

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on primary care interventions to prevent child maltreatment. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from May 22, 2018 to June 18, 2018. The Task Force welcomes your comments.

Primary Care Interventions To Prevent Child Maltreatment

The Task Force has issued a **draft recommendation statement** on *Primary Care Interventions to Prevent Child Maltreatment*.

Child maltreatment, which includes abuse and neglect, is a serious health problem that affects too many children in the United States. No child should suffer from abuse or neglect. The Task Force reviewed the

evidence on what primary care clinicians can do to help prevent child maltreatment before it happens. But, unfortunately, there is not enough evidence for the Task Force to make a recommendation for or against primary care interventions to prevent child maltreatment for children from birth through age 18 who do not have signs or symptoms of maltreatment.

What is child maltreatment?

Any act of abuse or neglect that results in harm, or the potential for harm, to a child.

Facts About Child Maltreatment

Child maltreatment is a serious problem that affects hundreds of thousands of children each year.

In 2016, approximately 676,000 children experienced some kind of child maltreatment, and many cases are not reported.

Child maltreatment is any act of abuse or neglect that results in direct or potential harm to a child. Maltreatment can be carried out by a parent or other caregiver, such as another family member, member of the clergy, coach, or teacher. Abuse can be physical, sexual, or psychological. Neglect includes a failure to provide for a child's basic physical, emotional, or educational needs, or to protect a child from harm or potential harm. Abuse and neglect can have immediate devastating effects, such as injury and death, as well as long-term negative physical and emotional consequences, such as disabilities, substance abuse, and depression.

Children who are younger than four years old, have special health care needs, are female, and/or have a past history of being abused or neglected are at a higher risk of maltreatment. Some other risk factors for child maltreatment include having parents or caregivers who are young, single, or not biologically related to the child and living in a place with high rates of violence or unemployment.

While this recommendation is for children who do not show signs and symptoms of child maltreatment, it is essential that all clinicians are aware of and look for any signs of abuse and neglect such as frequent injuries, signs of poor hygiene, and lack of medical care. In addition to providing care, clinicians are required by law to report cases of maltreatment to local child protective services or other legal bodies.

Potential Benefits and Harms of Primary Care Interventions to Prevent Child Maltreatment

The Task Force looked at evidence on different interventions (programs or other kinds of efforts) that can either be done in primary care or referred to by primary care to prevent child maltreatment before it happens. These include parent education, psychotherapy, and referral to community resources and home visitation programs.

Unfortunately, there is not enough research about how well these activities help to prevent maltreatment before it happens. There is also not enough research on the potential harms of these interventions, which could include stigma, unnecessary involvement with child protection services or the legal system, and damage to the family. More research is needed on the potential benefits and harms of these interventions.

The Draft Recommendation on Primary Care Interventions to Prevent Child Maltreatment: What Does It Mean?

Here is the Task Force's draft recommendation on screening for primary care interventions to prevent child maltreatment. It is based on the quality and strength of the evidence about the potential benefits and harms of interventions for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

This recommendation is an **I Statement**. When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

Notes

1 The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care [interventions to prevent child maltreatment](#). (**I Statement**)

1 [interventions to prevent](#)
Programs or services in primary care, or referred from primary care, that are intended to prevent child maltreatment before it occurs. Examples include parent education, psychotherapy, community programs, or home visitations.

[child maltreatment](#)

Any act of abuse or neglect that results in harm or the potential for harm to a child. It includes physical, sexual, and emotional abuse; and neglect. These acts can be carried out by a parent or other caregiver.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More about Child Maltreatment

-  **Child Abuse and Neglect Prevention**
(Centers for Disease Control and Prevention)
-  **Child Abuse**
(MedlinePlus)
-  **Child Abuse & Neglect**
(Child Abuse Information Gateway, HHS)

Click Here to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between May 22, 2018 and June 18, 2018.



All comments will be considered for use in writing final recommendations.