Preventing Child Abuse and Neglect: A National Evaluation of Parents Anonymous Groups

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This evaluation assessed whether participation in Parents Anonymous mutual support groups was associated with child maltreatment prevention. Parents new to groups across the United States were interviewed at baseline, one month, and six months. Using standardized scales, all parents showed improvements in some child maltreatment outcomes, risk factors, and protective factors. Parents starting out with particularly serious needs showed statistically significant improvement on every scale. Results indicated that Parents Anonymous participation contributes to child maltreatment reduction.

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Child abuse and neglect is a serious public health problem affecting 10.6 children per 1,000 in the United States annually (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2009). Emphasis is needed on what has been described as one of the newest and most promising approaches to child maltreatment prevention—the promotion of safe, stable, nurturing relationships (SSNRs) as the foundation for supporting positive parenting practices (Centers for Disease Control and Prevention [CDC], n.d.; Hammond, 2008). There are often immediate consequences from child maltreatment, but research in neurobiological, behavioral, and social sciences indicates that these early childhood experiences also affect longer term brain development and increase vulnerability for multiple mental and physical health problems (National Center for Injury Prevention and Control [NCIPC], 2009; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998; Kendall-Tackett, 2003), further emphasizing the need for prevention.

Since 1969, Parents Anonymous, Inc., has partnered with families to prevent child abuse and neglect through weekly, community-based groups for parents, children, and youth, co-led by trained parent group leaders and facilitators, which incorporates the SSNR framework (Rafael & Pion-Berlin, 2000). The overall goal of Parents Anonymous groups is to prevent child abuse and neglect from ever occurring (primary prevention) or from reoccurring, by decreasing risk factors, such as parental and life stress, substance abuse, and domestic violence, while increasing protective factors, such as parental resilience, social connections, knowledge of parenting and child development, and concrete supports in times of need (Belsky, 1993; CDC, 2007; Center for the Study of Social Policy, 2010). The unique mutual support and shared leadership model of Parents Anonymous groups focuses on the empowerment of parents to create changes in attitudes and behaviors that impact the well-being of their children. Mutual support is the psychological process of giving and getting help that fosters a sense of trust, belonging, and community (Levine, 1988). Shared leadership occurs when parents and staff work together, creating unique, ongoing opportunities for parents to develop leadership skills within Parents Anonymous groups and engage in policy efforts

that shape positive outcomes at all levels of the socioecological model (NCIPC, 2009; Parents Anonymous, Inc., 2008).

Over 800,000 families are referred to parenting programs each year (Barth, Landsverk, Chamberlain, Reid, Rolls, Hurlburt, Farmer, James, McCabe, & Kohl, 2005); however, little is known about the effectiveness of these programs in preventing child maltreatment (Kaminski, Valle, Filene, & Boyle, 2008). Previous studies of Parents Anonymous have shown significant decreases in physical and verbal abuse and increases in self-esteem, social support, and knowledge of child development among group participants (Behavior Associates, 1976; Lieber & Baker, 1977). A child welfare services case review found that regardless of participation in other programs, those who participated in Parents Anonymous were significantly more likely to have resolved their problems (Cohn, 1979). In addition, several studies found that the promotion of mutual support, shared leadership, confidentiality, and a nonjudgmental environment contributed to coping, relationship, and problem solving in Parents Anonymous parents and families (Alexander, 1980; Hunka, O'Toole, & O'Toole, 1985; Nix, 1980; Savells & Bash, 1979; Thompson, 1995).

This article describes the findings from a national evaluation of Parents Anonymous conducted by the National Council on Crime and Delinquency (NCCD; 2007) from 2004 to 2007, funded by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP). The study contributed to the research on child maltreatment prevention by assessing whether participation in Parents Anonymous was associated with changes in child maltreatment outcomes and in risk and protective factors by answering the following question: Does Parents Anonymous work to reduce the risk of child maltreatment and, if so, for all parents, or for some more than others?

The NCCD evaluation was comprehensive in nature due to its inclusion of standardized measures of risk and protective factors as well as child maltreatment outcomes with a national sample studied over a six-month period. It was unique in its inclusion of previously unstudied risk factors *in relation to parent support groups,* including substance abuse, mental health problems, poor family functioning, and domestic violence, although understanding and responding to

these risk factors is now considered fundamental in designing, implementing, and evaluating parenting programs (Barth, 2009; National Research Council, 1993). The NCCD evaluation also included the more commonly studied areas such as social support, family functioning, and parenting skills (Daro & McCurdy, 1994; Dukewich, Borkowski, & Whitman, 1996; Horton, 2003; Mash, Johnston, & Kovitz, 1983; Reid, Kavanagh, & Baldwin, 1987).

Methods

Study Design

A longitudinal design was used with a random sample of groups that then recruited parents new to Parents Anonymous. Data was collected from this national sample of Parents Anonymous group participants at three points in time: baseline, one month, and six months. Participant eligibility requirements were at least 18 years old, parent living with at least one child under 17, and not attending more than five group meetings prior to recruitment.

Procedures

Trained group facilitators approached Parents Anonymous group newcomers and explained the study goal and study incentives ($50, $75, and $100, respectively, for each of three telephone interviews over six months). Participation was voluntary and continued involvement in group was not required. A telephone tape-recorded informed consent procedure was conducted prior to any data collection. Participants and researchers used a toll-free number to schedule or change interview times. The NCCD Institutional Review Board approved all procedures and materials in January 2004. Confidentiality was assured through participant ID numbers and contact information kept in a secure file separate from the data.

Data Collection

One-hour structured computer-assisted telephone interviews (CATI) were conducted with parents at baseline (when parents began group participation), one month later, and six months later.

Measures

The interview instrument covered four domains and 16 measures: (a) demographics and background, (b) child maltreatment outcomes (parenting distress, parenting rigidity, psychological aggression toward children, and physical aggression toward children), (c) child maltreatment risk factors (parental stress, life stress, emotional domestic violence, physical domestic violence, alcohol use, and drug use), and (d) child maltreatment protective factors (quality of life, emotional/instrumental social support, general social support, parenting sense of competence, nonviolent discipline tactics, and family functioning). The 16 subscales were based on standardized instruments with excellent psychometric properties.

Data Analysis

SPSS (Statistical Package for the Social Sciences) was used to analyze descriptive statistics, frequency distributions, and outliers for all variables. The effects of parent characteristics were examined using regression analyses assessing scale score change over time and the differential influence on variability in scale score change, but few significant findings were found. Therefore, planned higher order analyses were not conducted. *T*-tests were conducted to assess score changes in the 16 measures over time; that is, for "one month" change in the time between the Time 1 (baseline) and Time 2 interviews and for "six month" change in the time between the Time 1 (baseline) and Time 3 interviews.

Results

Participants

Participants were from 54 randomly selected groups in 19 states. All three interviews were completed by 206 eligible parents who represented about 20% of group newcomers. Table 1 shows the total sample ($n = 206$) and the breakdowns for analyses: parents who continued in groups throughout the study period ($n = 188$) and parents who dropped out of group after the first interview ($n = 18$).

Table 1

Parent Demographic and Background Variables Used in Analyses

	Total study sample *n* = 206		Continuing parents *n* = 188		Dropouts *n* = 18	
	n	%	*n*	%	*n*	%
Gender						
Female	187	91	169	90	18	100
Male	19	9	19	10	0	0
Ethnicity						
African American	99	48	92	49	7	39
White	86	42	79	42	7	39
Other	21	10	17	9	4	22
Education						
Less than high school	43	21	43	23	0	0
Graduated high school or more	158	77	142	76	16	89
Income						
Low, less than $13,000/year	94	46	88	47	6	33
High, $13,000 or more/year	103	50	92	49	11	61
Child with special needs						
No	103	50	92	49	11	61
Yes	103	50	96	51	7	39
Other caretaker in household						
No	103	50	95	51	8	44
Yes	103	50	93	49	10	56
Physical or mental illness history						
No	105	51	96	51	9	50
Yes	101	49	92	49	9	50
Prior help-seeking for parenting						
No	58	28	54	29	4	22
Yes	148	72	134	71	14	78
Alcohol or drug abuse history						
No	169	82	152	81	17	94
Yes	37	18	36	19	1	6
History of child protective services contact						
No	150	73	137	73	13	72
Yes	56	27	51	27	5	28
Mandated Parents Anonymous group attendance						
No	171	83	156	83	15	83
Yes	30	15	27	14	3	17

Note: Pairs may not add to 100% due to rounding or lower totals due to question not answered.

Participant Background Characteristics

As Table 1 shows, the sample of 188 was primarily female (90%), African American (49%) or white (42%), and high school or higher graduates (76%). About half of the parents were higher income (more than $13,000 per year), had at least one child with special needs, had another caretaker in the household, or had a history of physical or mental illness. Almost three-quarters reported seeking parenting skills help from other sources before attending the group. Of the 188, 19% had a history of alcohol or drug abuse, 27% had a history of child protective services contact, and 14% were mandated to attend the Parents Anonymous group.

Domain Areas: Child Maltreatment Outcomes, Risk Factors, and Protective Factors

Table 2 presents the statistically significant effect sizes of one-month and six-month change across the 16 subscales of the domain areas. Statistically significant change was found on three of the four child maltreatment outcomes in both the one-month and six-month time frames: parents reduced their parenting distress, parenting rigidity, and use of psychological aggression toward their children. The physical aggression scores also decreased, but the change was not statistically significant. With five as the highest possible score, mean scores at the first interview were very low for psychological aggression toward children (0.71) and for physical aggression toward children (0.21).

There were statistically significant six-month reductions in four of six risk factors: life stress, emotional domestic violence, alcohol use, and drug use. At baseline, the parental stress average score was 2.07 (range 1–4) and the life stress average score was 0.53 (range 0–3)—both low, as were the average scores on the other risk factor measures. For protective factors, the mean scores at baseline were relatively high on five of the six measures (quality of life, emotional/instrumental social support, general social support, parenting sense of competence, and family functioning), and no statistically significant one-month or six-month changes were found. The mean score on use of nonviolent discipline tactics was

Table 2

Effect Sizes and *t*-Tests for Statistically Significant One-Month and Six-Month Change on Child Maltreatment Outcomes, Risk Factors, and Protective Factors

	Scale range	Average baseline score (*SD*)	Change in all cases (*n* = 188)		Change in "highest risk" cases[a]		
T1 = Baseline **T2 = One month later** **T3 = Six months later**			**One-month change[b]**	**Six-month change[b]**	***n* at T1**	**One-month change[b]**	**Six-month change[b]**
Child maltreatment outcomes							
Parenting distress[c]	1–2	1.28 (0.26)	*−0.03* *t* = 3.41***	*−0.04* *t* = 2.86**	49	*−0.09* *t* = 3.54***	*−0.15* *t* = 3.97***
Parenting rigidity[c]	1–2	1.40 (0.26)	*−0.03* *t* = 2.54*	*−0.05* *t* = 4.27***	44		*−0.12* *t* = 3.45***
Psychological aggression toward children[d]	0–5	0.71 (0.67)	*−0.13* *t* = 2.82**	*−0.15* *t* = 3.31***	48	*0.47* *t* = 3.50***	*0.49* *t* = 3.71***
Physical aggression toward children[d]	0–5	0.21 (0.39)			40	*−0.23* *t* = 2.14*	*−0.28* *t* = 2.60**
Risk factors							
Parental stress[e]	1–4	2.07 (0.40)			46	*−0.14* *t* = 3.67***	*−0.17* *t* = 4.48***
Life stress[f]	0–3	0.53 (0.40)	*−0.11* *t* = 5.43***	*−0.08* *t* = 3.24***	46	*−0.28* *t* = 5.09***	*−0.28* *t* = 3.98***
Emotional domestic violence[g]	0–3	0.38 (0.61)		*−0.12* *t* = 2.00*	25	*−0.30* *t* = 2.51*	*−0.46* *t* = 2.89**
Physical domestic violence[g]	0–3	0.05 (0.21)			13	*−0.36* *t* = 2.39*	*−0.31* *t* = 4.22**
Alcohol use[h]	0–1	0.09 (0.19)	*−0.03* *t* = 2.29*	*−0.04* *t* = 2.49*	43	*−0.17* *t* = 4.35***	*−0.27* *t* = 7.50***

Drug use[i]	0–1	0.13 (0.28)		*−0.05* $t = 3.35^{***}$	46	*−0.22* $t = 5.14^{***}$	*−0.28* $t = 6.47^{***}$
Protective factors							
Quality of life[j]	1–5	3.81 (0.64)	*0.07* $t = -2.27^{*}$		50	*0.31* $t = -5.36^{***}$	*0.36* $t = -4.85^{***}$
Emotional and instrumental social support[k]	0–3	2.76 (0.39)			43	*0.32* $t = -4.46^{***}$	*0.29* $t = -3.52^{***}$
General social support[k]	0–3	1.47 (0.47)			49	*0.41* $t = -6.56^{***}$	*0.45* $t = -7.04^{***}$
Parenting sense of competence[l]	1–4	2.97 (0.36)			49	*0.08* $t = -2.25^{*}$	*0.24* $t = -6.78^{***}$
Nonviolent discipline tactics[d]	0–5	2.31 (1.14)	*−0.19* $t = 2.58^{*}$		51	*0.27* $t = -2.18^{*}$	*0.49* $t = -3.74^{***}$
Family functioning[m]	1–4	3.10 (0.48)			44	*0.12* $t = -2.23^{*}$	*0.16* $t = -2.89^{**}$

$^{*}p \leq .05$ $^{**}p \leq .01$ $^{***}p \leq .001$

Notes:

[a]Those who scored in lowest 25% on each protective factor measure and in highest 25% on each child maltreatment and risk factor measure.

[b]Numbers indicate effect size of statistically significant change in direction shown. Blanks indicate no statistically significant change ($p > 0.05$).

Scales were derived from:

[c]*Child Abuse Potential Inventory* (Milner, 1986).

[d]*Parent-Child Conflict Tactics Scale* (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998).

[e]*Parenting Stress Index* (Abidin, 1995).

[f]*Life Stress* (Kanner, Coyne, Schaefer, & Lazarus, 1981).

[g]*Conflict Tactics Scale* (Straus, Hamby, & Warren, 1995).

[h]*Short Michigan Alcoholism Screening Test* (Selzer, Vinokur, & VanRooijen, 1975).

[i]*Drug Abuse Screening Test* (Skinner, 1982).

[j]*Quality of Life* (Andrews & Withey, 1976).

[k]*Norbeck Social Support Questionnaire* (Norbeck, Lindsey, & Carrieri, 1981).

[l]*Parenting Sense of Competence* (Gibaud-Wallston & Wandersman, 1978).

[m]*McMaster Family Assessment Device* (Epstein, Baldwin, & Bishop, 1983).

low at baseline (2.31; range 0–5), and although statistically significant change appeared at one month, no statistically significant six-month change was found.

The "highest-risk" parents were defined as those scoring in the highest 25% for the child maltreatment outcomes and risk factors measures and in the lowest 25% for the protective factors measures. Table 2 shows the numbers for the highest risk participants for each measure; on average they represented 23% (43) of the 188. When *t*-tests were run to assess change in risk and protective factors for *only* the 25% of parents who scored "at highest risk" at the first interview, statistically significant six-month improvement was found for *all* risk and protective factors.

Changes Across Participant Characteristics

Each demographic and background characteristic (see Table 1) was reviewed in terms of statistically significant effect size changes on the 16 study measures. Table 3 shows the background variable groups that demonstrated statistically significant six-month improvements on six or more measures: those who were female, had another caregiver in the home, had higher income, were not mandated to attend the group, had higher education, and did not have a child with special needs in the home.

All background variable groups showed statistically significant six-month improvement on three of the four child maltreatment outcomes, but physical aggression toward children had no significant one-month or six-month change on any background variable. Every background group exhibited six-month improvement on at least one scale.

Parents Who Continued in Parents Anonymous Versus Those Who Dropped Out

Overall, parents who attended group continuously for the six months ($n = 188$) showed statistically significant improvement on 7 of the 16 measures: (1) parenting distress, (2) parenting rigidity, (3) psychological aggression toward children, (4) life stress, (5) intimate partner violence, (6) alcohol use, and (7) drug use. In contrast, parents

Table 3

Effect Sizes and *t*-Test Findings of Statistically Significant Six-Month Changes[a] on Study Measures by Background Characteristics Showing Positive Change in Six or More Measures ($n = 188$)

	Scale range	Gender: Female	Other caregiver in the home: Yes	Income: High (>$13,000 per year)	Mandated attendance: No	Education: High school graduate or more	Child with special needs in the home: No
n		169	93	92	156	142	92
Child maltreatment outcomes							
Parenting distress[c]	1–2	*−0.05* $t = 3.10^{**}$	*−0.06* $t = 3.46^{***}$	*−0.05* *t = 2.48**	*−0.03* $t = 2.22^{*}$	*−0.06* $t = 3.46^{***}$	*−0.03* $t = 2.14^{*}$
Parenting rigidity[c]	1–2	*−0.07* $t = 4.90^{***}$	*−0.08* $t = 4.28^{***}$	*−0.06* $t = 3.56^{***}$	*−0.07* $t = 5.47^{***}$	*−0.05* $t = 3.30^{***}$	*−0.06* $t = 3.21^{**}$
Psychological aggression toward children[d]	0–5	*−0.13* $t = 2.84^{**}$	*−0.20* $t = 3.12^{**}$	*−0.18* $t = 2.63^{**}$	*−0.13* $t = 2.84^{**}$	*−0.14* $t = 3.12^{**}$	*−0.10* $t = 2.12^{*}$
Physical aggression toward children[d]	0–5						
Risk factors							
Parental stress[e]	1–4		*−0.07* $t = 2.66^{**}$				
Life stress[f]	0–3	*−0.09* $t = 3.45^{***}$		*−0.08* $t = 2.15^{*}$	*−0.08* $t = 2.72^{**}$	*−0.08* $t = 2.61^{**}$	
Emotional domestic violence[g]	0–3	*−0.15* $t = 2.49^{*}$		*−0.20* $t = 2.40^{*}$	*−0.13* $t = 2.08^{*}$		

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Table 3 cont.

	Scale range	Gender: Female	Other caregiver in the home: Yes	Income: High (>$13,000 per year)	Mandated attendance: No	Education: High school graduate or more	Child with special needs in the home: No
n		169	93	92	156	142	92
Physical domestic violence[g]	0–3						
Alcohol use[h]	0–1	*−0.04* *t* = 2.43*	*−0.02* *t* = 2.12*	*−0.05* *t* = 2.75**	*−0.04* *t* = 2.30*		*−0.05* *t* = 2.40*
Drug use[i]	0–1	*−0.04* *t* = 2.71**	*−0.06* *t* = 3.13**	*−0.08* *t* = 3.74***	*−0.06* *t* = 3.17**	*−0.05* *t* = 2.65**	*−0.08* *t* = 4.39***
Protective factors							
Quality of life[j]	1–5	*0.08* *t* = −2.01*	*0.11* *t* = −2.60*				
Emotional and instrumental social support[k]	0–3						*0.08* *t* = −2.26*
General social support[k]	0–3	*0.09* *t* = −2.09*	*0.10* *t* = −1.99*			*0.08* *t* = −2.13*	
Parenting sense of competence[l]	1–4						
Nonviolent discipline tactics[d]	0–5						
Family functioning[m]	1–4		*−0.10* *t* = 2.33* **[decrease]**		*−0.06* *t* = 1.99* **[decrease]**		
Total number of measures with statistically significant six-month change		9	8	7	7	6	6

$*p \leq .05 \quad **p \leq .01 \quad ***p \leq .001$

Notes.:
[a]Six-month change: Six months from T1 (baseline) to T3 (six months later).
[b]Numbers indicate effect size of statistically significant change in direction shown ($p < 0.05$). Blanks indicate no statistically significant change ($p > 0.05$).

Scales were derived from:
[c]*Child Abuse Potential Inventory* (Milner, 1986).
[d]*Parent-Child Conflict Tactics Scale* (Straus et al., 1998).
[e]*Parenting Stress Index* (Abidin, 1995).
[f]*Life Stress* (Kanner et al., 1981).
[g]*Conflict Tactics Scale* (Straus et al., 1995).
[h]*Short Michigan Alcoholism Screening Test* (Selzer et al., 1975).
[i]*Drug Abuse Screening Test* (Skinner,1982).
[j]*Quality of Life* (Andrews & Withey, 1976).
[k]*Norbeck Social Support Questionnaire* (Norbeck et al., 1981).
[l]*Parenting Sense of Competence* (Gibaud-Wallston & Wandersman, 1978).
[m]*McMaster Family Assessment Device* (Epstein et al., 1983).

who stopped attending meetings after the first interview ($n = 18$) indicated significant change on just one measure, decreased life stress.

Discussion

The study findings revealed several key conclusions related to changes in child maltreatment outcomes and risk and protective factors. For the sample as a whole, average baseline scores on the study measures did not indicate especially high risk of child maltreatment. Even so, improvements were found, particularly for those at highest risk for child maltreatment at baseline.

All parents showed a strong pattern of reduction in child maltreatment outcomes over time, with statistical significance for parenting distress and rigidity and psychological aggression toward children. The lack of statistically significant change in physical aggression toward children is likely due to the very low average baseline score (0.21) which did decrease, but not significantly.

All parents showed a consistent pattern of trends demonstrating decreased risk factors and increased protective factors over time. Statistically significant improvement was shown for life stress, emotional domestic violence, drug use, and alcohol use. Although parental stress, physical domestic violence, parenting sense of competence, and family functioning decreased, the scores were not statistically significant. It is possible that group attendance created more awareness of the need for improvement in these areas, but changes in these "global" areas may take more time. Findings for changes in nonviolent discipline tactics went both ways: nonviolent tactics scores dropped overall, but rose for those parents who used them the least at the start of the study. This study operationalized nonviolent tactics as a protective factor. It was theorized that positive parenting techniques would supplant unhealthy, aggressive forms of discipline. In that case, scores on nonviolent tactics would rise over time, not decrease. However, it can also be theorized that, as risk and protective factors improve and a family begins to function in healthier ways, the need for any discipline, nonviolent or aggressive, is reduced. This alternative explanation is supported by the authors of the scale on which the measure

was based, who report that parents use a variety of strategies to address discipline issues and found correlation between nonviolent and aggressive tactics (Straus et al., 1998).

When grouped by background characteristics, all types of parents showed at least some improvement and certain types showed very consistent improvement, demonstrating differences in effects for different types of parents. Although some groups of parents showed improvement on half or more of the measures (e.g., women and those with another caregiver in the home), the fact that all groups showed statistically significant improvement on at least one measure at six months is an important indication that all types of parents find some benefit in group attendance. It is also an indication that certain groups of parents (e.g., single, low-income parents with special needs children) may need to be targeted for help in specific areas.

Parents who continued in Parents Anonymous showed consistent improvement, while parents who stopped attending meetings showed very little improvement. These findings cannot be explained by prestudy differences—parents who continued and those who did not were not statistically different on any demographics, background characteristics, or study measures at baseline. This is a strong indication that the improvements demonstrated could be attributed to group attendance.

The parents at "highest risk" at baseline showed statistically significant improvement on all child maltreatment outcomes, risk factors, and protective factors. The separate analysis of parents with the highest child maltreatment and risk factors scores and lowest protective factors scores revealed that those parents most likely to use physical aggression toward their children at baseline showed statistically significant improvement on that scale even though the sample overall did not. Similar phenomena were found for parental stress, physical and emotional domestic violence, drug abuse, and quality of life. Since the sample included only parents new to Parents Anonymous, they may have been in a particular crisis at the time of the first interview that might be expected to lessen over time, with or without intervention. But it is equally possible the crisis would continue or new crises would develop, especially over a

six-month period. The consistency of improvement across the various study measures is strong evidence that Parents Anonymous attendance facilitated the reduced risk of maltreatment in those parents most in need of help.

Parents who started the study in the bottom quartile of social support showed statistically significant improvement at one and six months. In addition, parents who were female, had another caregiver in the home, and had higher education demonstrated statistically significant six-month improvement in general social support, while those who had a child with special needs in the home showed significant improvement in emotional and instrumental social support. In fact, the sample as a whole showed increases in all social support measures over time, with trends toward significance. These findings are especially important in relation to the development of SSNRs when addressing child maltreatment prevention, as they indicate increases in social support through Parents Anonymous group attendance.

Study Strengths and Limitations

The study methodology had several strengths not present in previous studies of parent support groups and, in fact, were primary reasons that the study was funded by OJJDP: use of a national sample from randomly selected groups representing a wide range of U.S. geographical areas, measures based on published standardized scales on risk factors not commonly associated with parent support groups, and methods informed by a prior process evaluation (NCCD, 2002). A limitation of the study was the fact that participation was voluntary, allowing for the possibility that parents who volunteered might be more likely to benefit from the program; for instance, they might be more readily trusting, while a non-volunteer might be more guarded. Another limitation was the major threat to the internal validity of a time series design—history; that is, the possibility that other unknown factors besides Parents Anonymous participation may have contributed to the study findings. However, although the evaluation literature includes many studies in which interventions produced immediate impacts that did not necessarily last, these parents demonstrated sig-

nificant improvement at both time points, indicating that the initial one-month impacts were sustained or improved upon over the six-month study period (DeGarmo, Patterson, & Forgatch, 2004).

Conclusions

The findings from this national evaluation indicate positive benefit for parents who attend Parents Anonymous groups, a resource that can easily be incorporated into a comprehensive system of care as a cost-effective, community-based family strengthening approach to the prevention of child maltreatment. Study findings indicate that Parents Anonymous is a promising program for the reduction of child maltreatment.

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