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Can community-based interventions prevent child maltreatment?

M.W. van Dijken [a,*], G.J.J.M. Stams [b], &, M. de Winter [c]

[a] Utrecht University, Faculty of Social and Behavioral Sciences, Department of Pedagogical and Educational Sciences, PO Box 80140, 3508 TC Utrecht, The Netherlands
[b] University of Amsterdam, Nieuwe Achtergracht 127, Room D 9.23, The Netherlands
[c] Utrecht University, Heidelberglaan 1, Langeveld Building, Room E2.07, The Netherlands

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ABSTRACT

Despite the many efforts taken to prevent child maltreatment, this continues to be a significant worldwide problem. Interventions predominantly focus on 'at risk' populations and individual characteristics of the victim or abuser, but is that enough? The present review was designed to examine the potential of community-based programmes, those that target the problem solving and helping processes in the community, and thereby aim to prevent child maltreatment. We searched for theoretical and empirical indications and for available programmes that focus on neighbourhood processes, based on the assumption that positive outcomes may not just be changes in individual behaviours, but may also include changes in community capacity. We found strong theoretical evidence that for stable and long-term behavioural changes it seems necessary to also develop activities aimed at changing distal social contexts surrounding the family, including neighbourhood and school factors, that is, the public domain. We argue that a strong social environment is a necessary condition for the prevention of child maltreatment. Community-based interventions can strengthen the socialising quality of the social environment. Since the high prevalence of child maltreatment remains a significant problem, despite the availability of effective family interventions, preventive interventions should target the wider social context of the family, in particular neighbourhood factors. Scientific literature generally showed that community-based interventions targeting neighbourhood processes are promising, although effectiveness should still be established. Empirical evidence is necessary to further develop promising community-based approaches for the prevention of child maltreatment.

1. Introduction

Even though Dutch children are among the happiest children in Western society (UNICEF, 2013), child maltreatment remains a significant problem in The Netherlands (Health Council of The Netherlands, 2011; Stagner & Lansing, 2009). Due to the complexity of determining the occurrence of child maltreatment, studies report different prevalence rates; estimates in The Netherlands and other Western countries vary between 10 and 40% of all children (Health Council of The Netherlands, 2011; Sethi et al., 2013; Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2012, 2013). Too many children suffer from physical, psychological and sexual abuse and neglect[1] (Alink et al., 2011). Fortunately, the topic is high on the agenda of policy makers and many interventions exist (Mikton & Butchart, 2009). These interventions predominantly focus on 'at risk' populations and individual characteristics of the victim or abuser (Klevens & Whitaker, 2007).

Scientific literature generally accepts that the aetiology of child maltreatment has evolved from individual characteristics of children or their parents to ecological models, which emphasise interactions among individuals, families and social networks around the family (Belsky, 1980, 1993; Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Franco, Pottick, & Huang, 2010; Freisthler, Merritt, & LaScala, 2006; Jack, 2004; Tan, Ray, & Cate, 1991). Despite the many efforts taken to prevent child maltreatment, the prevalence of child abuse and neglect remains high. It therefore seems valuable to have a closer look at the fruitfulness of the application of this ecological model of child maltreatment.

Ecological systems theory (Bronfenbrenner, 1979) states that different types of environmental systems influence human development, and

Abbreviations: SFI, Strengthening Families Initiative; CPPC, Community Partnerships for the Protection of Children; SCC, Strong Communities for Children; PIDP, Prevention Initiative Demonstration Project; DFI, Durham Family Initiative; CtC, Communities that Care; TP, Triple P.

* Corresponding author.
E-mail addresses: M.W.vandijken@uu.nl (M.W. van Dijken), G.J.J.M.Stams@uva.nl (G.J.J.M. Stams), M.deWinter@uu.nl (M. de Winter).

[1] In this article no distinction has been made between the different types of abuse. The term child maltreatment is used as a collective term for physical, psychological and sexual abuse as well as neglect.

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therefore also play a role in the aetiology of child maltreatment. These systems include the microsystem (direct social interactions), the mesosystem (interactions between microsystems), the exosystem (contexts that indirectly influence the child), the macrosystem (cultural setting), and the chronosystem (transitions and shifts during life). Within the exosystem, the neighbourhood has received increased attention during recent years (Coulton et al., 2007; Franco et al., 2010; Freisthler et al., 2006). Nonetheless, despite the increased attention paid to neighbourhood factors in the aetiology of child maltreatment, most practitioners or policymakers still view child maltreatment as a problem stemming from individual parents (Stagner & Lansing, 2009; Tan et al., 1991). As a result, most interventions aim at parents and use educational strategies, therapeutic models or support parents in childrearing practises (FRIENDS, 2009; Stagner & Lansing, 2009; Tomison & Wise, 1999). A number of interventions also target neighbourhood factors (Coulton et al., 2007), such as collective efficacy[2] (Sabol, Coulton, & Korbin, 2004) and community social support[3] (Garcia & Musitu, 2003). These interventions are called *community-based programmes*. The question arises whether these programmes, while focusing on domains outside the family, can also address problems within the family. Are community-based programmes that focus on the neighbourhood promising in preventing child maltreatment?

The purpose of this study was to examine the potential of community-based programmes that aim to prevent child maltreatment. We searched for theoretical and empirical indications and for available programmes that focus on neighbourhood factors. After providing more background on the ecological model, we start by outlining the main characteristics, or working mechanisms, underlying the types of interventions that focus on neighbourhood factors through which they are expected to have an effect. Then we provide an overview of community-based interventions, and where possible evaluate the available research outcomes.

2. Theoretical exploration

2.1. Ecological model

Based on the social-ecological perspective of Bronfenbrenner (1979); Belsky (1980) laid down an ecological integrated model of the aetiology of child maltreatment. Belsky outlined four causes of child maltreatment: ontogenic development (the history of abusive parents), the microsystem (child characteristics, parent–child interaction and sibling relationships), the exosystem (parent's work, the neighbourhood and social support) and the macrosystem (society's attitude towards children, and maltreatment). Belsky viewed maltreatment as a result of social-environmental influences.

Following Belsky, the review by Stith et al. (2009) revealed that different factors contribute to the risk for child maltreatment, mostly a combination of individual, relational, community and societal factors that can be associated with child maltreatment, both as risk or protective factors (e.g., Dixon, Browne, & Hamilton-Giachritsis, 2009). Risk factors are characteristics or conditions in individuals, families or communities that make a child more likely to be maltreated. Risk factors may (or may not) be direct causes. Protective factors buffer children from being abused or neglected. When these factors are present they can mitigate or eliminate risk within the family (Child Welfare Information Gateway, 2014). Protective factors have not been studied as extensively as risk factors. However, much scientific literature endorses the value of identifying and understanding protective factors (Emery, Trung, & Wu, 2013; Fromm, 2004; Sabol et al., 2004). Specifically related to maltreatment, Garbarino emphasised the important role of the exosystem, or more specifically, what role the neighbourhood plays in the likelihood of child maltreatment (Garbarino, 1977; Garbarino & Kostelny, 1992). Contextual risk or protective factors (in the neighbourhood) include socioeconomic factors (income or education) and demographic factors (family structure), but also ideological factors (shared values among neighbours) and the availability of a social support system. It is hypothesised that maltreatment occurs when there is ideological support for the use of physical force within the neighbourhood, and when support systems fail to encourage effective parenting (Durrant, 1999; Garbarino & Kostelny, 1992).

2.2. Main characteristics community-based interventions

Empirical research has led to the identification of environmental factors that contribute to child maltreatment. We start by outlining these main characteristics or working mechanisms underlying community-based interventions through which they are expected to have an effect on the prevention of child maltreatment. The most consistent results across studies have involved structural factors: indicators of economic status or resources, income level (Garbarino & Crouter, 1978; Garbarino & Kostelny, 1992; Zielinski & Bradshaw, 2006), residential housing (Leventhal & Brooks-Gunn, 2000) unemployment rate (Freisthler, 2004; Freisthler, Needell, & Gruenewald, 2005; Krishnan & Morrison, 1994) and poverty rate (Ernst, 2001; Freisthler, 2004; Garbarino & Kostelny, 1992; Tan et al., 1991). Other structural factors have included residential instability (Coulton, Korbin, Su, & Chow, 1995; Ernst, 2001) and increased child-care burden (Coulton et al., 1995). These studies provide support for a link between neighbourhood structure and child maltreatment. However, according to Coulton et al. (2007), they provide little information on neighbourhood processes through which neighbourhood characteristics may affect child maltreatment. After all most parents do not maltreat their children as compared to the smaller number of parents that do, while living under the same conditions (Winter, 2012).

Although less often a subject of empirical research, a few studies have indicated that the following neighbourhood processes can be seen as protective factors: level of social cohesion (Ernst, 2001; Franco et al., 2010), social networks (Molnar, Buka, Brennan, Holton, & Earls, 2003), informal social control and collective efficacy (Fromm, 2004; Sabol et al., 2004) and both formal and informal social support (Ernst, 2001; Martin, Gardner, & Brooks-Gunn, 2011; Zolotor & Runyan, 2006).

To conclude, this outline shows that the main characteristics underlying community-based interventions are mostly structural factors (poverty, SES, etc.) and less often neighbourhood processes (for instance, informal social support). However, poor, dangerous neighbourhoods, characterised by low levels of social trust and cohesion, produce high degrees of familial isolation and stress. This, in turn, increases the risk for child maltreatment. From this perspective, an effective way to reduce social isolation is by strengthening the social cohesiveness of a neighbourhood, or by strengthening families' social capital. Social capital currently is a popular concept in community research (Ansari, 2013). The neighbourhood processes mentioned above all seem to play a role in this concept. It therefore seems useful to focus a bit more on this concept.

Social capital has been defined in numerous ways (Morrow, 1999), but can be described using two components: structural social capital and cognitive social capital (Harpham, 2008). Structural social capital refers to the connectedness of individuals within a community (social networks), whereas cognitive social capital is designated as a psychological sense of community (perceptions of reciprocity, norms, and trust). Within the social network component we can divide social capital into *bonding social capital* (connections within the (ethnic) community) and *bridging social capital* (representing outside community links). In general, the more people you know, and the more you share a

[2] A form of social organisation that unites social cohesion and trust with shared expectations for social control (Ansari, 2013, p. 82).

[3] The capacity of a community to realise shared goals of its members and regulate their behaviour in accordance with the desired and established norms as well as protect the general well-being of the community (Ansari, 2013, p. 83).

common perspective with them, the richer you are in social capital (Field, 2008). A definition of social capital that incorporates all important features is the one provided by OECD (Brian, 2007, p. 41): '*Social networks together with shared norms, values and understandings that facilitate cooperation within or among groups*'.

2.3. Categories of 'community-based' prevention

Based on Belsky's ecological model we assume that all systems – although in different ways – matter in the aetiology of child maltreatment. In the exosystem we can divide factors into neighbourhood *structures* and *processes*. Within early secondary and primary prevention this has led to the development of different types of interventions that target different systems and different factors. All these different types of interventions seem to fall under the same heading; 'community-based' and have been defined by Klassen, MacKay, Moher, Walker and Jones (2000, p. 84) as follows: 'community-based interventions are those that target a group of individuals or a geographic community, but are not aimed at a single individual' (Klassen et al., 2000, p. 84). The question arises if 'community' means the same in all of these interventions, and what role the community (commonalty) really plays. The term has a wide range of meanings (McLeroy, Norton, Kegler, Burdine, & Sumaya, 2003It is therefore necessary to further clarify the meaning of community-based in this review.

Community-based health interventions have been categorised by McLeroy et al. (2003) for the public health field and apply well for the subject of child maltreatment. The four categories are: community as a setting, community as target, community as agent and community as resource.

Most common are interventions in which community-based refers to community as *setting*. Such interventions use the community as a *geographic setting* and may take place in neighbourhoods, churches, schools or other organisations. The focus of these projects, using mostly educational strategies, is on behavioural changes in individuals living in these geographic communities, as a method to reduce risks for problems, such as child maltreatment. "*As a result, the target of change may be populations, but population change is defined as the aggregate of individual changes*" (McLeroy et al., 2003, p. 530).

A different meaning is that of the community serving as the *target* of change. The goal is to reduce risk or create healthy environments through *systemic changes* in community services and public policy. An intervention's goal may be to reform the existing neighbourhood policy and strengthen cooperation between community organisations. "*Strategies are tied to selected indicators, and success is defined as improvement in the indicators over time*" (McLeroy et al., 2003, p. 530).

Other community-based interventions use community as *resource*. These programmes 'use' community members or residents to plan and/or implement activities in a community. Within this definition it is assumed that *community ownership and participation* constitute a condition for achieving positive outcomes at a population level. "*These kinds of interventions involve external resources and some degree of actors external to the community that aim to achieve health outcomes by working through a wide array of community institutions and resources*" (McLeroy et al., 2003, p. 530).

The fourth and least utilised category is community as *agent*. Although closely linked to interventions using the community as resource, the emphasis in this category is on reinforcing the natural capacities of communities and strengthening social capital. Resources are provided through community institutions and can be both formal, such as schools or day-care centres, and informal, such as informal social networks, families and the neighbourhood. Interventions in this category strengthen naturally occurring units of solutions, such as ties between individuals living in the same neighbourhood; "*these natural occurring units of solution meet the needs of many, if not most, community members without the benefit of direct professional intervention*" (McLeroy et al., 2003, p. 530).

The latter three categories suggest that appropriate outcomes may not just be changes in individual behaviours, but may also include changes in community capacity. Moreover, the latter two focus more on community processes, where programmes in the target category focus more on structures (see Fig. 1). It is hypothesised that interventions rarely fit into one of these categories and probably combine two or more categories. The present study provides an overview of community-based interventions that fit the latter two categories (community as resource and community as agent) where the focus is on social capital or community processes that play a role in this concept. We also provide a review of the empirical evidence for the effects of these interventions on child maltreatment.

3. Methods

3.1. Search strategy

A literature search was conducted using three electronic databases: ERIC, PsycINFO, PubMed and specific journals, including Child Maltreatment, Child Abuse & Neglect, Child Abuse Review, Journal of Community Psychology, American Journal of Community Psychology and Children and Youth Services Review. Publications included journals, books and reports by research institutions or governments. Secondary or 'grey' research was also consulted, such as reviews and opinion articles, theses

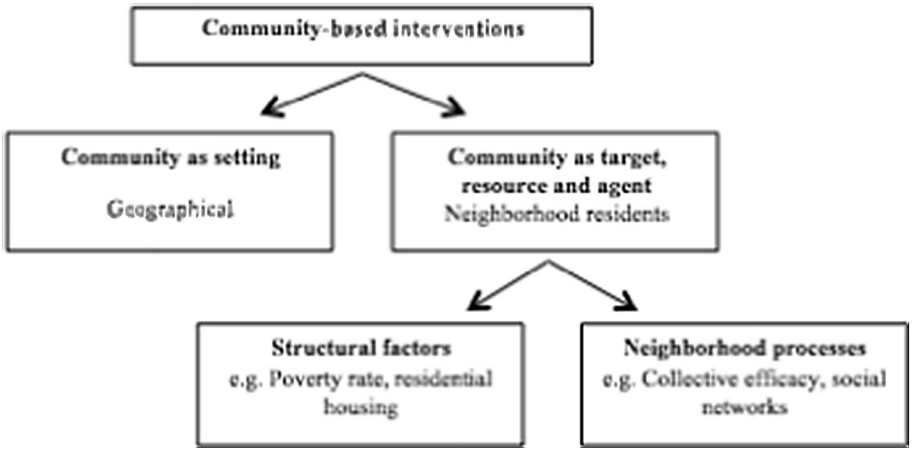

Fig. 1. Categorization of community-based interventions.

and working papers. Search terms included combinations of the following words: social capital, child maltreatment, abuse, community-based, interventions, strategies, approaches, prevention, (informal) social support, collective efficacy, shared parenting, social cohesion, neighbourhood, ecological. All literature was in English and published between 1995 and 2014.

3.2. Selection and review process

Once the list of potentially relevant studies was compiled, titles and abstracts were reviewed to determine if the articles met the following four inclusion criteria: 1) focus on prevention of child maltreatment; 2) contain or describe an intervention; 3) the intervention is community-based; 4) includes any kind of evaluation research. Publications that met the inclusion criteria were thoroughly read and descriptive information, intervention strategies and effectiveness were extracted. Even though search terms focused on finding interventions in the resource and agent category, interventions in the first two categories were also found. Therefore, a second selection process was conducted, and all interventions were grouped into the four categories mentioned above: community as a setting, target, resource or agent. In order to describe the interventions in the latter two categories in more detail collecting additional information was required. This was found on the intervention's website or by using Google Scholar (see Fig. 2).

During an additional Google Scholar search several examples of community-based interventions in humanitarian and development settings were found (Wessels, 2009). However, due to significant

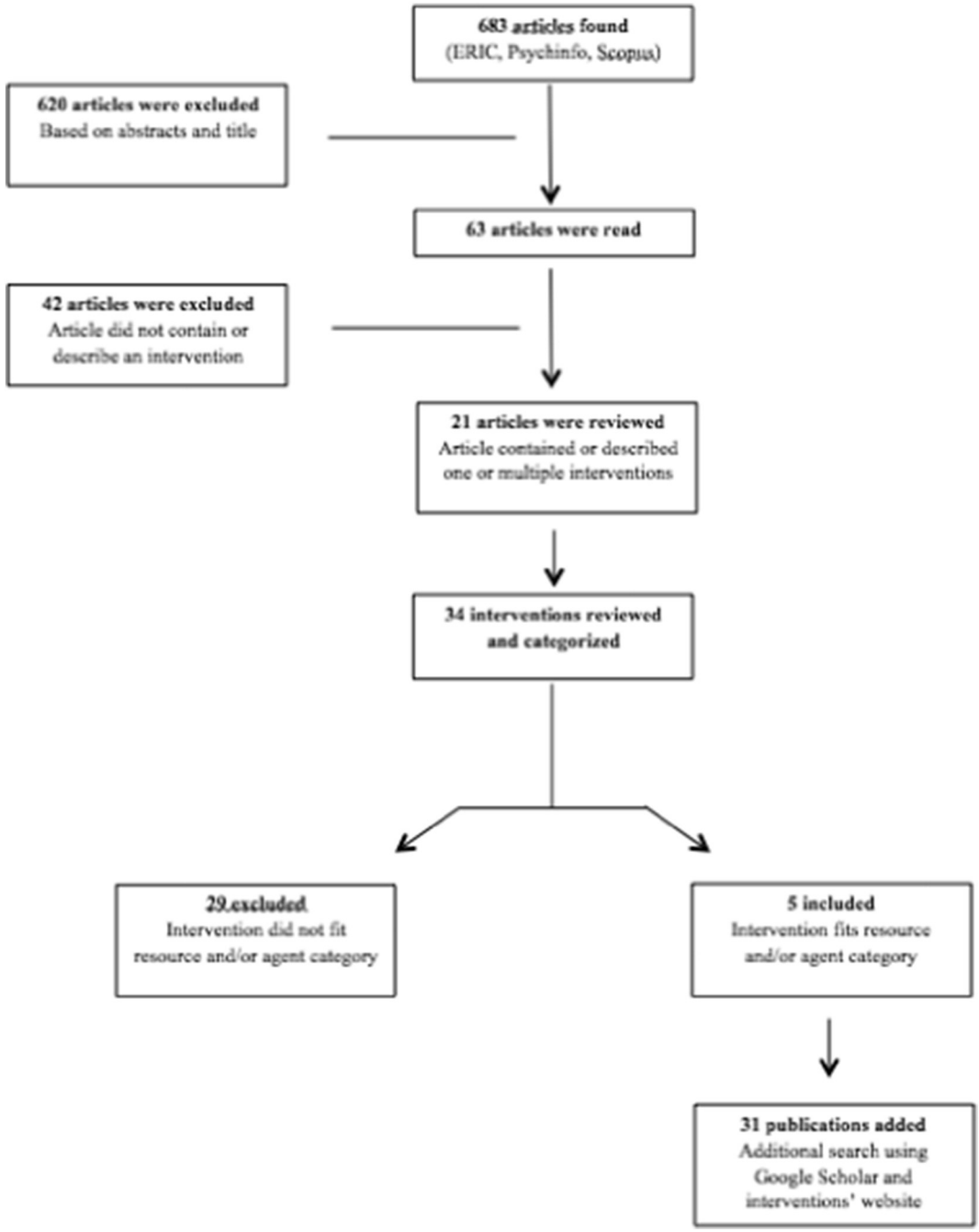

Fig. 2. Flowchart literature review process (note the difference between article and intervention).

differences in context we cannot expect that the same child protection mechanisms used in these interventions apply for Western society. Therefore, we chose to exclude interventions in humanitarian and development settings.

4. Results

4.1. Study selection

The electronic search produced 683 publications derived from three electronic databases and specific journals. From these 683 publications, 63 articles were identified for consideration based on a review of titles and abstracts. A total of 42 articles were excluded because the article did not contain or describe an intervention; 21 publications contained one or multiple interventions and were therefore reviewed. Some publications described multiple interventions and some publications overlapped in describing the same intervention. A total of 34 interventions were described in these publications. In the second selection process the described interventions were grouped into the four categories mentioned above: community as a setting, target, resource or agent. A total of 29 interventions were excluded because they did not fit the resource and/or agent category; 5 interventions were included. In an additional search using Google and the intervention's websites 31 publications were added.

We described the programmes in general, but provided more detailed information on the aspects where community serves as a resource or an agent. We described not only the content of the intervention and how it is delivered, but also focused on the underlying theory of change – why could this work? – (see also Table 1). These theoretical elements are important to understand the relation between neighbourhood factors and the prevalence of child maltreatment and the well-being of families. We copied references used by programme developers or programme evaluators to find similarities between interventions' theories of change. We also presented the main results of the evaluation studies conducted (see also Table 2).

4.2. Strengthening families initiative

The Strengthening Families Initiative (SFI) is a preventive intervention to reduce child maltreatment by mobilising protective factors around all families in a community. SFI was developed by The Center for the Study of Social Policy. SFI seeks to affect parent behaviour by using an existing service delivery system and promoting five protective factors. These factors are conditions that, when present in communities, increase the well-being of children and their families. The protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. Child and family serving professionals receive training to fulfil their important role in supporting all families increasing these factors and in recognising signs of stress to help parents in an early phase. SFI is being implemented in a variety of sectors, including early childhood home visiting, child welfare, child abuse and neglect prevention and family support. The only aspect of this programme that addresses neighbourhood processes is the 'social connections' factor. The activities supporting this factor are based on the assumption that parents with a high level of social capital (a network of emotionally supportive friends, family and neighbours) have healthier relationships with their children. Creating opportunities for parents to meet, in schools, faith-based organisations or other places, can encourage isolated parents to ask for help. This assumption is based on a study revealing that social disorganisation was the key factor that explained why different neighbourhoods with equivalent

Table 1
Overview and common strategies of five community-based interventions.

	Strengthening Families Initiative	Community Partnerships	Strong Communities for Children	Communities NOW	PIDP
Developed by	The Center for the study of social policy	The Center for the study of social policy	Clemson University	Butler institute for families (before American Humane Association)	Casey Family Programs
Evaluated by	Social entrepreneurs, Inc.	Chapin Hall University of Chicago	Clemson University	American Humane Association	Casey Family Programs/University of Southern California
Publications used for review	Horton, 2003 Social Entrepreneurs, Inc., 2012 Ahsan, 2007	Daro, Budde, Baker, Nesmith, & Harden, 2005 The Center for the study of social policy, 1997 The Center for the study of social policy, 2005	Melton, 2014 Melton & Anderson, 2008 Kimbrough-Melton & Campbell, 2008	American Humane Association, 2011 Butler Institute for families, n.d.	McCroskey et al., 2009 McCroskey et al., 2010 McCroskey, Pecora, Franke, Christie, & Lorthridge, 2012 Lorthridge, McCroskey, Pecora, Chambers, & Fatemi, 2012
Intervention strategies					
Practise reform (providing training for professionals or community members)	**X**	X		**X**	
Reforming child welfare (reinforce collaboration between community organisations and/or community members)	X	**X**			**X**
Alter normative standards (changing norms, changing sense of community)			**X**	X	
Community used as					
Setting (geographic)	X	X	X	X	X
Target (systemic change)	**X**	X			**X**
Resource (ownership)	X	**X**	X		X
Agent (no direct professionals)		X	**X**	**X**	X

Areas of primary emphasis for each initiative are indicated in bold.

Table 2
Overview and designs of evaluation studies.

	Strengthening Families Initiative	Community Partnerships	Strong Communities for Children	Communities NOW	PIDP
Evaluated by	Social entrepreneurs, Inc.	Chapin Hall University of Chicago	Clemson University	American Humane Association	Casey Family Programs/University of Southern California
Years	2011–2012	1996–2004	2004–2013	2009–2011	2008–2010
Design	Interrupted time series design with a single group	6-month longitudinal study with a single group	Time series post-test only with non-randomly assigned control groups	Pre- and post-test with a single group	Pre- and post-test with non-randomly assigned control groups
Methods	Process evaluation: site visits, key informants interviews, network meetings. Outcome evaluation: archival research, survey and questionnaire	Assessment 1: documentation of implementation levels, impact theory. A 2: 6-months study of 331 families, surveys and key informants interviews	Process evaluation: interviews with volunteers, archival study, assessments. Outcome evaluation: surveys, interviews and a collecting of data on the physical and social characteristics of the neighbourhoods.	Survey after training and 3 follow-up surveys with participants. Observations and assessment of trainee skill and performance.	Archival research, surveys, network mapping, focus groups and interviews.
Main results	Significant improvement on families' self-help skills and decreasing social isolation. Networks partners begin to promote parent involvement, but can expand their reach.	Few positive effects on four core outcomes (e.g. child safety). Small positive effect on shared decision making at the community level.	Parents in SC areas reported less parental stress, greater social support, greater sense of community, less frequent disengaged parenting, less frequent neglect. Cases of maltreatment declined.	95% of 263 participants learned intervening strategies from training, after six weeks all participants (N = 89) still used their skills.	Parents in PIDP areas reported less parental stress, more connections to the community, more family support and less social isolation.
Direct effect on child maltreatment	N/A	No effect found at either individual and population level.	Cases declined in SC areas and increased in comparison areas.	N/A	Decreased re-refferals in one of the three areas tested

In this table we focus on results of the aspects of the interventions where community serves as a resource or an agent.

socioeconomic profiles had different rates of child maltreatment; the primary difference was their level of social capital (Garbarino & Kostelny, 1992).

4.2.1. Evaluation design and outcomes

Literature research shows Strengthening Families is theoretically grounded (Horton, 2003), there is enough empirical support to assume that parents with knowledge of child development, a strong social network and a sense of efficacy have healthier relationships with their children. A combination of process- and outcome-evaluation approaches was employed with a mix of qualitative and quantitative data. The evaluation showed that SFI networks increased the protective factors within the families that they serve. For the second factor, 'social connections', a significant change was found. For each of the following questions, participants reported stronger agreement with the statement on the survey after than before they received services: 'I have relationships with people who provide me with support when I need it', 'I know who to contact in the community when I need help, 'When I am worried about my child I have someone to talk to'. A t-test confirmed that the change on items 1–7 was significant with a $p < .10$. Families reported improved self-help skills and network partners were beginning to change systems by promoting parent involvement in planning and decision-making. However, evaluators stated that the networks' reach can expand to develop parent partnerships and provide professional development. The evaluation provided no (direct) evidence that child maltreatment had decreased.

4.3. Community partnerships for the protecting of children

Another initiative from The Center for the Study of Social Policy is Community Partnerships for the Protection of Children (CPPC). This approach is built on the assumption that child maltreatment is caused by a combination of factors, indicating that there is no single community partner or public agency which itself can provide sufficient protection for children. Moreover, it combines formal child welfare response, and community-based prevention efforts (community as agent). CPPC therefore incorporates family support principles into the public child welfare system. Next to individualised practise for families at risk and changing policies to enhance improved connections between the formal institutions and the neighbourhood, CPPC creates a neighbourhood network that includes both formal and informal support. CPPC assumes that factors, which distinguish parents who maltreat their children from those who do not, are their higher levels of social capital and their connection to a variety of social support, especially friends and family. The long-term goal of these partnerships is to protect children by changing the culture to improve child welfare processes, practises, and policies. Professionals, community members and parents form partnerships, which involve shared decision-making and policy and practise change. The network-building activities include creating a neighbourhood team in which professionals and residents work together to develop and implement family action and safety plans. It is assumed that community ownership and participation is a condition for achieving positive outcomes at a population level (community as resource). CPPC has four goals: child safety, parental capacity and access to both formal and informal support, child welfare agency and network efficiency and community responsibility for child protection (The Center for the study of Social Policy, 1997, 2005).

4.3.1. Evaluation design and outcomes

A comprehensive evaluation was conducted with two assessments, with the first focusing on the impact theory and the second focusing on the impacts and programme effects of CPPC. The research yielded few positive effects on the initiative's four core outcomes – child safety, parental capacity and access to support, child welfare agency and network efficiency, and community responsibility for child protection – at either the individual or population level. Some positive effects were found when families were actively involved in their careplan, such as less stress, but these effects were not positively correlated with a reduction in the likelihood of subsequent maltreatment reports or out of home placements. The evaluation was not able to directly measure changes in resident behaviour in responding to families at risk for maltreatment or acting to improve child protection, nor did the partnership sites develop and sustain far-reaching recruitment efforts to educate and engage residents in providing informal support to families within the child welfare system. CPPC leadership and local agency representatives reported that placing child welfare workers in community settings helped reduce the negative perceptions residents had of the local child welfare agencies and enabled the workers to draw on

neighbourhood resources more effectively. Although not universal, the evaluation also found some evidence that the CPPC partnerships contributed to a similar sense of shared decision-making at the community level (Daro et al., 2005)

4.4. Strong communities for children

Strong Communities for Children (SCC), implemented through the Clemson University Research Foundation (Melton, Holaday, & Kimbrough-Melton, 2008), can be placed in the fourth category, where community is seen as agent. This is reflected in the programme's core message: '*raising a sense of collective responsibility among all community members to keep children safe*' (Daro & Dodge, 2009, p. 82; Melton et al., 2008). This programme differs from the other interventions in that it mobilises not only professionals and service providers, but also residents themselves. SCC helps all community members to understand how their efforts can directly affect the prevention of child maltreatment in the neighbourhood. Once residents feel they are themselves responsible to ask and offer help, this can also stimulate system improvement. SSC's goal is '*to keep kids safe*' (Melton et al., 2008, p. 86), there is always someone who will notice and can help when parents are in need, professional, volunteer, or resident. This has been summarised in a slogan: '*People shouldn't have to ask!*' (p. 85). This community mobilisation is led by outreach workers and has four phases: 1. Spreading the word to raise awareness; 2. Mobilising the community to participate; 3. Increasing the resources for families to obtain help; 4. Institutionalising the provision of resources to assure support over the long-term. Examples of activities that can arise after mobilising residents to participate include: family activities, support groups and counselling services (McDonell & Melton, 2008).

4.4.1. Evaluation design and outcomes

The Clemson University started a comprehensive, multi-focus programme of research to examine the process and impact of SCC. The Strong Communities evaluation has process and outcome components, each consisting of several related studies and started in 2004, two years after the implementation began (McDonell & Melton, 2008). The evaluation approaches were employed with a mix of qualitative and quantitative data. Process evaluation provides an idea of how the initiative evolved and what worked. Outcome evaluation focused on the results of the programme. More than 5000 people volunteered their time for Strong Communities (SF) in less than five years in an area with about 90,000 adults. Parents in the SF area reported less parental stress, greater social support, more frequent help from others, greater sense of community and personal efficacy, more frequent positive parental behaviour, more frequent use of household safety devices, less frequent disengaged (inattentive) parenting, and less frequent neglect (Melton, 2014). Melton presented evidence that SF changed communities and in doing so, they made children safer. For example, positive changes were seen in referrals of young children to Child Protective Services as a result of suspected child maltreatment. Officially substantiated cases of maltreatment among children declined in SF areas and increased in the comparison area. For children aged 9 and under, founded maltreatment decreased by 8% in the service area but increased by 30% in the comparison area (Melton, 2014).

4.5. Communities NOW

Communities NOW (before 'Front porch project') is a training programme developed by the American Humane Association to '*Give people the tools and confidence to help their neighbours*' (Anderson, 2001, p. 13). Under its new name it is now part of The Butler Institute for Families at the University of Denver. The programme's goal is to affect large-scale enduring systemic change by teaching concerned individuals, neighbours, friends and families basic skills, techniques and tools to feel effective to act when they are concerned about struggling parents, or families. Although project developers value the public system of child protection in the US, they argue that professionals already work at full capacity. Responding to families in trouble must combine the provision of formal government child protective services with the commitment from the broader community. By empowering everyone to get involved early, they see the community as both a resource and agent. The programme brings '*Americans back to "their front porches" — to bring about the return of neighbourly problem-solving and community compassion and caring*' (American Humane Association, 2011, p. 2). This capacity-building approach involves training, implementation support, ongoing technical assistance, and evaluation to help implement and sustain the programme in local communities. Communities NOW is implemented in existing organisations, which they call 'sustainer' organisations, such as parent and child centres or organisations for family support and prevention. A theory of chance was described, but no references to scientific literature were found.

4.5.1. Evaluation design and outcomes

Each sustainer organisation receives an evaluation plan and technical assistance to collect data in their local community. Self-report questionnaires and focus groups were used to measure effect indications in each site. Site specific data summaries are provided to all local sustainer organisations, including cross-site evaluations to compare their results with other local sites (American Humane Association, 2011; Anderson, 2001). Results from the cross-site evaluation in 2011 showed that after completing the training, 95% of participants agreed that they felt more comfortable and confident in their ability to act when they are concerned about parents or families. The majority of participants who completed the six-month follow up survey reported feeling very (30%) or somewhat (31%) comfortable intervening in situations involving children or families since they participated in training (American Humane Association, 2011). Changes on a community level and changes in administrative data regarding child maltreatment were not included in the evaluation design. No references to independent research were found.

4.6. Prevention initiative demonstration project

The Prevention Initiative Demonstration Project (PIDP) is an approach delivered through eight PIDP community-based networks that work closely with the 18 local DCFS (Department of Children and Family Services) offices in Los Angeles to strengthen the relations between these partners and to fill gaps in local family support and service delivery systems. PIDP networks were asked to develop primary prevention approaches directed to the entire community, along with secondary and tertiary approaches that would help families already engaged with the public child welfare system. Project goals are to ensure child safety and support families, hereby preventing child maltreatment by demonstrating effective approaches and reinforce collaboration between community-based organisations. PIDP-approaches where the community serves as a resource or agent are, for instance, neighbourhood action councils and family resource centres. The initiative is based on the hypothesis that child abuse and neglect can be reduced if families are less isolated and able to access the support they need, have higher levels of social capital, if families are economically stable and if activities and resources are integrated in communities and accessible to families. The PIDP networks build social networks to help people overcome isolation, instilling confidence and self-worth by broadening the personal, material, and informational resources that individuals and families can rely on (Bailey, 2006).

4.6.1. Evaluation design and outcomes

PIDP is evaluated by McCroskey et al. (2010) in cooperation with Casey Family Programmes and the University of Southern California. Key elements of the evaluation plan include: a survey to measure protective factors including social support, personal empowerment,

economic stability/economic optimism, and quality of life; data from participating families; test outcomes for children and assess network development. The eight PIDP networks have served 17,965 people. Parents reported significant positive change in family support, connections to the community, and less parenting stress and feeling less lonely or isolated after 6 months of participating in social networking groups. Evaluators stated that this pattern of findings was particularly important because such protective factors have been linked to long-term strengthening of families and significant reductions in substantiated reports of child maltreatment (Reynolds & Robertson, 2003). Findings also showed that the family economic empowerment strategies used by the PIDP networks produced positive results in terms of employment training, job placement and income. In one of the three areas tested, findings showed decreased re-referrals to child protective services (McCroskey et al., 2010).

4.7. Excluded interventions — a few examples

The categorisation of community-based interventions suggests a range of interventions that are individual-based to a category that includes changes in community capacity or societal factors. Without giving a value judgement, we excluded interventions that did not fit the last categories where community serves as a resource or agent. To illustrate, we discuss three examples: The Durham Family Initiative, Triple P, and Communities that Care.

The *Durham Family Initiative* (*DFI*) is a public health approach to prevent child maltreatment in the entire community of Durham, North Carolina (Dodge et al., 2004). The DFI is an example of a comprehensive preventive system of care in a community. The initiative focuses on collaboration and capacity building, early identification and reforming policies affecting child welfare. Therefore, it seems that the focus in this intervention is on the community as target and as setting. However, the initiative also has aspects that fit the other two categories, but these have not been as widely propagated. One aspect was the enhancement of social capital through the use of outreach workers and community engagement activities. In 2006 the neighbourhood development strategy was phased out because of disappointing effects (Daro, Huang, & English, 2009). Evaluators assume that the outreach workers' impact was limited due to a small number of families and did not reach enough families to yield population change. The programme now concentrates on professional-led assistance in at-risk families and was therefore excluded.

Communities that Care (*CtC*) provides a structure to create a comprehensive, communitywide prevention programme to reduce risks among youth. CtC guides the community stakeholders and decision makers to create a prevention plan designed to address the community's profile of risk and protection with effective programmes. The profile is based on youth self-report questionnaires. Besides the fact that CtC does not specifically focus on the prevention of child maltreatment it also does not address community processes. The goal seems to reduce risk or create healthy environments through systemic changes in community services and public policy. Community is seen as the target of change and not the agent establishing change (Steketee, Mak, & Huygen, 2006).

Triple P (*TP*) is increasingly viewed as a promising community-based programme to prevent child maltreatment (Daro & Dodge, 2009). It is, however, above all a behavioural family intervention. TP is designed to improve parenting skills and behaviours by changing how parents view and react to their children (Nowak & Heinrichs, 2008). The programme can be called community-based because of its – optional – media-based and social marketing strategy (Universal Triple P) designed to educate parents, but the community is only seen as a target; the goal is to inform all parents on good parenting. TP is a professional based behavioural intervention with educational aspects. The programme's goals are not to improve community processes and no aspects were found in which the community acts as an agent of change. It was therefore excluded.

5. Conclusion and discussion

Child maltreatment is still a significant problem worldwide. Interventions have predominantly focused on 'at risk' populations and individual characteristics of the victim or abuser. The present review examined the potential of community-based programmes that aim to prevent child maltreatment. We concluded that different types of interventions fall under the same heading; 'community-based', but it is unclear what role the community really plays. Community-based interventions can be categorised as follows: 1) community is either translated as geographical setting or as neighbourhood residents — the people living in that setting; 2) when community refers to neighbourhood residents the intervention can either focus on structural factors (poverty, SES, etc.) or neighbourhood processes (for instance, social capital). We searched for interventions based on the theoretical notion that positive outcomes may not just be changes in individual behaviours, but may also include changes in community capacity. Therefore, we examined interventions that aim to increase social capital or target elements of this concept: neighbourhood processes, such as collective efficacy, shared responsibility and informal social support. We concluded there are few interventions in the Western world that target processes as such. We therefore could describe only five interventions that aim to prevent child maltreatment and target at least one of these neighbourhood processes.

The included interventions all targeted neighbourhood processes that fit in the concept of social capital. Some interventions combined individual and community approaches (Strengthening Families), other interventions emphasised natural capacities of communities by strengthening collective efficacy, shared responsibility and shared community values (Communities NOW). The excluded interventions focused more on individual changes than community changes (TP and DFI) or considered community primarily as a geographical setting (CtC).

We concluded that, while scientific literature on this subject has emphasised the importance of the community, this general acceptance appears to have had minimal effect on professional practice. Although a range of interventions exist, they were either not described in the scientific literature, or the effectiveness of most of the interventions was not studied. Finding studies that met the criteria using well-established standards for robust scientific evaluation research was therefore difficult.

Pawson and Tilley (1997) stated that evaluating community-based interventions is difficult due to the many factors that are involved and the long-term goals these interventions have. Kubisch, Weiss, Schorr, and Connell (1995) concluded that these types of interventions are difficult to evaluate, partly because in many cases their programme plans are underspecified at the outset of the initiative. As a consequence, most evaluators specify an impact theory underlying the interventions and do not focus on –collective– outcomes. As a result, little is known about the efficacy of community-based interventions, which could impede their use. Also, most interventions, but community-based interventions in particular, depend on several 'real-world' factors that cannot be controlled experimentally (Weisz, Ugueto, Cheron, & Herren, 2013). Rather than solely evaluating if a programme works, evaluations need to identify 'what works under which circumstances and for whom'. To answer that question, evaluators aim to identify the underlying mechanisms that explain 'how' the outcomes were caused and what role the context played. An intervention works - or not - because actors make particular decisions and their interpretations have an effect on the outcomes (Pawson & Tilley, 1997). It is therefore very possible that effects of interventions differ per context. For this reason they argue that evaluating community-based programmes should be practice-based and realistic in nature.

The interventions that were included in this review had all been examined in evaluation studies. These studies described an impact theory ('why could this work') and conducted outcome evaluations, but some focused more on individual outcomes (SFI) and some did not

measure the effects on child maltreatment (SFI & Communities NOW). The interventions that evaluated both individual and collective outcomes and also evaluated effects on child maltreatment were Community Partnerships, Strong Communities and PIDP. From these three, Community Partnerships did not have an effect on child maltreatment, the other two produced small positive effects; child maltreatment decreased or re-referrals declined. In conclusion, this is ambiguous and says too little about the effectiveness of these types of interventions. More empirical evidence is necessary to further develop promising community-based interventions for the prevention of child maltreatment.

Aside from the lack of empirical evidence, some factors might explain why effective community-based interventions are hard to find. Most interventions have been and are still being developed within the individual-focused and problem-centred, medical or (psycho)pathological, intervention model (Mikton & Butchart, 2009; Seligman & Csikszentmihalyi, 2000; Sousa, Ribeiro, & Rodrigues, 2006). Within this model it is assumed that reducing risk (directly) affects behavioural change. However, this would mean that everyone who is exposed to the same risks has an equal chance of showing the same (negative) outcomes. Even though every maltreating parent is one too many, fortunately, only a minority of parents in high-risk neighbourhoods maltreat their children, as opposed to the majority of parents who do not. It therefore seems useful to also target protective factors in interventions, which will keep the majority of parents from maltreating their children, even though they are exposed to risk factors, such as poverty.

The problem-centred view seems embedded in our social, cultural and professional context (Sousa et al., 2006; Winter, 2012) and could impede the formation of a frame of reference that also includes social factors. Therefore, policymakers and scientists should investigate ways to strengthen positive neighbourhood processes in a community. Focusing solely on problems or risks reduces the possibilities to activate individual, family or community capacities (Kim-Cohen, 2007). Risk factors are important predictors of child maltreatment. However, we should acknowledge that preventing child maltreatment also needs a strong social environment where children grow up, including school, friends, and the neighbourhood. We believe community-based interventions can strengthen the socialising quality of this social environment.

In this study we focused on the community-based approach in preventing child maltreatment as an expansion of the existing range of (mostly individual) interventions. There are individual interventions that have proven to be effective, for example: TP, Home-Start, DFI, The Nurse Home Visitation Program (Coalition for Evidence-Based Policy, 2012; Daro et al., 2009; Hermanns, Asscher, Zijlstra, Hoffenaar, & Dekovič, 2013; Nowak & Heinrichs, 2008). Despite their effectiveness, prevalence rates of child maltreatment remain high. The individual approaches all focus on proximal risk factors, such as child and family factors related to child maltreatment. However, it seems that there are other (contextual or collective) factors that exceed these individual factors and sustain child maltreatment. There is strong theoretical evidence showing that, for stable and long-term behavioural changes, it is necessary to also develop activities aimed at changing the distal determinants that complement the individual approach. To conclude, since child maltreatment still remains a significant problem at the population level, despite some successful prevention programmes that target individual families, we believe it seems valuable to incorporate contextual or collective factors in the prevention strategies – for instance neighbourhood factors – to decrease the high prevalence rates of child maltreatment. Scientific literature has generally shown that community-based interventions that target neighbourhood processes are promising, although effectiveness should still be established.

We hope this review will lead to more practice-based evaluation research in the growing field of community-based interventions that target neighbourhood processes, in particular because targeting groups in their natural living environment is thought to have a great impact at the population level (Brand et al., 2014). A limitation of this study is that we searched for community-based interventions that were described only in the scientific literature. We assume more interventions exist that have not yet been evaluated in scientific research. While outside the scope of this article, community-based programmes in humanitarian and development settings are worthy of further study. It seems valuable to determine what social mechanisms protect against child maltreatment and how they can be used in Western society.

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M.W. van Dijken MSc is a junior researcher at the Faculty of Social and Behavioral Sciences at the Utrecht University. She is currently working on a PhD-project on a community-based program called The Peaceable Neighborhood 2.0; a program that aims to increase democratic citizenship

G.J.J.M. Stams is Professor of Forensic Child and Youth Care Sciences at the Faculty of Social and Behavioral Sciences at the University of Amsterdam. His main fields of interest are juvenile delinquency, child maltreatment and judicial interventions.

M. de Winter is a developmental psychologist and Professor in Social Education and Youth Policy at the Utrecht University. His main fields of teaching and research are social education, youth policy and prevention.