



Preventing Child Abuse at Scale: Evaluating Two Approaches to SEEK (Safe Environment for Every Kid)

Shining a light on integrated care to promote mastery
and unlock human potential.

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Every year in the U.S., hundreds of thousands of children experience maltreatment—abuse or neglect that leaves lasting scars on their lives, as well as on their families, the surrounding communities, and society at large. In 2022 alone, an estimated 560,000 children were victims of abuse, a staggering number that represents not just a personal tragedy for each child but a public

health crisis with long-term consequences—mental illness, chronic health conditions, and compromised development among them.[\[1\]](#)

While the statistics are sobering, so too is the challenge: How do we scale up proven solutions fast enough to reach the families who need them most?

One such solution is the Safe Environment for Every Kid (SEEK) approach. This evidence-based model has quietly but powerfully transformed pediatric primary care into a frontline defense against child maltreatment. Developed in the early 2000s at the University of Maryland School of Medicine, SEEK is rooted in research connecting social determinants of health (SDOH) and adverse childhood experiences (ACEs)—such as parental depression, intimate partner violence, and food insecurity—to child abuse and neglect.[\[2\]](#) It equips pediatricians with tools to spot red flags early, engages parents in supportive dialogue, and connects them with resources before a crisis takes hold.

But SEEK’s effectiveness depends on its delivery—and on the ability to scale it with fidelity across diverse healthcare settings. This study examines two distinct training methods for bringing SEEK to scale, with a focus on what works best to equip providers, strengthen families, and help turn the tide on one of society’s most persistent—and preventable—tragedies.

The Study

This study[\[3\]](#) examined two training modalities to implement the SEEK approach in primary care practices across the U.S. using a multisite, cluster-randomized implementation-science trial. Participating practices were randomly assigned to one of two training approaches: independent online training (IND) versus a structured Maintenance-of-Certification (MOC-4) activity. Those in the IND training group were asked to view 9 videos, read 2 articles, and review SEEK Guidelines and Parent Handouts, which equaled about 3 hours of work altogether. Those assigned to the MOC-4 training were additionally asked to complete 3 one-hour webinars and a quality improvement project implementing SEEK. The extent to which primary care professionals (PCPs) in each practice completed an assigned training was measured, along with readiness for implementing change, views of leadership, and attitudes toward EBPs.

Findings

Essentially, both training formats, the independent online modules (IND) and the MOC-4 structured training, produced significant and sustained improvements in PCPs thinking and behaviors regarding SEEK. That included better screening, increased confidence, and integration of SEEK principles into practice. Most of the practices that started SEEK were found to implement it with fidelity and sustain it for approximately two years. Critically, there were no statistically significant differences between the two training groups. Providers improved

similarly regardless of modality. Since both modalities seemed to perform equally well, the use of the less time and cost-intensive training, the IND, is well supported. Of great importance, these findings suggest a scalable, cost-efficient pathway to train primary care professionals in addressing psychosocial needs and preventing child maltreatment.

This study did have several limitations. The sample was relatively small and lacked the power to make some comparisons. This was exacerbated by the limited variability in the outcomes; most practices implemented SEEK with fidelity and achieved sustainment. The immense stress of the pandemic impeded practice and research. The findings may be different in more favorable times. The findings regarding the two training modalities may also be different for other training interventions. Different topics, better materials, and [\[CM1\]](#) other learners may yield different findings.

Yet, this study also had strengths. This research addressed the need to evaluate and compare common forms of continuing medical education.

The study demonstrated that SEEK can be readily implemented in pediatric primary care practices. The study also reinforced earlier findings that the model can meaningfully reduce maltreatment risk behaviors and child protective services involvement while improving clinical care around psychosocial risks. This approach is currently being implemented in 29 states in the U.S. and a large part of Sweden. At the same time, there are challenges to scaling it up.

Effective ways of preparing and supporting practices and personnel are needed, as is the appropriate payment for more comprehensive care. The findings offer support to the IND training modality, but more research is needed on educational interventions. And different approaches may be needed for different learners. The importance of enhancing primary care to better address SDOH, promote children's health, development, and wellbeing, and to prevent CM requires further evaluation of training modalities and scaling up of EBPs

In Conclusion

As the urgency to prevent child maltreatment grows, SEEK stands out as a model that works and endures. Backed by years of research and real-world application, it remains one of the most rigorously supported, evidence-based approaches for embedding psychosocial screening and maltreatment prevention into everyday pediatric care.

Its results speak volumes: fewer harsh parenting behaviors, fewer neglect-related red flags, fewer child protective services interventions—and a consistent, measurable shift in how providers engage with families. It's a rare intervention that delivers both human impact and economic value.

Still, SEEK's long-term success depends on more than good science. As this study makes clear, **how we train and support providers matters**. Removing organizational barriers, tapping into digital platforms, and integrating tools into electronic health records will be key to scaling SEEK without sacrificing quality or reach, but the finding that SEEK can be effectively implemented with independent online training is very promising.

The next chapter of SEEK's story is already underway. With global interest growing and implementation science evolving, the challenge ahead is clear: make what works, work everywhere.

References

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3. Dubowitz, H., Belanger, R., Magder, L., Kim, H., Saldana, L., Palinkas, L. (2025). Comparing two training approaches to scaling up the Safe Environment for Every Kid (SEEK) approach. *Academic Pediatrics*. <https://doi.org/10.1016/j.acap.2025.103115>
