

# *The impact of child maltreatment on development: Implications for prevention and policy*

Jennie Noll, PhD

*Professor, Penn State University, USA*

*Director, Child Maltreatment Solutions Network*

*Principal Investigator, NIH P50 Capstone Center for Healthy Children*





# Outcomes of Maltreatment

## Mental health

*anxiety, depression, PTSD, psychiatric disorders*

## Behavioral health

*substance & alcohol dependence, teen pregnancy  
school dropouts, rape, domestic violence*

## Physical health

*inflammation, cardiovascular disease, obesity,  
diabetes, lung cancer, chronic pain, headaches  
STIs, autoimmune diseases, cognitive deficits  
preterm delivery, premature death*

## \$124 billion aggregate lifetime economic burden



Fang et al., 2014; JAMA; Centers for Disease Control and Prevention, Noll et al, 2012; Pediatrics



**PennState**

Center for Healthy Children

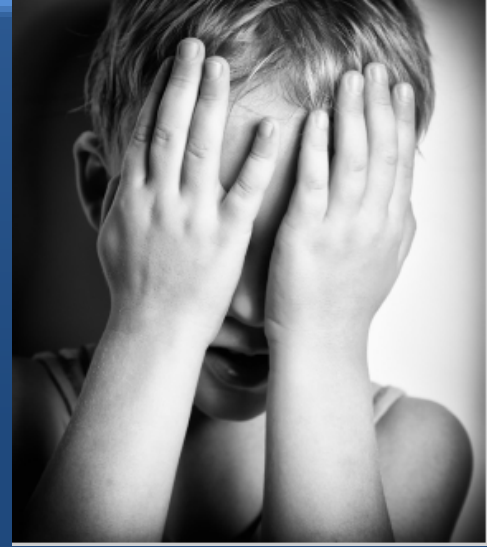


**CHILD MALTREATMENT  
SOLUTIONS  
NETWORK**

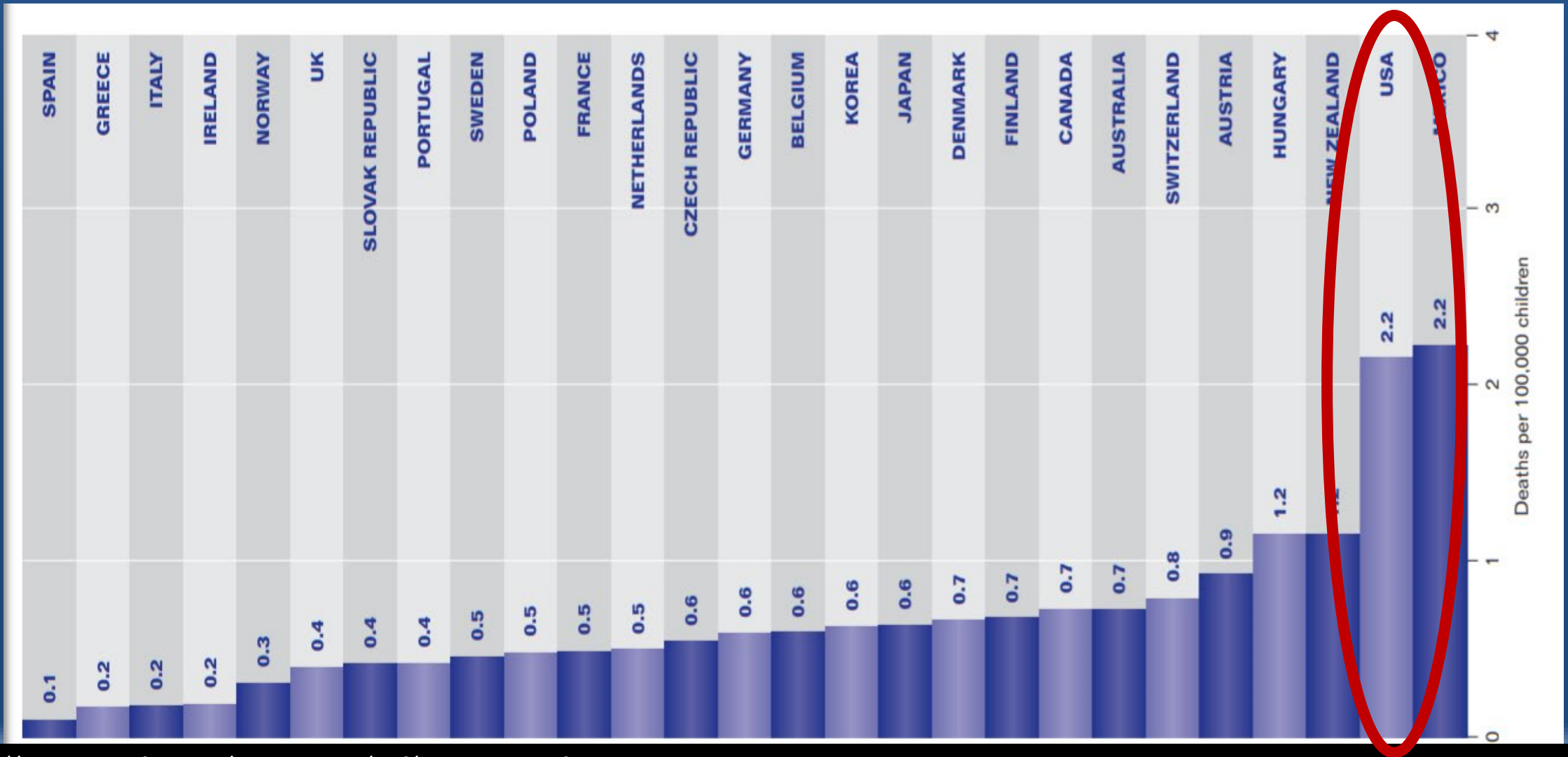


# *Each year in the US*

- 7.4M children are referred to Child Protective Services (CPS)
- 3.2M investigated
- 1.2M Substantiated or at 'significant risk'
- Over 2500 die of child maltreatment



# *The US is 2<sup>nd</sup> in deaths from child abuse*



<https://www.unicef-irc.org/publications/pdf/repcard5e.pdf>



PennState

Center for Healthy Children



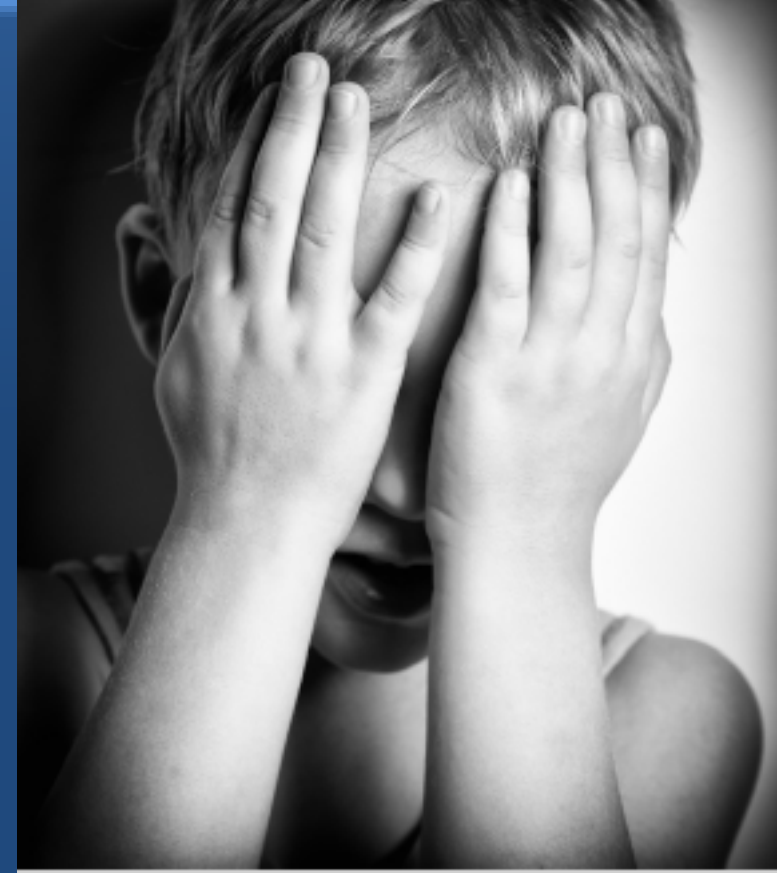
SOLUTIONS  
NETWORK





# *The Prevalence:*

12.5% of US children victims  
of substantiated maltreatment  
by age 18



Wideman et al., 2014, JAMA; Centers for Disease Control and Prevention;



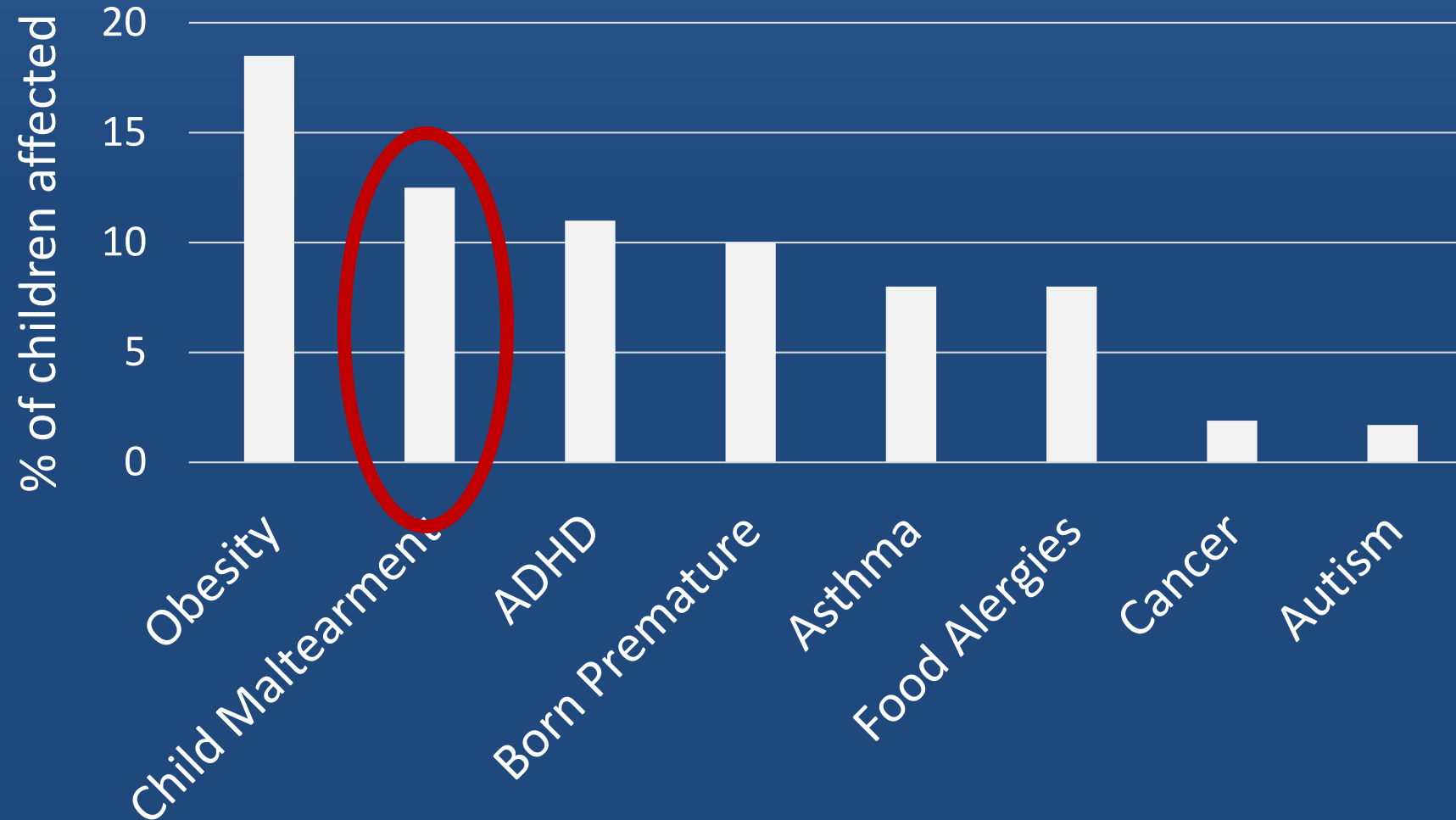
**PennState**

Center for Healthy Children 

CHILD MALTREATMENT  
**SOLUTIONS**  
**NETWORK** 



# Prevalence of major childhood conditions



Wildeman, C., et al., (2014). The prevalence of confirmed maltreatment among US children, 2004 to 2011. JAMA Pediatrics



PennState

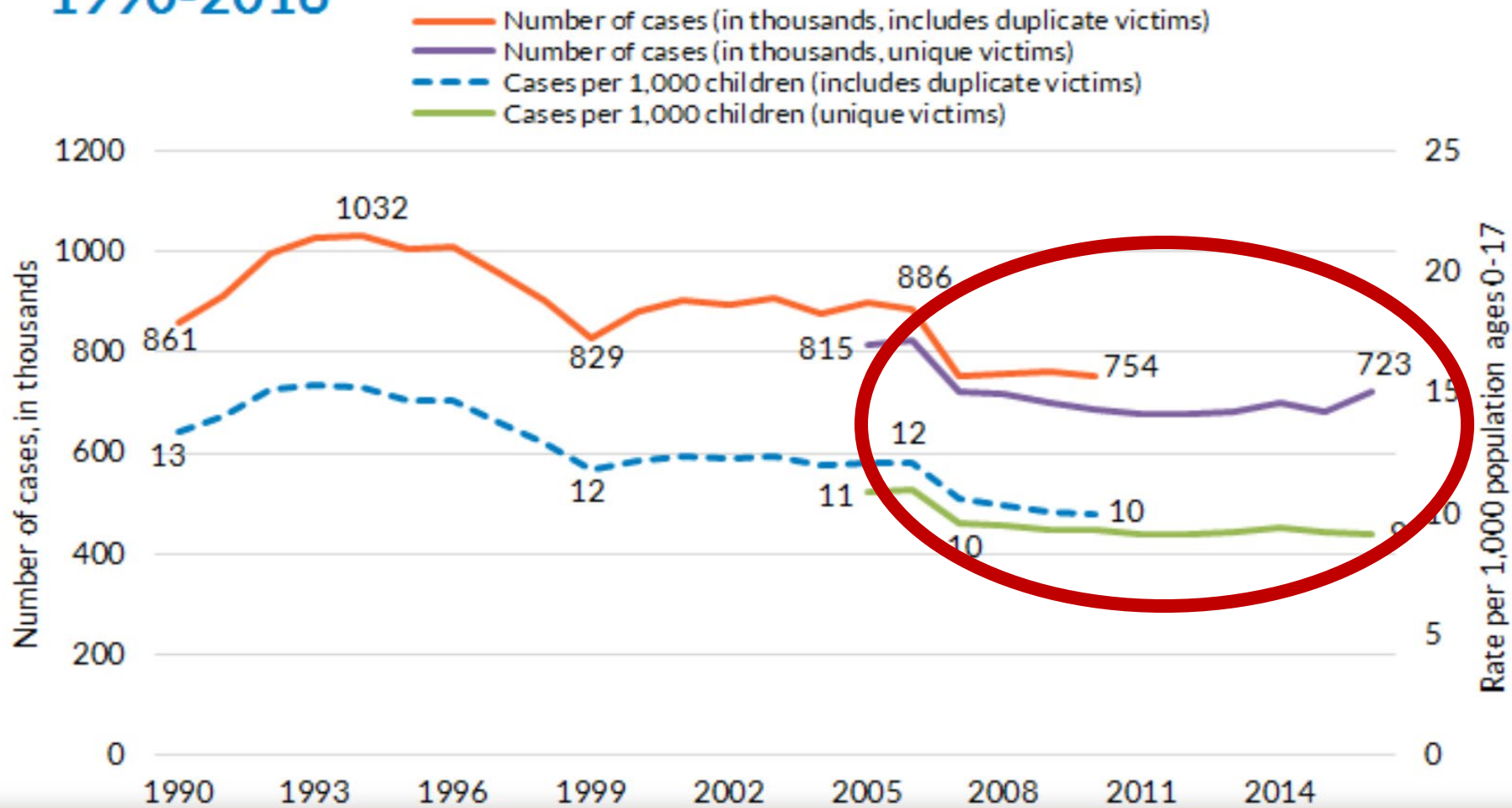
Center for Healthy Children



SOLUTIONS  
NETWORK



## Number and Rate of Child Maltreatment Cases/Victims: 1990-2016



<https://www.childtrends.org/indicators/child-maltreatment>



PennState

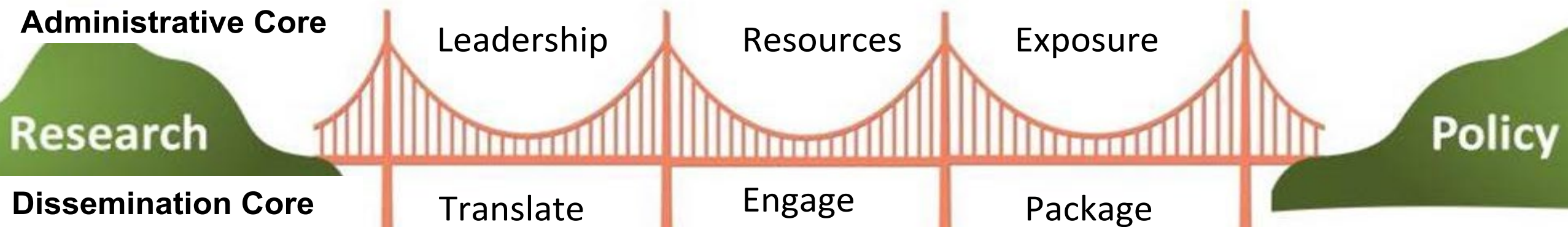
Center for Healthy Children



SOLUTIONS  
NETWORK



# *How can SCIENCE effect change?*



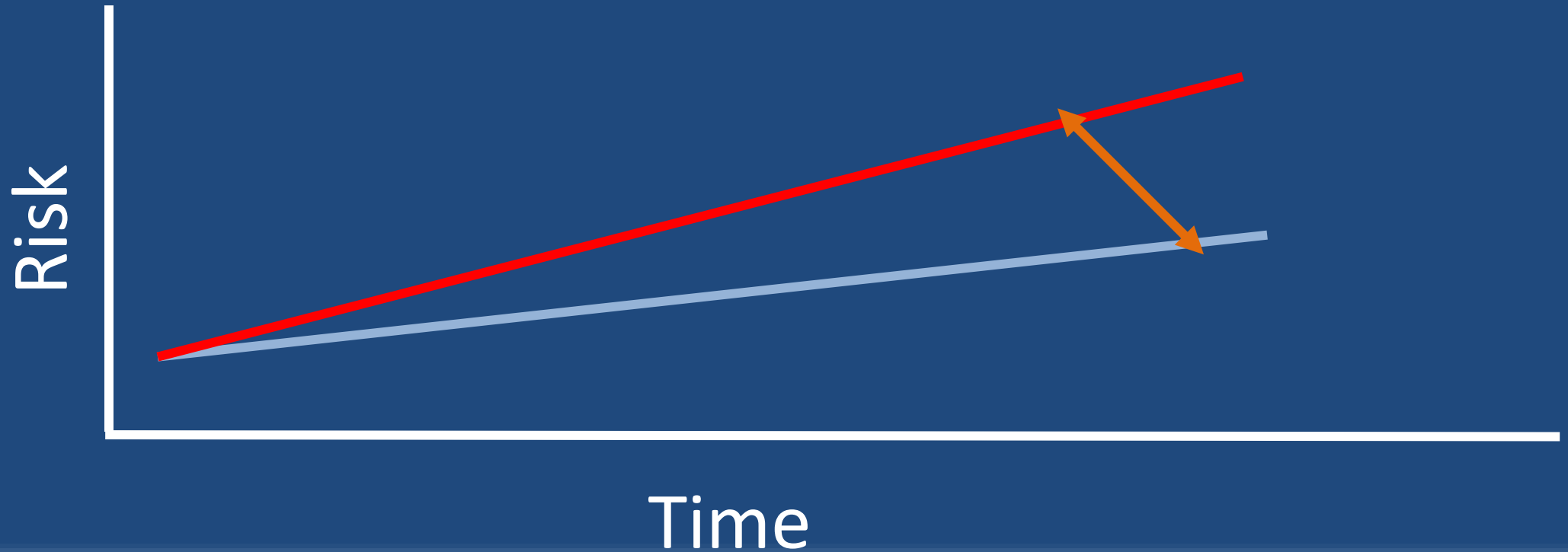


# Causal Inference thru Prospective research:

*Confirmed abuse*

*Matched control group*

*Strong inference about differences and change*



PennState

Center for Healthy Children



CHILD MALTREATMENT  
SOLUTIONS  
NETWORK



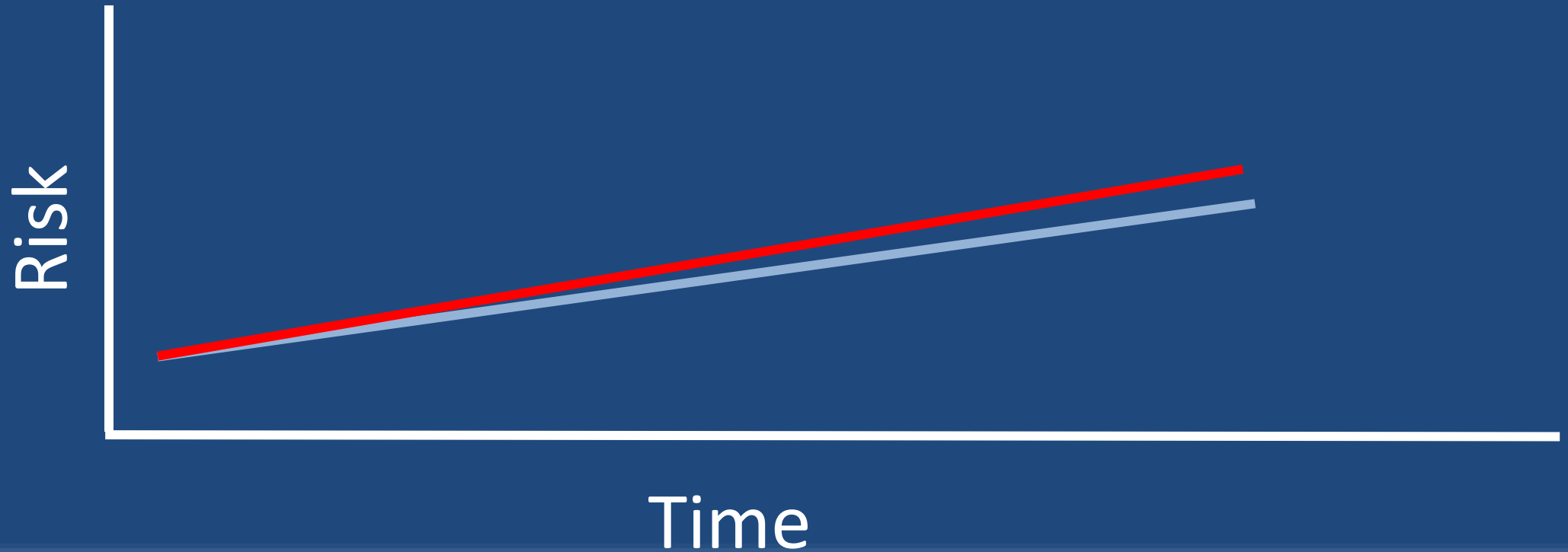
# *The Power of Prospective Studies:*

*Confirmed abuse*

*Matched control group*

*Strong inference about differences and change*

*Model mechanisms (why?)*



PennState

Center for Healthy Children



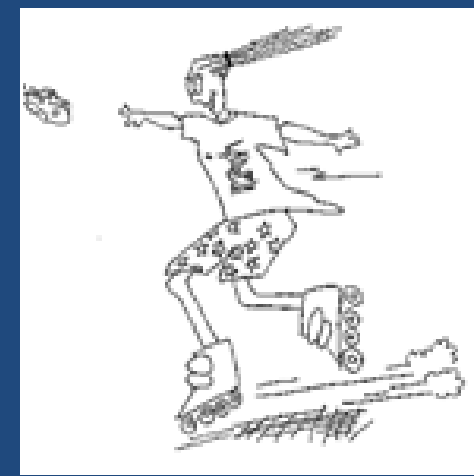
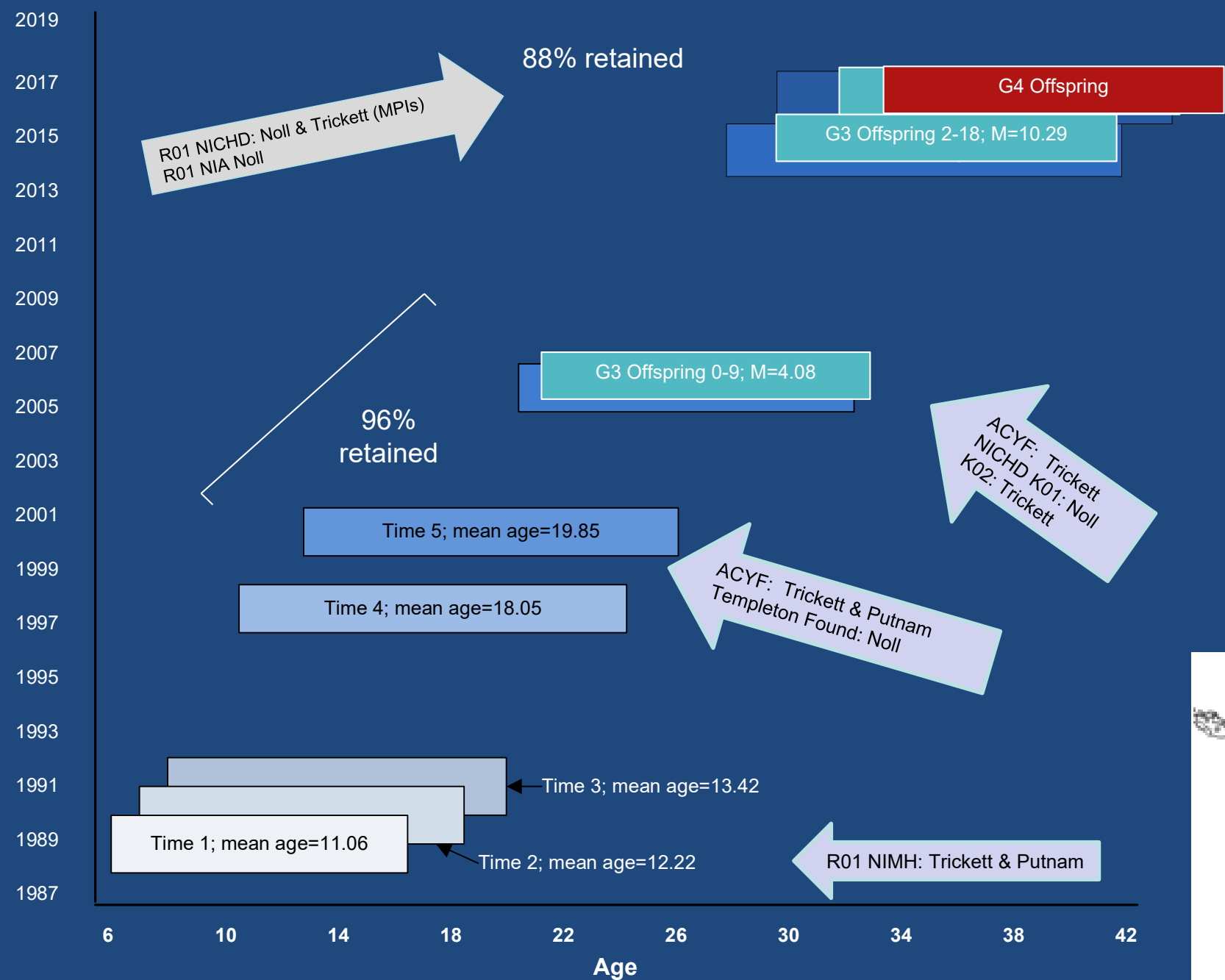
CHILD MALTREATMENT  
SOLUTIONS  
NETWORK





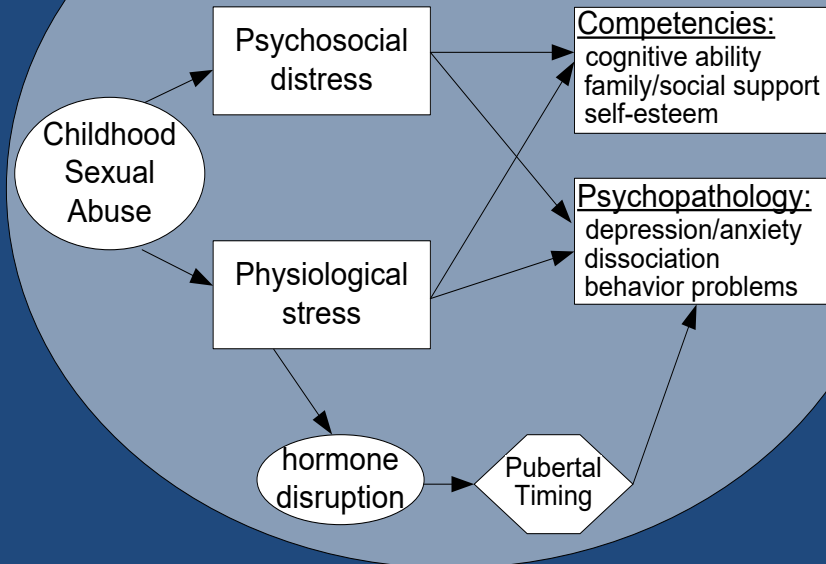
# Longitudinal Prospective Research

## Bio-psycho- social approach



acute responses  
to trauma in childhood/  
early adolescence  
**Times 1-3** (mean ages 11, 12 & 13)

### ORIGINAL CONCEPTUAL MODEL



outcomes in late  
adolescence  
**Times 4 & 5**  
(mean ages 18 & 19)

Competencies

Psychopathology

Physical  
Health

Psychosexual

Revictimization

outcomes in early  
adulthood  
**Time 6**  
(mean age 24)

Competencies

Psychiatric  
Disorders

Physical  
Health:

Psychosexual

Revictimization

Offspring  
wellbeing

adulthood  
outcomes

**Times 7 & 8**

(mean ages 33 & 35)

Competencies:  
cognitive ability  
family/social support  
self-esteem  
occupational attain.\*  
dyadic adjustment\*

Psychopathology:  
depression/anxiety  
dissociation  
psychiatric symptoms  
substance abuse\*

Physical Health:  
HPA dysreg/DHEA  
obesity  
health hx  
risk for cardiovascular  
disease, diabetes &  
cancer\*

Psychosexual:  
risky sex behaviors  
HIV-risk\*  
sexual dysfunction\*

Revictimization:  
victimization hx  
domestic violence\*

Parenting

offspring  
wellbeing

(mean ages 9 & 11)

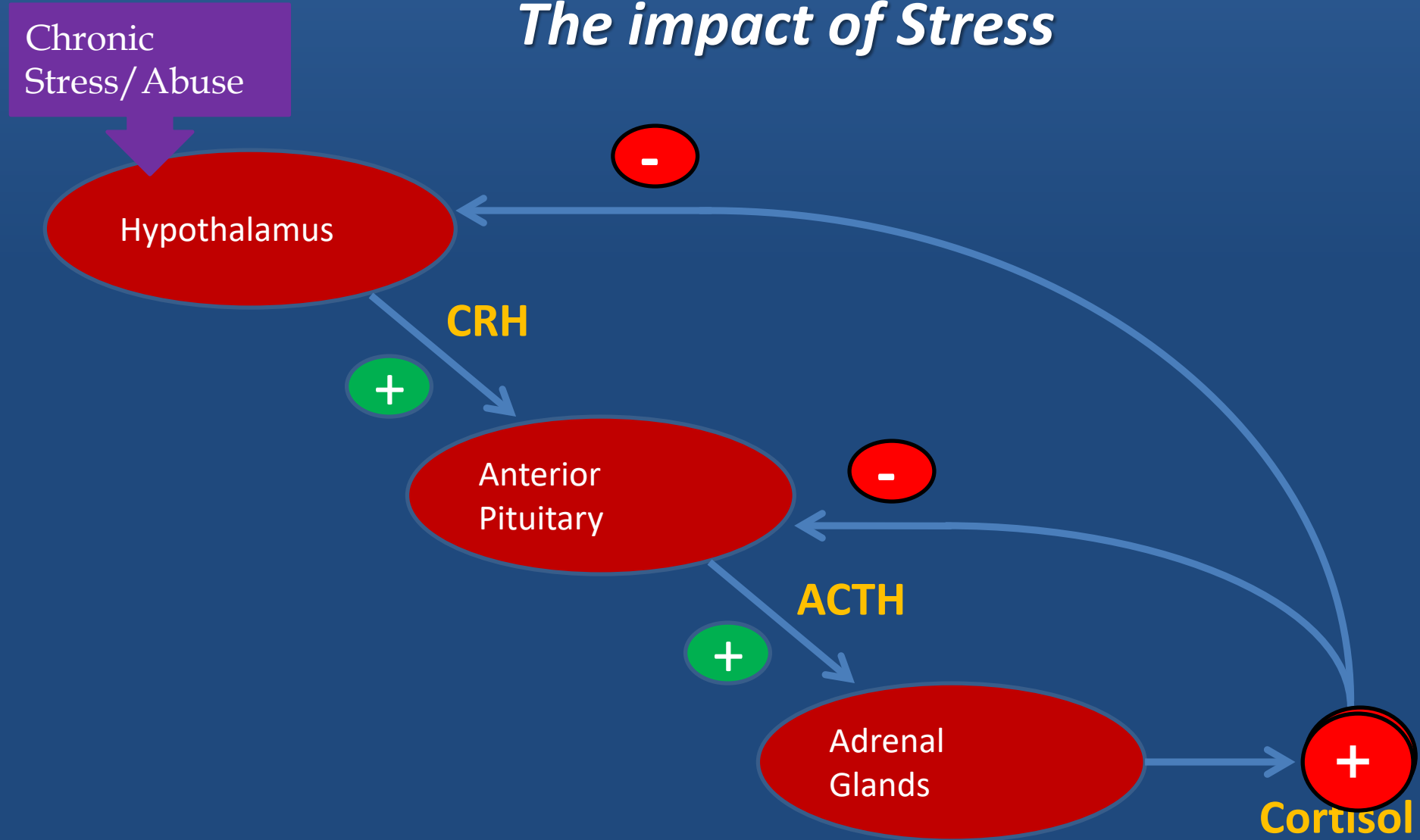
Competencies

Psychopath  
ology

Physical  
Health

Childhood  
Maltreatment

# *The impact of Stress*



PennState

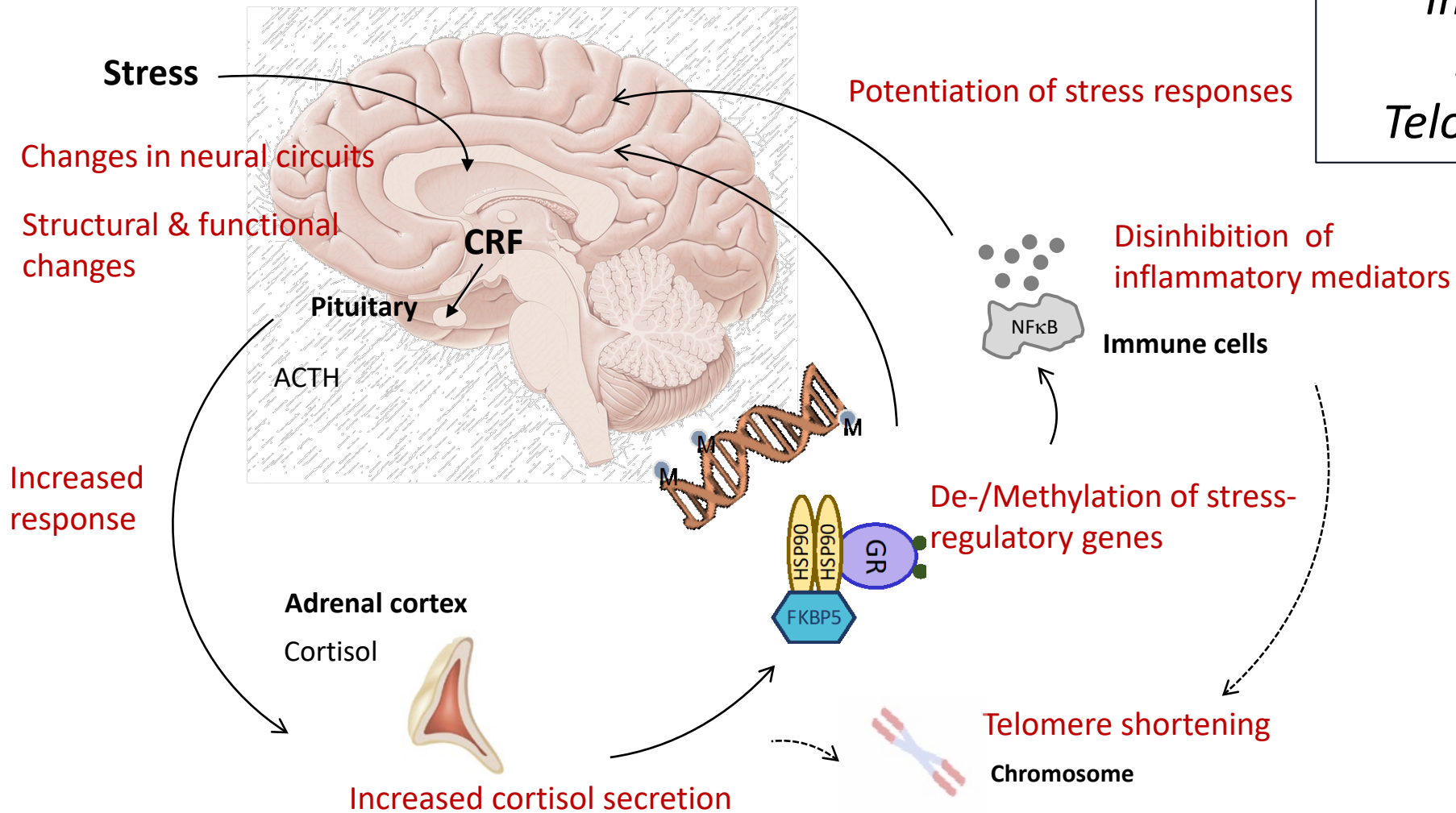
Center for Healthy Children 

CHILD MALTREATMENT  
**SOLUTIONS**  
NETWORK 



# Biological Embedding Hypothesis

Neuroendocrine  
Autonomic  
Immunologic  
Epigenetic  
Telomere Biology



McEwen, PNAS, 2011



PennState

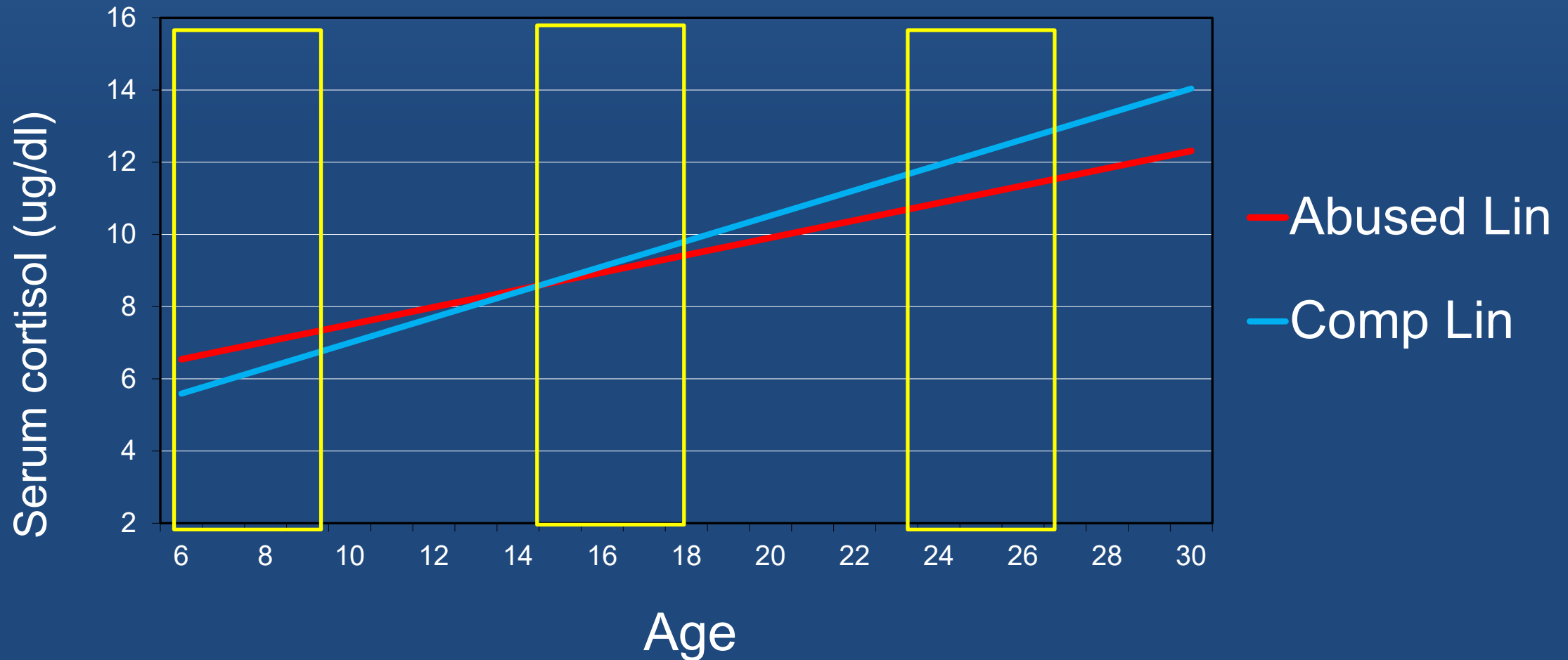
Center for Healthy Children



CHILD MALTREATMENT  
SOLUTIONS  
NETWORK



# Basal free serum cortisol across development: Developmental Evidence for Bio



**PennState**

Center for Healthy Children



CHILD MALTREATMENT  
**SOLUTIONS**  
**NETWORK**

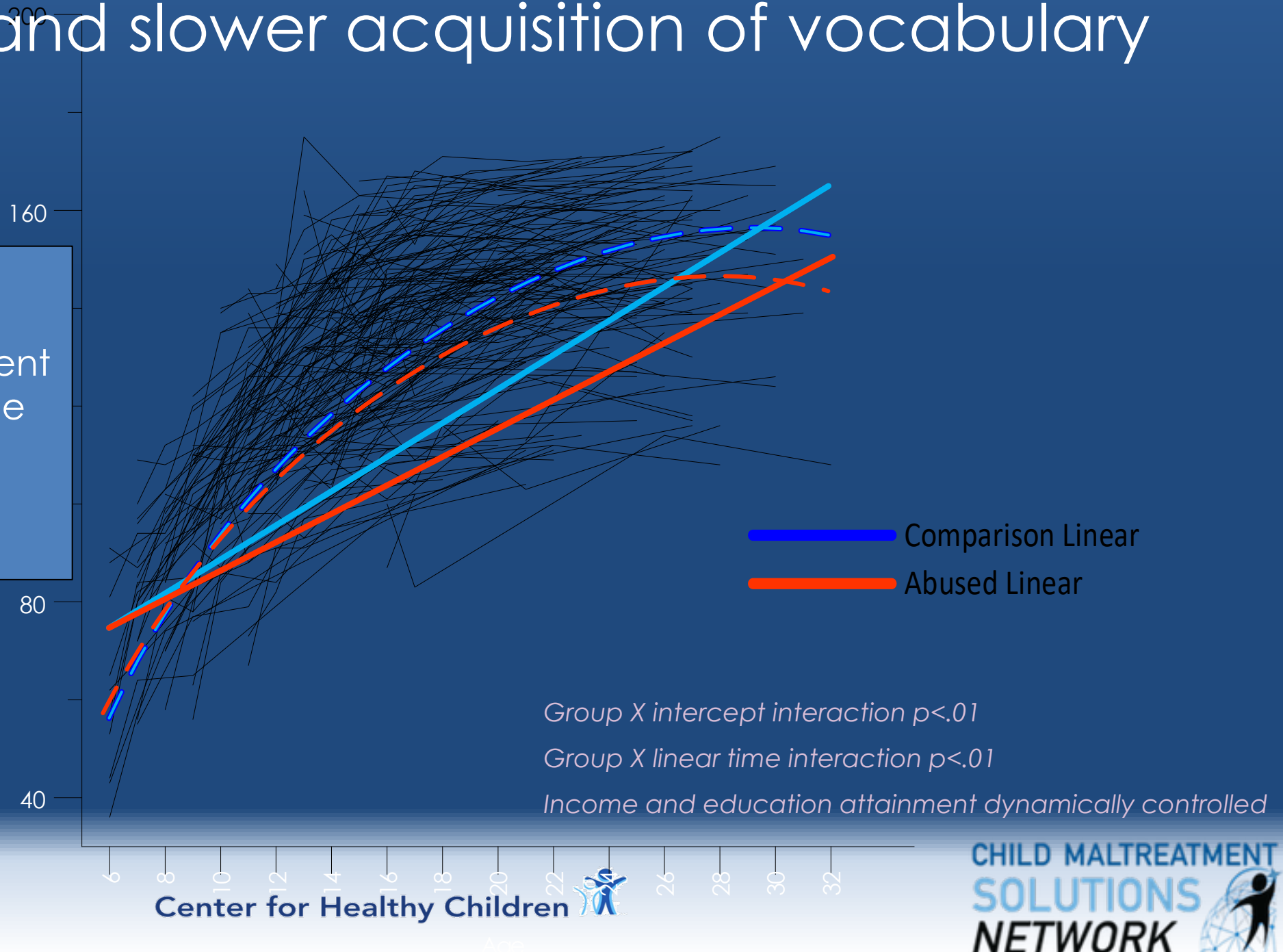


*Tickett, Noll, Susman, Shenk & Putnam, Development & Psychopathology, 2010*

# Lower peak and slower acquisition of vocabulary

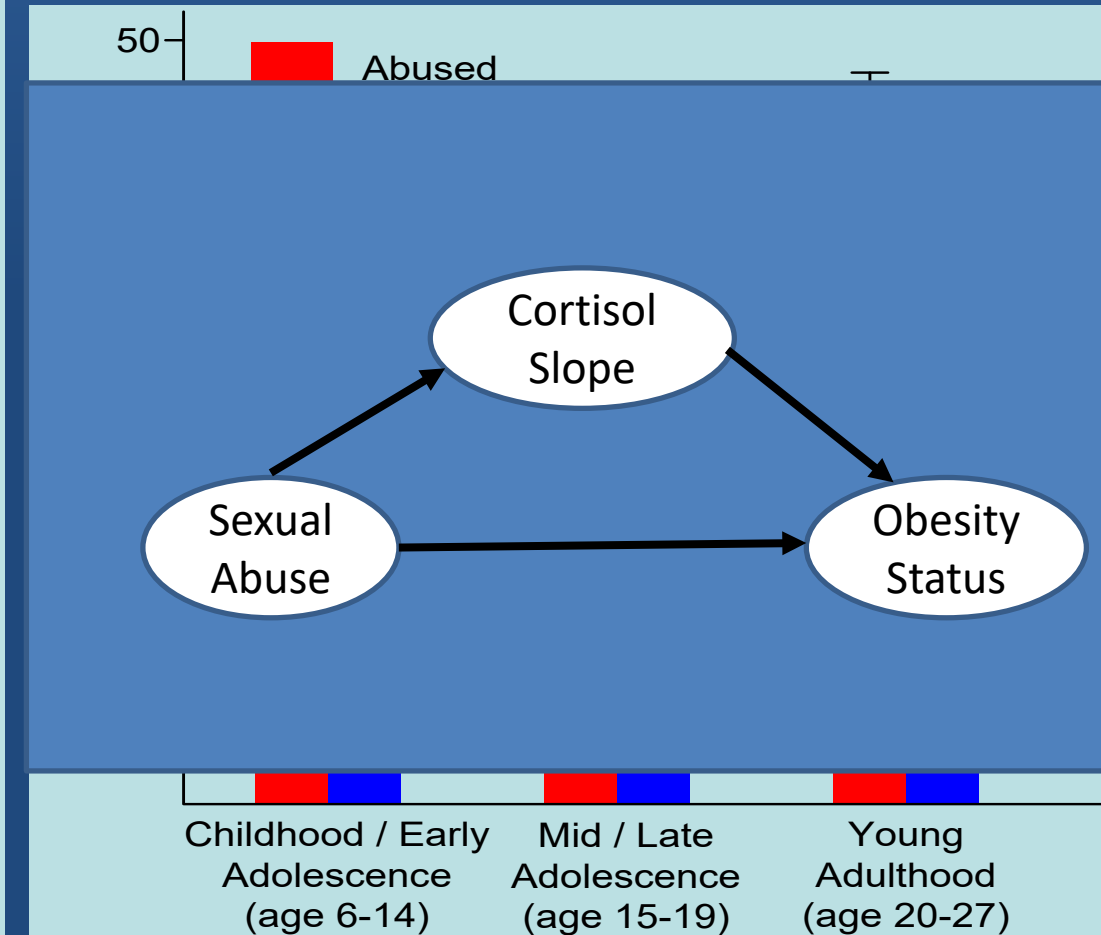
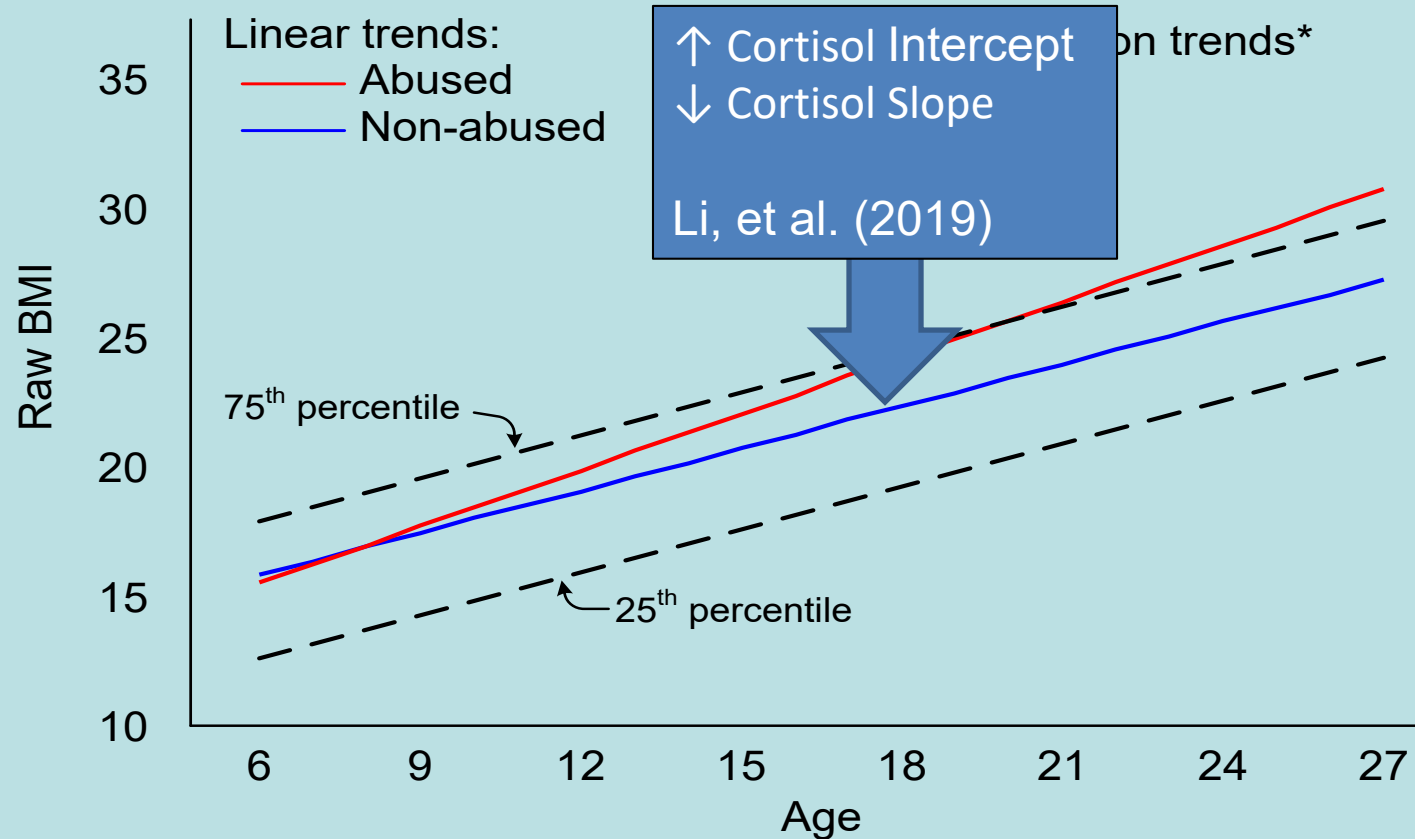
Implications:  
↓ graduation rates  
↓ educational attainment  
↑ financial dependence

Premature cognitive  
aging?



PennState

# Developmental Course of Obesity



PennState

Center for Healthy Children

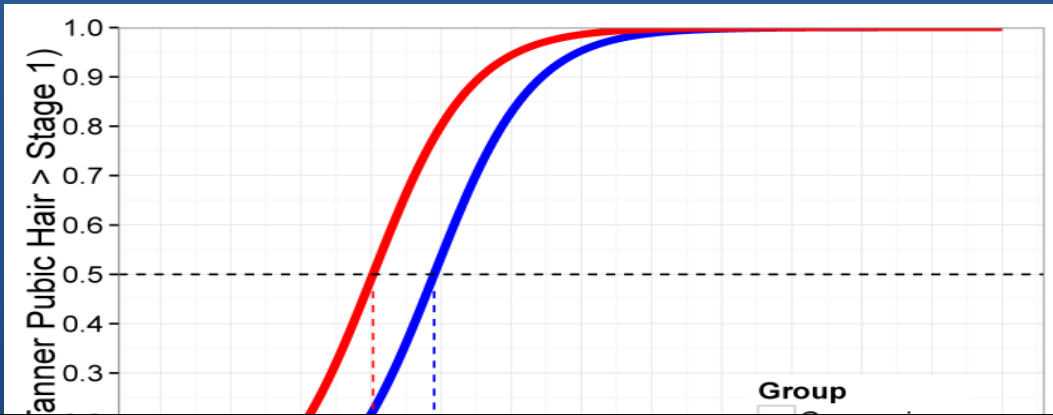


CHILD MALTREATMENT  
SOLUTIONS  
NETWORK



# Pubertal Timing

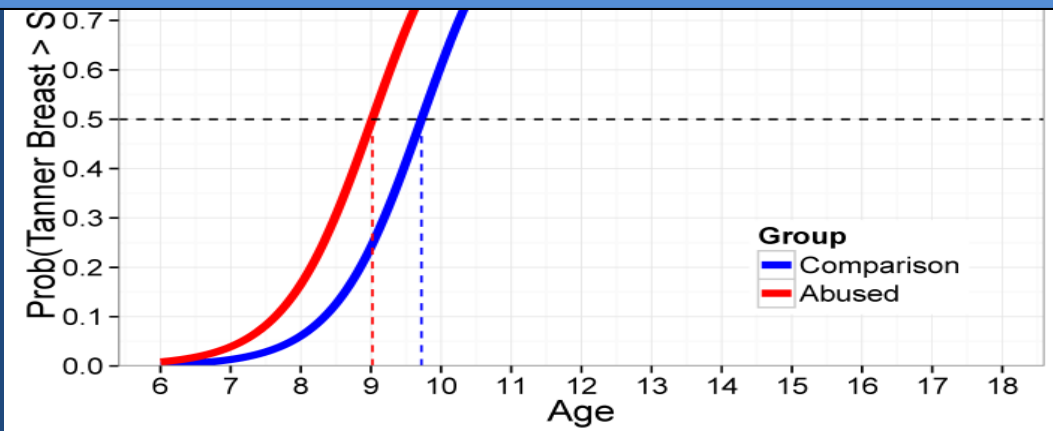
12 mos.  
earlier  
pubic hair



Meta analysis of 460,000 women across 35 countries younger age at menarche signaled higher relative risk for breast cancer

Collaborative Group on Hormonal Factors in Breast Cancer, (2012) Lancet Oncology

8 mos.  
earlier  
breast



Noll, et al., Journal of Adolescent Health, 2017



PennState

Noll, Long et al., In Press JAH

Center for Healthy Children



CHILD MALTREATMENT  
SOLUTIONS  
NETWORK





# Impact Across Development

## Childhood:

- ↑disrupted attachment
- ↑childhood depression
- ↑PTSD symptoms
- ↑externalizing behavior problems
- ↑somatic complaints
- ↓family cohesion
- ↑depressed mothers
- ↓cognitive performance
- ↓school performance

## Adolescence:

- ↑earlier pubertal timing
- ↑depressive symptoms
- ↑PTSD symptoms
- ↓cognitive abilities
- ↓age at first voluntary intercourse
- ↑alcohol & drug use
- ↑teen pregnancy
- ↑HIV risk behaviors
- ↑self harm
- ↑sleep problems
- ↑revictimization

## Adulthood:

- ↑premature parturition
- ↑persisting PTSD
- ↑psychiatric diagnoses
- ↑clinical depression
- ↑alcohol & drug abuse
- ↑suicide attempts
- ↑inter-partner violence
- ↑sexual violence / rapes
- ↑obesity
- ↑cognitive deficits
- ↑premature death

Trickett, Noll, & Putnam, Development & Psychopathology 2011



PennState

Center for Healthy Children



CHILD MALTREATMENT  
SOLUTIONS  
NETWORK



# Offspring Outcomes

Born Preterm (gestational age <37 wks)

Abused group: 19.4%

Comparison group: 10.1%

$p < .01$

Both pre-pregnancy cortisol levels and prenatal alcohol use were predictors

Noll et al. , *Journal of Pediatric Psychology*, 2007



**PennState**

Center for Healthy Children



Noll et al. (2007). *Journal of Pediatric Psychology*

CHILD MALTREATMENT  
**SOLUTIONS**  
**NETWORK**

# Offspring Outcomes

## *Cognitive Ability Scores*

Abused group: 87.47\*

Comparison group: 94.48

*Bayley Infant  
Development*

*PPVT-scores*

*WJ-R scores*



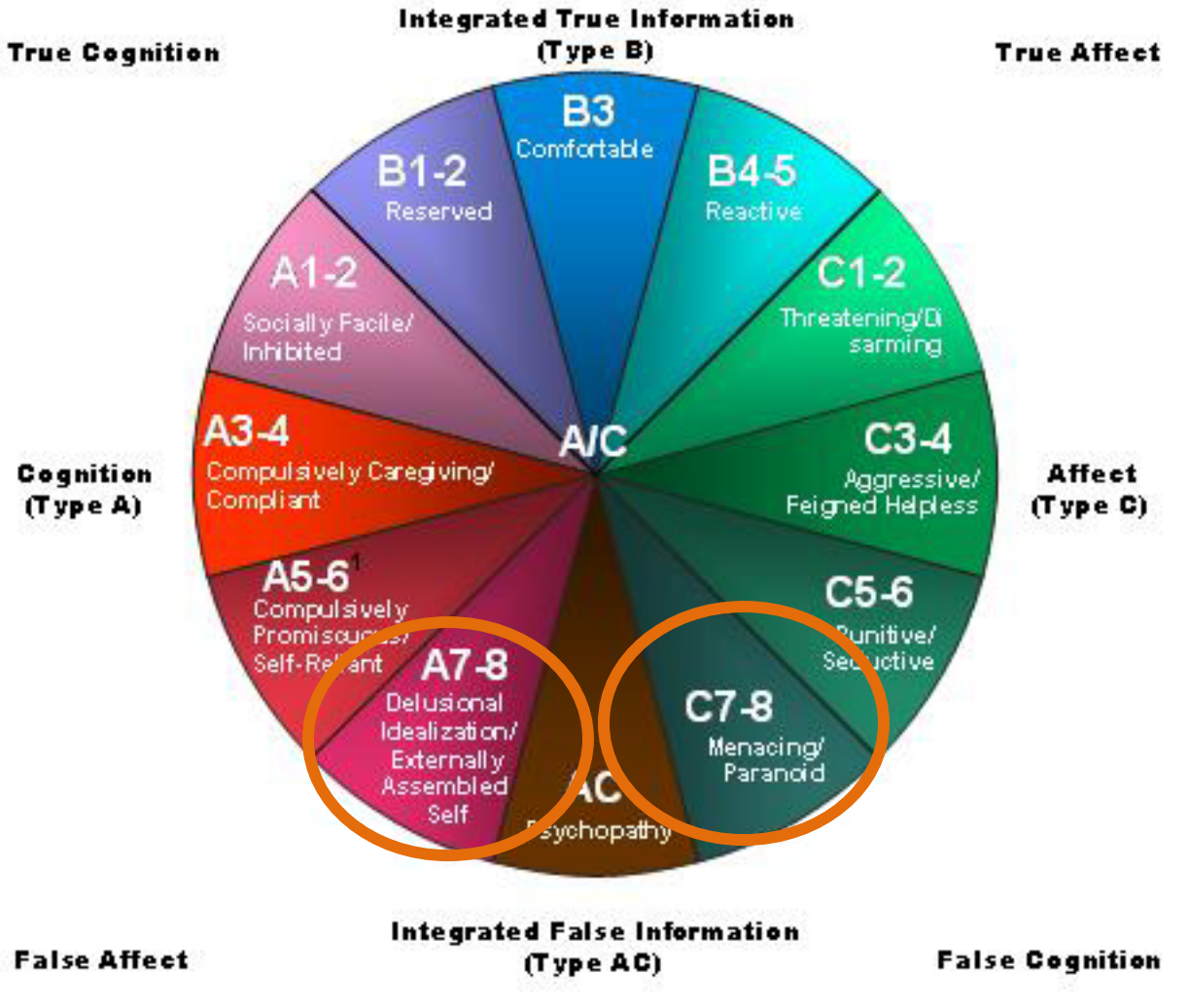
Noll et al., *Journal of Interpersonal Violence*, 2007



**PennState**

Center for Healthy Children 

**CHILD MALTREATMENT  
SOLUTIONS  
NETWORK** 



	B	A	C
	Secure	Avoidant/ Depressive	Anxious/ Reactive
Abused	11%**	48%**	41%**
Comparison	40%	26%	34%

*Higher Subscript A's and C's most notable in the abused group*

Based on Infant SS and Preschool Aged Assessment (PAA) using the DMM coding system of Patricia Crittenden, PhD

Kwako, Noll, et al., *Clinical Child Psychology & Psychiatry*, 2010



**PennState**

Center for Healthy Children



Kwako, Noll et al., 2011; *Journal of Child Psychology and Psychiatry*

**CHILD MALTREATMENT  
SOLUTIONS  
NETWORK**



# Offspring Outcomes

Child Protective Service (CPS) Involved

Abused group: 17%

Comparison group: 1%

$p < .01$

majority neglect & physical abuse  
1 sexual abuse

40% permanent removal from mom

2 G3 sexual abuse perpetrators

5 deaths (all born to abused mothers)

Noll et al. (2007) *Journal of Interpersonal Violence*



**PennState**

Center for Healthy Children

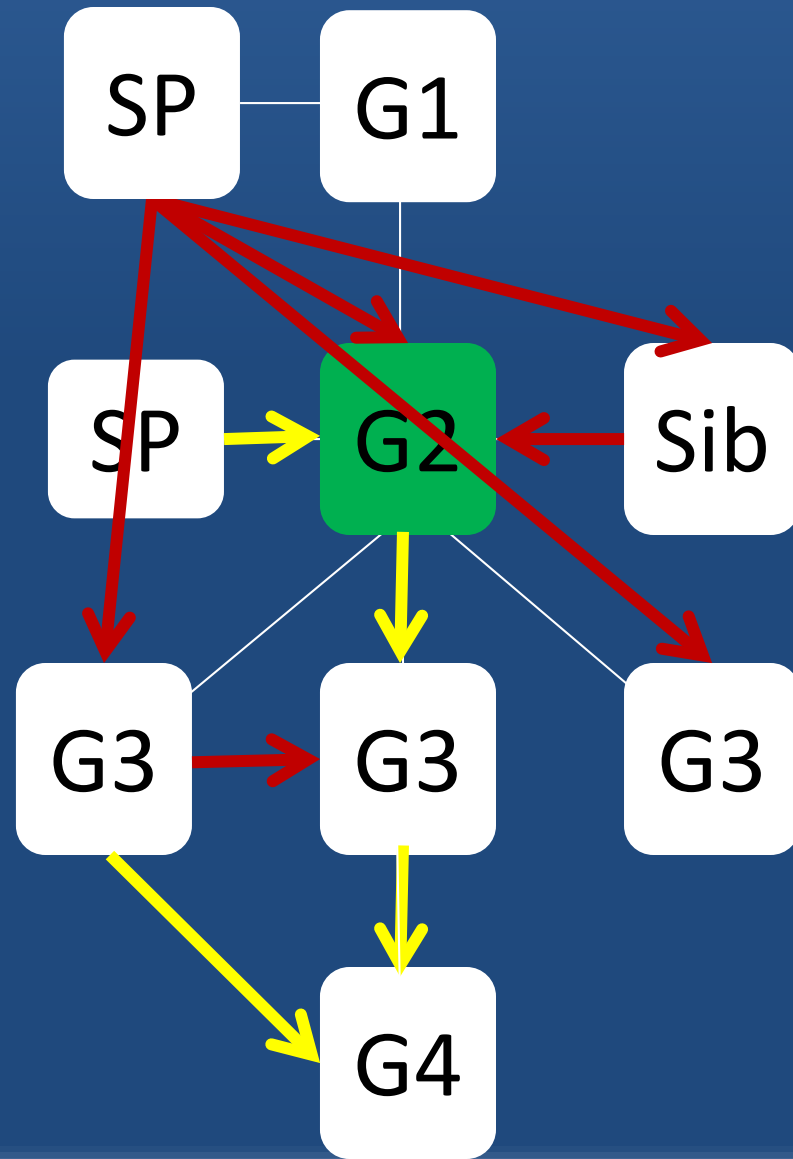


Noll et al. (2007) *Journal of Interpersonal Violence*

**CHILD MALTREATMENT  
SOLUTIONS  
NETWORK**







→ Sexual abuse  
→ Physical abuse

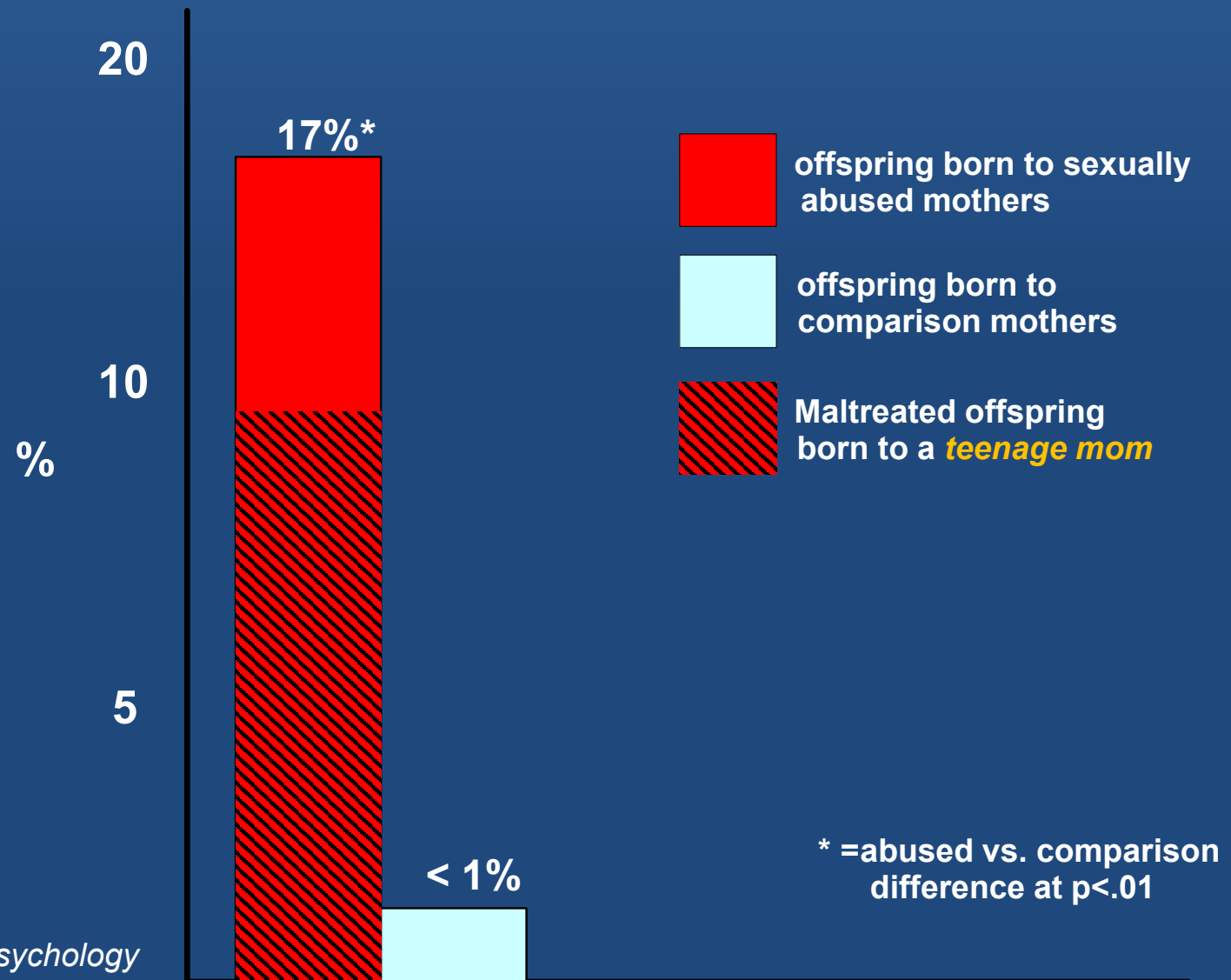


PennState

Center for Healthy Children

CHILD MALTREATMENT  
**SOLUTIONS**  
NETWORK

# Maltreated Offspring



Noll, JG (2003) *Journal of Consulting and Clinical Psychology*



**PennState**

Noll, JG, SRA, 2006

Center for Healthy Children

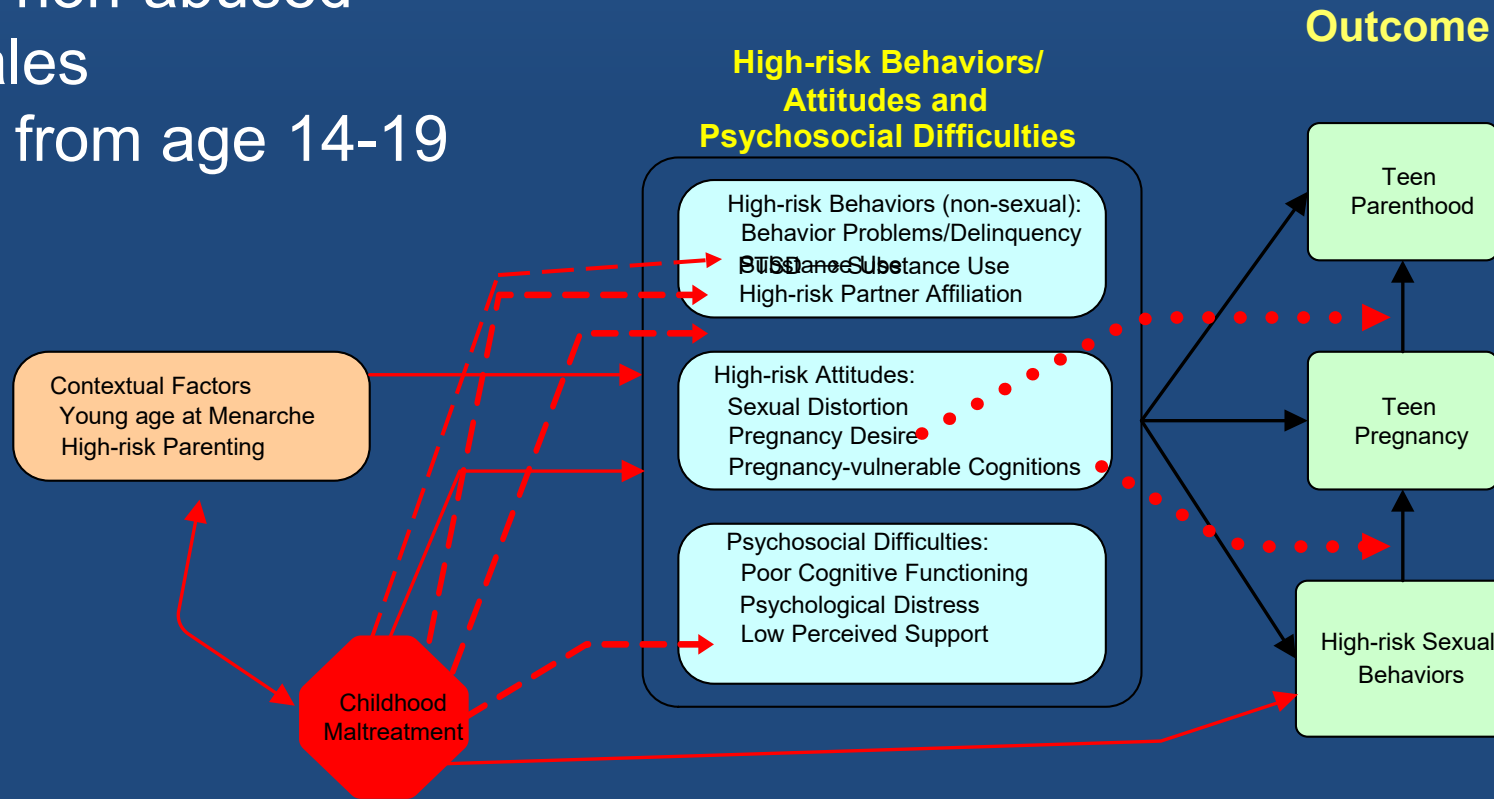


CHILD MALTREATMENT  
**SOLUTIONS**  
**NETWORK**



# High-risk Pathways to Teen Pregnancy

514 abused and non-abused adolescent females assessed yearly from age 14-19



R01 HD073130 PI: Noll 2008-2013



PennState

Center for Healthy Children



PI: Noll, JG: R01 HD052533

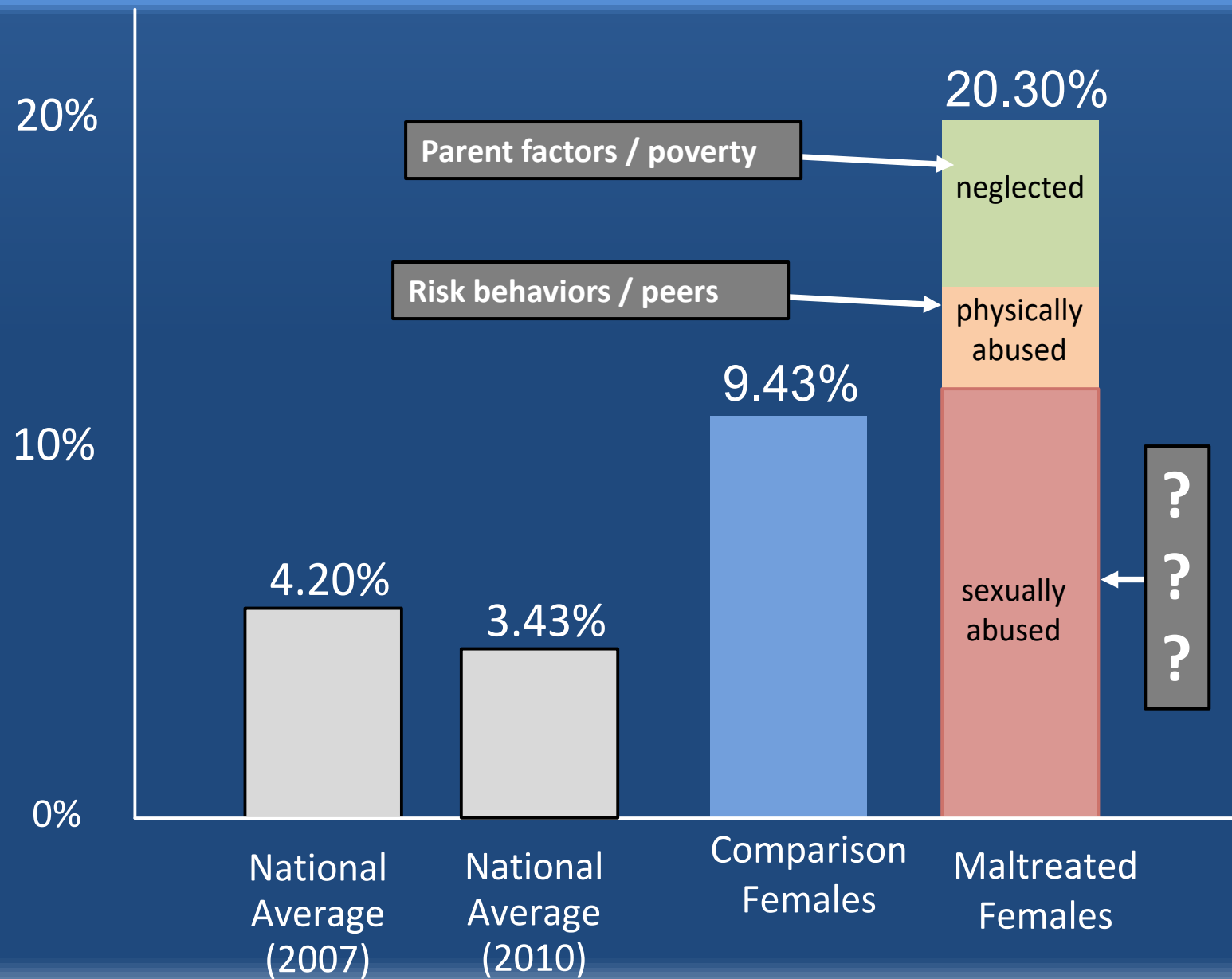
CHILD MALTREATMENT  
SOLUTIONS  
NETWORK





# Teen Motherhood Rates

97% Retention



Noll, & Shenk., *Pediatrics*, 2013

Noll, et al., *J of Adol. Health*, 2018



PennState

Center for Healthy Children 

CHILD MALTREATMENT  
SOLUTIONS  
NETWORK 

# *Investigated* maltreatment is as disruptive as *Substantiated* maltreatment

Outcome	Investigated but unsubstantiated (n = 136)		Investigated and substantiated (n = 179)	
Teen mother	2.75	(1.34, 5.62)**	2.28	(1.18, 4.41)*
HIV risk behaviors <sup>1</sup>	1.42	(1.15, 1.74)***	1.30	(1.09, 1.55)**
Drug use in past year <sup>2</sup>	0.38	(.13)**	0.41	(.12)***
Beck depression score <sup>3</sup>	1.96	(±2.56)	2.42	(±1.08)*

Kugler, et al., *Child Abuse & Neglect*, 2018



# Publically available Social Networking profiles



~BARBIE GIRL~

www.myspace.com/ah

- [Send Message](#)
- [Add to Friends](#)
- [Add Comment](#)

~I CAN CARE LESS BOUT WUT THA NEXT BITCH DOIN! IM DOIN WUT I DO AN IM LOVIN IT! I HEARD SHE TALKIN SHIT BUT DIS AINT WUT THA FUC SHE WANT!!  
Posted 1 hour ago [view more](#)

Name: S[REDACTED] I[REDACTED]n

Age: 16 goin on 21!

City; Florence, KY; I am a junior at Madison High

Call me or txt me at 719[REDACTED]3; I'll pick up, no prob



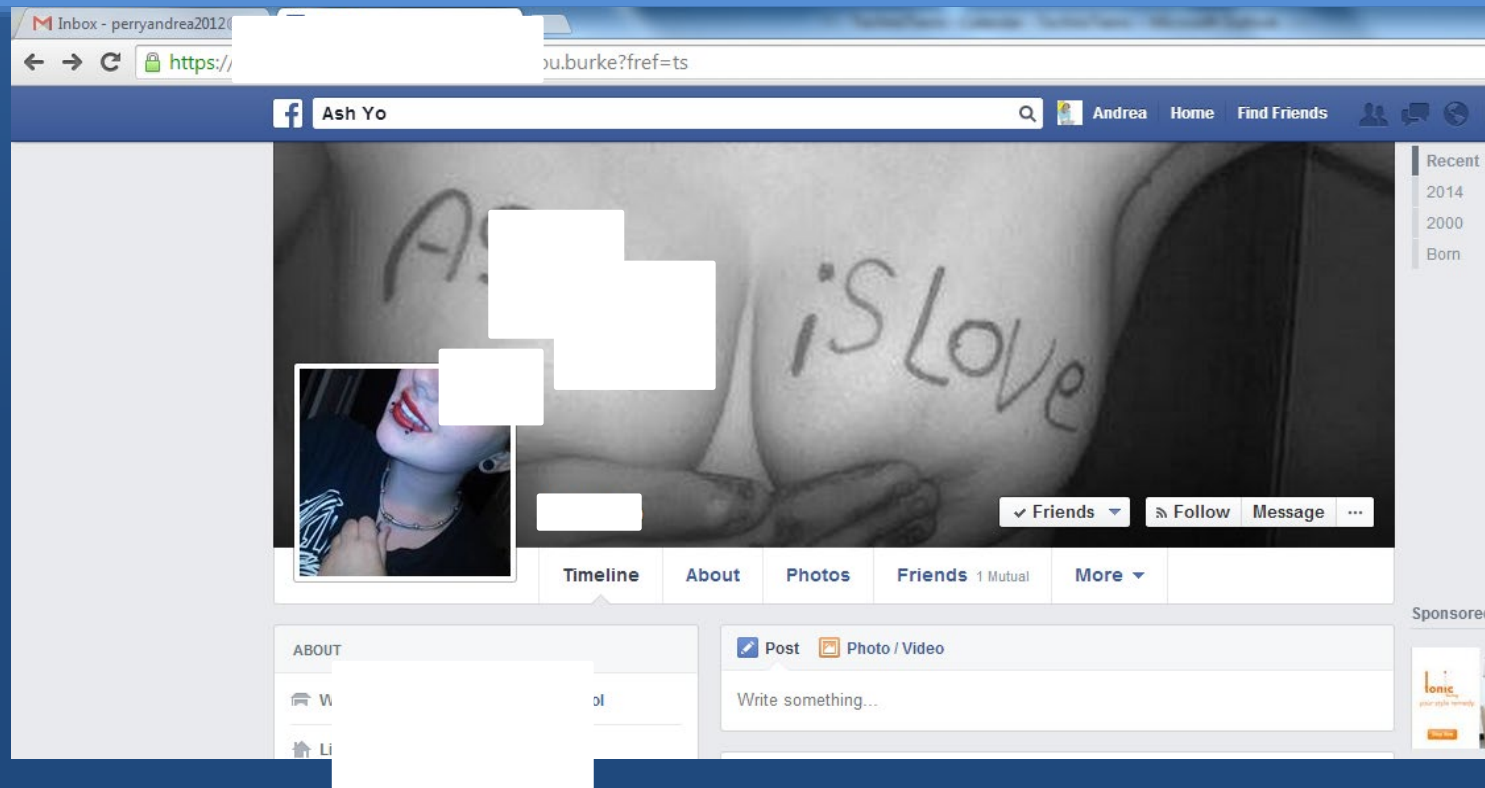
PennState

Center for Healthy Children

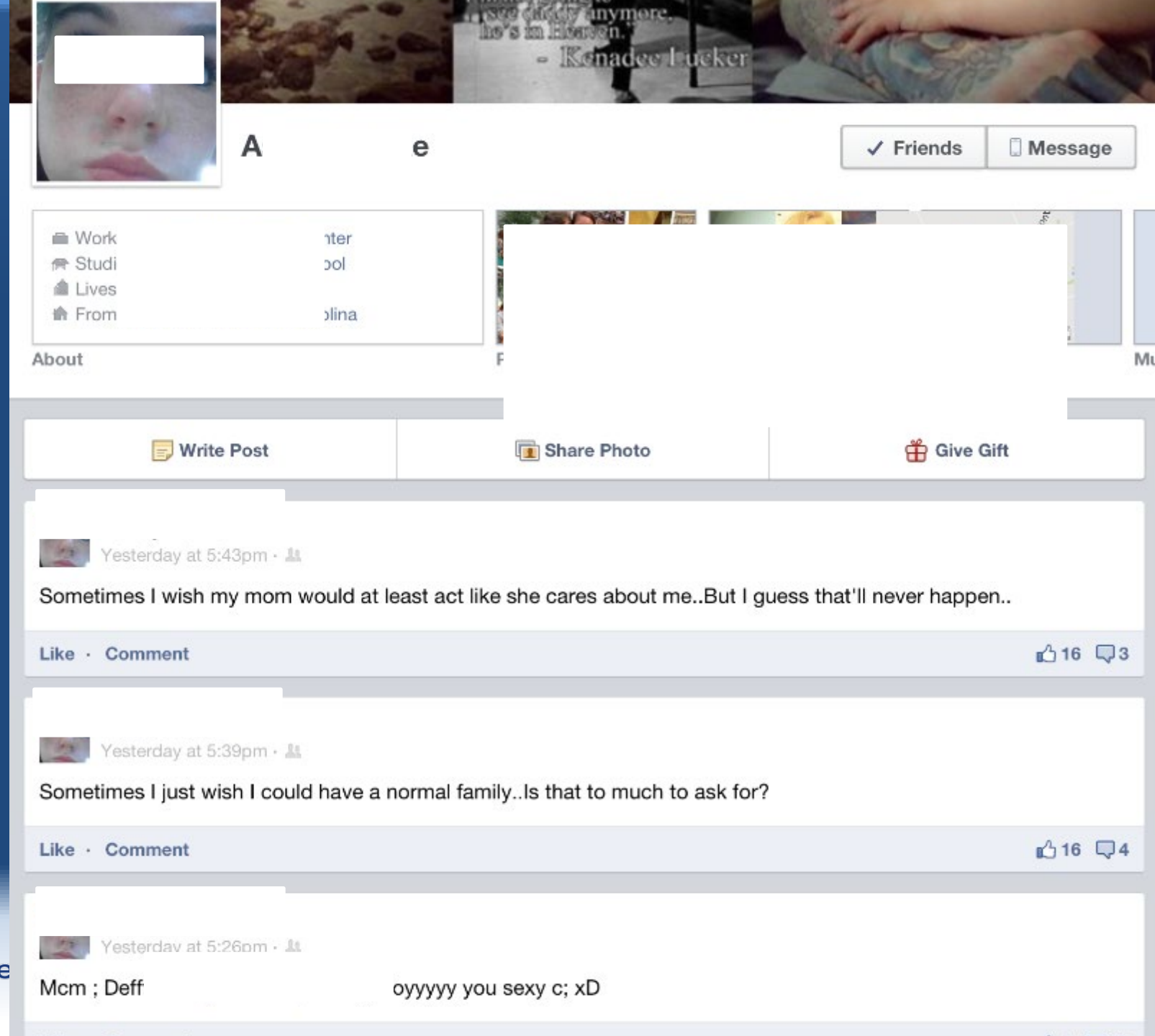
CHILD MALTREATMENT  
SOLUTIONS  
NETWORK



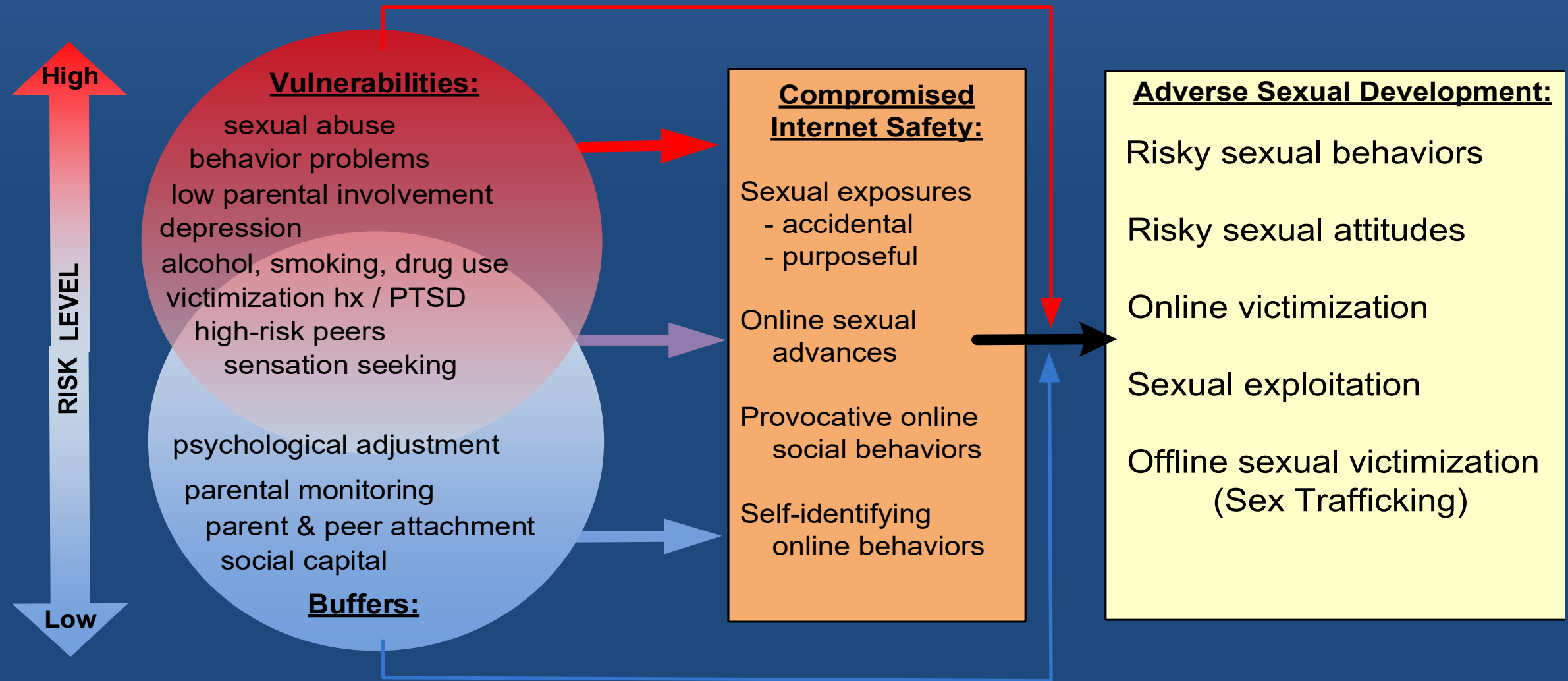
Publically  
available  
Social networking  
profiles



# Publically available Social networking profiles



# Teen Internet and Social Media Behaviors; “TechnoTeens”



R01 HD073130 PI: Noll 2013-2019



PennState

Center for Healthy Children



CHILD MALTREATMENT  
SOLUTIONS  
NETWORK



# TechnoTeens

First naturalistic, observational study of teen internet use

460 adolescent females (aged 12-15) and caregivers

1/3 sexually abused referred from protective services

1/3 matched controls; 1/3 census matched controls

3 annual follow-ups: (94% Retention)

2 hour psychosocial interview (self-reported behaviors and victimization)

Internet URL activity captured and quantified for adult content (4 weeks)

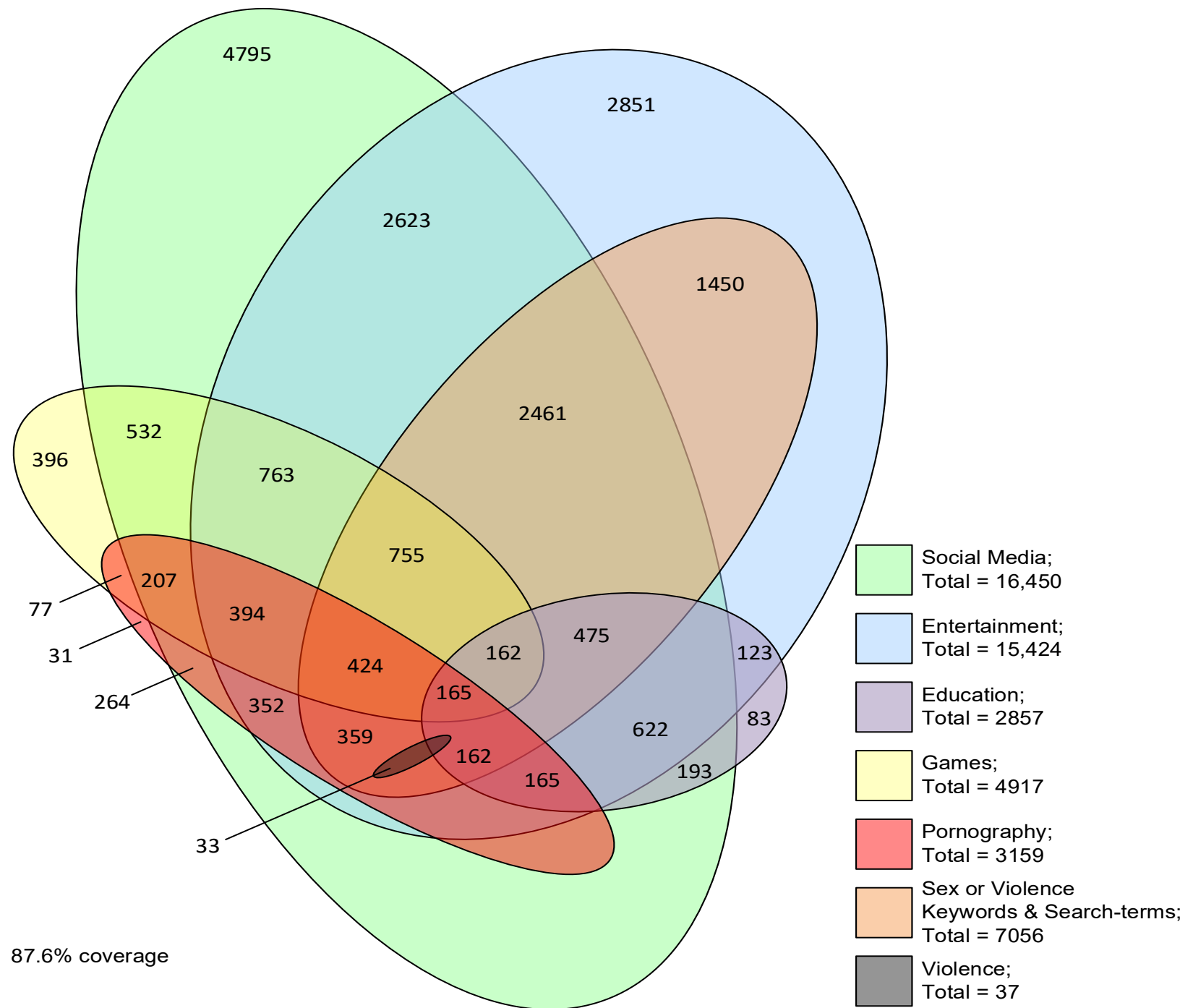
Sophisticated keystroke authentication algorithm; 97% specificity

YouTube and other video keyword quantification

Social media face pages quantified for provocative features



# Internet Use Patterns (23,839 2 hr Sessions)





## *TechnoTeens Findings (not yet published)*

35% consumed pornography (via URL observation)

46% abused vs. 28% control ( $p < .01$ )

51% cyberbullied (structured interview)

62% abused vs. 43% control ( $p < .05$ )

22% received online sexual advances (structured interview)

6% sexual advances “went too far”

11% abused vs. 3% control ( $p < .01$ )

45% met stranger offline (structured interview)

5% met stranger offline ending in assault or attempted assault

10% abused vs. 2% control ( $p < .01$ )



# TechnoTeens Findings (not yet published)

Longitudinal findings (2 years later):

↑ Pornography → risky sexual behaviors

↑ Sex/violence videos → meetings w/ strangers offline



**PennState**

Center for Healthy Children



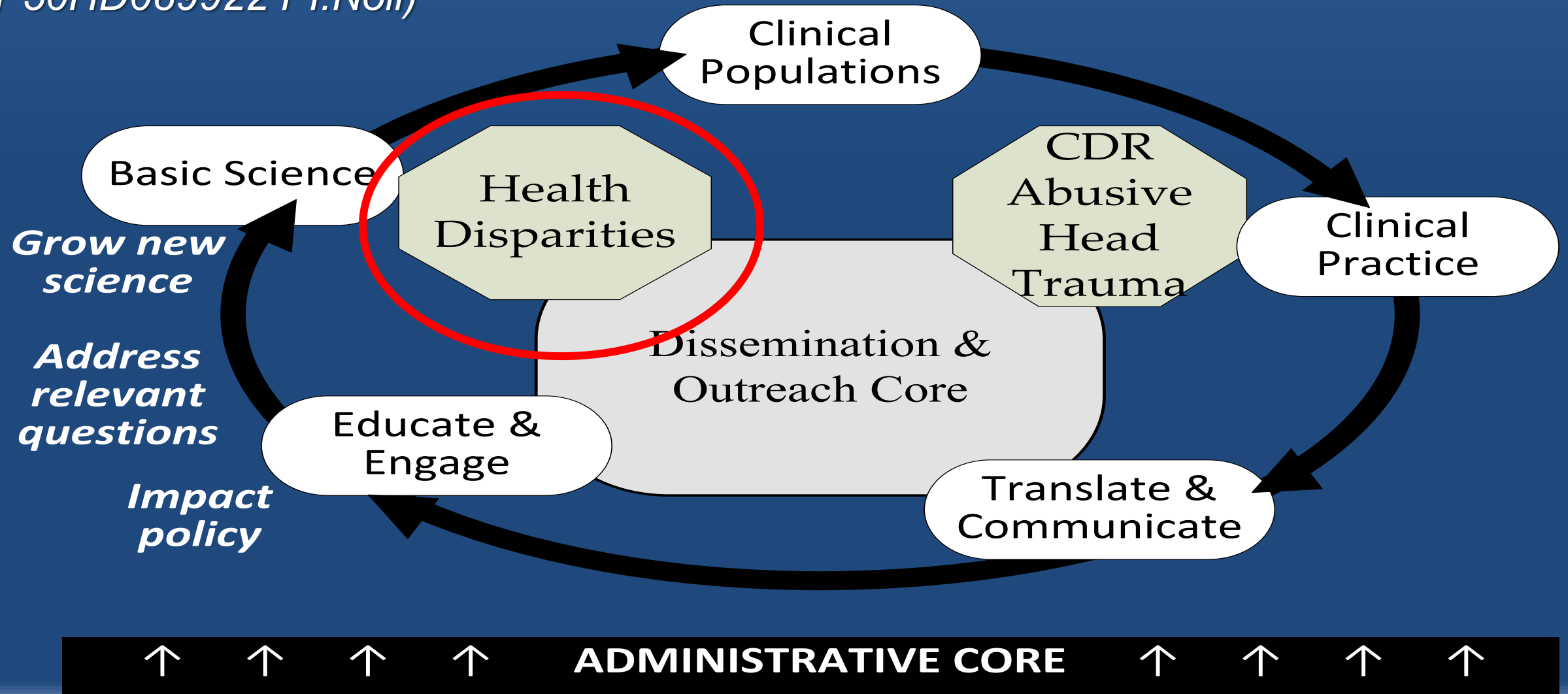
Noll, et al. (2007). *Journal of Pediatric Psychology*

**CHILD MALTREATMENT  
SOLUTIONS  
NETWORK**



# NIH Capstone Center for Healthy Children

(P50HD089922 PI:Noll)



PennState

Center for Healthy Children 

CHILD MALTREATMENT  
**SOLUTIONS**  
NETWORK 

*Child Health Study N=1200:*  
900 Maltreated; (300 ea, sexual abuse,  
physical abuse, neglect)  
300 Comparisons (clean)  
Aged 8-13; 50% Boys

**Maltreatment:**  
*Sexual Abuse  
Physical Abuse  
Neglect*

**Malleable Behavioral  
Factors:**  
*Healthy Lifestyle  
Diet, Exercise, Sleep  
Healthy behaviors  
Regulation*

**Resilience:**  
*School Engagement  
Personal Agency  
Social Support  
Coping / Flexibility  
Cognitive Ability*

Moderators: Genotype, Gender,  
Ethnicity, Pubertal Stage,  
Maltreatment type, timing

**Health Status:**  
*Brain Health  
Behavioral &  
Emotional Health  
Physical Health*

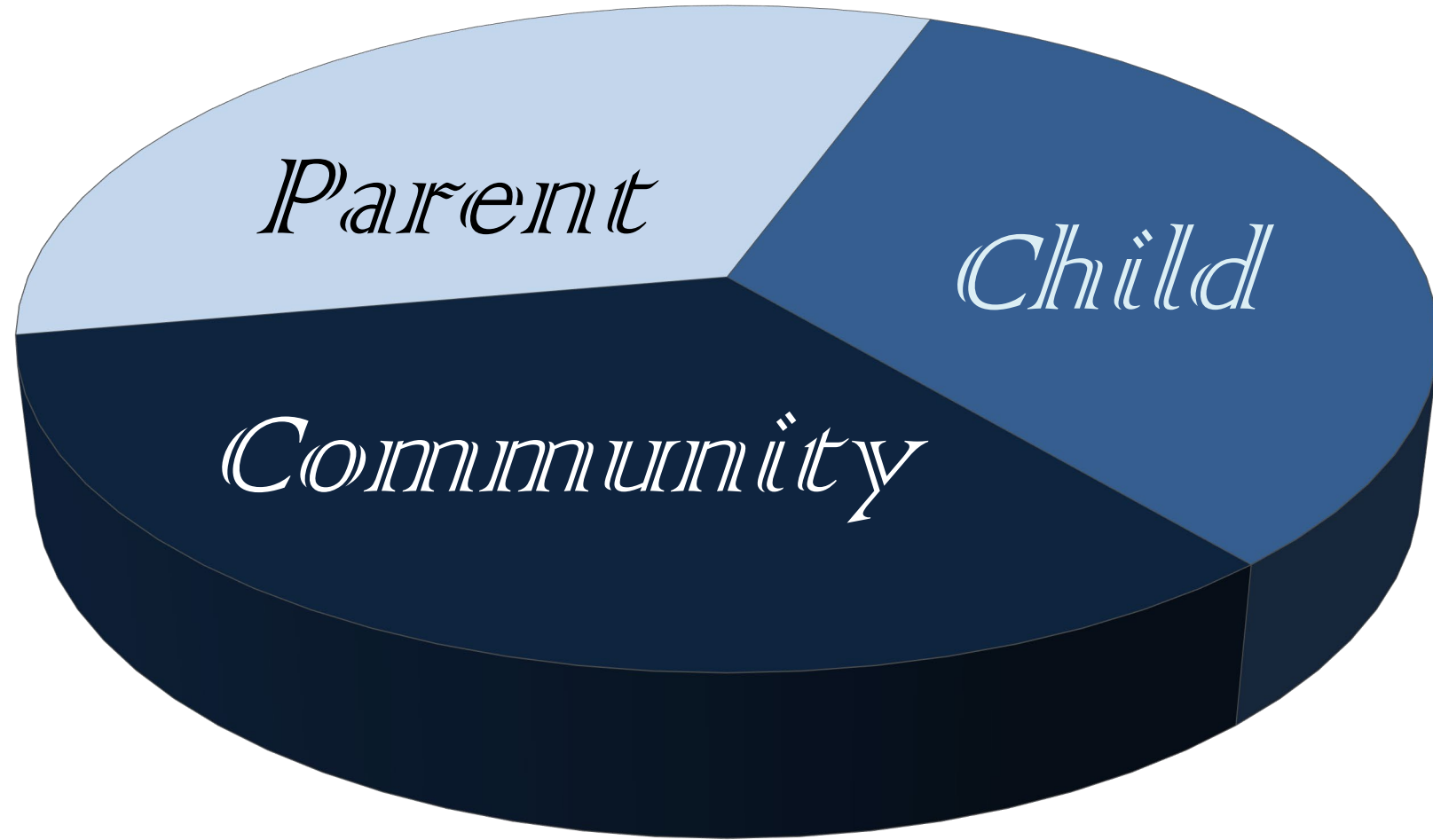
**Bio Embedding:**  
*Neuroendocrine  
Autonomic  
Immunologic  
Epigenetic  
Cellular Biology  
Neurocircuitry*

Day-long health  
assessments  
repeated every 2 yrs.

**MPs:**  
**Heim & Schreier**



# *Pennsylvania Universal Child Sexual Abuse Prevention Trial*



PennState

Center for Healthy Children 

ALTREATMENT  
SOLUTIONS  
NETWORK 





# Community: Stewards of Children

2 hour interactive session

In-person, on-line, targeting 5% of all adults

Media campaign

Radio ads, social media, mass mailing

## Key concepts

- Learn the facts
- Minimize opportunity
- Talk about it
- Recognize the signs
- React responsibly



PennState

Center for Healthy Children 

CHILD MALTREATMENT  
SOLUTIONS  
NETWORK 





# Child: Safe Touches

50-minute interactive workshop

K-3 classroom delivery

## Key concepts

- Private parts of the body
- Difference between safe and not-safe touches
- Secrets versus surprises
- Tell an adult
- The child is not to blame

Teacher & Admin Education



PennState

Center for Healthy Children

CHILD MALTREATMENT  
SOLUTIONS  
NETWORK

# *Parenting: Parenting Safe and Health Children*

One hour parent-focused curriculum

Key concepts

- Healthy sexual development
- Parent-child communication about sex and safety
- Promoting safety

Designed to be *braided* into evidence-based parent-training programs for at-risk parents referred for child welfare services

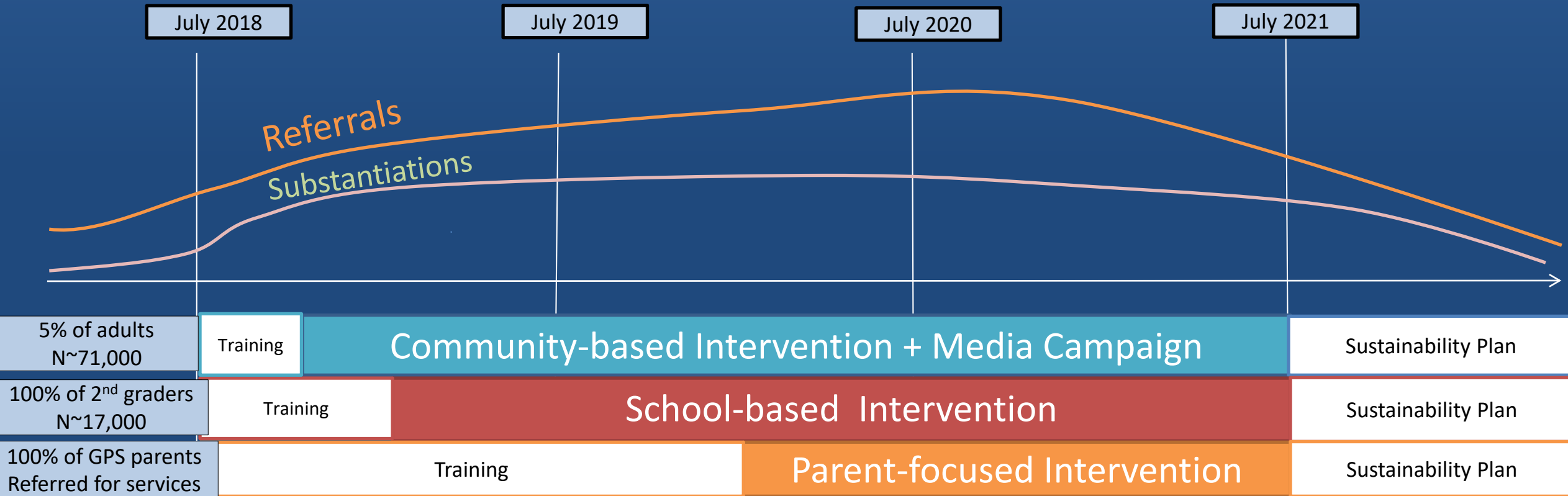
## PREVENTING CHILD SEXUAL ABUSE

*Parent Handbook*



Promoting the Safety and Wellbeing of Your Child

# Pennsylvania Child Sexual Abuse Prevention Trial PSU/PADHS



## Evaluation:

- ↓ Referrals, Substantiation & Conviction Rates
- ↑ Knowledge, Attitudes & Behaviors (pre-post, 6mos, & 12mos)
- ↑ Population Awareness (Random Digit Dialing/Web Survey)



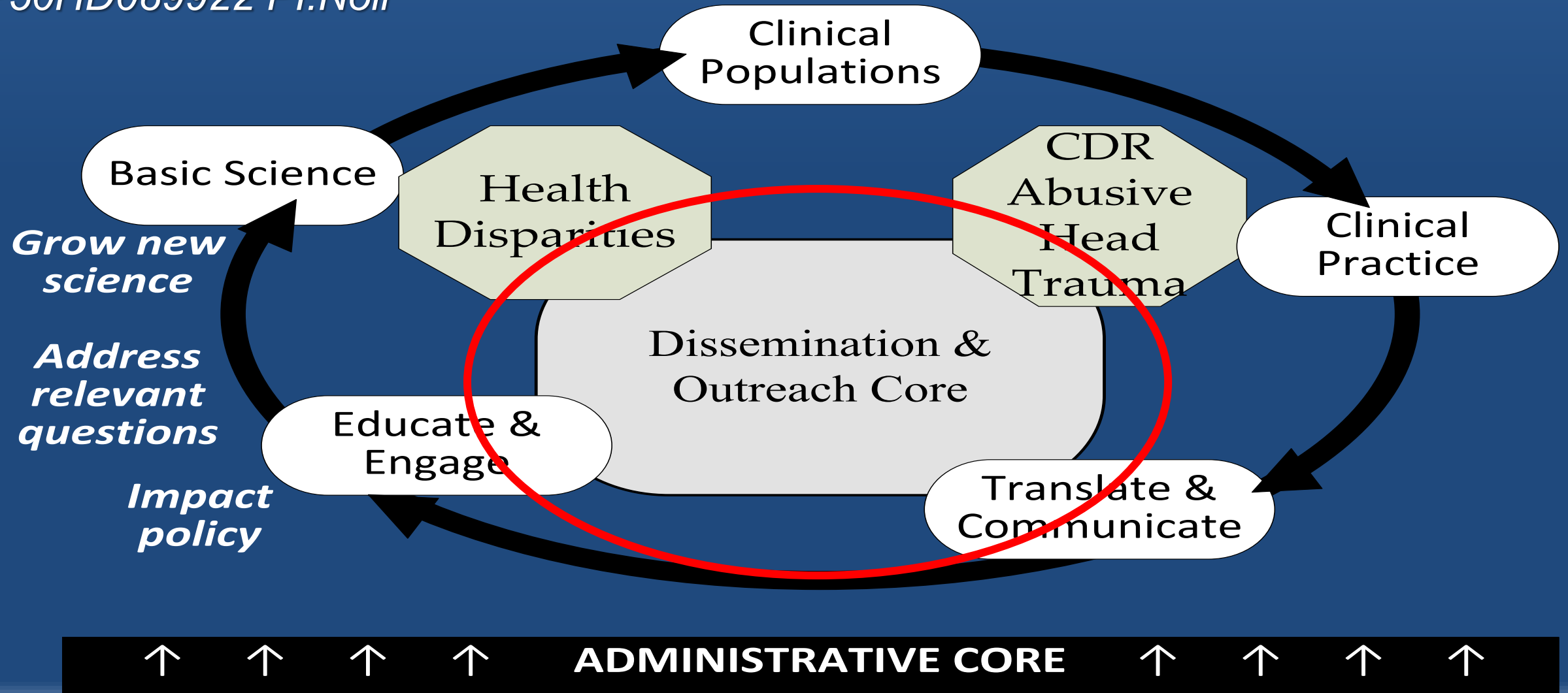
PennState

Center for Healthy Children

CHILD MALTREATMENT  
SOLUTIONS  
NETWORK

# NIH Capstone Center for Healthy Children

P50HD089922 PI:Noll



PennState

Center for Healthy Children



CHILD MALTREATMENT  
**SOLUTIONS**  
NETWORK

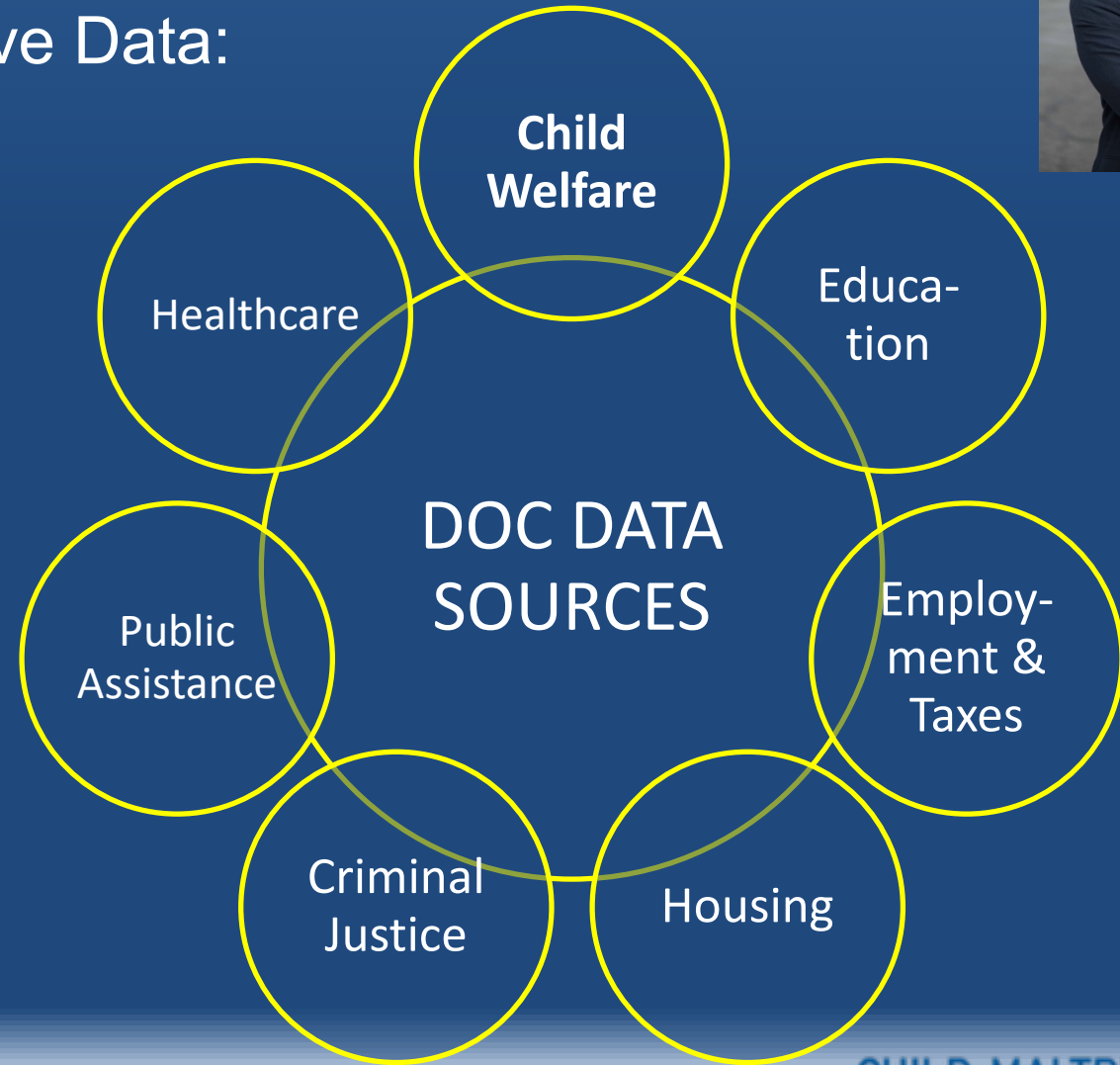




## A portrait of a man with short dark hair, smiling broadly. He is wearing a dark navy blue suit jacket over a white dress shirt and a red tie with thin white diagonal stripes. He has his arms crossed and is standing outdoors on a paved path. The background is slightly blurred, showing trees and a clear sky.

# Impact of interventions

*PA Depts. of Human Services,  
Health, and Juvenile Justice*

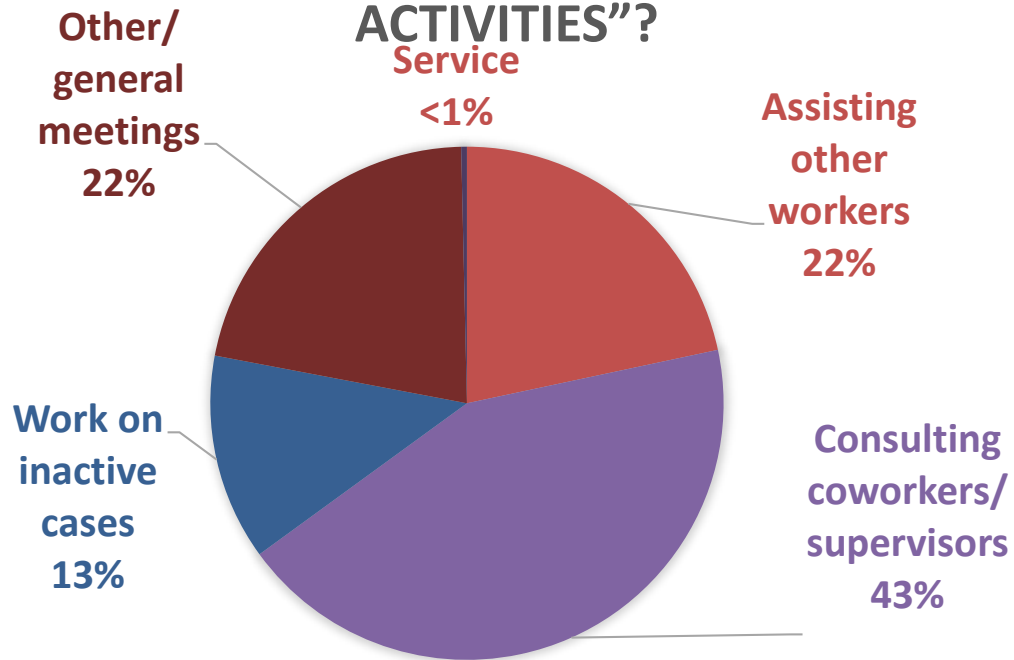


Center for Healthy Children 

**CHILD MALTREATMENT  
SOLUTIONS  
NETWORK**

# Pennsylvania Caseworker Time Use Study

## WHAT ARE THE "UNCOUNTED ACTIVITIES"?



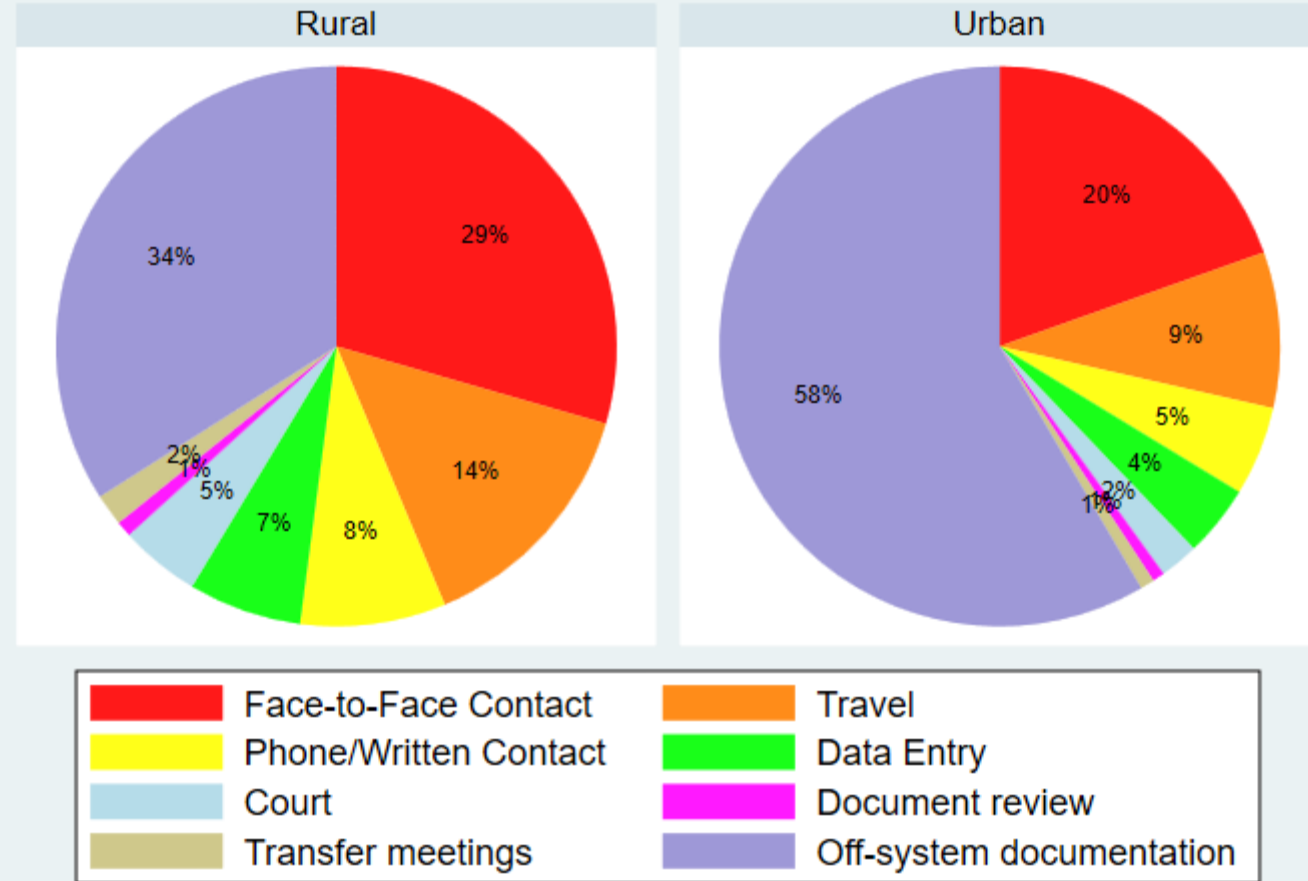
*Reducing off-system documentation:  
½ additional work-week*

*Reducing uncounted activities:  
1 additional work-week*



Dr. Sarah Font

Center for Health



Graphs by urbancounty



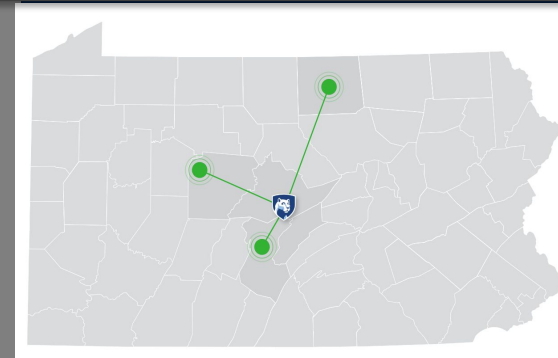
Dr. Sheridan  
Miyamoto



# The Sexual Assault/Abuse Forensic Examination Telehealth Center

Sheridan Miyamoto, PhD, FNP, RN

Funding provided by:  
Department of Justice, Office for Victims of Crime  
Award #: 2016-NE-BX-K001



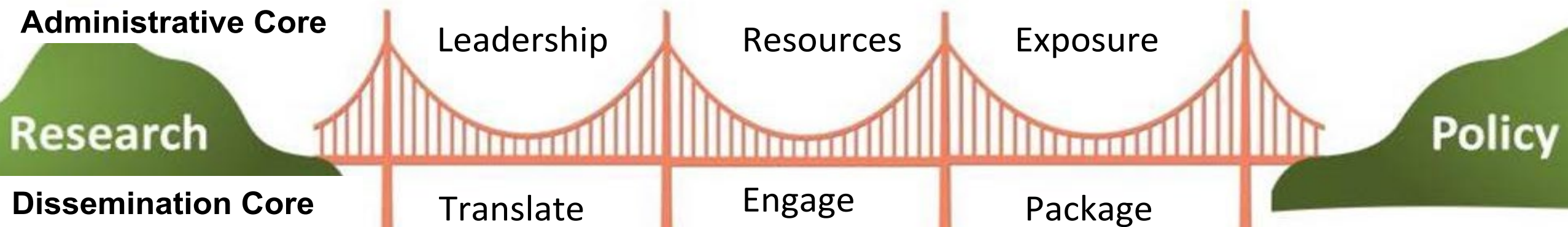
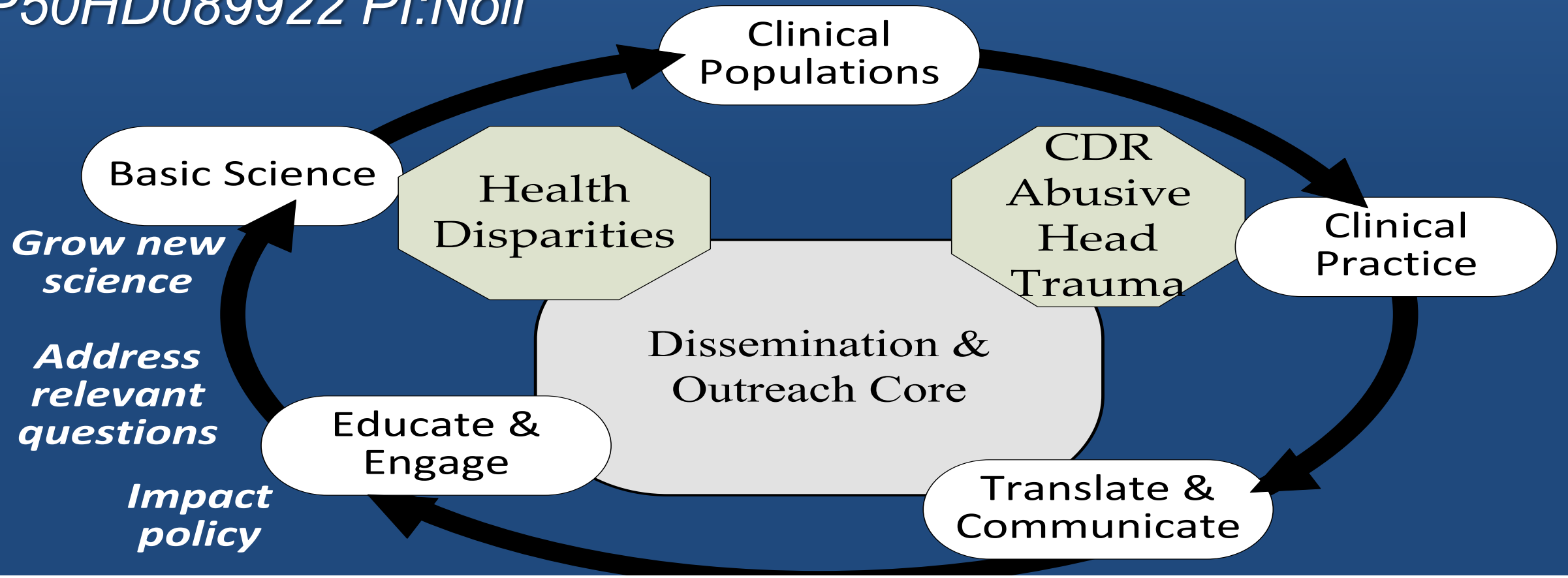
PennState

Center for Healthy Children 

CHILD MALTREATMENT  
SOLUTIONS  
NETWORK 



**NIH Capstone Center for Healthy Children**  
**P50HD089922 PI:Noll**





## *Four basic essentials of policy engagement:*

1. Ask pressing questions (through partnerships)
2. Conduct the best research
3. Translate into messages that resonate with practitioners and policymakers
4. Become a resource for practitioners, staffers & legislators



PennState

Center for Healthy Children 

CHILD MALTREATMENT  
SOLUTIONS  
NETWORK 

# Policy Activities

## PREVENTING HUMAN TRAFFICKING

## CONGRESSIONAL BRIEFING (Dec 2018) Child Abuse Prevention: “We’ve got a long, long way to go.”

## CHILD ABUSE PREVENTION & TX ACT



**Child maltreatment** (sexual abuse, physical abuse, neglect) results in a yearly economic burden of \$124 billion! Approximately 4 million reports are made to Child Protective Services (CPS) each year involving 7.4 million children. Of these reports 3.5 million are investigated and 12.5% of children in the U.S. will be victims of substantiated maltreatment by age 18. Regardless of substantiation<sup>1</sup>, CPS involvement is associated with a host of negative outcomes including subsequent maltreatment, teen motherhood, poor mental health, HIV, and substance use<sup>2-5</sup>. Almost 40% of children are re-referred to CPS following an initial referral<sup>6</sup> and 20% of victims of child maltreatment are re-victimized within 5 years<sup>7</sup>.

Given its high cost and sheer number of child victims, the problem of child maltreatment is in dire need of effective and sustained prevention efforts—both in terms of stopping maltreatment from ever occurring (*primary prevention*) and curtailing deleterious outcomes once a CPS referral has been made (*targeted prevention*).

**Primary prevention** efforts provide preventive education and supports to new parents, families, schools, and community members. Such efforts work best when there is also a community-level response where available services are identified and disseminated in a coordinated fashion<sup>8</sup>. For example, Triple P and the Thriftum Family Initiative bring together and coordinate various evidence-based prevention services within communities to promote healthy families, including reducing risk for maltreatment<sup>9</sup>. While these efforts are promising, there are substantial challenges that limit the coordination of services at the community-level and only a few models that have been effective at reducing overall rates of child maltreatment<sup>10</sup>.

### HIGHLIGHTS

- Child maltreatment is both highly prevalent and costly.
- Prevention will result in significant cost-savings by both stopping maltreatment before it happens AND providing targeted services once children are referred to CPS.
- Prevention efforts work best when there is a coordinated, community-level response to identify and deliver preventive services.
- Current efforts have demonstrated limited impact and are not widely disseminated.
- CAPTA has the potential to improve prevention efforts by increasing community capacity for coordinating services and systems, investing in rigorously evaluated demonstration projects, and fostering innovation.

## DATA EXPUNCTION



### Issues Related to Protective Service Record Expungement and Destruction

#### Overview

Pennsylvania State Senate Bill 938<sup>1</sup> seeks to revise the expungement process for Protective Service (PS) records by allowing local agencies to maintain records internally that aid with “risk and safety assessment and research.” Pennsylvania’s current expungement law requires the destruction of all paper and digital records of the investigation after some time, including the relatively expedient destruction of unsubstantiated case files. This is a blunter expungement process than what is employed by some other states<sup>2,3,4</sup> or as required by federal law.<sup>5</sup> Moreover, some caution against distinguishing between substantiated and unsubstantiated cases because both are related to similar risks to child health and development.<sup>6</sup> SB 938 maintains provisions to destroy PS records in the state-wide registry, which is intended to protect individuals involved in unsubstantiated abuse and neglect cases, as public access to those records can hinder employment, volunteer, or adoption opportunities. While unrestricted access to case records (e.g., inclusion in background checks) can be problematic for accused perpetrators, record destruction hinders efforts to protect children and prevent maltreatment. A more balanced approach would protect information so that it is *only accessible for purposes that protect children*, including future PS investigations and research that can strengthen maltreatment prevention.

#### Concerns about Destroying Case Files

1. *Child welfare workers cannot protect children as well if they do not have previously collected information on the child’s risk of maltreatment.* Risk of future maltreatment (and PS recidivism) is similar regardless of substantiation.<sup>7</sup> Therefore, prior case files for all PS-involved children can assist in their protection by improving risk and safety assessments, following cases across jurisdictions, identifying potential adoptive families if risks cannot be mediated, and locating missing children. Vital information from prior investigations would not be available if the records are destroyed.
2. *Record destruction contributes to workforce inefficiencies and risks worker safety, salient concerns according to a recent Auditor General report.*<sup>8</sup> When a family is investigated multiple times, investigative information that was previously collected and destroyed during expunction must be reproduced by case workers. Further, case files can provide vital information about risks to worker safety (e.g., previous aggression against workers). Retaining case files can impact the health and wellbeing of the child welfare workforce by (1) alerting caseworkers to potential dangers within the case context and (2) increasing efficiency and reducing burnout by eliminating the need to replicate previously destroyed records.
3. *Case records are essential to informing improvements in child welfare services.* Many families who are investigated for child maltreatment are referred to services designed to reduce risk and improve the safety of children—regardless of whether the case is substantiated.<sup>9</sup> Decades of unadulterated case records are needed for evaluating which interventions hold the most promise for long-term impact and cost-effectiveness assessments that enable shrewd decisions about government-funded services. Moreover, record destruction threatens transparency and corrective action in government activities because prior records can reveal red flags that may have been missed and identify areas where better training or monitoring is needed.
4. *We will be unable to conduct research to inform the prevention of challenges faced by child welfare-referred youth.* Just because a child maltreatment case has not been substantiated does not mean that there was no risk or harm incurred by the child(ren). In fact, risk associated with PS referrals (e.g., poorer academic performance, juvenile delinquency, risky sexual behavior, substance use, and other developmental and behavioral health outcomes) is similar for children regardless of whether the case is substantiated.<sup>3,10,11</sup> Data on prior investigations supports effective prevention efforts—for instance, we are only beginning to understand circumstances that lead to child sex trafficking, and data on prior PS involvement is vital.

**Recommendation:** Allow protective service records to be maintained internally for uses that promote child well-being, enhance caseworker efficiency, and enable research that informs the responsible and effective use of tax dollars. These recommendations comply with federal law,<sup>12</sup> and are consistent with the National Commission on Evidence-Based Policymaking’s recommendations on protecting information while enabling the use of data to guide the use of public resources.<sup>13</sup>



Approximately 40 million people worldwide, including many in the United States, are estimated to be victims of human trafficking — a form of modern-day slavery in which traffickers use force, fraud, or coercion to control both adults and children.<sup>1</sup> Human trafficking can take many forms, such as forced and bonded labor, domestic servitude, and commercial sexual exploitation.

Awareness about human trafficking and the factors that make individuals and communities vulnerable has increased, but prevention efforts designed to proactively address known risk factors are lacking. Instead, efforts typically address exploitation after harm occurs.<sup>2</sup> These downstream interventions contrast with **primary prevention**, which aims to prevent trafficking before it occurs by addressing **underlying risks**. Thus, policies are needed to promote comprehensive primary prevention efforts that address known risk factors for victimization using multi-tiered strategies.

Trafficking vulnerabilities occur at the individual, family/neighborhood, and societal levels (see table below).<sup>3,4</sup> Lack of access to protection and justice make people vulnerable to trafficking.<sup>5</sup> Traffickers tend to exploit the needs of potential victims, whether they are basic physical needs for housing and food or emotional needs, such as love and belongingness. The potential for exploitation is influenced by events across the life course, route of victimization,<sup>6</sup> and gender.<sup>7</sup> Prevention strategies can be tailored to the specific vulnerabilities and needs of individuals and communities.

Individual level <sup>1,2,3,4</sup>	Family/neighborhood level <sup>1,2,3,4</sup>	Societal level <sup>1,2,3,4</sup>
<ul style="list-style-type: none"><li>• History of adverse childhood experiences or trauma</li><li>• History of sexual and physical abuse or neglect</li><li>• Migrant status</li><li>• Indigenous status</li><li>• and homelessness</li><li>• not in child welfare system</li><li>• decision and intellectual disability</li><li>• use disorder</li><li>• money</li><li>• status including food and shelter</li><li>• option</li></ul>	<ul style="list-style-type: none"><li>• Lack of worker rights and enforcement of worker rights</li><li>• Poverty and unemployment</li><li>• Limited education</li><li>• Family dysfunction</li><li>• High crime</li><li>• Lack of resources, such as affordable housing</li><li>• Social norms tolerating exploitation</li><li>• Adult commercial sex</li><li>• Natural disasters</li></ul>	<ul style="list-style-type: none"><li>• Ideologies of exclusion</li><li>• Demand for cheap goods</li><li>• Demand for purchased sex</li><li>• Lack of awareness</li><li>• Sexualization and devaluation of children and youth</li><li>• Gender-based discrimination and violence</li><li>• Labor exploitation</li><li>• Political/social upheaval</li><li>• Law enforcement/political corruption</li><li>• Lack of resources to combat trafficking</li></ul>

#### RECOMMENDATIONS

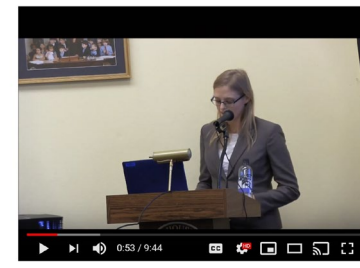
Encourage human trafficking task forces to place greater emphasis on primary prevention. Facilitate primary prevention efforts by supporting community stakeholders’ collaborative use of data and corresponding opportunities for addressing known risk factors. Promote rigorous evaluation of existing prevention programs through research grants and evaluation requirements for programmatic grant funding.

## CONGRESSIONAL HEARING (March 2019) Strengthening Prevention and Treatment of Child Abuse and Neglect

## CONGRESSIONAL BRIEFING (March 2018) Protecting Children Through Home Visiting



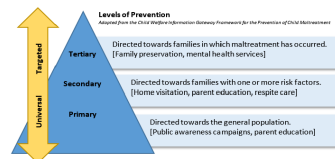
CAPTA 2018 Jennie Noll



CAPTA 2018 Sarah Font



for Healthy Children



**Targeted prevention** strategies are provided to families after a CPS referral based on level of risk such as parental substance abuse and domestic violence<sup>12,13</sup>. These include parenting education and home visiting to reduce risk and increase protective factors by promoting parenting skills, stable family relationships, and supportive environments<sup>14</sup>. Although 1.9 million children receive targeted prevention each year<sup>15</sup>, prevention strategies have shown only small to moderate effects<sup>16,17</sup>, and the extent to which these programs reduce rates of child maltreatment varies widely<sup>18,19</sup>. In a review of 46 targeted prevention models, the Department of Health and Human Services found that only 6 with high- or moderate-quality studies had positive impacts on reducing child maltreatment<sup>16</sup>. These targeted efforts have largely been shown to impact rates of physical abuse and neglect with little direct impact on rates of sexual abuse<sup>20</sup>.

