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## Moving Upstream to Prevent Child Maltreatment

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Imagine a time in which child maltreatment is as rare as smallpox and in which nurturing good parenting is as expected as keeping the water supply clean. What will it take?

In 1895, Joseph Malins published his poem “The Ambulance in the Valley,”<sup>1</sup>—what has become a common metaphor for the public health approach. The poem calls for shifting from rescuing drowning people from the river to moving upstream to keep them from falling into the river in the first place. In the same way, the article by Shenoi and Giardino in this issue<sup>2</sup> entitled “Child maltreatment prevention – finding common ground with unintentional injury prevention” challenges readers to apply public health principles to child maltreatment prevention, thereby moving to a new paradigm. The old paradigm of waiting for children to fall into the stream of abuse and relying on the social services rescue team to save them is a tired and less effective approach.

Since the mid 1800s, US public health has developed based upon the notion of shared public responsibility for preventing health problems through rodent control, food and water sanitation, mandatory immunizations, and assurance of prenatal care. Universal changes in the social and physical environment have made the populace healthier. In so doing, we have, as a society, accepted some limits on our freedoms (e.g., restricting the dumping of garbage and imposing quarantines) in the interests of keeping each other safe and healthy. Can’t we do this to prevent child maltreatment and injury?

We have set goals to eliminate major infectious disease like smallpox. In the same way, shouldn’t we adopt strategies to eliminate child maltreatment—much as Sweden now has a goal, Vision Zero,<sup>3</sup> to eliminate traffic fatalities? Can’t we do this?

Within the last several decades, public health has begun to embrace injury control—but only gradually. But injury and violence (including child maltreatment) prevention are still not fully embedded in the public health agenda. We continue to wait in the valley for abused or injured children who need to be rescued.

As argued in the 1985 publication of the Institute of Medicine Report<sup>4</sup> public health still needs to embrace injury control and recognize its importance as a major health concern. We have made progress since the 80s, but not nearly enough. Gradually injury prevention has increased in prominence and

visibility, but inclusion of child maltreatment prevention continues to lag. To move ahead and truly adopt a bold agenda that includes a Vision Zero mentality and that solves injury and maltreatment problems, we need:

1. A shift in the mindset from rescue to prevention, with public acceptance of universal approaches that address underlying causes (e.g., social inequities) even when necessitating some restrictions (e.g., on alcohol and firearms);
2. Increased collaborations between public health professionals with those having expertise in child maltreatment to bring the best wisdom to bear on prevention;
3. Adding coursework on child maltreatment in schools of public health (now a rare commodity);
4. Re-training those currently caring for maltreated children to adopt a public health perspective and apply skills in moving upstream;
5. Stimulating public demand for injury and violence prevention to be central to the public health agenda, rather than an afterthought; and
6. Allocation of resources commensurate with the magnitude of the problem to drive effective prevention approaches derived from good science.

We know how to make our water safe and eliminate many infectious diseases. Let's do the same for the prevention of child maltreatment and injury.

### References

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