

Wichita Child Abuse Fatalities
Community Response Team and
the Period of PURPLE Crying

Wichita Child Abuse Fatalities 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 80 people from 60 organizations

Partners

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

Structure of Community Response Team

- WSU CCSR Facilitates and Evaluates
- Visioneering Wichita Birth-K Alliance oversees
- Funded by Kansas Children's Cabinet and Trust fund with the CBCAP funding stream
- Accredited by Council on Accreditation as a Community Change Initiative
- Community Response Team meets three times a year, chaired by Vicky Roper, KCSL
- Work Groups meet monthly

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.

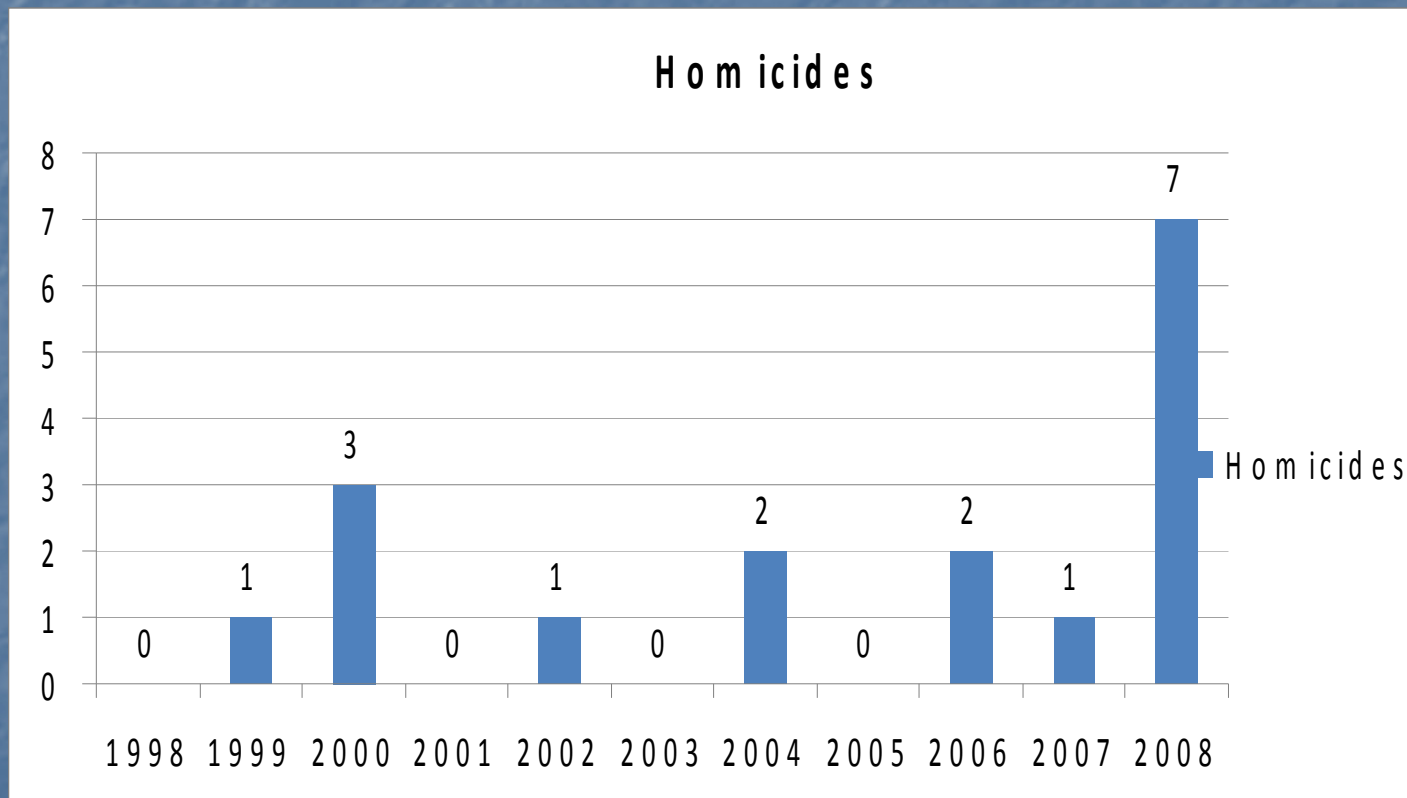
8 Child Abuse Fatalities in 2008

- 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.

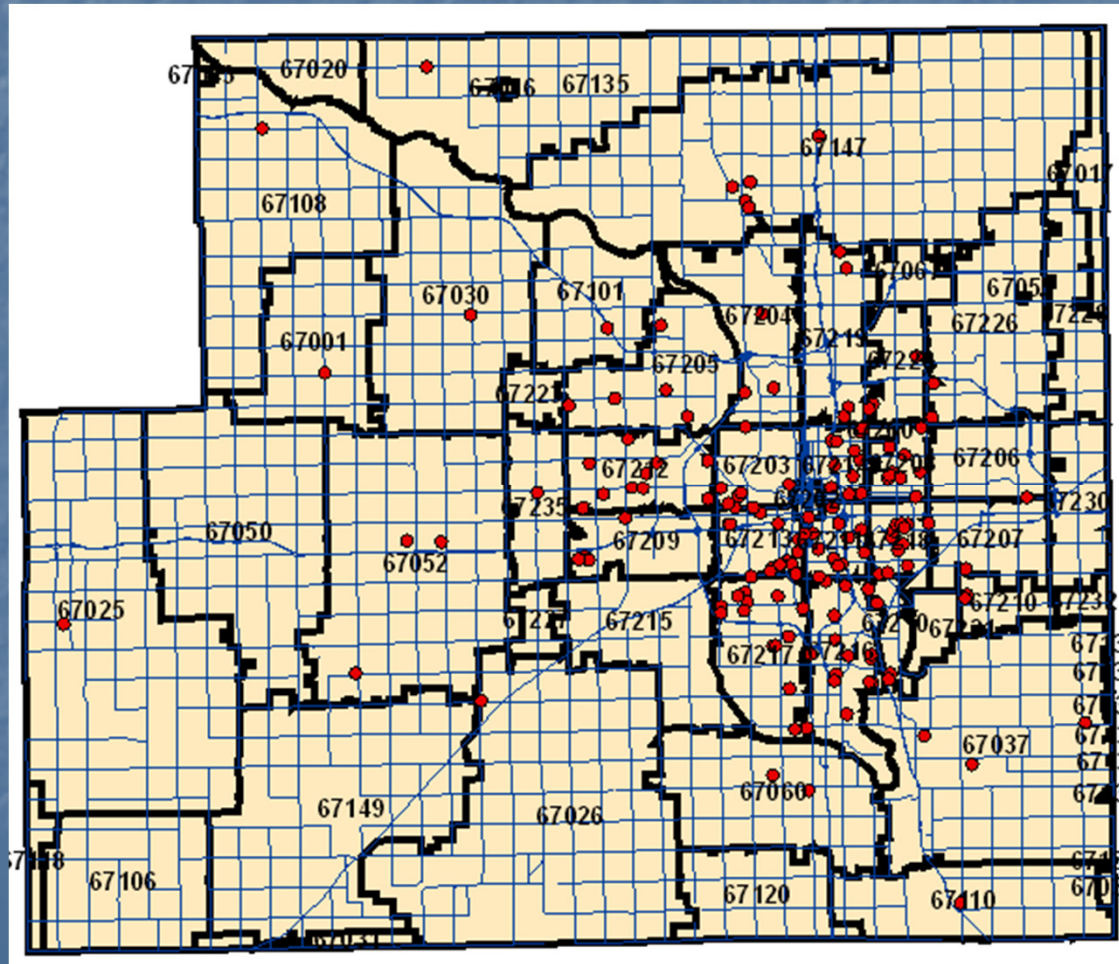
Wichita Police Dept.

- 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's 2008 Child Abuse Fatalities Statistics



Sedgwick County 2008 Substantiated Cases



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

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



Year One Work Groups

- Parent Support, chaired by Lisa Yingling, Via Christi Hospital
- Community Awareness, chaired by Sarah Robinson, Wichita Children's Home

Parent Support Work Group Strategies

- Improve access to prenatal education
- Improve referrals to services for families in the hospital (pre-and post delivery)
- Improve service follow up after families leave the hospital. (Hospital to Home for well babies.)

Services

- Home Visitation Programs
- Parent Education
- Quality Child Care
- Mental Health Services
- Respite
- Parent Support Groups

Community Awareness Work Group Strategies

- Reach potential parents and young parents through school-based programming
- Reach parents and caregivers through hospital-based education
- Reach parents and caregivers through healthcare outlets
- Reach adults who are around kids through neighborhood-based outreach

Community Awareness Work Group Strategies, cont.

- Reach out to early childhood professionals (child care providers, center based staff, home visitors, etc.)
- Use traditional and social media to communicate the message of preventing child abuse fatalities
- Reach social service system professionals with child abuse prevention materials and information

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

2010-2011 Work Teams

- Drop-In Child Care (Rhonda O'Neil, community member, chair)
- Fatherhood (BJ Gore, KCSL, chair)
- Further Research and Community Response Toolkit- for surrounding communities and counties (Lisa Yingling, Via Christi and Cyndi Chapman, Wesley, chairs)
- Community Outreach- into zip code areas with highest fatalities and substantiated abuse and neglect and Period of PURPLE Crying Dose 3 (Anne Maack, Child Start, chair)

Wichita Child Abuse Fatalities

- 2008: 8 child abuse fatalities
- 2009: 2 child abuse fatalities
- 2010: 1 child abuse fatality

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:

- Vicky Roper, KS Children's Service League
 - Chair, Community Response Team
 - 316-942-4261x1335; vroper@kcsl.org