

Wichita Child Abuse Fatalities Community Response Team

Community Response Team

- Formed in the Fall of 2008 as a response to the 8 child abuse deaths that occurred that year
- Created to carry out a prevention plan developed by the Visioneering Wichita Birth-K Alliance.
- Involves over 50 people from 35 organizations

Partners

- KS Children's Cabinet & Trust Fund
- District Attorney's Office
- Via Christi, St. Joseph Hospital
- Wichita State Univ. Social Work Dept.
- Rainbows United
- SG County Health Dept., Healthy Babies
- Wichita Community Foundation
- Child Advocacy Center
- Wichita Child Guidance Center
- USD 259 Parents As Teachers
- Male Focus Coalition
- Parent Leaders
- Community Representatives
- Futures Unlimited
- Harvey County Health Dept.
- Butler County Smart Start
- Sedgwick County Re-Entry Program
- Kansas Children's Service League
- SRS
- Wichita Children's Home
- Wesley Hospital
- KU Medical School
- Child Start
- Children's Mercy Hospital
- United Way of the Plains
- KS Coalition for School Readiness
- Bothner and Bradley Consulting
- Catholic Charities Harbor House
- KS Health Foundation
- Connecting Point
- Faith Based Community Representatives
- SG Co Permanency Council
- DCCCA
- Youthville
- Delta Dental of Kansas
- Center for Health and Wellness
- WSU CCSR

Structure of Community Response Team

- WSU CCSR Facilitates and Evaluates
- Visioneering Wichita Birth-K Alliance oversees
- Community Response Team meets Quarterly, chaired by Vicky Roper, KCSL
- 2 Work Groups meet monthly
 - Community Awareness, chaired by Sarah Robinson, Wichita Children's Home
 - Parent Support, chaired by Lisa Yingling, Via Christi St. Joseph Hospital

Work of the Community Response Team

- Recognizing that we are in an economic downturn which is a risk factor for child abuse, to increase the five protective factors utilizing the information we have about the eight 2008 child abuse fatalities and implement systems to prevent abuse from happening in the first place.

8 Child Abuse Fatalities in 2008

- 7 child abuse related homicides
- 1 child abuse neglect death

- The triggering event determined in three of the five fatalities, where the information is known, was child crying

8 Child Abuse Fatalities in 2008

- Six out of the eight fatalities happened while the child was in the care of someone other than a biological parent.
- This is unusual as the national data shows a different story.
- Child Maltreatment 2007, a publication of the US Dept. of Health and Human Services, shows that 70% of the perpetrators nationally are a biological parent.

8 Child Abuse Fatalities in 2008

- All eight fatalities were children birth-4.
- Three of the eight fatalities involved children less than 1 year old.
- Four were 1-3 years old.
- One was 3-4 years old.
- This is high when compared with national data from Child Maltreatment 2007 which shows that 75.7% of the victims are birth -4.

Wichita Police Dept.

- 2006
 - 352 Child Abuse Incidents Reported to Police
 - 29.33 per month
- 2007
 - 306 Child Abuse Incidents Reported to Police
 - 25.5 per month
- 2008
 - 225 Child Abuse Incidents Reported to Police
 - 18.75 per month

Wichita Metropolitan Statistical Area Maltreatment Trends

Number of Intake Reports by County According to SRS

	2005	2006	2007	2008
Sedgwick	8659	8684	9686	9881
Butler	1065	990	1074	1225
Harvey	443	705	766	713
Sumner	425	472	538	492

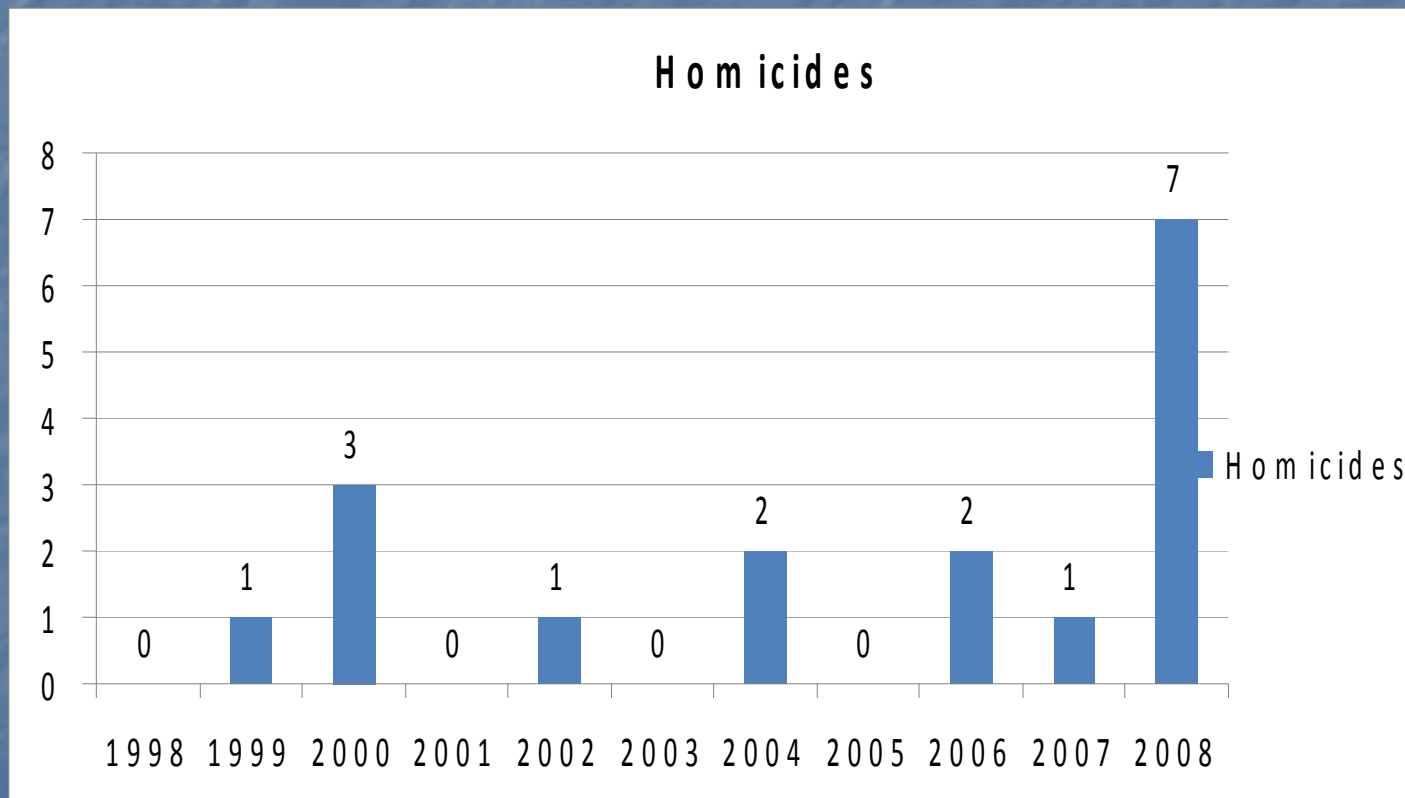
Number of Substantiated Victims by County According to SRS

	2005	2006	2007	2008
Sedgwick	405	477	308	247
Butler	20	40	18	11
Harvey	29	9	30	9
Sumner	23	19	11	10

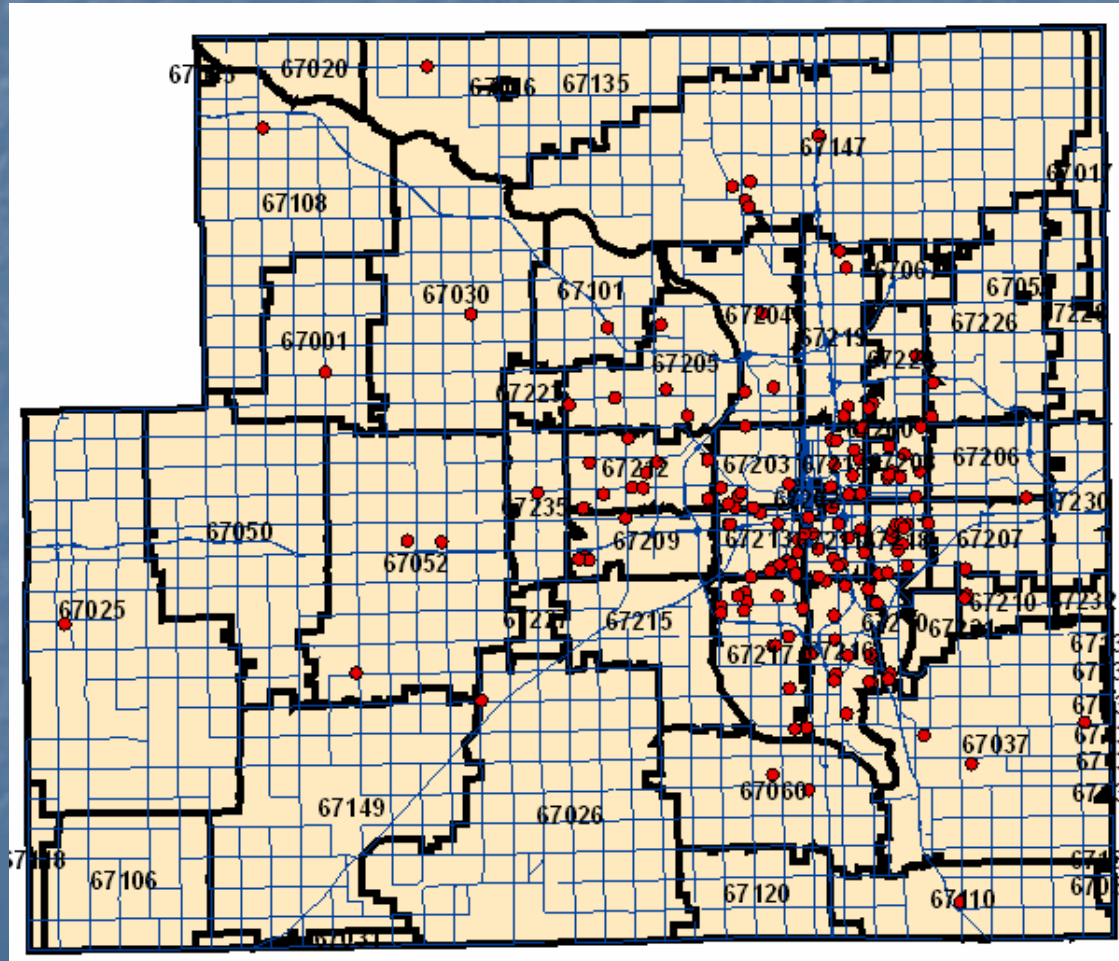
The Data

- Reports are up but substantiated cases were down in 2008.

Wichita's 2008 Child Abuse Fatalities Statistics



Sedgwick County 2008 Substantiated Cases



City of Wichita 2008 Substantiated Cases Top Seven Zip Codes

■ 67216	27
■ 67211	26
■ 67214	24
■ 67217	18
■ 67213	17
■ 67218	16
■ 67208	15

Zip Codes

- These zip code areas are right in the heart of the city.

Estimated Annual Costs of Child Abuse and Neglect

- Life-long consequences: greater risk for adverse health effects and behaviors.

\$103,800,000,000

Per year in direct and indirect costs
*2007 value

Total Annual Cost of Child Abuse and Neglect in U.S. Direct Costs

■ Hospitalization	\$ 6,625,959,263
■ Mental Health Care	\$ 1,080,706,049
■ Child Welfare Services	\$25,361,329,051
■ Law Enforcement	<u>\$ 33,307,770</u>
■ Total Direct Costs	\$33,101,302,133

Total Annual Cost of Child Abuse & Neglect in the U.S. Indirect Costs

- Special Education \$ 2,410,306,242
- Juvenile Delinquency \$ 7,174,814,134
- Mental Health/Health \$ 67,863,457
- Adult Criminal Justice \$27,979,811,982
- Loss of Productivity \$33,019,919,544
- Total Indirect Costs \$70,652,715,359
- Source: Prevent Child Abuse America

National Child Maltreatment

- During FY 2007, 3.2 million referrals involving the alleged maltreatment of 5.8 million children were referred to CPS agencies.*
- During FY 2007, 794,000 children were determined to be victims of abuse or neglect.*
- *Child Maltreatment 2007, US. Dept. of Health and Human Services

Prevention Costs

- The High/Scope Perry Preschool Study
 - Every dollar spent on prevention saves seven dollars on intervention services
 - <http://www.highscope.org>

Risk and Protective Factors

- Protective factors

- Increase likelihood of positive outcomes occurring

- Risk factors

- Decrease likelihood of positive outcomes occurring



Risk and Protective Factors

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

Strengthening Families Approach

- Shift the focus of prevention efforts from risks and deficits to strengths and resiliency.
- Create an understanding of what programs do to promote healthy child development and reduce child abuse and neglect.
- Focus on all health, education, and social services programs serving young children.

Protective Factors

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

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

Protective Factors

Parental Resilience

Social Connections

Knowledge of Parenting
& Child Development

Concrete supports in
times of need

Nurturing and Attachment

CAN
Prevention



Settings for Strategies of the Community Response Team

- Hospitals
- Schools
- Health Care Providers
- Early Childhood
- Social Service Providers
- Neighborhoods

Period of PURPLE Crying

- Created by the National Center on Shaken Baby Syndrome
- Evidence-Based Model with two new randomized trials published
 - *Do educational materials change knowledge and behaviour about crying and shaken baby syndrome? A randomized controlled trial, CMAJ, March 2, 2009, Ronald G. Barr MDCM, et al*
 - *Effectiveness of Educational Materials Designed to Change Knowledge and Behaviors Regarding Crying and Shaken-Baby Syndrome in Mothers of Newborns: A Randomized, Controlled Trial, Pediatrics , March 2009, Ronald G. Barr, MDCM, et al*

Period of PURPLE Crying

- P- Peak of Crying
- U- Unexpected
- R- Resists Soothing
- P- Pain-Like Face
- L- Long Lasting
- E- Evening

Messages

- Crying is a part of normal child development.
 - At about 2 weeks of age, babies may start to cry more each week until about 2 months when they begin to cry less each week. Crying up to 5 hours a day is not unusual.
- Ways to comfort a crying child include: carry, comfort, walk, talk.
- If it's too frustrating it is OK to walk away for a short period of time
- Never shake or hurt a baby. It can cause blindness, seizures, disabilities and death.

Messages

- Be careful who you have care for your baby. If the person has problems handling frustration or has a quick temper, it may be dangerous to leave them with your child.
- Share this information with other caregivers of your child

Period of PURPLE Crying- Implementation

- Dose 1- Hospital-Based: curriculum (10 minute video, 11 page booklet, 3 or 5 minute script) presented through birthing hospitals bedside to parents of newborns before being discharged.
- Dose 2- Community-Based: materials presented through community organizations (early home visitation, child care providers, pediatricians, schools, etc)
- Dose 3- Media Campaign: available September 2009

Period of Purple Crying Protective Factors

- Nurturing and Attachment- Soothing Techniques (comfort, carry, walk and talk)
- Knowledge of Parenting and Child Development- Crying is a normal part of infant development
- Parent Resilience- parents recognize signs and triggers of stress; it is OK to walk away; parents find ways to cope with their frustrations
- Social Connections- parents identify support networks
- Concrete Supports- resource list on inside cover of DVD is personalized to Kansas

Conclusion

- This is a community response to a priority community problem; we are at the beginning of this taking our first steps
- We are pleased about new partnerships and opportunities to come together in different ways
- The Community Response Team has been researching about the eight 2008 child abuse fatalities, researching what works, talking with other communities and pursuing partnerships that leverage what we already have
- We wanted to select a program to begin with that could be implemented in a variety of settings: hospitals, schools, health care providers, neighborhoods, early childhood, social service providers

And, finally...

- We all want to work together to build protective factors that strengthen families and protect children
- We want to make sure that all children in our community are safe

To get involved or to donate, contact:

- Sarah Robinson, Wichita Children's Home
 - Chair, Community Awareness Work Group
- Lisa Yingling, Via Christi, St Joseph
 - Chair, Parent Support Work Group
- Vicky Roper, KS Children's Service League
 - Chair, Community Response Team