

## Chapter 2

# Child Maltreatment Prevention in Rural Communities

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### ABSTRACT

*For more than half a century, child maltreatment prevention programs have been implemented in communities across America with hopes of stopping the abuse and neglect of children. To broaden the understanding of maltreatment in rural families, risk markers and protective factors are discussed with specific attention to contextual stressors and resources available in rural communities. Furthermore, primary maltreatment prevention initiatives directed at improving parenting practices and increasing public awareness of child maltreatment are reviewed. Also discussed are empirically supported secondary and tertiary maltreatment prevention programs that are commonly used to intervene with families at risk for interfacing with child welfare and protection agencies, or in instances of substantiated maltreatment. Preventing ill-treatment of children in rural communities requires ingenuity, community engagement and leadership, and governmental funding to best serve children and their families.*

### INTRODUCTION

An estimated 65 million people live in rural or remote areas where “few people live across a large geographic area” (Sedlak et al, 2010; The Housing Assistance Council, n.d, p.14) of the United States. Children make up 23% of America’s rural population (The Housing Assistance Council, n.d). According to the Carsey Institute, 28% of the reported cases of maltreatment in rural areas were for physical abuse, 14% for sexual abuse, 47% for neglect, 12% for other abuse (e.g., abandonment, emotional, and moral/legal maltreatment), and 26% were categorized under multiple abuses (Mattingly & Walsh, 2010). The reality is that children typically experience more than one form of maltreatment (Belsky, 1993; Chaffin, Silovsky, Funderburk et al., 2004)

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Of the known cases of abuse and neglect, national surveys reveal a steady decline in the recurrence of ill-treatment of children. For instance, the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) showed a 36% reduction in ill treatment of children between 1996 and 2006 (Sedlak, Mettenburg, Basena et al., 2010), and the Carsey Institute reported a 52% reduction for confirmed physical and sexual abuse cases between 1990 and 2007 (Mattingly & Walsh, 2010). Even though these findings are promising, the numbers do not account for unreported child victimization and known cases of abuse that are not addressed because they do not meet the definition of child maltreatment per regional/state definitions (Fallon, Trocme, Fluke, et al., 2010). For this reason, there is a significant need for prevention and intervention strategies that reach vulnerable children who are not accounted for in the child welfare and protection system.

## **BACKGROUND**

### **Defining Maltreatment and Prevention**

As a society, we have made gains in detecting maltreatment and transforming social standards and expectations of what is considered appropriate and inappropriate treatment of children (Finkelhor & Jones, 2006). Some authors (Paxson & Haskin, 2009; Prinz et al., 2009) have examined the effectiveness of maltreatment deterrence in America and concluded that current strategies for averting the ill-treatment of children are inconsistent from region to region. At issue is the fact that the regionalized definition of abuse and neglect determine which children and families receive much-needed preventive services. Also, state-by-state comparisons of child maltreatment are unlikely because of the wide range of legal classifications of maltreatment across the nation (Fallon et al., 2010; Paxson & Haskins, 2009).

Without a universal or a collective classification system of maltreatment, the true extent of child maltreatment cannot be ascertained (Fallon et al., 2010; Paxson & Haskins, 2009). More importantly, regionalized definitions of maltreatment not only limit victim identification, but set a cap on which children get access to essential social and mental services (Paxson & Haskins, 2009). The present system, in which child protective services (CPS) agents act as gatekeepers to preventive services, encourages the practice of monitoring for accumulated risks until arbitrary thresholds are met before CPS responds. Regionalized definitions of maltreatment are relevant to determining who can access preventive services (Paxson & Haskins, 2009; Petersen, et al., 2013), but it is unclear if regional constructions of maltreatment inform how preventive strategies are developed and implemented.

Maltreatment prevention is segmented into primary, secondary, and tertiary levels. Primary prevention is focused on averting negative events and conditions in the general population through education, health promotion, and home visits (Paxson & Haskins, 2009; Schorr & Marchand, 2007). Secondary prevention is aimed at meeting individual and family needs by screening people for risk factors and linking those deemed at risk for maltreatment to services and supports to avert adverse outcomes (Paxson & Haskins, 2009; Schorr & Marchand, 2007). Tertiary maltreatment prevention is intended to keep children from further harm and to alleviate difficulties resulting from damaging abusive and neglectful experiences (Paxson & Haskins, 2009; Schorr & Marchand, 2007).

At present, maltreatment prevention focuses mainly on intervening with confirmed cases of maltreatment and persons at imminent risk for maltreatment; therefore, secondary and tertiary prevention methods are major avenues for keeping ill-treated children safe from continued suffering (Cowart-Osborne

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