

Promoting Safe, Stable, and Nurturing Relationships

A Public Health Strategy for Addressing Child Maltreatment, other Early Adversities, and Health Disparities

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A New Lever for Public Health



Safe, Stable and Nurturing Relationships



Relationships are the “Active Ingredients” of Environmental Influence on Early Brain Development

- **Nurturing, responsive, and individualized interactions build healthy brain architecture that provides a strong foundation for all future learning, behavior, and health**
- **Excessive and repeated stress causes the release of chemicals that disrupt brain architecture by impairing cell growth and interfering with the formation of healthy neural circuits**

SSNRs: The Positive End of the Continuum

Relationships/Environments

Positive

Safe

Stable

Nurturing

Negative

Neglectful/Violent

Unpredictable/Chaotic

Hostile or Cold/Rejecting

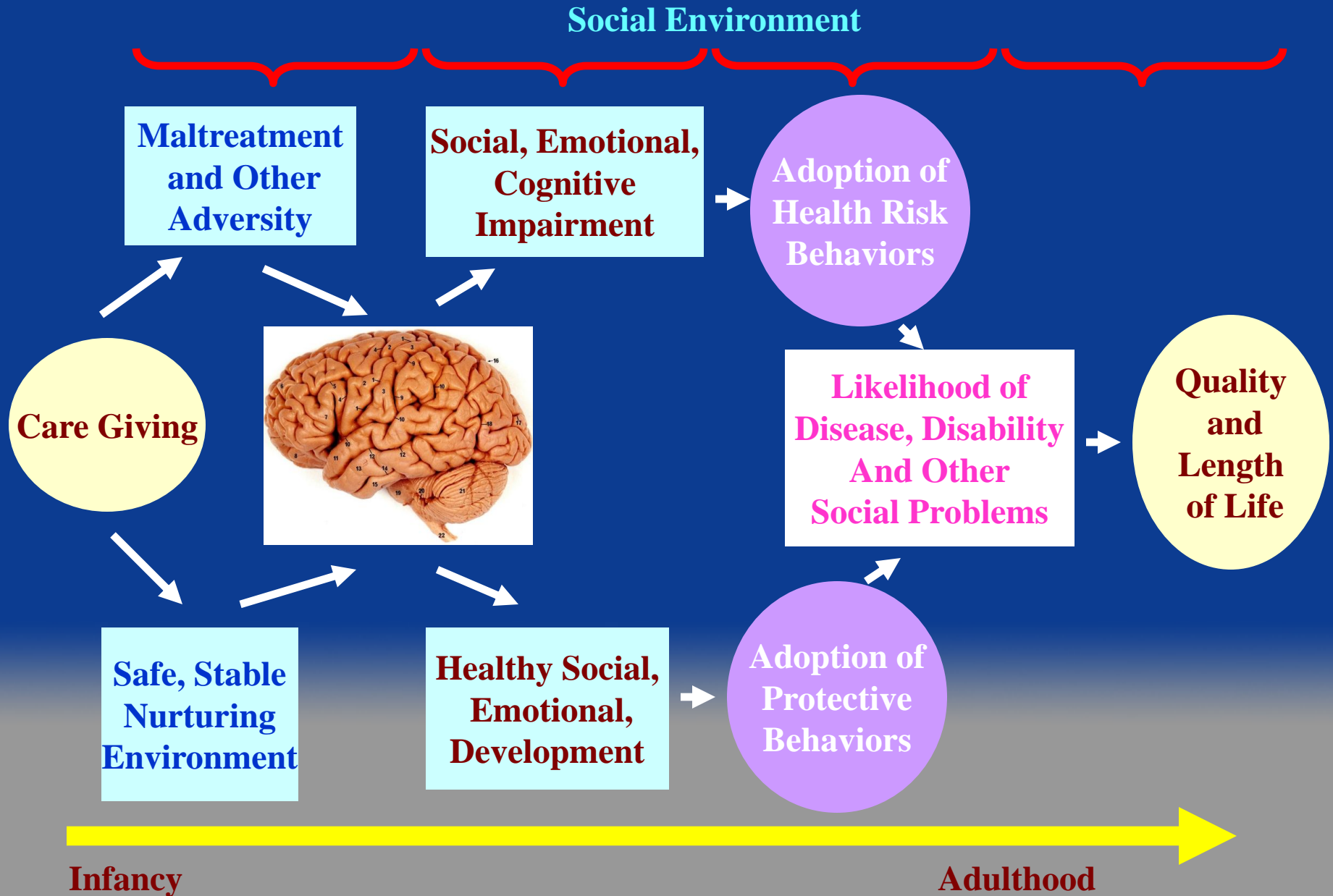
SSNR Definitions

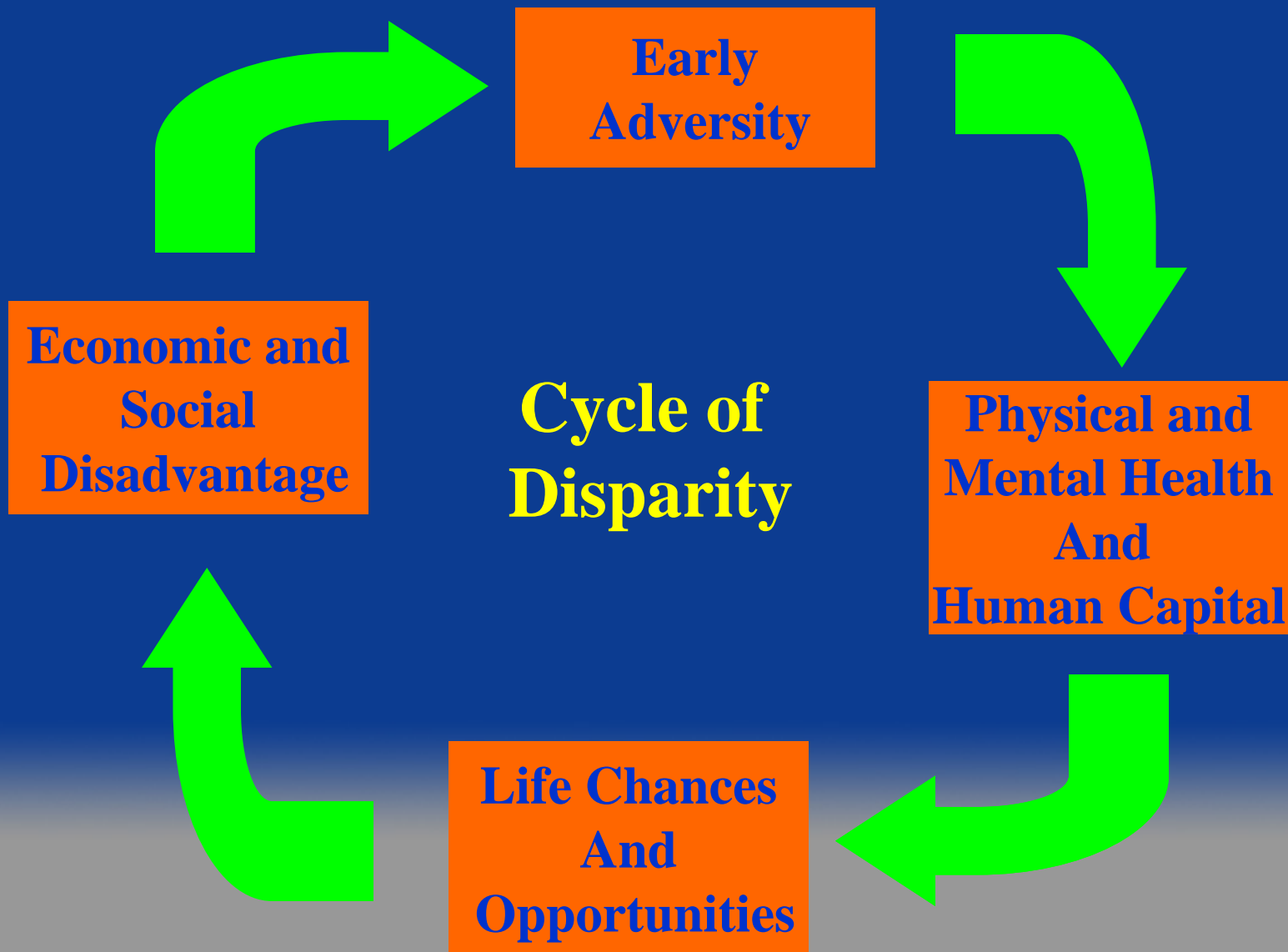
Safety: The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment

Stability: The degree of predictability and consistency in a child's social environment

Nurturing: The extent to which a parent or caregiver is available and able to sensitively respond to and meet the needs of their child

A Tale of Two Paths: The Relationship Between Care Giving and Health over the Life Course





Priority Should be Given to Policies and Programs that Intervene Early in the Life Cycle

- The plasticity of the nervous system and the ability to change behavior patterns decrease over time as brain circuits stabilize and the energy costs of altering circuits increase
- Example: The program costs of remedial education grow with increasing age
- It's easier and more efficient to get it right the first time than to try to fix it later

SSNR Focus Helps us Move from a Reactive to a Proactive Vision of Child Maltreatment Prevention

	Reactive Approach to Child Maltreatment Prevention	Proactive Approach to Child Maltreatment Prevention
What is the real problem?	Bad parents	Lack of formal/informal societal support of parents & access to new information
What created it?	Genetics, upbringing, drugs, parental choice	Society w/short-term vision, outdated theories on raising children, declining communities
Who solves it?	Police, CPS, foster parents, parents fixing themselves	Community leaders w/vision, friends & neighbors, healthcare system, faith groups, doctors, schools, etc.
How?	Rescue children, punish parents, children heal themselves (baby bootstrap)	New info about development, more social interaction and parent support, reinforcement of positive behaviors

Examples of SSNR-related Prevention Strategies

Strategies Focused on Caregiver-Child Relationships:

- ◆ Home visitation (Nurse-Family Partnership)
- ◆ Promoting close physical contact between mother and infant
- ◆ Parent training

Community Focused Strategies:

- ◆ Child Care Respite Services
- ◆ Parent-Child Centers
- ◆ De-concentrating Poverty (Housing Vouchers)

Societal Strategies:

- ◆ Parental Leave Policies
- ◆ Social Marketing Campaigns to Change Social Norms

Cross-Cutting Strategies:

- ◆ Triple P (Positive Parenting Program)

Promoting SSNRs Early in the Life Cycle is Strategic (A Lever)

Promoting SSNRs is strategic because it:

- viable programmatic and policy options exist
- can reduce child maltreatment and other adversity
- can influence many different health outcomes over the life course
- has a substantial cumulative impact on health
- will help to reduce health disparities
- will influence other desirable outcomes (e.g., human capital formation)
- is proactive
- is scientifically grounded
- is politically feasible

Sources of Information

- **National Scientific Council on the Developing Child (NSCDC)**
www.developingchild.harvard.edu
- **From Neurons to Neighborhoods – Report of the IOM/National Research Council Committee on integrating the Science of Early Childhood Development**
- **Preventing Child Maltreatment Through the Promotion of Safe, Stable, and Nurturing Relationships Between Children and Caregivers** (<http://www.cdc.gov/ViolencePrevention/overview/strategicdirections.html>)

Disclaimer

The findings and conclusions of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.

For more information

Visit CDC's National Center for
Injury Prevention and Control web site:

www.cdc.gov/violenceprevention



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