

Call to Action for Universities: Expanding the Public Health Approach for Child Abuse  
Prevention

by  
Hannah Corpe

A THESIS

submitted to

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Brianne Kothari

Child abuse and neglect are significant issues facing our communities today that can lead to devastating consequences. Multiple risk factors can lead to instances of child maltreatment, including those related to the parents or guardians, the child, and the situational circumstances of families. In order to prevent child maltreatment, effective protective factors must be widely implemented and supported to mitigate the effects of possible risk factors. This strategy is supported by the public health approach to child maltreatment prevention. After communicating background research in these areas, this paper aims to explain why higher education organizations can contribute to this prevention effort and effect change on their campuses as well as in their communities.

Key Words: Child maltreatment, risk factors, protective factors, public health approach, universities

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I understand that my project will become part of the permanent collection of Oregon State University, Honors College. My signature below authorizes release of my project to any reader upon request.

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Hannah Corpe, Author

# **Call to Action for Universities: Expanding the Public Health Approach for Child Abuse Prevention**

## **Introduction**

Child maltreatment is a complex social problem that affects around 700,000 children in the U.S each year, and it is preventable (National Children's Alliance [NCA]). The NCA stated that Child Advocacy Centers (CACs) provide support to over 370,000 children and their families and educate more than 2 million people on prevention each year. Nevertheless, there are still large numbers of children who are not helped by CACs and whose abuse goes unreported. Therefore, something is missing in the current approach to combat this atrocity plaguing our society, which is why the public health approach is becoming a popular method for addressing child maltreatment. The public health approach is a comprehensive strategy that specifies multiple levels of actions and highlights how every community member can be involved in the prevention of child abuse and neglect (Putnam-Hornstein et al., 2011; Scott et al., 2016). Within this public health approach, universities and colleges could contribute greatly to preventing child maltreatment, and they are not being utilized to their full potential (Chupak et al., 2019; Collins et al., 2014). This paper aims to synthesize existing literature on child maltreatment prevention and the public health approach to articulate reasons and ways universities can be more involved with the prevention of child maltreatment.

Child maltreatment is generally defined as ill-treatment of a child by causing physical, sexual, or emotional harm or through neglectful actions (Norman et al., 2012). Child abuse and neglect fall under the larger umbrella category of adverse childhood experience (ACE). Adverse childhood experiences are life circumstances experienced during childhood that are traumatic,

including abuse, neglect, parental divorce/separation, domestic violence, living with an adult suffering from mental illness, substance abuse/addiction, or involvement with law enforcement/incarceration. (Crouch et al., 2019a). All ACEs, especially abuse and neglect, can lead to severe consequences and negative health and well-being outcomes for children who experience them. While providing support for those who have experienced child abuse and neglect is essential, more can be done to prevent children from having to experience it in the first place. This could include utilizing possible influential agents within societies like universities and colleges. There has been growing support and a push nationwide for taking a public health approach to preventing maltreatment (Herrenkohl et al., 2016; Putnam-Hornstein et al., 2011). The public health approach essentially focuses resources and energy on preventing child maltreatment rather than on recovery and justice after the fact (Gilbert et al., 2012). Universities, in particular, may play a critical role in the prevention of child abuse and neglect.

## **Child Maltreatment Overview**

### **Prevalence**

The 2019 Child Welfare Data Book published by the Oregon Department of Human Services (ODHS) in 2020 includes alarming statistics of the prevalence of reported child maltreatment cases. In 2019, 9,048 cases assessed by Child Protective Services (CPS) were founded for abuse, involving 13,674 victims (ODHS, 2020). The most frequent types of maltreatment reported were neglect (42.3%) and the threat of harm (39.9%)(ODHS, 2020). The other types of maltreatment reported were physical abuse (9.8%), sexual abuse (6.5%), and mental injury (1.5%) (ODHS, 2020). Specifically for sexual abuse, about one in 10 children will be sexually abused (only including contact abuse) before their 18th birthday (Townsend & Rheingold, 2013). These

statistics only account for cases that have been reported. Statistical reporting based solely on CPS agencies is limited due to narrow scope and coverage (Putnam-Hornstein et al., 2011). Therefore, there are likely many more cases of child maltreatment that go unreported and undressed.

## **Consequences**

Child maltreatment often leads to a wide array of consequences spanning the physical, mental, behavioral, and economic aspects of life. Physically, children can suffer short-term as well as longer-lasting health problems related to the type of abuse or neglect they experience (Mersky et al., 2013; Norman et al., 2012; Leeb et al., 2011; Sachs-Ericsson et al., 2005). Specific developments of physical health problems in adulthood connected to child maltreatment outlined by Leeb et al. (2011) include pain disorders, fractures, migraines, and various diseases like ischemic heart disease, cancer, chronic bronchitis, and hepatitis. Also mentioned are ratings of poor physical health overall. Indirect causes of physical pain can occur as well. For example, those who experience maltreatment may live in a constant state of stress and fear, which leads to an overactive stress response system that weakens the body and causes maladaptive functioning (Leeb et al., 2011). Also, neglect can cause physical pain through lack of care and supervision (Leeb et al., 2011). For example, a child could accidentally ingest chemicals that weren't stored correctly or fall from a great height and break a bone after being left alone.

Internalizing issues can also arise in relation to child abuse and neglect (Folk et al., 2021; Moylan et al., 2009). Mental health disorders have been significantly associated with child maltreatment (Burns et al., 2004; Mersky et al., 2013; Norman et al., 2012; Leeb et al., 2011; Zeanah & Humphreys, 2018). Specifically, Leeb et al. (2011) concluded that mental health issues that

occur most frequently in people who have experienced child maltreatment are attachment, behavior, post-traumatic stress, and mood disorders. All of these internalizing problems can significantly inhibit an individual's life and the chance for success.

Externalizing behaviors also contribute to a variety of problems for maltreated children. One dangerous externalizing behavioral issue linked to child maltreatment is sexual behavior problems, which increases the risk for sexually transmitted diseases and teen pregnancy (Noll et al., 2003; Norman et al., 2012; Leeb et al., 2011). Another externalizing behavior problem can include conduct disorders or behavioral changes that include displays of hostility, defying authority, and breaking the rules (Folk et al., 2021; Leeb et al., 2011; Zeanah & Humphreys, 2018). These behaviors can lead to elevated levels of delinquency and crime. There is a direct correlation between maltreatment ACEs and risk for incarceration (Roos et al., 2016). Substance abuse is frequently discussed in the literature as another common problem that stems from maltreatment in childhood (Folk et al., 2021; Mersky et al., 2013; Norman et al., 2012; Leeb et al., 2011; Zeanah & Humphreys, 2018). Substance abuse levels could be high due to children, adolescents, and adults using them as a coping mechanism for their trauma or as a way to act out. Maltreated children have also been found to suffer academically (Monnat & Chandler, 2015; Leeb et al., 2011; Zeanah & Humphreys, 2018). Specifically, children who have experienced abuse and neglect have lower educational ability, knowledge, success, and motivation (Monnat & Chandler, 2015). This could be due to the combination of multiple internalizing and externalizing issues preventing them from performing well and desiring to receive an adequate education.

Child maltreatment also has economic consequences for multiple societal entities. Fang et al. (2012) calculated that in the United States in 2008, the total cost of child maltreatment cases,

both fatal and nonfatal, was \$124 billion. These costs stem from childhood health care costs, adulthood medical costs, productivity losses, child welfare costs, criminal justice costs, and special education costs (Fang et al., 2012). These costs could be avoided if resources were utilized to prevent maltreatment rather than pay for it after the fact. Given the physical, behavioral, mental, and economic burdens of child abuse, it is essential to prioritize its prevention.

## **Risk Factors**

### ***Parental/guardian Risk Factors***

The first step in prevention is understanding the risk factors for child maltreatment and being aware of protective factors that can counteract them. A variety of circumstances associated with parents or guardians of children can increase the risk for child maltreatment. The risk for all forms of child maltreatment is higher for children with parents suffering from mental illness or substance abuse (Gilbert et al., 2012; Roscoe et al., 2018; U.S. Department of Health & Human Services [HHS], 2021). Mental illness, including addiction, that is left untreated can take over a person's life and make it very difficult to manage their own lives, let alone a child's. The study conducted by Roscoe et al. (2018) found that caretaking impairment, failure to meet immediate needs, and having a drug-exposed infant were the most common child safety issues linked with situations involving parents with mental illness and substance abuse. Parental stress has also been found to increase the potential for abuse (Crum & Moreland, 2017; Gilbert et al., 2012). Extreme parental stress can leave parents without energy and resources, lowering their capacity to use healthy parenting practices.

Child maltreatment is also positively correlated to parental criminal justice involvement; however, it is unclear if criminal justice involvement is a direct risk factor or if it simply shares

other common risk factors with child maltreatment (Austin, 2016). If parents or guardians are involved in the criminal justice system, it could hinder their parenting and possibly put children in dangerous environments. Additionally, domestic violence and child abuse have been known to co-occur in certain family dynamics (Gilbert et al., 2012; Moylan et al., 2009; Rumm et al., 2000; HHS, 2021). If a person is willing to deal with disputes or negative emotions against their spouse with violence, then it is logical that they would respond similarly toward their child. Single parenthood and young parenthood can also be a factor in predicting child maltreatment (Mersky et al., 2009). An article published in the journal *Child Abuse & Neglect* stated that the risk for maltreatment increased over time for areas with high rates of births to teens and single mothers (Morris et al., 2019). This could be due to young mothers and single mothers having fewer resources and knowledge to adequately care for their child(ren). They also may experience more stress which could lead to lapses in parenting.

### ***Child Risk Factors***

Children with a disability or chronic disease can have an increased risk for abuse and neglect due to being more vulnerable and needing higher levels of care (Crouch et al., 2019b; Gilbert et al., 2012). A study done by Lightfoot et al. (2011) found that 22% of the children ages 0–18 with substantiated maltreatment that participated in their study had reported a disability. Another risk factor associated with children is behavioral problems and challenging temperaments (Crouch et al., 2019b; Gilbert et al., 2012; Mersky et al., 2009). Gilbert et al. (2012) explained that this correlation could be due to more crises requiring parents' attention and less capacity, support, and resources to deal with them.

Demographic information can give some insights into traits of children associated with involvement with the child welfare system. The age group that received the most victimization in 2019 was those one year old or younger (HHS, 2021). Infants are the most dependent on their caregivers and require the most care and attention, which could be why maltreatment rates at this age group are so high. Girls had a slightly higher victimization rate than boys, with the number of girls victimized being 9.4 out of 1,000 and the number of boys being 8.4 out of 1,000 (HHS, 2021). Although the difference in victimization based on sex is not large, it still is important in considering motivations and risks for maltreatment. For example, young girls could be more at risk of abuse due to society viewing them as weaker and sexualizing them more than boys. Also included by the HHS (2021), the race and ethnicities with the highest rate of victimization of children are American-Indian or Alaska Native, whose rate was 14.8 per 1,000 children, and African-American, whose rate was 13.7 per 1,000 children. The higher involvement of minority children in the child welfare system could signify more extensive processes at play, such as institutional racism, that puts them at higher risk.

### ***Situational Risk Factors***

Poverty, financial strain, and inadequate housing or homelessness contribute to the risk for child maltreatment (Crouch et al., 2019b; Gilbert et al., 2012; Mersky et al., 2009; HHS, 2021). These circumstances can leave children vulnerable due to the stress and desperation of their caregivers and the fact that they are living in dangerous and unprotected areas. Another situational risk factor is violence and crime in the community. Morris et al. (2019) point out how higher rates of child abuse and neglect in areas with high crime rates could be because violence

in the community is a stressor for families, families can't afford to leave, or families are isolated due to low involvement and trust of the community.

Lastly, racism and discrimination are other factors that increases the risk for maltreatment and family separation. As stated earlier, the top three most common races and ethnicities of victimized children are minorities. Institutional racism within our society restricts minorities into harsh living conditions associated with a higher risk for maltreatment, including poverty, single/young motherhood, extreme stress, incarceration, and substance abuse. Then racism within the child welfare system leads to family separation and labels parents as unable and unsafe (Maguire-Jack et al., 2015). All of these risks mentioned above can combine to create unbearable and seemingly inescapable circumstances in which children cannot thrive. The Pair of ACEs Tree uses the metaphor that planting a tree in bad soil and climate conditions will cause the leaves to wither. This represents the effects of adverse community environments and adverse childhood experiences on growing children (The George Washington University Milken Institute School of Public Health Center for Community Resilience).

### **Protective Factors**

Protective factors that can buffer the long list of risk factors include various forms of education, support, training, and policies. Parental education and support can help with parental risk factors like extreme stress or young parenthood. Examples include programs like Triple P, Strengthening Families, and the U.S. Health Resources and Services Administration (HRSA)'s Maternal, Infant, and Early Childhood Home Visiting. All of these programs work to improve parenting knowledge and skills, alleviate parental stress, and screen families for possible risk factors (Crouch et al., 2019b). Economic assistance is another protective factor because it can act

as a buffer for the risk factor of poverty and financial strain. For example, the Temporary Assistance for Needy Families (TANF) program assists parents in providing for their families by preparing them for jobs, providing childcare, and giving direct financial assistance (Morris et al., 2019). Also, the Supplemental Nutritional Assistance Program (SNAP) helps families struggling financially to have money for food (Morris et al., 2019).

In addition to financial support programs, programs that work to identify and help parents who are addicts or have mental issues could also help prevent child maltreatment. A review of seven programs for parents with serious mental illness and their children concluded that shared goals of all of the programs included addressing parental illness needs, working towards parental independence, improving parental skills and their connection with their child(ren), addressing child(ren)'s developmental needs and preparing them for school, and ultimately preventing out-of-home placement for children and family disruption (Nicholson et al., 2007). Policies that work to reverse institutional racism are another protective factor for child abuse and neglect. The child welfare system's first response, especially for minority families, is to remove children from their homes instead of working with them to address their struggles and help them gain the ability to care for their children (Stephens, 2021). Therefore, programs that provide substance abuse rehabilitation, well-paying jobs, job skill training, financial support, housing opportunities, and parenting assistance to all families first can help reduce the number of racial minorities involved in the child welfare system. Many parental, child, and situational factors increase the risk for child abuse and neglect. We as a society need to work together to prioritize integrating strategies, programs, and policies that work to nurture protective factors and counteract these risks.

## **Push for Prevention**

Nationwide, there is a large push for shifting child welfare efforts towards prevention. The Family First Act instituted in 2018 revised existing child welfare policies to include providing funding for preventative services, enhancing support for families dealing with substance abuse and promoting family reunification, limiting out-of-home care, and carefully monitoring care placements when removal of the child is necessary (Waid & Choy-Brown, 2021). It also funds quality child welfare services, supports children after transitioning to independent living, and promotes adoption services and involvement (Waid & Choy-Brown, 2021). Child abuse and neglect is a nuanced and ever-changing issue, so updating and reevaluating policies is vital to ensure our communities are being served in the best way possible.

In alignment with the precedence set by the Family First Act, the Prevention Services Clearinghouse included in Title IV-E of the Social Security Act reviews services and programs that work to prevent family separation and overloading foster care services (Title IV- E Prevention Services Clearinghouse). This provision's ratings help the public be aware of where services are on the spectrum of being well-supported to not currently meeting necessary criteria (Title IV- E Prevention Services Clearinghouse). Due to their work, services can be continuously updated and revised so that children and families receive the quality help and support they need.

The Child Abuse Prevention and Treatment Act (CAPTA) is another policy that supports needed prevention efforts and addresses possible issues before intervention is necessary (Prevent Child Abuse Oregon, 2021). As Prevent Child Abuse Oregon (2021) outlined, within this act are Community-Based Child Abuse Prevention grants that fund family support programs that reduce the risk for child abuse and neglect situations. For example, these grants fund home-visiting pro-

grams, parenting education, and connections to mental health, rehabilitation, and domestic violence services (Prevent Child Abuse Oregon, 2021). Many updates and increased funding for CAPTA have been made in 2021 to add additional support for prevention actions and family aid (Prevent Child Abuse Oregon, 2021). Continuing to advocate for policies like the Family First Act, the Prevention Services Clearinghouse, and the Child Abuse Prevention and Treatment Act is essential to provide children, families, and communities with the resources they need to reduce instances of maltreatment and family separation.

### **A Public Health Approach in the Prevention of Child Maltreatment**

#### **What it is**

The public health approach takes into account the risk and protective factors addressed above and provides a framework of how to address problems, such as child maltreatment, that hinder the health and wellbeing of the public. It can be applied to universities' involvement in public issues to help identify their role in such efforts. As explained by Scott et al. (2016), this approach identifies risk factors within a population and implements protective agents that target those risk factors to minimize the negative impacts they have on people. In addition, it promotes the wide-scale spread of information so that the entire population can be a resource in confronting and inhibiting possible instances of abuse and neglect. Within the explanation given by Scott et al. (2016), the main agents mentioned for this approach include those with legislative power, those within the community who may address child maltreatment such as police, social services, and medical services, and those with direct contact with children such as K-12 schools and parents/caregivers. Although higher education is not always explicitly mentioned within the application of the public health approach to child maltreatment prevention, universities do fit in

the list of agents of this movement because they are large elements of communities and often have direct contact with children or host people who do. Therefore the public health approach applied to universities could add additional proactive measures to the existing ones to better help children and families in danger.

There are three levels of prevention that the public health framework contains. First, primary or universal prevention strategies address the entire population and general public, providing awareness and safety measures to prevent abuse and neglect from occurring (Knack et al., 2019; Putnam-Hornstein et al., 2011; Scott et al., 2016). Secondary or selective prevention strategies focus on specific groups at higher risk for child maltreatment (Knack et al., 2019; Putnam-Hornstein et al., 2011; Scott et al., 2016). Lastly, tertiary or indicated prevention involves treatment after child maltreatment has occurred to support those affected and prevent further harm (Knack et al., 2019; Putnam-Hornstein et al., 2011; Scott et al., 2016). Each of these levels targets a specific side of the issue so that the entirety of it is being addressed.

### **Why it is important and relevant**

The public health approach is imperative in preventing child maltreatment and relevant for bringing efforts into higher education because of four main reasons. First, it focuses on preventive measures rather than just reactionary ones. An article published by *Public health reports* affirms how crimes against children, specifically child sexual abuse, are typically viewed as a social problem that should be handled by punishing the abuser and treating victims (Letourneau et al., 2014). While this might be part of the solution, this strategy focuses solely on reacting to the problem rather than preventing the problem (Letourneau et al., 2014). This shift to prevention through the public health approach allows universities to be involved. Reactionary actions such

as medical attention, psychological treatments, and legal actions are not things universities can do. However, preventative actions such as research, spreading information, training, and certain programs are things universities can do. Second, the public health approach is important for this issue because it allows for more accessibility to more people being affected by child maltreatment. Putnam-Hornstein et al. (2011) explained how the public health approach has a broader scope to reach more children/families than child protective services (CPS) alone. CPS only addresses cases that are reported to them, so involving more societal entities, including universities, can help increase reporting and prevent cases that might go unnoticed.

Third, the public health model encourages varying sectors of society to work together. The movement for child maltreatment prevention could be more successful and efficient if there were a unified front from all members of society (Putnam-Hornstein et al., 2011). All levels of the public health approach to prevention can be utilized and executed by multiple specialties and professions. Letourneau et al. (2014) support this idea by saying that actions taken based on accurate information and extensive cooperation from the public can assist in prevention by identifying public health problems, assessing their impacts, and creating as well as integrating effective interventions. Universities can contribute to these goals by providing research and education to other community sectors, such as child advocacy centers, foster care systems, government agencies, and citizens in general.

Lastly, the public health model supports creating and implementing necessary policies needed to improve child maltreatment prevention. A topic such as child abuse is so complex, misunderstood, and emotion-provoking that it is often an avoided topic and therefore resistant to policy (Letourneau et al., 2014). Spreading knowledge and awareness to everyone helps the pub-

lic understand the problem and reduces the taboo nature of the topic so it can be discussed more openly. The sensitive nature of an issue like this could be why peripheral organizations like universities stay away or overlook their role in the issue. Hopefully, through education, they can see that prevention is possible, they have an important role in it, and they can encourage others in the same way.

### **Examples of it used by universities**

There are examples of the public health approach being used in higher education to address other prevalent issues affecting campuses and communities. For example, sexually transmitted diseases are risks to those who are sexually active and who don't practice safe sex. A report done by the Centers for Disease Control and Prevention (CDC) (2013) showed that half of all new STIs each year in the United States are attributed to those ages 15 to 24. In response, efforts at college campuses sought to increase awareness, encourage testing, and allow the student health centers to provide testing and treatments (see Anderson et al., 2016 as an example). By collaborating with health, campus, and community agents, these efforts can increase participation and provide necessary treatment to those who tested positive.

Another example of successful use of the public health approach in universities is through addressing substance abuse. Universities have made efforts against this harmful issue by spreading accurate information and data so that students, staff, and members of the community can be prepared to avoid, cope with, or help others dealing with substance abuse. Ohio State University joined this effort by founding the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD), which provides information and offers possible treatment avenues. The HECAOD included that the majority of students (92%) maintain recov-

ery from substance abuse when they engage in a Collegiate Recovery Program. These preventative actions taken by universities in the public health sphere show that intervention positively impacts students and their connections to the community as a whole. This same framework can be applied to the topic of child maltreatment in university settings.

## **Universities Role in the Prevention of Child Maltreatment**

### **Why universities should be involved**

Land grant universities strive to contribute to the world by addressing important societal issues and molding innovative and compassionate future citizens, and more colleges across the nation can adopt this mindset (Cordie, 2019). All universities that agree with a mission statement like this may also agree with the idea that educating and training its members to address pressing social issues like child abuse and neglect aligns with their goals. Most universities have some form of policy for protecting minors. For example, Oregon State University's (OSU) policy outlines mandatory reporting, background checks, and training required for certain members as well as the state's policies on the protection of minors; however, this information is posted online for them to skim over and the training is only a 30-minute video (Oregon State University Office of Youth Safety & Compliance). Prevention efforts can be greatly improved on university campuses, and increasing engagement in this effort can have significant benefits for students, staff, campuses, and the larger community.

An education program about child maltreatment prevention will prepare students for their future. Many professions can involve the care and safety of children; therefore, education on this topic is essential for many students. A study on teachers' perspectives on their knowledge of child maltreatment discovered that 34% reported receiving any training on the subject at all from

their college education, and of those who did receive training, 78% felt it was minimally or inadequately addressed (Kenny, 2004). Universities must make sure that those who will eventually join the front lines in protecting children are prepared to do so, whether they are teachers, government officials, social workers, or just members of the community. Understanding this topic is also important for students because it can help them resolve and address any trauma from their past and avoid possible risks for themselves in the future.

Staff and faculty members can benefit from this knowledge both professionally and personally, too. Professionally, knowing how to handle sensitive topics, such as child abuse, can allow teachers and other staff to effectively help possible high-risk or abused students or children whether they expect to work directly with such populations or come across them in their classrooms (Small & Huser, 2019a). This is important because if educators are speaking on this topic or attempting to address a possible past, current, or future abusive situation, they need to know how to do so without unknowingly causing more harm than good. Educators need to understand the limits of their expertise so they do not falsely interpret a situation or offer inaccurate information or advice, which can lead to unnecessary distress (Small & Huser, 2019a). Knowledge of child maltreatment can also help them address such issues properly in their personal lives. Training in recognition, symptoms, risks, and reporting can help staff and faculty members identify abuse within their families, friends, churches, gyms, and other community settings.

Involvement in the child maltreatment prevention movement is also valuable for university campuses as a whole. Prevention initiatives typically target youth-serving organizations like schools, camps, childcare programs, or youth activity centers like the YMCA (Collins et al., 2014). However, it has been found that American colleges and universities actually serve more

youth than adults through services including child care, preparational education, and even on-campus employment for youth (Chupak et al., 2019; Collins et al., 2014). Unfortunately, many universities have been and may still be unaware of such a fact and therefore are not putting the necessary effort into meeting or improving safety standards for screenings, training requirements, hiring processes, and general codes of conduct (Collins et al., 2014). Universities being involved in current conversations, research, and policy is essential for protecting the children they host and fostering a successful school.

The largest benefit of university involvement in child maltreatment is that they bring awareness and knowledge to the community, which is a foundation for change. An evaluation of the implementation of the Stewards of Children sexual abuse prevention training done by the University of Oregon Center for the Prevention of Abuse and Neglect (CPAN) and The Ford Family Foundation (2020) discovered that the impact the training had on the community included raising awareness, creating a catalyst for conversations and actions, engaging more people in learning, providing hope that change is possible, and impacting organizations that provide direct services to reevaluate themselves and their involvement. All these things are possible because of the connection universities have to such a large number of community members. Furthermore, they have resources that they can provide, such as research and professional expertise on essential topics.

### **Examples of ways universities can get involved**

Universities have a unique ability to discover and provide information to a large number of people. This makes universal prevention the perfect way for universities to get involved in important issues in their community. The main goal of universal prevention is the education of

the public about a specific topic. Some universities have found effective ways to educate their members and community about preventing child abuse and neglect. For example, the Citadel, a military college in Charleston, South Carolina, became a partner with Darkness to Light, a non-profit organization that aims to prevent child sexual abuse by providing training and education to the public (Darkness to Light, 2020). The Citadel became the first college or university in the United States to require all its students, faculty, and staff to take Darkness to Light's child sexual abuse prevention training program called Stewards of Children (Darkness to Light, 2020). After implementing this partnership and training initiative, a follow-up study showed that protective behaviors towards children increased, and knowledge about sexual abuse increased in 75% of the trained cadets (Darkness to Light, 2020).

The University of Oregon (U of O) also implemented the Stewards of Children training and has researched how effective it has been in their community. Their research has shown that preventative actions, including discussing sexual abuse with kids, initiating changes in policy within places like schools and churches, bringing up prevention with friends and neighbors, and providing support for people on the topic of child sexual abuse, have increased consistently in those who took the training compared to those who did not (CPAN & The Ford Family Foundation, 2020). In addition to their partnership with Darkness to Light, U of O has put their research into practice by starting the 90by30 initiative, which supports community volunteers in participating in child maltreatment prevention strategies in hopes of reducing child abuse by 90% by the year 2030 (CPAN, 2020). They also began a media campaign called K(no)w More to educate every member of the community about how they can be involved in cultivating safe and healthy environments for children (CPAN, 2020).

In partnership with the Oregon Parenting Education Collaborative (OPEC), Oregon State University (OSU) is involved in the effort to prevent child abuse and neglect. The OPEC works to provide evidence-based and effective parenting education to help support families and avoid stressful, abusive, and neglectful situations. OSU provides this organization with the evaluation of existing programs and information, technical assistance in the physical creation and distribution of the programs, professional development for staff and educators, and resource development for any other needs (OPEC). Parenting education is not only for those who are struggling or abusive, and one of the OPEC's goals is to make seeking knowledge normal for every parent or guardian raising a child. This effort is continuing to expand across the state, and involvement in this organization could encourage participation in other aspects of child abuse and neglect prevention, such as implementing training like Darkness to Light or dedicating a sector of their Extension program to the issue.

Extension is a program that encourages universities to take their knowledge and research and make it available to community members (Extension Foundation). Some universities have utilized their extension programs as a location for implementing child safety programs. For example, the University of Wisconsin's extension program has a parenting program that teaches parents how to parent children who have experienced trauma (Small & Huser, 2019b). Additionally, the extension program at Michigan State University includes parenting programs that cover topics such as fostering children's emotional skills, building strong adolescents, child and family development, creating safe environments for youth, guiding principles for successful parenting, infant safety, and how to effectively communicate with children. Even if universities feel they do not have the ability or capacity to provide direct programs for their members or community, ex-

tension educators can still provide information on existing programs and services and possibly partner with organizations working to deliver support in this area (Small & Huser, 2019b). Involvement, large or small, can make a difference in the prevention of child maltreatment.

### **Possible Challenges**

In theory, universities getting involved in the community is feasible, but it might not be easy to achieve in practice. First, a constructive child maltreatment prevention program within a university setting requires endorsement and contribution from multiple levels. In order to get access to necessary funds and resources from university boards and leaders, they need to see desirable benefits and results. In an article published by the *Journal of Extension*, the study added evidence to the existing idea that the biggest struggle new Extension agents have is finding ways to evaluate their program's effectiveness and long-term impacts (Diaz et al., 2019). Most outreach programs like Extension work with topics that are intricate and subject to change, which makes finding quantifiable evidence difficult. Despite a lack of immediate validation that prevention efforts are working, long-term change will be noticeable, and specific program evaluations can support future efforts. In order to see big changes, we need to start somewhere.

Another problem that could occur with gaining support for a successful prevention program is getting staff and students engaged. As discussed by Johnson et al. (2019), when participation in outreach programs is solely dependent on staff and students adding community involvement to their existing workload, it is unlikely that the program will get the volume of involvement it needs. However, if colleges and universities integrate outreach involvement into staff and students' existing workload, outreach initiatives like child maltreatment prevention could be more successful. For example, universities could collaborate with community organiza-

tions to include a mandatory class for all students that included child maltreatment prevention in its curriculum or require a certain number of hours of community service for all degrees to support involvement in prevention programs or training. Of course, in order for this to work, some other aspects of staff and student's workload would need to give to make room for such new requirements, which is something each school would need to evaluate and decide on.

Lastly, even after gaining support, maintaining that support is another challenge universities may face in their prevention efforts. Misperceptions about abuse and neglect, as well as not having immediate crises to address, can lead to a decrease in vigilance on child maltreatment prevention in the sphere of higher education (Chupak et al., 2019). Chupak et al. (2019) suggest that keeping those working with minors directly involved in evaluative discussions, keeping awareness of current trends and incidents, and maintaining relationships with community partners can help preserve the culture of protection. Despite all the challenges and complications that may arise in this prevention movement, universities can find new ways to make a difference and become firm advocates for their communities.

### **Conclusion**

Universities have a responsibility to their communities; they can educate and develop caring adults as well as protect the children they serve. Child maltreatment has affected at least 1 in 7 children, and maltreatment was fatal for 1,840 children in the United States in 2019 (CDC, 2021). It also rises during periods of crisis, such as COVID-19. The abuse and neglect of children causes irreversible pain, loss, and lasting trauma. Preventative action is the solution. Universities have used the public health approach to address other social problems (e.g., sexually transmitted diseases and substance abuse) and helped lower the dangerous consequences of those

issues, and it can do the same for child maltreatment (Anderson et al., 2016; HECAOD). In addition to researching, distributing, and taking action within child welfare initiatives, universities can play a larger role in the prevention of child abuse and neglect. One way universities can do this is to make universal prevention programming more available to students, faculty, and staff (e.g., integrating evidence-informed programming such as Darkness to Light into offerings for students, faculty, and staff). Protecting and nurturing children takes a village, and universities are a vital part of that village.

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