

Contents lists available at [ScienceDirect](#)

# Child Abuse & Neglect



## Social support and child protection: Lessons learned and learning



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### ARTICLE INFO

#### Article history:

Received 15 May 2014

Received in revised form 17 June 2014

Accepted 22 June 2014

Available online 17 July 2014

#### Keywords:

Social support

Child abuse and neglect

Child protection

Family support

Home visitation

Stress

Social isolation

### ABSTRACT

Social support has been a topic of research for nearly 50 years, and its applications to prevention and intervention have grown significantly, including programs advancing child protection. This article summarizes the central conclusions of the 1994 review of research on social support and the prevention of child maltreatment prepared for the U.S. Advisory Board on Child Abuse and Neglect, and surveys advances in the field since its publication. Among the lessons learned twenty years ago are (a) the diversity of the social support needs of at-risk families and their association with child endangerment, (b) the need to supplement the emotionally affirmative aspects of social support with efforts to socialize parenting practices and monitor child well-being, (c) the desirability of integrating formal and informal sources of social support for recipients, and (d) the importance of considering the complex recipient reactions to receiving support from others. The lessons we are now learning derive from research exploring the potential of online communication to enhance social support, the neurobiology of stress and its buffering through social support, and the lessons of evaluation research that are identifying the effective ingredients of social support interventions.

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The benefits of social support to psychological well-being are self-evident in everyday experience. Whether from family, friends and neighbors, coworkers, counselors, teachers, coaches, or therapists, people of all ages face life challenges more successfully with the support of others, and this conclusion is confirmed by extensive empirical research (Taylor, 2011). By contrast, social isolation is associated with poorer psychological functioning for many reasons. Adults who are at significant risk of child maltreatment have been found to be socially isolated, for example, which leaves them with few buffers on life stress, little socialization of healthy parenting practices, and few people to call on when needed (Limber & Hashima, 2002). The benefits of social support and the association of social isolation with psychological difficulty lead to a question that has compelled considerable research inquiry for several decades. *Can the benefits of naturally-occurring social support be created for individuals who lack them to promote child protection?*

An affirmative answer to this question requires understanding several related issues. What is the nature of the social isolation experienced by potentially abusive or neglectful adults, and how is it related to risk of child maltreatment? What are the characteristics of social support that buffer against these risks? Which people are most capable of providing social support to such individuals? What are the barriers to creating social support when it does not naturally exist, and how can they be overcome? Is social support alone effective, or must it be complemented by other resources to ensure its benefits

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or address other needs? These are challenging questions, and although they do not undermine the hope that social support can contribute to the prevention of child maltreatment, they are important considerations for the design of interventions that try to accomplish this goal.

As part of its development of a “neighbors helping neighbors” national strategy for child protection, the [U.S. Advisory Board on Child Abuse and Neglect \(1993\)](#) commissioned a series of papers relevant to this task ([Melton & Barry, 1994](#)). One of the commissioned papers, subsequently expanded into a book, focused on social support and the prevention of child maltreatment ([Thompson, 1994, 1995](#)). At the time it was written, research on social support as a stress buffer and preventive factor had been expanding since the mid-1970s. By 1994, however, the arc of professional enthusiasm for social support interventions had passed from an early phase of unrestrained enthusiasm to a later, more realistic awareness of the challenges of creating effective interventions for at-risk families. Research on social support and its consequences has been more refined since the review was written, and has included studies of the use of online communication for strengthening social support and its benefits, and research on the neurobiological mechanisms involved in the social buffering of stress. At the same time, there has been an expansion in the sophistication of intervention programs enlisting social support, and evaluations of their effectiveness have provided further insight into the processes by which social support is given and received.

The purpose of this article is to summarize the conclusions of the initial analysis and indicate how research has proceeded since it was written. Implications for practice and policy are also outlined. Although the conclusions derived from the research 20 years ago remain true today, they have been deepened and refined by subsequent research and by the yield of carefully designed evaluations of intervention studies. Taken together, they confirm that creating effective social support interventions for child protection is challenging but worthwhile, and it is beginning to be accomplished.

### **Social support and child protection: lessons we have learned**

In the 1994 report, the goal was to inform the U.S. Advisory Board concerning the design of social support interventions for socially isolated at-risk parents that would accomplish child protection goals. The questions listed above provided an implicit framework for this analysis and its implications for practice and policy. The following is a summary of those lessons learned (relevant research references can be found in [Thompson, 1994, 1995](#)).

#### *Social isolation and risk for child maltreatment*

What is the nature of the social isolation experienced by potentially abusive or neglectful adults, and how is it related to the risk of child maltreatment? The paradigmatic view is that such adults lack significant social connections to others in the extended family, neighborhood, and community, and consequently have little support to buffer stress, promote healthy behavior, and socialize parenting practices in a manner that would curb abusive conduct. Research on the social networks of parents who maltreat their children or are at considerable risk of doing so has confirmed many aspects of this portrayal. These parents tend to have smaller social networks, for example, and to see network members less frequently than do other people.

Beyond this, however, there is surprising diversity in the social networks and social support available to at-risk parents. Although some feel isolated in neighborhoods that they describe as lacking the resources that support families, others are embedded in kin or neighborhood networks that afford considerable affirmation and mutual assistance. Moreover, when parents feel socially isolated, it can be for different reasons. In some cases, it derives from longstanding character disorders, exacerbated by distrust of others, that contributes to their social marginality and which may repel family or neighbors. In other cases, it derives from deliberate efforts to avoid detection of dysfunctional family or personal practices, which may include substance abuse and domestic violence as well as child maltreatment. In other instances, at-risk families may be so exhausted by their financial and personal difficulties that they do not extend the time and energy to make contacts with others in their social networks, even if they desire greater social contact. Indeed, their network associates may also be drained by the same stressors and have little capacity for providing social support. The heterogeneity of the causes of child abuse and neglect make diversity in the social networks of at-risk parents inevitable, and suggests that “one size fits all” is not likely a suitable approach to designing social support interventions for child protection purposes.

A compelling illustration of the limitations of the paradigmatic portrayal of social isolation and child maltreatment comes from [Korbin's \(1989\)](#) interviews with mothers convicted of fatal child abuse. By their account, these mothers were surrounded by family, friends, and neighbors who were often painfully aware of the bruises, neglect, and other harms inflicted by the mothers on their offspring. But in their efforts to be emotionally supportive, these people failed to challenge harmful practices and instead overlooked signs of parental dysfunction, minimized the seriousness of abuse, and offered reassurance about the mothers' good intentions while providing noncritical emotional affirmation. Korbin's findings suggest that social support must accomplish more than providing emotional affirmation and acceptance to promote child protection. A similar conclusion derives from a recent study by [Freisthler, Holmes, and Wolf \(in press\)](#), who indicated that parents who experienced a high sense of belonging with others were more likely to report physically abusing their children, especially when companionship involved drinking together outside the home. Their findings are consistent with studies of social support in members of deviant social networks, such as adolescent delinquents or criminal gangs, in which social integration supports deviant behavior. This “dark side of social support” suggests that the association of social integration or isolation

with risk for child maltreatment is complex, and that whether or how social support promotes child protection requires deeper examination.

With respect to intervention programs and public policy, these findings indicate that straightforward efforts to enhance social integration will not necessarily foster child protection, but that attention to the kinds of social networks with which parents are associated is important. Social support must also do more than providing emotional affirmation to be effective in promoting child protection. These findings confirm that different at-risk parents have different social support needs, requiring a fine-tuned appraisal of social support and social networks as a foundation for intervention efficacy.

#### *Social support and the prevention of child maltreatment*

What, then, are the characteristics of social support that buffer against the risk of harm to children? Most definitions of social support, built around the functions of social support in natural social networks, are inclusive. The one by [Thompson \(1995\)](#) is representative:

Social support consists of social relationships that provide (or can potentially provide) material and interpersonal resources that are of value to the recipient, such as counseling, access to information and services, sharing of tasks and responsibilities, and skill acquisition. (p. 43)

Consistent with the view of social support as a protective factor and a stress buffer, these functions of social support – emotional encouragement, counseling and guidance, access to information and resources, and skill acquisition – highlight the *provisioning* purposes of social support. In addition to reducing stress and enhancing well-being, these elements of social support provide important social, emotional, and material resources and, in doing so, enhance social engagement, reduce isolation, and promote child protection goals by integrating social norms into parenting practices. The problem, as illustrated by the foregoing studies, is that some parents enjoy the emotional support afforded by their social networks without altering harmful parental conduct, in part because family or friends justify or rationalize harmful practices rather than challenging them.

Recognizing that social support is important for preventing harm as well as promoting good, [Thompson \(1994, 1995\)](#) argued for an additional function of social support: *social monitoring*. This can occur, for example, when friends notice signs of depression in a colleague and seek help, or try to assist in anger management or with a drinking problem. Likewise, social support occurs when extended family members or neighbors detect and respond to disturbing bruises on a child or observed parental misconduct, even to the extent of contacting authorities.

The difficulty is that the provisioning forms of social support are more easily given and received than those involving social monitoring and challenging dysfunctional behavior. Raising difficult issues of personal conduct can cause the target to perceive these individuals as meddlesome, intrusive – and unsupportive – even though they may better address his or her real needs. Furthermore, the most influential aspect of social support for promoting individual well-being is *perceived support*: the perception that others “have your back” when stressful challenges occur. One of the difficulties of enlisting social support for child protection, therefore, is that the interventions of family, friends, and others to curb abusive or neglectful parenting may be perceived by parents as challenging and unsupportive, increasing rather than reducing stress and fraying social connections. It can also cause potential helpers to be rejected or to walk away.

With respect to intervention programs and public policy, these findings suggest that greater attention to the socialization of parenting practices through supportive interventions is warranted. Those who assist at-risk parents must acquire the skills of integrating proactive parenting guidance and correction with efforts to be emotionally supportive and provide needed resources. Furthermore, monitoring children’s well-being is another important purpose of their supportive intervention. Balancing child-centered monitoring with efforts to socialize parenting while maintaining strong connections to parents is a difficult challenge on which the success of social support interventions relies.

#### *Agents of social support*

Which people are most capable of providing social support? In everyday circumstances, we rely on informal social networks for support, such as family, friends, neighbors, and people associated with work, school, or religious communities. These individuals have the benefits of being readily accessible, sharing the culture and perspectives of recipients, the mutuality of aid and its nonstigmatizing access. Some informal networks (particularly kinship networks) are stable, which ensures reliability in support, while other networks (such as neighborhood associations) undergo considerable change over time. People rely more significantly, therefore, on support from extended family members than neighbors in their natural social networks.

There are disadvantages to the provision of informal social support, however. The congruence in values and background of family and friends may contribute to the acceptance of harmful parenting practices (such as harsh physical discipline) that are widely shared. They may also share the social and economic problems of recipients, and thus have little capacity or motivation to provide assistance. When risk for child maltreatment derives from significant problems of psychological adjustment, moreover, informal helpers lack the skill and resources to provide meaningful assistance that can address serious psychological problems. And at times, informal social networks can be sources of stress rather than support, especially when parents are in troubled extended families, dangerous neighborhoods, or dysfunctional communities.

Social support can also be obtained from formal helpers, such as a social worker, physician, religious advisor, or counselor. These helpers benefit from professional expertise, material and referral resources, and a clear role definition in the lives of needy families. Although the forms of social support they can provide are more limited, they can also offer more intensive services when needed. Their influence may be blunted, however, by their more limited accessibility, their different background and perspectives, and that receiving assistance from professionals can be stigmatizing and can sometimes evoke feelings of failure and vulnerability.

Because of the unique but essential benefits afforded by informal and formal helpers, an implication of this research for practice and policy is to coordinate their efforts. There are many examples of how this can be done, such as when an early childhood mental health consultant is enlisted by a teacher or a child care worker about a child at risk, or a home visitor helps to connect parents with community resources and involves extended family members in visits. In community contexts, moreover, a professional helper can mobilize informal support, such as when a clinician acts as an advocate to mobilize social services on a client's behalf (Melton, 1977, 1983), or a physician arranges group well-child visits to promote informal social support and community connections among client families (Rushton & Kraft, 2013). In these and other contexts, professional helpers can provide support to informal helpers. The challenges of coordinating formal and informal helpers should not be underestimated, however. Differences in values and goals, mutual distrust, and the limitations imposed by diminished human capital and negative momentum in many communities can undermine the effort to create constructive partnerships of this kind. Despite this, the development of avenues of collaboration between informal and formal helpers remains one of the most important strategies for strengthening social support for child protection purposes.

### *Overcoming obstacles*

What are the barriers to creating social support where it does not naturally exist, and how can they be overcome? In addition to the challenges described above, at least two other issues must be considered to provide effective assistance to at-risk families.

First, receiving social support may evoke negative as well as positive responses in recipients. Although it is reasonable to expect that recipients of social support would experience relief and gratitude, research has shown that their reactions are mingled with feelings of vulnerability, humiliation, and resentment, whether aid comes from formal or informal sources. Understanding the causes of these negative recipient reactions is essential to engaging recipients in helping relationships, which is a crucial component of intervention success. These negative reactions arise for several reasons. First, assistance involves implicit judgments of need, which can make recipients feel vulnerable and humiliated. Whether need is perceived as deriving from widely shared conditions for which one is not responsible (e.g., an economic recession) or from personal circumstances (e.g., parenting inadequacy) contributes to the extent to which assistance is experienced as stigmatizing. Second, equity norms in our society mandate that assistance is reciprocated, especially if it comes at cost to the helper, the helper is acting voluntarily, or the recipient derives large benefits. If assistance is not reciprocated or repaid, receiving it can contribute to perceptions of indebtedness and vulnerability. Third, the process of giving and receiving aid often involves intrusions on privacy and threats to autonomy and self-reliance. These reactions to receiving aid help to explain why, to the surprise of their benefactors, recipients may be ungrateful, are often inexplicably absent from scheduled meetings, do not return phone calls, derogate the helper, and may progressively make the relationship unworkable. This is especially likely for social support efforts focused in parenting and child protection because of the attributions of personal inadequacy and responsibility they can entail.

This analysis suggests several avenues for enhancing acceptance of support and, as a consequence, the recipient's engagement in helping relationships. When support provision is normalized for the recipient's neighborhood or community, when it is provided in contexts that avoid stigma (e.g., at home, church, or clinic rather than a public assistance office), when it is broadly available rather than targeted, when helpers and recipients jointly agree on the need for aid and the goals it will accomplish, it is more likely that received support will be perceived as beneficial. Moreover, when help providers and recipients are networked together in associations of mutual assistance, as is often true of extended families, sacred communities, and self-help groups, aid is more readily received (Murphy-Berman & Melton, 2002).

Second, stress can undermine access to social support. Enthusiasm for the influence of social support as a means of preventing and reducing stress began in health psychology, where research documented its benefits for promoting healthy behavior and reducing disease pathology. But applications to mental health are more complex. Social support may reduce the incidence or impact of stressful events, but stress may also undermine the availability of social support in several ways. Stress may contribute to the erosion of social networks as distressed individuals withdraw because of pain, shock, or humiliation, or potential helpers withdraw because the individual's needs are emotionally taxing or their conduct repels. When an individual's conduct is socially reprehensible, furthermore, they may withdraw to conceal disapproved behavior. Some stressors may inevitably diminish social networks of support, such as when the loss of job, divorce, residential relocation, and other events separate individuals from familiar social networks. Sometimes stress undermines social support because both recipients and potential helpers are undermined by the same conditions associated with poverty, single parenting, or dangerous neighborhoods.

Thompson and Goodvin (in press) have argued that intervention programs might wisely distinguish different kinds of stress in the design of social support efforts. Stressors in the relationship between helper and recipient can be anticipated and ameliorated in the context of well-designed but flexible intervention programs. Stressors in the life circumstances of

at-risk families – often shared by others in their social network – are more difficult to ameliorate but must be considered to understand the needs of support recipients. Finally, there are other stressors that are experienced as immediate crises that may lead to child harm, such as domestic violence, eviction, job loss, and other problems for which immediate supportive intervention is necessary. Viewed in this light, it may be unwise to assume that stress will necessarily be reduced by the availability of social support. Instead, it is important to distinguish the kinds of stressors that social support can address, and cope with the effects of these stressors on access to support. This analysis indicates that social support alone is insufficient to address all of the important needs of families related to child protection.

More broadly, Melton (in press) has argued that an ethic of *hospitality*, which is respect and care especially for those who lack a place in the community, underlies not only religious tradition but also effective interpersonal assistance. If hospitality has potentially transformative effects in helping relationships, it is because it is a personal and social resource that addresses the effects of stress on those relationships. This leads to the last question of this inquiry.

### *Social support and family assistance*

Is social support alone effective, or must it be complemented by other resources to enhance its benefits or address other needs? As reflected in the other contributions to the Melton and Barry (1994) volume, other resources are also necessary for child protection. Poverty and low income are strongly connected to child neglect and abuse (Pelton, 1994). When parenting is undermined by mental health or substance abuse problems, family violence, self-regulatory difficulties, or dysfunctional representations of children and their needs, additional parent-focused services are necessary (Wolfe, 1994). It is also important to recognize that children can be abused by institutional practices, including the foster care system (Lerman, 1994). The obvious conclusion is that social support alone is insufficient to accomplish child protection goals in many cases. The less obvious conclusion is that social support must be integrated into a broader network of family services to accomplish these goals in light of the different support needs of different maltreatment subpopulations.

Support for children should also be incorporated into these services. Thompson (1994) argued that the functions of social support that advance child protection include *developmental remediation* of the effects of a child's victimization, consistent with the goals of a child-oriented child protection system (Thompson & Flood, 2002). Child maltreatment entails many costs to the victim to their physical condition, capacity for trust in others, self-concept, emotional reactions, cognitive functioning, and many other areas. How developmental remediation is accomplished depends on the nature of child harm, the child's age, and other factors, but one characteristic in common for most helpful interventions is the development of supportive relationships between children and caring adults. These relationships are therapeutic to the extent to which they incorporate the features of social support discussed above. The primary challenge of enlisting social support for purposes of developmental remediation, however, is that parents are gatekeepers of children's social networks, especially when children are young, and thus their cooperation is necessary to enlist support for children. This is one justification for the integration of supportive services to parents and children in the context of two-generation interventions in which each family member receives assistance.

Bassuk (2010) has written evocatively, for example, of the multifaceted needs of homeless families and of children within those families. Services for homeless families must include attention not only to their housing needs but also to health care, financial assistance, mental health, and social support within broader systems of community assistance. For children in these families, she argues, an ongoing relationship with a caring, supportive adult is essential in the context of addressing their health care, educational, and other needs.

In light of these considerations, it can hardly be surprising that social support is more complexly formulated and enlisted in the psychologically complex contexts of child protection compared to the health care conditions in which social support was initially popularized. None of these complexities necessarily undermines the potential benefits of social support for the prevention of child maltreatment, but each mandates careful thought about how best to enlist the benefits of social support for individuals who lack it to accomplish child protection goals. In addition, the considerations discussed thus far mandate one more guideline for practice and policy: clarity of goals in the design and evaluation of social support interventions. The field has long ago moved past the days when interventions could be designed to embed troubled individuals into larger social networks with the hope that good things would happen to them and their children. Instead, given the multiple needs of at-risk families, it is incumbent on program planners and policymakers to look closely at which of those needs can be addressed by a carefully designed intervention, and articulate how doing so specifically advances child protection. Promising programs are undermined by vague goals that provide little guidance to program design, by ambitious goals that cannot reasonably be achieved in a community intervention, or by reasonable goals that are not incorporated into a logic model of program design. In each case, resources are better spent and children are better served by more careful thought at the beginning.

### **Lessons we are learning**

In the 20 years since the 1994 review of the social support literature was written, research has moved to a variety of concerns that deepen and extend existing knowledge and its applications to child protection. While not significantly



altering the conclusions of prior research, they provide better understanding of the nature of social support, how it affects psychological functioning, and elements of intervention program design that are important to program effectiveness.

### *Direct and virtual social relationships of support*

The opportunities afforded by the internet for making social connections with other people were enough to raise questions about the potential value of online social support twenty years ago. Today, with the explosive growth of social media, online social networks, the twitterverse, blogposts, virtual gaming (some with avatars in simulated societies) and a growing range of technological advances, the potential benefits of online connectivity have become a bit clearer, but their relevance to child protection still requires further exploration.

There are many reasons to argue, of course, that the most beneficial and comprehensive forms of social support, especially for stressed individuals, arise from direct relationships that involve mutual understanding and an emotional connection deriving from a history of direct, reciprocated assistance. As we have seen, these interactions most often occur in the context of informal and formal social networks with distinct characteristics and affiliative connections. The individuals who are capable of providing the most meaningful forms of social support are most likely to be in real, not virtual, social relationships and networks.

But it is increasingly apparent that some forms of social support can occur in a person's virtual relationships with potentially hundreds of other people even without direct face-to-face contact with any of them. Social support can also occur in online interactions with individuals whom one sees on a regular basis. Based on the information one chooses to provide about oneself, a person can receive emotional affirmation, a new perspective, and valuable information from people near or far, sometimes from individuals with different backgrounds, viewpoints, and experiences who would be inaccessible by other means. People can be selective in choosing these online contacts based on the websites, media, and privacy settings they use. The important question is this: *can online relationships offer social support for individuals, especially those with impoverished direct social networks, that can advance child protection goals?*

There are two kinds of social networks that can be influenced by online communication. The first consists of those individuals with whom one is in direct contact (currently or in the past) for which online media – like instant messaging and texting, e-mail, Facebook, twitter, and other kinds of social networking media (e.g., Spotify, Pinterest) – provide a means of continuing digital communication. Most adolescents and adults use online communication for this purpose (Bessi re, Kiesler, Kraut, & Boneva, 2008), and this has become especially normative with the growth of smartphone use.

Research with adolescents indicates that those who are more engaged in online communication with people in this manner experience higher relationship satisfaction with them and greater psychological well-being as a result (see Valkenburg & Peter, 2009a, for a review). One reason is that online communication fosters enhanced self-disclosure and intimacy as youth become more comfortable sharing sensitive personal information with their friends online, and this greater intimacy improves relationship quality. Consistent with this view are longitudinal studies showing that adolescents who were frequent instant messaging users were found months later to report more positive friendships and greater ease in initiating new direct relationships with others (Koutamanis, Vossen, Peter, & Valkenburg, 2013; Valkenburg & Peter, 2009b). Online communication with familiar peers may also be important to psychological well-being because of the support these people can provide, especially during difficult periods (Ranney & Troop-Gordon, 2012). Importantly, online communication may especially benefit socially anxious adolescents because it provides greater control over social communication and reduces nonverbal social cues triggering anxiety (Schouten, Valkenburg, & Peter, 2007). It is unknown whether online communication provides similar benefits to those who experience social isolation for other reasons. Research is also needed on whether the resources necessary for online communication impede this mode of social support for parents, such as those who are neglectful owing to economic impoverishment or homelessness.

A second kind of social network relevant to online communication consists of individuals who are only known online, such as through chat rooms, virtual gaming, blogposts, and other social media. Research findings offer a much less optimistic portrayal of the psychological benefits of this kind of online communication. One study reported higher rates of self-reported depressive symptomatology for adolescents and adults in online communication with strangers compared with lower depression scores for those communicating online with friends (Bessi re et al., 2008; see also Valkenburg & Peter, 2007).

However, the same study noted that respondents reporting smaller social networks and lower levels of social support did not experience an increase in depression associated with their online communication with strangers, which the researchers interpreted as a social compensation effect (Bessi re et al., 2008). In other words, online contact with strangers may have helped to provide social resources that were otherwise lacking for these individuals. Consistent with this view are findings from an experimental study reporting that online communication with an unfamiliar peer had a positive effect by restoring adolescents' self-esteem and reducing negative affect following an episode of social exclusion (Gross, 2009). However, there are limits to the benefits provided by the online care of strangers and friends. In an intriguing recent study, first-year college students were interviewed if their Facebook profiles reflected depressive symptomatology, and they were asked how they would prefer that friends or adult acquaintances (such as a professor) should get in touch with them if they saw these communications online. Students overwhelmingly indicated that they would prefer direct, in-person contact from friends and, to a somewhat lesser extent, had the same preference for adult acquaintances (Whitehill, Brockman, & Moreno, 2013).

Although online communication may be useful for alerting social network associates and others of emerging problems, in other words, face-to-face contact may be most important to meaningful assistance.

Taken together, these findings suggest that online communication can accomplish many of the primary functions of social support by providing individuals with emotional affirmation, information, referrals to other sources of assistance and services, and even counseling and social monitoring (such as for depression). Social support seems to occur most readily in online interactions with individuals with whom one is directly acquainted, so it is unclear whether texting, e-mailing, and other digital communications supplement, supplant, or add marginally to the support that occurs more directly. By contrast, the benefits of online communication with strangers are more limited and may be greatest for people with impoverished social support.

Much less clear, however, is how these benefits relate to child protection. One way this might occur is through the development of self-help groups established online for at-risk parents. For example, [Dunham et al. \(1998\)](#) reported that adolescent mothers of infants who were given access to a computer-mediated social support network provided each other with positive emotional, informational, and tangible support in public message exchanges, e-mail and text-based teleconferencing. Mothers developed close personal relationships with each other, and active participation was related to a decrease in parenting stress over the six-month study period. However, mothers who began the program more socially isolated from their peers participated less in these online exchanges. Similar benefits have been reported for online social support through self-help groups for individuals experiencing distress owing to medical problems (see, e.g., [Hazzard, Celanno, Collins, Markov, 2002](#)).

These findings suggest that online communication might be helpful by providing mutual support for individuals in moderately stressful circumstances, and such resources could be targeted to parents who are at risk of child endangerment. Online communication might also be effective for providing information and socializing parental conduct in light of the guidance provided by other members of the virtual community. This is especially so in light of the relative convenience of establishing and maintain online communication with others (compared with self-help groups that meet directly), and the greater ease in disclosing personal vulnerabilities and the decreased personal and social risk of online environments (compared to direct social interactions), especially for individuals who have grown up using such resources. However, there is reason for doubt that online networks alone can be of real help to parents facing more serious personal or family difficulties, and there is no published research evaluating the impact of online communication on the incidence of child abuse or neglect in at-risk parents.

This is an important future research task, therefore, along with further exploration of whether online communication shares some of the limitations of direct social interactions related to child protection (e.g., the unwillingness to confront dysfunctional or dangerous parental conduct) and whether unique liabilities may exist (e.g., online bullying). As this review suggests, moreover, much of the research on online social interaction focuses on adolescents, even though the young adults who are currently parents are very familiar with these resources and use them regularly. Better understanding of developmental factors associated with online social networks is needed, however, as well as the forms and functions of social support best afforded through online communication. As the range and variety of online resources continues to grow, including parenting apps that are increasing in number and sophistication, the potential benefits of enlisting these resources to advance child protection goals merit further study.

### *Lessons from social support interventions*

Twenty years ago, there were very few preventive interventions incorporating social support with demonstrated benefits for child protection. Home visitation programs in Hawaii and Elmira, NY offered evidence that early family support of this kind had the potential of reducing child abuse and neglect, but more research was needed to confirm these promising leads. Today the landscape of social support interventions with abuse prevention goals has expanded significantly, with more diverse programs and better evidence of program effectiveness. In addition to home visitation, community-based programs with an abuse prevention focus, such as Strong Communities ([Melton et al., 2008](#)), the Triple-P Positive Parenting Program ([Sanders, 1999](#)), and the Durham Family Initiative ([Dodge et al., 2004](#)), are also beginning to document evidence for child abuse prevention through community mobilization to provide support and assistance to young families (see [Daro & Dodge, 2009](#)). In addition, reductions in child maltreatment have been documented in follow-up studies of children who have participated in high-quality preschool programs with wrap-around services and parent involvement components, such as the Chicago Child-Parent Centers ([Reynolds & Robertson, 2003](#)) and Early Head Start ([Green et al., 2014](#)). The two important advances during the past twenty years, therefore, have been the growth and sophistication of child abuse prevention programs incorporating a social support component and the development of an evaluation literature that highlights the factors that contribute to program success in the context of evaluating the impact of these programs.

The largest and most sophisticated evaluation research literature concerns the effectiveness of home visitation programs to advance child protection. This owes, in part, to the enthusiasm for home visitation as an abuse prevention strategy beginning more than 20 years ago, which contributed to significant growth and increasing sophistication of home visitation initiatives throughout the country, many connected to program models provided by national organizations such as Healthy Families America and Parents as Teachers. More recently, the Obama administration has added further incentives to document the effectiveness of home visitation programs as part of its evidence-based assessments of social program initiatives (see [Haskins & Margolis, in press](#)). In the Patient Protection and Affordable Care Act, Congress in 2010 established a new

Maternal, Infant, and Early Childhood Home Visiting Program and appropriated \$1.5 billion over five years to develop and improve state-administered home visitation programs.

The core strategy of home visitation as a social support initiative is the delivery of information, guidance, and emotional support to family members in their homes by a paraprofessional or volunteer home visitor. Home visitation can begin prenatally or later, and visits can vary in duration and frequency based on family engagement and program funding. Home visitation programs also vary significantly in the nature of the populations served and their problems, the content of the program, and in other ways. Their general purpose, however, is to prevent the emergence of problems that may arise from parent stress, lack of knowledge or resources, or social isolation, and in doing so promote child protection and more healthy developmental outcomes for children beginning early in life. As a child protection strategy, therefore, home visitation programs can be evaluated narrowly in terms of the reduction in documented child abuse or neglect in program participants compared to other families, or more broadly in terms of reduced parenting stress, improved parent–child interaction, greater child health and well-being, and other indicators of strengthened family life.

A recent review of 35 home visiting programs commissioned from Mathematica by the U.S. Department of Health and Human Services identified 14 programs capable of documenting intervention success for more than a year according to two or more outcome criteria using good quality evaluation designs (Avellar, Paulsell, Sama-Miller, & Del Grosso, 2013). Across these programs, the most frequent positive outcomes included promoting healthy child development and school readiness, positive parenting practices, and child and maternal health. Fewer programs documented evidence for reductions in child maltreatment (for most programs, this was not a strategic goal), and those that did so included the Nurse Family Partnership, Healthy Families America, and Parents as Teachers program models. The Mathematica findings are consistent with several other meta-analytic or narrative reviews of evaluation studies of home visitation which report that well-designed home visitation programs can significantly prevent child abuse and neglect in families with young children (Bilukha et al., 2005; Geeraert, Van den Noortgate, Grietens, & Onghena, 2004; MacLeod & Nelson, 2000; Sweet & Appelbaum, 2004; see Daro & McCurdy, 2007, for a review). This conclusion is a significant advance over what was known 20 years ago, especially in the context of the other documented benefits that well-designed home visitation programs appear to provide at-risk families. Taken together, further public investment in such programs for child protection purposes seems warranted.

Recognizing the significant diversity in home visitation program approach and strategy, however, another important yield to this research literature is discriminating the program features that are most directly predictive of success in preventing child maltreatment and promoting positive parenting practices. These reviews highlight several factors (see also Boller et al., 2014; Gomby, Culross, & Behrman, 1999; Howard & Brooks-Gunn, 2009).

- Engaging families to fully participate in the program, which involves the visitor's sensitivity and skills as well as program strategy, is an important ingredient to program success. According to Gomby et al. (1999), between 10% and 25% of families invited to participate in home visitation programs decline, and between 20% and 67% of the families who enroll fail to complete the program. Moreover, even when families enroll and remain in home visitation programs, they tend to receive only about half or fewer of the planned number of contacts with the home visitor. The reasons that families drop out are diverse, and the highest risk families – those most in need of supportive services – are likely to be the most difficult to engage in the program. This means that many participants are not receiving intended services, and measures of program efficacy may not truly represent what the program is capable of accomplishing if family engagement was stronger.
- Although it is unclear whether professionals or paraprofessionals are better home visitors (and the answer may depend on the program model), the training, supervision, and support provided visitors is another ingredient to program success. Support of this kind strengthens the skills of home visitors, reduces turnover rates, and contributes to visitors maintaining fidelity to the program plan. The latter is important because without effective training and supervision, it is common for home visitors to drift from the curricular plan of the program and instead to become preoccupied with immediate family crises rather than the delivery of intended services during home visits. This can help to account for the failure of some programs to document improvement in family well-being after participation in the program.
- Connecting families to community services that can provide long-term assistance is another ingredient to program success. It is unfortunate that only 4 of the 35 programs reviewed by Avellar et al. (2013) even assessed whether program participation increased family linkages and referrals to other resources because doing so can create more sustainable sources of family support and also contribute to improving community regard for the home visitation program. Without connections to community services, improvement in family functioning may not be sustained after visitation has concluded.
- Finally, it is important for home visitation programs to be guided by realistic and specific goals that are connected to program strategies by a clear logic model. The logic model provides guidance concerning the purposes of the curriculum and the activities of the home visitor, the other services accompanying home visitation, and the community connections that are part of the intervention strategy. Without clarity and specificity concerning goals, it is more likely that home visitors will act on a general effort to accomplish good things for the family and that different home visitors will do so in very different ways within the overall program guidelines. In this context, flexibility in program implementation may result in the loss of measurable gains in targeted aspects of family functioning.

The program evaluation research findings are more inconsistent in their conclusions concerning other elements of home visitation, such as the importance of a single-component (i.e., home visitation alone) vs. multicomponent (i.e., home visitation



plus other services) approach, the age of the child when home visitation begins, and the length and duration of visitation. Stated differently, process considerations may be more significant to program efficacy than structural components, at least when the goal is child protection.

These elements of effective programs are consistent with the lessons from the broader research literature on social support discussed earlier. Because factors like these – engagement of recipient families, effective training, supervision, and support of helpers, fostering connections to community services, and realistic and specific goals that guide the intervention strategy – are generalizable to other kinds of social support interventions with abuse prevention goals, these studies contribute to a short list of “active ingredients” for effective support to at-risk families through community efforts. Confirming and extending this list is an important task for further evaluation studies, as well as better understanding what happens in parents’ interactions with support workers that contributes to improved parenting and reduced risk of maltreatment.

### *Social support and stress neurobiology*

The field of social support began nearly 50 years ago in health psychology to understand its effects on disease pathology and healing. In recent years, research on the neurobiology of stress and its social buffering has enhanced understanding of the biological contributions to risk for behavioral problems and the influence of social support. While not yet having direct applications to child maltreatment, this work highlights the connections between biological and behavioral dimensions of social support.

Adults who are at risk of child maltreatment typically experience chronic stress owing to economic problems, relational difficulties, social isolation, and other factors. These problems are commonly longstanding and may have multigenerational origins. Stressful events activate a network of neurobiological systems, and when stress is chronic the neurocircuitry of these systems is altered through persistent cortisol release and epigenetic effects on gene expression (Ulrich-Lai & Herman, 2009). These neurobiological changes to multiple brain regions have behavioral consequences, and help to account for the problems with emotional reactivity, memory and attention, cognitive flexibility, and self-regulation that characterize adults and children experiencing chronic stress (Lupien, McEwen, Gunnar, & Heim, 2009). Adults who are abusive or neglectful may thus lack some of the neurobiological curbs on harmful conduct owing, in part, to the biological effects of chronic stress in their lives. Their children, in turn, are developing atypical neurobiological systems that contribute to their own threat vigilance, hyperreactivity to danger, and poorer self-regulation (see Thompson & Goodvin, *in press*, for a review).

These consequences of chronic stress are not immutable, and a growing research literature shows that social support is a buffer on the biological and behavioral effects of stress for adults and children (Hostinar, Sullivan, & Gunnar, 2014). Social contact with a supportive person, for example, reduces an adult’s biological reactivity to stressful situations, diminishes threat-related neural activation, and enhances effective coping (Taylor, 2011). Secure relationships with parents or other helpful adults have similar moderating effects on children’s behavioral and biological reactions to threat (Thompson & Goodvin, *in press*). Although further study is needed, it appears that supportive contact with another person not only reduces levels of biological reactivity in stressful circumstances, but also enhances activity of the oxytocin system (which contributes to social bonding), immune system (which aids coping and recovery), and prefrontal brain regions (that are important to self-regulation) (Hostinar et al., 2014). These findings provide, therefore, better understanding of the constructive neurobiological processes associated with social support, and add a biological level of explanation for its efficacy. Based in part on this research, several social support interventions have been designed for at-risk children experiencing chronic stress, and these programs have been shown to reduce some of its biological and behavioral consequences through relational support (see Thompson, 2014, *in press*; Thompson & Haskins, 2014, for reviews).

Future research on social support and stress neurobiology has the potential of contributing further understanding of the behavioral effects of chronic stress and why social support can be an effective moderating influence. Understanding that family violence may derive, in part, from how chronic stress has biologically undermined capacities for self-regulation, cognitive flexibility, and emotional control in adults and children provides further insight into the development of “risky families” in which child maltreatment occurs (Repetti, Robles, & Reynolds, 2011). In turn, this work adds further incentive to the development of two-generation interventions by which the social support needs of adults and children in the family are considered together and interactively to address child endangerment and other family problems (Chase-Lansdale & Brooks-Gunn, 2014). In addition, understanding that social support not only reduces the biological effects of stress but also mobilizes more constructive neurobiological capacities provides new ways of understanding how social support is relevant to coping and well-being. Although connecting neuroscience, behavior, and policy is a challenging endeavor (Thompson, 2012), this work has the potential of unfolding the nature of social support and its benefits for individuals in difficulty.

### **Concluding comments**

For nearly 50 years, basic research on social support has enlivened thinking about its preventive and remedial applications. With respect to child protection, researchers, practitioners, and policymakers have moved beyond a simple expectation that surrounding at-risk families with helpful people will alleviate the problems that lead to child harm. In doing so, however, they have sharpened their analysis of the needs of families at risk of child maltreatment, the various forms and functions of social support, the problems of enlisting support in the informal and formal social networks of troubled families, the

multiple and complex barriers to overcome in doing so, and how to incorporate the elements of naturally occurring social support into the design of supportive interventions to prevent child abuse.

The last 20 years have witnessed further advances in understanding that continue to inform research and its applications. They inspire excitement about what the next decades will bring. Nobody disputes that social support is important to psychological well-being and child protection. Elucidating how and why this occurs, and the multifaceted processes by which relational support is translated into enhanced coping, remains a challenge well worth pursuing.

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