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Prevention of Child Abuse and Neglect: An Evaluation of a Home Visitation Parent Aide Program Using Recidivism Data

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Objective:

The purpose of this research was to examine the secondary and tertiary prevention of child abuse and neglect through an evaluation of the Parent Aide program at the Child Abuse Prevention Center in Dallas, Texas.

Method:

Using a quasi-experimental, retrospective research design, this project compared abuse recidivism rates for those parents who completed, dropped out, or refused to participate in a home visitation child abuse prevention program.

Results:

Parents who completed the Parent Aide program had fewer subsequent, substantiated reports to Child Protective Services (CPS) of child abuse or neglect than those parents who refused to participate or dropped out of the Parent Aide program.

Conclusions:

A home visitation Parent Aide program can be effective in reducing the risk for child abuse and neglect at the secondary and/or tertiary level. Treatment integrity remains a critical issue, especially initial engagement of parents and participant attrition.

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An Evaluation of a Home Visitation Parent Aide Program Using Recidivism Data

Determining the effectiveness of a home visitation program in preventing child abuse and neglect is an issue of critical importance. Practitioners, researchers, and funders alike desire intervention models that are effective, and can be realistically and consistently implemented. Recent studies have demonstrated the need for more rigorous research, with the inclusion of child abuse and neglect outcomes, such as abuse recidivism (Chaffin, 2004; Duggan, et al., 2004; Harder, J., in press).

The purpose of this paper is to examine the secondary and tertiary prevention of child abuse and neglect through an evaluation of the Parent Aide program at the Child Abuse Prevention Center in Dallas, Texas. Using a quasi-experimental, retrospective research design, this project compares abuse recidivism rates for those parents who completed, dropped out, or refused to participate in a home visitation child abuse prevention program. This paper first presents a review of the problem of child abuse and neglect, the levels of child abuse prevention, and a review of the current empirical literature on this topic. This paper then presents the findings of an evaluation of a Parent Aide home visitation program aimed at preventing child abuse and neglect, using reported abuse recidivism as the outcome measure. Implications of this research for social work practice are also explored.

Child abuse and neglect is a problem of vast proportions and far-reaching effects. The U.S. Department of Health and Human Services (HHS) estimated that more than 2.6 million reports of alleged child abuse or neglect were investigated by Child Protective Service agencies in 2002. Nationally, an estimated 896,000 children were victims of abuse and neglect in 2002;

60% of whom suffered neglect, 20% physical abuse, 10% sexual abuse, and 27% were victims of other types of maltreatment. According to HHS, 1,400 children died of abuse or neglect in 2002 (U.S. Department of Health, 2004). Acts of child abuse and neglect have devastating long- and short-term effects on children, including but not limited to brain injury, fractures, burns, and blindness. Consequences of abuse can also include low self-esteem, learning disabilities, aggressive or withdrawal behaviors, and problems with bonding and forming relationships (CAPTA, 1996; Emerging Practices, 2002; Huebner, 2002; National Exchange Club Foundation for the Prevention of Child Abuse, 2002).

Levels of Prevention: Primary, Secondary, and Tertiary

Prevention efforts are diverse as they are numerous. Some are far-reaching, such as a media campaign to educate the general public on Shaken Baby Syndrome. Other prevention efforts are specific, such as a home-visiting program that uses lay persons to visit at-risk families. Prevention can be conceptualized on a continuum from broad to specific. Many authors label the points on this continuum as primary, secondary, and tertiary prevention, with various combinations and unique applications of each (Browne, Hanks, Stratton, & Hamilton, 2002; Hoefnagels & Mudde, 2000; Willis, Holden, & Rosenberg, 1992). Provided below is a brief description of each of these levels of prevention.

Primary prevention services are offered to any family, regardless of risk level. They are designed to reduce the incidence or rate of occurrence of new cases (Willis, Holden, & Rosenberg, 1992). They target broad sections of the population with programs such as parent education and prenatal care.

In secondary prevention efforts, a certain population of clients is targeted because of its perceived risk level. The goal is to reduce the overall prevalence of a disorder (Willis, Holden, & Rosenberg, 1992). In the work of preventing child abuse and neglect, service providers predetermine specific parameters that place a certain client group at higher risk for child mal-treatment. The at-risk client group is then targeted for services. For purposes of this paper, programs are deemed to be *secondary prevention* if they target families who are at-risk for abuse, but do not have known involvement with Child Protective Services.

Prevention services for child abuse and neglect at the tertiary level are targeted at client groups who have already been identified as having maltreated their children, as defined by their involvement with Child Protective Services. Most often in the area of child abuse and neglect, tertiary prevention services are targeted at parents who have been reported for child abuse and/or neglect, and have had such reports substantiated. For this paper, those prevention programs whose entire target population was referred by Child Protective Services was deemed as *tertiary* level prevention.

Many times it is difficult or prohibitive to determine accurately whether a family has had involvement with Child Protective Services and, if so, if the abuse was substantiated. Given the stigma of the abuse or neglect label, many child abuse and neglect prevention programs target clients at both the secondary and tertiary levels. In other words, families are served who are at-risk for child abuse and neglect and/or have had substantiated case(s) of child maltreatment.

Review of the Empirical Literature

Few articles published on the prevention of child abuse and neglect examine recidivism data. Gershater-Molko, Lutzker, & Sherman (2002) examined a program in which three training

components on health, safety, and parenting were given in addition to standard family preservation services to a sample of parents who had been reported to CPS for abuse and/or neglect. In checking CPS records for 2-4 years following services, 54% of the enhanced treatment group received a subsequent referral to CPS of alleged abuse or neglect, as compared to 85% of the group who had received the standard family preservation services.

A trial of the Nurse Home Visitation Program included CPS-verified child abuse and neglect rates. CPS records showed that 19% of the comparison group mothers abused their children within 2 years, as compared to 4% of the treatment group. The same results, however, were not shown in an attempt to replicate the program (Olds, Henderson, Jr., Kitzman, Eckenrode, Cole, & Tatelbaum, 1998).

The Texas Department of Public and Regulatory Services (TDPRS) Data Book (2002) reports a range of 10-14% of recidivism following services, however, this data only looks back one year after completion of services. Measuring abuse recidivism is an important step in determining if efforts to prevent child abuse and neglect are being successful.

Often, the huge variety of efforts to prevent child abuse and neglect reflect differing theoretical perspectives. This research project was guided by the ecological perspective as it recognizes the important interacting factors of the individual, family, community, and culture. The ecological theory acknowledges the multidimensionality of child maltreatment and is capable of integrating the diverse components of child abuse and neglect for purposes of assessment, treatment, research, and prevention (Garbarino, 1977).

METHOD

The research question that guided this project was: Did parents who completed the Parent Aide program have fewer subsequent reports to Child Protective Services (CPS) of alleged child abuse or neglect than those parents who refused to participate or dropped out of the Parent Aide program.

Clients

The parent is the unit of analysis for this research study and is the focus of intervention in the Parent Aide program. The Parent Aide program receives all its referrals from Child Protective Services (CPS). Families accepted for services must meet program criteria, which includes the identified child(ren) (or child most at risk) being age 12 years or younger, the parent(s) not abusing drugs or alcohol, and the parent(s) must voluntarily agreeing to services for up to 1 year. ("Parent" refers to the child's primary caretaker.)

The sample for this research study was composed of all families served by the Parent Aide program at the Child Abuse Prevention (CAP) Center in Dallas, Texas from 1993 through 1999. In order to allow time for a subsequent referral to CPS, cases closed recently (2000-present) at the Parent Aide program were not included in this analysis. The cohort of cases included in this analysis was determined by looking at an 11-year sample (1993-2003) of 472 families. The mean amount of time it took for referrals to receive their first substantiated report to CPS, following the closure of their case at the Parent Aide program, was 2.2 years (median of 1.6 years). Three-fourths (75%) of all cases that received a subsequent, substantiated referral to CPS had done so within 3.1 years. Therefore, allowing approximately 6 months for service at the Parent Aide program, and 3 years to receive a subsequent, substantiated referral to CPS,

cases included in this analysis were those parents referred to the Parent Aide program from 1993 through 1999, excluding those referred from 2000 through 2003.

Parent/family demographics are displayed in Table 1. Nearly all (96%) of parents were female, and their mean age was 26.8 years. Nearly half (45%) of parents were African American, 35% were White, and 18% were Hispanic. Over half of parents (53%) were single, and 59% were the only adult in the home. On average, families had 2.6 children per family, and the mean age of child(ren) per family was 4.3 years. Less than half (42%) of parents had their high school diploma or GED, and nearly three-fourths (71%) were receiving welfare (Temporary Aid to Needy Families(TANF)/ Aid to Families with Dependent Children (AFDC), Medicaid, and/or food stamps) during their time in the Parent Aide program. Overall, 65% of parents and/or parents' spouse or paramour were employed full- or part-time at some time or throughout their tenure in the Parent Aide program.

Only a few statistically significant differences emerged when comparing demographic characteristics of Completers, Dropouts, and Refusers (see Table 1). Dropouts had younger children (3.5 years) than did either Completers (4.4 years) or Refusers (4.8 years) ($F = 4.507$, $p \leq .01$). There was not a statistically significant difference in race, gender, marital status, or number of children per family. While no significant difference existed in marital status, there was a significant difference in whether the parent lived alone, or whether there were other adults living in the home. A higher percentage of Completers (41%) lived alone as compared to either Dropouts (31%) or Refusers (26%) ($\chi^2 = 26.068$, $p \leq .001$). In addition, Completers were more likely to be employed (85%) than were either Dropouts (54%) or Refusers (65%) ($\chi^2 = 12.670$,

$p \leq .01$). Refusers were significantly less likely to be on welfare (56%) than were either Completers (72%) or Refusers (79%) ($F = 7.908$, $p \leq .05$).

As shown in Table 2, most parents (81%) referred to the Parent Aide program reported that they had been victimized by child abuse or neglect themselves. Nearly one-half (46%) reported they had been physically abused, 37% reported they had been sexually abused, and one-fourth (24%) reported they had been emotionally abused. When comparing groups, Completers were more likely to report a childhood history of physical abuse (69%) than were either Dropouts (47%) or Refusers (30%) ($\chi^2 = 10.964$, $p \leq .001$). Completers were also more likely to report a childhood history of emotional abuse (35%) than were either Dropouts (27%) or Refusers (14%) ($\chi^2 = 4.588$, $p \leq .10$). Combining all abuse categories, however, a Dropout or Completer was not more likely to have reported that s/he was abused or neglected as a child (83% and 83%), than were Refusers (75%) ($\chi^2 = 1.250$, *ns*).

Client files were examined and dichotomously coded to determine other parent/family risk factors. Over half (52%) of parents had inadequate social support (few or primarily negative relationships with family and/or friends). Nearly half of parents were at-risk for substance abuse, had inadequate housing, and/or had inadequate childcare (44%, 45%, and 40%, respectively). Over one-third (37%) of parents reported living in imminent fear of domestic violence from an intimate partner or close family member. In comparing groups, it was found that Dropouts were more likely to be at-risk in nearly all areas examined: substance abuse, inadequate housing, inadequate childcare, and inadequate social support. (Dropouts were also more likely to be at-risk for domestic violence, although this relationship was not found to be statistically significant.) Completers also showed significant risk in the areas of inadequate housing and childcare.

Completers were much more likely to have inadequate social support (72%) than were either Dropouts (62%) or Refusers (29%) ($\chi^2 = 20.235$, $p \leq .001$). Refusers were less likely to have inadequate housing, childcare, or social support.

Another risk factor is prior maltreatment by the parents, as reported to and investigated by Child Protective Services (see Table 3). Over two-thirds (69%) of parents had not had a substantiated referral to CPS prior to the index referral (the one prompting their referral to the Parent Aide program). Overall, half (51%) of index referrals had been substantiated (Reason to Believe). On the index referral, over half (58%) of parents had been reported to CPS for some type of neglect (neglectful supervision, physical neglect, or medical neglect), with just under half (48%) reported for physical abuse, 11% for sexual abuse, and 4% for emotional abuse. Few families (10%) had child(ren) removed by CPS on the index referral. Table 3 also shows the differences in previous history of referrals to CPS in the three groups. While 91% of those parents who dropped out of the Parent Aide program had been the alleged perpetrator at the index referral, only 80% of those who refused and 76% of those who completed the program had been the alleged perpetrator at the index referral ($\chi^2 = 5.930$, $p \leq .05$). Dropouts were somewhat more likely to have been reported to CPS for neglectful supervision (40%) than were either Completers (22%) or Refusers (29%) ($\chi^2 = 5.281$, $p \leq .10$). Completers and Refusers were somewhat more likely to have been reported to CPS for sexual abuse (15% and 13%) than were Dropouts (6%) ($\chi^2 = 4.041$, $p \leq .10$).

Agency Setting

The Child Abuse Prevention (CAP) Center (d.b.a. The Exchange Club Center for the Prevention of Child Abuse of D.F.W., Inc.) is a 501(c)3 nonprofit organization in Dallas, Texas.

The prevention philosophy of the CAP Center considers both the psychological development and the effects of social environment upon an individual's behavior. The Parent Aide program began serving parents in 1993, and was the first program of the CAP Center. The CAP Center is a member agency in good standing with The National Exchange Club Foundation for the Prevention of Child Abuse (NECF). NECF coordinates the largest collection of Parent Aide programs with 76 centers in the United States serving 100 sites (Bartleson, 2003; National Exchange Club Foundation for the Prevention of Child Abuse, 2002).

Social Work Intervention

The mission of the Parent Aide program is to break the cycle of child abuse through the provision of in-home services, free of charge, to families in Dallas County, referred by Child Protective Services (CPS). The goal of the Parent Aide model is to replace patterns of abusive behavior with effective skills for nonviolent parenting (Parent Aide Training Manual, n.d.). Through relationship-building and case management, the Parent Aide helps parents improve parenting skills, problem-solving skills, life skills, and social support.

Typically, a parent receives a referral to CPS for alleged abuse or neglect. At the conclusion of the CPS investigation and just prior to closing the case, CPS refers the parent to the Parent Aide program. The *Parent Aide Flow Chart* shows the movement of a parent through the Parent Aide program (see Figure 1). After reviewing the family's information provided by CPS, a professional Case Manager (social worker) contacts the parent and schedules a first home visit and commences on an Initial Needs Assessment (INA). At this time, the Case Manager also offers concrete services, crisis counseling, and referrals, as needed. After the INA has been completed by the Case Manager, and signed by the CAP Center Program Director, the case is

officially accepted for service. A parent may either continue to receive weekly home visits from the Case Manager, or s/he may be matched with a volunteer Parent Aide (supervised by a professional Case Manager).

Most parents (90%) in this project were matched with a volunteer Parent Aide (supervised by their Case Manager), with the remaining 10% of parents having received home visits from their Case Manager only. Either the Case Manager or the Parent Aide visits the family weekly with the goal of preventing child abuse through forming a mentoring relationship, teaching appropriate parenting and life skills, and helping the parent to successfully negotiate vital community resources such as housing, childcare, education, healthcare, employment, and legal assistance. If matched with a volunteer, the Parent Aide is supervised by the Case Manager through a minimum of weekly phone calls. It is important to underscore that even when a parent is matched with a Parent Aide, the Case Manager continues to have contact with the parent (including occasional home visits), providing crisis intervention when needed, evaluating progress towards goals, and playing a major part in case closure. Even though the family's case at CPS was closed after referral to the Parent Aide program, written and verbal communications are provided back to CPS throughout the lifespan of the case. The mean number of days from completion of the assessment to close, for those cases in this analysis, was 166 days (about 5.5 months), during which time parents received a mean of 12.2 home visits. Overall, parents received an average of 1 home visit every 21 days, and a median of 1 home visit every 15 days.

Volunteer Parent Aides are recruited from the community through the media (newspapers, radio, TV), fairs, presentations, and word of mouth. Volunteers must be at least 21 years old, have adequate means of transportation, and a home phone number. In order to become a

Parent Aide, volunteers must complete a volunteer application, satisfactorily complete 10 hours of training, provide three references, take a TB test, consent to background checks, and complete an in-depth individual interview. Parent Aide duties include a commitment to working with a family for 1 year, to visiting the parent face-to-face no less than once per week, and to helping the parent improve their parenting skills, life skills, and level of social support, and to help the parent locate and use community resources. In addition, the volunteer Parent Aide must agree to remain in weekly contact with the Parent Aide supervisor (the professional Case Manager), to submit weekly progress notes, and to attend ongoing training events and/or support groups. Finally and very importantly, the volunteer Parent Aide must agree to respect the parent's confidentiality and to report suspected child abuse and neglect, as required by law. At the time of each match with a parent, the volunteer Parent Aide signs and receives a copy of paperwork which reviews these requirements and their duties.

During the years of service represented in this research, 78 volunteer Parent Aides participated in the program and were matched with parents. Most of these Parent Aides were female (92%), and the average age was 38 years (range 23-64 years). Most Parent Aides were White (67%), but some were African American (23%) or Hispanic (10%). Nearly half (45%) of Parent Aides were married, and nearly half (47%) were parents themselves. All Parent Aides had graduated from high school, 41% had some college, 29% had a four-year degree; and 8% had some graduate school or had completed graduate school (20% had high school education only).

Outcome Measure

The outcome measure for this research question was the number of substantiated reports to CPS of child abuse or neglect made subsequent to a parent's case closure from the Parent Aide program. This information was gathered from IMPACT, the CPS statewide, centralized database of abuse and neglect for Texas. This analysis included all reports to CPS following the closure of a parent's case with the Parent Aide program, where the abuse or neglect was substantiated, and the offender (or, one of the offenders) was the parent served by the Parent Aide program (or a "second parent" which included any other adult who was involved in parenting and also received Parent Aide services). A substantiated report of abuse or neglect was included if the parent was the perpetrator, even if different children were victimized than were in the family at the time of Parent Aide services. (If any one report included several types of abuse or neglect, and any one was substantiated, it was counted as one substantiated report.) A substantiated report was also counted if it involved sexual abuse, and the victim(s) was a child of the parent served in the Parent Aide program, even if that parent was not named as a perpetrator (if the child and parent were living in the same household at the time of the abuse). In other words, the goal of this analysis was to follow the *parent's* history of perpetrating abuse or neglect, regardless of victim.

The IMPACT database allows for cross-referencing and the phonetic searching for names. A diligent search was done on each parent, using their name, date of birth, children's name(s), family member's names, and city. The identity of the parent was verified by name, date of birth, and names of children. By recording the specific dates of reports, duplicate reports were eliminated (CPS combines all reports within 30 days of each other into one report). Substantiation of cases was determined by an investigative outcome of *Reason to Believe*, and did not

include those outcomes of *Unable to Determine, Ruled Out, Family Moved,* or *Administrative Closure*. (Investigative outcomes are based on CPS policy.)

Research Design

This research project utilized a quasi-experimental design to compare three groups of parents. Parents were assigned to groups retrospectively by reason for case closure: those who successfully completed the Parent Aide program (Completers), those who dropped out (Dropouts), and those who refused services (Refusers). Those cases closed because they "Completed Stated Goals" were assigned to the "Completers" group. "Dropouts" included those Parents who received an Initial Needs Assessment, but did not complete the program successfully. Dropouts, therefore, included those Parents with close reasons of "Loss of Contact," "Too High-Risk Post-INA," or "Lack of Participation." "Refusers" were defined as those Parents who out rightly refused services before the Initial Needs Assessment (INA) or who were initially contacted, but then could not be located (before the INA). Parents who were referred by CPS, but could not be located by the Case Manager (either by phone or in person) in the Parent Aide program, were not included in this analysis.

FINDINGS

The research question called for a comparison of the number of subsequent, substantiated referrals to CPS for those parents who were Completers, Dropouts, or Refusers in the Parent Aide program from 1993 through 1999. Table 4 shows the Analysis of Variance results for this research question. As shown, statistical significance was found between the three groups of clients on subsequent, substantiated referrals. Completers received a mean number of .39 substantiated referrals to CPS, Dropouts received .92, and Refusers received .43 ($F = 7.957$, $p \leq$

.001). A *post hoc* analysis was conducted to examine the pair wise comparisons between groups. The procedure used for this *post hoc* analysis was *Gabriel* as it is designed to cope with situations in which sample sizes are different (Field, 2001). A statistically significant difference in subsequent, substantiated referrals to CPS was found between the Completers and the Dropouts, and the Refusers and the Dropouts, but not between the Completers and the Refusers.

Table 4 shows the *chi*-square differences between groups on subsequent, substantiated referrals to CPS. This is also illustrated in Figure 2. As shown, 76% of those parents who completed the Parent Aide program did not receive a subsequent, substantiated referral to CPS for abuse or neglect, as compared to Dropouts and Refusers who received a higher ratio of referrals to CPS ($\chi^2 = 30.244$, $p \leq .001$). Nearly half (48%) of the Dropouts received one or more referrals back to CPS, and over one-third (38%) of the Refusers received one or more referrals back to CPS.

In addition to reporting subsequent, substantiated referrals, Table 4 shows child(ren) removed from the home at a subsequent referral to CPS. (Also see Figure 2.) Overall, 14% (n=34) of cases analyzed had a child(ren) removed from the home at a subsequent referral. As noted in Table 4, only 4% (n=2) of the Completers had a child(ren) removed as compared to 23% (n=20) of the Dropouts, and 11% (n=12) of the Refusers ($\chi^2 = 9.845$, $p \leq .01$).

A one-way analysis of covariance (ANCOVA) was conducted to further clarify the differences between groups, and to determine the possible level of treatment effect. As in the ANOVAs, the grouping variable, included three levels: Completers, Dropouts, and Refusers; and the outcome measure was the number of substantiated referrals to CPS following case closure from the Parent Aide program. Potential covariates to enter into the multivariate statistical

analysis were determined by examining correlations, variables most often demonstrated in the literature to be correlates of child abuse and neglect, and variables supported by the ecological theoretical approach. Given the substantial amount of missing data in the Refusers group on the two variables representing income and social support, these important variables could not be considered as potential covariates. Covariates chosen for this analysis were parent's age, parenting with or without a spouse or paramour, employment, risk for substance abuse, number of previous, substantiated referrals to CPS, and year served. A preliminary analysis evaluating the homogeneity-of-slopes assumption indicated that the relationships between the covariates and the dependent variable did not differ significantly as a function of the independent variable.

The ANCOVA was significant (F (8, 186) = 3.90, $p \leq .001$). The strength of relationship between the treatment group factor and the number of subsequent, substantiated referrals to CPS was low to moderate, as assessed by a partial η^2, with the treatment group factor accounting for 14% of the variance of the dependent variable, holding constant the variables of parent's age, parenting alone, employment, risk for substance abuse, number of previous referrals to CPS, and year served. The original mean number of subsequent, substantiated referrals to CPS for these three groups was .39 for Completers, .90 for Dropouts, and .46 for Refusers. The estimated marginal means, controlling for the covariates, was .50 for Completers, .80 for Dropouts, and .50 for Refusers.

DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

Dropouts received a significantly higher number of substantiated referrals to CPS following case closure at the Parent Aide program, than did either Completers or Refusers. Dropouts also had a much higher rate of child removals following case closure at the Parent Aide

program, than did either Completers or Refusers. Interestingly, there was not a significant difference in subsequent, substantiated referrals to CPS between Completers and Refusers. It could be that parents who refused services had other strengths and/or support systems in place that served to mitigate their future risk for child maltreatment. Those parents who refused also appeared to have fewer concrete needs (i.e. housing, childcare) – this may have influenced their decision to decline services, and may have decreased their risk for future allegations of child abuse or neglect.

Completers, Dropouts, and Refusers were very similar in their basic demographics, namely race, gender, marital status, and number of children per family. Dropouts, however, were younger, and had younger children, than did either Completers or Refusers. Also, Completers were more likely to be living as the only adult in the home, and were more likely to be employed, than were either Dropouts or Refusers. These findings are supported by previous research. In examining one center-based child abuse prevention program, Danoff, Kemper, & Sherry (1994) looked specifically at characteristics of those parents who dropped out of a child abuse prevention program and those who completed the program. In their study, Dropouts were more likely to be teenaged and African-American. They did not find any statistically significant differences between the two groups in marital status, education, or referral rate to Child Protective Services prior to the start of parenting classes. In another study, Cole, Kitzman, Olds, & Sidora (1998) found that mothers who lived alone made the greatest improvements in providing a safe caregiving environment for their children. Dumka, Garza, Roosa, & Stoerzinger (1997) also reported higher attendance rates at a center-based prevention programs by single mothers than by married mothers. Fraser, Armstrong, Morris, & Dadds (2000) showed that

demographic variables could not predict success in a child abuse prevention program, but then each of the three treatment groups in this Australian study showed only limited improvement in parenting, family, and environmental variables.

Most parents participating in the Parent Aide program received a home visit every 15-21 days. While most home-visiting programs in prior research intended to provide a home visit every 1-2 weeks, actual visits *completed* ranged from every 19-61 days (Black, Dubowitz, Hutcheson, Berenson-Howard, & Starr, Jr., 1995; Bugental, Ellerson, Lin, Rainey, Kokotovic, & O'Hara, 2002; Cerny & Inouye, 2001; Duggan, et al, 1999; Marcenko, Spence, & Samost, 1996; Olds, Henderson, Jr., Kitzman, Eckenrode, Cole, & Tatelbaum, 1999; St. Pierre & Layzer, 1999). Even though Parent Aide staff and volunteers fell short of the weekly home visit set out in their program model, it appears they completed more home visits than did most other similar programs.

Applications for social work practice are numerous. This research seems to indicate that home visitation services, delivered by volunteer Parent Aides, to families at-risk for child abuse and neglect, can be effective in reducing abuse recidivism. However, this conclusion is tempered by the finding that both Completers and Refusers had lower recidivism rates than did Dropouts.

More work remains to be done in engaging and retaining parents in order to reduce the number of parents who refuse services or who drop out of the program. While initial engagement with parents is important, it is apparent that the greater and more important challenge may be the retention of parents. The Parent Aide program is not alone in this struggle. The review of empirical literature showed that despite their best efforts, many programs

struggled with participant attrition. Since those parents who dropped out of the Parent Aide program were younger than those remaining in the program, a closer examination of retaining this population of parents is very important. Another characteristic of those parents who dropped out of the Parent Aide program was that the parent was living with other family members rather than living as the only adult in the home. The home visitor, regardless of whether it is a Case Manager or a Parent Aide, cannot afford to ignore the impact and expectations of other adults in the home while also maintaining confidentiality and respecting cultural values. While the home visitor's primary relationship is with the parent, it is imperative that the home visitor include other significant adults (including but not limited to paramours and grandparents) in assessment and intervention. By doing so, services can be designed to reflect both the risks and the strengths of the entire household. Home visitation services need to enhance healthy social support networks for parents, rather than alienate parents. Assessment and intervention strategies must focus on the parent while also recognizing the role and impact of his/her environment. By doing so, the prevention program embraces an ecological perspective in helping families.

As evidenced in these findings, families at-risk for child abuse and neglect are struggling with many issues in addition to parenting. These issues include but are not limited to housing, childcare, employment, domestic violence, and substance abuse. Most parents in the Parent Aide program had less than a high school education, and many were dependent on financial assistance from the government and other sources. A program seeking to prevent child abuse and neglect with at-risk families who are struggling with day-to-day issues of food and shelter cannot take the luxury of focusing only at the microsystem level. A prevention program must be prepared to help families at multiple levels, including the provision of case management, advocacy, and

empowerment. While it is not likely that any one program or agency can be effective in simultaneously helping families with parenting, housing, childcare, employment, domestic violence, and substance abuse, it is incumbent upon them to be knowledgeable of services available and to help parents to access them. Child abuse and neglect prevention programs must actively work to build effective partnerships and collaborations with other service agencies in the community in order to best serve their mutual clients.

In addition to providing services at multiple levels, prevention programs must also remain cognizant of the multiple demands on parents. Given the positive relationship between employment and successful completion of the Parent Aide program, home visitors must be flexible in scheduling home visits so that they do not impinge on the parent's work schedule. In addition, home visitors must be realistic in setting goals with a parent who may be struggling just to navigate the day-to-day challenges of employment, childcare, and transportation in addition to parenting and caring for self. Home-visiting services must be tailored such that they can truly be an asset to a family and not just another appointment in an already too-busy day.

A number of limitations to this research project need to be discussed. The quasi-experimental design of this research project cannot determine with complete confidence that it was the Parent Aide program alone or in part that produced group differences. While the addition of a true control group would have added validity to this project, it was not ethically or practically feasible at that time. Ethically, the program could not provide a control group by placing families on a waiting list as that would have delayed vital services to a family and most likely placed children at risk. Parents are referred to the Parent Aide program from CPS and are, therefore, at high-risk for abuse and neglect, and in dire need of immediate services. In addition,

at the time of this research, the Parent Aide program did not have the resources to begin an alternative treatment to the in-home program, such as a center-based parenting education program. In addition, given the economic climate and scarcity of resources in Dallas County, another comparable program with which to compare services was not available.

Treatment integrity is a potential threat to the validity of this research study. Data for this research included all parents served during the 11-year lifetime of the Parent Aide program. It is likely that many things changed during this history: including the characteristics of parents and families, the types and severity of abuse and neglect, and the investigative and referral practices of CPS. In addition, it is likely that program delivery and services also changed somewhat over the period of 11 years. Despite their best efforts, turnover in staff was also very high, which impacted continuity of services and relationships with families. The Parent Aide program operates out of only one site which enhances the consistency of supervision, training, and provision of services.

Generalizability of research findings must be done with great caution. This research was based on a population of clients that had already received a referral to CPS for alleged abuse or neglect. In addition, much of the data collected was from those clients who voluntarily agreed to services. Client demographics in this sample, such as parents' race/ethnicity, gender, and marital status very closely reflected the majority of empirical studies in the professional literature on the secondary/tertiary levels of prevention of child abuse and neglect. The sample provided at the Parent Aide program did represent older families, evidenced by the age of parents and children, which is indicative of clients receiving prevention services at the tertiary level. Parents' level of education and financial status also reflected the current literature. As a consequence to this close

match in demographics, findings from this research serve as another building block towards the prevention of child abuse and neglect. Nevertheless, generalizability of findings is limited.

Some ambiguity exists in using the CPS database (IMPACT) to determine reoccurrence of abuse or neglect. For one, this research was limited to the number of reported cases of abuse or neglect; however, not all cases of abuse or neglect get reported to CPS. Second, the database is limited geographically to the State of Texas. Third, parents may have received other services subsequent to their involvement with the Parent Aide program which may have impacted the number of referrals to CPS for alleged abuse or neglect.

Another constraint of this study was the use of data gathered retrospectively from client files. This use of administrative data limited researcher control and the specific information collected. In addition, some of the data collected required interpretation of case notes before entry into the database. In addition, it must be noted that less was known about those parents who refused services than those who dropped out or completed the program.

In conclusion, this research on the secondary and tertiary prevention of child abuse and neglect shows that a home visitation program such as the Parent Aide program at the Child Abuse Prevention Center in Dallas, Texas, can impact recidivism rates for those families who complete the program. The goal of preventing child abuse and neglect at the secondary and tertiary levels is both very important and very complex. Our children, families, and communities need and deserve prevention services that are effective. Prevention programs need to be unswerving in their mission to help families to provide a safe and nurturing environment for their children. At the same time, they need to be responsive to each family and must acknowledge contributing factors at many levels. The complexity of services that are needed to prevent and

intervene with child maltreatment are closely allied to the mission and functions of the social work profession. The profession is uniquely situated with its ecological perspective – focusing on the person within the context of and interacting with their environment.

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Table 1
Parent/Family Characteristics

	Overall (*n*=246)	*F* or χ^2	Completers (*n*=46)	Dropouts (*n*=88)	Refusers (*n*=112)
Parent's age	26.8 years	*F* = 1.212	28.3 years	26.1 years	26.8 years
Race	45% African American 35% White 18% Hisp	χ^2 = 2.409	46% African American 33% White 20% Hisp	48% African American 30% White 21% Hisp	42% African American 39% White 16% Hisp
Female	96%	χ^2 =.080	96%	97%	96%
Marital status	53% single	χ^2 = 6.398	44% single	57% single	55% single
# of children per family	2.6	*F* = .665	2.7	2.7	2.5
Average age of children in each family	4.3 years	*F* = 4.507**	4.4 years	3.5 years	4.8 years
Parent is only adult in home	31%	χ^2 = 26.068***	41%	31%	26%
High school education or equivalent	42%	χ^2 =.516	45%	39%	44%
On welfare	71%	χ^2 = 7.908*	72%	79%	56%
Employed (full- or part-time)	65%	χ^2 = 12.670**	85%	54%	65%

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Table 2
Parent/Family Risk Factors

	Overall (*n*=246)	χ^2	Completers (*n*=46)	Dropouts (*n*=88)	Refusers (*n*=112)
Parent has history of abuse as a child:	81%	1.250	83%	83%	75%
Physical abuse	46%	10.964***	69%	47%	30%
Sexual abuse	37%	2.189	48%	35%	32%
Emotional abuse	24%	4.588†	35%	27%	14%
Domestic violence	13%	1.111	17%	14%	9%
Neglect	15%	1.107	21%	13%	14%
At risk for substance abuse (drugs and/or alcohol)	44%	3.912†	35%	52%	41%
Inadequate housing	45%	11.626***	53%	55%	30%
Inadequate childcare	40%	13.404***	50%	51%	24%
At risk for domestic violence	37%	1.185	33%	42%	36%
Inadequate social support (family, friends)	52%	20.235***	72%	62%	29%

† $p \leq .10$ * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Table 3
Previous Abuse/Neglect History, per IMPACT‡

	Overall (*n*=246)	χ^2	Completers (*n*=46)	Dropouts (*n*=88)	Refusers (*n*=112)
# of previous, substantiated referrals (excluding the index referral)	69% had 0 20% had 1 11% had 2+	7.055	72% had 0 22% had 1 7% had 2+	64% had 0 25% had 1 11% had 2+	74% had 0 14% had 1 11% had 2+
Type of abuse at index referral:					
physical abuse	48%	.951	41%	50%	48%
neglectful supervision	31%	5.281†	22%	40%	29%
physical neglect	17%	.871	22%	16%	16%
medical neglect	10%	1.879	9%	7%	13%
sexual abuse	11%	4.041†	15%	6%	13%
emotional abuse	4%	2.381	7%	5%	2%
Abuse/neglect at index referral was substantiated	51%	1.639	57%	53%	46%
Child removed at index referral	10%	1.452	7%	13%	9%
Parent, spouse, or paramour was alleged perpetrator at index referral	83%	5.930*	76%	91%	80%

‡CPS Statewide Registry of Abuse/Neglect for Texas
† $p \leq .10$ * $p \leq .05$

Table 4
Subsequent, Substantiated Referrals to CPS

	F or χ^2	Completers (n=46)	Dropouts (n=88)	Refusers (n=112)
Mean # of subsequent, substantiated referrals to CPS	F = 7.957***	.39 (SD .829)	.92 (SD 1.280)	.43 (SD .640)
# of subsequent, substantiated referrals to CPS	χ^2 = 30.244***	76% had 0 13% had 1 11% had ≥ 2	52% had 0 24% had 1 24% had ≥ 2	63% had 0 34% had 1 4% had ≥ 2
Children removed	χ^2 = 9.845**	4%	23%	11%

** $p \leq .01$ *** $p \leq .001$

Figure 1 Parent Aide Flow Chart

CPS refers parent to the Parent Aide program (Parent Aide staff review paperwork, talk with the CPS worker, discuss at staffing)

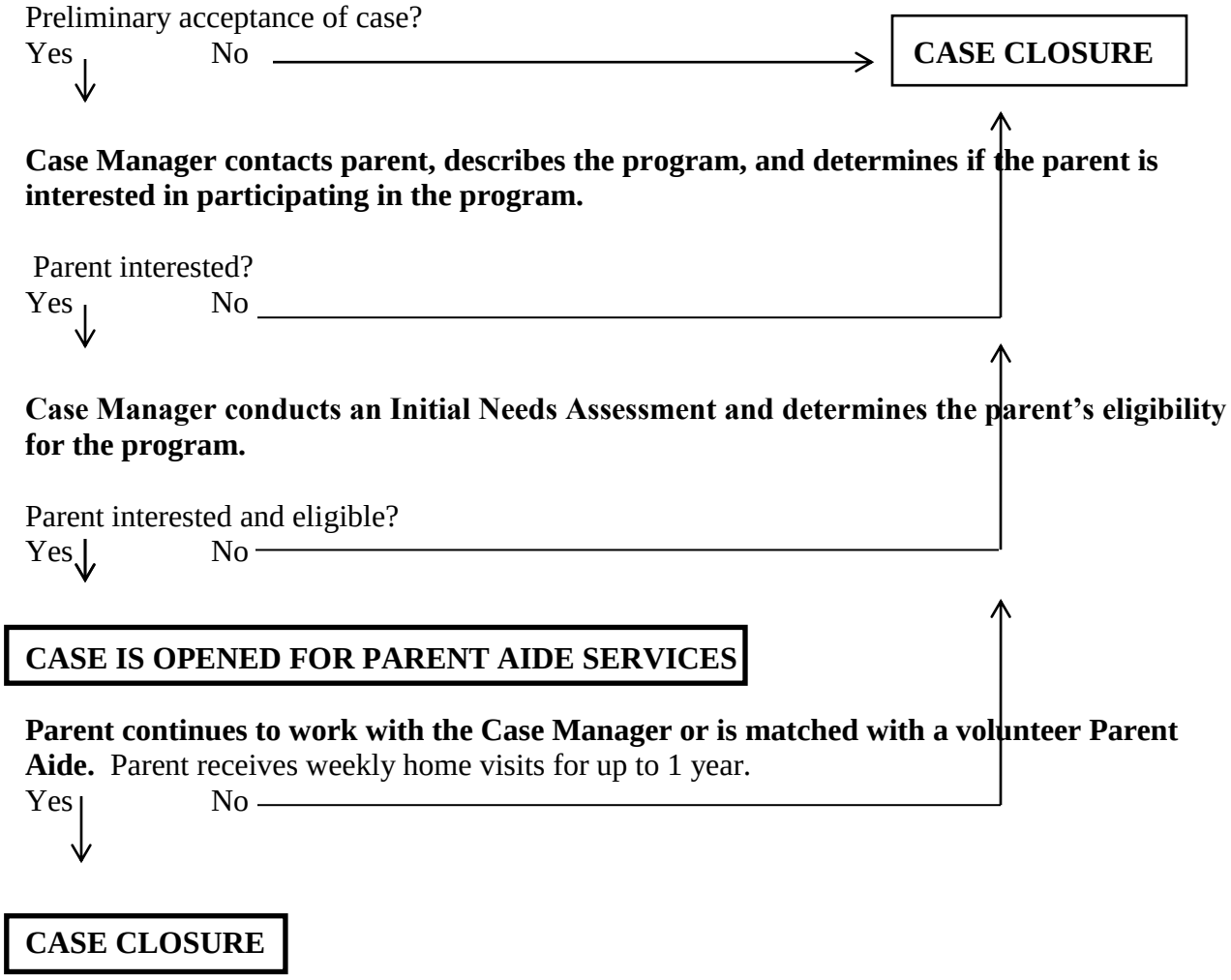
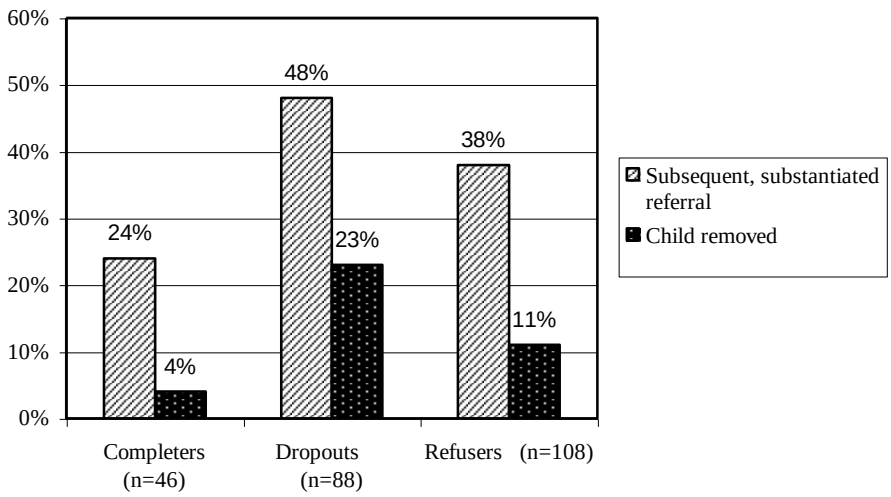


Figure 2 Subsequent, Substantiated Referrals and Child Removed, by Close Reason


60%
50%
40%
30%
20%
10%
0%
48%
38%
24%
23%
11%
4%
Completers (n=46)
Dropouts (n=88)
Refusers (n=108)
Subsequent, substantiated referral
Child removed