

Parent Mentoring: An Approach to Child Abuse Prevention

By **Phitsiree Supharukchinda**, Claremont McKenna College, '06

Academic Citation: Phitsiree Supharukchinda, "Parent Mentoring: An Approach to Child Abuse Prevention," Kravis Leadership Institute, *Leadership Review*, Vol. 6, Spring, 2006, pp 54-61.

About the Author: **Phitsiree (Somoh) Supharukchinda** is a Psychology major at Claremont McKenna College. Her research on child abuse prevention is the result of a summer internship with the Children's Trust Fund of Oregon, a non-profit agency that supports abuse prevention programs throughout Oregon. Somoh will graduate this May, and hopes to work with children and teach English abroad. E-mail: psupha06@mckenna.edu

Keywords: child abuse, risk factors, parent mentoring

Abstract

Child abuse is being increasingly recognized as a major social problem. In the United States, over 2,450 children are abused or neglected daily. Nonetheless, public awareness has been slow to translate into public action. This paper advocates parent-to-parent mentoring as one form of action by examining the potential benefits of mentoring as a form of child abuse prevention. It argues that parent mentoring offers parents at risk of abusing their children unique support through the development of close one-on-one relationships with another parent who can act as a point of social comparison, a source of empathy, and a source of practical parenting information. Emphasized throughout is the need for continued research, evaluation, and integration of parent-to-parent mentoring programs with other types of child abuse prevention programs.

The Past and Present of Child Abuse

It is hard to imagine that child maltreatment could ever be condoned, but historically this seems to have been the case. As late as the 18th century, infanticide, ritualized child sexual practices, and extreme corporal punishment were viewed as acceptable behaviors (Weissberg et. al, 2003; J. Bays, conference presentation, June 29, 2005). It was only in the 1960s that child maltreatment came to be viewed as a widespread form of abuse (Lutzker, 1998). Today, child abuse is increasingly being recognized as a major social problem. The statistics are staggering. Each day, an average of 2,450 children are abused or neglected in the United States; of these, nearly four children will die as a result of their abuse (U.S. Department of Health and Human Services, 2005). And the problem is growing: from 1976 to 1987, reported incidents of child abuse and neglect increased 225% (Janko, 1994), and in 2001 more than 903,000 children were victims (National Clearinghouse on Child Abuse and Neglect Information, 2004). Some of the increase may be due to increased reporting and detection of child abuse, but nonetheless the numbers are frightening. Media coverage of the issue has also exploded. In the 1990s, child abuse became

“the stuff of television talk shows” and news reports (Janko, p. 1), leading the general public to become much more aware of the scope of the problem.

However, greater public awareness has been slow to translate into greater public action. Research, treatment, and legal issues emerged as late as the 1980s and the 1990s, and even today there is still much to be learned about child abuse. Psychologists and other professionals involved in child abuse research note that serious challenges prevent its scientific study: the issue is controversial, definitions are inconsistent, instruments are often invalid, data can be unreliable, and multiple risk factors limit the ability to draw causal links (National Research Council, 1993). The National Research Council further acknowledges that the research that does exist, “though extensive, is not definitive” (National Research Council, p. vi).

Causes and Consequences

Because it is so complex, the epidemiology of child abuse is not entirely clear. Research, however, indicates that while a single, direct cause cannot usually be found for cases of child abuse, the source of the abuse can usually be attributed to certain co-existing risk factors. Although children are not to be blamed for their abuse, it has been found that certain traits make them more susceptible to abuse (National Clearinghouse on Child Abuse and Neglect Information, 2004). Children who are physically, cognitively, or emotionally disabled make up a significant proportion of abuse victims. One study of 50,278 children in special education programs found that these children were 3.4 times more likely than other children to be abused (Swanson, conference presentation, June 28, 2005), a finding that is supported by child abuse statistics. More significant risk factors, though, are the characteristics of the family and the environment. Children are more likely to be abused when their parents lack parenting knowledge and access to medical care, health insurance, or social support; have a mental illness or disorder; abuse substances; experience marital conflict, domestic violence, high stress levels, or feelings of insecurity; and/or are teen parents, unemployed, or homeless (National Clearinghouse on Child Abuse and Neglect Information, 2004; Swanson, 2005). Although low socioeconomic status – or the presence of any risk factor, for that matter – is by no means a guarantee that familial abuse will occur, the risk factors mentioned suggest that child abuse is closely linked to the stress of poverty and a lack of resources.

Perhaps what is most clear in recent research is that child abuse has detrimental consequences for children, families, and society. A 2004 study by the National Clearinghouse on Child Abuse and Neglect Information (NCCANCH) frames the consequences in terms of the type of impact. Physical health consequences include those which are temporary or minor (e.g. bruises) as well as those which are long-term or severe (e.g. impaired brain development or death). Possible psychological consequences include fear or an inability to trust at the immediate level, and low self-esteem or poor mental and emotional health at the long-term level. In fact, one study found that in a group of 21 year-olds who had previously been abused, at least 80 percent fulfilled the diagnostic criteria for at least one psychiatric disorder. Behavioral consequences have also manifested in some victims. Being abused as a child has been correlated with a 25% greater likelihood that the person will be involved in delinquent activities, teen pregnancy, low academic achievement, and mental health problems, and a 59% increased likelihood that the person will be arrested. Abuse as a child also increases the likelihood that the person will become abusive

toward their own children, thereby perpetuating the cycle of abuse. Consequently, child abuse has negative long-term societal consequences. In 2001, the direct cost (of investigating child abuse, responding to child abuse threats, etc.) stood at \$24 billion, while the estimated indirect cost (of criminal activity, mental illness, substance abuse, etc.) stood at \$69 billion (NCCANCH, 2004).

From Intervention to Prevention

Given the mounting costs of handling abuse after it has occurred, the child welfare system is gradually shifting its primary focus from intervention to prevention. Intervention has mainly entailed treatment for physical injuries, counseling, and legal action as short-term responses to incidences of abuse (National Research Council, 2003). Prevention, on the other hand, seeks to address problems before they occur. In the case of child abuse, this means minimizing the risk factors associated with child maltreatment and maximizing the protective factors associated with child well-being. As outlined by the NCCANCH (2003), this can occur on three levels: primary, secondary, and tertiary.

Primary prevention activities attempt to stop maltreatment before it occurs by raising child abuse awareness among the general public, service providers, and decision makers. Examples include radio announcements that promote nonviolent forms of discipline and childrearing, parent education programs that teach about child development and appropriate expectations, and campaigns disseminating information on how to report suspected child maltreatment. Secondary prevention activities focus specifically on families at high risk for maltreatment and seek to eliminate or reduce the presence of associated risk factors. Such programs might, for instance, provide substance abuse treatment for parents or respite care for families of children with disabilities. Tertiary prevention has the express purpose of preventing the reoccurrence of maltreatment in a setting in which it has already occurred and of minimizing the detrimental consequences of maltreatment. Programs that fall under this category include mental health services designed to ameliorate family communication and functioning and parent mentoring programs (NCCANCH, 2003).

The Potential of Parent Mentoring

The last of these, parent mentoring, is a relatively new prevention method in the child abuse field. It is emerging quickly, though, as a method that holds a lot of promise not only as a form of tertiary prevention but also as a form of primary or secondary prevention. The case for parent mentoring is particularly strong given that direct involvement with parents is key in child abuse prevention: 72.9% of child abuse in Oregon is committed by mothers and fathers (Swanson, 2005). But as several other prevention methods also deal directly with parents, it is important to examine the ways in which mentoring can distinguish itself from other forms of prevention.

The primary benefit of a mentoring program aimed at reducing child abuse is the unique type of social support that it provides to parents at risk of abusing their children. In most forms of prevention, the service provider and the parent maintain a formal relationship. The service provider caters to the material or clinical needs of the target population, commonly through case management or professional counseling. While the most successful of these service providers

succeeds in developing a rapport with their clients, practicality often limits the strength of this relationship. Case managers, for example, often have high workload demand (Swanson, 2005) and are forced to sacrifice some of the more intensive one-on-one emotional support in order to be able to help a greater number of clients. Mentors, on the other hand, can be primarily devoted to this one-on-one emotional support. Supportive parent mentors can take the time to develop a close relationship with their mentees, allow for the individual to tell his/her personal story, and get to know that person's needs in a more comprehensive way (A. Brown, personal interview, August 9, 2005).

Such a relationship should be particularly helpful in shielding clients from the stresses of parenting, as mentors can serve as an outlet for their frustrations. Perhaps more importantly, parent mentors can provide a point of social comparison. Ideal parent mentor-mentee matches are generally those that are compatible on personal characteristics such as age, gender, and ethnicity, and those in which both groups involved have shared experiences (Volunteers of America Oregon, 2004). As such, help-seeking parents often find that having another parent who has undergone common experiences allows for them to assess their own handling of the situation. Connecting with such a person also allows the help-seeking parent to find someone who can truly empathize. Singer et. al (1999) note that the perceived sameness of mentors allows for them to connect with mentees in a way that professionals might not be able to: "Although professionals can, and do, offer many important services, their language, viewpoint, and day to day experience is simply very different" than those of supporting parents who have lived the same experiences and who "can understand a level of practical detail and subjective experience that is not available to the professional no matter how well trained or experienced" (p. 224).

This perceived empathy might also make parent mentoring more successful than other forms of child abuse prevention because it could affect attitudes and skills, components that researchers have found to be the best indicators of effecting behavioral change in prevention programs (Wiitala, 2004). As perceived sameness increases credibility (Singer et. al, 1999), parents are more likely to change their attitudes under the influence of a parent mentor rather than under that of a professional. The mentoring relationship thus becomes beneficial because it allows not only for the transference of attitudes but also of practical information. While professional trainings might be more effective in educating parents about child development, mentors can help supplement this experience by providing tips on non-violent discipline techniques or referring social services that they have found to be helpful.

It is important that help-seeking parents are able to find commonalities with their mentor, but they should also be able to see one major difference: their mentors have "succeeded," be it through the decision to live healthy lifestyles for their children or through the use of positive parenting skills. This recognition is crucial for the mentoring relationship to be beneficial because it allows for the mentor to take on the function of a positive role model, which in turn allows for the mentee to aspire toward a particular goal with a vision of successful parenting in mind. In this way, mentors can help guide their mentees toward lifestyle choices that help protect their children from abuse, preventing parents from resorting to drugs or alcohol as a means of coping with parental pressures, for example. Altogether it provides help-seeking parents with a reason for optimism and hope (Brown, 2005), which could be extremely important for a parent stressed by the difficulties of parenting.

Finally, parent mentoring programs could potentially be one of the best methods of tertiary prevention through their focus not only on the mentee, but on the mentor. In cases where the mentor has previously been at risk of committing child abuse, he/she could benefit from being a mentor through continued support from social services. The supporting parent could find that in helping others, they are better able to avoid risky behaviors themselves. Their voluntary participation in a mentoring program could help them validate their own progress and ultimately avoid further hurting their own children. In fact, several mentoring programs are based on this premise. The Volunteers of America Oregon parent mentoring program, for one, recruits recent graduates of its parenting education program to serve as mentors (Volunteers of America Oregon, 2004), while the Parents Anonymous parent mentoring program recruits sober, recovering drug or alcohol parents from their treatment programs to mentor other incarcerated parents out of addiction (Taylor, 2005).

The Need for Evaluation

As positive as these benefits seem, they are largely potential benefits because the actual benefits of parent mentoring are not fully known. There is limited research on the efficacy of parent mentoring as a form of child abuse prevention. In other areas, though, mentoring has been found to be an effective prevention method. Such mentoring programs do not tend to be geared toward parents or adults, however, but rather toward youth. In the area of juvenile delinquency, for example, mentoring has been a popular way to prevent adolescents from engaging in dangerous lifestyles that include drugs and crime. Adult mentors are paired with at-risk youth with the hope that they will serve as role models who present an alternative, healthier lifestyle. Recent research has supported the success of such programs. A national evaluation of the federal Juvenile Mentoring Program (JUMP), for example, indicated that mentoring led to consistent improvements in the participating youths' grades and school attendance, as well as to reductions in alcohol, drug, and gang involvement (Novotney et. al, 2000).

It is possible that similar program successes would carry over to child abuse prevention efforts, particularly given that the youth targeted in delinquency prevention programs and parents targeted in child abuse prevention programs may share some common challenges. Both groups, for example, are often of low-income and face the pressures of drug abuse and limited resources. However, substantial differences also separate the groups, and it could be that these differences (e.g. the individual's family role and responsibilities) are too great to draw commonalities between the relative effectiveness of youth and adult mentoring programs.

Fortunately, there is some research available on the effectiveness of parent mentoring programs in general, in settings not specific to child abuse prevention. Here, the Beach Center of the University of Kansas has led the way in evaluating the effectiveness of one of the nation's largest parent mentoring organizations, Parent to Parent (P2P). P2P's mission is to provide support to parents of children with disabilities, and they do so primarily by matching help-seeking parents with an experienced supporting parent. Based on both a quantitative and qualitative survey of five statewide P2P programs, researchers assessed the effect of P2P mentoring on parents' sense of acceptance of their situation, coping, empowerment, and perception of progress. They found that contact with a mentor through P2P programs resulted in parents feeling better able to cope

with their family situation, feeling more positive and optimistic about their family situation, and making more progress in their individual goals (Singer et. al, 1999). These results support the hope that mentoring can prevent child abuse by positively affecting the attitudinal changes necessary to change at-risk behaviors.

Minimal data has been collected on actual behavioral changes resulting from parent mentoring programs, but the preliminary results of an evaluation by the Parents Anonymous Parent Mentoring Program are promising. This Oregon-based program, which seeks to reduce the duration of foster care by mentoring incarcerated mothers back to safe conditions, found that six months after it began its pilot program, 33 of the original 40 women are still engaged with their mentors, working their way towards substance recovery and better parenting (Taylor, 2005). Indeed the longer-term results will be the ultimate measure of the program's success, and Program Coordinator Ruth Taylor notes that "everyone will be watching."

Conclusions

Clearly, much more research needs to be conducted on parent mentoring programs. There is a need for both the replication and expansion of measures used to assess program efficacy. In addition to currently assessed measures such as parent perceptions of coping ability, outcome measures that should be included in future studies include self-reports of risk factors such as parents' self-esteem or self-efficacy, parenting knowledge, and stress levels, as well as more concrete indicators such as rates of substance abuse or unemployment. Evaluation must continue to occur throughout the program period so that the comparisons can be drawn not only between pre- and post-treatment results but also at different periods during the mentoring relationship in order to determine how long a relationship should last or how often contact should occur. P2P recommends a mentoring period of one year or longer, but not enough is known to assess whether or not this is the most beneficial duration for parent mentoring relationships. Likewise, the current research only indicates efficacy for parent mentoring programs relative to a non-treatment control group, so evaluation must expand to include comparative studies that assess its effectiveness relative to other prevention methods. Finally, the evaluation of any mentoring relationship must assess the quality of the relationship. Parent mentoring in and of itself may not be a positive development, for there is potential for harmful negative influences to be shared in mentoring relationships. It is therefore critical that mentoring programs involve careful screening, training, matching, and monitoring of program volunteers.

Above all, it is important to keep in mind the end goal of protecting children in determining whether parent mentoring is one of the best approaches to child abuse prevention. Research in parent and youth mentoring would suggest that mentoring programs have the potential to develop and strengthen protective factors in a way that other prevention methods cannot. However, this does not imply that parent mentoring should replace other methods of prevention. The NCCANCH underscores the need for a full range of services to operate in conjunction as a part of the primary, secondary, and tertiary prevention of child abuse (NCCANCH, 2003). As such, what may be more beneficial for families may be for mentoring to become an integrated component of a comprehensive approach to preventing violence. Just as the risk factors of child abuse cannot be neatly extricated from one another, neither should prevention methods.

References

A. Brown, personal interview, August 9, 2005.

Bays, J. (2005, June 29.) *Child Abuse: A Historical and Cultural Perspective*. Presented at A Clinical Response to Child Abuse Conference at CARES Northwest.

Janko, Susan. (1994). *Vulnerable Children, Vulnerable Families: The Social Construction of Child Abuse*. New York: Teacher's College Press.

Lutzker, J.R. (Ed.). (1998). *Handbook of Child Abuse Research and Treatment*. New York: Plenum Press.

National Clearinghouse on Child Abuse and Neglect Information. (2004). Long-Term Consequences of Child Abuse and Neglect [Electronic version]. *Gateways to Information: Protecting Children and Strengthening Families*. Retrieved July 11, 2005 from the NCCANCH Web site: http://nccanch.acf.hhs.gov/pubs/factsheets/long_term_consequences.cfm

National Clearinghouse on Child Abuse and Neglect Information. (2004). *Prevention Education*. Retrieved August 12, 2005, from <http://www.ctfo.org/education.asp>

National Research Council. (1993). *Understanding Child Abuse and Neglect: Panel on Research on Child Abuse and Neglect Commission on Behavioral and Social Sciences and Education*. Washington, D.C.: National Academy Press.

Novotney, L.C., Mertinko, E., Lange, J., & Baker, T.K. (2000). Juvenile Mentoring Program: A Progress Review [Electronic version]. *Juvenile Justice Bulletin*, September 2000, 1-8.

Singer, G., Marquis, J., Powers, L., Blanchard, L., Divenere, N., Santelli, B., Ainbinder, J., & Sharp, M. (1999). A Multi-site Evaluation of Parent to Parent Programs for Parents of Children with Disabilities [Electronic version]. *Journal of Early Intervention*, 22, 217-229.

Swanson, U. (2005, June 28). *Oregon DHS Role in Child Safety*. Presented at A Clinical Response to Child Abuse Conference at CARES Northwest.

Taylor, R. (2005). *Recovery Works! Parents Mentoring Through Their Journey of Recovery*. Portland: Morrison Center.

U.S. Department of Health and Human Services. (2005). *Safe Children and Healthy Families Are a Shared Responsibility: 2005 Community Resource Packet*. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information.

Volunteers of America Oregon. *Help a Child – Mentor a Parent*. (n.d.). Retrieved August 3, 2005, from <http://www.voaor.org/news/april04/mentor.html>

Weissberg, R.P., Walberg, H.J., O'Brien, M.U., & Kuster, C.B. (Eds.). (2003). *Long-Term Trends in the Well-Being of Children and Youth: Issues in Children's and Families' Lives*. Washington, D.C.: CWLA Press, University of Illinois at Chicago Series on Children and Youth.

Wiitala, Wyndy L. (2004). A Comparison of Three Pregnancy Prevention Programs. Retrieved July 28, 2005, from <http://www.rmccorp.com/STARS/ProgramComparison.pdf>