Community Norms Related to Child Maltreatment: Executive Summary

This review examines shifting social and professional norms related to three key issues in child maltreatment: safe sleep practices, prevention of child sexual abuse, and positive parenting. The largely successful campaign to teach safe sleep practices explores the role of community health workers and child health providers in changing norms, the use of concerted messaging to alter parenting behavior, and barriers to such efforts—i.e. cultural norms and a lack of minority trust in providers due to a history of institutional racism. Approaches to prevent child sexual abuse have switched from education and awareness strategies to changes in organizations’ practices and policies, shifting the onus from individuals and children to organizations and adults. Attitudes toward parenting practices, including corporal punishment, are undergoing positive generational changes, suggesting possibilities for successful social norms campaigns. Finally, this review details how the field of child abuse prevention has been transformed by a renewed focus on protective factors and informal family supports, which build strengths and environments for optimal child development. Lessons learned from these focus areas have implications for the direction of future social norms work.
Community Norms Related to Child Maltreatment
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This review was written as part of a project on promoting Positive Community Norms in Missouri in partnership with The Montana Institute and the Missouri Children’s Trust Fund. This review looks at social norms involving key issues related to safe sleep practices, prevention of child sexual abuse, and positive parenting, including changes in the use of corporal punishment. These norms each illustrate specific aspects of the work ahead of us.

The successful campaign to reduce sudden infant death syndrome, by teaching safe sleep practices, demonstrates how concerted messaging by trusted people can alter parenting behavior on a large scale, and how this change runs up against deep-seated cultural norms and a history of institutional racism in some cases. Prevention of child sexual abuse has seen a shift in professional norms, as we move from education and awareness to changes in organizational practice and policy. Finally, positive parenting practices, including reduced use of corporal punishment, decrease the risk of child abuse and neglect. As will be described, there are significant misperceptions around positive parenting norms: while most parents use these practices, they often feel that others use harsher parenting methods and that people they trust in their communities may not endorse their parenting style. Thus, current data suggests possibilities for a successful public awareness campaign on positive parenting, using a positive social norms approach. Social norms campaigns are based on the observation that individuals tend to compare their own behaviors to perceived community norms and attitudes. As a result, when people correctly perceive positive community norms, they are influenced to engage in healthier behaviors.

In this review, we will discuss descriptive norms, reflective of how the majority of a population behaves; perceived norms, or individuals’ beliefs about group norms; and injunctive norms, or expectations that reflect what the majority of a group does or does not consider acceptable. We will provide a review of the current state of knowledge pertaining to each issue under consideration.
Sudden Unexpected Infant Death
Definition and Prevalence

Safe to Sleep is a strategy used to reduce the incidence of sleep-related death in infants. These efforts have been associated with a reduction in sudden unexpected infant death syndrome (SUID), defined as any sudden or unexpected infant death, which includes sudden infant death syndrome (SIDS, defined as a “cause assigned to infant deaths that cannot be explained after a thorough case investigation”) in the United States. The American Academy of Pediatrics recommended, in 1992, that infants be placed in a “supine position” to sleep. The National Institutes of Health’s Back to Sleep Campaign (now Safe to Sleep), launched in 1994, advised parents to place infants supine for sleep, to have infants sleep alone (no bed-sharing), and to stop using soft bedding. These strategies were advertised to parents to reduce risk of SUID and promote safe sleeping practices.

The 1990s saw a dramatic decrease in SIDS and accidental suffocation and strangulation in bed. Studies show the Back to Sleep campaign led to a reported 53% reduction in deaths caused by SIDS in later years. SUID rates overall dropped by 45% between 1990 and 1998. However, declines in the death rate for sleep-related infant deaths have slowed, and the proportion of infants in high-risk sleep environments and positions has increased. Using more recent data, approximately 3700 infants die from SUID each year, including SIDS and accidental suffocation and strangulation in bed.

A recent report, which used 2016 Pregnancy Risk Assessment Monitoring System (PRAMS) data from 29 states, showed that most US mothers follow at least some safe sleep practices: 78% place their infants on their backs, 32% use an approved sleep surface, 57% sleep in the same room but not in the same bed, and 42% avoid soft or loose bedding. Safe sleep practices also varied across racial and ethnic groups and by state; analysis suggests these inter-state differences reflect regional norms and programmatic efforts as opposed to sociodemographic characteristics. The 2016 report using PRAMS found that Missouri respondents were generally similar to the national averages.

Descriptive and Perceived Norms

Why do these disparities persist? Studies have shown that women, low-income women in particular, rely on their inter-social and/or interpersonal sources for health care information. These social networks have the power to influence health behaviors for individuals and communities. Interpersonal sources can influence perception of certain norms regarding infant health, leading mothers to form opinions that are not entirely scientific and maybe nonfactual. Some mothers consider their social networks a more trustworthy source than their medical providers, which can hinder efforts to safer infant care. In particular, family members strongly impact parenting practices; grandmothers were found to be especially influential.

One study by Moon et al. surveyed a cohort of mothers about their social networks and infant care practices and found that “mothers who were Black, younger, unmarried, less educated, and of lower socioeconomic
status” were more likely to have smaller social networks which put them at risk of exposure to the norm of using soft bedding—a risky infant sleep practice. The study also found that if one’s network exposed them to norms against recommended safe sleep practices, mothers were more likely to engage in those practices. First-time mothers were more likely to pay attention to placing infants in a non-supine position and actually do so, and Black mothers as well as first-time mothers were more likely to pay attention to the norm of using soft bedding, and also use it.

It is critical to situate our view of these racial differences within this country’s historical context of institutional racism, systematic oppression, and disenfranchisement of minority populations. Unequal access to support and resources, housing discrimination and redlining, medical exploitation of Black women, and health care segregation, among many other injustices, created racial disparities in maternal and child health which continue to the present day. Infant mortality rates for Black babies are more than twice that of white babies, and Black women die during pregnancy or childbirth at rates 3 to 4 times higher than those of White women. In particular, medical exploitation and abuse of Black women, segregated health care, under-resourced hospitals and clinics for minorities, and racist provider treatment have all contributed to many racial minorities’ deep mistrust of health care systems. Minorities are thus more likely to ignore recommendations from providers in favor of familial and social sources they trust.

Though social networks prove to be powerful influences for numerous historical and socio-political reasons, a provider’s safe sleep advice still holds sway—expert advice can play a key role in the adoption of safe sleep practices. In a recent editorial, Colvin and Moon emphasized the importance of consistent messaging, evidence-driven provider recommendations related to infant sleep, and pediatrician advocacy in support of policies which address racial and socioeconomic health disparities, including paid parental leave and home visiting programs. In another study, Moon has gone on to say that parents who receive inconsistent recommendations from providers are more likely to rely on guidance from friends and family instead. Expert advice and consistent messaging encompass professional behaviors, too. Research has shown that staff members demonstrating recommended safe sleep behaviors caused more parents to also engage in such practices. The reverse is true as well: parents who witnessed health care staff placing infants in unsafe prone positions were more likely to do the same.

The 2019 report by Hirai et al. underscores the importance of expert advice. Using national survey data, the study found that receiving safe sleep advice from providers was associated with increased use of safe sleep practices, from a 12% increase in sleeping in the same room but not the same bed, to a 28% increase in placing infants on their backs to sleep. The same report found that experts were more likely to discuss sleep positioning than other aspects of safe sleep: 92% of mothers reported receiving provider advice regarding supine infant sleep, but only 48.8% of mothers reported receiving provider advice to sleep in the same room but not the same bed. Reports of receiving provider advice varied by approximately 5% to 10% across sociodemographic, behavioral, and health care characteristics; mothers who were Medicaid insured or uninsured were most likely to receive advice about sharing a room but not a bed with their infant. This 2019 report by Hirai et al. suggests that professionals may fail to offer advice on controversial topics (such as co-sleeping), and that this effect may both reflect and compound cultural differences.
Social norms concerning co-sleeping appear particularly resistant to change; research has found breastfeeding to be the most notable reason for co-sleeping. Contradictory research findings have stoked a debate over the health benefits (in particular, primary benefits are associated with breastfeeding) and harms of co-sleeping, generating a limited backlash against efforts to promote safe sleeping, particularly in co-sleeping environments. Adding cultural complexity to the debate, norms related to co-sleeping vary across cultures. Many non-Western cultures consider mother-infant co-sleeping the norm, and research from different countries report different co-sleeping practices and rates of SIDS. For example, bedsharing babies have higher survival rates than solitary babies in South Africa, and in Hong Kong, SIDS rates are low, despite strong co-sleeping norms. Outside of cultural co-sleeping considerations, higher rates of SIDS among low-income families partly stem from the inability to afford a crib and accompanying safe sleep materials. Among urban, economically marginalized minority groups, whose multiple SIDS-related risk factors can be attributed to a history of institutional racism, bedsharing is associated with more infant deaths from SIDS or accidental asphyxiations.

Implications for Prevention

Although the Safe Sleep campaign has resulted in large scale behavior change and reductions in sleep-related infant deaths, rates are still unnecessarily high, and racial disparities in death rates persist. A culturally appropriate social norms campaign built on the observation that most families follow safe sleep recommendations might be effective. To stress the importance of cultural appropriateness and health equity, the National Institute for Children’s Health Quality compiled advice from three faculty experts, all of whom address safe infant sleep disparities among Black families. Their recommendations include: starting conversations about safe sleep in the first trimester, to adequately build relationships with families and connect them with support services; avoiding race-based assumptions about mothers’ financial or risk statuses, to ensure advice is tailored to individual goals and opinions; forming partnerships with public health and community organizations, as community health workers are often more accessible to families and come from the communities in which they work. They also recommend reaching out to other family members (i.e. potential caregivers) to correct safe sleep misconceptions, hosting community outreach events and trainings that still accommodate families (i.e. providing childcare and meals), and increasing diversity in the health care provider hiring process.

Additionally, given the importance of professional advice and behavior modelling, future prevention efforts could focus on training health care providers to give consistent safe sleep advice and demonstrate safe practices. As an example of this, in Missouri, 50.2% of nurses reported using supine-only positioning for healthy newborns after safe sleep practices training, up from 26% of nurses prior to training. Endorsement of back-only sleep among these nurses also increased from 45% to 70.8%. Educating and training health care professionals can also boost the frequency and success of safe sleep discussions with parents.
Child Sexual Abuse
Definition and Prevalence

Child sexual abuse, reported all over the world, has become an important public health issue in the United States, in part due to the lifelong implications of childhood sexual abuse. The World Health Organization defines child sexual abuse as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent or that violates the laws or social taboos of society.”18 Child sexual abuse can cause “physical, behavioral, social, and emotional harm and disability”19 as well as short- and long-term health effects, including major depression, anxiety, suicidal ideation and attempt, posttraumatic-stress disorder, problems with sexuality, and future intimate partner violence victimization.20-22

One barrier to understanding the prevalence of child sexual abuse is the inherent limitation in identifying child victims, many of whom don’t report due to fear or shame.23 Illustrating this point, in a population-based study in the United States, surveying 34,000 adults, “10% of respondents (24.8% of whom were men and 75.2% women) reported experiencing sexual abuse before the age of 18.”23 Of these numbers, only a small proportion of the victims told anyone (adults or authorities) of their abuse, and 55% to 69% did not tell anyone of their abuse during their childhood.23 Youth victims were less likely to be believed (by trusted sources) if the perpetrator lived in the home.23 Additionally, ethnic and religious cultural norms can affect whether child sexual abuse will be discovered by an adult, disclosed by the victim, or reported to authorities.24 Other surveys of adults also show a high prevalence of past sexual abuse. The CDC reports that, based on surveys conducted from 2011 to 2014, 11.6% of US adults (16.3% of women and 6.7% of men) recall having been sexually abused before the age of 18.25 In 2014, “8.3% of children who were victims of child maltreatment in the United States were sexually abused,”25 and child sexual abuse has been reported to be as high as 32% for girls and 14% for boys.23

Perceived and Injunctive Norms

Few articles have been written regarding social norms about child sexual abuse, and many articles researching child sexual abuse are not US-based studies. Therefore, little is known regarding perceived norms in the United States. One 2010 study shed some light on the US public’s knowledge and attitudes around child sexual abuse and prevention. Stop It Now! surveyed 5000 adults in six states.26 Almost all adults (95%) agreed that most sexually abused children were abused by someone they know, over half (64%) agreed that many sexually abused children were abused by other children or adolescents, and most (72%) agreed that adults who sexually abuse children likely live in their communities, indicating efforts to dispel the stranger danger myth have been successful. With regard to taking action, 91% of respondents said they would intervene in a child sexual abuse situation, but of those who had known an adult they thought was sexually abusing a child, 22% said they did nothing, marking a discrepancy between high levels of adult awareness and lower levels of sexual abuse situation recognition.26

Another study further explored attitudes related to child sexual abuse prevention. In 2015, Prevent Child Abuse Nevada surveyed the opinions of a random sample of 384 adults in Nevada.27 Most Nevadans (83%)
considered child sexual abuse a serious problem in their state, most (92%) considered child sexual abuse preventable, and many Nevadans (over 74%) believed that adults should “take the most responsibility in preventing child physical and sexual abuse by identifying possible abusers and taking appropriate action.”

Implications for Prevention

While data is not available, there is little doubt that the sexual abuse of children is a serious problem, and the Prevent Child Abuse Nevada poll indicates most Nevadans would agree. Nevadans believe adults should take responsibility for preventing child sexual abuse, a view which is reflected in shifting prevention-related norms. Early prevention programs focused on group-, often school-based education on sexual abuse and personal safety. These education-prevention programs, such as Talking about Touching from the Seattle Committee for Children and the Child Assault Prevention program used in New Jersey, typically taught children about sexual victimization, how to identify abuse and abusers, responding to and resisting abuse, and what to do after an instance of abuse. Prevention programs targeting children have since come under critique; critics primarily raised questions about program effectiveness and harm to children. With regard to the validity of such critiques, research has shown that the link between child education programs and prevention effectiveness is tenuous due to methodological limitations, not necessarily because programs lack any effect. Nevertheless, uncertainty around effectiveness, as well as experts’ concerns that children are unable to fend off abuse from older, stronger offenders, have shifted child sexual prevention norms toward adults’ and organizations’ responsibilities, as opposed to children’s and individuals’ responsibilities.

This shift in understanding has led to new child sexual abuse prevention programs, such as Stop It Now! and Darkness to Light’s Stewards of Children adult prevention training. These programs point to the need for institutional and systematic approaches to the prevention of child sexual abuse, rather than individual behavior change or promoting the effectiveness of educating children. Many recommendations and actions form the core of this systematic response, including educating adults to identify, respond, and report abuse; shifting social norms; and having schools and youth organizations uphold safe-child standards. These standards outline policies which universally screen employees and volunteers, clearly articulate child supervision policies, establish a code of conduct to identify actions that violate boundaries, ensure that facilities and spaces minimize child sexual abuse opportunities, and believing and supporting survivors’ accusations. This shift in norms from individual to system and child to adult responsibilities is based on an understanding that child-serving agencies have a responsibility to keep children safe from harm. Formal policies, rather than ad hoc decision-making, is more likely to protect both the children and the institutions responsible for them.

Evolving academic attitudes surrounding commercial exploitation of children, as well as the judicial system’s altered treatment of child sex trafficking victims, are particularly demonstrative of these shifting norms at a legislative level. Though definitions of sex trafficking and commercial exploitation of children are inconsistent in the literature, we will use Finigan-Carr et al.’s definition of sex trafficking, drawn from the Office of Juvenile Justice and Delinquency Prevention: “sex trafficking [refers to] the range of sexual crimes against children including any commercial sex act, regardless of force, fraud, or coercion.” Sex trafficking victims are often exposed to physical and sexual assault and have increased risk of mental and physical health problems, including depression,
anxiety, suicidality, post-traumatic stress disorder, and other mental health disorders, substance misuse, and sexually-transmitted disease or infection such as HIV and Hepatitis C.32-34

In the past, minors in the sex trade—especially racial minorities—were criminalized and, as a result, harassed by law enforcement, making victims distrustful of law enforcers and less likely to ask for help.35 However, in recent years, changing perspectives have moved toward a view of commercially exploited children as victims rather than perpetrators,36 as well as toward systemic solutions over individual ones.31 With these changing norms, the Trafficking Victims Protection Act was enacted in 2000 and emphasized trafficking prevention, victims’ protection, and prosecution of traffickers.36 A reauthorization of the act in 2013 focused on minors, and state and federal legislation moved toward recognizing minors in the sex industry as victims. With regard to child sex trafficking, many states passed Safe Harbor laws which refer youth in the sex trade to social services rather than juvenile detention.31 Although many survivors still report being arrested for crimes like prostitution,37 and though some states have only recently passed legislation which explicitly protect youth from prostitution-related charges,31 the overall shift away from criminalizing victims and toward systemic solutions reflect evolving norms around child sexual abuse.

In summary, professional norms related to sexual abuse prevention have evolved. Prior programming was built on increasing awareness and educating children, in hopes that these efforts would result in significantly improved child sexual abuse prevention. As the field has evolved, the focus of prevention has moved from teaching children and endorsing individual actions to developing systemic organizational and policy changes that create safer environments for children and youth.

Parenting Practices
Definition and Prevalence

Although parents can find formal and informal parenting advice from a plethora of sources, very little has been published on norms around positive parenting practices. The rise of concern surrounding Adverse Childhood Experiences and their consequences has led to more research on identifying protective factors for healthy childhood development. Professionals in the field frame development as “a synthesized product of negative outcomes from toxic stress and positive, adaptive outcomes from ‘protective factors.’”38

Parenting practices are modifiable protective factors for child development. Yamaoka and Bard used the National Survey of Children’s Health from 2011 to 2012 to “examine effects of positive parenting practices and Adverse Childhood Experiences on early childhood social–emotional skills and general development.”38 Performed in 2017 and 2018, the analysis showed that positive parenting was associated with independent positive effects, and there were negative associations/risks when positive parenting was absent. These risks “were often greater than those of four or more Adverse Childhood Experiences, even among no/low adversity families.”38 These results establish positive parenting as a protective factor, but more studies need to be done to assess whether parents and/or communities hold these same beliefs.
Descriptive and Perceived Norms

The most recent national data about positive parenting can be gathered from an analysis of a 2017 survey conducted by yougov.com. This survey asked a national sample of adults, with children under 5 years old at home, about their parenting practices. As shown in Figure 1, eight of nine specific positive parenting practices were widely endorsed by Black, White, and Latinx respondents. Most respondents endorsed positive parenting practices except for help-seeking. It is not clear whether this result was due to respondent interpretation of the word help; we speculate that many may not have considered assistance from friends and family as part of this category.

The same survey also asked respondents about their perceptions of others’ parenting practices, including those of people they trust and others in their state. As shown in Figure 2, adults who had children under 5 years old in the home generally felt that they endorsed more positive parenting practices than did others in their state or people they trust. Based on these data and other national opinion polls, we concluded that today’s parents are more likely to use positive parenting practices than were their elders, and that they have the misperception that they are unusual in favoring positive parenting practices over harsher ones.

Alternatives to Corporal Punishment

Changing attitudes and behaviors regarding corporal punishment, especially among younger generations, serve as an example of one parenting practice that is undergoing a positive evolution. In this literature review, we discuss the reduced prevalence and endorsement of corporal
punishment in recent years, which in turn reduce the likelihood of child abuse and neglect.\textsuperscript{40} Current norms surrounding corporal punishment thus represent an instance of positive parenting.

**Definition and Prevalence**

Corporal punishment is a form of child discipline using physical force, whether by spanking and/or hitting, in the hopes of correcting and/or controlling a child’s behavior.\textsuperscript{29, 41, 42} Many children in the United States experience corporal punishment, even though the literature largely finds physical punishment ineffective and detrimental in the long-term.\textsuperscript{29} Parental corporal punishment has been linked to poor outcomes for children, such as increased antisocial behavior, increased aggressive behaviors in preschool and school-aged children (as well as increased likelihood of aggression in future), higher risk of child abuse, negative parent-child relationships, increased risk of cognitive problems, and lifetime physical and mental health conditions.\textsuperscript{29, 43-46}

The prevalence of corporal punishment is estimated to be 35% to 90% depending on different moderating factors (e.g. age and gender).\textsuperscript{42} In a 2019 report of a national survey conducted in 2014, Finkelhor et al. found that 37% of US children were spanked, continuing a decades long decline in rates of corporal punishment.\textsuperscript{47} The study also found that boys, Southerners (v. Northeasterners), and Black children were more likely to experience spankings.\textsuperscript{47}

**Descriptive and Perceived Norms**

An analysis of a 2017 survey conducted by yougov.com demonstrated that compared to responses about their own behavior, many US adults perceived that others in their communities had higher rates of endorsement of corporal punishment.\textsuperscript{39} Part of the discrepancy may lie with the observation that adult respondents who were not currently raising children had higher rates of endorsing corporal punishment. Thus, parents may receive comments and advice from other adults that contribute to this widespread misperception.

The literature reports that Black parents, individuals of lower socioeconomic status, persons spanked as children, and those for whom religion is of high importance tended to have positive attitudes toward corporal punishment.\textsuperscript{42, 48, 49} However, with regard to race, Klevens et al. conducted a mixed methods study exploring commonalities and differences in social norms related to corporal punishment among Black, White, and Latinx, parents, and they found more similarities than differences across these racial groups.\textsuperscript{50} Similarly, the 2017 yougov.com survey indicated that among younger respondents (under age 25), racial differences in support of corporal punishment were especially weak—younger respondents were much more likely to believe that individuals whose advice they trusted thought children should be spanked infrequently or not at all.\textsuperscript{39} Diminishing racial differences reflects the larger influence of generational changes in social norms.

**Injunctive Norms Predict Approval of Corporal Punishment**

Using results from an Urban Community Sample of Parents and the Attitudes Towards Spanking questionnaire, one study by Taylor et al. found that if professionals (especially health care providers), family, and friends approved the use of corporal punishment, these perceived norms were the strongest predictors to having positive attitudes towards corporal punishment.\textsuperscript{42}

Another study by Taylor et al. used the same Attitudes Towards Spanking questionnaire to survey a sample of members from the
...if professionals (especially health care providers), family, and friends approved the use of corporal punishment, these perceived norms were the strongest predictors to having positive attitudes towards corporal punishment.42

American Professional Society on the Abuse of Children.41 This study found that most American Professional Society on the Abuse of Children professionals disapproved of spanking (82%), but most also thought that their colleagues endorsed corporal punishment more than they did.41 Professionals in this study reported that they were highly prepared to effectively advise non-physical child discipline methods—though they perceived their colleagues as having lower levels of preparedness—and were very motivated to participate in changing social norms related to corporal punishment.41 This finding illustrates a gap in perceived norms amongst professionals.

Implications for Prevention
These data lead to implications for the prevention of corporal punishment, as well as the promotion of positive parenting in general. Due to the generational shift in social norms, messages created for younger people (who are parents of young children) should continue to reinforce these changed norms and close gaps in perceptions of parenting behavior. Campaigns directed at older audiences—including professionals—might aim to correct misperceptions regarding parenting practices. It would be worth exploring, for example, whether individuals who endorse harsher discipline strategies are aware of the effective alternatives currently in broad use.

Strengthening Families
The field of child abuse prevention has been transformed by the development and dissemination of the Strengthening Families Approach and Protective Factors Framework™ developed by the Center for the Study of Social Policy. This approach to prevention provides family support as the organizing framework for families with children birth to 5 years old, when children are most vulnerable to abuse or neglect.51 According to this approach, 5 key Protective Factors that support strong families and promote child development and well-being are:

1. Social connection (healthy, sustained relationships with people, institutions, or community);
2. Parental resilience (well-managing general life, parenting stress, and stressors or adversity);
3. Concrete support in times of need (seeking, accessing, encouraging, and receiving necessary adult, child, and family services);
4. Knowledge of parenting and child development (understanding child development and engaging in appropriate best parenting practices);
5. Child’s own social and emotional competence (creating environments and experiences which allow children to develop close and secure adult and peer relationships, as well as to regulate and express emotions).

Strengthening Families Protective Factors locate their protective factors basis in a two-generation approach, promoting healthy child development by strengthening the capabilities and resources of their caregivers.52 Strengthening Families views this approach through a strengths-based perspective, which encourages active participation in the change process, cultural sensitivity toward parents’ backgrounds, individual self-advocacy in decision making, and identifying and enhancing parents’ own strengths.51

Taken together, these broad protective factors, conceptualized to be culturally adaptable, serve to prevent or ameliorate the effect of risk factors and stressful life events, as well as build family strengths and environments for optimal child development.53 In addition,
these protective factors are both cumulative and interrelated—individual factors can buffer risk factors’ effects, but multiple protective factors decrease the likelihood of problem behaviors, and the presence of one protective factor can bolster others.

Since its introduction, this framework and the Strengthening Families Approach have been integrated into health care and human services systems, public policy, and early intervention programs. Missouri was one of the original Strengthening Families pilot states, and the Missouri Children’s Trust Fund continues to incorporate the framework and protective factors as a core concept for their activities. To do so, the Missouri Children’s Trust Fund prioritizes protective factors in the grant application process, creates education materials about the protective factors, offers training materials to professionals and the general public, and measures change in protective factors, among other actions.

In contrast to the Missouri Children’s Trust Fund’s adoption of the Strengthening Families approach, public perception regarding child maltreatment prevention has not incorporated this approach. Nevertheless, a 2014 Montana Institute poll of 1000 adults, conducted for Prevent Child Abuse America, revealed a general “culture of caring in which people are willing to reach out—and be reached out to—across the family bubble.” Over half of respondents said they acted when they saw a parent they didn’t know struggling with their child: 60.2% offered kind words or encouragement, and 58.2% offered to help in the moment. Most respondents (84%) said that if someone offered them services, child care, or other support, they would feel the offer was helpful and kind, not intrusive or critical. Only 5.7% of respondents said they didn’t need anyone’s help.

The same report showed the population’s general willingness to act against child abuse and neglect: Americans think they should (97.6%) and would (96.7%) take action to protect children from child abuse and neglect, and they accurately perceive that most other adults feel similarly. As the report points out, this alignment between descriptive and perceived norms demonstrates a readiness for action in the US adult population.

However, the poll also recorded a gap between willingness to act and actions taken. Respondents reported 5 primary barriers to intervening in a situation of suspected child abuse or neglect—(a) concern about making things worse for the child, (b) fear for personal safety, (c) fear of retaliation from the victim or perpetrator of abuse, (d) lack of knowledge about what to say or do, and (e) lack of trust in the child protection system. These barriers suggest that most respondents do not understand that promoting protective factors is an effective way to prevent child abuse; prevention is far broader than intervening when a person witnesses a family in distress or a child being abused.

Based on these results, we see significant opportunities to explore social norms related to the Strengthening Families Protective Factors Framework. The Center for the Study of Social Policy has initiated a periodic refresh of the research base for the protective factors, and the center may be approached as a partner in this effort to study social norms. Similarly, the American Academy of Pediatrics’ new guidelines for health supervision incorporates, by reference, these factors, and the American Academy of Pediatrics or the Missouri chapter of the American Academy of Pediatrics may want to partner in better understanding of the implications of Strengthening Families.
Conclusion

This literature review singled out three topic areas relating to parenting practices and keeping children safe from harm.

The Safe to Sleep campaign demonstrated the role of acknowledged experts—child health providers—in changing norms.\(^{12, 14}\) Although initially successful, declines in the death rate for sleep-related infant deaths have plateaued,\(^{11}\) and further progress will require changing social norms among both parents and experts, as well as taking into account the effects of institutional racism and cultural practices regarding co-sleeping\(^3\) and related issues.

Prevention of child sexual abuse has undergone a change in professional approaches, with a recent focus on organizational issues as opposed to individual responsibilities.\(^6\) Although data is sparse, we suggest exploring the roles of parents as consumers and citizens who can demand that organizations caring for their children create safe environments by upholding high standards in hiring, monitoring, and reporting.

Attitudes towards parenting practices, including corporal punishment, is undergoing a generational change. National data shows gaps between descriptive and perceived norms; most respondents misperceived the parenting practices of other parents in their communities. A social norms campaign, coupled with information about positive parenting practices, might be effective.

Finally, the Missouri Children’s Trust Fund has been a leader in implementing the Strengthening Families Protective Factors Framework\(^{56}\)\(^{56}\)\(^{56}\) It would be worthwhile to explore a social norms strategy based on these protective factors, particularly focusing on the informal family supports that can make a difference.

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