interested in the welfare of children. In his Indenture of Trust that established The Endowment in 1924, James B. Duke expressed a desire to help children who had been orphaned from their families. Today, we recognize that children are less likely to be orphaned in the traditional sense of the word (by the death of their parents). They are more likely to be “orphaned” by the actions of their parents—namely, child abuse and neglect that results in the state (through county departments of social services) taking custody of the child.

This recognition has led to dramatic changes in the way The Endowment supports child welfare.

Today, The Endowment places great emphasis on funding prevention and early intervention efforts to stem the flow of children who enter foster care and to keep children safe in their homes and communities.

The Role of Philanthropy

From the time our national child welfare system was created, funds have been directed toward responding to identified cases of child maltreatment. And for many years, we believed the number of maltreatment cases was small. Not until Henry Kempe published *The Battered Child Syndrome* in 1962 did people come to realize that parents were mistreating their children.¹ As recently as 30 years ago, law enforcement and social service agencies nationwide fielded 60,000 reports of suspected child abuse and neglect per year.² Today, that number is nearly three million.

Given the weight of these numbers, the current system is outdated and woefully inadequate. County departments of social services (DSS) do not have budgets that can handle current case load levels, and only limited public funds actually target

preventive or early intervention efforts that might slow the stream of children entering foster care.

Foundation funding can help address this shortfall by providing funding for prevention. Effective prevention efforts could not only help children and families, but could ease the

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cost burden to the state and counties by reducing the case loads and the other costs associated with child abuse (i.e., mental health, special education, justice system). But to effectively reduce child abuse, foundations must be willing to fund carefully planned, well-documented pilot efforts. Ideally, such pilots will be able to demonstrate the logic of preventing child maltreatment in addition to stimulating changes that might lead to a more effective system for supporting families and children. Successful demonstrations could also help convince legislators and policy makers that the old adage of “an ounce of prevention is worth a pound of cure” continues to hold true.

Comprehensive Strategies

Reducing the risk factors of child abuse and neglect (e.g., poverty, substance abuse, single parent homes, domestic violence, parental stress, mental illness, etc.) will require a comprehensive, coordinated strategy aimed at the entire community. Too often, funders, including The Duke Endowment, have supported fragmented programmatic efforts for segments of the populations rather than community-wide programs. By design, these efforts

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are limited in scope and invite unnecessary service duplication across multiple agencies.

Like Child Protective Services, programmatic efforts funded by foundations are often reactionary and fail to address the systemic factors that lead to child maltreatment. While necessary—and in some cases effective in supporting individual families where maltreatment is suspected—such an approach is arguably inefficient and, in the aggregate, cost-prohibitive. Instead of continuing to fund such limited programs, foundations should fund programs with evidence supporting their ability to create systemic change.

Another challenge programs face in providing interventions that will prevent child abuse is the families' perception of the stigma attached to receiving such support. Offering services universally (to everyone in a community) is a research-based strategy promoted to reduce the stigma that is often associated with receiving family support services. For example, if all expectant families receive parenting education, the social norm is more likely to change. Instead of potentially being seen as a program for the less capable, the community will come to expect this education. Helping the entire community become more accepting of family support services is not only important in terms of reducing the stigma low-income families may feel, but it also helps to engage the entire community. While poverty is a risk factor, abuse and neglect occur across all socio-economic groups. Universal programs will also help extended family and neighbors "re-discover" their role as a support network for young families.

Guiding Principles for Effective Funding of Child Abuse Prevention

In addition to providing a comprehensive approach that includes community and family involvement, foundations should consider several other key principles.

Listen to providers. Service providers are on the front lines finding ways to best serve children. Foundations are several steps removed. Foundations should strike an interactive posture with grantees, as opposed to a prescriptive or authoritarian approach. Grantees, in turn, should recognize that the knowledge they hold is just as important as the money foundations offer.

Support evidence-based interventions. Many service providers offer intervention programs that lack any evidence of effectiveness. For instance, child self-protection classes ("Good Touch/Bad Touch") are commonly used as a line of defense against sexual predators. In reality, such training has proven far more effective in disclosing past inappropriate behavior than in preventing future assaults.³ According to the findings of the North Carolina Institute of Medicine Task Force on Child Abuse Prevention, strong evidence supports the effectiveness of only a few programs. These include the Nurse Family Partnership (Olds model), Parent Child Interaction Therapy, the Strengthening Families Program, and the Chicago Child Parent Centers.⁴

Insist on clear and understandable measurement. It is imperative that projects have *appropriate* outcomes measurement.

Appropriate means several things, including:

- *Being realistic about the scale and scope of the effort.* Chances that a one-year, \$25,000 grant will reduce child abuse in a given community are remote. Design outcome objectives that are appropriately matched with the resources being implemented.
- *Identifying measures that are understandable to lay audiences.* Pre- and post-test clinical scores regarding behavior improvement are fine, but be sure to track indicators the average parent or policymaker will understand. These indicators could include preparing for school readiness, increasing parental employment, accessing quality child care, securing medical homes, reducing family isolation, and enhancing community involvement, etc.
- *Balancing qualitative with quantitative measures.* Be prepared to share the anecdotes as well as the hard statistics; both tell important stories.

Provide long-term funding. The typical model for foundation grant support entails three-year obligations in declining annual amounts. Foundations have assumed that a funding period of three years provides ample time to test an approach, document its effectiveness, and attract sustaining resources, while weaning off grant support. For many projects, this model is effective and appropriate. For large-scale comprehensive, community-based approaches to preventing child maltreatment, however, the three-year funding model is inadequate. The complexity of child abuse and neglect demands longer grant periods. Changes in human behavior are gradual, not immediate. The same can be said for changing the culture and values of communities. A longer window will allow for more valid assessment of measurable change at the community level.

Pulling It All Together: The Duke Endowment's Child Abuse Initiative

Embracing the aforementioned tenets, in 2002 The Duke Endowment launched a planned ten-year effort to reduce child abuse and neglect by measurable amounts. Begun in Durham, North Carolina and Greenville, South Carolina, with programs led by researchers from Duke University and Clemson University, the initiative is the Endowment's most comprehensive effort to document the results of programs for preventing child abuse and neglect.

The primary goal of this initiative is a reduction in child abuse rates within the targeted service areas. To achieve this goal, each site is implementing strategies focused on the following objectives: improving parenting practices and behaviors, strengthening the community's formal service systems, and improving the capacity of community residents to protect children and support parents.

Each community has implemented approaches to address key risk factors for child maltreatment. In Durham, the Durham Family Initiative, under the direction of Dr. Ken Dodge, is focusing primarily on risk factors for parents and

families and secondarily on the broader community and culture. In Greenville, the Strong Communities program, under the direction of Dr. Gary Melton, is focusing primarily on cultural risk factors and secondarily on individual families.

The evaluation plan, under the direction of Dr. Deborah Daro of Chapin Hall at the University of Chicago, is also well-defined, including door-to-door surveys in the service areas and comparison communities to capture information on community norms, neighborhood perceptions, available social supports, organizational involvement, and parenting behaviors and practices. The surveys are scheduled every three years to assess the effectiveness of interventions and to mark progress toward goals. Also, the grantees themselves (Duke and Clemson) will conduct site-specific evaluation studies examining public data, available services, volunteerism, effectiveness and coordination of specific programs, and participant observations.

Conclusion

Child abuse and neglect is a serious societal ill that produces many negative consequences. Evidence suggests that victims of child abuse and neglect may demonstrate attention deficit disorder

and lower IQs. Behaviorally, common by-products of abuse and neglect include substance abuse, depression, anxiety, and excessive stress. Developmentally, speech, language, and gross motor delays may result, which is understandable, given that victims will have difficulties developing trust, social relationships, and attachments. Finally, and perhaps most tragically, almost a third of abuse and neglect victims will go on to abuse their own children.⁴

Foundations that desire to foster advances in society could not pick a more significant issue as a lever for change than preventing child abuse and neglect. As Abraham Lincoln once said,

A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, states, and nations. He is going to move in and take over your churches, schools, universities, and corporations ... the fate of humanity is in his hands.² **NCMedJ**

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