



September 28, 2022
2:00 P.M.- 3:00 P.M. ET

Navigating Child Abuse Prevention Resources and Interventions



Moderator



Melissa T. Merrick, PhD

President and CEO
Prevent Child Abuse America
(PCA America)

Funding Sponsor



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Technical Tips



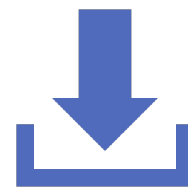
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Download resources in the File Share pod (above the slides)



Use the Q & A (bottom left) to ask questions at any time



This session is being recorded

Speakers



Catherine Cerulli, JD, PhD

Professor of Psychiatry and Director
TRANSFORM
University of Rochester



Nancy L. Weaver, PhD, MPH

Professor of Behavioral Science at Saint Louis
University
Co-director of the Community Engagement Core
Center for Innovation in Child Maltreatment at
Washington University

TRANSFORM RESEARCH CENTER



*Translational **R**esearch that **A**dapts **N**ew **S**cience
FOR Maltreatment **P**revention*
CAPSTONE CENTER ON CHILD ABUSE & NEGLECT

SEPTEMBER 2022



TRANSFORM
RESEARCH CENTER



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Translating Research into Policy
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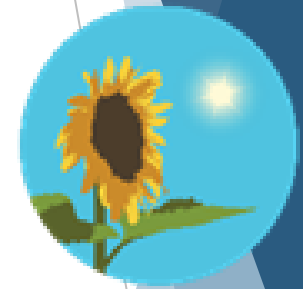
NIH

Eunice Kennedy Shriver National Institute
of Child Health and Human Development
Health research throughout the lifespan

Challenging social problems can be difficult to discuss and hear. For whatever reason, if you feel you need to leave the room and take a break, walk a bit, or reach out for help – please take care of yourself.

Options include 1-800-662-HELP (4357). Also, you can check with your employer human resource or employee assistance programs which can often provide resources for local referrals.

We are glad you are with us today to try and change the paradigm of how we study, treat and prevent child abuse and neglect.



TRANSFORM
RESEARCH CENTER

About the Center

- ← Central Administration
- ← Cores
- ← Work Products:
 - Webinars
 - Factsheets
 - Podcast
- ← Two Research Projects

Child Abuse and Neglect is More Common Than We Know

←Connections

- ➔Mental Health
- ➔Physical Health
- ➔Suicide
- ➔Other Systems

Physical abuse: the intentional use of physical force that can result in physical injury: Ex. - hitting, kicking, shaking, burning, or other shows of force.

Sexual abuse: pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.

Emotional abuse: behaviors that harm a child's self-worth or emotional well-being. Ex. - include name-calling, shaming, rejecting, withholding love, and threatening.

Neglect: failure to meet a child's basic physical and emotional needs. Ex. - housing, food, clothing, education, medical care, and having feelings validated and appropriately responded to.

<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

Prevalence (CDC)

- ◀ At least 1 in 7 children have experienced CAN in the past year
- ◀ In 2020, 1,750 children died of abuse and neglect.
- ◀ If you read the news, you see the stories.

Poll

How much does CAN cost the US
each year?

Project 1: PROMISE: Promoting Positive Parenting



PIs: Drs. Sheree Toth & Jody Todd Manly

Co-Is: Drs. Catherine Cerulli, Liz Handley, & Melissa Sturge-Apple

Preventing Child Maltreatment

- Parents with a history of trauma may experience emotional dysregulation, mental health disorders, social isolation, and violent relationships that disrupt the parent-child relationship and pose risks for harsh parenting and maltreatment (Sturge-Apple et al., 2019).
- Developing **early preventive interventions** to reduce harsh/insensitive parenting, promote positive mother-child relations, and prevent child abuse and neglect are of high public health significance.



PROMISE involves a RCT to evaluate whether adding Child-Parent Psychotherapy (CPP) to existing Community Health Worker (CHW) home-based outreach services increases positive parenting and prevents child maltreatment among high-risk families.



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Examining:

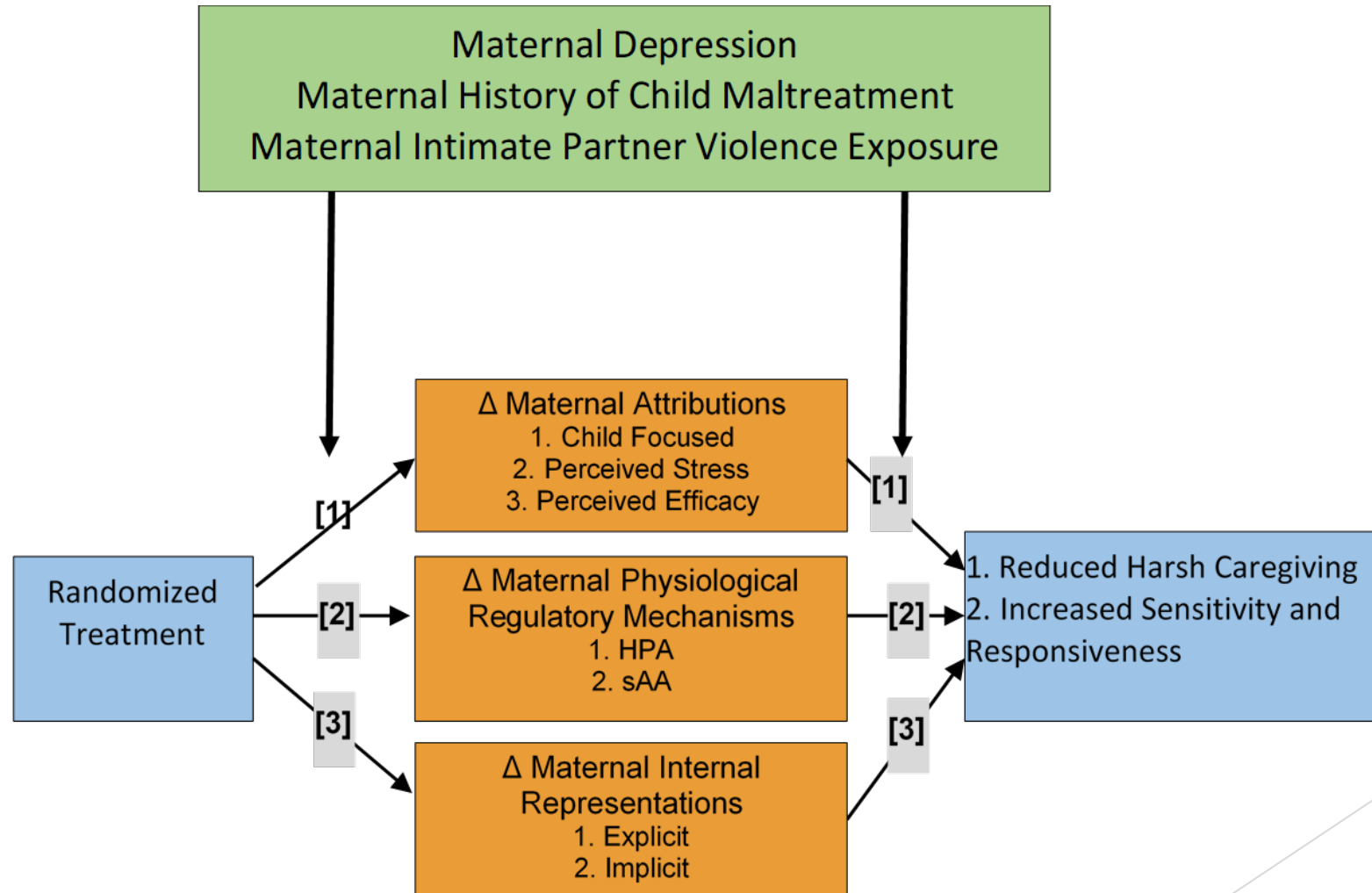
- Optimal timing of treatment (starting prenatally or postnatally) & duration of treatment (6 vs. 12 months)
- Mediators and moderators of outcomes (what works best for whom?)

Four Groups (*randomly assigned*):

- CHW - community services only
- CHW + CPP starting in pregnancy for 6 months
- CHW + CPP starting in pregnancy for 12 months
- CHW + CPP starting 6 months after baseline for 6 months



Conceptual Model



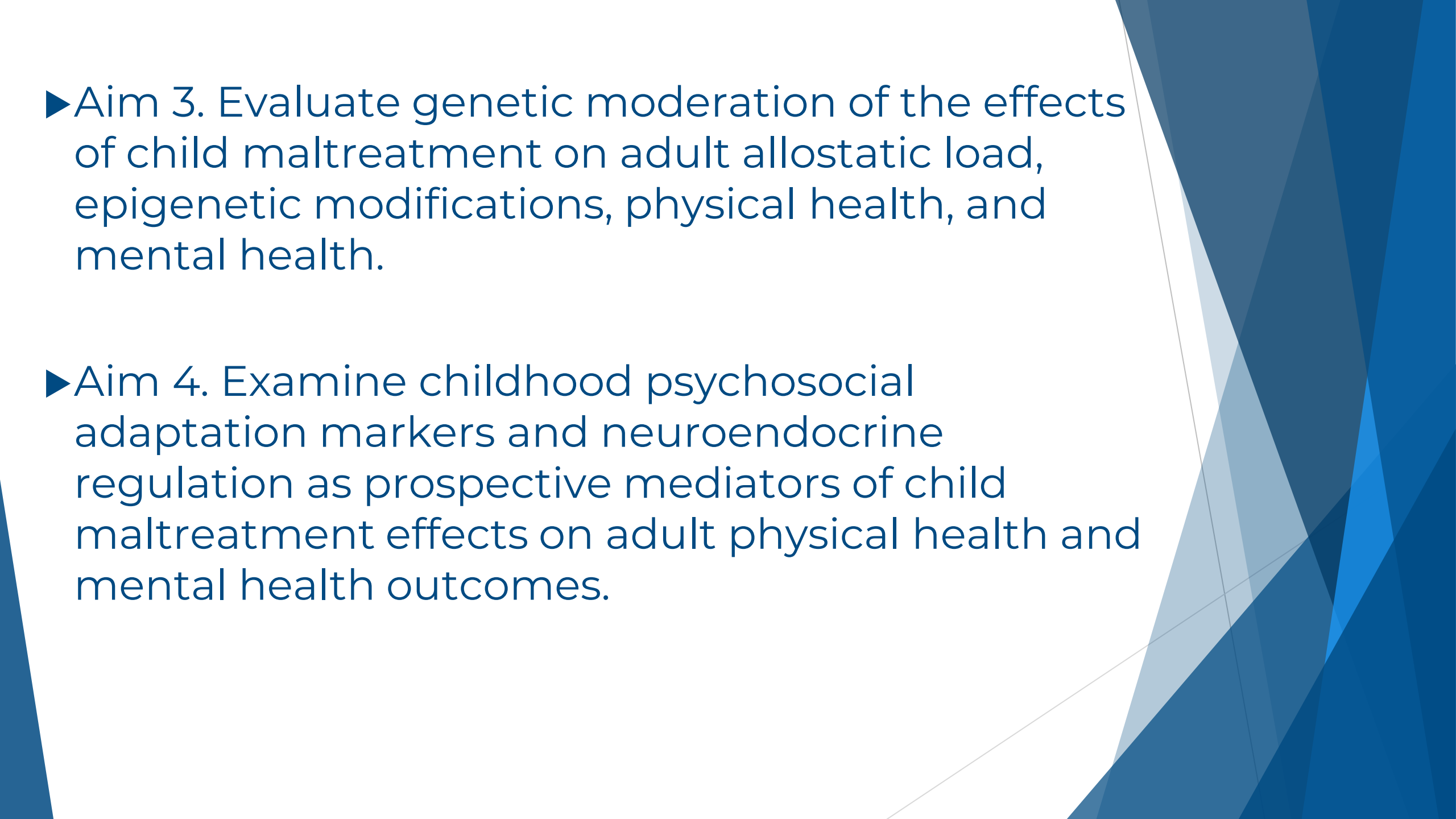
Adult Health Study

Project Leads:

Drs. Dante Cicchetti & Liz Handley

Study Aims

- ▶ Aim 1. Evaluate the effects of child maltreatment on adult cumulative stress, personal resources, allostatic load, epigenetics, physical health, and mental health in a sample of children with and without maltreatment exposures followed into adulthood.
- ▶ Aim 2. Examine the inter-relationships among cumulative stress, personal resources, allostatic load, epigenetics, physical health, and mental health in adults with and without childhood maltreatment histories.

- 
- The background of the slide features an abstract design with overlapping geometric shapes in various shades of blue, ranging from light to dark. These shapes are primarily located on the right side of the slide, creating a modern, layered effect.
- ▶ Aim 3. Evaluate genetic moderation of the effects of child maltreatment on adult allostatic load, epigenetic modifications, physical health, and mental health.
 - ▶ Aim 4. Examine childhood psychosocial adaptation markers and neuroendocrine regulation as prospective mediators of child maltreatment effects on adult physical health and mental health outcomes.

TRANSFORM Community Engagement Cores



Community Engagement Core

- **Aim 1:** Engage research, policy and practice stakeholders in translating research into policy and practice as well as identifying real world policy and practice issues that require research.
- **Aim 2:** Provide innovative education and training opportunities to build a pipeline of researchers and practitioners prepared to address the complex issue of child maltreatment.

Engagement and Outreach

National Grid

Updated catalogue of child serving agencies and organizations derived from targeted searches, reviews of organizations and agencies websites, referrals from Advisory Boards and partners

Multidisciplinary Community Advisory Board

- 3 meetings/ year
- Stakeholders (child maltreatment, including, psychiatry, social work, sociology, law, psychology, research, education, emergency medicine, parents/guardians, foster parents, nursing, and public health)

Podcasts - Promoting Resilience:

- Episode 1: Creating Resiliency, Dr. Jody Manly
- Episode 2: Responding to CAN: What's Race Got To Do With It?, Dr. Natalie Cort
- Episode 3: Resiliency in Schools: Building and Sustaining Partnerships, Dr. Shaun Nelms
- Episode 4: Support Over Silence, Dr. Nancy Weaver
- Episode 5: Anonymity Through Technology: Empowering Kids to Reach Out About Abuse
- Episode 6: Childcare in the Court System and a Life-Long Passion for Foster Care



Educational Materials

Factsheet Examples

- Fostering Resilience in Schools
- Improving The Mental, Behavioral And Emotional Health For Kids Involved With The Child Welfare
- Child Maltreatment and Epigenetics

Research Spotlights

- SOLAR: Characterizing Competence
- Interpersonal Psychotherapy : Depression Treatment for Girls with Maltreatment Histories
- IPT: Thoughts of Suicide among Teen Girls
- MIGHT: Child Maltreatment Histories among Mothers
- Transgender and Gender Nonconforming: Suicide Risk among Transgender Teens



Child Maltreatment and the Science of Resilience

Adapted from Cicchetti & Toth, 2016¹ and Cicchetti, 2013²

Research shows that youth who are maltreated are more likely than their non-maltreated peers to have mental health problems, physical health liabilities, and relationship concerns. However, not all individuals who experience child abuse and neglect develop physical or psychological challenges. In fact, despite their circumstances, some children thrive.

Youth who succeed in the face of adversity are considered resilient.

RESILIENCE IS NOT a trait or characteristic.

Instead it is a process of child development that unfolds over time. Youth may be resilient in some areas of life but not others, and at some times but not at other times.

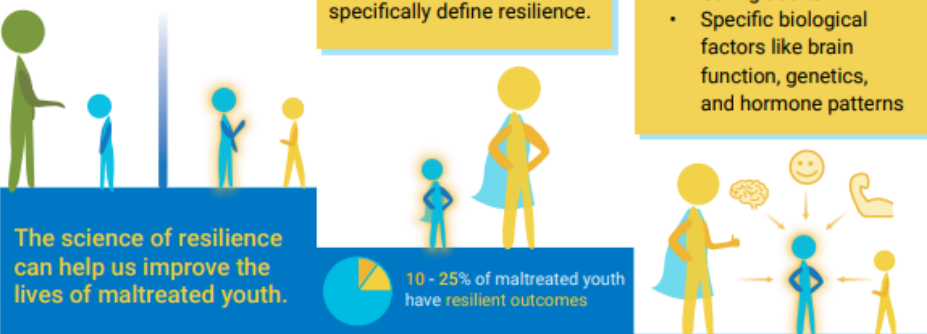
RESILIENCE IS ordinary.

The 'ingredients' for resilience are things that may seem quite ordinary, such as having a positive adult role model or being skilled at coping with tough emotions. Across studies, 10-25% of maltreated youth have resilient outcomes, but these percentages can vary based on how researchers specifically define resilience.

RESILIENCE CAN stem from individual traits, interpersonal relationships, and environmental factors.

Resilience stems from:

- Positive emotions
- Self-esteem
- Emotion regulation and coping skills
- Self-control
- Close friendships
- Caring adults
- Specific biological factors like brain function, genetics, and hormone patterns



If we can discover the reasons why some maltreated youth thrive, we can use this information to shape prevention programs and interventions to help other maltreated youth.

¹ Cicchetti, D., & Toth, S. L. (2016). Child maltreatment and developmental psychopathology: A multilevel perspective. *Developmental Psychopathology*, 1-56.

² Cicchetti, D. (2013). Annual research review: Resilient functioning in maltreated children—past, present, and future perspectives. *Journal of child psychology and psychiatry*, 54(4), 402-422.

A SCIENTIFIC STUDY OF RESILIENCE

In an investigation conducted by Cicchetti and Rogosch (2007), researchers studied youth who attended a summer camp. Approximately half of the youth attending the camp were maltreated, while the other youth were not maltreated but had similar backgrounds. Researchers found that there was a small group of youth who were maltreated but showed resilience, as measured by their social competence and mental health.

 = roughly 20 children

 non-maltreated

 maltreated

 high resilience scores



Researchers then tested whether aspects of youth's personality and biology were related to whether or not they were resilient. Results shows that maltreated youth who were resilient tended to have more self-control and were able to adapt their behaviors to the demands of their environment. Resilient youth also had unique patterns of hormones that are related to a more adaptive stress response.

WHAT CAN WE DO?



If you are an educator, social worker, or other professional who works with maltreated youth, offering your care and support can help youth succeed.



Help maltreated youth build social skills and friendships with their peers.



Clinicians can work with youth to enhance coping and emotion regulation skills and self-esteem.



Family-focused interventions can help build youth's resilience. Child-parent psychotherapy intervention has been shown to be effective in children 5 and under.

REFERENCES

Cicchetti, D., & Rogosch, F. A. (2007). Personality, adrenal steroid hormones, and resilience in maltreated children: A multi-level perspective. *Development and Psychopathology*, 19(3), 787-809. <https://doi.org/10.1017/S0954579407000399>

Other Activities

Continuing Legal Education (CLE) programs (August, 2019), a collaboration between LawLine and TRANSFORM, continued to be accessed:

- What Lawyers Need to Know About Representing Clients Affected by Trauma
- What Family, Criminal, & Immigration Attorneys Need to Know About Parent-Child Separation:
- Twitter
- LinkedIn and Facebook



Lessons Learned

- Working Across Systems: need for common language, no acronyms, targeted advertising
- Interdisciplinary Audiences: insure everyone feels heard, being sure fact sheets are not discipline specific
- COVID Challenges: Zoom fatigue, hitting maximum capacity and then back down again, pivoting to registration for live or video
- Accessibility: Meeting people's needs, having accessible materials
- Using Student Resources: Have students come off/on the team, keeping interest up



Lessons Learned

- Pivot Technology: Entering Tik Tok space (pending)
- Web Presence: Create a website outside/inside the UR
- Logos and Images: Work within a virtual setting so everyone feels included
- Team Work: Maximize an interdisciplinary team and honor everyone's gifts
- Funding Restrictions: Seek supplemental dollars
- Budgetary Considerations: Technology and web designer expert_s



CONSIDER the Message

Table 2. **Dissemination Options for PHSSR**

Medium	Advantages	Disadvantages	PHSSR Examples	Resources
Peer reviewed publications	<ul style="list-style-type: none"> • Lend credibility • Required by promotion and tenure committees 	<ul style="list-style-type: none"> • Long review process • Read mainly by academics • Policy relevance may be tough to translate (many are focused on methods/ data) • Highly competitive • Often require subscription 	<p>Journal of Public Health Management and Practice</p> <p>American Journal of Public Health</p> <p>Health Affairs</p> <p>Frontiers in PHSSR</p>	<p>Understanding the Publishing Process</p> <p>How to publish in scientific and medical journals. Available from: http://cdn.elsevier.com/assets/pdf_file/0020/131816/Understanding-the-Publishing-Process.pdf</p>
Grey literature	<ul style="list-style-type: none"> • Published quickly • Easily accessible • Typically free 	<ul style="list-style-type: none"> • Less credibility than peer reviewed journals • Can be hard to find; may require specialized search/ find strategies 	<p>http://www.academyhealth.org/files/interestgroups/phsr/FinalPhsrNAJan2010.pdf</p>	<p>Grey Literature Web Conference Series. Available from: http://www.academyhealth.org/Training/ResourceDetail.cfm?ItemNumber=6670</p>
Issue Briefs (Research Briefs/Policy Briefs)	<ul style="list-style-type: none"> • Highlights key findings • Quick turnaround • Can be peer reviewed 	<ul style="list-style-type: none"> • May be perceived as biased, depending on the author, the review process, and the organization that published it 	<p>http://www.academyhealth.org/files/RI2013PopHealth.pdf</p> <p>http://cphp.sph.unc.edu/ncpercc/research/H1N1AccredComparison_revFeb12.pdf</p>	<p>Beyond Scientific Publication: Strategies for Disseminating Research Findings. Available from: http://www.yale.edu/bioethics/contribute_documents/CARE_Dissemination_Strategies_FINAL_eversion.pdf</p>
Press release	<ul style="list-style-type: none"> • Can be distributed to wide audience • You control the message • Can be used to reach broader audiences 	<ul style="list-style-type: none"> • Not likely to be read by policymakers unless a third party cites it (e.g., public information officer, university press office) 		<p>Tip Sheet: How to Write a Press Release. Available from: http://www.rwjfleaders.org/resources/how-write-press-release</p>
Organization e-newsletters/ listservs	<ul style="list-style-type: none"> • Targeted audience • Quick turnaround 	<ul style="list-style-type: none"> • Your message can get lost • Reliance on the organization for publicity 	<p>National Coordinating Center for PHSSR</p> <p>ASPH's Friday Letter</p>	

Blogs	<ul style="list-style-type: none"> • Immediate publication • Easily accessible • Free 	<ul style="list-style-type: none"> • Can lack credibility • Requires additional promotion 	<p>The Incidental Economist</p> <p>Health Affairs Blog</p> <p>Improving Population Health</p>	<p>Kliff S, Mays G, Kindig, D. Traditional and New Methods for Disseminating What Works [Webinar]. Available from: http://www.academyhealth.org/Training/ResourceDetail.cfm?ItemNumber=10696</p> <p>Blogging Benefits, Tips, and Tricks [Webinar]. Available from: http://www.rwjfleaders.org/resources/webinar-blogging-benefits-tips-and-tricks</p>
Social Media (Facebook, Twitter, LinkedIn, etc.)	<ul style="list-style-type: none"> • Immediate distribution • Free • Very broad reach 	<ul style="list-style-type: none"> • Potential loss of control of content through comments • Credibility concerns 	Institute of Medicine report releases	How to Write Effective Tweets. Available from: http://socialmediatoday.com/mike-mcgrail/1506006/how-write-effective-tweets
Conferences	<ul style="list-style-type: none"> • Lends credibility • Opportunity to receive feedback 	<ul style="list-style-type: none"> • Very competitive • Requires travel time and money 	<p>AcademyHealth's Annual Research Meeting</p> <p>National Health Policy Conference</p>	
In-Person Briefings (with press, with policymakers)	<ul style="list-style-type: none"> • Easy to retarget message • Quick turnaround 	<ul style="list-style-type: none"> • Reaches only a very small group of people • Can be difficult to schedule 		Townhall Meeting in a Box: http://www.countyhealthrankings.org/node/19415
Webinars	<ul style="list-style-type: none"> • Limited time and travel commitment • Allows for audience interaction 	<ul style="list-style-type: none"> • Can be costly • Reach limited to event participants 	<p>AcademyHealth Webinars</p> <p>Public Health Institute Webinars</p>	

What Can We Do? (CDC)



Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies



Change social norms to support parents and positive parenting

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment



Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation



Enhance parenting skills to promote healthy child development


- Early childhood home visitation
- Parenting skill and family relationship approaches



Intervene to lessen harms and prevent future risk

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

Thank you!



*"Only in the darkness
can you see the stars."
- Martin Luther King Jr*

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Questions?



Please enter your questions in the Q & A pod

SUPPORT OVER SILENCE FOR **K·I·D·S**

Nancy L. Weaver, PhD, MPH

Professor, Developer, Founder





How it started

Support.

Training bystanders to confidently defuse
challenging moments between caregivers
and their children in public



SUPPORT OVER SILENCE

— for —
K • I • D • S

EMPATHY-DRIVEN

A judgment-free approach that considers cultural differences and universal similarities in parenting

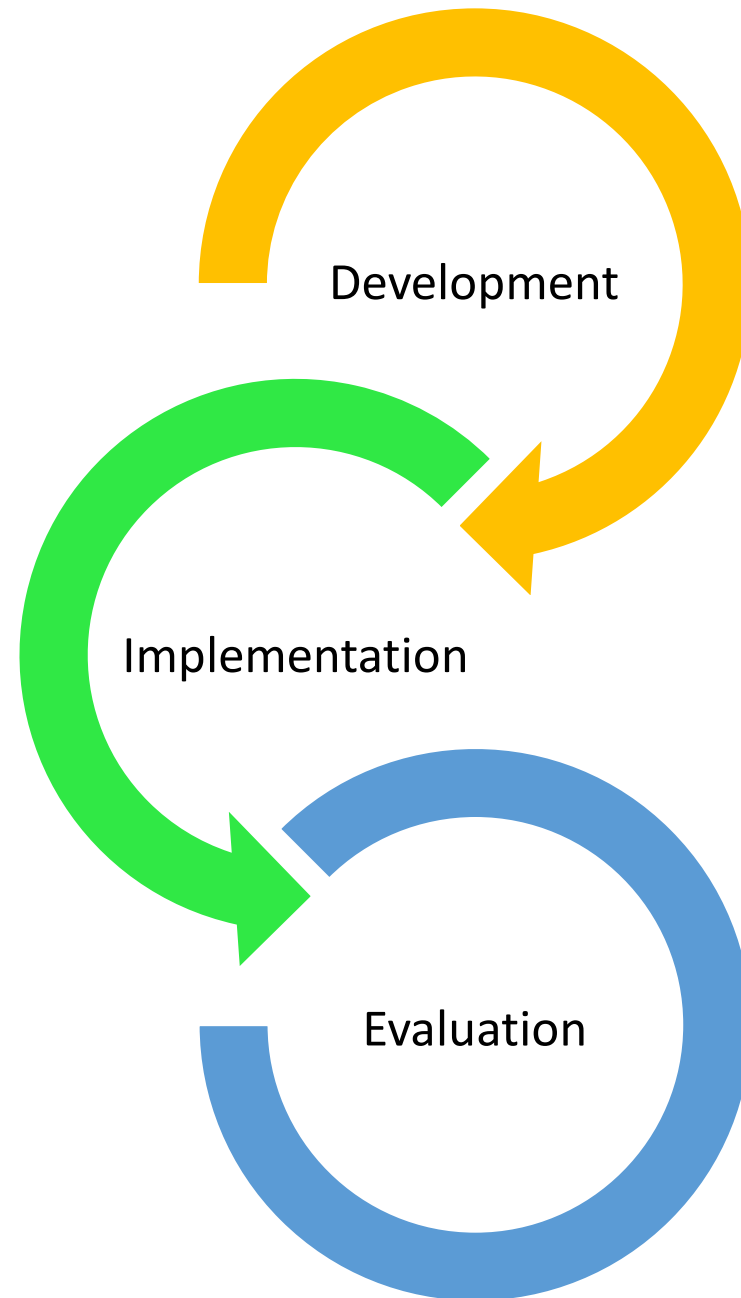
A PROVEN APPROACH

Research supported and professionally designed to include proven techniques

ACTION-ORIENTED

Programming that is designed to inform and teach bystanders how to quickly evaluate a scenario leading to the best possible outcomes

WEBINAR



Development

Formative research and customer discovery

Theoretical considerations

Existing bystander models

Social marketing, branding, health communication

Partnerships and funding (Missouri Foundation for Health)

Giving bystanders the skills to
confidently defuse a challenging
moment between a caregiver and
their child



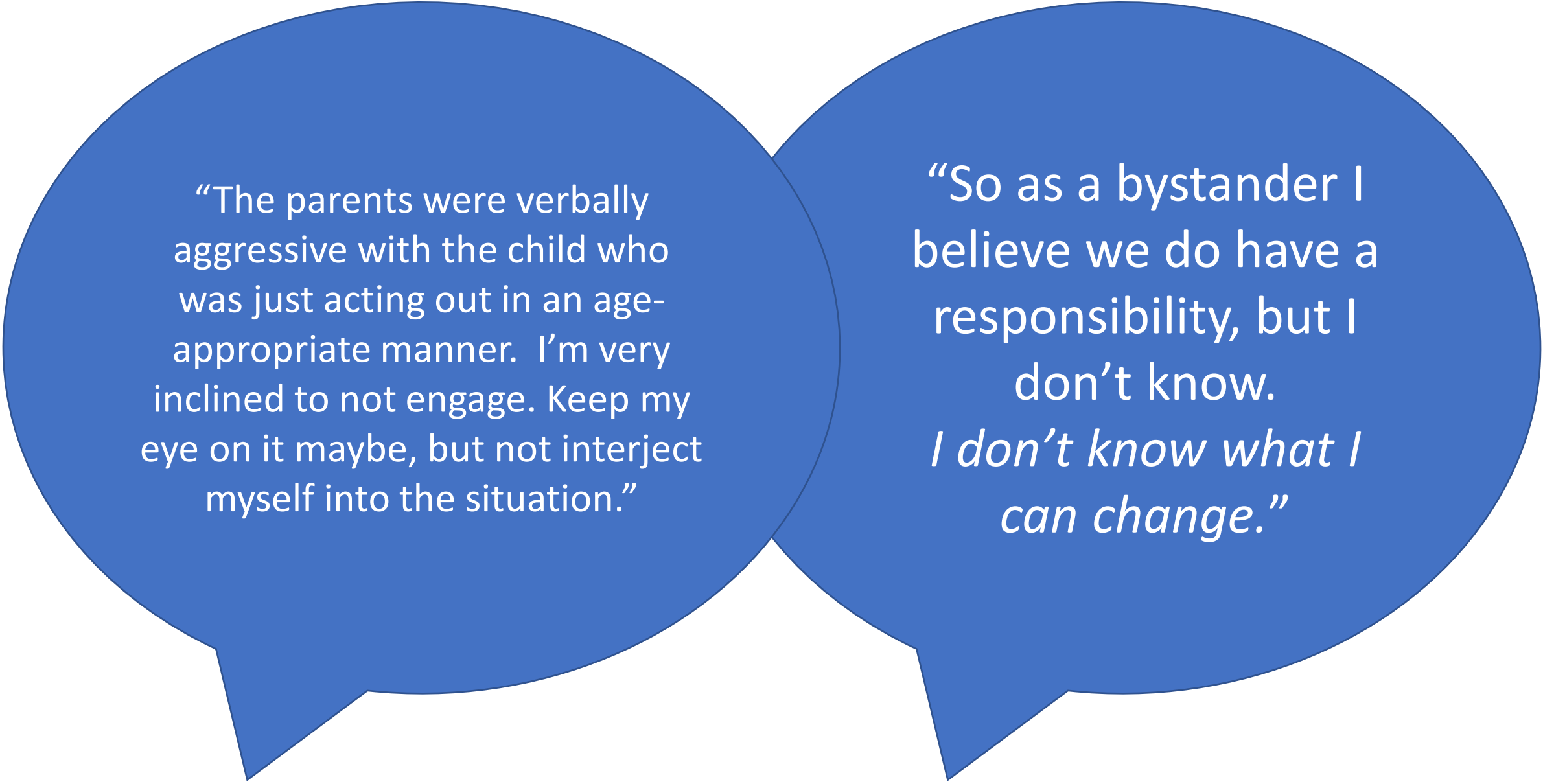
Objectives

Increase your
confidence to notice
and respond to a
variety of situations

Reduce your barriers
for intervening

Increase your sense
of responsibility for
helping

Increase how often
you provide support
to caregivers and
their children



“The parents were verbally aggressive with the child who was just acting out in an age-appropriate manner. I’m very inclined to not engage. Keep my eye on it maybe, but not interject myself into the situation.”

“So as a bystander I believe we do have a responsibility, but I don’t know.
I don’t know what I can change.”

“This is when the magic happened, thanks be to God. There was a woman in the group who came out of nowhere. She had a paper bag or something and she started making it like a puppet. In that particular moment this woman was an angel, she truly was.”

“If only one person had noticed.”

T R A I N I N G

Welcome and Introductions

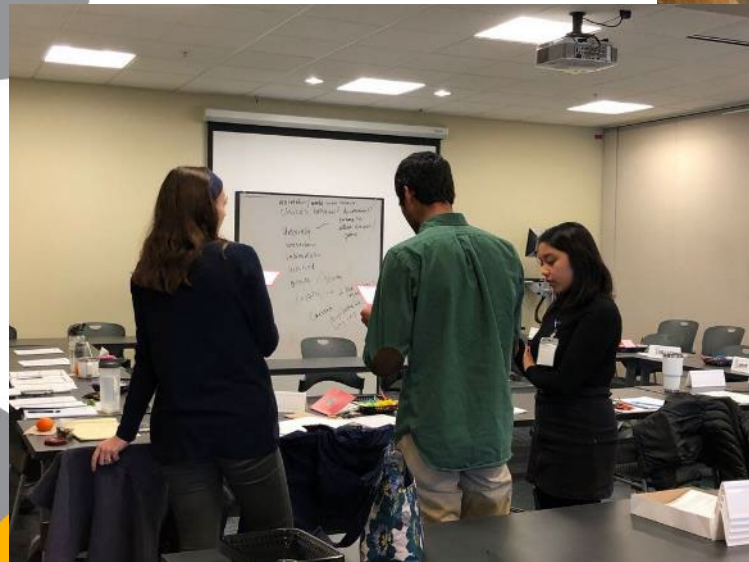
A Moment in Time

How to React?

Practice

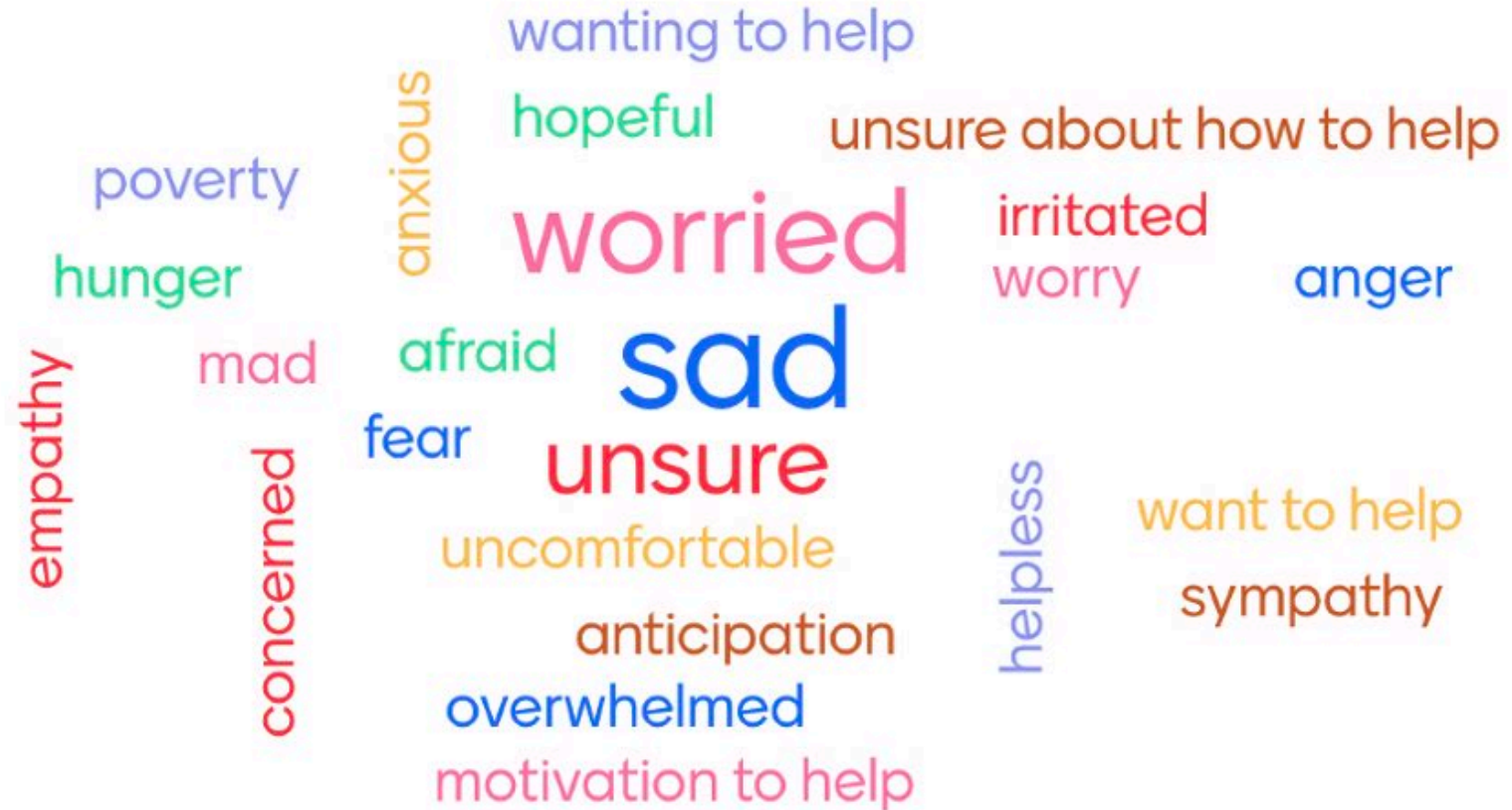
Call to Action

Wrap up and Next Steps





What three words or phrases describe how you feel when you listen to this story.



What, if anything, would keep you from getting involved?

i don't

Fear that I would escalate the situation.

Possibly making it worse after the kids get home.

the uncertainty of what to do that would help and not escalate the situation

worry that i didn't know the whole situation

It is hard to know when to get involved because we don't know the

Fear that it would escalate the grandmother more

afraid to make it worse

Escalation fears

Harm to children in public could look like....

- Being distracted
- Being unresponsive
- Being unaware of child's needs

- Rough handling
- Hitting or spanking
- Pushing, grabbing, yanking
- Removing child from the room



- Making jokes about the child, teasing
 - Criticizing the child
 - Using a harsh tone
 - Blaming the child for bad things
-
- Loudly berating
 - Yelling directives or threats, barking orders
 - Language like, "You just wait until we get home!"

The KIDS Framework

→ **K:** Offer Kind words

→ **I:** Intervene directly

→ **D:** Distract

→ **S:** Seek help

SUPPORT OVER SILENCE FOR K·I·D·S

Personal Plan



I will be aware of times when it's more likely children may be mistreated and will plan for how I will react.



I will feel responsible for supporting caregivers and children in my community and understand that I can set the norm for how to respond.



When I see a challenging moment between a caregiver and a child in public, I will think about my barriers for intervening and work hard to overcome them.



I will remember it's not my responsibility to coach or teach, just to support.



I will use the KIDS framework and will engage parents and children with support instead of judgment or silence.

Objectives	M(SD)
<i>About the training program:</i>	
The program objectives were clear.	4.8(0.4)
The program was well-organized.	4.8(0.4)
I learned a lot during this program.	4.8(0.4)
The program changed my attitudes about my role in the community.	3.8(0.8)
Because of the training, I feel confident that I can do something to help caregivers and their children.	4.6(0.5)
The next time I see a caregiver struggling in public, I will use a KIDS approach to offer support.	4.6(0.5)
I would recommend this training to others.	5.0(0.0)
<i>During the Zoom session:</i>	
I was comfortable speaking up and participating.	4.2(1.3)
I was distracted by things on my computer or around me.	2.8(1.6)
I had technical problems.	2.0(1.4)
I felt connected with other participants and the hosts.	4.4(0.5)
I wished we were in person.	3.8(1.8)
The Zoom tools were easy to use.	4.6(0.5)
The hosts really kept my attention.	5.0(0.0)



Pilot sample; immediate post-program reactions
Qualtrics link provided in chat

How did you react
the last time you
saw a caregiver
yelling at a child or
physically hurting a
child in public?

	Pre	Post *
Ignore	46%	0%
Interact directly	26%	43%
Try to distract	26%	43%

* of those who had witnessed this since the training

Significant
changes
between
pre-program &
follow-up

Wilcoxon
signed-rank test

If I see a caregiver and child struggling in public, it is my job to help.

I know what to do to help when I see a caregiver and their child struggling in public.

If you saw a caregiver threatening or yelling at a child in public, how confident are you that you could help the caregiver and child by interacting directly with the caregiver or the child.

If you saw a caregiver threatening or yelling at a child in public, how confident are you that you could assess and react in this situation if the caregiver was a different race or ethnicity than you.

If you saw a caregiver physically hurting a child in public, how concerned would you be that you wouldn't know what to do.

Where
we're
going





for more information

supportoversilence.org

info@supportoversilence.org



Dr. Nancy L. Weaver
nancy@weaverly.org



REFERENCES

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Weaver N, Taylor M, Weaver T, Kutz T. Support Over Silence for KIDS: a bystander training program to address public child maltreatment. Children and Youth Services Review, July 2020.

Murugan V, Weaver T, Weaver NL, Diltz A, Taylor M. Addressing Caregiver-Child Conflict in Public: Barriers and Facilitators to Bystander Engagement, Journal of Family Trauma, Child Custody & Child Development, August 2021.

Taylor M, Weaver N, Loux T, Weaver T, Kutz T. Evaluation of Support Over Silence for KIDS: a bystander training program to address public child maltreatment, Journal of Family Violence, in press, February 2022.

Photos and digital art from Shutterstock; SupportOverSilence.org.

LINKS of INTEREST

- <https://supportoversilence.org>
- <https://www.linkedin.com/in/drnancyweaver/>
- <https://cicm.wustl.edu>

Questions and Answer Session



Please enter your questions in the Q & A pod

Thank you!

Please fill out our evaluation: <https://www.surveymonkey.com/r/8975HB3>



Visit our website:
www.ChildrensSafetyNetwork.org