

# Local Perspective – Keeping Children Safe and Preventing Child Abuse and Neglect

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# What is Child Welfare?

The term “child welfare” in its simplest form describes the process of protecting children from birth to age 18 (21 under limited circumstances) from harm inflicted by an act or a failure to act by a parent or caretaker.

Child welfare services have multiple components and involve numerous social service agencies working together to provide a safety net.

- Prevention and Diversion
- Investigations
- Ongoing Protective and Supportive Services
- Permanency Services

# Defining Child Abuse

“Child abuse” was redefined in 2015 with passage of 24 laws that provide additional protections for children. It occurs when a parent’s or caretaker’s action(s) or failure to act causes:

- Bodily Injury
- Sexual Abuse or Exploitation
- Mental Injury
- Serious Physical Neglect
- Likelihood of Injury
- Per Se Acts

# Defining General Protective Services

General Protective Services is a broad term used to define a parent or caretakers actions, failure to take action or inability to provide a child will essentials of daily living.

- Inadequate food, clothing, shelter, supervision, physical and mental healthcare, education
- Parental care that endangers a child

# Child Maltreatment in PA

In 2014 PA's Joint State Government Commission conducted a study.

- Public awareness and purposeful prevention efforts resulted in a 19% decline in the occurrence of child abuse from 1993 to 2010.
- Studies reveal that reported child abuse continues to be just a fragment of what actually occurs.
- About 75% of victims have no prior victimization.

\*In 2015 circumstances changed with passage of the comprehensive package of 24 laws that afford additional protections for children.

# Maltreatment Reporting has Increased

In PA the highest number of reports ever was recorded in 2015. There were 29,273.

In Montco there was similar unmatched reporting, overall there was an increase of 49.7%.

- CPS Investigations increased 43.3%
- GPS Investigations increased 16.7%
- Brief Services response increased 73.4%

# Costs of Child Maltreatment

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Child abuse and neglect costs child victims, families and communities.

- In the U.S. in 2012 it was estimated that taxpayers paid \$80,000,000,000 to address child maltreatment.
  - 10 in 1000 children are suspected victims
  - 1 in 1000 are substantiated victims
- In PA, estimated 2012 costs amounted to \$3,770,883,000.

# Costs of Child Maltreatment

Direct and immediate costs of child maltreatment:

- medical treatment
- mental health care
- child protective services
- law enforcement services

Indirect and long-term costs for intervention services:

- developmental delays
- special education
- chronic general and mental health conditions
- drug and alcohol addiction
- juvenile delinquency and adult criminal justice involvement

# Factors Contributing to Child Maltreatment

Diminished parental capacities place children at increased risk of child maltreatment. They may include:

- Drug and/or alcohol dependency
- Untreated or inconsistently treated medical and/or mental health diagnoses
- History of trauma or victimization
- Lack of positive, supportive relationships or social isolation
- Lack of parenting capacities and information, including child development knowledge
- Economic instability and opportunity
- Domestic violence

# Montco's Circumstances

# Serious Child Maltreatment – Local Perspective

In 2015 OCY responded to 11,629 requests for assistance or protective services referrals.

- CPS and GPS investigations assured the safety of 7,872 children.
- Brief Services supported 5,861 children.

\*In most cases family and community supports are able to assure continued safety so children can remain at home or with other family members.

# Serious Child Maltreatment – Local Perspective

Montco is not immune from serious child abuse.

In 2015:

- Bodily injury accounted for 62.8% of child abuse
- 21.3% of all child abuse reports and 45% of all neglect reports involved children under age 5
- Child abuse resulted in critical injuries for 3 children and fatal injuries for 2 children.

# Protecting Our Most Vulnerable Children

Research documents that a special vulnerability exists for young children.

- Children under age 3 are especially at risk – they account for 35% of all victims under age 18.
- 80% of all children who die from incidents of child abuse are under age 4.
- The highest likelihood of maltreatment exists in the first year of life when 21.9 per 1,000 children are victimized.

# Special Population – Infants Born with Neonatal Abstinence Syndrome (NAS)

Infants born addicted to illegal substances and who test positive for those substances are at high risk.

- When a woman takes drugs such as heroin or opioids, codeine, oxycodone (Oxycontin), methadone or buprenorphine her baby is placed at risk of NAS.
  - The baby will be dependent on the drug at birth and may experience withdrawal.
- Other addictive drugs (amphetamines, cocaine, marijuana,) may pose long-term problems.

# Infants Born With NAS

According to a Reuters Report published in Dec., 2015, 130,000 children were born with NAS in the U.S. in the last decade.

The report also identified 110 cases since 2010 in which babies and toddlers died and whose mothers used opioids during pregnancy and who later died preventable deaths.

- More than 40 of the children suffocated
- 13 died after swallowing toxic doses of methadone, heroin, oxycodone or other opioids

CAPTA, a federal law, requires a “Plan of Safe Care” to assure the health and safety when discharged from the hospital.

- However, if a mother was taking methadone, painkillers or other prescribed narcotics hospitals are not required to report so infants can be discharged without needed protections.

# Vulnerable Infants and Preschool Age Children

OCY responded to 110 hospital referrals in 2015 where an infant under 1 year of age experienced NAS or Fetal Alcohol Syndrome (FAS), and/or was born testing positive for an illegal substance.

An additional 114 referrals involved risks for preschool age children when a parent or caretaker with substance addiction jeopardized children's safety.

# Critical and Fatal Child Maltreatment

In PA there were 115 reports of near fatal and fatal child abuse in 2015, a 60% increase since 2011

- 82% of the victims were under age 5
- 80% of the incidents involved physical abuse, 18% involved neglect and 2% involved per se acts
- 73% of individuals responsible for the abuse were biological parent and another 13% were the paramour of a parent.
- 58% of perpetrators were under age 30 and an additional 25% age 30 to 39.

# Critical and Fatal Child Maltreatment

5-year review of Montco's data revealed the following causes of critical injury or death:

- Bruises/welts/contusions
- Fractures
- Internal injury hemorrhage
- Inter-cranial injury
- Forcefully striking a child
- Lack of supervision
- Medical neglect

# Invest Early in Prevention and Early Intervention

# Prevention and Early Intervention Matters

- The challenge of prevention is not expanding formal child welfare services but rather creating change at the community level, through development of an infrastructure that supports high quality, evidence-based services and promotes protective factors Reach those most at risk
  - Determine how to best intervene with diverse ethnic and cultural groups
  - Use technology to expand contacts and service access
  - Balance formal services and strengthen informal supports

# Prevention and Early Intervention Matters

In 2015 OCY provided child abuse and neglect prevention services to 2,954 families.

- Brief Services to 2,171 families
- Prevention and diversion services were provided to 783 families
  - Alternative Response Services
  - Family Group Decision Making
  - Family Center Programs including
    - Parents as Teachers
    - Fatherhood Initiatives
    - Child Abuse Prevention

# Prevention and Early Intervention Matters

Cases opened for protective services supported 862 families with 2,327 children. Of this number:

- 8% or 195 children were placed in foster care or another safe living arrangement while their parents and families received services.
- 206 children were discharged from placement and went home to parents or relatives.
- 23 children were discharged to permanent legal custodians
- 48 children were adopted by permanent families

# Prevention and Early Intervention Matters

## Risk factors:

stressful conditions, events, or circumstances such as maternal depression, substance abuse, family violence, persistent poverty, that increase a family's chances for poor outcomes, including child abuse and neglect.

## Protective factors:

conditions or attributes of individuals, families, communities, or the larger society that mitigate risk and promote healthy development and well-being. Put simply, they are the strengths that help to buffer and support families at risk.

# Prevention Programs Matter

Evidence-based interventions and best practices assure successful outcomes, especially home visiting programs and hands-on in-home parenting programs.

The success of these programs depends upon:

- Starting early – begin before, at or shortly after birth
- Staying the course – being patient and willing to wait for results
- Focusing on the highest-risk, hardest to reach children and families – those least likely to seek services on their own
- Acknowledging the value of positive relationships – recruit and retain the best staff

# Promoting Protective Factors

When Protective Factors are present in a family, the likelihood of child abuse and neglect diminish.

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Children's Social and Emotional Development and Attachment

## Safety, Stability, Nurturing

- Teach parents positive child-rearing and management skills
- Provide social supports to relieve the effects of chronic and situational stress

Safe and Healthy  
Children Are  
Everyone's  
Responsibility

# We Are The Champions

- Our job as champions is to assist families in our communities by—
  - Providing leadership to prevent child maltreatment by engaging in collaborative and coordinated planning
  - Sharing knowledge relevant to child and family protection, including the development of models for service delivery
  - Strengthening the capacity to assist communities
  - Allocating resources to implement evidence-based programs
  - Helping communities by providing competent professionals and volunteers to deliver formal and informal supports

Thank you!