Program Evaluation *and* Family Violence Research

Sally K. Ward
David Finkelhor
Editors

ROUTLEDGE

Program Evaluation and Family Violence Research

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Program Evaluation and Family Violence Research

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INTRODUCTION

Program Evaluation and Family Violence Research

Sally K. Ward
David Finkelhor

This volume grew out of a conference, the Program Evaluation and Family Violence Research Conference, held by the Family Research Laboratory (FRL) at the University of New Hampshire in July, 1998. It was one of a continuing series of family violence research conferences sponsored by the FRL since 1981 to facilitate the growth of the field and advance the family violence research agenda.

The first family violence research conference in 1981 was nearly devoid of evaluation research with one notable exception. Larry Sherman presented findings from the Minneapolis police experiment about batterer arrest policies at a session that was dramatic and controversial in a number of respects. One element of the drama for some was accommodating to the idea that family violence interventions, which

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were so young, so exciting and so emblematic of an only recently accepted public policy interest in this topic, could be subjected to the harsh, cold judgment of scientific evaluation. Fortunately, the findings brought good news (relief), because they almost entirely endorsed the policy preferences of the time. Some of the complex questions about what role evaluation has to play in the family violence field were avoided, until now.

The complex questions are no longer being avoided. The field is different, more mature, more ready to deal with those questions. The papers in this volume are both attempts to confront some of these questions and testimonies to many of those changes. What are some of them?

First, an inevitable social problems transformation has occurred in the family violence field. In the early phases of most social problem advocacies on any problem, much of the science seems to be focused on matters of legitimation. How big is the problem? How accurate (or misleading) are the prevailing stereotypes? How bad are the consequences? Once a social problem establishes a certain level of acceptance and institutionalization, other, more practical problems set in. Advocates become practitioners, practitioners need feedback on their practice, and evaluation becomes a useful tool in this quest. This has happened in the family violence field as social innovations like shelters, and batterer treatment, and child advocacy centers have become institutionalized.

Various aspects of this institutionalization have affected the climate and nature of evaluation research in the field of family violence. Funding streams have been established, diversified and increased in some areas. This has made it possible to consider funding for evaluation, not simply for program maintenance and expansion.

Federal agencies have taken an increased initiative for evaluation. A number of the important evaluation efforts reviewed in papers in this volume had a federal inspiration or contribution, including research on batterer treatment, arrest policy, sexual abuse treatment, and home visitation.

The pool of potential evaluation sites has increased enormously with the dissemination of practice innovations to locales all over the country. Traditional disciplines have also accepted family violence research as a legitimate scholarly concern and have infused family violence with more respectability for potential researchers and practi-

tioners. Thus, district attorneys, judges and police departments may view these practice issues as more important and worthy of the sacrifices necessary for research undertaking. Clinical psychology has come to see sexual abuse or batterer treatment as important subspecialties. Some of this practice has taken root in the kinds of practice settings, such as university clinics, where evaluation may be a more accepted part of the practice environment.

Family violence has also developed stronger roots in the public health field. Adoption of the issue by a recent Surgeon General and then the American Medical Association, consideration of the topic by the National Academy of Science as well as the Centers for Disease Control, has marked a migration of the issue into the more mainstream scientific establishment. Of the various disciplines with involvement in family violence, public health perhaps more than others has a strong tradition of evaluation and clinical trials, which may be helping to promote evaluation research in the field.

All these factors have combined to increase the quantity of evaluation efforts now occurring in the family violence field. The contributions to this volume reflect the experience generated by this work as well as the questions raised.

The field of evaluation research has also undergone significant transformation in recent years. Early work in evaluation emphasized the need for rigorous scientific methods, including randomized control group experiments and quantitative analyses of data from evaluation experiments. While the use of randomized designs is still the gold standard of evaluation, alternative designs have proliferated in the face of implementation strategies that rule out the use of randomly assigned control groups, and as a result of resistance among influential stakeholders to random assignment. Qualitative analyses and multifaceted quasi-experimental designs have become more common in the published literature and in the repertoire of evaluation researchers.

In addition to design developments, evaluation research has grown to ask questions not only about what works but why certain programs or program elements work. In particular, evaluations often incorporate analyses of the theory of change implied by programs that are being evaluated. It is not enough to answer the question about whether a program works–important as that question is. In order to be most useful to program staff and policy makers, research must also identify which aspects of a program have which effects and why. Such ques-

tions cannot be answered without a clear understanding of the theory underlying the program development.

In addition to design and theory developments, evaluation research has had to respond to program developments that create very challenging research tasks. A good example is the increasing reliance on comprehensive community initiatives to deal with intractable social problems ranging from childhood poverty to child development to violence. Such efforts hold much promise since they are built on the realistic assumption that social problems do not occur in isolation but rather in a social context that is complex. However, the more comprehensive a social intervention, the more challenging the evaluation on the impact of the intervention. The intervention is multi-faceted, its implementation widespread, and the outcomes are numerous. Finding a no-treatment comparison group is challenging in such a situation, and relying on the gold standard of random assignment is, therefore, very difficult.

The papers in this volume illustrate the state of the art evaluation research in the field of domestic violence interventions. They address the challenges of doing such research in ways that maintain scientific validity and practical utility, and they illustrate the various settings in which domestic violence evaluations have been carried out.

The first paper by Gelles argues that the child welfare system is in crisis, in part because of the lack of evaluation of child welfare interventions, and in part because of the lack of measurable effects for those interventions that have been evaluated. The solutions include more researcher collaboration with program staff, more funds for evaluation research, and greater flexibility in the design and implementation of evaluation studies. Rosemary Chalk, in article 2, reports on the National Research Council study of family violence prevention and treatment services referred to throughout the current volume. This study identified 114 evaluation studies conducted from 1980 to 1996 that were rigorous enough to yield valid information about the impact of interventions in the area of child maltreatment, domestic violence, and elder abuse.

The third article by Sugarman and Boney-McCoy and the fourth by Garner and Maxwell examine, in depth, one of the best examples of the use of randomized experimentation in the evaluation of domestic violence interventions–the Spouse Assault Replication Program. The Sugarman and Boney-McCoy paper is a review of the use of meta-

analysis for evaluation research, and it uses as an illustrative example data from the police arrest studies. The Garner and Maxwell paper focuses on the police arrest studies to argue for the importance of randomized experimentation and for the importance of replication in evaluation research.

In article 5, Deb Daro discusses the Healthy Families Initiative and the evaluation of its home visitation component. Healthy Families is one of a number of comprehensive community interventions designed to provide a support system for parents. It is also an example of an intervention that was designed partially on the basis of empirical social science research on child development and child abuse. The results of the research on the impact of Healthy Families are mixed and illustrate the challenges of the interaction between research and practice, and Daro reviews several dimensions of these challenges.

Papers 6 and 7 focus on outcomes research in child welfare. Kolko reviews the research on child sexual and physical abuse. His review makes it clear that the research on child abuse has followed the same general progression as evaluation research in general–from small, single-case studies with limited methodological rigor to large studies with more rigorous and valid designs and analytical strategies. Nico Trocmé and his colleagues review an approach to outcomes research under development in the Canadian child welfare system. The approach is explicitly ecological in nature and comprehensive in its design.

Sandra Graham-Bermann (article 8) reviews research on interventions designed to help children exposed to violence in the home, most of which are school-based programs. She argues for the same kind of research rigor (e.g., pre- and post-test measures, adequate comparison groups, a multiplicity of data sources, etc.) called for in all of the articles of this volume which would advance the knowledge base in this relatively new area of domestic violence research.

The increasingly extensive research on dating violence is reviewed by Pittman, Wolfe, and Wekerle in article 9. As with the research on children exposed to violence in the home, many of the interventions described in this paper are school-based programs. Pittman, Wolfe, and Wekerle identify many of the same methodological issues discussed in other articles, including a pre-post design, random assignment, and follow-up measurements over a period of time. Despite the widespread recognition of the importance of these elements of basic

research design, their use in the evaluation of teen violence programs is relatively rare. Those studies reviewed in this paper illustrate the state-of-the-art teen violence intervention research.

The final two articles deal specifically with issues of collaboration between researchers and community advocates, and ethical issues in research on batterers. These are issues that are common in social science research but they are especially salient in research on domestic violence interventions. Community advocates are frequently suspicious of "outsiders" who are called in to conduct research on interventions that the advocates have struggled to create and implement. Hamberger and Ambuel in article 10 identify a number of barriers that make the necessary collaborations difficult and they make specific suggestions for greater success in such collaborations.

Finally, in article 11 Gondolf reviews human subjects issues in research on batterer prevention programs. Some of these issues are common to all research with human subjects, but some are unique to research on violence that puts victims and perpetrators at risk in several ways. He reviews the procedures he has developed for a multi-site evaluation of batterer programs.

Together these papers illustrate both how far evaluation research on domestic violence interventions has come and the remaining barriers to high quality, valid research in this field. This research has followed the path of research in other areas that have been subjected to evaluation studies. The good news is that the research is increasingly rigorous, and while the research is not perfect, we need to increase our efforts to improve the quality. The papers in this volume are an attempt to contribute to that important effort.

OVERVIEWS OF RESEARCH ON FAMILY VIOLENCE INTERVENTIONS

How Evaluation Research Can Help Reform and Improve the Child Welfare System

Richard J. Gelles

SUMMARY. The child welfare system in the United States is in crisis. Despite funding and staffing increasing, and despite legislative changes and reforms, the system still cannot meet the mandate to protect children from harm and assist caregivers and families. This paper argues that one of the key factors limiting the effectiveness of the child welfare system is that the system does not carefully and properly evaluate the interventions and programs that are used to protect children and assist families. The paper reviews the available data from evaluation research on child welfare interventions, speculates on why there is so little evaluation of child welfare interventions, and proposes a tentative solu-

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tion to the paucity of research and the child welfare system crisis. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com <Website: http://www.HaworthPress.com>]*

KEYWORDS. Family, children, violence, interventions, child abuse

The child welfare system in the United States is in crisis. The media are quick to report the repeated failures of the child welfare system to protect children; and, they have many opportunities to report on such failures. As many as half of the children who are killed by parents or caretakers are killed after the children and their families have come to the attention of the child welfare system (Gelles, 1996). Children are also killed in foster care, again while supposedly under the protection and supervision of the child welfare system. As many as 600,000 children, one percent of the population of children under the age of 18 years old, are in foster care on any given day (Tatara, 1993); and of the children in foster care, the majority are placed there because of allegations of abuse and neglect. The average age of children entering the foster care system is younger than a decade ago, and younger children remain in the system longer than do older children (Barth, Courtney, Berrick, & Albert, 1994). Critics of the child welfare system also claim that too many children are removed from their caretakers and placed into out-of-home care (Guggenheim, 1999; Wexler, 1990). Not only are many children removed inappropriately, but these children are also disproportionately African-American or minority children. Thus many critics of the child welfare system view the system as oppressive and destructive to minority families (Roberts, 1999).

A sign of the crisis of child welfare in the United States is that at least 25 state child welfare agencies are presently operating under a court order as a result of lawsuits arising out the various failings of the agencies (Schwartz & Fishman, 1999).

Perhaps the most stinging criticism of the child welfare system was contained in the initial report prepared by the U.S. Advisory Board on Child Abuse and Neglect. The Board declared that child abuse and neglect represented a national emergency. In the Board's words:

> The system the nation has developed to respond to child abuse and neglect is failing. It is not a question of acute failure of a

> single element of the system; there is a chronic and critical multiple organ failure. (U.S. Advisory Board on Child Abuse and Neglect, 1990, p. x)

If this medical metaphor was insufficient to make the case, the Board concluded that the child protective system in the United States is so inadequate that the safety of the nation's children cannot be assured (U.S. Advisory Board on Child Abuse and Neglect, 1990, p. x).

If newspaper reports, legal action, and official board reports are not enough evidence, there is one important statistical fact. In the last five years, virtually all forms of violence, homicide, and abuse have declined in the United States. The Uniform Crime Reports indicate that the national rates of homicide and violent crime have decreased (U.S. Department of Justice, 1998). Even the rate of youth violence and youth homicide has decreased. Self-report data collected as part of the National Crime Victims Survey (U.S. Department of Justice, 1998) also show a decrease in rates of violent crime victimization. Domestic violence rates and intimate homicide rates have also decreased nationally since 1994 (Greenfield et al., 1998). Part of the explanation for these decreases may be more effective crime control and interventions. Part of the reason may be that the five years between 1993 and 1998 have been a period of economic advantage, with rising stock market values, low unemployment rates, and low inflation.

The booming economy and apparent effective strategies to control crime and domestic violence have had less of an effect on child maltreatment. Child abuse and neglect reports, approximately 3,000,000 per year, have leveled off (U.S. Department of Health and Human Services, 1996). Reports of sexual abuse have declined; however, there has been no overall decline in the rates of maltreatment comparable to decreases of rates of violent crime. Child fatality numbers have remained steady at around 1,200 per year (National Committee to Prevent Child Abuse, 1998).

By any indicator, as the century closes, the United States child welfare system continues to be unable to assure the safety of children.

WHY THE CRISIS? THE USUAL SUSPECTS

The crisis of child welfare is not new. Child welfare agencies have been under siege for the last three decades. The implementation of

mandatory child abuse reporting in the mid to late 1960s resulted in an increase of reports submitted to agencies that were not staffed to handle the increased number of allegations of child maltreatment. In the years after the institution of mandatory reporting, definitions of child abuse and neglect were broadened, resulting in even more reports. Public awareness campaigns generated more reports, and technology, such as toll free telephone lines, made it easier to file reports. Agencies were expected to respond to maltreatment reports quickly. Here again technology, such as pagers and cell phones, created the possibility that reports could be responded to rapidly.

Of course, child welfare agency staffing never kept pace with either the number of reports or the expectation that reports would be investigated quickly. Not only were there too few child welfare workers, in absolute numbers, but the training of the staff was far below the level needed to respond to the complex and difficult nature of child maltreatment reports.

When a tragedy or crisis hits a local, county, or state child welfare agency, the response typically falls under one or more of the "round up the usual suspects" explanations and proposed solutions:

- *More Money.* We have too little money; we need more. Funding for child welfare never kept pace with the rising number of reports and the complexity of child abuse and neglect cases. Thus, child welfare agency administrators are constantly trying to secure sufficient budget allocations to hire and train staff and develop and implement appropriate policies and interventions. To a certain extent, broadened definitions, technology, and public awareness campaigns bolstered the case for more funds by generating more reports, but there has always been a significant gap between resources and caseloads.
- *More Staff.* As funds were always short, so, too, agency administrators argued that they had too few workers to meet the demands of child welfare. When a crisis or tragedy became public, the nearly automatic response was to request an increase in child protective staff. While agencies rarely received what they believed to be adequate staffing, staffing tended to increase following a tragedy or crisis.
- *More Training.* More staff would allow caseloads to be decreased, so that child welfare staff did not have to carry 40 to 60

cases each. In the unusual event that caseloads would meet the desired level of about 15 to 20 cases per worker (Child Welfare League of America, 1993), the child welfare problem was not resolved. New and old child welfare workers often receive only the most minimal pre-service training before they are assigned a caseload. It is not unusual for a child welfare worker to get 20 hours of training before being assigned a full caseload. In-service training is also minimal. Thus, agency workers and directors would often respond to a crisis with a call for new and more training for workers.

- *Blame the Judges and/or the Laws.* The final "usual suspect" is the legal system, or "the judges." Child welfare workers and administrators frequently identify their core constraint as the legal system and action or inaction of the judges. Workers claim the law requires them to make "every possible effort" to keep families together. They also claim that judges ignore caseworkers' recommendations. Legal reform and judicial training is the solution, many child welfare critics claim.

A case can be made for each and all of the above arguments. The child welfare system is understaffed, under-funded, under-trained, and limited by legal constraints and judicial decisions. Yet, each of the above problems has been addressed over the past three decades with little measurable impact. As important as the "usual suspects" are, they do not constitute the real "offender" that causes the child welfare crisis.

THE REAL FAILURES

Clearly, rounding up the usual suspects–funding, staffing, training, the legal system–has not eased the crisis of child welfare. The national emergency and the "multiple organ failure" described nearly a decade ago still exists.

I would propose that the child welfare system's problems arise less from money, staff, and management and more from lack of rigorously evaluated services and interventions. This section examines the "standard" interventions and programs that make up the child welfare system. The following section summarizes what evidence exists for the effectiveness of the standard interventions.

The Standard Interventions

Mandatory Reporting. When Kempe, Silverman, Steele, Droegmueller and Silver (1962) wrote about what they called the "battered child syndrome," a key problem with protecting children was the fact that severe child abuse was either unrecognized or not responded to by the key sentinels–physicians, nurses, and hospital personnel. Kempe himself championed the development of mandatory reporting laws that would require key medical, school, criminal justice, and social service personnel to report suspected cases of child maltreatment to a central authority. In order to encourage reporting, the central authority was to be child welfare agencies. While the police could have been the agency to receive reports, Kempe and others felt that making child abuse a crime would deter mandatory reporters from filing reports, especially reports where there was no clear evidence of an intentional inflicted injury.

The United States Children's Bureau played a pivotal role in developing model child abuse reporting laws (Nelson, 1984). The federal Child Abuse Prevention and Treatment Act of 1974 required states to conform to federal standards, including standards for reporting, in order to receive funds from the newly created National Center for Child Abuse and Neglect. In the space of ten years, mandatory reporting became the cornerstone of the nation's child welfare system.

Investigation. Once a report was received by a state, county, or local child welfare agency, the report would be screened and if the allegation met the screening standards (i.e., the suspected abuse met the state's legal criteria for maltreatment and there was sufficient evidence to initiate an investigation–names, address, etc.), the report would be assigned for investigation.

According to the National Child Abuse and Neglect Data System (U.S. Department of Health and Human Services, 1997), states received 2,025,956 reports of child maltreatment, representing just over 3 million individual child victims. Of the 970,000 child victims for whom maltreatment was indicated or substantiated and for whom there were data on type of maltreatment, 229,332 experienced physical abuse, 500,032 experienced neglect, and 119,397 experienced sexual abuse. From the reports, about 1,625,000 investigations were conducted. A main focus of the investigations was to determine whether the reports were substantiated and required an intervention.

Thirty-four percent of the more than one and one-half million investigations resulted in the report being substantiated or indicated (U.S. Department of Health and Human Services, 1998).

Responses. In theory, at least, the child welfare system has a varied toolbox with which to respond to confirmed or substantiated cases of child maltreatment. In terms of child protection, child welfare agencies have the ability to obtain *ex parte* orders allowing the child welfare department to take the custody and control of endangered children. Child welfare agencies can also petition to have a child's control and custody for a longer period of time. Title IVE of the Social Security Act of 1935 created an open-ended entitlement that provides federal matching funds to states to pay for out-of-home care for dependent children. States are required to match the federal share. In 1996 the federal share of Title IVE was $3 billion (Green Book, 1996).

For nearly the last twenty years, The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) required states, as a condition of receiving Title IVE funding, to make "reasonable efforts" to keep children with their families, or return them if they have been removed. This law enforces a long tradition of the child welfare system focusing its resources and responses at supporting and preserving families. The resources include hard and soft services. Hard services include housekeeping assistance, parenting classes, medical help, day care, and even housing. Soft services include case management, advocacy, therapy, and counseling.

Sensitive about the number of children in out-of-home care and the cost, many states implemented Intensive Family Preservation Services in the late 1970s and through the 1980s and 1990s.

Intensive Family Preservation Services were designed to be an alternative to the "business as usual" attempts at providing families resources and services. In the Intensive Family Preservation Services model, the essential service is short-term crisis intervention designed to prevent the placement of a child outside of the home. The core goal is to maintain the child safely in the home or facilitate a safe and lasting reunification. Services are meant to be provided in the client's home. The number of sessions is variable, but unlike traditional services, intensive services are available seven days a week, 24 hours a day. The length of the service is brief, typically fixed at a certain number of weeks. Caseworkers are able to deliver intensive services because they carry small caseloads, often as few as two or three cases.

The actual services delivered may be the same as the traditional child welfare services, but their delivery and intensity is different.

Of note is how few families who come to the attention of the child welfare system actually receive any services. One study of 169 investigations found that 59.7 percent of substantiated cases were offered no services other than placement (Meddin & Hansen, 1985). For those cases that were offered some kind of services, 13 percent received placement and 11 percent counseling (Meddin & Hansen, 1985). A second study found that 56 percent of all indicated cases were closed on the same day they were officially substantiated (Salovitz & Keys, 1988). While closing a case on the same day it is substantiated does not necessarily mean no services were offered or delivered, it does mean that no follow-up or monitoring took place after the case was substantiated and services were offered and/or provided.

Summary. In summary, the standard interventions or the typical "tool box" of the child welfare system consist of: (1) An investigation; (2) Some form of counseling or tangible services; and, (3) Placement of a child with monitoring and services.

This seems like a relatively limited toolbox, but the range and depth of the standard intervention is of less concern than how well the existing tools work to protect children and assist families.

THE EVALUATION DATA

It is not a surprise that efforts to respond to, prevent, and treat child maltreatment advanced at a much faster pace than efforts to evaluate the positive and negative effects of both the standard and innovative responses to the problems of child maltreatment. Once it was clear that the abuse and neglect of children were far more extensive than commonly believed, activities to treat and prevent the problem expanded rapidly. In addition, newly implemented, innovative interventions are not good candidates for scientific evaluations (National Research Council, 1998). Innovative programs often begin with a common sense or discipline-based notion of how to respond, and the response changes and is modified based on the experience and feedback of those involved in delivering and managing the intervention. Sometimes a single approach is changed, modified, and altered; other times a multi-pronged effort may add or delete components. Programs and interventions require an opportunity to evolve and mature before they

can be properly evaluated. Maturity is important for three reasons. First, the often-amorphous nature of an innovative treatment may result in a "black box" evaluation, whereby the so-called "treatment" cannot be defined or categorized. Thus, even if the evaluation demonstrates that the "treatment works," it may not be clear what exactly the "treatment" was. Second, the time needed to "ramp up" the program may mean that in the early stages, the program offers a smaller "dose" of the ideal intervention and/or the program may not be delivering the actual intervention as planned to all clients. An evaluation in an early stage may fail to find effectiveness of the new program, not because the program is ineffective, but because the program is not yet being delivered as designed. Finally, innovative programs often begin with small staffs and small caseloads. The initial dose of the treatment may be quite minimal. Small sample sizes and low dosages may result in falsely accepting the null hypothesis (that the program has no significant effects).

Evaluation Studies

Notwithstanding all of the above caveats, it is surprising that almost forty years after the modern discovery of the problem of child maltreatment there are so few sound studies of the effectiveness of efforts to prevent and treat child maltreatment.

In 1994, the National Academy of Sciences established the Committee on the Assessment of Family Violence Interventions. One of the five charges to the Committee was to:

> Characterize what is known about both prevention efforts and specific interventions dealing with family violence, including an assessment of what has been learned about the strengths and limitations of each approach. . . . (National Research Council, 1998, p. 17)

After many debates, the Committee chose the following criteria to use when selecting evaluation studies for detailed analysis to meet the above charge:

1. The evaluation involved a program intervention that was designed to treat or prevent some aspect of child maltreatment, domestic violence, or elder abuse.

2. The evaluation was conducted between 1980 and 1996.
3. The evaluation used an experimental design or quasi-experimental design and included measurement tools and outcomes related to family violence; and
4. The evaluation included a comparison group as part of the study design (National Research Council, 1998, p. 21).

While appropriate standards of evidence for evaluation research, these criteria, especially criteria 2 and 4, were far below the "Gold Standard" for evaluation research, in that the criteria did not require that groups be randomly assigned.

For the period 1980 to 1996, the Committee's staff was able to identify a total of 114 evaluation studies that met the above four criteria. The search included published and unpublished studies, although the majority of the 114 studies had been published.

Of the 114 studies, 78 evaluated some aspect of the prevention and treatment of child maltreatment. Fifty studies evaluated social service interventions, four studies evaluated legal interventions, and 24 studies evaluated health care interventions.

While obvious, it is worth noting that the forty-year effort to prevent and treat the maltreatment of children yields only 78 studies that met rather minimum design standards for evaluation research.

The explanation for the paucity of evaluation research can no longer be blamed on the newness of the enterprise, as efforts to prevent and treat child abuse are at least 40, if not 200, years old. The justification is not lack of funds, given that in 1996 the federal and state governments spent nearly $10 billion on efforts to treat child maltreatment (Child Welfare League of America, 1999).

The Interventions Evaluated

In the "social service category" the programs evaluated included child-parent enrichment programs, parent training, network support services, home helpers, school-based sexual abuse prevention, intensive family preservation services, child placement services, and home health visitors. "Legal interventions" evaluated included: court-mandated treatment for child abuse offenders, court mandated treatment emphasizing child management skills, and in-patient treatment for sex offenders. Evaluations of "health care interventions" included: an identification protocol for high-risk mothers, mental health services

for child victims, and home health visitor/family support programs. The largest number of evaluations was of school-based sexual abuse prevention programs and intensive family preservation programs.

Noteworthy in this summary is that almost all of the interventions or programs that were evaluated were innovative programs that were alternatives to the standard package of interventions and programs offered by child welfare systems. Interventions that were not evaluated using scientifically appropriate designs included mandatory reporting, investigations, and foster care, kinship care and other out-of-home placements. In short, not a single one of the main components of the child welfare system had been subjected to a scientific evaluation between 1980 and 1996; this, despite the fact that billions of dollars are spent each year on these interventions and despite the continued and mounting criticisms of the failings of the system.

The Findings

The one commonality of the 78 evaluations of child abuse and neglect prevention and treatment programs was, in scientific terms, a failure to reject the null hypothesis. While it may be too harsh a judgement to say these programs have not and do not work as intended, the National Research Council report did come to the following conclusion regarding social service interventions:

> Social service interventions designed to improve parenting practices and provide family support have not yet demonstrated that they have the capacity to reduce or prevent abusive or neglectful behaviors significantly over time for the majority of families who have been reported for child maltreatment. (National Research Council, 1998, p. 118)

With regard to intensive family preservation services, here, too, there was little evidence that such services resolve the underlying dysfunction that precipitated the crisis. Nor was there evidence that such services improve child well-being or family functioning.

What little research there was on out-of-home placement found that children who reside in foster care fare neither better nor worse than those who remain in homes in which maltreatment occurred.

While some programs and interventions show promise, the promise is not yet evident in empirical data that confirm that the programs actually attain their goals and objectives.

In the legal area, the main child maltreatment legal intervention, mandatory reporting, has yet to be evaluated.

Finally, there was positive and promising data from evaluations of health care interventions. Home visitation represents one of the most carefully evaluated and promising opportunities for the prevention of child maltreatment. Research reported subsequent to the National Research Council report confirmed the Committee's assessment–home visitation has demonstrated long-term effectiveness (Kitzman et al., 1997; Olds et al., 1997). Subsequent to the National Research Council's review, a review of more recent evaluations of home visitation programs concluded with a more modest and less sanguine finding. The evaluations conducted by Olds and his colleagues of their original intervention in Elmira, New York, found clear and consistent evidence of fewer substantiated child maltreatment reports among those receiving the full complement of home health visits. However, evaluations of the Hawaii Healthy Start Program and Healthy Families America found no differences in the rates of reported child abuse and neglect (Gomby, Culross, & Behrman, 1999).

WHY SO LITTLE EVIDENCE OF PROGRAM EFFECTIVENESS?

There are a number of reasons why research on child maltreatment prevention and treatment programs is generally unable to find evidence for program effectiveness. First and most pessimistically, it is possible that the programs and services, while well-intended, are, in and of themselves, not effective. It is possible that the theories (mostly informal and untested) behind the programs and services may be inaccurate or inadequate and the programs themselves, therefore, may not be addressing the key causal mechanisms that cause child maltreatment. Second, the programs or services may be effective, but they may not be implemented properly by the agencies and workers that are using the programs. For example, when the evaluation data for the Illinois Family First program were made public (Schuerman, Rzepnicki, & Littell, 1994), the data failed to support the hypotheses that the program reduced out-of-home placement, costs, and/or improved family functioning. An initial reaction was that there was considerable variation in how intensive family preservation was being implemented at the different sites in Illinois. The overall implementation was also

not true to the "Homebuilders" model of intensive family preservation. Thus, the lack of support for the effectiveness of the services was blamed on the programs not being properly implemented. A third plausible explanation may be that the theory behind the program may be accurate and the program itself may be appropriate, but the "dose" may be too small. This applies to many interventions designed to prevent and treat all forms of family and intimate violence and is not unique to child maltreatment services. The National Academy of Sciences (National Research Council, 1998) concluded that the duration and intensity of the mental health and social support services needed to influence behaviors that result from or contribute to family violence, may be greater than initially estimated. With regard to social service interventions, the Committee opined that:

> The intensity of the parenting, mental health, and social support services required may be greater than initially estimated in order to address the fundamental sources of instability, conflict, stress, and violence that occur repeatedly over time in the family environment, especially in disadvantaged communities. (National Research Council, 1998, p. 118)

Thus, it is likely that more services are necessary or the length of the interventions should be increased.

With regard to theory, there are other plausible explanations for the apparent ineffectiveness of child maltreatment interventions. Many current child welfare programs assume that abuse and maltreatment are at one end of a continuum of parenting behavior. However, it is possible that this model of abusive behavior is inaccurate. It may be that there are distinct types of abusers (Gelles, 1991; 1996). Abuse may not arise out of a surplus of risk factors and a deficit of resources, but rather, there may be distinct psychological and social attributes of those caretakers who inflict serious and/or fatal injuries compared to caretakers who commit less severe acts of maltreatment. If there are different types of offenders and different underlying causes for different types of abuse, it is reasonable to assume that a "one size fits all" intervention or policy will not be effective across the board. Irrespective of the model of abuse, to date evaluations of interventions demonstrate little impact. Thus, the problem is not trying to make "one size fit all" but finding any size that fits.

Another problem with the child welfare system is the crude way

behavior change is conceptualized and measured. Behavior change is thought to be a one-step process; one simply changes from one form of behavior to another. For example, if one is an alcohol or substance abuser, then change involves stopping the use of alcohol or drugs. If one stops, but then begins again, then the change has not successfully occurred. A second assumption is that maltreating parents or caretakers all want to change–either to avoid legal and social sanctions or because they have an intrinsic motivation to be caring parents. As a result, those who design and implement child abuse and neglect interventions assume that all, or at least most, parents, caretakers and families are ready and able to change their maltreating behavior. Of course, the reverse may also be true–that abusive and neglectful parents do not want to change and/or cannot change, and this explains the negative results of evaluation research.

However, research on behavior change clearly demonstrates that change is not a one-step process (Prochaska & DiClemente, 1982; 1983; 1984; Prochaska, Norcross, & DiClemente, 1994). Rather, changing behavior is a dynamic process and one progresses through a number of stages, including relapse, in trying to modify behavior. There are also cognitive aspects to behavior change that can be measured.

One of the reasons why child welfare interventions may have such modest success rates is that most interventions are "action" programs. These programs are often provided to individuals and families in what Prochaska and his colleagues call the precontemplator or contemplation stage of change (Prochaska & DiClemente, 1982; 1983; 1984). This is what others may refer to as denial or ambivalence about the need for change. For interventions to be more successful, there is the need to balance readiness for change with the immediate risk in a particular family (Gelles, 1996).

WHY SO FEW INTERVENTIONS?

Before turning to the issue of how to move ahead and use evaluation research to help improve the child welfare system, it is important to consider why there has been so little evaluation research on child welfare interventions and, equally important, why there has been so little emphasis on carrying out evaluation research. Obviously, the first answer to this question is, money. Although public and private expenditures for child welfare in the United States is in the $10 billion to