Strategies for Preventing Child Abuse and Neglect

Presentation to the House Committee on Children and Seniors February 7, 2013



What is Child Maltreatment?

All types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role that results in harm, potential for harm, or threat of harm to a child, including:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

The Problem of Child Maltreatment

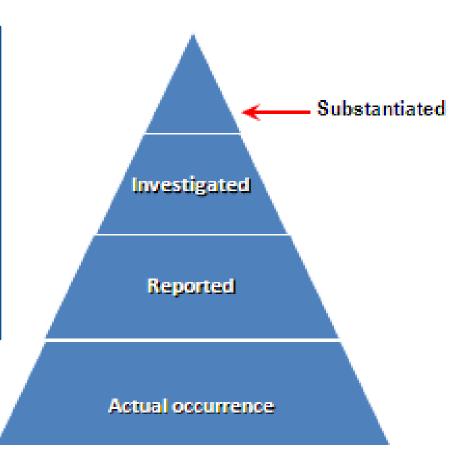
2012 Kansas Data:

Substantiated for child abuse and neglect:

1,916 (5% increase)

Screened in for Investigation: 33,989 (10% increase)

Reports: 64,129 (6% increase)



Adverse Childhood Experiences

- Recent research focuses on Adverse
 Childhood Experiences (ACEs), which include abuse and neglect as well as other circumstances and events that affect children adversely.
- The childhood trauma stemming from early adversity has a profound impact on social connections, school readiness, and the increased likelihood of developing negative health behaviors that can lead to disease and early death.

ACES OUESTIONNAIRE

- Physical abuse
- Emotional abuse
- Sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

White	Finding Your ACE Score
while you were growing	ACE Score
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Act in a way that made you afraid to Yes No 2. Did a parent or other adult in the househ push, grah star	physically hurt?
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Tal you so hard that you)og/
Ever hit you so hard that you had me 3. Did an adult or person at least	irks or were in
o. Old an adult or person	were injured?
ouch or fondle was 5 years old	er than you ave
3. Did an adult or person at least 5 years older Touch or fondle you or have you touch	er than you ever
Attempt or actually by	their body in a source
Touch or fondle you or have you touch Attempt or actually have oral, anal, or y Yes No.	d sexual way?
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Attempt or actually have oral, anal, or see No 4. Did you often or very often feel that No one in your family loved you.	with you?
Your family or or though you or though	tht you
No one in your family loved you or thought of the your family loved you or thought of the your family didn't look out for each other. 5. Did your family of the your family didn't look out for each other.	tht you were important or special? feel close to each other, or support each other? If yes enter 1
5 Did. Yes No Yes No	feel close .
5. Did you often or very often feel that You didn't have enough to each	close to each other or sur
You didn't have enough feel that	If yes enter 1 If yes enter 1 If dirty clothes, and had no one to protect you?
or or had to use	r dirty clothes, and had no one to protect you? care of you or take you to the doctor if you needs If yes enter 1
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ity arunk or high to take	, and had no one to prote
Yes No	care of you or take
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7 Was No Yes No also or divorced?	If yes enter 1
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7. Was your mother or stepmother:	If yes enter 4
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From or very often kirked him	something thrown at horn
Ever repeatedly hit at least a few minutes or the Yes No 8. Did you live with anyone who was a problem driver.	n, hit with a first
Yes No Yes No minutes on the	anst, or hit with something
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who was a	If you knife?
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8. Did you live with anyone who was a problem drinker. Yes No 9. Was a household member depressed or mentally it.	alcoholic or who used
member depressed or	If yes enter t
9. Was a household member depressed or mentally ill, o 10. Did a household member go to prison? Yes No Yes No	[did a h
a nousehold member as	a nousehold member
Yes No 10 prison?	If yes enter 1 attempt suicides
NO NO	- Tolde /
44	If we

Adverse Childhood Experiences are Common

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Household Dysfunction:

Substance abuse	27%	
Parental sep/divorce	23%	
Mental illness	17%	
Battered mother	13%	
Criminal behauior	6%	

Abuse:

Psychological	11%
Physical	28%
Sexual	21%

Neglect:

Emotional	15%
Physical	10%

Consequences

Disease, Injury & Disability

- STDs, including HIV
- Gynecological problems
- Heart disease
- Diabetes
- Stroke
- Cancer
- Suicide

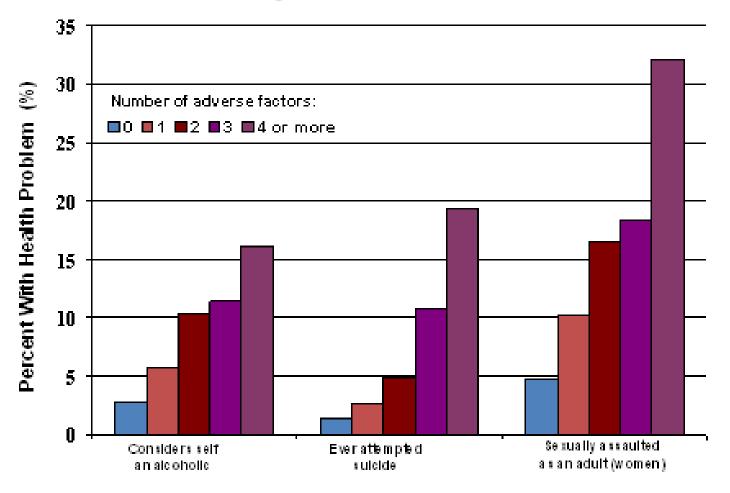
Health-risk Behaviors

- Sexual promiscuity
- Sexual perpetration
- Alcoholabuse
- Illicit/injected-drug use
- Smoking

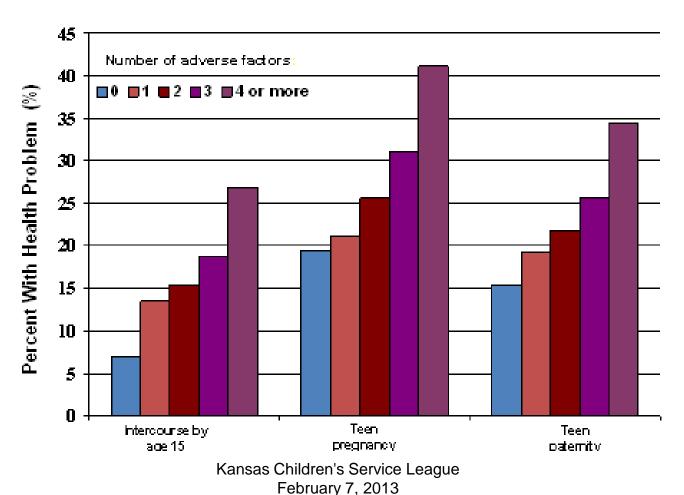
Social, Emotional, and Cognitive Impairments

- Depression, post-traumatic stress disorder (PTSD)
- Aggression
- Anxiety
- Somatic complaints
- Attempted suicide
- Social ostracism
- Anxiety
- Academic achievement
- Re-victimization
- Unwanted pregnancy

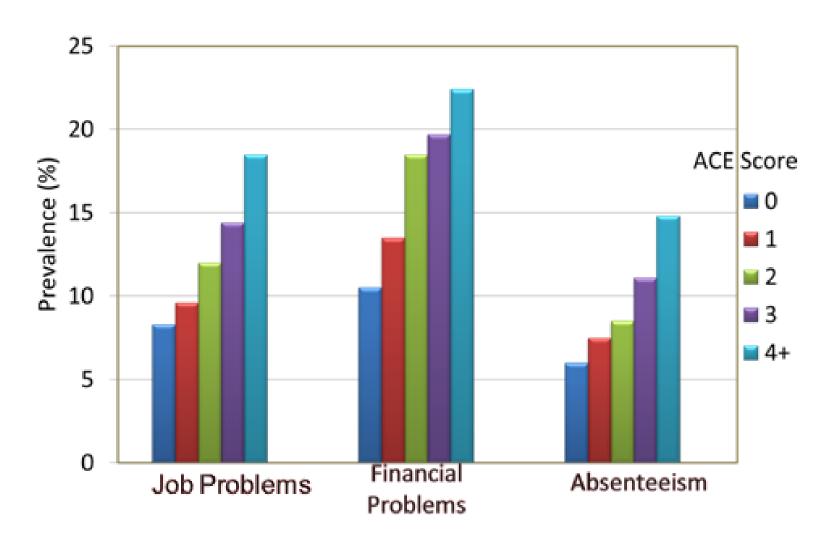
ACE Score and Alcoholism, Suicide Attempts, or Sexual Assault



Number of Adverse Childhood Experiences and Teen Pregnancy/Paternity



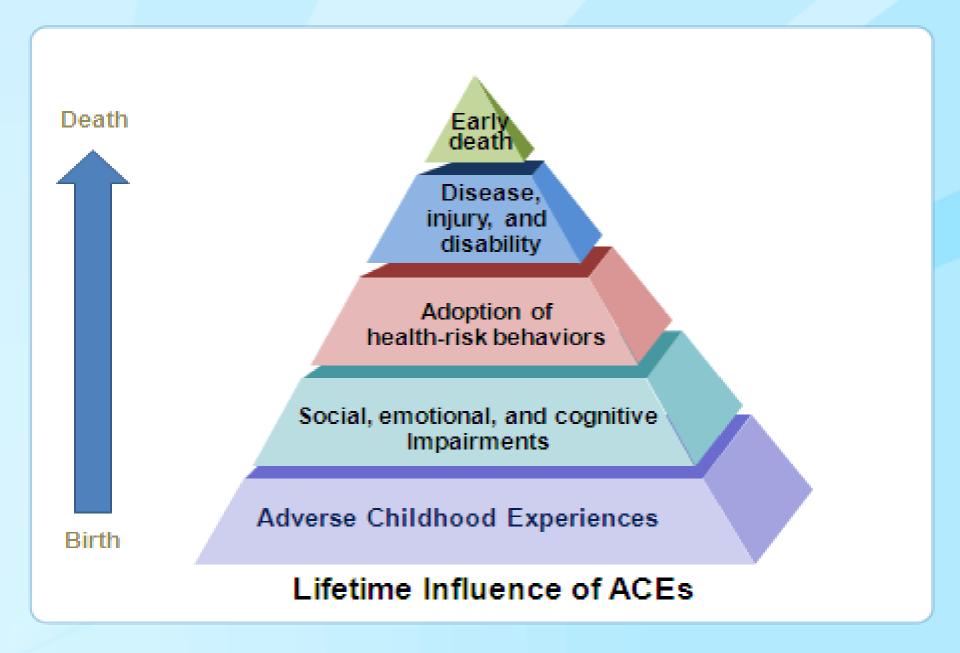
ACE Score and Work Problems



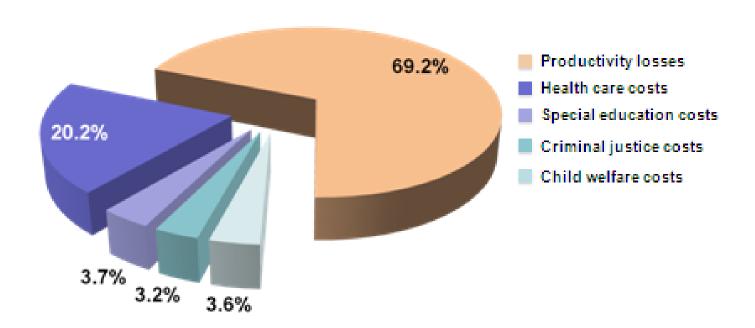
Reduction in Annual Earnings From Selected Health Events (2009 Dollars)



(Fang X, et al. Child Abuse Negl (2012)



Lifetime Economic Burden Of Child Maltreatment: \$124 Billion in 2008



(Fang X, et al. Child Abuse Negl (2012)



What does Abuse Cost us?

Non-Fatal Child Maltreatment has an average lifetime cost of \$210,012 per victim (per CDC 2012)

\$32,648 Childhood Health Care \$10,530 Adult Health Care \$144,360 Work Productivity Losses \$7,728 Child Welfare \$6,747 Criminal Justice \$7,999 Special Education

Compare to the lifetime costs of Type II Diabetes @ \$181,000

Prevention is a Cost Effective Solution

- In SFY 2011 Kansans spent \$139 million on Foster Care (5,015 children/month) or \$27,000/year/child or \$74/day/child
- KCSL's Healthy Families America costs \$6,000 per year/family or \$15/day
- ROI: Every \$1 spent on prevention saves \$7 on more costly services later (Perry Preschool Study)



Three Ways to Think About Prevention

- □ WHEN
- □ WHO
- □ WHAT



When

PRIMARY & SECONDARY:

BEFORE ABUSE OCCURS

- Change conditions that support abuse
- Promote conditions that inhibit abuse
- Encourage awareness & develop skills for behaviors you want adopted
- Keep from happening

TERTIARY:

AFTER ABUSE OCCURS

- Encourage awareness of extent of the problem and where to receive services
- Respond to abuse
- Provide services to victims
 & survivors
- Keep from happening <u>again</u>

The Earlier, the Better

- Before problems emerge
- Before age 3 for the best results

Building Brain Architecture



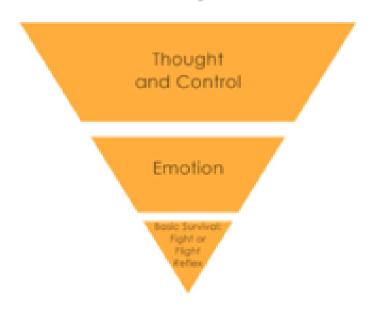




The early years of life matter because early experiences affect the architecture of the maturing brain. As it emerges, the quality of that architecture establishes either a sturdy or a fragile foundation for all of the development and behavior that follows.

© Frame\Norks Institute 2009

Healthy Brain

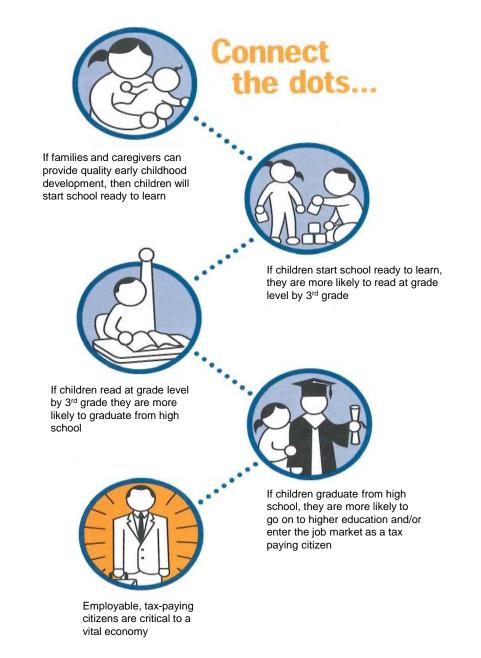


Healthy development derailed....



Traumatized Brain

Early investments that support quality early childhood development have lifelong benefits



Who is the Focus

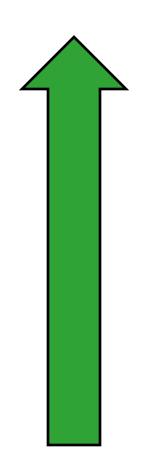
- □ Universal Everyone in the population or everyone in a particular group or area
- Selected Those most at risk
- Indicated Those who have experienced abuse



Risk and Protective Factors

When risk factors accumulate and outweigh protective factors, negative outcomes, such as child maltreatment are more likely to occur.

Risk and Protective Factors



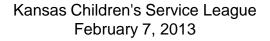
Protective factors

Increase
 likelihood of
 positive
 outcomes
 occurring

Risk Factors

Decrease

 likelihood of
 positive
 outcomes
 occurring



Risk Factors

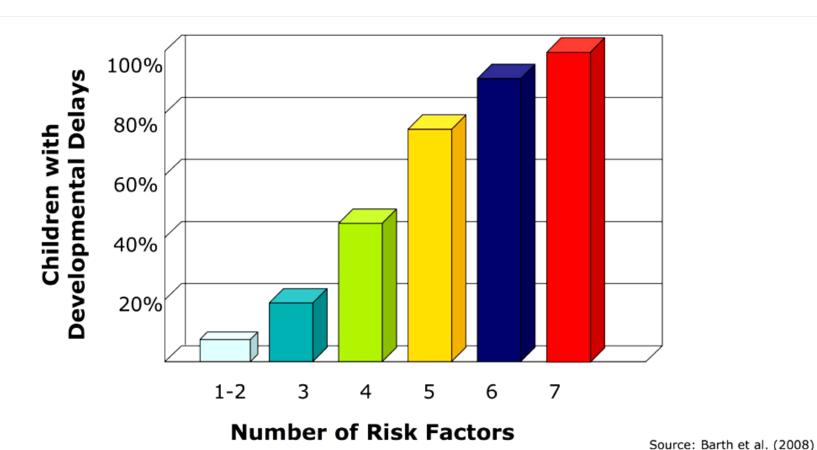
Child abuse and neglect occur in all segments of our society, but the risk factors are greater in families where parents:

- Seem to be having economic, housing or personal problems
- Are isolated from their family or community
- Have difficulty controlling anger or stress
- Are dealing with physical or mental health issues
- Abuse alcohol or drugs
- Appear uninterested in the care, nourishment or safety of their children

Protective Factors

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Nurturing and Attachment

Significant Adversity Impairs Development in the First Three Years





What can we do to prevent child abuse and neglect?

Provide families with the supports and services they need to develop safe, secure, nurturing relationships, be self-sufficient, and parent their children well at home.

Essentials for ChildhoodSafe, Stable, Nurturing Relationships (SSNRs)

http://www.cdc.gov/violenceprevention/childmaltreatment/essentials

- Safety: The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment
- Stability: The degree of predictability and consistency in a child's social, emotional, and physical environment
- Nurturing: The extent to which a parent or caregiver is available and able to sensitively respond to and meet the needs of their child





CDC'S STRATEGIC DIRECTION FOR CM PREVENTION

How programs contribute to prevention of child abuse and neglect

Program Strategies That:

- •Facilitate friendships and mutual support
- Strengthen parenting
- •Respond to family crises
- Link families to services and opportunities
- Value and support parents
- •Facilitate children's social and emotional development
- •Observe and respond to early warning signs of child abuse or neglect

Increase Protective Factors:

Parental Resilience

Social Connections

Knowledge of Parenting & Child Development

Concrete supports in times of need

Nurturing and Attachment

and result in:

Child Abuse and Neglect Prevention

Program Services - Prevention Strategy Matrix

Primary (Universal) Prevention Strategy	Secondary (Targeted) Prevention Strategy	Tertiary (Selected) Prevention Strategy
Parent Help Line	Head Start	Adoption Search
Community Resource Library (Includes Parent Tip Cards)	Early Head Start	Adopt Kansas Kids/Klicks for Kids
Period of PURPLE Crying (Shaken Baby Syndrome Education)	Healthy Families America Home Visitation	From Heart to Home Infant Adoption
Governor's Conference on the Prevention of Child Abuse And Neglect	Supporting School Attendance Case Management	Juvenile Intake and CINC Intake Assessment
e-Learning Training Opportunities (Human Service Professionals)	Parents Helping Parents Support Groups	Compass Resource Families and MAPP (Foster Parent) Training
Child Abuse Prevention Month Activities	Fatherhood Groups	Drug Endangered Child Case Management
Parent Leadership Conference	Healthy Relationship Groups	Center for Restorative Education
Bullying Prevention Hotline	Clinical (Mental Health)	OASIS Runaway Youth Case Management
Fatherhood Summits	Pre-K	
Healthy Relationship Summits	Kinship Navigation	
BullySafe	Parent Training	

Statewide Multiple KCSL Regions West Region Only Wichita Only Topeka Only

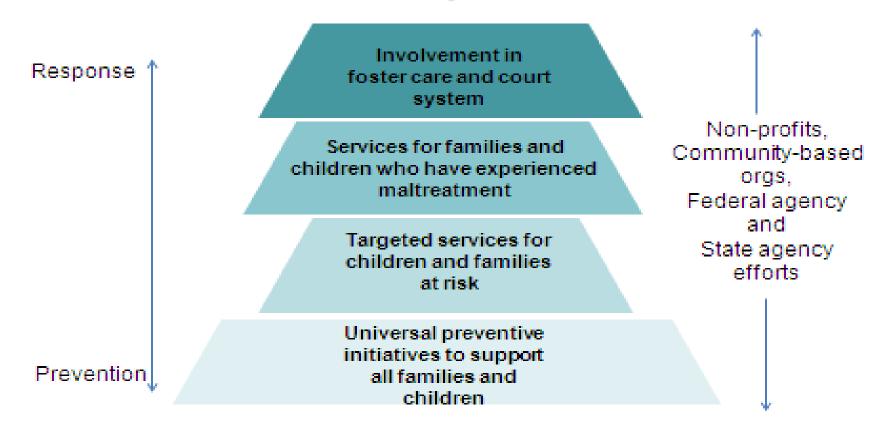
Brief definition of strategy type:

Universal - All parents and caregivers can benefit from the service or information

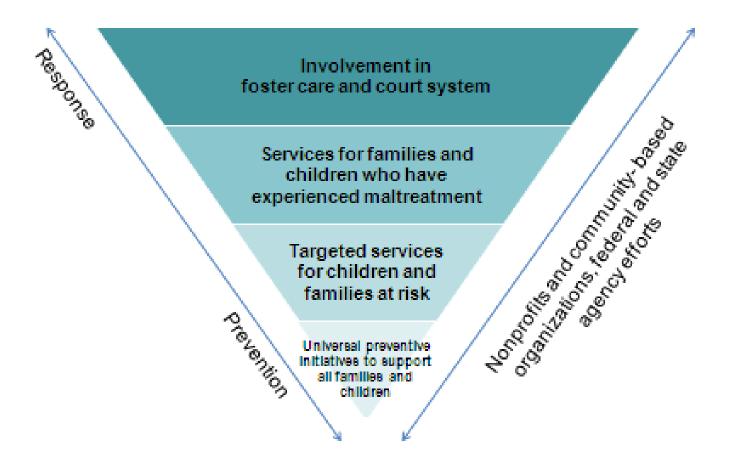
Targeted - Services and supports focused on increasing the protective skills of at-risk groups of parents/children

Selected - Service intervention designed to prevent abuse/neglect from happening again

Addressing Child Maltreatment in the United States Ideal System



Addressing Child Maltreatment in the United States Current System



Policy Choices to Reduce Child Abuse and Neglect

 Raise awareness and commitment to support safe, secure, nurturing relationships and prevent child maltreatment

Use data to inform actions

Policy Choices to Reduce Child Abuse and Neglect

Create a context for healthy children and families through

- norms of shared responsibility for children,
- support for the availability of parenting programs and acceptable parenting behaviors, and
- implementation of evidence-based programs for parents and caregivers

Policy Choices to Reduce Child Abuse and Neglect

Create a context for healthy children and families by

- identifying policies that positively impact the lives of children and families in your community
- providing decision-makers and community leaders with information on the benefits of evidence-based strategies and rigorous evaluation

Resources to Learn More

- http://www/preventchildabuse.org/index.shtml
- http://www.cdc.gov/prc/
- http://www.acestudy.org
- http://www.preventioninstitute.org/about-us.html

For More Information, please contact:

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