

FACT SHEET ON CHILD ABUSE and PREVENTION IN MONTANA

Prepared for the Children, Families, Health, and Human Services Interim Committee

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January 2006

CHILD ABUSE STATISTICS

Most of the abuse and neglect report substantiations are for neglect or deprivation.

- 63% of substantiations of child abuse are for neglect or deprivation
- 17.46% were for emotional abuse
- 8.44% are for physical abuse
- 4.20% are for sexual abuse
- 4.83% are other abuse or neglect and 1.34% are for medical neglect (FY 2004, CFSD data)

Montana Fetal, Infant and Child Mortality Review (FICMR). Montana FICMR teams reviewed the cases of 316 or (91%) of the 391 fetuses, infants, and children who died in 2001 and 2002 in Montana. There is a state team, and there are local teams in 53 of 56 counties and on 6 of 7 Indian Reservations. Teams are multidisciplinary, are led by public health nurses, medical providers, county coroners, and county attorneys, and may include public health family services, schools, mental health, hospitals, and tribal governments. (FICMR, 2004).

- The teams concurred with 92% of the death certificate causes of death. Eleven percent of children's deaths from all causes were determined to have been able to be prevented.
- The teams identified 65 deaths with evidence of reported prior abuse or neglect (that may or may not have been substantiated) since 1998. The proportion of reviewed deaths with prior reported abuse or neglect is higher among Native Americans than among Whites. Approximately 10% of all reviewed deaths over the 5-year period had evidence of prior abuse or neglect.
- Of those who responded to the question of whether abuse was substantiated or not, 20 of the 48 reviews indicated substantiation (42%).
- FICMR teams determined that 11 of 13 child deaths with prior child abuse and neglect were preventable. Five infant deaths with prior child abuse and neglect for which the cause of death was indicated as "unknown" were determined to be preventable.
- A preventable death is defined as one in which, with retrospective analysis, it is determined that a reasonable intervention (e.g. medical, educational, legal, or psychological) might have prevented the death. Reasonable is defined by taking into consideration the condition circumstances or resources available.

There are direct and indirect costs of child abuse and neglect. The immediate effects of abuse or neglect of a child include medical, emotional, psychological, and behavioral effects on the child. Disorders, such as depression, drug abuse, and severe obesity, are more common. The costs of human suffering are incalculable, but societal costs are not. Prevent Child Abuse America reported that *direct costs* associated with the immediate needs of hospitalization, chronic health problems, mental health care, child welfare, law enforcement, and the judicial system cost the nation \$24 billion dollars annually (Fromm, 2001). *Indirect costs* associated with longer-term or secondary effects in special education,

mental health and health care, juvenile delinquency, lost productivity, and adult criminality annually cost the nation over \$69 billion dollars for a combined total annual cost of \$94 billion. (Prevent Child Abuse America, 2001)

PREVENTION FUNDED BY STATE

- *Prevention* can be generally defined as any intervention that prevents child abuse before it occurs. If a definition is borrowed from a public health framework, there are three levels of prevention services.(Thomas et.al, 2003) *Primary prevention services*, which can be directed to the general population, *secondary prevention services*, which are targeted to individuals or families at risk, and *tertiary prevention services*, which are targeted toward families in which abuse or neglect has already occurred.
- The public entity in Montana that provides primary prevention is the Children's Trust Fund, created by the Legislature and administratively attached to the Child and Family Services Division (CFSD). It may be considered secondary prevention to the extent that it involves families that are at risk, but that may not be involved in a report, investigation, or substantiation of child abuse.
- Montana spends approximately 0.6% of its benefits and grants budget on primary prevention or about 0.4% of its total budget. The money appropriated is from a federal grant and state special revenue: total \$216,000.
- In-home services may be considered secondary or tertiary prevention as they are directed at families at risk and in which abuse or neglect has already occurred and are 6.9% of the benefits and grants budget or 4.3% of the overall budget: \$2,364,400.
- The Children's Trust Fund (which exists in all 50 states) is administered by a volunteer board of seven members appointed by the Governor and is funded through a voluntary checkoff on Montana state income tax returns, a portion of the filing fee for dissolution of marriage or legal separation, federal grants, and other contributions, gifts, and grants. There is a state special revenue fund for the administration of the program and a permanent endowment intended to support programs and services with the interest. (Title 52, chapter 7, part 1, MCA).
- The Children's Trust Fund provides grants or technical assistance to local child abuse and domestic violence programs. Families served may be determined to be at risk, but may not have an open case at the CFSD.
- The Children's Trust Fund Board funds approximately 20 prevention programs annually. Examples of programs include home visiting, parenting education, and respite care to families at risk of domestic violence or child abuse and neglect.

RISK FACTORS

Risk factors for physical and emotional abuse and neglect include community and societal factors, parent-related factors, and child-related factors. (Bethea, 1999, and Thomas, 2003)

- *Societal factors*: high crime rate, violence, lack of or few social services, high poverty rate, or unemployment.
- *Parent-related factors*: personal history of physical or sexual abuse as a child, teenage parent, single parent, emotional immaturity, poor coping skills, low self-esteem, history of substance abuse, history of child abuse, lack of social support, domestic violence, lack of parenting or

communication skills, history of depression or other mental health problems, multiple young children, unwanted pregnancy, or denial of pregnancy.

- *Child-related factors*: prematurity, low birth weight, disabilities or mental retardation, younger children and neglect, increased sexual abuse in older children, or sexual abuse of female and adolescent children.

Although some studies state no differences in the incidence of child abuse in urban and rural settings,¹ child abuse issues in a rural context present different challenges, especially in prevention (Jacobson, 2002).

PROTECTIVE FACTORS

Protective factors are also societal, parent-related, and child-related (Bethea, 1999, and Thomas, 2003).

- *Societal factors*: middle to high socioeconomic status, access to health care and social services, consistent parental employment, adequate housing, family participation in a religious faith, good schools, and supportive adults outside of the family.
- *Parental-related factors*: secure attachment with children, parental reconciliation with own childhood history of abuse, supportive family environments including those with two parent households, household rules and monitoring of the child, extended family support, stable relationship with parents, family expectations of pro-social behavior, and high parental education.
- *Child-related factors*: a child's ability to recognize danger and adapt, to distance oneself from intense feelings, to create relationships crucial for support, and to project oneself into a future in which the perpetrator is no longer present, good health, above-average intelligence, hobbies or interests, good peer relationships, easy temperament, an active coping style, positive self-esteem, good social skills, and internal locus of control and a balance between seeking help and autonomy.

SUCCESSFUL PREVENTION

Common features of successful child abuse prevention programs (Bethea, 1999):

- strengthen family and community connections and support
- treat parents as vital contributors to their children's growth and development
- create opportunities for parents to feel empowered and act on their own behalf
- respect the integrity of the family
- enhance parents' capability to foster the optimal development of their children and themselves
- establish links with community support systems
- provide settings where parents and children can gather, interact, and support and learn from each other
- enhance coordination and integration of services needed by families
- enhance community awareness of the importance of health parenting practices
- provide emergency support for parents 24 hours a day (AAFP).

¹ AAFP cite Capellini et al. The epidemiology of child abuse. Am J Pub Health 1993; 83(11):1622-4.

Examples of prevention within the three levels of prevention framework:

- *Primary prevention* efforts include public service announcements that encourage positive parenting, parent education programs and support groups on child development, age-appropriate expectations and the roles and responsibilities of parenting, family support and family strengthening programs, and public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.
- *Secondary prevention* programs include parent education programs located in high schools that focus on teen parents or that have substance abuse programs for mothers and families with young children, parent support groups that help parents deal with stress and responsibilities of parenting, home visiting programs, respite care for families with special needs, and family resource centers that offer information and referral services to families living in low-income neighborhoods.
- *Tertiary programs* (these would be inside the CFSD when abuse has already occurred): intensive family preservation services, parent mentor programs with stable nonabusive families, parent support groups that help parents transform negative practices and beliefs, and mental health services for children and families.

SOURCES

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