

CHILD ABUSE AND NEGLECT RESEARCH PRIORITIES

Problem Description

Child abuse and neglect (CAN) affects an estimated 1 in 10 children. Associations have been documented between CAN and several leading causes of death and disability, including heart disease, cancer, and respiratory diseases, as well as increased rates of substance use, depression, sexually transmitted diseases, and other chronic diseases and health-risk behaviors. Negative associations also have been documented between CAN and lifetime opportunity outcomes, such as education, work performance, and income. Children who have experienced abuse and neglect are also at increased risk of experiencing other forms of violence. CAN includes the physical, sexual, or psychological (emotional) abuse or neglect of children under the age of 18 by a parent or caregiver. The various types of abuse are defined as follows:

- Physical abuse occurs when a parent or caregiver intentionally uses physical force against a child, and the force results in, or could result in, physical injury.
- Sexual abuse refers to any completed or attempted sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver.
- Psychological (emotional) abuse occurs when the verbal and non-verbal behaviors of a parent or caregiver convey to a child that he or she is flawed, unloved, or endangered.
- Neglect is the failure to meet a child's basic needs or provide adequate supervision.

Children are frequently exposed to more than one of these four forms of abuse and neglect at the same time. To prevent CAN and promote short- and long-term health, CDC promotes safe, stable, nurturing relationships and environments for all children.

Healthy relationships and environments are fundamental to the development of the brain, endocrine, and immune systems and consequently to children's physical, emotional, social, behavioral, and intellectual capacities. A strong evidence base exists for parent training approaches in preventing CAN; thus, CDC's research should focus on strategies that go beyond the individual and relationship level of the social ecology, address multiple forms of CAN, and have potential for population-level impact.

Research Gaps and Priorities



Evaluate the **effectiveness and economic efficiency** of policies and practices that provide economic support to families to prevent CAN and promote safe, stable, nurturing relationships and environments.

Poverty is a consistent risk factor for CAN. The use of policies to support or economically strengthen families, such as cash transfers or subsidies, livable wages, and paid parental leave, may help address poverty and prevent CAN. Cash transfers or subsidies (e.g., rental assistance, child care subsidies) provide extra income to parents to alleviate financial or housing stress. Policies on paid parental leave, such as after the birth or adoption of a child, are designed to ensure families have sufficient resources and can balance work and family roles. Paid parental leave policies may reduce CAN by reducing depression, stress, and the need to leave an infant in an unsafe environment. Many questions remain about the potential impacts of these approaches on CAN.

Examples of research questions include:

- What is the impact of these policies on rates of CAN, and do the policies reduce the risk for all forms of CAN?
- What is the impact of policy change on family living conditions, such as food security, housing stability, income, and child care quality, and how do these changes reduce the risk for CAN?
- What are the effects of policies that support or economically strengthen families on those with varying levels of resources, and are there additive or synergistic effects of having multiple resources in preventing CAN?
- What is the economic efficiency of policies and practices that support and economically strengthen families?

Answers to these questions can increase the understanding of evidence-based policies that states and local jurisdictions can adopt and implement to prevent CAN and its associated life-long negative health consequences.



Identify **the community conditions** that increase or reduce risk for CAN or promote the development of safe, stable, nurturing relationships and environments.

CAN is the result of a number of individual-, relationship-, community-, and society-level factors, all of which interact at multiple levels of the social ecology. Unfortunately, little is known about the role of community- and society-level factors in CAN victimization and perpetration.

Examples of research questions include:

- What is the process by which community conditions (e.g., social and economic characteristics of neighborhoods, including access to quality education, jobs, or safe neighborhoods) relate to CAN, and how can prevention strategies affect this relationship?
- How do community- and society-level conditions (e.g., more or less access to community resources, increase or decrease in parental incarceration) increase risk for CAN or promote the development of safe, stable, nurturing relationships and environments?
- What are the norms that increase or decrease the likelihood of CAN (e.g., asking for help in parenting means one is a bad parent), and what community conditions perpetuate these norms?
- What are the impacts of strategies designed to affect the public's perspective and change norms related to CAN and safe, stable, nurturing relationships and environments?

Although risk and protective factors are not present in all contexts, identification of factors at the community- and society-level that put one at risk for or protect one from CAN can be instrumental in understanding the causes of CAN and ultimately contributing to more effective prevention strategies.



Evaluate the **effectiveness and economic efficiency of programs or strategies that can reduce multiple forms of CAN.**

A number of effective programs and strategies have been identified for preventing CAN. Most, however, focus on a single form of CAN (e.g., physical abuse) even though children often experience multiple forms of CAN. Most are also limited in their evaluation of impact and do not include effects on unintentional or undetermined injuries, although many such injuries could be the result of neglectful parenting behaviors. Additionally, prevention strategies for some forms of CAN, such as psychological abuse and sexual abuse, are understudied. Research is needed to increase the number of programs and strategies with evidence for preventing multiple forms of CAN.

Examples of research questions include:

- What are the short- and long-term effects on other types of CAN from using programs or strategies that have demonstrated impact on one form of CAN (e.g., what effect do existing evidence-based prevention strategies for physical abuse have on psychological abuse and neglect)?
- Are novel strategies effective in preventing multiple forms of CAN?
- What is the impact of CAN prevention programs or strategies on unintentional or undetermined injuries?
- What is the economic efficiency of programs or strategies that prevent multiple forms of CAN?
- Are programs or strategies that have an impact on multiple forms of CAN more cost beneficial than programs or strategies that prevent a single form of CAN?

- How can new media and communication technology be used to reduce multiple forms of CAN?

This research will increase the understanding of the impact of prevention efforts on multiple types of CAN and allow for broad health impact.

CDC's National Center for Injury Prevention and Control (the Injury Center) advances research to prevent injuries and violence and reduce their consequences. Research includes identification of factors that increase or decrease risk and rigorous evaluation of innovative prevention strategies. The Injury Center translates science into effective policies and programs and guides how to adapt evidence-based strategies to community needs to increase widespread use. The research priorities strategically focus on research gaps that the Injury Center can address to strengthen public health action and impact. The Injury Center research priorities are updated as research and public health needs evolve.

Suggested citation: National Center for Injury Prevention and Control. Drowning Prevention Research Priorities. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2025. Available at <https://www.cdc.gov/injury-violence-prevention/programs/research-priorities.html>