

CRITICAL ISSUES IN **CHILD ABUSE**



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ABOUT THIS REPORT

Wilder Research has been asked by the Minnesota Department of Public Safety, Office of Justice Programs, to develop brief reports that “tell the story” of victim services in the state and suggest new directions to forge ahead for the future. This report was made possible with funding from the U.S. Department of Justice, Office for Victims of Crime, and Office on Violence Against Women, and from the U.S. Department of Health and Human Services, Family Violence Prevention and Services Grant Program. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or the U.S. Department of Health and Human Services.

Reports in this series:

- Domestic violence (December 2005)
- Sexual assault (July 2007)
- General crime (March 2009)
- Child abuse (March 2010)

This report combines local and national trends, published research literature, and insights gained through interviews with 27 expert observers from diverse perspectives. Interview participants included advocates and service providers, judicial and legal staff, victims of child abuse, culturally specific service providers, law enforcement personnel, and national and local experts.

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Child abuse victims and their families may need a variety of services, including services specifically designed to help victims recover from trauma.

We at the Office of Justice Programs (OJP) are pleased to present this report on child abuse, the last in a four-part series examining critical issues in crime victim services. While the Crime Victims Grants Unit at OJP supports crime victims' services statewide, including nationally recognized child abuse programs, the majority of the work around child abuse prevention and intervention is accomplished by our many other state and local partners across the state.

This report captures the scope of that work, illuminates the harmful effects of child victimization, and offers suggestions for improving services in a state that already has a history of pioneering responses to child abuse.

When we intervene and stop the violence children are experiencing we have the potential not only to interrupt the immediate trauma to children, but also to end the long-term cycles of violence within families and communities. We thank the many individuals working every day to help children and families recover and heal.

A handwritten signature in black ink, reading "Jeri M Boisvert". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

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BACKGROUND BRIEFING

After the painful and traumatic experience of child abuse, it can be difficult to navigate the complex systems in place to protect children. However, with the appropriate array of supports, children and families can heal, and further abuse can be prevented. This report describes the needs of child abuse victims, the current services available to them in Minnesota, and recommendations for improving the way we respond to their needs.

DEFINITIONS OF CHILD ABUSE

Each state defines child abuse and neglect within minimum standards set by federal law. Most states define four primary types:

- Physical abuse – inflicting physical injury, even if harm is not intended
- Sexual abuse – involving a child in any kind of sexual act, including prostitution and pornography
- Emotional abuse (also called psychological abuse) – engaging in any pattern of behavior that has caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders in children
- Neglect – failing to provide for the child's basic needs (physical, medical, educational, or emotional)

FOCUS: PHYSICAL AND SEXUAL ABUSE BY ADULTS

Within the broad and complex issue of child maltreatment, this report narrows its scope in two important ways:

- Although child neglect is the most common form of maltreatment, it differs substantially in its causes, effects, and prevention/intervention approaches. This report focuses primarily on physical and sexual abuse and, to a lesser extent, emotional abuse.
- Child victimization by other children, such as peer-to-peer bullying or violence, is not addressed here.

PREVALENCE OF CHILD ABUSE

Rates of physical and sexual abuse have declined steadily and substantially, with recent rates approximately half of those reported in 1992. This appears to be a decrease in actual incidence, not a change in reporting practices. Possible reasons include economic improvement, increases in law enforcement and child protection personnel, more aggressive prosecution and incarceration, growing public awareness about abuse, and use of new treatment options.

Yet child abuse remains relatively prevalent, affecting about 11 of every 1,000 children in the United States. In 2007, this translated into roughly three-quarters of a million victims of child maltreatment in this country. Rates in Minnesota are slightly lower. Approximately 5 of every 1,000 children in Minnesota were classified as victims in 2007, accounting for nearly 7,000 children. Given Minnesota's innovative approach to identifying and serving child victims and their families, these rates may be low, as they do not account for families identified as at-risk for child abuse.

Neglect is the most common form of child abuse, accounting for almost two-thirds of victims nationally and almost three-quarters in Minnesota. At both the state and national levels, approximately 20 percent of the victims experienced physical abuse, while around 10 percent experienced sexual abuse.

“We can’t continue to ignore emotional abuse. In emotional abuse, you can’t see bruises. Children are dying on the vine because there is no intervention to protect them from emotional abuse.”

– Service provider

LIMITED UNDERSTANDING OF EMOTIONAL ABUSE

Emotional abuse is the most difficult form to substantiate, as the evidence takes the form of psychological or behavioral symptoms rather than a physical injury. Due both to this complexity and to a common perception that this is a less serious form of abuse, emotional abuse is perhaps most under-reported and is often omitted from statistics. Yet emotional abuse can be equally damaging. Research has linked emotional abuse to a wide range of consequences throughout life, such as destructive behavior, poor development of basic skills, alcohol or drug abuse, suicide, difficulty forming relationships, and unstable employment.

WHO ARE THE PERPETRATORS?

Everyone has seen dramatic headlines about children abducted by strangers on their way home from school, or about children beaten or molested by their child care providers. While these crimes can be devastating to a child or family, they are very rare. In reality, children are much more likely to be abused within their own homes, by their own family members.

In 2008, birth parents accounted for about 70 percent of U.S. child abuse offenders. Another 12 percent were other relatives, including step-parents, adoptive parents, grandparents, and siblings. A further 6 percent of offenders were companions to biological parents, bringing the total percentage of offenders within the child’s own household and extended family to nearly 90 percent. Child care providers, foster parents and facility staff, and other nonrelatives accounted for the remaining offenders. These rates include perpetrators of neglect, which is the largest type of child maltreatment and obviously occurs primarily within families.

Women more often commit child abuse (57% of known U.S. perpetrators in 2007), although perpetrators of sexual abuse are more often men.

WHAT INCREASES THE RISK OF BECOMING A VICTIM?

No single factor predicts whether a child will be safe from abuse, but the cumulative effect of multiple factors places a child at higher risk. Understanding these risk factors can strengthen prevention and intervention efforts.

CYCLES OF VIOLENCE

Children who have experienced violence are at greater risk of both further victimization and becoming a perpetrator themselves. A history of child abuse and neglect is associated with an increased risk of crime and violence, with one study finding that people who had been abused or neglected as children were 59 percent more likely to be arrested as a juvenile. According to a 2009 report produced by the Minnesota Department of Public Safety, youth in correctional facilities in 2007 reported twice as much family violence compared to youth in mainstream educational settings. One-quarter of the males (23%) and half of the females (51%) had been physically harmed by an adult in their household. Youth in correctional facilities were also twice as likely to experience familial sexual abuse compared to youth in mainstream settings. Half of the girls in the correctional facility sample (49%) reported sexual abuse.

Additionally, parents who experienced abuse as children themselves may be at increased risk of abusing their own children, although the majority of parents who have experienced abuse will not go on to become abusers. Children who witness abuse and violence may be more tolerant of violence or use violence as adults, as they learn how aggression functions in relationships with others. They learn that violence is an acceptable form of communication and method for solving problems, is part of family relationships, and can be used to control others.

Both nationally and in Minnesota, children of color have higher levels of victimization, especially Black/African American children. The causes of this disparity need to be better understood. While differences in actual maltreatment rates cannot be ruled out, there are also likely differences in reporting rates, including the likelihood of a victim or family seeking out services or the likelihood of a third party initiating a child protection case.

In addition to race/ethnicity, risk is associated with other demographic characteristics of the children. Risk of abuse can vary by:

- **Age** – Most victims nationally and in Minnesota are under the age of 6. In 2008, 43 percent of all children in reports of maltreatment were age 5 or younger. As children get older, rates of abuse decrease steadily.
- **Gender** – Overall, girls are at slightly higher risk of abuse, but this varies by age and type of abuse. Minnesota statistics from 2008 indicate that boys were more likely than girls to be victimized if they were age 10 or younger, while girls age 11-17 were victimized more often than boys. Victims of sexual abuse are more often girls.

There is nothing that predestines a parent to mistreat a child, but there are factors that clearly increase the risk. Abusive parents frequently have low self-esteem, poor impulse control, depression, anxiety, substance abuse issues, and little sense of control over their own lives. They are also more likely to have gaps in parenting skills and knowledge, such as negative attitudes about their child's behavior, inaccurate knowledge of child development, negative parent-child interactions, and low satisfaction with being a parent.

Rates of abuse can also be higher when families are facing unique parenting challenges. Children with physical, emotional, and cognitive disabilities may be at increased risk for maltreatment, possibly due to higher caregiving demands on parents. One source estimates that children with disabilities are at nearly double the risk of maltreatment than non-disabled children. Similarly, children with behavioral challenges, such as aggression or attention deficits, may be at higher risk.

Families experiencing other types of stress are also more likely to abuse children. Rates of maltreatment tend to be higher in families headed by a single parent, and living with stepparents may increase the risk of sexual abuse. Financial stress and unemployment are also important factors. In 1996, the Third National Incidence Study of Child Abuse and Neglect, conducted in part by the U.S. Department of Health and Human Services, found that children with family incomes below the poverty line were 22 times more likely to experience child maltreatment than those in homes with incomes twice the poverty level. Issues related to the lack of financial resources contribute to families' risk for child maltreatment. For example, having a larger family, lack of employment, and parental stress are all associated with involvement in child protective services. Living in poverty itself does not predict child abuse; rather, it is the related challenges faced by families in poverty that contribute to the increased risk for child maltreatment.

THE EVOLVING RESPONSE TO CHILD ABUSE

In many ways, Minnesota has been a national leader in responding to child abuse and promoting child welfare. Minnesota was one of the first states to develop Children's Advocacy Centers and the first to train staff and fund all counties to provide the Family Assessment Response option for families. (These models are described later in this report.) The state is also a leader in training professionals who identify abuse, interview children, and work with victims through programs such as CornerHouse, The First Witness Child Abuse Resource Center, the Midwest Children's Resource Center, the National Child Protection Training Center, and the Mayo Clinic. Minnesota's work with tribal nations, including a Tribal State Agreement and the Minnesota Family Indian Preservation Act, is also well-known. Minnesota is also unique in its ability to collaborate across agencies to address abuse and promote child well-being.

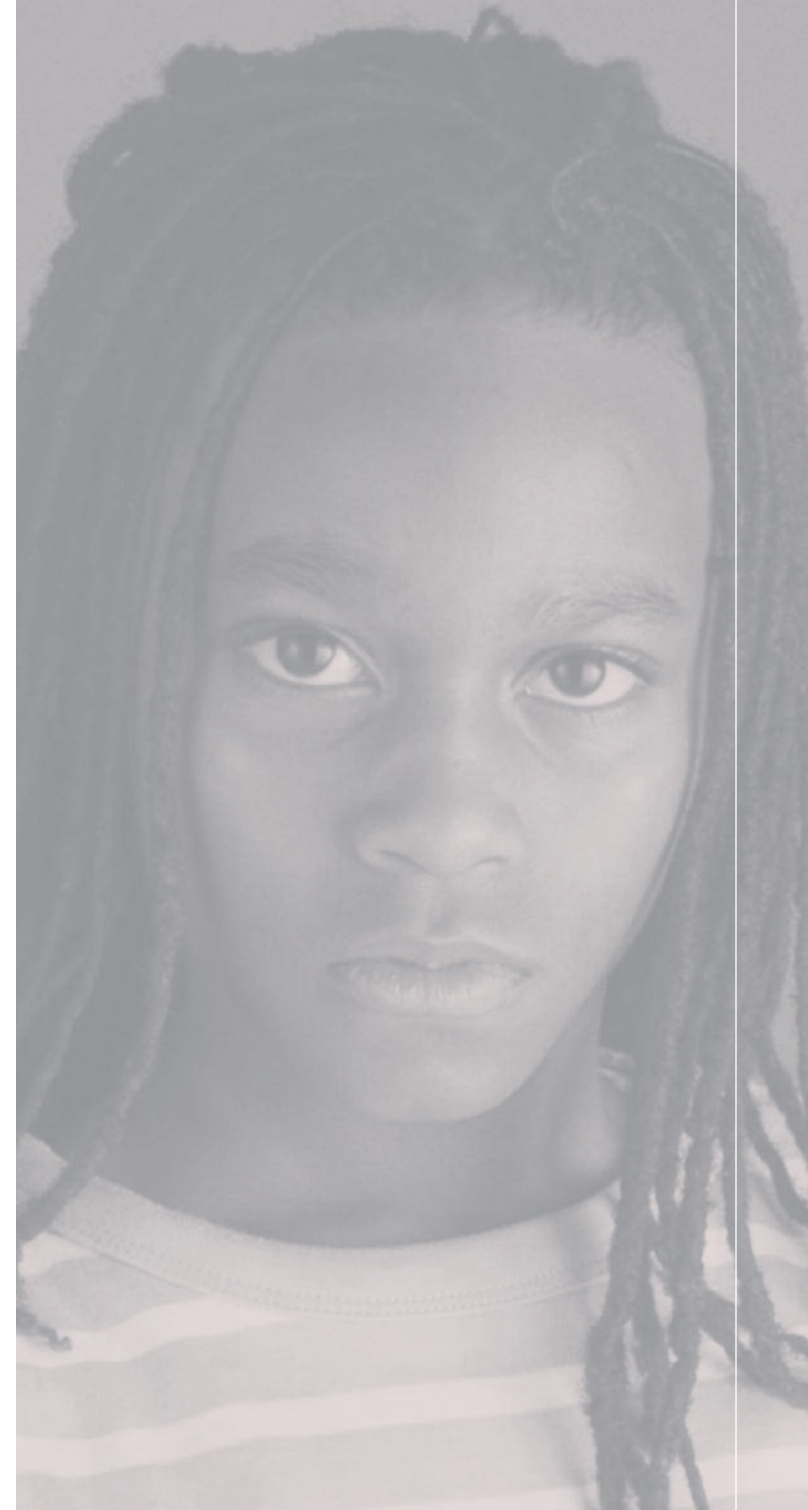
TIMELINE OF MAJOR LEGISLATION

1970s

- The Child Abuse Prevention and Treatment Act (CAPTA) is enacted—the only federal legislation exclusively dedicated to the prevention, assessment, and treatment of child abuse and neglect (1974).

1990s

- The Victims of Child Abuse Act includes reforms to make the federal criminal justice system less traumatic for child victims and witnesses (1990).
- The U.S. Health and Human Service's National Child Abuse and Neglect Data System produces its first annual report of child abuse statistics (1992).
- Following the rape and murder of Megan Kanka, age 7, the New Jersey legislature passes Megan's Law, which requires notification when a convicted sex offender moves into a neighborhood (1994).
- Congress enacts the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, requiring states to implement a registry of sex offenders and crimes against children (1994).
- The Sex Crimes Against Children Prevention Act increases penalties for conduct involving the sexual exploitation of children, for use of computers in sexual exploitation of children, and for transportation of children with intent to engage in criminal sexual activity (1995).
- Dallas/Fort Worth area police and radio station executives unveil the Amber Alert system, an emergency broadcast plan to alert the public of confirmed child abductions,



“After the abuse occurs, it can be difficult to identify the perpetrator. Figuring that out is an important part of keeping a child safe.”

— Pediatric nurse

following the abduction and murder of Amber Hagerman, age 9 (1996).

- Megan's Law, which amends the Wetterling Act, is enacted nationally, requiring states to develop procedures for notifying the public when a sex offender is released into their community (1996).
- Congress passes the Child Pornography Prevention Act (CPPA), expanding the federal prohibition on child pornography to include any visual depiction of a minor engaging in sexually explicit conduct. In 2002, the U.S. Supreme Court rules that sections of the law are too broad and violate the First Amendment (1996).
- The Adoption and Safe Families Act revises and clarifies policies established under the Adoption Assistance and Child Welfare Act of 1980. States are directed to indicate circumstances under which an abused child should not be returned to the parents or caretakers (1997).
- Congress passes the Children's Online Privacy Protection Act to protect the privacy of children using the Internet. Since April 2000, the Federal Trade Commission has required

certain commercial web sites to obtain parental consent before collecting, using, or disclosing personal information from children under 13. In 2004, the Supreme Court prevents the act's implementation on grounds that it violates First Amendment rights (1998).

2000s

- The Child Abuse Prevention and Enforcement Act increases funding for improved enforcement of child abuse and neglect laws and promotes programs to prevent child abuse and neglect (2000).
- The Minnesota Legislature increases criminal penalties for harassment crimes against victims under age 16 when the act is committed with sexual or aggressive intent, and when the crime is the offender's third or subsequent offense (2002).
- President George W. Bush signs the PROTECT Act (“Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today”), establishing a national Amber Alert Program and strengthening law enforcement's ability to prevent, investigate, prosecute, and

punish violent crimes committed against children (2003).

- Congress enacts the Keeping Children and Families Safe Act, which reauthorizes the Child Abuse Prevention and Treatment Act (CAPTA) through 2008. Among other things, the law mandates comprehensive training of child protective services personnel, calls for child welfare agencies to coordinate services with other agencies, and orders the collection of data for the fourth National Incidence Study of Child Abuse and Neglect (2003).
- Congress passes the Adam Walsh Child Protection and Safety Act. The legislation institutes a national database of convicted child molesters, increases penalties for sexual and violent offenses against children, and creates a Racketeer Influenced and Corrupt Organizations (RICO) cause of action for child predators and those who conspire with them (2006).

PREVENTION

Some of the best-known legislative efforts to reduce child victimization have focused on offender registries and notification. The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act and Megan's Law require states to implement a sex offender and crimes against children registry and to notify the public when a sex offender is released into their community. The Adam Walsh Child Protection and Safety Act, passed in 2006, includes a provision to create a national database of convicted child molesters, including juvenile offenders.

These prevention strategies, which come from a criminal justice orientation, are controversial. Criminal justice approaches may be useful for monitoring known offenders, but insufficient evidence exists to determine whether they decrease repeat offenses. Offender registries and community notification can have unintended negative consequences, such as:

- Heightened, rather than reduced, community worries and parental anxiety.
- Higher costs and increased workload for law enforcement.

- Disincentive to report abuse when the perpetrator is a victim's friend or family member (due to the stigma of being publicly connected with someone on the registry).

Offenders also report that registries limit their access to stable housing and employment, as well as exposing their families to ostracism, harassment, and harm.

These strategies also focus disproportionate attention on crimes that receive the most public attention, such as sexual assault, abduction, and murder. While it is critical to prevent such devastating crimes, these approaches do not prevent the more common forms of child maltreatment, such as physical abuse or neglect within the family. Substantially reducing child abuse requires a multi-faceted public health prevention model.

MODELS OF PREVENTION

Child abuse is preventable. Prevention efforts can be effective with children, families, parents, and communities. The most powerful prevention strategies address the underlying causes of child abuse, and build on families' own resources and strengths to reduce the risk of abuse.

PREVENTION MODELS

A 2003 report by the U.S. Department of Health and Human Services describes four popular prevention models:

- **Public awareness activities:** Strategies designed to raise community awareness of child abuse and neglect and to point families toward available support, such as public service announcements, posters, information kits, and billboards.
- **Parent education programs:** Programs focusing on building parenting skills, typically targeted towards teen and highly stressed parents.
- **Skills-based curricula for children:** Programs using developmentally-appropriate strategies to teach children safety and protection skills.
- **Home visitation programs:** Structured or informal home-based services typically focused on pregnant women and families with newborns.

The available evidence indicates that any of these strategies may be effective when they are well implemented and appropriate for the population they are intended to reach.

“Prevention in our country is backwards; it is top down and needs to be bottom up. People need to look at what type of prevention approach would be effective in their specific community.”

– Child abuse expert

Prevention works at three levels:

- **Primary/universal:** Aimed at the general public with a goal of stopping abuse before it occurs.
- **Secondary/selective:** Targeted toward families at high risk of abuse.
- **Tertiary/indicated:** Directed toward families in which abuse has already occurred, with a goal of preventing recurrence and reducing the negative consequences.

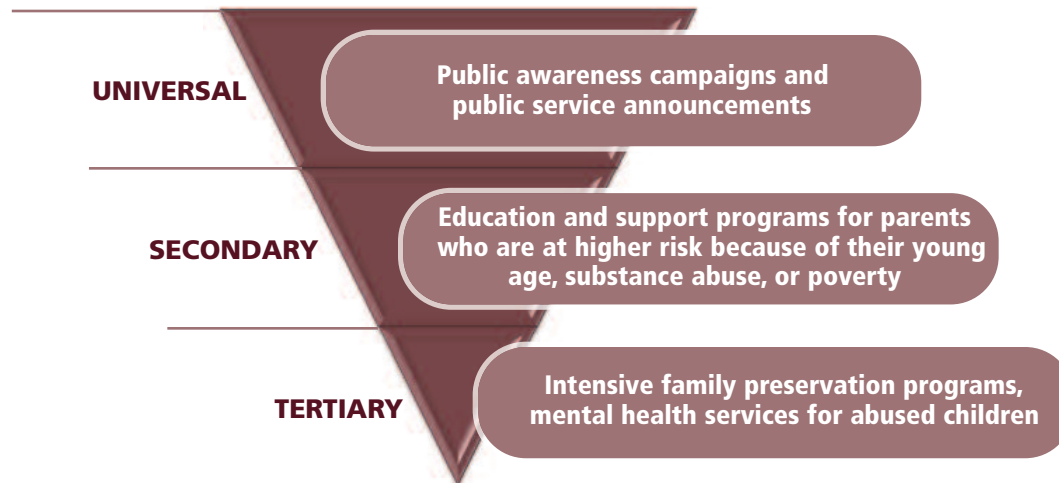
WHAT PROTECTIVE FACTORS REDUCE THE RISK OF VICTIMIZATION?

Many prevention activities aim to reduce known risk factors for child abuse, such as parental substance use, stress, domestic violence, and poverty. Other programs focus on strengthening the things that tend to protect children and families from abuse, such as secure attachment to a non-violent parent or other significant adult, a

social support network (through school, peers, extended family), positive peer and sibling relationships and friendships, and self-esteem. These protective factors can mediate stress and help children develop positive coping strategies.

One Minnesota model that promotes the family characteristics that have been found to reduce child abuse and neglect is called Strengthening Families. This approach evolved out of a 2001 study by the Center for the Study of Social Policy on the role of early care and education programs in preventing child abuse and neglect. The Strengthening Families approach emphasizes five research-based protective factors:

- **Parental resilience:** The ability to cope and bounce back from all types of challenges.
- **Social connections:** Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents.
- **Knowledge of parenting and child development:** Accurate information about raising young children and appropriate expectations for their behavior.
- **Concrete support in times of need:** Financial security to cover day-to-day expenses and unexpected costs that come up from time to



“I think there is an increased commitment to prevention. I see more and more people involved in prevention; more and more understanding that we should stop child abuse before it happens.”

— Advocate

time, access to formal supports like public assistance and Medicaid, and informal support from friends and relatives.

- **Nurturing and attachment:** Parents bonding with and nurturing their children in order to better understand, respond, and communicate.

The 2001 study identified seven strategies being used successfully to build protective factors with families: (1) facilitate friendships and mutual support; (2) strengthen parenting; (3) respond to family crises; (4) link families to services and opportunities; (5) value and support parents; (6) facilitate children’s social and emotional development; and (7) observe and respond to early warning signs of abuse and neglect.

The Strengthening Families approach was developed in early childhood care and education programs, but can be used in a variety of settings. Specific services and activities often include: parenting classes; opportunities for parent-child interaction; curricula for children (on topics like social-emotional development and violence prevention); home visits; support groups; mental health services; family advocates; and connections to community resources.

From 2005 to 2007, seven states piloted this approach through collaboration among their early childhood, child abuse prevention, and child protective services. The approach eventually moved states’ early care and education programs to include (1) links between these programs and child welfare departments, and (2) efforts to build family protective factors through home-based child care providers.

Currently, nine states have become leading partners in the model and have implemented deep, broad-based Strengthening Families approaches in multiple systems. An additional 17 State Affiliates—including Minnesota—are strongly committed to Strengthening Families and are carrying out strategies that could lead to becoming a partner in the program.

SAMPLE APPROACHES

MN Initiative: MFIP Family Connections

MFIP Family Connections is a collaborative program of the Minnesota Family Investment Program (MFIP) and Child Welfare Services, developed by the Minnesota Department of Human Services. This voluntary pilot program



“Families are their own best resources. We need to recognize that and work together collectively to build families, not tear them apart.”

— State administrator

connects eligible individuals receiving economic support through MFIP with community-based organizations that provide strengths-based services. Program goals include: (1) preventing child maltreatment and other negative outcomes for young children such as poor school attendance/performance and mental health issues, while increasing protective factors, and (2) integrating and coordinating case planning and service delivery. The pilot program was implemented in eight Minnesota counties (Beltrami, Cass, Crow Wing, Dakota, Olmsted, Polk, Ramsey, and Sherburne) and expects to serve approximately 1,900 families between October 2007 and December 2010.

MN Initiative: Sauk Rapids-Rice Early Childhood Family Program

The Sauk Rapids–Rice Early Childhood Family Program illustrates the Strengthening Families approach in action. The program provides Early Childhood Family Education (ECFE) in a school setting. It also offers activities for special populations, including families of children with special needs, parents who experienced neglect or abuse as children, teen parents, single parents, low-income families, child care providers, and parents of newborns. Typically, children and

parents attend together. While the children attend the school readiness-oriented preschool, their parents participate in parent education or support activities or work toward a high school diploma. Parents and children take part in many activities together, including Even Start family literacy.

MN Initiative: PAVE

The PAVE program (Preventing Abuse and Violence through Education) at Cornerstone, a domestic violence prevention agency serving Southern Hennepin County, Minnesota, combines primary prevention, education, and early intervention. PAVE delivers K-12 classroom presentations to about 10,000 students a year in five suburban communities. The program also provides individual support to about 400 students each year, who are referred by school staff for issues such as family and dating violence, unhealthy anger, and harassment. PAVE Educators focus on violence prevention and generally refer students with substance use or mental health issues to other resources. Most youth are seen only once or twice, but others require longer-term support. PAVE also hosts support groups at each participating school, addressing anger management, dating/relationship issues, and “anger-culture.”

PAVE has worked in local schools for 15 years and has built strong relationships with school staff and students.

MN Initiative: Prevent Child Abuse Minnesota

Prevent Child Abuse Minnesota, a chapter of Prevent Child Abuse America, has been working for almost 30 years to end child abuse and neglect in Minnesota. The focus is primary prevention—preventing abuse and neglect before it starts—and increasing protective factors for families, such as helping parents build a support system, understand normal child development, and tap into resources and skills for self care. Programs include parents’ and children’s support groups, a resource and referral hotline, prevention information and educational materials, and advocacy.

National initiative, based in Minnesota: National Association to Prevent Sexual Abuse of Children (NAPSAC)

NAPSAC is a national organization, founded in 2003 and based in St. Paul, Minnesota, dedicated to ending the sexual abuse of children through awareness, education, and the advocacy of children’s rights through legal reform. NAPSAC’s

“We now have ways to work with families to engage and strengthen them, rather than punish them.”

– County child protection director

comprehensive plan to end childhood sexual abuse emphasizes: (1) increasing awareness of the prevalence of childhood sexual abuse; (2) educating families and professionals to recognize, report, and respond to abuse; and (3) advocating for laws that better protect victims and survivors. Their work has included sponsoring a survivorship conference, producing educational television programs, and operating the National Child Protection Training Center (NCPTC) on the campus of Winona State University.

INVOLVING COMMUNITY PARTNERS IN PREVENTION

Many prevention programs are led by nonprofit organizations, government agencies, or advocacy groups. However, prevention will be most successful when it is integrated across all settings serving children and families. Other important prevention settings include:

- Health care providers, who can identify parenting concerns, provide parenting education and support, and provide resources and referral to other prevention and intervention programs.

- Schools, which can teach about prevention and personal safety.
- Faith communities, which can provide outreach and support to families, sponsor parenting support programs, and let families know about available resources.
- Employers, who can implement “family friendly” policies to reduce parents’ care-giving stress.

IDEAS FOR ACTION

- Conduct research to demonstrate the cost-benefit of prevention efforts and expand the use of effective approaches.
- Involve more community stakeholders in planning targeted prevention efforts.
- Identify families at high risk for child maltreatment based on income, and provide voluntary support services to lessen the poverty stressors that are associated with maltreatment.

CRISIS NURSERIES

One important service for families at risk of child maltreatment is respite care. Respite, often provided in tandem with other family supports, provides temporary transfer of child care to another caregiver, to reduce the demands upon parents. Respite services can reduce stress within a family, improve parents’ attitudes toward their children, and improve family functioning.

Crisis nurseries are one type of respite care available for families. Crisis nurseries provide emergency child care and specialized crisis intervention services for families with young children who are at risk for or who have experienced maltreatment. Families access crisis nursery services when they are unable to meet the needs of a child for any number of reasons, including psychological stresses related to health, housing, finances, substance abuse, or an immediate problem such as a funeral, accident, death, or other unexpected stresses. Research has identified crisis nurseries as an inexpensive, accessible, and effective child maltreatment prevention approach, often a final option for families facing out-of-home placement. In the absence of crisis nurseries, parents face the choice of leaving their children unattended or in the care of an inappropriate caregiver, or bringing the child into inappropriate and potentially dangerous situations. Crisis nurseries provide a safe, supportive environment for children and their families, and can help link families to other, longer-term supports.

ROLE OF THE CHILD PROTECTION SYSTEM

At the state level, several agencies play a leading role in addressing child abuse, including the departments of Human Services, Health, and Education. The Office of Justice Programs (OJP), which commissioned this report, plays a smaller role but has an active interest in promoting the effectiveness of broader, statewide efforts on behalf of victims.

In child maltreatment, as in other types of crime, the victims may have contact with law enforcement, the judicial system, medical facilities, and various social service agencies. However, unique among all forms of crime, child abuse brings into play another significant and complex system—child protection. The agencies within this system have varied priorities, and the way they operate—individually and collectively—can have a tremendous effect on the recovery of victims and families.

HOW IS ABUSE IDENTIFIED AND REPORTED?

Unlike other types of crime, child abuse is typically not reported to law enforcement directly by victims. Concerns about abuse are more often

reported to child protection, and are more likely to be made by adults on behalf of children. In 2008 in Minnesota, more than half of all reports to child protection, and approximately three-fourths of those reports that were eventually substantiated, were made by professionals (such as educators, police, and social service staff). Other reports were made by friends, neighbors, and relatives.

When child victims do report abuse, they are more likely to disclose the abuse to trusted adults. Some victims report incidents immediately, while others hide the abuse, due to a desire to protect their abusers (such as their caregivers or others that they feel close to) or fear of repercussion.

Some observers report that victims are more likely to disclose abuse today than in past decades because of increased community awareness and education. However, many are still hesitant to report abuse. This may be especially true among youth and some communities of color, who may be more willing to reveal abuse to informal networks like friends, family, or faith leaders rather than to formal systems like law enforcement or child protection.

CHILD PROTECTION MODELS

FACT: NATIONALLY, 269,000 CHILDREN (OR ALMOST 1 IN 5 CHILD ABUSE VICTIMS) WERE REMOVED FROM THEIR HOMES AS A RESULT OF A CHILD ABUSE INVESTIGATION OR ASSESSMENT IN 2007.

(Child Welfare Information Gateway)

Traditional child protection model

FACT: NATIONALLY, ABOUT 1 IN 4 REPORTS OF ABUSE IS ULTIMATELY SUBSTANTIATED. RECENT STUDIES SUGGEST THAT SUBSTANTIATION MAY BE MORE CLOSELY TIED TO THE LEVEL OF AVAILABLE EVIDENCE THAN TO THE ACTUAL HARM TO CHILDREN.

(Child Welfare Information Gateway)

The child protection system is usually limited to dealing with alleged perpetrators who are parents, guardians, or caretakers of the alleged victim. Violence against children by strangers, other children, or others not in a caretaker role is dealt with through a law enforcement response. Each year in Minnesota, counties review approximately 18,000 reports of child abuse and neglect. Their goal is to determine whether child abuse or neglect occurred and if so, who was responsible. Once they assess whether the allegation is substantiated,

VOICES

Sometimes professionals wait too long, don't recognize the signs, or don't recognize what the child is trying to say when he or she is asking for help."

— Service provider

the child protection worker determines what action is needed, if any, to protect children from harm. If a case is substantiated, child protection generally provides continuing services overseen by a caseworker who works with the family—they will often arrange for family support, child therapy, or other services. In some cases, children may be removed from their homes.

Nationally, while designed to promote children's safety, the system has been limited by heavy caseloads and a shortage of available services for families. The child protection system may also be seen as adversarial or accusatory. Child protection agencies are sometimes perceived as being punitive to families. Families may be reluctant to seek support voluntarily, for fear of having the child removed from the home.

Minnesota's approach: A national leader

FACT: MINNESOTA COUNTIES AND TRIBES ASSESSED 17,717 REPORTS OF CHILD MALTREATMENT IN 2008. OF THESE REPORTS, 63 PERCENT RECEIVED A FAMILY ASSESSMENT RESPONSE.

(Minnesota's Child Welfare Report, 2008)

Due to concerns about traditional child protection services, some states began to look at a more flexible model known as differential response, or Alternative Response. In 2000, Minnesota piloted an Alternative Response approach in 20 counties. By 2005, all counties in the state had implemented the new model, which became known as Family Assessment Response (FAR). As of 2006, Minnesota was one of 11 states to require the use of differential response systems.

FAR is a comprehensive family assessment alternative to the traditional investigative track, providing case workers with flexibility to provide services and support that focus on family strengths. Family assessment is not appropriate if a child is at serious and immediate risk of harm. Instead, it targets families with less immediate safety concerns, often cases of neglect. While the percentage varies widely from state to state, overall about 70 percent of cases are diverted to an alternative response system rather than proceeding on an investigative track.

Studies have found positive impacts of a family assessment response model, including reduced rates of child removal and out-of-home placement and fewer families returning to the child protection system. Those families who did return did so at a lower level of need. Other outcomes include increased family incomes through sustained



VOICES

“Child protective services in the U.S. have a history of being oppressive. Now, in Minnesota, we can respond and engage families in a positive way.”

– County child protection director

VICTIM IMPACT STORY — TINA

Tina’s father began abusing her when she was 3 or 4. Tina recalls severe beatings, and threats to her life. “I would rather kill you than look at you,” he would say, and she knew he meant it. The abuse raged on through her childhood and adolescence. Her family moved to an abandoned house in a rural area, hiding them from anyone who could help. In addition to severe physical abuse, Tina endured emotional abuse, told repeatedly that she was “good for nothing” and would “never amount to anything.”

Ashamed, Tina told no one. “Child abuse is such a secret. You don’t want people to know how you live, and I was threatened to not tell a soul.” Tina ran away at 15, when her father held her family at gunpoint. Despite police and social worker involvement, no counseling or other support was offered, leaving Tina despondent. Tina eventually married and had children, but did not tell her family about the abuse for many years. She struggled, without models for healthy relationships or parenting. “I wore a mask, hiding my belief that I was good for nothing. Everything I did was about proving I was good enough, afraid somebody would find out that I wasn’t.”

While more services are available today, Tina believes that secrecy is still powerful, and that many children do not get needed help. “For every story I hear on the news, I know there are many more cases that never make the social service system.”

(Names and details have been changed to protect privacy.)

employment and/or connection to public benefits, connection to and receipt of more needed services by families, and increased parental engagement in services.

There are some concerns about how family assessment is enacted, however. For example, some observers report that the decision to pursue this alternative response is too often made by child protection staff without input and review from psychologists, doctors, child protection attorneys, and other experts. Some also perceive that the voluntary nature of Family Assessment reduces families’ motivation to make changes in their home or parenting. Without court involvement, these observers say, some family situations worsen over time, requiring more intensive intervention down the road.

SIGNS OF SAFETY

A new approach in child protection in Minnesota is Signs of Safety, developed in the 1990s in Western Australia. Signs of Safety focuses on building partnerships with parents and children in situations of suspected or substantiated child abuse, and rigorously dealing with the maltreatment issues that brought the family in contact with the child protection system. This is a partnership and

collaboration that is a strength-based and safety-oriented approach to child protection work, expanding the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilize and strengthen a child’s and family’s situation.

Initial evaluations of this model have identified positive outcomes, including decreased numbers of child protection investigations or assessments, reduced placement, increased partnership with families, increased collaboration with professionals, and reduced number of child protective services cases received by the courts. As of January 2010, two Minnesota counties had successfully incorporated this model into County programming, and an additional 18 counties and one tribe had been awarded nominal funding from the State to pursue this approach.

FOSTER CARE

FACT: THE TOTAL NUMBER OF CHILDREN IN OUT-OF-HOME CARE HAS DECLINED MORE THAN 25 PERCENT SINCE 2000.

(Minnesota Child Welfare Report, 2008)

Children who have experienced maltreatment, and whose parents cannot continue to care for

“The social service system is stretched and child protection workers need to prioritize. Their priority is usually keeping young kids safe. When I hear workers saying that 16-year-olds can simply run away, I know they are prioritizing.”

—Service provider

them safely, are typically placed in foster care. The preferred placement for a child is with a relative; however, in 2008, nearly 50 percent of children in out-of-home placement in Minnesota spent some time in a non-relative foster family home. In 2008, 13,755 Minnesota children spent an average of 180 days in out-of-home care (including foster care and group home placement). Twenty percent of the children who entered care in 2008 had prior episodes of out-of-home care. Most children in foster care (nearly 60%) are placed there due to the actions of a parent. Others are removed from the home due to their own behavior.

While well-intentioned, the foster care system itself may have negative consequences for children, including weakened connections to their biological family and disrupted schooling and friendships. These disruptions can cause difficulties in school success, mental health, and behavior.

For most children, foster care is intended to be temporary while the family works towards eventual reunification. In Minnesota, two-thirds of the children placed in foster care in 2006 were reunited with their biological parents or other relatives. The stress of reunification itself can pose problems for families, as they learn to live as a family again (e.g., developing new roles and routines). Some children who are reunified with

their families experience distress and behavior issues. Families may also continue to struggle with the issues that led to the placement, such as parenting, mental health, and chemical dependency concerns.

In the most serious cases of abuse, parental rights may be terminated. The U.S. Department of Justice estimates that 8 percent of parents with substantiated child abuse have their parental rights terminated. Children in foster care who are unable to reunite with their biological families move toward permanency, through adoption or transfer of permanent custody. Just over 9 percent of children discharged from out-of-home care in 2008 were adopted. It is more difficult to find permanent placements for older children, especially those over age 10. Children who are not reunited with their biological parents and have no other permanent placement “age out” of the foster care system at age 18. Many do not have a stable support system at this point, and do not receive the same levels of support and assistance that children in more stable homes typically receive. Many lack medical, financial, educational, and emotional support as young adults.

FORGOTTEN CHILDREN'S FUND

While foster care payments cover children's basic needs for food, clothing, shelter, and some incidentals, payments are not intended to meet the needs of children's special interests. Minnesota's Forgotten Children's Fund provides children in foster care homes and treatment centers with gifts, special items, and services that they may not receive otherwise. Established by the American Legion Auxiliary, the fund has helped pay for bikes, art supplies, sports equipment, driver education, summer camp, and music lessons. The Minnesota Department of Human Services manages the fund, which is supported entirely through donations and bequests.

INDIAN CHILD WELFARE ACT

In 1978, the Indian Child Welfare Act (ICWA) was passed in response to concerns about the high numbers of Native children in out-of-home placement. Prior to the passage of the Act, American Indian children in Minnesota were placed in foster care or adoptive homes at five times the rate of



VOICES

“We need to teach child protection professionals to advocate politically for the children they work with.”

—Child abuse expert

non-Native children. The disparity in the number of Native children in out-of-home placement was, in part, related to historical efforts of the U.S. government to assimilate Native Americans, through the removal of children from their homes.

The Indian Child Welfare Act further acknowledged tribes as sovereign nations, and as such, recognized the role tribes should play in affairs of their children and families. The Act recognized the importance of preserving Native families, by mandating that whenever an American Indian child is removed from his or her family, active efforts must be made to place the child with extended family, a tribal member, or in an Indian foster home. Minnesota law reflects the mandates of ICWA through the Minnesota Indian Family Preservation Act. This, in combination with the Tribal/State Indian Child Welfare Agreement, focuses on better coordinating services and maximizing tribal participation in services, resources and decision-making about American Indian children in the child welfare system. It is designed to protect the long-term, best interests of children while maintaining children’s tribal relationships.

In 2006, the Minnesota Department of Human Services developed a partnership with two American Indian tribes to expand services to tribal

families. The partnership transferred authority and responsibility for responding to reports of child abuse and neglect from counties to the tribes. Funding was made available for tribes to provide a full array of services that align with tribal customs and traditions.

WHAT HAS BEEN THE IMPACT OF MANDATED REPORTER LAWS?

Through a widespread grassroots effort, mandated reporting laws have been enacted in all 50 states. Under these laws, professionals working with children (such as physicians, teachers, psychologists, and child care workers) are required to report all cases of suspected child abuse. Failure to report their suspicions carries the risk of legal penalties, though few people have faced charges.

The goal of mandated reporting laws is to identify and protect more child abuse victims, as these professionals are in a consistent position to see children and observe potential warning signs of abuse. These laws do seem to have increased the number of reports; however, there is little evidence demonstrating that children and families are better protected. Regardless of the source of the allegation, many reports of potential abuse are subsequently found to be unsubstantiated. By

“We still have professionals who don’t recognize their obligations under the mandatory reporting law. And that’s pretty sad, because the law is 20 years old.”

– Child abuse expert

increasing the number of reports that must be investigated, mandated reporting has been criticized for producing many unsubstantiated reports, increasing workloads for child protection staff, and reducing the quality of service given to children and families.

Research has also found that mandated reporters often are unaware of their obligations. Other studies have found that those who are aware of their mandated status sometimes choose to not report suspicious cases. A variety of reasons for this failure to report have been identified, including a lack of certainty that the abuse occurred, a lack of confidence in the child welfare system, and a lack of clarity regarding definitions of abuse (especially related to emotional abuse and neglect).

Alternatives to mandated reporting have been proposed and put into practice in a few European nations. One alternative is to place the burden of screening abuse allegations on the reporter, rather than on the child protection system. With this model, screeners (reporters) take time to work with the family or gather more evidence before determining whether to file a report. A few states have adopted a similar strategy, tailoring the response to the allegations put forth in the report. Less serious allegations are routed through a family assessment rather than a formal investigation. It is

hypothesized that these alternate approaches may reduce the number of unsubstantiated reports, allowing child protection to focus their efforts and resources on serious cases.

FOOD FOR THOUGHT

- Although current child protection efforts in Minnesota focus on Family Assessment, the system, overall, may be viewed by families and potential reporters as largely punitive. There is a perception that child protection is more focused on removing the child from the home than on providing the family with the necessary supports or services. This response deters reporting and prevents families from obtaining help. What can be done to address this?
- Current Minnesota law classifies children who witness domestic violence as victims of neglect. Does this serve to blame the adult victim? What are the best strategies for protecting children who are exposed to domestic violence—for example, what about removing perpetrators of violence from the home, rather than removing the children?

IDEAS FOR ACTION

- Increase training for mandated reporters, especially teachers and school administrators. Training should be embedded in the preparation required to enter targeted professions, as well as being addressed in refresher or continuing education offerings.
- Train all professionals who work with children—not just mandated reporters—to recognize signs of abuse, report abuse to appropriate authorities, and provide referrals for victims and their families.
- Continue to evaluate the implementation of the Family Assessment Response model as an alternative to conventional investigation of child abuse allegations. Document how effectively the various stakeholders participate in decision-making about the need for stronger intervention.
- Create stronger support for youth who “age out” of the foster care system, including financial, educational, and social support.

ROLES OF LAW ENFORCEMENT AND THE JUDICIAL SYSTEM

RELATIONSHIP BETWEEN LAW ENFORCEMENT AND CHILD PROTECTION

Both child protection and police typically investigate when a reported case of child abuse involves a possible criminal act, including child sexual abuse allegations, more serious child physical allegations, and some serious neglect cases. In Minnesota, child protection, law enforcement, and other agencies work together to determine whether child abuse has occurred, and if so, whether to pursue an investigative or family assessment response. The investigative response is reserved for the most serious reports, often as part of a police investigation.

There are important differences: Police are typically looking for evidence of a specific crime that could lead to an arrest, while child protection is focused on ensuring the child's safety in the caretaking environment. Police investigations may be open-ended, while child protection cases are typically initiated within 24 hours and completed within 30 days. Many communities have formal methods for coordinating these two investigations, such as joint home visits or interviews with children. Often, however, the investigations take

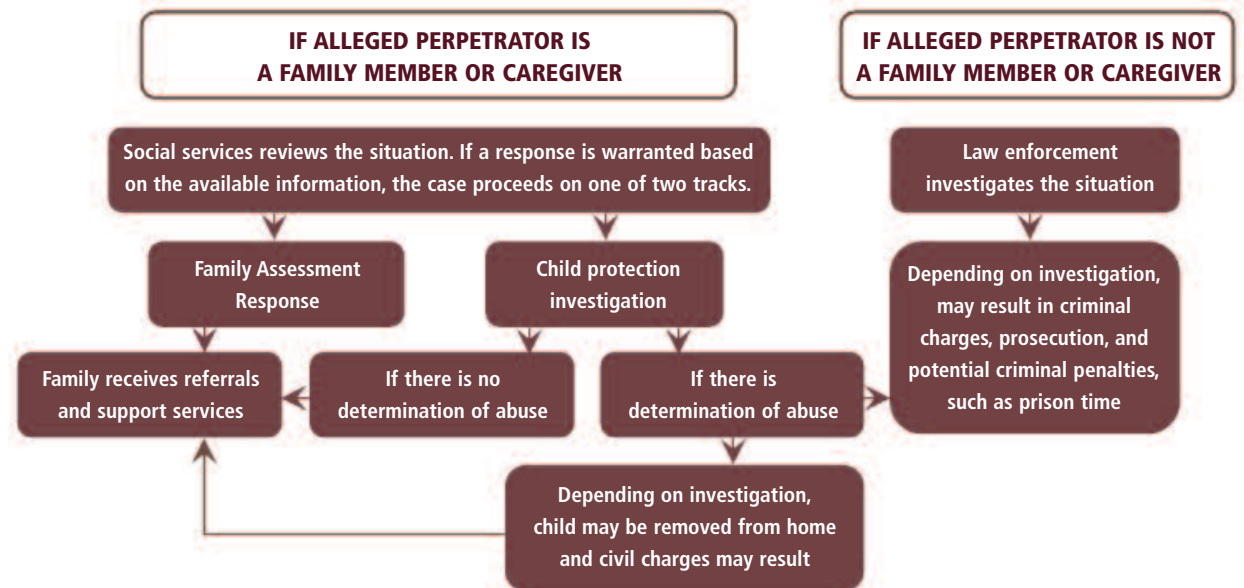
place on separate tracks, with little communication between police and child protection investigators.

Law enforcement and child protection workers sometimes observe “cross-system” interference. Law enforcement may be seen by child protection as disrupting their efforts to repair families, while police view child protection workers as interfering with evidence collection and criminal investigation.

As of 2005, two states (Florida and Arkansas) had experimented with a different model, giving

law enforcement sole responsibility for conducting both criminal and child protective investigations. Child protection workers focus exclusively on providing services to families, rather than conducting investigations. Some have argued that this division of services better serves families and enables child protection to better support families and protect children. It could also help eliminate the taint that child protection often has in families' eyes because of its role in investigation and child removal.

SYSTEM RESPONSE TO CASES OF SUSPECTED CHILD ABUSE



“The more serious the allegation, the more likely it is to result in criminal investigation and the more likely it will result in child protection court intervention.”

– Law enforcement

EXPERIENCE OF CHILD VICTIMS IN THE JUDICIAL SYSTEM

Most child abuse cases do not result in a criminal prosecution. For example, neglect and emotional abuse cases are rarely referred to the criminal justice system. Criminal prosecution is more likely if the situation involves sexual abuse, extreme physical abuse, or non-familial perpetrators.

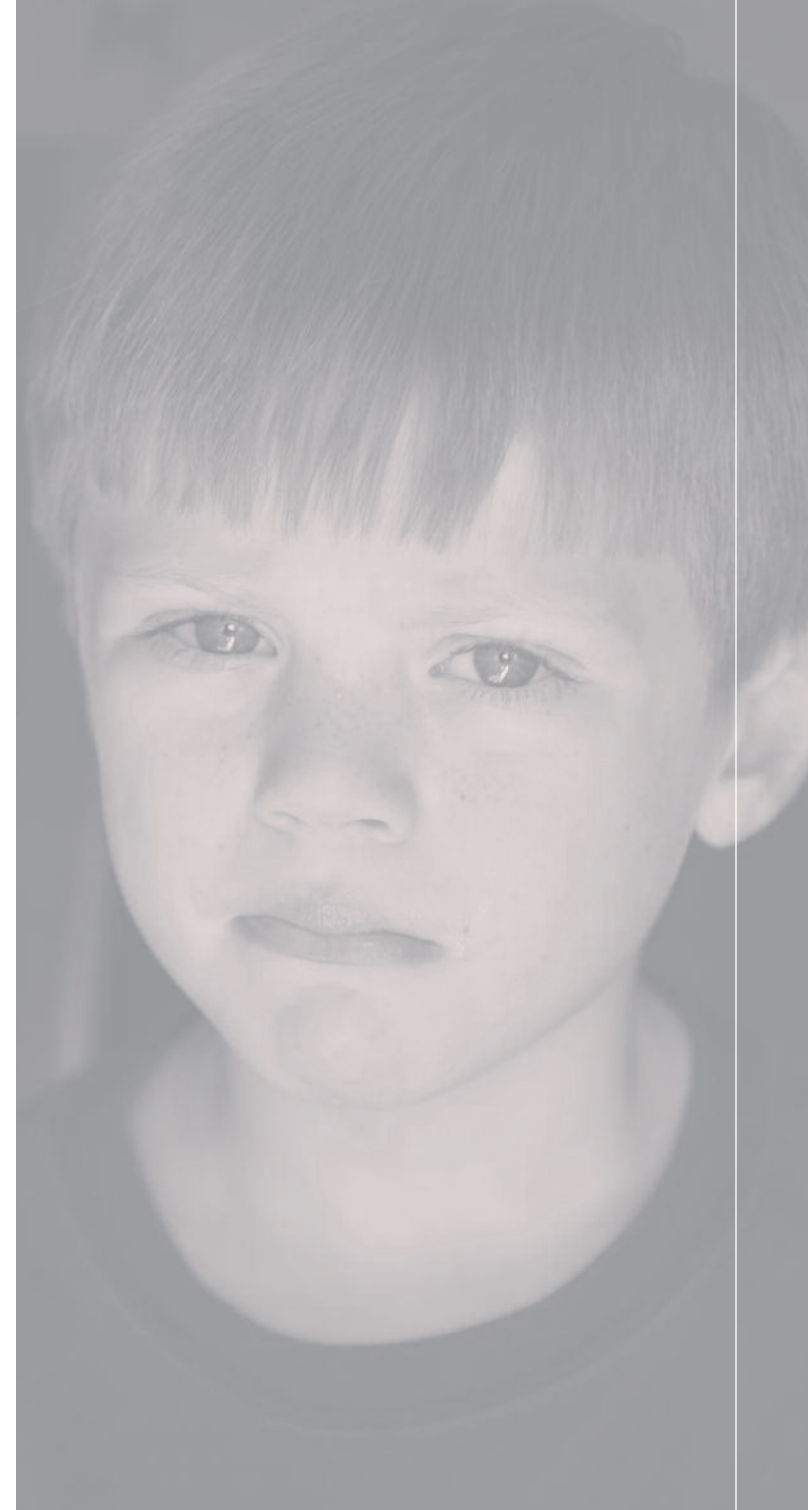
When a child abuse case does go to trial, it has passed through multiple steps. The initial report must be investigated and found to have sufficient evidence for an arrest. Then prosecutors decide whether and how to prosecute. Some of those charged make plea agreements, rather than facing a criminal trial. Very little information is available regarding the percentage of child abuse cases that lead to an arrest. Similarly, little is known about the percentage of those arrested who are ultimately charged, or how many result in a plea agreement or criminal prosecution.

Participating in a criminal trial can be very difficult for child victims. The U.S. Department of Justice has outlined a number of challenges the criminal justice system faces when working with child victims. The Crawford Ruling of 2004

dictates that children are required, in most cases, to testify in open court, allowing the alleged perpetrator the right to face their accuser. In many cases, their testimony may be the only evidence of abuse, making their participation in court even more important.

It can be traumatic for the child to face the perpetrator. This stress is exacerbated by many typical features of a court trial, such as complicated language and jargon, harsh cross-examination, and the need to relive their experiences during multiple interviews. Victims may receive limited support during this process, due to limited availability of victim advocates and being sequestered from other witnesses to avoid influence on testimony.

Studies have shown that child stress can be reduced by limiting the number of interviews, preparing children adequately for testifying, and having a trusted person help the child prepare for court and be with them during their testimony. In some Minnesota counties, the prosecuting attorney makes it a point to develop a relationship with the child and family, helping to reduce the stress of court proceedings. Attorneys prepare the child for testifying and take the child to the courtroom to explain the procedures.



FORENSIC INTERVIEWING

Forensic interviewing refers to the procedures used to interview people for law enforcement or judicial purposes. There are special challenges when interviewing children, especially if the procedures are not cognitively or developmentally appropriate. While rare, it does happen that children make false accusations due to suggestibility or leading questions. More often, victims fail to disclose abuse due to feelings of guilt, loyalty to the perpetrator, fear of not being believed, or fear of consequences. In some cases, law enforcement personnel, in an effort to protect the rights of children, may interview potential victims in the presence of their caregivers, potentially increasing victims' reluctance to disclose the abuse.

Forensic interview protocols that are appropriate for children generally rely on open-ended, non-leading questions. The trademarked RATAAC interviewing model (rapport, anatomy, touch inquiry, abuse scenario, closure) was developed in Minnesota at CornerHouse Interagency Child Abuse Evaluation and Training Center. Training is available through CornerHouse in Minneapolis and First Witness in Duluth. Child welfare stakeholders are encouraged to participate as

multi-disciplinary teams of child protection, law enforcement, attorneys, and others.

Culture can also influence the extent to which children are willing to disclose physical or sexual abuse. The challenges may be especially significant for children who do not speak English. Interviewers must be aware of cultural issues and conduct interviews appropriately. According to one observer, forensic interview services are currently only available in English and Spanish in Minnesota.

CHILD ADVOCATES

In Minnesota, Guardians ad Litem are court-appointed advocates for children who have been abused or neglected. Guardians ad Litem are appointed to represent the best interests of a child in family or juvenile court proceedings. The Guardians ad Litem are the only entity in the court process who advocate solely on behalf of the child. As advocates, Guardians ad Litem do not function as the child's attorney, provide direct services to the child, or serve as foster parents to the child. Instead, based on information they gather about the child and circumstances surrounding the alleged neglect and/or abuse, they make recommendations to the court as to the safety

needs of the child and the most appropriate treatment options for the child and family. Guardians ad Litem are also responsible for monitoring the progress of a case, including the services being provided and the progress of the parents.

Minnesota's nearly 1,000 Guardians ad Litem are coordinated through the Minnesota Guardian ad Litem Program, which is a partnership between the Office of the State Court Administrator and Minnesota's 10 judicial districts. The program is state-supervised and supported and administered by each individual judicial district. More than half of Minnesota's Guardians ad Litem are volunteers; the others are a combination of state employees and paid contractors. In other states, Guardians ad Litem are entirely volunteer-based, often through the Court Appointed Special Advocate (CASA) model, which is quite similar to Minnesota's Guardian ad Litem Program.

STATUTE OF LIMITATIONS ON CHILD ABUSE

According to Minnesota statute, victims must file a lawsuit within 6 years of the time that they knew or had reason to know that an injury was

“Especially among communities of color, distrust in police is one of the reasons they may not report abuse.”

— Abuse counselor

caused by sexual abuse. Additionally, those who were victimized as minors must file suit before their 25th birthday. Victim advocates are working to extend or eliminate statutes of limitations for victims of child sexual abuse. They argue that child sexual abuse is a severe crime and that there is potential for the perpetrator to continue to abuse children, making identification and prosecution important. Additionally, it often takes years before victims can attribute problems to the abuse, and then are faced with the difficulty of making the abuse public.

MN INITIATIVES: ONE-FAMILY — ONE JUDGE MODEL

Addressing child protection in the judicial system becomes increasingly complex when other issues, such as criminal charges, require the family to be involved in multiple court systems. When this occurs, families may go before multiple judges in multiple courts (for example, family court, juvenile court, criminal court, and mental health court) and receive conflicting orders. To address this issue, Hennepin County implemented an experimental “one family—one judge” model in 1996. Used in some other states as well, the idea

is that families with different types of pending cases are assigned one judge with the aim of greater judicial efficiency and an improved experience for families. The “one family—one judge” model remains in place in Hennepin County, although in modified form, and is currently being implemented in Ramsey County.

IDEAS FOR ACTION

- Promote greater cross-training and coordination among child protection and law enforcement agencies.
- Increase the number of trained, bilingual forensic interviewers.
- Train all professionals working with child victims and witnesses, so that they understand the basics of child development, tailor their methods of practice to children, and take advantage of the skills and services of allied professionals such as victim-witness advocates and child interview specialists.
- Consider other strategies for increasing the comfort of children with the judicial process, such as creating specialized prosecution units or child-specific courtrooms, minimizing the number of interviews, and providing alternatives to in-person testimony.

ECONOMIC IMPACT OF CHILD ABUSE

In a study funded by the Pew Charitable Trusts in 2007, two researchers at Prevent Child Abuse America estimated the cost of child abuse and neglect in the United States at \$103 billion dollars per year. Drawing on data and estimates from a variety of credible sources, their estimates include \$7 billion per year in costs of juvenile delinquency, \$25 billion in costs to the child welfare system, \$28 billion in costs to the adult criminal justice system, and \$33 million in lost productivity to society.

The \$103 billion is actually conservative:

- Only children classified as abused or neglected according to the Harm Standard in the National Incidence Study of Child Abuse and Neglect (NIS-3) were counted;
- Victim-related costs were included, but not the costs of intervention or treatment for perpetrators; and
- Several categories of cost that lacked reliable data, such as outpatient medical care, increased substance abuse and treatment, and the societal costs of increased unprotected sex and teen pregnancy were excluded.

These economic calculations also did not include attempts to value the pain, suffering, and reduced quality of life that victims of child abuse and neglect experience. Though difficult to translate into monetary terms, these costs are real and may represent the largest cost component of violence against children.

(Wang, Ching-Tung & Holton, John (2007). Total Estimated Cost of Child Abuse and Neglect in the United States. Chicago, IL: Prevent Child Abuse America.)



CROSS-SYSTEM INITIATIVES

MULTIDISCIPLINARY TEAMS

In multidisciplinary teams, professionals from different agencies work together to guide the investigation, avoid duplicate interviewing, and collaborate on decision making. This typically includes law enforcement and child protection, and may also involve medical personnel, victim advocates, mental health professionals, and prosecutors. This collaboration can lead to less redundancy, more thorough investigations, and improved safety for child protection workers and families. Research on this practice is limited, though one recent review concluded that police involvement may promote the effectiveness of child protection services.

FAMILY DEPENDENCY TREATMENT COURTS

There is a well-documented correlation between parental substance abuse and child maltreatment. According to the Child Welfare League of America, substance abuse is a precipitating factor in 80 percent of confirmed child abuse and neglect cases. Parents with substance abuse problems have a harder time being reunited with their children, and are at higher risk of having their parental rights terminated.

Disjointed decisions have often occurred among family court, child protection, and drug treatment services. Professionals from these different areas may report separately to the courts, making contradictory requests that may not be in the best interest of the child or family. Family dependency treatment courts (FDTC) represent a growing effort to protect children and reunite families, by providing substance-abusing parents with support, treatment, and access to services. Modeled after the drug court approach, the FDTC model creates an interdisciplinary team representing the court, child protection, and an array of service providers for parents, children, and families. Together, the team develops treatment plans with the family. The team is often led by a judge, ensuring strong judicial oversight. Parents are required to appear frequently (typically weekly or biweekly) in court for a review of their progress, accomplishments, and consequences for any noncompliance.

Abstinence from drugs and alcohol is not the only factor that determines whether a child is reunified with a parent. Factors such as domestic violence, mental and physical health, pending criminal charges, housing, child care, and employment can delay reunification and increase the time children remain in out-of-home

placements. The FDTC team can coordinate support to assist parents with whatever issues need to be addressed before children can come home.

Preliminary data from a federal cross-site study indicates positive results. Parents enrolled in family dependency treatment courts were more likely than parents in traditional child welfare case processing to be reunified with their children and less likely to have their parental rights terminated. They were also more likely to enter and complete substance abuse treatment than the comparison group in the conventional process.

In 2008, the Minnesota Office of Justice Programs funded eight FDTC planning teams. Seven sites received funding to create or expand FDTCs, while one site received a planning grant. At the end of 2008, 39 families were enrolled in FDTCs in Minnesota.

CHILD ADVOCACY CENTERS

The child advocacy center model is a child-focused approach that brings together different agencies and organizations that work in child welfare, including law enforcement, child protection, prosecution, medical and mental health, and victim advocacy. Child advocacy centers are designed to use the knowledge and

experience of different partners to provide a comprehensive and effective response to cases of child abuse (especially sexual abuse), with a goal of protecting the victim from further trauma as a result of the investigative process.

Communities that have adopted the child advocacy center model often have more rapid child abuse investigations, a more streamlined process for medical and mental health services and referral, increased prosecution of cases, and reduced burden of interviews on victims and families. Professionals who work with child advocacy centers report increased understanding of other partners and agencies in child welfare and more informed decision making.

Minnesota was one of the first states to develop children’s advocacy centers in the mid-1980s and became a model looked to by other states. There are now more than 650 child advocacy centers in the United States accredited by the National Children’s Alliance. Minnesota has five accredited centers (compared to 11 in Wisconsin, 7 in South Dakota, 6 in Iowa, and 39 in Illinois). Accredited centers are located in Minneapolis, Saint Paul, Duluth, Rochester, and Bemidji. Not all sites seek accreditation, so there may be additional centers in Minnesota that are not officially recognized.

PARENTING TIME CENTERS

Parenting time centers maintain safety for children, parents, and staff through staff training and collaboration with other agencies, including child protection, the courts, law enforcement, and other service providers, such as parenting programs and victim services.

Supervised visitation, one of the main services offered through parenting time centers, is usually court-ordered. It provides non-custodial parents with a safe environment in which to visit their children. Most participating parents have been involved in domestic abuse or child abuse, while others have had issues with chemical dependency, mental illness, or newly established paternity.

Supervised visitation programs may include one-to-one supervision (one supervisor assigned to a single family); monitored exchanges (supervision of a child’s movement between the residential and nonresidential parent immediately before and after unsupervised visitation); group supervision (supervision of several families at a time); telephone monitoring (monitoring phone calls from the nonresidential parent to the child); ancillary services, such as parenting education; and therapeutic supervision (mental health professionals providing therapy or counseling to the family during the visit).



VOICES

“Parents may not be able to care for their child, but children want to continue that connection. Parenting time centers are a safe way to maintain that connection.”

— Advocate

Twenty-eight providers in Minnesota are members of the Supervised Visitation Network (SVN), which is a network of agencies and individuals who provide services to children and families in accordance with a set of prescribed standards. SVN standards for Supervised Visitation Practice include assurance of safety and security, roles and responsibilities of providers, protocol for interventions and ending visitations, and special standards involving cases of sexual abuse and/or domestic violence.

THE CHILDREN’S JUSTICE INITIATIVE

The Children’s Justice Initiative is a collaboration between the Minnesota Judicial Branch and the Minnesota Department of Human Services. The goal is to work with local juvenile courts, social service agencies, county attorneys, public defenders, court administrators, Guardians ad Litem, tribes, and other stakeholders to improve processing of child protection cases and outcomes for children who have experienced abuse and neglect.

This initiative works to implement best practices in child welfare systems and in court, strengthen judicial oversight of child protection

cases, and establish an assessment process that continually improves practices, policies, and procedures. One of their products is the *Minnesota Judges Juvenile Protection Benchbook*, which provides guidelines for judicial responsibilities in child abuse and neglect cases. The *Benchbook* guides all stakeholders in the child protection system to better comply with federal and state laws, and to better serve children and families in the child protection court system.

The Children’s Justice Initiative began in 2000 as a pilot program in 12 counties. In 2003, all counties in Minnesota were participating. In 2005, the Children’s Justice Initiative created the Alcohol and Other Drugs (CJI-AOD) project to enable child welfare, chemical health, and court systems to better serve families affected by drug and alcohol problems. The focus is on providing safe, stable homes for children with families affected by drugs and alcohol by improving parental and family recovery from alcohol and drug problems.

IDEAS FOR ACTION

- Expand the use of promising models across Minnesota, such as the “one family-one judge” model, Family Dependency Treatment Courts, and Child Advocacy Centers.

SERVICES AND TREATMENT

IMPACT OF ABUSE AND NEEDS OF VICTIMS

Some results of abuse are immediate, while others do not emerge until adolescence or into adulthood. The degree, duration, and type of abuse can influence both the immediate and long-term effects on a victim. Ongoing, repeated abuse is more likely to lead to greater impairment, although one-time incidents can also have lasting consequences.

Initial effects include low sense of self-esteem and well-being, feelings of worthlessness, low academic achievement, sleep disturbances, hyperactivity, aggression, depression/anxiety, and suicidal thoughts. Children may engage in self-blame, denial, distrust, and anger, in both the near and longer term.

Children may be physically harmed by abuse. Physical health can be affected in the short and long term. There is evidence for increased rates of chronic health problems later in life, and increased risk of substance abuse. The emotional and verbal abuse that often accompany physical and sexual abuse can be just as devastating. Over time, victims of abuse may develop depression and anxiety, post-

traumatic stress, and sleep disturbances. They may also experience problems with employment and relationships.

Adult victims of child abuse, especially males, are at increased risk for violent behavior. This relationship is not well understood; it could be that victims reenact their own abusive experience, that abuse has harmed their social development, or that the abuse distorts attitudes toward violence.

WHAT MITIGATES THE EFFECTS OF ABUSE? WHY ARE SOME CHILDREN MORE RESILIENT THAN OTHERS?

Some victims are resilient throughout their lives, while others are more susceptible to impairment. Individual responses to traumatic events, including violence, vary significantly. Not all individuals who experience abuse develop symptoms, and among those who do exhibit symptoms, the onset of these problems may be delayed, fluctuate in severity, or vary according to settings or events. In addition, the consequences of violence are exhibited differently in different developmental stages.

While many personality traits have been found to promote resiliency, most fall into four basic categories:

- **Social competence:** Skills needed to build positive relationships with others, effectively communicate needs and concerns, and develop healthy attachment with caregivers and peers.
- **Problem solving:** Planning skills and development of insight to understand how to respond to various social cues in a healthy way.
- **Autonomy:** Healthy, positive sense of self, as well as a sense of control.
- **Sense of purpose:** Optimism, future goals, and a sense of meaning.

WHAT ARE THE NEEDS OF VICTIMS AND THEIR FAMILIES?

In the short term, it is essential to ensure that children are safe and protected from abuse. Some victims need medical care, depending upon the type and severity of the abuse. In the longer term, to recover from the abuse and to prevent future recurrences, victims and their families may need a variety of other services, such as mental health treatment, family support, parent education, and advocacy.

“Some kids are physically and mentally abused, and it just destroys their spirit. Some of them grow up to be productive members of society. It’s amazing.”

– Advocate

SERVICES AVAILABLE IN MINNESOTA

In Minnesota, child abuse prevention and intervention programs are funded by, and offered through, multiple agencies. For example, the Minnesota Department of Human Services oversees the child protection system, and supports a variety of other community programs. The Department of Corrections oversees the criminal justice system, including working with perpetrators and with victims as they move through the court process. The Department of Education works with children in school settings, such as the implementation of violence prevention programs. The Office of Justice Programs, which commissioned this report, also funds a variety of services through its Office of Victim Services.

While all of these agencies have strong involvement with victims of child abuse, and potential for helping to prevent abuse, lack of integrated planning makes it challenging to design and implement a coordinated strategy for addressing child abuse in the state.

In the 2008 fiscal year, the Office of Justice Programs funded 23 programs across the state to provide direct services. Eight of the 23 programs

served abused children in the seven-county metropolitan area. These 23 programs received a total of \$1,169,000 in the 2008 fiscal year.

The 23 programs included:

- **20 Abused Children programs:** These programs are housed in community-based nonprofit organizations and within various units of local government; they provide general advocacy services to children who have experienced abuse, and their families. Services may include 24-hour crisis phone lines, group support, legal advocacy, crisis intervention, information and referral, transportation, play therapy, assessment interviews, development of protection plans, and parenting information classes.
- **3 Child Advocacy Centers**

In addition, the Office of Justice Programs funded nine Parenting Time Center programs totaling \$354,285 in funding.

A total of 5,537 primary victims (those directly victimized) were served in the 2008 fiscal year. It should be noted that the Office of Justice Programs classifies children exposed to domestic violence as primary victims of child abuse. Fifty-nine percent of those served were female, and 58 percent were

Caucasian. Other children were African American (17%), multiracial (10%), American Indian (6%), Hispanic (5%), and from other backgrounds. Another 2,913 child and adult secondary victims, people indirectly impacted by child abuse, were also served.

The most common services provided with Office of Justice funding included counseling and information and referral. Other funded services included group treatment, personal advocacy, emergency financial assistance, crisis counseling, therapy, criminal justice advocacy, evidentiary exams, and reparations.

GROWING INFLUENCE OF TRAUMA-FOCUSED PERSPECTIVE

A growing body of research focuses on understanding family violence as a form of trauma with specific emotional and psychological consequences. This framework provides a lens to consider not only the immediate consequences of a violent act or other traumatic event, but to understand how the methods children and adults learn to cope with these events can affect how they respond to other stressful situations. Child abuse often fits the definition of complex trauma,

“We tend to treat the children outside of the context of the family. If we’re going to put the family back together, it might be best if they all see some form of treatment.”

– Advocate

a term that describes situations of repeated, chronic violence. The impact of complex trauma can be observed in six areas:

- Affect regulation, including difficulty with anger.
- Information processing, including attention and concentration.
- Self-concept, including guilt and shame.
- Behavioral control, including aggression and substance abuse.
- Interpersonal relationships, including trust and intimacy.
- Biological processes, including delays in development.

TRAUMA-INFORMED INTERVENTIONS

Trauma-informed services are a relatively new concept. While some interventions may hold promise, they have not yet been extensively studied. Most trauma-focused treatments are based primarily in cognitive behavioral models and often incorporate the following components: trauma re-exposure, violence education and cognitive restructuring of experiences, emotional regulation, social problem solving, safety planning, and, when age-appropriate, parent training. While

all of these components are important, the use of trauma re-exposure is considered to be a key part of the healing experience. Through re-exposure, children are encouraged to gradually recount the trauma and change their emotional reactions, helping them integrate that experience into their understanding of themselves and their world in a constructive way.

A number of promising interventions focus on strategies to promote resiliency in children. To promote resiliency, trauma-specific interventions for young children often focus on strengthening positive attachment between the child and caregiver.

Two of the most established interventions for young children are Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT).

- TF-CBT has been used with children age 3-17. It has been found effective for sexually abused and traumatized children, and studies are underway to examine its effectiveness among children who have witnessed domestic violence. In a recent review of interventions for children exposed to trauma, it was the only intervention to receive the highest ranking as “well-established.” It is typically provided through a series of 12-20 sessions

VICTIM IMPACT STORY — APRIL

At age 5, April told her dad that a boy tried to put his penis in her. For two years, she had been abused by the husband and teenage son of her child care provider. Her devastated parents went to the police, and the father and son were ultimately convicted. In the early 1970s, abuse was not often investigated, and April feels lucky that her case was prosecuted.

April was not encouraged to talk about the abuse, in hopes that she might forget. For a long time, she didn’t remember, though she still felt the impact. As an adolescent, April “knew things, but didn’t know how I knew them. I had ‘knowledge beyond my years.’” Around age 15, the memories came back. April felt dirty and ashamed, and coped by becoming “tough” and experimenting with drugs and alcohol. As a teenager, April was repeatedly assaulted, but recalls that “It made me feel special. It was the same things the perps said when I was a kid. It’s our secret, you’re special.”

After college, April connected with other survivors. “For the first time in my life, I felt normal. I’m not completely crazy for thinking and doing these things. Other survivors get it.” The journey is not always easy. “Self-destruction is common among survivors. You don’t know where it comes from, but shame and guilt intertwine inside your head. You don’t know why you’re different. It was all about trying to kill that piece of me that I hated. Now I see that that piece is who I am.”

VOICES

“If you are a victim and you immediately and consistently get the resources needed, you can heal. You won’t forget it, but you can heal and make healthy decisions.”

– Service provider

REACTIVE ATTACHMENT DISORDER

Abuse and neglect—even in the first few weeks/months of life—can contribute to long-term disruptions in children’s attachment to caregivers. These disruptions can have myriad effects, such as increased externalizing and internalizing behaviors, poor social skills and interactions, educational disruptions, and other psychological trauma. Reactive Attachment Disorder (RAD) is an uncommon and severe attachment disturbance, characterized by an inability to form normal attachments and relationships with others and impaired social development, usually attributed to poor parental care. Children diagnosed with RAD also tend to have a number of other co-morbid conditions, including mental health, medical, and developmental issues.

Treatment of children diagnosed with RAD is difficult. Few methods, if any, have been thoroughly tested. The Amherst H. Wilder Center for Children with Reactive Attachment Disorder was created to develop and provide training for staff, foster parents, caregivers, and professionals who work with children with RAD. Drawing on clinical experience, staff promote approaches such as narrative, cognitive-behavioral, and dialectical behavioral therapy. The Center has been at the forefront of emerging multi-sensory approaches with children who have experienced attachment problems and/or trauma. Staff use Eye Movement Desensitization and Reprocessing (EMDR) and Audio Visual Entrainment (AVE), to build new neural pathways for children. The Center also uses other multi-sensory approaches, such as exposure to different sights, sounds, smells, touches, and tastes.

that incorporate family psycho-education; parenting sessions; skill development; processing of trauma experiences and reminders; joint child-parent sessions; and development/enhancement of safety skills. Individual therapy for the parent is often offered concurrently.

- PCIT was developed to teach parents appropriate child management skills and minimize parent-child interactions that escalate behavior problems. It involves sessions with the parent alone, as well as coaching the parent and child together, so that parents receive immediate feedback about specific interactions with their children. It is a highly structured type of play therapy that can be used to increase communication and positive interactions. This model has been shown to effectively reduce disruptive behaviors among children by encouraging positive interactions between the caregiver and child and helping parents develop positive parenting skills. Although PCIT may not be appropriate if the parent is currently experiencing significant trauma symptoms or if ongoing violence is

occurring in the home, it may help with many of the problems that caregivers face, such as parenting stress.

A number of promising trauma-informed group therapeutic models have been developed for adolescents, although no single model stands out as the most effective. A common theme is group therapy that allows adolescents to develop new relationships while learning new skills to build healthy relationships, regulate emotions, and build resilience. While these models work well for many teens, for others, individual therapy may be more appropriate than a group setting. Because adolescents who experience trauma are more likely to abuse drugs, it is important that intervention programs assess and address substance use.

In addition to trauma-informed approaches, other promising approaches for child abuse victims were not designed specifically for victims of abuse, such as:

- **Non-directive supportive therapy:** This approach is more child-driven, and the therapist does not bring up the topic of the abuse until the child initiates the conversation.

“Kids are acting out, just waiting for someone to respond. How bad do they have to be to get someone’s attention?”

– Attorney

- **Victim support groups:** Although there is little empirical evidence, support groups are thought to reduce the stigma and social isolation that results from victimization.
- **Other approaches** include play therapy and multisystem approaches, although there is less evidence supporting these approaches.

Regardless of treatment approach, improvement often depends upon the efficacy of the treatment, the nature/severity of the abuse, and the influence of adults on whom the child victim depends, including parental mental health, family conflict, family functioning, stressful life events, socio-economic status, and community and cultural factors. Treatment success is also linked to the level of parental emotional distress related to abuse, the parents’ support of the victim, and the victim’s personal attributes, such as sense of control over life circumstances.

FOOD FOR THOUGHT

- What is the best way to coordinate a statewide response to child abuse prevention and treatment, given the involvement of multiple state agencies and other stakeholders?

IDEAS FOR ACTION

- Evaluate and disseminate innovative approaches to working with victims of child abuse, especially trauma-informed interventions.



