Imagine a world where every child is healthy, nurtured, and protected from harm. In this world, a quarter of all mental illness, crime, and lost productivity would be eliminated. Today, one in six U.S. children suffers from child maltreatment, but there are only fragmented arrays of services delivering disjointed responses to this silent epidemic.

The highest incidence and deleterious impact of child abuse occurs in the first two years of life, yet scientific evidence demonstrates that most child abuse can be predicted and prevented. We can no longer wait for a knock on the door by Child Protective Services, only to move the most severely abused children to the courts. To interrupt intergenerational cycles of child abuse and its consequences, the solution must start early in life—when the enduring impact of prevention is highest—and integrate proven methods of risk surveillance with evidence-based intervention.

Here we propose to accomplish this with a nationally scalable, sustainable deployment of existing health and social service resources that will connect families in need with effective preventive intervention. We will align the constellation of interventions required—but rarely attained—for families at risk.

- In-home nurse visitation
- Evidence-based parenting education
- Coordinated mental health services
- Reproductive health services for parents
- Access to effective court-based intervention in the setting of parental substance abuse
- Continuous needs- and risk-surveillance and response in the course of medical follow-up
- Resolution of critical material needs such as transportation and utilities
- A 2-1-1 crisis warmline
- Child development accounts

In Phases 1 & 2 we will hire and train 45 family-support specialists who will operate within the obstetric services of three health systems to implement screening, provide service coordination, and liaise with the community. We will reach 3,600 high-risk families, approximately 80 per specialist.
In Phase 3, each health system will implement the targeted prevention paradigm system-wide, according to the model established during Phases 1 & 2. We will establish information management protocols to support ongoing risk surveillance, service integration, and data linkage.

Outcomes from Phases 1 & 2 will be monitored by (a) comparing the progress of birth cohorts prior to and after system-wide implementation, (b) within-system comparison between subgroups of clients grouped by level of risk and service acquisition, and (c) serial ascertainment of the rates of child abuse within the respective populations according to official state records.

Staging Based on Funding Level

The National Institutes of Health awarded a $1.5 million grant to our team to conduct a feasibility study of this program, in which 125 high-risk families of newborns already have been enrolled.

For each additional $1 million investment, three dedicated case managers would be trained and fully engaged in executing the preventive intervention plan within a single health system, with close monitoring of the progress of the families to whom they are assigned.

A $5 million investment would enable this same complement of new personnel to be deployed within each of three health systems, with extensive analysis of cost savings, scalability, and ascertainment of training and sustainability requirements for a full scale deployment within each health system.

Beginning the End of Child Abuse

Child maltreatment is the most influential preventable cause of lifetime mental health impairment and accounts for an estimated one-fourth of the entire burden of mental health impairment, criminality, and lost productivity in the population. A staggering $125 billion lifetime cost is exacted for each yearly cohort of victims.

Led by John Constantino, MD, director of the William Greenleaf Eliot Division of Child & Adolescent Psychiatry at Washington University School of Medicine and psychiatrist-in-chief at St. Louis Children’s Hospital, the project team includes individuals who are world leaders in developing and evaluating each component of our proposed preventive intervention model. Working in collaboration with three U.S. health care systems, we will stage the beginning of the end of child abuse.

Our Project Goals

1. To engage families of at-risk newborns to participate in a coordinated system of care to promote infant mental health and prevent child maltreatment.

2. To implement a coordinated developmentally and culturally appropriate response to the risk of child maltreatment and its consequences from time of birth.

3. To provide workforce development training for integrating child abuse prevention into health systems.

4. To refine the approach in an initial implementation phase and then deploy the intervention across the three participating health systems.